

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 26th July 2018, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
BELLRINGER ROAD, TRENTAM LAKES SOUTH,
STOKE ON TRENT, ST4 8HH

AGENDA		
1.	APOLOGIES FOR ABSENCE <i>To NOTE any apologies for absence</i>	Note
2.	DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS	Note
3.	MINUTES OF THE OPEN AGENDA – 21st June 2018 <i>To APPROVE the minutes of the meeting held on 21st June 2018</i>	Approve Enclosure 2
4.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
5.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	STAFF RETIREMENTS <i>To EXPRESS our gratitude and recognize staff who are retiring</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
8.	REACH RECOGNITION TEAM AWARD ON EXCELLENCE <i>To PRESENT the REACH Recognition Team Award to The Paediatric Team Children and Young People Services</i> <i>To be introduced by the Chief Executive and presented by the Chair</i>	Verbal / Presentation

QUESTIONS FROM MEMBERS OF THE PUBLIC		
9	To RECEIVE questions from members of the public	Verbal
TO ENHANCE SERVICE USER AND CARER INVOLVEMENT		
10	SERVICE USER AND CARER COUNCIL To RECEIVE an update from, Wendy Dutton Chair of the Service User and Carer Council	Assurance Enclosure 5
ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS		
11.	TOWARDS OUTSTANDING INNOVATIVE PRACTICE To RECEIVE a briefing re: Towards Outstanding Innovative Practice from Dr Buki Adeyemo, Executive Medical Director	Assurance Enclosure 6
TO PROVIDE THE HIGHEST QUALITY SERVICES		
12.	NURSE STAFFING MONTHLY REPORT - MAY 2018 To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality	Assurance Enclosure 7
13	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 2 To RECEIVE the Month 2 Performance Report from Suzanne Robinson, Director of Finance, Performance and Digital	Approval Enclosure 8
CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE		
14.	ORGANISATIONAL DEVELOPMENT AND PEOPLE STRATEGY To RECEIVE the Organisational Development People Strategy from Alex Brett, Director of Organisational Development, Workforce and Communications	Assurance Enclosure 9
MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY		
15.	FINANCE REPORT – MONTH 2 (2018/19) To RECEIVE for discussion the Month 2 Financial position from Suzanne Robinson, Director of Finance, Performance and Digital	Approval Enclosure 10

16.	ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE <i>To RECEIVE the Finance, Performance & Digital Committee Assurance report from the meetings held 5th July 2018 from Tony Gadsby, Chair/Non-Executive Director</i>	Assurance Enclosure 11
ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE		
17	ASSURANCE REPORT FROM THE PEOPLE & CULTURE DEVELOPMENT COMMITTEE <i>To RECEIVE the People and Culture Development Committee Assurance report from the meeting held 9th July 2018 from Lorien Barber, Non-Executive Director</i>	Assurance Enclosure 12
CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING		
18	LOCALITY WORKING / RESTRUCTURE <i>To RECEIVE an update regarding Locality Working / Restructure from Jonathan O'Brien, Director of Operations</i>	Assurance Enclosure 13
19	CQC LEARNING FROM LOCAL SYSTEMS <i>To RECEIVE for discussion the CQC Beyond Barriers Local Systems Review Report from Laurie Wrench, Associate Director of Governance</i>	Assurance Enclosure 14
ANY OTHER BUSINESS		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 20th September 2018 at 10:00am.</i>	
	MOTION TO EXCLUDE THE PUBLIC <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
THE REMAINDER OF THE MEETING WILL BE IN PRIVATE		
	DECLARATIONS OF INTEREST	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	PERFORMANCE	Approve
	ESTATES	Assurance
	WORKFORCE AND AGENCY	
	ANY OTHER BUSINESS	

TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 21st June 2018
At 10:00am in the Boardroom, Trust Headquarters, Lawton House
Bellringer Road, Trentham, Stoke on Trent, ST4 8HH**

Present:

Chairman:

David Rogers
Chairman

Directors:

Caroline Donovan
Chief Executive

Dr Buki Adeyemo
Medical Director

Maria Nelligan
Executive Director of Nursing and Quality

Patrick Sullivan
Non-Executive Director

Alex Brett
Executive Director of Workforce, Organisational Development and Communications

Suzanne Robinson
Director of Finance, Performance and Digital

Tony Gadsby
Non-Executive Director

Jonathan O'Brien
Director of Operations

Dr Keith Tattum
GP Associate

In attendance:

Laurie Wrench
Associate Director of Governance

Lisa Wilkinson
Corporate Governance Manager
(minutes)

Members of the public:

Phil Johnson – Service User
Jill Johnson – Service Users Wife
Dave Bloor – Community Psychiatric Nurse

Joe McCrea
Associate Director of Communications

REACH Individual Recognition Award

Jacque Shenton – Nurse Consultant

Retirees

No retirees

The meeting commenced at 10:03am.

128/2018	Apologies for Absence	Action
	Gan Mahadea, Non-Executive Director, Jenny Harvey, Unison Representative, Wendy Dutton, Chair of Service User Carer Council, Lorien Barber, Non-Executive Director	

129/2018	Declaration of Interest relating to agenda items David Rogers declared he has been appointed as a Non-Executive Director of GGI (Good Governance Institution).	
130/2018	Minutes of the Open Agenda – 24th May 2018 The minutes of the open session of the meeting held on 24 th May 2018 were approved.	
131/2018	Matters arising The Board reviewed the action monitoring schedule and agreed the following:- 114/2018 - Nurse Staffing Monthly Report - March 2018 - Maria to undertake a deep dive into Darwin data (low fill rate) – Information included in April Safer Staffing Report – Agenda item today 116/2018 – Learning from Deaths Quarterly Report - Update due at September Trust Board. 124/2018 – Work Programme for Alliance Board - Slides were not presented at the meeting therefore Lisa Wilkinson will circulate to all board members. Actioned. 125/2018 – Cybersecurity Suzanne Robinson to confirm if Trust are insured against a Cybersecurity attack. – Suzanne confirmed the Trust is not insured with the current insurer, therefore Suzanne has discussed with the NSLA. Suzanne is now sourcing quotes to insure the Trust separately. Agreed to remain on schedule to await the outcome.	
132/2018	Chief Executive’s 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. BOARD DEVELOPMENT FOCUSSES ON TEAM WORKING AND FURTHER COMMUNICATING “TOWARDS OUTSTANDING” VISION. The recent board development session focused on reviewing the Organisational Development Strategy considering how the Trust wanted to strengthen it to align with its ambition "To be outstanding - in all we do and how we do it." When we updated this following the publication of the latest CQC results, the Trust took the opportunity to refresh its supporting statement from "We're on a journey" to "Our journey continues..." The trusts ambition of being "Outstanding in all we do" goes beyond simply achieving CQC Outstanding ratings - great as that is and not in any way lessening admiration for the achievement of teams in securing them. When we say we want to be Outstanding in all we do, we literally mean "all we do".	

	<p>The Trust vision is designed to emphasise the equal importance attached to being outstanding:</p> <ul style="list-style-type: none"> • "In all we do".... via SPAR quality priorities, delivering services that are Safe, Personalised, Accessible and Recovery-focused; and • "how we do it"... via Proud to CARE values, being Compassionate, Approachable, Responsible and Excellent. <p>One way this can be made more apparent is to align all of the excellent initiatives underway across the Trust under an overall 'Towards Outstanding' banner. This will be worked up over the next period, developing:</p> <ul style="list-style-type: none"> • <i>Towards Outstanding People</i> - bringing together oOD, workforce development, skills, recruitment and retention strategies and initiatives • <i>Towards Outstanding Engagement</i> - bringing together Listening into Action, GoEngage and engagement strands of communications activities • <i>Towards Outstanding Value</i> - bringing together fantastic Valuemakers initiative with cost improvement programme, emphasising all the time and commitment to delivering value, not simply cost cutting • <i>Towards Outstanding Ideas</i> - bringing together fantastic efforts and achievements in research and innovation • <i>Towards Outstanding Quality</i> - bringing together quality and performance strategies • <i>Towards Outstanding Partnerships</i> - bringing together partnership working, our support for the North Staffordshire and Stoke-on-Trent Alliance Board. <p>The Board also spent time discussing how to build on improvement work to date to ensure this spreads and is sustainable. Towards Outstanding Improvement will enable staff and service users and carers to work together on using common improvement methodologies to improve services to deliver better outcomes. Whilst the Trust have commenced this journey in partnership with AQUA – it now needs to invest in enabling people to be trained and supported to make continual improvements. Two staff have been trained in advanced improvement skills another five are imminently starting their training and there will be more to come. The Trust is keen that it has people trained as part of the new organisational changes to maximise the potential for transformation and improvement.</p> <p>LOCALITIES UPDATE</p> <p>Progress towards implementing the new localities structures continues apace. Engagement sessions continue to be held with teams, which are proving welcome and valuable to frontline members of staff and this month an important milestone was passed as the consultation on the first phase of the Management of Change ended.</p> <p>12 engagement sessions in total (2 per existing Directorate) have now been delivered, led by the project Clinical Lead and the current Heads of Directorate with support from the HR Team. These sessions have given a</p>	
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	<p>dedicated opportunity for clinical teams and staff within the directorates to give their valued contributions and comments to the transformation process. All feedback from these sessions has been collected and fed through into the Task and Finish Groups. Staff were welcomed to attend sessions outside of their own directorate to increase opportunities for engagement.</p> <p>As requested by clinical staff during these sessions, further directorate engagement sessions will continue to be held throughout the process, giving teams timely updates on the transformation process and continuing to give them an opportunity to engage, feedback and comment.</p> <p>The Trust regularly reminds staff that, if they have any questions about plans, how they affect them and the opportunities it offers, they can use the dedicated webpage – including an FAQs page and a web form they can use to ask anything they like and get an answer. They can, if they prefer, even ask a question or provide a comment anonymously.</p> <p>It's really important that everyone feels involved and has the opportunity to have their say.</p> <p>REACH 2018</p> <p>The Trust had a fantastic result with this year's REACH Awards. At the close of nominations over 300 nominations had been received - the first time in the Trust's history such a response has been received. Everyone who has nominated a fellow staff member has received an invitation to the event. In line with suggestions from the national NHS 70 Team, the Trust has brought the normal date for REACH forward to take place on the 5th July.</p> <p>OUR AWARDS SUCCESS CONTINUES</p> <p>This has been another month of Awards success.</p> <p>The Finance Team scooped the award for Finance Team of the Year from the West Midlands Healthcare Financial Management Association. The work of the finance team has been a regular item in the CEO Blog and Board Report over the year - whether it's delivering the Trusts 19th consecutive year of financial balance, innovative animated AGM film presenting the Trusts financial results or the Valuemakers scheme. It's great to see them getting external recognition and praise from their professional colleagues in the region. They have won a variety of awards recently and this prestigious one showcases what a fabulous team they are.</p> <p>The Learning Disability Directorate was rewarded for their fantastic achievements at the national HSJ value awards, scooping the award for Pharmacy and Medicines Optimisation. The HSJ judges themselves said "this project has worked across organisational boundaries to stop over-prescribing of medicines and significantly improve quality of care for a vulnerable group of patients. We would love to see this approach everywhere."</p> <p>It was also a significant achievement that three more teams made the final</p>	
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	<p>shortlist: the finance team jointly with clinical teams in the category "Improving value through innovative financial management or procurement" - for our Valuemakers programme, the Meir Project for the Meir Partnership Care Hub and CAMHS in Schools team for the CAMHS in Schools Innovative Project.</p> <p>HEALTHY STAFFORDSHIRE SELECT COMMITTEE</p> <p>One of the Trusts most important meetings each year is a session at the Healthy Staffordshire Select Committee. This gives locally elected representatives the opportunity to hear from the Trust about performance over the past year and plans for the future. Their role is to scrutinise and ensure the Trust is providing good services for our local communities.</p> <p>Caroline Donovan added, "It was a pleasure to be able to present a strong and positive story of the Trusts continuing journey towards outstanding, strong clinical and financial performance, engagement with staff, service users partners and future plans for locality working. It was an even greater pleasure to receive warm and enthusiastic support from the Committee about what the Trust has done, what it is doing and what it plans to do in future."</p> <p>CQC SYSTEM REVIEW</p> <p>Positive feedback has been received from Ed Moses from the Department of Health on the CQC Local System Review Improvement Plan. The feedback to Caroline Donovan and David Sidaway, City Director from Stoke-on-Trent Council was very positive on the progress made and the positive position achieved in comparison to many other health and social care economies that were reviewed by the CQC. Whilst this was good to hear, there is still much to be done. The two biggest priorities going forward are NHS delayed transfers of care and supporting care planning for people at the end of their lives. It is however really important to thank people for the progress that has been made in the last few months.</p> <p>Following an interview process Paul Edmondson-Jones has been appointed as the new Director of Adult Social Care, Health Integration and Wellbeing at Stoke-on-Trent City Council.</p> <p>Paul has spent considerable time in the armed forces leading medical operations in the Falklands, Yugoslavia (including Bosnia) and the Gulf wars. He was responsible for a number of adult social care and public health functions in York, Hartlepool and Redcar and Cleveland Councils. He has also worked extensively in the NHS, contributing to several white papers on public health, pharmacy and health and social care.</p> <p>HEALTH AND CARE TRANSFORMATION BOARD</p> <p>At the recent STP Health and Care Transformation Board, one of the items discussed was the implementation model for the integrated community teams. The Alliance will be working up the model for North Staffordshire and Stoke-on-Trent through the newly established Alliance Executive team. The</p>	
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	<p>integrated teams approach is a key pillar of the STP plan and will be part of the engagement and consultation process that the STP is currently planning.</p> <p>The plans will be focused on the simplification of urgent and emergency care, including urgent treatment centres and how to support flow from A&E into our hospitals. It will also introduce the concept of integrated care teams (ICTs) and their potential urgent care offer, as well as integrating how we provide mental health services into primary and community teams.</p> <p>The STP team is seeking clinicians to support public engagement events. These will be taking place in June and July, from 4 – 8pm. Training is being offered to anyone who volunteers to support the process.</p> <p>TRUST CONFIRMED FOR LORENZO DIGITAL EXEMPLAR MOBILISATION STAGE</p> <p>Combined Healthcare has passed a significant milestone by being chosen by NHS Digital as only one of four NHS Trusts selected for the mobilisation phase of the Lorenzo Digital Exemplar programme.</p> <p>The Trust sees the Lorenzo Digital Exemplar programme as a great opportunity to improve our services for children in the community. the exciting plans build on the reputation as a digital exemplar and will be an excellent opportunity to spread learning to other Trusts across the country.</p> <p>Combined Healthcare's plans centre on delivering a digital transformation programme with the Children and Young People (CYP) Directorate. The aim to deliver a future where young people and their families are empowered to use technology to revolutionise their care. The Trust wants to remodel the referral and assessment functions within the CYP service by increasing the proportion of children with the ability to self-care and self-refer into services. This self-referral approach improves recovery, and enables a person to seek prompt treatment at an early stage, and it also reduces the likelihood of lower degree problems becoming more severe.</p> <p>The Trust will be working closely with local schools, who will help to develop a vision of how technology can really change the lives of children, young people and their families. Well done to all the team continuing to develop the plans and congratulations on reaching this next stage.</p> <p>LISTENING FINANCE TEAM AWARDED FUTURE FOCUSSED FINANCE ACCREDITATION</p> <p>The NHS Finance Leadership Council has agreed that North Staffordshire Combined Healthcare NHS Trust should be awarded Future-Focused Finance Accreditation, at level 1, with effect from Friday 11 May 2018. The overarching principle of Accreditation is that the organisation is fully signed up to Future-Focused Finance's aim of ensuring that everyone connected with NHS Finance can influence decision making in support of high quality patient services.</p> <p>The national FFF programme is aimed at improving NHS finance for</p>	
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	<p>everyone. The finance team is greatly valued and respected by the FFF programme, including for the fantastic Valuemakers Programme. It's great to see them getting this recognition for their work. Well done to the finance team and everyone across the Trust making a contribution through Valuemakers.</p> <p>CONTINUED RELATIONSHIP BUILDING WITH POSITIVE PRACTICE MENTAL HEALTH COLLABORATIVE</p> <p>Relationship building with the Positive Practice Mental Health Collaborative continues. The Positive Practice MH Collaborative is a user led multi agency collaborative of seventy-five organisations, including NHS Trusts, CCG's, Police Forces, third sector providers, front line charities and service user groups. It identifies, and disseminates, positive practice in mental health services by working together across organisations and sectors, to facilitate shared learning, and to raise the profile of mental health with politicians and policy makers.</p> <p>The Trust submitted 10 entries this month for the annual positive practice awards and has been asked to start a national substance misuse collaborative which Dr Derrett Watts Clinical Director for substance misuse will be leading. Members of the Executive Team has also been asked to be on the judging panel for the positive practice awards.</p> <p>SCHWARTZ ROUNDS</p> <p>The Trust has recently introduced Schwartz Rounds. Schwartz Rounds originated in America as the legacy of Ken Schwartz. In 1994, Ken, a health attorney, was diagnosed with terminal lung cancer. During his treatment, he found that what mattered to him most as a patient were the simple acts of kindness from health staff, both clinical and non-clinical, which he said made "the unbearable bearable." Before his death, he left a legacy for the establishment of the Schwartz Center in Boston, to help to foster compassion in healthcare. From there Schwartz Rounds emerged.</p> <p>Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to examine the clinical aspects of patient care. Therefore rounds focus on the emotional and social aspects of our work.</p> <p>Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. The Schwartz Rounds are being held monthly with 2 having been held to date.</p>	
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	<p>CARE COORDINATION WORKSHOP</p> <p>We are currently focusing on strengthening approach across the Trust to care co-ordination. The Executive Director of Nursing & Quality is leading an improvement programme with the first workshop held this month. There was strong representation across the directorates and examples of both positive practice and also where there are challenges. The programme will work on improving areas where needed to provide consistent and high quality support to service users and carers</p> <p>NATIONAL UPDATE</p> <p>HEALTH SELECT COMMITTEE PUBLISHES REPORT INTO Integrated care: organisations, partnerships and systems</p> <p>The House of Commons Health Select Committee has published its report into “Integrated care: organisations, partnerships and systems.” The Report notes that NHS and social care services are looking after a population which is living longer and with increasingly complex health and care needs, including multiple long-term conditions.</p> <p>Services need to change to reflect that and to be better organised around patients. Rising demand and costs for health and care are taking place alongside an unprecedented and prolonged squeeze on resources. More joined-up, coordinated and person-centred care can provide a better experience for patients, particularly those with multiple long-term conditions. However, progress to achieving these benefits has been slow.</p> <p>Transformation remains key to sustainability. The Committee says it has seen and heard of examples of local areas which have made excellent strides forward in difficult circumstances. What is now required is the dedicated national financial and leadership support to enable the NHS to transform at pace.</p> <p>The Report includes a specific mention of Staffordshire and Stoke-on-Trent from oral evidence from Simon Whitehouse, saying:</p> <p>“With Staffordshire and Stoke-on-Trent being one of the more challenged areas in terms of both performance and financial viability, we have a real challenge. We need some of the flexibilities that are being offered and talked about in the more successful parts of the patch to enable us to make the scale of changes we need to make, but the resource, effort and focus is going to areas that are doing really well; they are advanced and probably had strong and robust relationships in place previously to enable some of that to happen. I would make the case, and articulate really strongly, that while we understand that and we need to learn from those areas, if all of that resource and effort goes into the ones that are at the leading or cutting edge, we are creating an even greater gap in terms of what that looks like. “</p> <p>An STP area, or areas within it, work more effectively where they are meaningful to partners, local health professionals and most importantly the public. STPs, particularly those with more complex geographical boundaries, should be encouraged and supported to allow local areas to</p>	
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	<p>identify, define and develop meaningful boundaries within their patch in which local services can work together around the needs of the population</p> <p>COMBINED HEALTHCARE PRAISED IN KEYNOTE ADDRESS AT NHS CONFEDERATION CONFERENCE 2018</p> <p>The success of Combined Healthcare in developing partnerships through the Alliance, with successes in reducing DTOCs and the Meir Hub, as well as success in having CQC rating all of our services as 'Good' or 'Outstanding' for the first time in history were specifically singled out by Shadow Health Secretary Jon Ashworth MP in his keynote address delivered by video link to the NHS Confederation 2018 Conference.</p> <p>Received</p>	
133/2018	<p>Chair's Report</p> <p>David Rogers, Chairman provided an update.</p> <p>NHSI (NHS Improvement) and NHSE (NHS England) are coming together making smaller sized regions, 7 instead of 5. It will be a heavy regional team that will essentially seek to look at strategic planning of Trusts and STPs.</p> <p>David talked about the Trusts relationship with Stoke-on-Trent City Council and how hard the Trust has worked on this relationship and it is now bearing fruit. There is a willingness now to be open about where we are and where we are going. We are now pooling resources and doing something sensible. We have a promising relationship developing which is good news.</p> <p>David talked about a member of his family who has recently experienced mental health problems he wished to thank the Access and Home Treatment team for their help commenting 'they have been brilliant'. David also thanked the Board for their support.</p> <p>Noted</p>	
134/2018	<p>Staff Retirements</p> <p>Margaret Wilson, Access to Health Records Administrator retired this month but unfortunately is unable to attend Trust Board today.</p> <p>Noted</p>	
135/2018	<p>REACH Individual Recognition Award June 2018</p> <p>Jacquie Shenton – Nurse Consultant</p> <p>Jacquie was recently promoted to the position of Consultant Nurse in the Learning Disabilities Directorate. Prior to this Jacquie was the Matron and Governance Lead for the Directorate which involved providing professional nursing advice, clinical leadership, line management to the Assessment & Treatment and Children's Short Breaks Service as well as providing a quality and governance role to the whole directorate.</p>	

	<p>A key part of this role is to introduce ways of continuously improving the quality of the service and maintain high standards of care.</p> <p>Jacquie has been involved in a number of important pieces of work for the learning disabilities directorate.</p> <p>Following the reduction of bed numbers at Assessment & Treatment Jacquie supported our ambition for a maximum three month average length of stay for all new admissions, through the development of a robust and focussed clinical pathway.</p> <p>This was co-produced with staff on several away days as part of the inpatient service transformation work; it was then shared and agreed with commissioners and the regional Transforming Care lead. An important part of this pathway was to have a workforce who were skilled and competent at delivering a Positive Behaviour Support (PBS) approach to some of our most critically and acutely unwell service users.</p> <p>During the past 12 months Jacquie has been instrumental in supporting the development of our PBS pathway. Jacquie and Ruth Richards (our Principal Clinical Psychologist) were key partners in developing the West Midlands Region Positive Behaviour Support Organisational and Workforce Development Framework. This work resulted in Jacquie becoming a BILD (British Institute of Learning Disabilities) accredited trainer and it was from the foundation of this work that Jacquie developed the Directorate wide PBS training programme; providing this to every clinically facing member of the staff within the Directorate.</p> <p>This ensured that all of our staff had the necessary skills at the right level for their role to provide person centred care, delivered in the least restrictive way with the primary outcome of improving quality of life.</p> <p>A comprehensive functional assessment is undertaken with all inpatients involving family, friends, carers and key professionals. Discharge planning is then focused on the development and implementation of a Positive Behaviour Support plan to teach new skills, provide enabling environments and reduce restrictions placed on individuals (including the use of medication) enabling them to maximise their quality of life.</p> <p>Furthermore, this work incorporates best practice guidance from the STOMPLD (Stopping over Medication for People with a Learning Disability) campaign, a national initiative to which the A&T service, through the implementation of the PBS pathway, identified a 'local' solution to; and for which the service recently received national recognition when they scooped top prize as winners of the Pharmacy and Medicines Optimisation category at the HSJ Value Awards.</p> <p>The changes to our inpatient pathway have enabled us to significantly reduce our average length of stay and to reduce the level of medication prescribed.</p>	
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	<p>Data from 10 discharges in 2016/17 showed that medication was reduced or stopped for 5 patients saving approx. £4000 per year and 4 patients who were not on medication at admission remained medication free at discharge.</p> <p>Average length of stay for new admissions has reduced by over 70% in the past two years resulting in an average cost saving of £85,314 per admission.</p> <p>However, the pathway does not end here - following discharge, patients are supported by our Intensive Support Team and Community LD Team. Positive Behaviour Support clinics are run across the Directorate with input from Non-Medical Prescribers to ensure there is a continuing focus on medication monitoring and reduction for all service users.</p> <p>Jacquie has clearly demonstrated all of the Trust values and in particular she has shown compassion and responsibility through her commitment to work with service users and families and across professional groups to improve service quality and to support staff to embrace new ways of working.</p> <p><i>Noted</i></p>	
136/2018	<p>Patient Story – Vascular Wellbeing Service – The Walking Football Initiative</p> <p>Maria Nelligan introduced Phillip and Jill Johnson who attended with Dave Bloor, Community Psychiatric Nurse.</p> <p>A short video was played to the Board of Phil and Jill Johnson talking about their experiences accessing the Vascular Wellbeing Team and their use of the Walking Football Initiative. Phil talked highly of the care he received and the initiative.</p> <p>Tony Gadsby asked why this initiative is only accessible once a fortnight. Dave Bloor advised that the team are looking at the number of interested participants which has risen and therefore are hoping to link in with Port Vale, which is positive.</p> <p>Joan Walley commented that she very pleased Phil and his family have this new outroot. Port Vale is rooted in the community. Joan advised that she recently discussed with a member of the CCG the concept of community commissioning and how we can take this forward highlighting that Commissioners at local authorities and CCGs need to do more in terms of commissioning in the community of this kind. There is a lot of unmet need.</p> <p>Phil went on to praise Dave Bloor adding 'he deserves a medal'. Caroline Donovan reiterated how proud the Trust was of the work Dave and the team. Caroline highlighted that she is in discussions with Commissioners re: an outcome based capitated budget for North Staffordshire and Stoke-on-Trent. This could be used in a flexible way and used for community</p>	

	<p>groups to help people to build their resilience and be less dependent on our services.</p> <p>Joan Walley highlighted the FA funded football pitches are currently being tendered by Stoke on Trent City Council which relates to whole range of schools and GP surgeries this could be an opportunity for more accessed use. Joan suggested we do everything possible to apply pressure to get recognition. The preventive work being undertaken is so important. David Rogers highlighted the improved quality of relationships should improve this.</p> <p>Maria Nelligan highlighted the Trust has an ambition to have a Wellbeing Academy this would be part of this. Maria recently met with Port Vale and agreed a partnership on principle looking how to offer more physical opportunities for people in a leisure, wellbeing, educational style. We have started to develop a website. Our biggest ambition is having a presence or part of a building where we can deliver activities from in partnership with others. Maria has also had conversations with the CCG re: supporting this initiative financially and they support this in principle. We will look at funding going forward as we are keen to deliver this year. Maria said that she was delighted that we had a fantastic example of how this would work.</p> <p>Patrick Sullivan thanked Phil and Jill for the presentation and talked to Dave Bloor about the practicalities of keeping something as valuable as this going asking if there was anything we as a Board can consider that would help to maintain this sort of programme. Dave confirmed there are funding issues and therefore some uncertainty as to what will happen at the end of the year hopefully we have a good relationship with Port Vale they seem to be integrating with other partners so we hope we can link into that we are looking at other venues and funding. Dave highlighted his time constraints which is something his manager will be looking at, Dave is also due to retire in 18 months therefore succession planning will need to be considered. Dave highlighted the benefit of this type of initiative is these are people who do not need clinical visits anymore but are still getting help and improving their confidence.</p> <p>Maria highlighted another key initiative this year is developing peer mentors in activities like this they would be invaluable links to time and how we can maximise supporting people.</p> <p>David Rogers thanked Phil Johnson, Jill Johnson and Dave Bloor for presenting the film to the Board today.</p>	
137/2018	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>There were no questions / comments from the public.</p>	
138/2018	<p>SERVICE USER AND CARER COUNCIL</p> <p>Maria Nelligan, Executive Director of Nursing and Quality provided an update in Wendy Dutton's absence. .</p> <p>Tess Tainton, Vice Chair for the Service User Carer Council has been</p>	

	<p>successful in securing a job in Manchester, Maria and the Board wished Tess all the best in her new role.</p> <p>The Citizens Jury is to enter an 'Action Plan' phase. This we are assured will involve service providers, 3rd sector workers as well as service users and carers.</p> <p>Discussions were held regarding the recent changes within advocacy services, now Voicability / Voice Staffordshire, based at Stafford with a 5yr contract. While Sue Carson, our Advocacy member said there were exciting prospects some gaps had been identified. One of these gaps was highlighted in reference to Lifeworks where carer support / assessment inefficiency could be flagged with the support of Voicability no current contract for carers was present.</p> <p>The Service User Carer Council reviewed the Mental Health Survey Action Plan there will be ongoing involvement moving into the next survey.</p> <p>Workshop 25th April 2018 - It was agreed to continue with the trial of a new venue, Academic 1&2 at the Harplands and time, 5-7pm for a further 2 workshops.</p> <p>Joan Walley highlighted that there have previously been concerns raised regarding the Citizen's Jury and how it operated and asked if this had been remedied. Maria confirmed that she had discussed with Commissioners how best to take this forward it was confirmed that the Service User Carer Council will be part of the implementation of the action plan.</p> <p>Caroline Donovan asked if there was a Citizens Jury action plan delivery group Maria confirmed there was and that Wendy Dutton was a member of this of this group.</p> <p><i>Received</i></p>	
139/2018	<p>TOWARDS OUTSTANDING INNOVATIVE PRACTICE</p> <p>Dr Buki Adeyemo, Executive Medical Director provided a verbal update</p> <p>The report details two examples of innovative practice both shortlisted for National awards.</p> <p>High Volume Users - The High Volume User Service (HVUS) work with patients associated with persistent A&E attendances, offering help and direction of more appropriate health and social care services. The aim of the HVUS is to directly engage the High Volume User population, defined as 12 or more attendances a month, in: devising a safe, personalised, recovery focused care place and reducing attendances and admissions for cohort by 30%.</p> <p>The service has demonstrated high quality care for High Volume Users, with a safe and accessible service to identify need, including 47% reduction in</p>	

	<p>A&E attendance and financial savings of attendances and admissions.</p> <p>To deliver the biggest impact, the HVUS demonstrate a high level of partnership and integrated working, involving clinicians and team from a variety of health and social care setting and services including, but not limited to A&E, West Midlands Ambulance Service and Local Authorities.</p> <p>The value of this is:</p> <ul style="list-style-type: none"> • 47% reduction in A&E attendance and admissions, against a target of 30%, equating to 1,109 fewer attendances; • Financial savings of attendances & admissions (PbR equivalent) £495, 689; • Benefits for others patient i.e. reduced congestion and overcrowding <p>Jonathan O'Brien advised the team are going to the finals in July for the National Patient Safety Awards and we are hopeful the team will be successful. CCG has now funded this recurrently and we have the extra funding this year to expand the service.</p> <p>Caroline Donovan asked Joe McCrea to provide some positive communications around this and focus on all the initiatives we are doing in partnership.</p> <p>Following on from the STOMP - In 2015, 35,000 people with a Learning Disability were prescribed antipsychotic medication without any clinical justification. (NICE 2017). As a local solution to a national issue, Combined's adopted the Stopping the Over-Medication of People with a Learning Disability (STOMP) campaign.</p> <p>Combined's approach to STOMP has demonstrated value, a high level of service user and family involvement and improved health outcomes including reduction in medication, intelligent use of staffing and reduction in length of stay.</p> <p>Next steps are clearer objectives and vision for the STOMP campaign will support taking forward future plans and long-term sustainability; including the rollout of inter team and cross directorate working, workforce development and the development of the PBS clinics.</p> <p>Dr Adeyemo highlighted that Jacquie Shenton is now working with people with dementia therefore this initiative is not just for people with a Learning Disability.</p> <p>Maria Nelligan highlighted that the service we now have in Learning Disabilities Inpatients is an excellent model which a lot of areas in the country are still trying to establish we can evidence outcomes financially and in quality. Suzanne Robinson highlighted this is exactly why Valuemakers is so important.</p> <p>Dr Adeyemo highlighted within our Board Assurance Framework (BAF) this year we are looking to publish 5 of our innovative practices.</p>	<p>JMc</p>
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140/2018	<p>SAFER STAFFING MONTHLY REPORT – APRIL 2018</p> <p>Maria Nelligan, Executive Director of Nursing & Quality presented the report and highlighted the following:</p> <p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during April 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during 2018 was 85% for registered staff and 96% for care staff on day shifts and 69% and 117% respectively on night shifts. Overall a 94% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.</p> <p>From April 2018 Care Hours per Patient Day (CHPPD) have been required to be reported to Unify. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. Over time this will allow for benchmarking. An analysis will be included in the next report.</p> <p>Staffing on Darwin has been challenging over the past 6 months. The staffing fill-rate has fluctuated between 87% and 96% during this time period however overall the staffing fill-rate is on a slight upward trajectory.</p> <p>From November 2017 through to March 2018 there were service users who require additional support due to the complexities of their illness and this challenged the staffing on the ward. Throughout the last 6 months Darwin had reported that patient activities had been cancelled due to staffing issues however it is positive to note that during April 2018 there were no activities cancelled. Staffing fill-rate was above 95% for April for the first time in 6 months. Furthermore the Ward Manager reported to the WM T&F Group at the end of May 2018 that staffing is more positive, and has been sustained over the past 2 months.</p> <p>Additionally it should be noted that there is provision for schooling provided whilst young people are on the unit. There are generally 6 young people at an appropriate stage in their recovery to attend school. Whilst the young people who are able to attend school are off the ward, this gives the opportunity for group and 1:1 work to be carried out with the remaining young people.</p> <p>During 2018, in line with the national picture, it is anticipated that challenges will also be experienced with the planned opening of PICU and an enhanced recruitment campaign continues in relation to this. The Trust continues to employ alternate strategies with the support of the HR and</p>	

	<p>communication teams to attract RNs during this national shortage.</p> <p>Maria informed the Board that the Trust will be accepting Staffordshire University students in September 2018. Maria met with Keele University recently and we are looking to increase our nurse intake. The challenge for the Trust will be to increase the number of placements. Discussion have taken place regarding the development of a qualification in mental health nursing to become a registered nurse at masters level followed by a joint recruitment campaign once this is in place.</p> <p>With regards to Nursing Associates, the biggest challenge will be getting registrants into practice and employment work with universities strengthening this. Conditional offers are given within the 2nd year of study.</p> <p>Tony Gadsby enquired of the 26 3rd year students available in October how many will the University actually be sending out? Maria confirmed the Trust has offered all of them placements and identified buddies for all we offer them a choice to specialise or rotate across specialities. We offer a 12 month preceptorship programme as opposed to mandated 6 months also. Conversations are also being had around academic CPD. We are looking at in service CPD offers.</p> <p>Maria confirmed the Trust has progressed a lot in the last few months and has also been involved in a national piece of work regarding the drop in Learning Disabilities workforce bursary issues are under discussion again. We will not be able to run services if we do not get registrants. We have turned the culture of the organisation around re: retire and return and this is becoming more common place, we need to support this.</p> <p>Andrew Hughes asked with regards to preceptorship for new qualifieds if there is anything we are able to do in the final year of training i.e. meeting costs etc. Maria advised there is no problem with that at the moment we do offer a position but we also offer them access to training. We are looking at getting student nurses on our bank which helps them financially but also gets them use to the services.</p> <p>Caroline Donovan asked for an update on initiatives to be brought back to the board in a few months' time.</p> <p>Maria highlighted there are no issues recruiting HCSW's the discussion was had as to whether the Trust should step up to zero tolerance on HCSW vacancies. Maria advised this can be done through the bank if we have enough stock of HCSW's on the bank. We are not doing this as fast as we could. Alex Brett advised Sheree Cuthbertson, Recruitment and Resourcing Lead has recently commenced in post and will be looking at speeding up the process of getting people into the Trust but also internal transfers.</p> <p>Patrick Sullivan queried if the Trust is struggling to staff wards currently what are we anticipating in terms of PICU? Maria advised some modelling has been looked at re: registered nurses / HCSW's coming into post and looking at capacity this would give us. Roll out of the Acute Care Pathway</p>	<p>MN</p>
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	<p>could be part of the solution.</p> <p>Patrick Sullivan highlighted there will be closures in Macclesfield which could result in there being a number of registered nurses available as Chester is further to travel as another option. Maria confirmed the Trust has recruited a small number so far. In the action plan we have included transport looking at those who are put off by travelling miles we are looking if there is something we can do around transport.</p> <p>There is also an opportunity with Keele University to look at regular general nurse to transfer to mental health nursing within 18 months. The Trust is looking at an open university piece for HCSWs that meet the criteria.</p> <p>Joan Walley asked in terms of getting recruitment is there more we can do with schools using what we have at Keele and Staffordshire Universities around encouraging people to sign up and have work experience. Over a 5-10 year period if we can establish ourselves with schools we can foster a vision of what being a mental health nurse can actually be and look at supporting them through that kind of progression. Maria confirmed there is a piece of work being undertaken nationally around perception of nursing it needs to be a career choice for people Maria will add this idea to the list.</p> <p><i>Received</i></p>	
141/2018	<p>SERIOUS INCIDENTS ANNUAL REPORT</p> <p>Dr Buki Adeyemo, Executive Medical Director presented the report and highlighted the following:</p> <p>The report provides analysis of Serious Incidents which occurred from April 2017 to March 2018. It is noted that the number of serious incidents in this reporting period. The provision of Substance Misuse Services in Stoke-on-Trent has only accounted for a small percentage of the increase in deaths in the last 12 months; it is noted that alcohol and drug misuse of people not known to SMS continues to be a factor in the deaths reported.</p> <p>The reporting period 2017/18 shows an increase of 22% more SIs than in 2016/17. Quarter 4 showed the biggest increase in SIs reported with an increase of 53% on quarter 4 in 2016/17. There were 49 deaths reported in the primary category of unexpected/potentially avoidable death. These incidents are then divided into two further subcategories: There were 33 deaths in the subcategory of 'pending review' and 16 deaths in the subcategory 'apparent/ actual/ self-inflicted harm meeting SI criteria'.</p> <p>The largest increases during 2017/18 was in the incidence of slips, trips and falls where a 65% increase was noted. The majority of the falls were reported from the NOAP wards, with ward 4 accounting for 50% of all falls meeting the SI criteria. In order to prevent falls resulting in harm a number of actions were taken across the Trust. These actions included the establishment of a falls rapid improvement task group, which reviewed the trust falls policy and developed a multi-factorial risk assessment which was</p>	

	<p>later incorporated into the risk assessments available on Lorenzo. Also, working in collaboration with the Advancing Quality Alliance (AQuA), the Trust aimed to reduce the number of falls in our NOAP inpatient areas by initiating locally developed falls reduction projects.</p> <p>Suicide prevention remains at the forefront of the Trust agenda and is one of the five priority areas for the Staffordshire and Stoke-on-Trent STP partnership. In 2017/18, there was a 33% reduction in the number of deaths where suicide was suspected. This is a positive position however the Trust has continued to develop our suicide prevention strategy. A suicide prevention action plan is ongoing and during this year, the Trust has developed and implemented learning for all staff. The Trust continues to work in partnership across the local health and social care economy. The Trust representatives contribute to the Staffordshire and Stoke-on-Trent Suicide Prevention group and action plan where the aim is to reduce suicides across the whole of the county.</p> <p>The category of apparent/actual abuse was used by the Trust for the first time in 2017/18, when 5 incidents were reported under this category. Four incidents were reported following the identification of errors in MHA documentation which resulted in unlawful detention and one incident of a service user physically assaulting staff was also reported. A checklist has been developed to help support positive practice. Progress will be monitored and reported through the Quality Committee.</p> <p>The Adult Community directorate reported the largest number of serious incidents. However there was no change in the total number of incidents by this directorate over the last 2 years, with 25 incidents reported in 2016/17 and again in 2017/18. Issues relating to the care of people with a dual diagnosis featured in a number of SI investigation reports. The reports into these incidents concluded that in these cases substance misuse tended not to be a problem of addiction but of binge and occasional use, which resulted in unpredictable and chaotic behaviours, including self-harm. However the need for improved communication between mental health and substance misuse services was identified by the directorate and incorporated into ongoing action plans.</p> <p>The Trust continues to monitor all incidents on a weekly basis and this report demonstrates compliance with Trust policies and processes.</p> <p>There has been an increase in incidents relating to compliance with the Mental Health Act during this reporting timeframe. These reports and the findings of the 3 incidents reported between August 2017 and December 2017 will form the basis of an overarching action plan to address issues identified.</p> <p>The number of falls related SIs has reduced in this quarter. The quality improvement work for falls prevention is ongoing and the number and impact of all falls will be monitored by the NOAP senior clinicians and the patient safety team.</p>	
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	<p>David Rogers asked Dr Adeyemo to confirm the graph on Page 4 of the document illustrated annual figures not monthly . Dr Adeyemo confirmed this.</p> <p>Caroline Donovan referred to the Directorate Deep Dive Workshop and asked if this could be brought back through to the Quality Committee and Board please.</p> <p>Joan Walley emphasised the importance of including family and carers and advised it would be interesting to have some detail about how this is being undertaken in the next report.</p> <p>Maria Nelligan reflected on falls and Ward 4 and how unique it is we need to consider this when considering the number of falls as there is nothing to other mental health Trusts. Patients are ambulant and at higher risk of falls. It was agreed a report should come to Quality Committee for assurance.</p> <p><i>Received</i></p>	<p>BA</p> <p>BA</p> <p>MN</p>
142/2018	<p>QUALITY ACCOUNT 2017/18</p> <p>Laurie Wrench, Associate Director of Governance presented the report and highlighted the following:</p> <p>The Quality Account is produced each year to provide assurance to the public and stakeholders on the arrangements for quality within the Trust.</p> <p>The document is in draft form and is out for consultation with key stakeholders. Feedback to date has been extremely positive.</p> <p>The Quality Account reflect the content of the Board Assurance Framework (BAF). This was presented to Healthwatch and The Overview Scrutiny Committee which was well received.</p> <p>Verbal assurance has been received from Ernst and Young who will issue the statement of assurance for inclusion. The document will be uploaded to NHS Choices 30th June 2018. Joe McCrea is working on the layout and publication.</p> <p>The Quality Account mirrors the annual report as a similar format has been used. The Trust is looking to profile a short video and accessible version.</p> <p>The document has been cited at Audit and Quality Committee.</p> <p>Trust Board approval is requested:</p> <ul style="list-style-type: none"> - To progress and obtain auditors statement of assurance - Forward to NHS Choices for 30th June 2018. <p>Should anyone have any comments please forward to Laurie Wrench.</p> <p><i>Approved/ Received</i></p>	

143/2018	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 1	
	<p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report highlighting key points.</p>	
	<p>Suzanne highlighted this is a very positive start at Month 1.</p>	
	<p>The Shropshire & Staffordshire QSG is a forum where partners review risks to quality across NHS commissioned services through sharing intelligence. It provides opportunities to coordinate actions to drive improvement, respecting statutory responsibilities and ongoing operational liaison between organisations.</p>	
	<p>Under the terms of the QSG, there are two forms of surveillance that NHSE may apply to NHS providers: routine and enhanced. NHS England has determined that the trust will fall under routine surveillance rather than enhanced surveillance. This is positive news. It means that the Trust will no longer receive a formal notification letter; rather routine monitoring will form part of our ongoing commissioner and provider dialogue.</p>	
	<p>The following performance highlights should be noted:</p>	
	<ul style="list-style-type: none"> - 100% of patients on a care programme approach have received a follow up within 7 days of discharge - 75.0% of Early Intervention in Psychosis patients have waited a maximum of 2 weeks from referral to treatment - 100.0% of inpatient admissions have been gate kept by crisis resolution/home treatment team - 100.0% of people seen for crisis assessment within 4 hours of referral - Emergency readmissions have reduced to 6% 	
	<p>In Month 1 there is 1 target related metric rated as Red and 1 target related metric rated as Amber.</p>	
	<p>Exceptions:</p>	
	<p>Waiting Times - 90.5% at M1 from 93.6% at M12. C&YP – 82.4% at M1 from 84.0% at M12. This is being monitored closely and as of this weekend is now 89%.</p>	
	<p>Admissions - 1.0 in M1 from 0.0 in M12. A patient (17 ½ year old) was admitted to the Learning Disability A&T unit following a MHA Assessment on 11th April 2018.</p>	
	<p>A referral for a Tier 4 CAMHS bed would ordinarily be made but the clinical team and Local Authority commissioners agreed that due to the patient's age, presentation and potential vulnerability that a local A&T bed would be most suitable. The patient was admitted to A&T on 11.4.18 and remained in the bed at the end of the month. This patient has now been repatriated.</p>	
	<p><i>Received / Approved</i></p>	

144/2018	<p>NATIONAL MENTAL HEALTH SURVEY ACTION PLAN</p> <p>Jonathan O'Brien, Director of Operations presented the report highlighting key points.</p> <p>The 2017 community survey results have been collated into the attached action plan which is monitored 3 monthly through directorate business meeting. The report has come to the Trust board for information.</p> <p>The action plan has been discussed at the Senior Leadership Team meeting, Quality Committee and has been discussed at the Service User Carer Council.</p> <p>Caroline Donovan highlighted the question in the last 12 months, did NHS mental health workers give you any help or advice with finding support for your physical health needs? Discussion was had that support for physical health needs should be RAG rated Red. There is a risk of non-achievement of the CQUIN in the Community Directorate. Maria queried if our Trust was lower than the national average. Maria is looking into if the CQUIN is comprehensive enough in terms of support.</p> <p><i>Received</i></p>	
145/2018	<p>MONTH 1 FINANCE REPORT</p> <p>Suzanne Robinson, Executive Director of Finance, Performance and Digital, presented the report highlighting key points.</p> <p>During month 1, the Trust had an in month trading position of £25k surplus against a plan of £1k deficit; showing a £26k improvement to plan. Sustainability and Transformation funding has been assumed at £35k for month 1, bringing the overall trust control to a £60k surplus against plan of £34k; showing £26k improvement to plan.</p> <p>The Trust target for the year is £2.795m, as reported to NHSI. This takes into account the requirement to deliver a £1.423m control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M1. The Trust wide CIP achievement is 2% at M1 compared to plan</p> <p>The forecast position at M1 for 2018/19 is £1,472m (53%), which represents an in year shortfall against the annual target of £1,323k. There is considerable work ongoing. We will focus on CIP at FPD and deep dive.</p> <p>The Trust Board are asked to: Note:</p> <ul style="list-style-type: none"> - The reported YTD surplus of £60k against a planned surplus of £34k. This is a favorable variance to plan of £26k. - The M1 CIP achievement: <ul style="list-style-type: none"> o YTD achievement of £4k (2%); an adverse variance of £165k; o 2018/19 forecast CIP delivery of £1,472k (53%) based on 	

	<p>schemes identified; an adverse variance of £1,323k to plan;</p> <ul style="list-style-type: none"> o The recurrent value of schemes transacted at £46k, 27% of target. <ul style="list-style-type: none"> - The cash position of the Trust as at 30th April 2018 with a balance of £8,043k; £677k better than plan - Month 1 Capital receipts for 2018/19 at (£673k) compared to a net planned capital expenditure of (£613k); - Use of resource rating of 2 against a plan of 2. <p>Noted</p> <p>The Board were asked to approve the month 1 position reported to NHSI.</p> <p>Agency - Month 1 target 174K 78K below at month 1.</p> <p>Approved</p> <p>Profile of capital is intended to be need to add a chart of this. SR will add profile charts to future reports</p> <p>Jonathan O'Brien highlighted for assurance there is a lot of work being undertaken with Heads of Directorate around CIP. There is a follow up meeting planned for the 2nd July 2018. There will be a realistic forecast for the year in Month 2.</p> <p>Jonathan O'Brien advised that all requests for nursing and HCSWs generally come through him and he is finding it increasingly difficult to challenge requests for agency support for the wards. A vast majority are validated at Exec level understanding against trajectory is stark the vast majority of temporary staffing spend is pushed through the bank system which is a benefit we have not captured as part of E-rostering. Maria Nelligan advised an annual report is being produced for temporary staffing and E Roster. This report will go to the Senior Leadership Team meeting (SLT) and Finance, Performance and Digital Committee (FPD). The ambition is to wherever possible use bank and not agency.</p>	SR
146/2018	<p>ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE</p> <p>Tony Gadsby Non-Executive Director and Chair of the Finance, Performance and Digital Committee presented the report for assurance from the meeting that took place on 7th June 2018.</p> <p>The Committee received an update for Cost Improvement for month 1 and were concerned that the total identified was significantly short of the target. CIP achievement in M1 was £4k, giving an adverse variance of £165k. A high level forecast at M1 shows CIP delivery of £1,472k, giving an adverse variance to plan of £1,323k.</p> <p>The Committee were assured that there was sufficient focus being placed</p>	

	<p>on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19 given the level of unidentified schemes.</p> <p>The Finance position was presented, showing £26k favourable variance to plan. Agency utilisation in M1 was £96k against a ceiling of £174k, giving a £78k favourable variance.</p> <p>The Director of Finance, Performance & Digital presented detailed slides Lorenzo Digital Exemplar (LDE.) This highlighted information around resources, functionality and efficiencies. The committee noted that there had been engagement with the Youth Council and clinicians in the trust; providing vital clinical input. This item is on the agenda for discussion during the Closed session of today's Trust board.</p> <p><i>Received</i></p>	
147/2018	<p>AUDIT COMMITTEE</p> <p>Tony Gadsby Non-Executive Director presented the report in the absence of the Chair Gan Mahadea for assurance from the meeting that took place on 25th May 2018.</p> <p>The Committee approved the Annual Governance Statement developed in accordance with NHSI guidance. No significant control issues were reported for the Trust in 2017/18 and the Head of Internal Audit opinion reported that the organisation has an adequate and effective framework for risk management, governance and internal control.</p> <p>The Committee approved the Annual Report 2017/18 for submission 29th May 2018.</p> <p>The Committee received an update on Internal Audit actions and their progress in terms of implementation as of 25 May 2018. Five actions were overdue for which extensions were approved. It was also noted that 36 actions had been implemented and 10 further actions were in progress.</p> <p>Ernst and Young, presented ISA 260 Audit Memorandum report in respect of the findings of the External Auditors 2017/18 statutory audit. The audit concluded the Financial Statements and Value for Money and gave an overall unqualified audit opinion.</p> <p>The Committee noted that during Q4 the Trust saw a reduction in the number of FOIs compared to 2016/17. However, there is an overall increase in FOI requests. In Q4 there has been 61 requests, 7 of which were not applicable to the Trust.</p> <p>The Scheme of Delegation requires the Audit Committee to review all waivers over £20,000 and noted that during Q4, there were 7 waivers totaling £246,308. For the 12 month period the losses and special payments totaled £21k.</p>	

	<i>Received</i>	
148/2018	<p>ASSURANCE REPORT FROM THE QUALITY COMMITTEE</p> <p>Patrick Sullivan Non-Executive Director and Chair of the Quality Committee presented the report for assurance from the meeting that took place on 21st June 2018.</p> <p>Policy Report The Committee granted extensions to the following policies until 31 August 2018 and request for ratification by the Trust Board.</p> <p>1.25 Food Waste Policy 4.27 Protected Mealtimes 1.19 Chaperoning Policy 4.32 Privacy and Dignity 4.41 Responding to Patient opinion 5.06 Waste policy 5.09 Environment Policy 5.18 Risk Markers Policy 5.25 New and Expectant mothers R07 CS Gas Policy R10 Teaching Physical Interventions to carers 1.04 Complimentary Therapies 1.70 Managing Allegations of Abuse 4.2 Volunteer policy 4.22 Children visiting MH & LD Hospitals 5.20 Health and Safety Audit procedures 1.55 Advanced Statements 4.4 Being Open – Duty of Candour 5.19 Violence and Aggression with Police Protocol 5.37 Pinpoints 5.38 Lockdown 4.33 Clinical Photography IC9 Food Safety 5.14 Outdoor Activities</p> <p>The Committee approved the following policies for 3 years and request for ratification by the Trust Board. 5.35 Medical Devices Policy 1.15 Dress and Appearance Policy 1.70 Managing Allegations against staff</p> <p>Since the last Quality Committee Patrick Sullivan has been asked to take Chairs actions for the DNACPR Policy which Patrick has agreed and has asked for the policy to be circulated to all members of the Committee.</p> <p>Safer Staffing Group Terms of Reference were approved.</p> <p>Clinical Audit Draft Programme 2018/19 was approved.</p>	LW

	<p>Unannounced Quality Visits Annual Report 2017/18. This report summarises the findings of the Trust's Unannounced Assurance visits which have taken place during 2017/18. The protocol for visits for 2018/19 has been strengthened for tighter completion on the management of improvement action plans and with oversight from Performance.</p> <p>Announced Quality Visits CCG/Healthwatch Annual Report. This report summarises the findings from the announced quality visits which have jointly taken place between the Trust, CCG and Healthwatch during 2017/18. The Trust is reviewing next year's schedule with our commissioners to agree a stronger focus on best practice.</p> <p>Environmental Ligature Risk Assessment and Investment Proposals. The Committee received a report regarding the programme to reduce the number of Ligature Anchor points; however there is a requirement for further consideration by the Executive Team and this is being dealt with as a matter of priority. This work has been undertaken.</p> <p>Each Directorate presented in detail their performance as part of the new reporting arrangements to the Committee. Committee members continue to feel that this new style of reporting, capturing information from performance reviews enables a much more focussed discussion around cross cutting issues. The focus of the discussion centred on good practice and achievements, new developments and innovations, current and potential challenges.</p> <p><i>Ratified / Received</i></p>	
149/2018	<p>FREEDOM TO SPEAK UP</p> <p>Alex Brett Director of Organisational Development, Workforce and Communications presented the report.</p> <p>The report sets out a brief update regarding the Freedom to Speak Up approach, considerations for the Board arising from the new guidance and proposals for strengthening the Trust approach as a result.</p> <p>The Trust has recently re-appointed to the Freedom to Speak up Guardian role, which will provide additional capacity to undertake the role and strengthen this organisationally through building a network of champions.</p> <p>NHS Improvement and the National Guardian's Office have recently published refreshed guidance setting out expectations of boards in relation to Freedom to Speak Up (FTSU) to help boards create a culture that is responsive to feedback and focused on learning and continual improvement</p> <p>The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question. This guidance is aligned with the good practice set out in the well-led framework, which contains references to speaking up in KLOE 3 and will be shared with Inspectors as part of the CQC's assessment framework for</p>	

	<p>well-led.</p> <p>Senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the National Guardian's Office. Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up. They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up. Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy.</p> <p>Self-assessment will be undertaken during Board Development in July 2018.</p> <p>The FTSU policy and process are reviewed annually to check they are fit for purpose and realistic; up to date; and takes account of feedback from workers who have used them.</p> <p>It is proposed that the Trust will:</p> <ul style="list-style-type: none"> - Continue to utilise all four mechanisms to support staff to raise concerns and issues - Support the ongoing development of an open and transparent culture through a refreshed and strengthened approach to Freedom to Speak Up through the Guardian role and development of Freedom to Speak Up Champions. - Complete the self-assessment at the July Board Development session and develop an action plan to strengthen the approach, being clear on the Board, Executive and Non-Executive roles and responsibilities - Continue to strengthen communication to the wider Trust to help promote speaking up to managers, professional leads, trade union representatives as well as the more formal routes that are available. <p>Tony Gadsby asked in the spirit of partnership were do the unions and Unite fit into this there is a role for them. Alex advised there have been meetings with Jenny Harvey, discussions at the People and Culture Committee PCD) and Joint Negotiation Consultative Committee (JNCC) they are fundamentally part and parcel of this working alongside the new Freedom To Speak Up Guardian.</p> <p>Caroline Donovan highlighted the Being Open Policy spells out the role staff side have in this as well. So this will be part of the next steps. The Policy will be revisited following the Board Development Session.</p> <p><i>Received</i></p>	
150/2018	<p>LOCALITY WORKING /RESTRUCTURE</p> <p>Jonathan O'Brien Director of Operations presented the report.</p> <p>The paper provides the Trust Board with an update on the transformation journey that is underway to restructure the Trust's Clinical Directorates. This</p>	

	<p>is following Trust Board approval, on the 18th April 2018, for the case 'Realignment of Operational Directorates - Integrated Locality Working'.</p> <p>The paper is intended to update the Trust Board on progress against the planned implementation timetable, governance arrangements, engagement and feedback, risk review and progress on supporting corporate activity from finance, governance, performance and workforce.</p> <p>Phase 1 Clinical Directors, Associate Directors (HOD's), Deputy Director of Operations. This phase commenced on Monday 30th April 2018 through formal consultation and appointment of the Clinical Directors has taken place:</p> <p>Dr Dennis Okolo - Stoke Dr Darren Carr – North Dr Darren Perry - Specialist Acute and Urgent care – This will be an interim appointment for 6 months as no expression of interest has been received to date. Carol Sylvester will remain in post until the Trust is able to appoint to the directorate.</p> <p>Interviews for the Associate Director posts will take place next week.</p> <p>The Deputy Director of Operations post has been out to advert interviews will take place on the 5th July 2018 36 applications have been received.</p> <p>It is therefore anticipated that Phase 1 will be completed by Friday 6th July 2018.</p> <p>Phase 2 Phase 2 Configuration of Trust-wide Professional Heads</p> <p>Phase 2 commenced on Monday 4th June 2018 through formal consultation. The consultation is live at the present time.</p> <p>It is anticipated that Phase 2 will be completed by 16th July 2018.</p> <p>Phase 3 Appointment of Associate Clinical Directors, Service Managers, Matron/Quality Leads and AHP & Psychology</p> <p>Phase 3 is in the planning stages and is scheduled to commence by 9th July 2018 and be concluded by Friday 31st August 2018.</p> <p>The clinical and managerial appointments for the new configuration of four Directorates will be concluded at this point and from September 2018 the Trust will report and operate from a four Directorate structure.</p> <p>From the Senior Leadership Team - two task and finish groups have been established, both of which are chaired by the Trust's Director of Operations. The groups are underway and have been established to oversee the</p>	
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	<p>governance arrangements for the process. They provide a forum for discussion and 'confirm and challenge', allowing a place for the development of the process in a meaningful and engaging way.</p> <p>In total, 12 engagement sessions (2 per existing Directorate) have now been delivered, led by the project Clinical Lead and the current Heads of Directorate with support from the HR Team. These sessions have given a dedicated opportunity for clinical teams and staff within the directorates to give their valued contributions and comments to the transformation process. All of the feedback from these sessions has been collected and fed through into the Task and Finish Groups. Staff have been invited to attend sessions outside of their own directorate to increase opportunities for engagement. The second round will run in July and August 2018 and a third round when the new Directorates have been formed in September and October 2018.</p> <p>Jonathan presented to Senior Medical staff at their Away Day yesterday. This was received positively.</p> <p>Attendance at the engagement sessions varied across the Directorates. Whilst the Substance Misuse Directorate have submitted the most comments and questions to the website, there was limited staff attendance at the engagement sessions facilitated for that Directorate. In light of this an offer has been made to that directorate for the Project Clinical Lead to attend other forums/meetings that may be useful to the Directorate. There will still be a clinical lead for Substance Misuse Service and management support it is one of the directorates almost in its entirety that is being kept in its own directorate.</p> <p>Jonathon wished to acknowledge Nicky Griffiths for leading on this and keeping people engaged. There is a huge amount of work still to do especially in the next 8 weeks.</p> <p>Jonathan will bring monthly reports to the Board.</p> <p>Alex Brett advised following discussion at the last People and Culture Committee a risk was identified around engagement scores we will be completing a restructure and going into a transformational phase when the staff survey will be launched in September 2018. Engagement scores could be impacted.</p> <p>Tony Gadsby questioned why there were only 7 attendees at the Adult Inpatient Engagement Session and asked if we were looking at other ways to engage staff. Jonathan highlighted staff are often tied up on the wards, we are looking at different ways of engagement. Jonathan plans to spend an evening on the Harlands site with the Site Manager so will be an opportunity to talk to staff. Jonathan is also looking to attend directorate meetings and have roadshows around the inpatient site and visit some areas as opposed to holding bespoke sessions that people cannot get to.</p> <p>Joan Walley asked if funding issues are contributing to uncertainty in the Substance Misuse Service. If so, could we use these sessions to assure</p>	<p>JOB</p>
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	<p>theses commissioning issues are not our making. Jonathan highlighted one of the challenges that has been brought to his attention is if the Trust is committed to Substance Misuse Services or is this something with the changes / restructure and commissioning intentions the Trust is thinking of losing. Jonathon reiterated to the Directorate that there has been no discussion other than our commitment to Substance Misuse Services.</p> <p>There was discussion that possibly messages getting through the Directorate are being lost in translation. It was suggested the Chief Executive speaks directly to staff. Patrick Sullivan commented that Substance Misuse Services work in different ways they are better networked than most of our services. A vast majority of NHS organisations have moved away from Substance Misuse Services. We need to ensure we do not lose the Directorates expertise.</p> <p>Caroline Donovan highlighted if we have lost 50% of our funding with Staffordshire County Council we have Stoke Council with whom we still have a strong relationship but are asking for a 30% reduction. The new Director of Public Health is saying he has used the Plymouth and Liverpool model which is a community model not an inpatient model. The structure should enable more clinical networking. We have certainly given no indication at all that we would withdraw from Substance Misuse Services.</p> <p><i>Received</i></p>	
151/2018	<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 26th July 2018 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
152/2018	<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 12.48pm

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
24-May-18	116/2018	Learning From Deaths Quarterly Report - In all of the cases reviewed the care provided by our clinical teams was felt to be adequate to excellent. Caroline Donovan highlighted the need to identify where learning / improvements are being made and add to future reports.	Dr Buki Adeyemo	20-Sep-18	
24-May-18	125/2018	Cybersecurity - Suzanne Robinson to confirm if Trust are insured against a Cybersecurity attack. 21 Jun 18 - Suzanne confirmed the Trust is not insured with the current insurer, therefore Suzanne has discussed with the NSLA. Suzanne is now sourcing quotes to insure the Trust separately. Agreed to remain on schedule to await the outcome.	Suzanne Robinson	26-Jul-18	Verbal update
21-Jun-18	139/2018	Towards Outstanding Innovative Practice - Joe McCrea to provide some positive communications around this and focus on all the initiatives we are doing in partnership.	Alex Brett	26-Jul-18	Verbal update
21-Jun-18	140/2018	Safer Staffing Monthly Report - April 2018 - Maria to bring an update on initiatives back to Trust Board	Maria Nelligan	25-Oct-18	
21-Jun-18	141/2018 (1)	Serious Incident Annual Report (1) - Deep Dive Workshop outcomes to go to Quality Committee and to Board. Detail around inclusion of family and carers and how this is undertaken to come back to Trust Board in next report.	Dr Buki Adeyemo	20-Sep-18	
21-Jun-18	141/2018 (3)	Serious Incident Annual Report (3) - Report to go to Quality Committee regarding falls.	Maria Nelligan	QC 09-08-18	Agenda item for QC
21-Jun-18	145/2018	Month 1 Finance Report - Suzanne to add profile charts to future reports	Suzanne Robinson	26-Jul-18	Actioned
21-Jun-18	148/2018	Assurance Report from the Quality Committee - DNACPR Policy to circulate to all members of Quality Committee and minute Chairs actions	Lisa Wilkinson	26-Jul-18	Actioned
21-Jun-18	150/2018	Locality Working / Restructure - Jonathan to bring monthly reports to Trust Board particularly July and September	Jonathan O'Brien	26-Jul-18	Agenda item

REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	26 th July 2018		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Executive		
Author:	Caroline Donovan, Chief Executive		
Executive Lead Name:	Caroline Donovan, Chief Executive	Approved Exec	by <input type="checkbox"/>

Executive Summary:		Purpose of report	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT Execs Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee • Finance & Performance Committee • Audit Committee • People & Culture Development Committee • Charitable Funds Committee • Business Development Committee • Digital by Choice Board 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. 2. To provide the highest quality services 3. Create a learning culture to continually improve. 4. Encourage, inspire and implement research & innovation at all levels. 5. Maximise and use our resources intelligently and efficiently. 6. Attract and inspire the best people to work here. 7. Continually improve our partnership working. 		
Risk / legal implications: Risk Register Ref	N/A		

Resource Implications: Funding Source:	N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A
Recommendations:	1. To receive for information

Chief Executive's Report to the Trust Board 26th July 2018

PURPOSE OF THE REPORT

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

LOCAL UPDATE

1. LOCALITY TRANSFORMATION PASSES SIGNIFICANT MILESTONES

Our programme to introduce locality working has passed significant milestones.

Phase 1 formally completed on schedule on Friday 6th July. Following formal consultation I am delighted that the appointment of the new Clinical Directors (CD) and Associate Directors (AD) has taken place.

These are:

- **Stoke Directorate** - Jane Munton-Davies (AD) and Dennis Okolo (CD)
- **North Staffordshire Directorate** - Samantha Mortimer (AD) and Darren Carr (CD)
- **Specialist Services Directorate** - Ben Boyd(AD) and Darren Perry (CD)
- **Acute & Urgent Care Directorate** - we currently have a remaining vacancy for the post of Associate Director and Carol Sylvester has been appointed as Interim Clinical Director.

Phase 2 commenced on the 4th June 2018 through formal consultation and closed on the 4th July 2018. This phase relates primarily to the senior Professional Leadership Structure within the Trust concerning Heads of Nursing, Allied Health Professionals, Psychology, Social Work and Medical Associate Directors. This phase was led by the Trust's Medical Director, Dr Buki Adeyemo and Director of Nursing and Quality, Maria Nelligan.

The next part of the process will involve considering any feedback received to date as part of the consultation, ensuring we have responded where required and confirming the structure moving forwards leading to the appointment of any vacancies.

Phase 3 – Configuration of Associate Clinical Directors & Clinical Leads, and all Service Managers, AHP and Psychology Leads and Quality Improvement Lead Nurse - began on 16th July.

Phase 3 of the locality restructure focuses on the Management structures within each of the newly established Directorates. These include the roles of Service Managers, Quality Improvement Lead Nurses, Clinical, Psychology, AHP Leads and Social Care Leads. The newly appointed CD's and AD's are leading this phase, including ownership of the launch and the resulting consultation under a Management of Change process. This will be co-produced by teams themselves.

We have reminded all staff that, if they have any questions about our plans, how they affect them and the opportunities it offers, they can get in touch either with the project lead, Nicky Griffiths, the HR Team or alternatively they can use our dedicated web page <http://localities.wpengine.com/> including an FAQs page and a web form they can use to ask us anything they like and get an answer. They can, if they prefer, even ask a question or give us a comment anonymously.

We are also holding a number of Engagement Sessions with affected teams over the coming months.

2. LATEST AWARDS SUCCESS

It was a real pleasure to see two projects from Combined making the finalists in the mental health category at the recent HSJ Patient Safety Awards.

The first was medication reduction in a Learning Disability inpatient service. Antipsychotics and antidepressants are often prescribed for people with a learning disability without appropriate clinical indications and a substantial number who are prescribed drugs for the purpose of behavioural management can safely have their medication reduced or withdrawn. Prescribing often starts at a specialist level and is then passed onto primary care resulting in GPs overseeing the management and prescribing long term, often unnecessary, medications. The aim of this project was to improve the quality of life of people with a learning disability admitted to our Assessment & Treatment unit by reducing the potential harm of inappropriate psychotropic drug use.

The second was for our High Volume User Pilot. A small number of patients make frequent attendances to emergency departments and account for a disproportionate amount of the total Accident and Emergency (A&E) workload. The team is made up of registered mental health staff working in collaboration with the British Red Cross, both having expertise in reach work to support complex health and social care needs. The team works in collaboration with the UHNM, the ambulance service and local Clinical Commissioning Groups, all of which have signed up to a data sharing agreement to support a system wide approach to the reduction in attendances at A and E .

3. APPEARANCE IN FRONT OF STAFFORDSHIRE OVERVIEW AND SCRUTINY

I was pleased to attend the Staffordshire Overview and Scrutiny Committee with my STP colleague Dr Abid Khan, Medical Director at Midlands Partnership Foundation Trust and Jonathan O'Brien, our Director of Operations. We were there to discuss with councillors the Together We're Better STP Mental Health Programme.

It was a positive session and we were able to discuss how joint working across the whole of Staffordshire and Stoke-on-Trent is bearing fruit and delivering real results for local patients and their families.

We were able to report real progress, including:

- New IAPT services for people with Long Term Conditions across Staffordshire
- Improved support for frail elderly via outreach services – supporting winter pressures
- Integration of mental health into place based locality teams – MPFT and NSCH redesigning their organisations to align with this.
- Alliance Boards established to support integration
- 24/7 Crisis and Home Treatment Services for adults – now recurrently commissioned across Staffordshire
- 24/7 Mental Health Liaison Teams supporting patients in all the emergency portals at Stoke hospital. 7 day support is offered at Burton hospital.
- Development of plans for Mental Health Crisis Care Centre including increased capacity for Place of Safety at Harlands Hospital
- STP is currently ranked 4th out of 44 STPs for Out of Area Placements as at November 2017

- New Psychiatric Intensive Care Unit (6 beds) to open in Autumn 2018
- Development of Pan-Staffordshire suicide prevention campaign.
- Latest data shows fall in three-year rolling total of suicides across Stoke and Staffordshire
- GPs and wider primary care staff to have suicide prevention training in 2018/19

4. PAN STAFFORDSHIRE AND STOKE-ON-TRENT NEDS, POLITICAL LEADERS, CHAIRS AND CEOs MEETING

I was pleased to attend a meeting of all the NEDs, Political Leaders, Chairs and CEOs from across Staffordshire and Stoke-on-Trent. It was useful to be able to come together as a whole group to talk through the challenges we face system-wide and share insights and lessons with each other.

I was asked to present alongside Neil Carr, Chief Executive, Midlands Partnership NHS Foundation Trust and Dr Shammy Noor, Chair of the South East Staffordshire and Seisdon Peninsula CCG the work we are doing together to support integrated locality working and integrated teams.

It was really positive that progress is being made with great examples given, including from Shammy, the Lichfield Care Home Project, which has achieved:

- Much lower demand on GPs
- Higher continuity of care for patients
- Lower ambulance conveyance
- Lower admission rates
- Less form filling
- More confidence in the care homes
- Direct access to a range of services (i.e. not back through the GP)
- Patients know who will be coming to visit them

5. STP DIGITAL CONFERENCE

I was delighted to open the first ever Together We're Better Digital Conference.

A packed audience of over 100 digital leaders from across our patch were able to hear from a range of external speakers from Leeds to the Wirral and from Hampshire to Bristol. All of them were happy to share their experiences and lessons-learned to inform the Staffordshire and Stoke-on-Trent Digital Strategy.

We livestreamed the opening sessions and the event also featured an introductory video welcome from the STP Chair, Sir Neil McKay, who unfortunately was unable to attend due to a prior commitment, but who wanted to stress his own personal commitment and support for our digital vision.

The livestream and Sir Neil's video welcome can be seen on our YouTube channel at <https://www.youtube.com/channel/UCdnVBUItgNMs6WAJCddjZwQ>

6. RECORD BREAKING REACH AWARDS

Both myself, our Chairman, David Rogers and the Board were absolutely delighted and felt very privileged to present our Annual REACH Awards. This year's event was the biggest we've ever held, with more nominations and awards than ever before.

We received over 300 nominations - a record number. The winners and those highly commended in each category were:

- **Leading with Compassion Award** - (Joint Winners, Carol Sylvester and Carolyn Wilkes - Highly commended, Rachel Birks, Darren Perry, Andrew Adams, Zoe Grant)
- **Proud to CARE Award** - (Winner, Sharon Tunicliffe)
- **Volunteer/Service User Representative** (Winner, Simon Voiels - Highly commended, Phil Leese, Narissa Meredith, Jean Cunningham)
- **Developing People** - (Winner, Melanie McNair - Highly commended, New Beginnings, Dr Mike Jorsh, Phil Wardle, Dr Laura Stevenson)
- **Innovation** (Winner, Ward 3 - Highly commended, Assessment and Treatment Team, CAMHS ADHD Team, Parent and Baby Unit, BeAble App - NOAP)
- **Valuemaker** (Winner, Dr Ravi Belgawar - Highly commended, Christine Horler, Nicky Wood, Joshua Deakin, Julianne Kettle)
- **Partnership** (Winner, Care Home Liaison Team - Highly commended, Criminal Justice Mental Health Team, Staff Side, NOAP Outreach Team, Health Facilitation and Acute Liaison Team)
- **Unsung Hero** (Winner, Samantha Dawson - Highly commended, Wahida Mohamed, Georgia May Ellis, Rania Mosedale, Lesley Birkin)
- **Service User & Carer Council** (Winner, Julie Baker - Highly commended, Phil Leese, Linda Lock)
- **Rising Star** (Winner, Dr Rebecca Chubb - Highly commended, Lisa Lummis, Cherelle Laryea, Gavin Hicks, Sarah Tombs)
- **Team of the Year** (Winners, Service User and Carer Council - Highly commended, Recovery and Resettlement Team, Ward 4, Ward 1, Older Person's City CMHT)
- **Chairman's Award** (Winner, Dr Rebecca Chubb)

A very special part of the evening was announcing the first recipients of the Justin Griffiths scholarship. In creating the scholarship, we really wanted to encourage research, personal development and education in Justin's memory throughout the services that he played a crucial part in setting up and supporting throughout his career, and in providing this scholarship fund we felt that this would be the best way to celebrate his life and work.

Following last year's REACH awards we opened up the scholarship for applications and trustees met to review the applications we were very happy to agree the following six applications:

- **Books for all the Community Mental Health Teams** to support service user needs - **Lynne Burton**
- A book fund to support his higher education - **Simon Bratt**
- To attend a workshop regarding a specialist area of need within the MHA - **Jane Clewes**
- To attend an Approved Mental Health Professional conference - **Laura Rushton**
- A team training event for the Stoke AMHP team - **Denise Heatley**
- To attend the National Mental Health Law conference at Nottingham University - **Nick Slater**

It was really lovely having Nicky and her 2 delightful daughters Nya and Eva with us.

We also gave a special presentation to Jenny Harvey for her achievements and recognition by Stonewall as Diversity and Inclusion Role Model of the Year in the North West.

The Proud to CARE Award is our "Players' Player" Award - nominated and voted on by the staff. We produced a short film featuring some of the lovely things our staff said about each other in their nominations. This can be viewed at https://www.youtube.com/watch?v=R1_WfSRq6wl

Another highlight at the REACH Awards was the launch of our Review of the Year. It has been a fantastic year for Combined Healthcare - and it was great to see it all brought together. You can watch the film at <https://www.youtube.com/watch?v=aXmRIR5fIH4>

7. CELEBRATING THE NHS 70TH BIRTHDAY

We held our REACH Awards to coincide with the NHS 70th Birthday and, as part of the evening, we showed a special film which you can watch at <https://www.youtube.com/watch?v=JuitMoQuzkg&t=1s> celebrating the creation of the NHS, the values of its founder Nye Bevan and its amazing achievements over its first 70 years.

Throughout the day, events exhibitions and tea parties were being held by staff and volunteers across our sites.

Our Healthcare Support Workers at the Darwin Centre, enjoyed the birthday celebrations with a Tea Party and some amazing creations. Well done to all the young people and staff who made this happen.

At the Harplands, we had a special NHS70 Birthday cake and our friends from BBC Radio Stoke turned up to film to interview our staff and get a glimpse into the history of NHS mental health care through 3 objects (including one "mystery" object)! You can watch the BBC Radio Stoke film on their Facebook Page [by clicking here](#).

8. MEDICAL LEADERSHIP EVENT

It was great to be invited to the medical leadership workshop, at Port Vale Football Club, chaired by our Medical Director, Dr Buki Adeyemo and have a discussion about the future and the key role our medical workforce play in delivering high quality care. There are a number of future developments that the medics were keen to be involved including working more closely with GPs through our new locality working.

In this regard, it was really useful that our Director of Operations Jonathan O'Brien was able to deliver a presentation on our vision for transformation through locality working and John Tacchi, our Programme Director for Integration, on the strategic landscape in North Staffordshire.

NATIONAL UPDATE

9. HEALTH ANNOUNCEMENT ON NHS FUNDING

It was very welcome to hear the outcome of discussions between 10 Downing Street, HM Treasury and NHS England on a future 5-10 year funding settlement for the NHS. The details were set out in a speech by the Prime Minister last week, in which she said

- NHS funding will grow on average by 3.4 per cent in real terms each year from 2019/20 to 2023/24.
- By 2023/24 the NHS England budget will increase by £20.5 billion in real terms compared with today. That means it will be £394 million a week higher in real terms.
- We also know we need to improve social care and continue to support prevention and public health, both for the benefits they bring in themselves and to relieve pressure on NHS care.
- So we will come forward with proposals to put social care on a more sustainable footing. And we will set out budgets for both social care and public health as part of the forthcoming Spending Review.

The PM also stressed her personal commitment to mental health.

“We will not have succeeded in building the NHS of the future unless we recognise the importance of looking after our mental health, just as much as our physical health, and we put the resources in to mental healthcare to make that a reality. So these are my five priorities: Putting the patient at the heart of how we organise care; a workforce empowered to deliver the NHS of the future; harnessing the power of innovation; a focus on prevention, not just cure; and true parity of care between mental and physical health.”

10. HEALTHCARE SAFETY INVESTIGATION BRANCH (HSIB) PUBLISHES NATIONAL INVESTIGATION REPORT, ‘CAMHS TO AMHS’

- The Healthcare Safety Investigation Branch (HSIB) has published its second national investigation report – *CAMHS to AMHS*.
- The investigation reviewed the transition of care from child and adolescent to adult mental health services. It identified possible issues with the transition process.
- It finds that young people using child and adolescent mental health services would benefit from a flexible, managed transition which has been carefully planned with the young person.
- It recommends that NHS England addresses some of the issues uncovered within the upcoming ten-year plan for the NHS.
- One of the key benefits of our new locality structure will enable improvements in young people transitioning into our adult services.

Read the report [here](#).

REPORT TO: OPEN TRUST BOARD

Enclosure No:5

Date of Meeting:	26 th July 2018
Title of Report:	Service User & Carer Council Report
Presented by:	Sue Tamms, Carer, Service User & Carer Council
Author:	Wendy Dutton, Service User & Carer Council
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality
Approved by Exec	<input checked="" type="checkbox"/>

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

SERVICE USER AND CARER COUNCIL UPDATE FOR TRUST BOARD ON 26th July 2018

Firstly I would like to thank EVERYONE on SUCC for, being nominated for and winning the Team Award at the recent REACH Award event. It for me reflects all the work we do.

1 Workshop on 27th June 2018

- For the second time we used Ac 2&3 between 5-7pm. Again only a small number were able to attend for a variety of reasons
- We were able to take a fresh look at person centred care and in particular suggestions for the one- page profile. Notes from this have been sent out to SUCC members for comment, and copies will be available at the July SUCC Business meeting
- We were able to discuss meetings going forward, No meeting is planned for August, September business meeting including nominations for Vice Chair and October workshop (by which time hopefully the new directorate structure will be in place) a review as to how we can best support service user's/carers
- Lisa Sharrock presented the innovative Beable app, at the May meeting, currently in simplistic prototype form; the potential breadth of application was discussed and encouraged. I have been able to trial it for 2 weeks with some interesting outcomes.
- Citizens jury is to enter an 'Action Plan' phase. This will we are assured involve service providers, 3rd sector workers as well as service users and carers. MN involved in this stage.

Adult social care was raised; several challenging issues were raised;

- Life works which supports Carers and |Service users living with ASD – the increased volume and level of distress has increased. SM outlined the Trusts position of being committed to assess 8 people per month and were regularly exceeding this, and do not have the contract to offer treatment. CYP also cited similar issues. It was highlighted that SSSFT were in a similar position. This was being brought up on a regular basis at performance meetings. Following a frank conversation it was agreed that SM and VS from CYP would clarify the current position, HJ would take back to Healthwatch for review prior to offering Lifeworks any support in writing to local councillors/MPs
- This discussion then linked in to the recent changes within advocacy services, now Voicability / Voice Staffordshire, based at Stafford with a 5yr contract. While Sue Carson, our Advocacy member said there were exciting prospects some gaps had been identified. One of these gaps was highlighted in reference to Lifeworks were carer support / assessment inefficiency could be flagged with the support of Voicability no current contract for carers was present.
- Concerns were again raised by Carer's regarding the renewed 18month contract to the current provider despite concern at the lack of clarity of function / expenditure. This will again be taken back to Healthwatch.

2 SUCC business meeting 25th July

- Update from May's agenda

3 Continued Service User & Carer Council membership involvement

- Trust Board meetings
- Interviews
- PLACE Assessment
- Un announced visits
- SUEEG Meetings
- Business Meetings
- People and Development
- Inductions
- Access Meetings
- Adult In-patient meetings
- Ward and Admin Volunteers and more!

Wendy Dutton

Chair, Service User & Carer Council

11th June 2018

REPORT TO TRUST BOARD

Enclosure No:6

Date of Meeting:	20 July 2018		
Title of Report:	Towards Outstanding Innovative Practice		
Presented by:	Dr Buki Adeyemo, Medical Director		
Author:	Kerri Mason, Research and Development Mike Newton, Deputy Director of Finance		
Executive Lead Name:	Dr Buki Adeyemo, Medical Director	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>This report details two examples of innovative practice both shortlisted for National awards.</p> <ol style="list-style-type: none"> Combined Valuemakers is an engagement tool designed to increase awareness of finance and the importance of generating efficiencies in every day practices to support Cost Improvement. Of the successfully implemented schemes so far, the majority have focused on process efficiencies and improving processes which have not yet resulted in material cash releasing savings for the trust, however for those currently being implemented, the potential cash releasing savings are approximately £180k upon successful implementation The Meir Partnership Care Hub was developed from a strong strategic 'push' at both a national and local policy level to join together integrated services around GP patient populations. The Meir Hub has demonstrated that being able to respond quickly and without further referrals between services significantly improves both response and outcomes for individuals. Combined and the council are further exploring how they can expand the model into a wider geographical footprint. 		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs X Date:	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee X Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement.X To provide the highest quality services X Create a learning culture to continually improve.<input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels.<input type="checkbox"/> Maximise and use our resources intelligently and efficiently.X Attract and inspire the best people to work here.<input type="checkbox"/> Continually improve our partnership working.X 		
Risk / legal implications: Risk Register Ref	-		

Resource Implications:	-
Funding Source:	-
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	-
Recommendations:	To note for information and innovative practice

Combined Valuemakers – Report 1

Introduction and Background:

Combined Valuemakers is an engagement tool designed to increase awareness of finance and the importance of generating efficiencies in every day practices to support Cost Improvement. Cost Improvement culturally, had negative connotations and focussed on traditional, top down budget slicing rather than embracing sustainable transformational change.

The Finance Team recognised that value means different things to different people, and that those closest to the services often have the best ideas to improve the quality and efficiency of services we provide, but don't always have the resources, time or voice to transform their ideas into a reality.

The Trust needed a mechanism to engage the whole organisation, addressing cultural issues around Cost Improvement and that fostered a culture where staff at all levels could be comfortable challenging “the way we do things around here.”

Combined Valuemakers:

Combined Valuemakers was launched in early 2017 and is an interactive website where staff or service users can submit ideas to improve quality, efficiency or make financial savings. Once submitted, the finance team manages responses, contact submitters and awarding badges to those which lead to increased value! Stories are posted on the website to encourage others to submit ideas.

As part of the Value Makers theme, the Finance Performance and Digital Team also hosted a number of workshops with Directorates which presented finance, activity, performance and workforce information to encourage new ways of thinking. The workshops included junior staff which really empowered them to speak up and share ideas. Following on from the success of the workshops we have rebranded our Cost Improvement for 2018/19, applying a matrix approach in building our plans and have arranged separate valuemaker workshops for each of the plan themes.

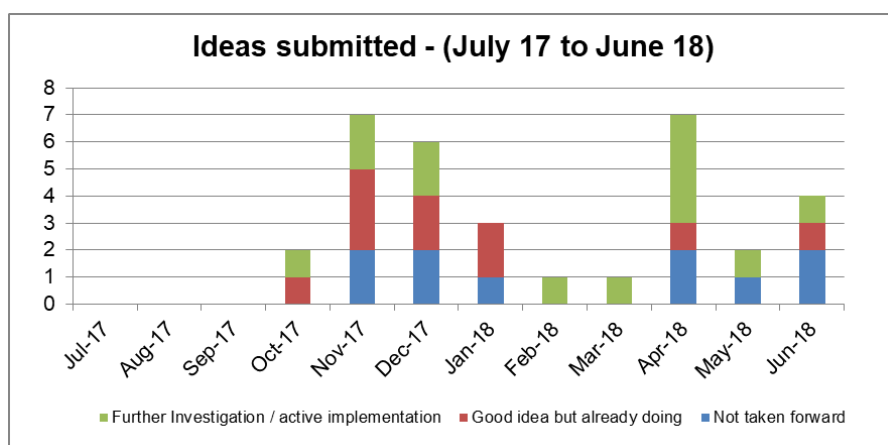
The Combined Valuemaker award was launched in 2017 and awarded in both the 2017 and 2018 Reach Awards to recognise someone with an outstanding contribution to improving value in the Trust.

Outcomes

In the last 12 months we have received 33 suggestions into the portal of which:

- 10 (30%) were not taken forward
- 10 (30%) were good ideas but were already being completed by the trust in a different workstream.

- 13 (39%) were good ideas and investigated further.



Of the 13 taken forward for further investigation 6 have been successfully implemented, 6 are still under investigation or being actively implemented and 1 has been closed

Of the successfully implemented schemes so far, the majority are around process efficiencies and improving processes which have not resulted in material cash releasing savings for the trust. The Trust identified that walking frames were not being collected hence the cost price was not being recovered by the Staffordshire Council resulting in wider STP savings.

For the schemes that are being actively implemented or under final investigation the potential cash releasing savings are approximately £180k upon successful implementation. This includes:

- Medical Bank and actively working with Agency medics to negotiate bank contracts directly with staff.
- Enhanced controls around staff travel to minimise booking fees and cost.
- Renegotiation of franking machine contracts
- Managed service for printing to save VAT as well as enhanced controls around printing
- Shared Care Protocols with GP's around ADHD drugs

Idea Type	Still Investigating / actively implementing			Grand Total
	Successful		Closed	
Cheaper Alternatives		4	1	5
Income Generating		1		1
Recycle/Reuse	2			2
Streamline Process	3	1		4
Technological Alternatives	1			1
Grand Total	6	6	1	13

Meir Partnership Care Hub Summary – Report 2

Meir Partnership Care Hub

With a strong strategic 'push' at both a national and local policy level to join together integrated services around GP patient populations; the Meir Partnership Care Hub was developed. Operational since October 2016, Meir Hub has brought together and co-located health, social care and community practitioners to respond to individuals within individuals within five GP Practices. Meir Hub is a core team of adult social care and mental health practitioners, working with other agencies such as; the voluntary sector, fire and police.

Impact

Value

The Meir Hub has demonstrated that being able to respond quickly and without further referrals between services significantly improves both response and outcomes for individuals:

- Access to individuals requiring a range of service and involvement in services is coordinated;
- Individual with complex needs receive a comprehensive response, without the needs to repeat their story for further referral or assessment;
- Reduction in Access referrals to Secondary Care from 54% to 12%, with a further reduction in in waiting time for non-acute referrals.

The approach has been increasingly effective for individuals involved and more efficient in terms of outcomes and time.

Cost

No additional costs have been incurred by the partners and efficiencies have been gained from the shared location and time involved with individual cases.

Feedback

The Hub has received positive feedback from people using the service, those professionally directly involved in the service and those in the wider circle, both reporting positively on the new approach:

"What has been developed via the Meir Partnership should be the future of public services. Public and voluntary sector organisations are working hand-in-hand at the heart of a local community" – Andy Meakin (VOICES Director)

Spread

The project reports back to into the North Staffordshire Multidisciplinary Community Provider (MCP) development structure and MCP Locality Group. Partners, including the police community and council housing department are exploring how they collate and work with the Hub model. Combined and the council are further exploring how they can expand the model into a wider geographical footprint, with support from locality GP groups to cover all practices.

REPORT TO TRUST BOARD

Enclosure No:7

Date of Meeting:	26 July 2018		
Title of Report:	May 2018 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during May 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during 2018 was 77% for registered staff and 103% or care staff on day shifts and 85% and 108% respectively on night shifts. Overall a 93% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward manager supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.	Purpose of report <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Approval</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Information</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Discussion</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Approval	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Digital by Choice Board <input type="checkbox"/> 								
Strategic Objectives (please Indicate)	<ul style="list-style-type: none"> 1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services. <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input type="checkbox"/> 								
Risk / legal implications: Risk Register Ref	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.								
Resource Implications:	Temporary staffing costs.								
Funding Source:	Budgeted establishment and temporary staffing spend.								
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	None								
Recommendations:	To receive the report for assurance and information								
Version	Name/group	Date issued							
1	Maria Nelligan	26 June 2018							
2	Executives	3 July 2018							

1 Introduction

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

2 Background

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

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

3 Trust Performance

During May 2018 the Trust achieved a staffing fill rate of 77% for registered staff and 103% for care staff on day shifts and 85% and 108% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 93% fill was achieved. Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

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

4 Care Hours per Patient Day (CHPPD)

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

- gives a single figure that represents both staffing levels and patient numbers, unlike actual hours alone

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

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

5 Impact

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

5.1 Impact on Patient Safety

There was 1 incident reported during May 2018 relating to patient safety and nurse staffing issues. This was on A&T where staffing levels were reduced and it was challenging to maintain observation levels. There was no harm to patients reported.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During May 2018 it was reported that 2 activities were cancelled or shortened (and not rearranged) due to nurse staffing levels. Both of these occurred on Darwin, which has an overall fill rate of 94% for the month.

5.3 Impact on Staff Experience

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

- 87 staff breaks were cancelled (equivalent to approximately 1.8% of breaks)

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

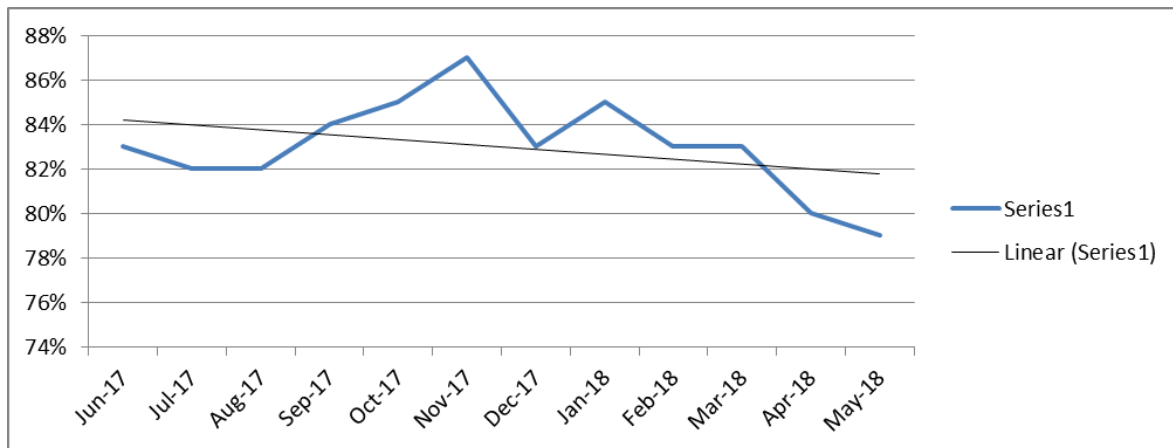
5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. A total of 474 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 89 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 4.3, staff

breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels.

5.5 RN Staffing

In line with the national picture RN recruitment is challenging. The RN fill-rate trend line is showing a decreasing trend although this is expected to rise once the newly qualified nurses commence in October 2018.



The following key actions have been taken to strengthen RN staffing:

- Twenty six third year Keele nursing students have accepted a conditional offer to commence with Trust in Oct 2018
- Shift patterns have been altered in response to staff feedback
- Recruitment opportunities for RNs continue to be advertised (including bank)
- The Trust has joined the NHSI MH recruitment and retention programme
- Recruitment campaign continues for PICU
- Senior Advanced Nurse Practitioner commenced on Ward 4 in May 2018

Additionally we are progressing following actions which were presented to the Board last month :-

- Paying for retire & return RN's NMC registration fee
- Return to practice
- Reviewing potential to increase Band 6 practitioners
- Enhanced CPD offer
- Deputy Ward Manager leadership development programme

6. Summary

Safe staffing reporting indicated challenges in staffing wards during May 2018. Over the past 2 years a significant number of RN vacancies have been filled by newly qualified RNs; a further 26 newly qualified nurses will be joining the Trust in October 2018. The Trust continues to employ alternate strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The Trust has joined the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the safer staffing Trust action plan.

7. Recommendations

The Trust Board is asked to:-

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

Appendix 1 May 2018 Safer Staffing

May-18	Day						Night						DAY		NIGHT		Overall RN fillrate	Overall HCSW fillrate	Overall fillrate
Ward name	RN			HCSW			RN			HCSW			Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)			
	Establishment hours	Clinically required hours	Total monthly actual hours	Establish ment hours	Clinically required hours	Total monthly actual hours	Establish ment hours	Clinically required	Total monthly actual hours	Establish ment hours	Clinically required	Total monthly actual staff hours							
Ward 1	1369	1428	1066.46	1369	1255.5	1293.73	651	688.2	353.1	651	688.2	1072.1	75%	103%	51%	156%	67%	122%	93%
Ward 2	1369	1420.5	990.75	1369	1674	1716	651	688.2	507.9	651	1032.3	1199.45	70%	103%	74%	116%	71%	108%	92%
Ward 3	1369	1428	1171.65	1369	1350	1434.26	651	688.2	566.9	651	765.9	930.45	82%	106%	82%	121%	82%	112%	97%
Ward 4	1369	1428	1250.69	1369	1674	1572.11	285	688.2	538.7	856	1032.3	1188.2	88%	94%	78%	115%	85%	102%	94%
Ward 5	1141	1567.5	1063.33	913	1350	1557.08	285	344.1	377.4	571	1032.3	1069.64	68%	115%	110%	104%	75%	110%	95%
Ward 6	1369	1428	1017.88	1141	1660.5	1903.75	285	344.1	375.2	856	1420.8	1338.6	71%	115%	109%	94%	79%	105%	96%
Ward 7	913	1009.5	801.75	913	1255.5	1315.69	285	344.1	366.3	571	1054.5	1019.6	79%	105%	106%	97%	86%	101%	96%
A&T	1369	1428	1030.92	1369	1512	1550.38	327	688.2	499	654	1154.4	1250.3	72%	103%	73%	108%	72%	105%	91%
Edward Myers	913	1016.25	858.5	913	837	779.87	325	344.1	344.1	651	688.2	677.1	84%	93%	100%	98%	88%	96%	92%
Darwin Centre	1369	1164.75	977.94	913	1404	1379.85	327	344.1	344.1	654	710.4	695.05	84%	98%	100%	98%	88%	98%	94%
Summers View	913	930	503.95	456	900	1094.5	325	332.32	332.85	651	664.64	621.76	54%	122%	100%	94%	66%	110%	90%
Florence House	456	637.5	665.91	913	900	626	325	332.32	332.32	325	332.32	339.17	104%	70%	100%	102%	103%	78%	89%
Trust total	13916	14886	11400	13003	15773	16223	4724	5826	4938	7741	10576	11401	77%	103%	85%	108%	79%	105%	93%

May 2018 Safer Staffing (cont'd)

May-18	CHPPD			Safe staffing was maintained by:	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
Ward name	Total Actual Hours PD	Cumulative Count over the month of Patients @ 23:59	Care Hours Per Patient Day					
Ward 1	3785.39	317	11.94	Nurses working additional unplanned hours.	2.40	3.41	88%	↓
Ward 2	4414.1	575	7.68	Nurses working additional unplanned hours.	7.00	1.21	76%	↓
Ward 3	4103.26	490	8.37	Nurses working additional unplanned hours.	0.60	1.11	73%	↓
Ward 4	4549.7	563	8.08	Nurses working additional unplanned hours and the MDT supporting nursing team.	5.70	2.00	96%	↓
Ward 5	4067.45	398	10.22	Nurses working additional unplanned hours and non-direct care activities being postponed.	1.50	0.20	102%	↑
Ward 6	4635.43	451	10.28	Nurses working additional unplanned hours and the MDT supporting nursing team.	2.30	2.35	96%	↑
Ward 7	3503.34	558	6.28	MDT supporting the nursing team.	1.80	0.00	95%	↑
A&T	4330.6	180	24.06	Nurses working additional unplanned hours.	3.63	3.08	85%	↑
Edward Myers	2659.57	352	7.56	Nurses working additional unplanned hours.	3.00	0.82	94%	↑
Darwin Centre	3396.94	295	11.52	Nurses working additional unplanned hours and non-direct care activities being postponed.	3.10	0.20	95%	↓
Summers View	2553.06	271	9.42	MDT supporting the nursing team.	2.40	0.00	90%	↔
Florence House	1963.4	173	11.35	MDT supporting the nursing team.	0.00	1.53	98%	↓
Trust total	43962	4623	9.51		33.43	15.91		

Appendix 2 Staffing Issues

- There are currently 33.4 WTE RN vacancies in in-patients (and 14.5 WTE for PICU). Of these 33.4 WTE vacancies in current in-patient wards, a significant number are in the recruitment process (including the newly qualified University of Keele nurses who are due to join the Trust in October 2018). We continue to advertise for the remainder and a series of one-stop-shops are planned over the next few months.
- There are currently 16 WTE HCSW vacancies reported within in-patient wards. The majority of these are in the recruitment process.
- Ward 2 and 4 have the highest RN vacancies of 6 and 4.5 WTE respectively; the majority of these have been recruited to. The remaining posts have been advertised externally and have been included within the recruitment events with limited success. Therefore we are reviewing skill mix and shift patterns.
- Ward teams are supported by Modern Matrons and a Duty Senior Nurse who are further supported by an on-call manager out of hours.
- RN night shift cover remains challenging. This is a result of increasing night cover to 2 RNs on the acute wards (1, 2 and 3) however the number of vacancies on these wards has made this challenging to achieve consistently.
- High occupancy and increased acuity have also contributed to shortfalls, in the fill rate.

REPORT TO Trust Board

Enclosure No:8

Date of Meeting:	26th July 2018		
Title of Report:	Performance & Quality Management Framework Month 2		
Presented by:	Suzanne Robinson, Director of Finance, Performance & Digital		
Author:	Vicky Boswell, Associate Director of Performance		
Executive Lead Name:	Suzanne Robinson, Director of Finance, Performance & Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The report provides an overview of performance for May 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.</p> <p>In Month 2 there are 3 target related metric rated as Red and 2 target related metric as Amber; all other indicators are within expected tolerances.</p> <p>In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in the supporting PQMF dashboard.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Date: 26.06.18 Performance Review	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input checked="" type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.		
Resource Implications: Funding Source:	There are potential contractual penalties if the Trust is not able to meet reporting requirements or performance standards. There have been significant improvements in data completeness and data quality following Lorenzo implementation. There are plans to address remaining issues and to support further developments in the Data Quality Improvement Plan agreed with commissioners.		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The PQMF includes monitoring of ethnicity as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population.
Recommendations:	<p>The Trust Board is asked to</p> <ul style="list-style-type: none"> • Receive the Trust reported performance, management action and committee oversight on the Month 2 position.

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK REPORT TO PUBLIC TRUST BOARD

Date of meeting:	26 July 2018
Report title:	Performance & Quality Management Framework Performance Report – Month 2 2018/19
Executive Lead:	Suzanne Robinson, Director of Finance, Performance & Digital
Prepared by:	Vicky Boswell, Associate Director of Performance
Presented by:	Suzanne Robinson, Director of Finance, Performance & Digital

1 Introduction to Performance Management Report

The report provides an overview of performance for May 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

2 Executive Summary – Exception Reporting

The following performance highlights should be noted:

CPA compliance remains positive in month 2:

- 97.9% of all service users in CPA received a follow up within 7 days of discharge (against a target of 95%)
- 96.5% of all service users on CPA for at least 12 months (NHSI measure) received their review within 12 months (against a 95% target)

Our IAPT services continue to perform well:

- 100% of service users referred to IAPT services treated within six weeks of referral (against a 75% target) and 71.7% of people accessing IAPT services moved in to recovery (against a 50% target)

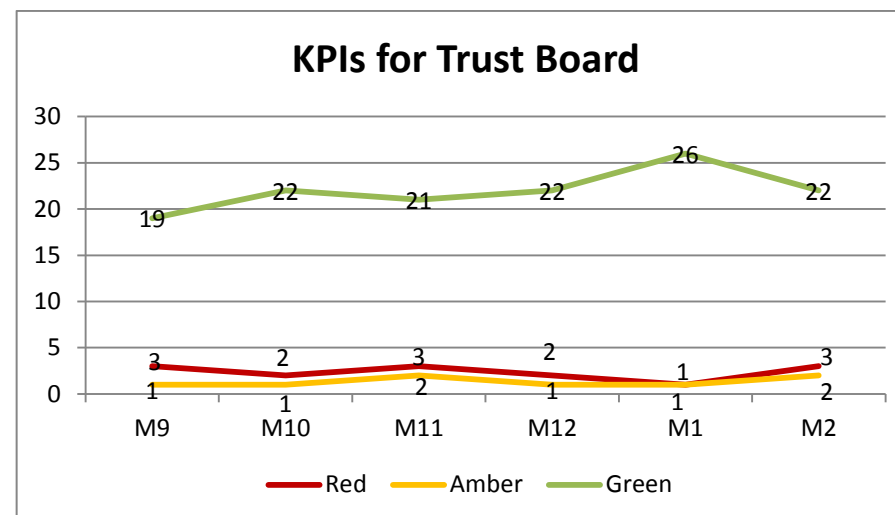
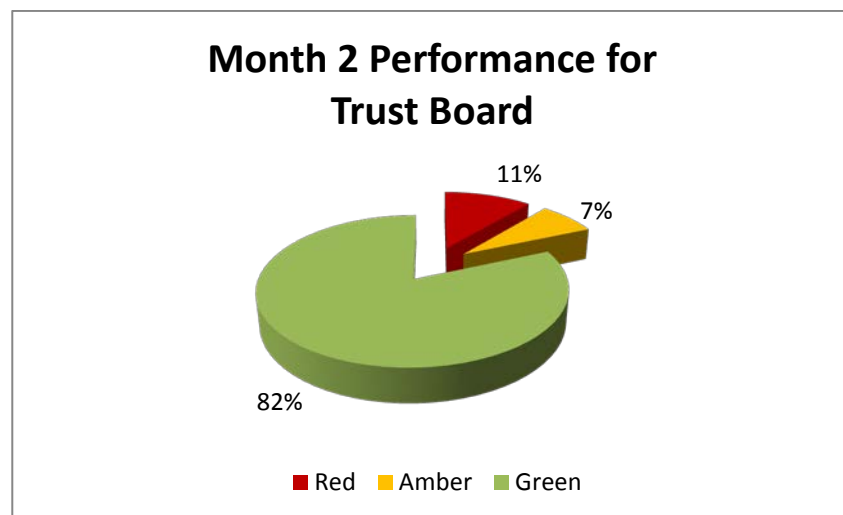
Access and waiting time target performance for EIPS is positive:

- 75% of patients referred through early intervention in psychosis have been seen within 2 weeks of referral to treatment (target 53%)

For inpatient services:

- Emergency readmissions continue to reduce
- No patients have been sent out of area during May

In Month 2 there are 3 target related metrics rated as **Red** and 2 target related metrics rated as **Amber**; all other indicators are within expected tolerances.



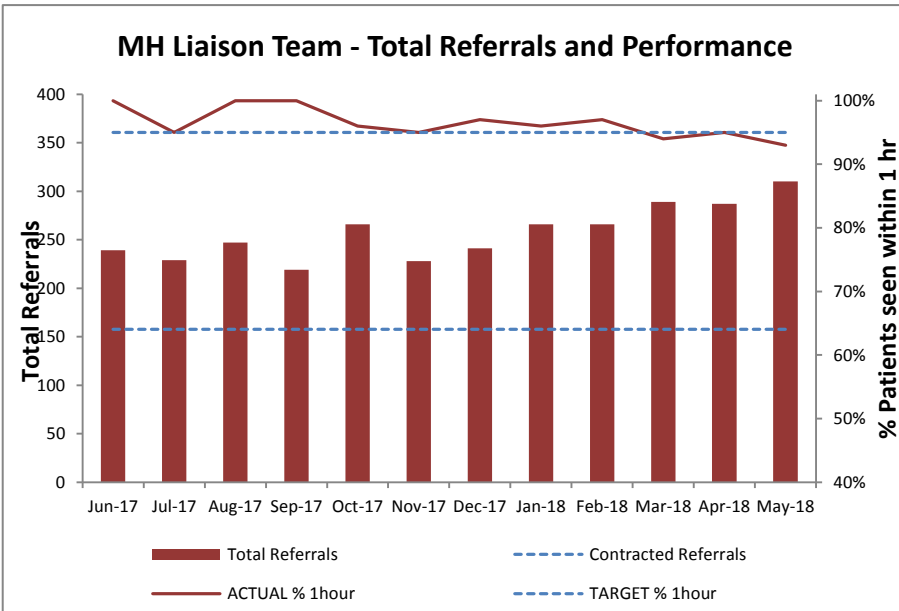
3 Updated metrics and targets

The following measures and targets have been updated for Month 2:

- Bed Occupancy (incl HL) figures have been recalculated to use summary reporting not on a ward by ward average basis and also to exclude Adult IP data for exception purposes
- Agency spend is now being reported as “core” only
- Sickness absence percentage figures for February confirmed; provisional data received for March and April 2018.

4 Exceptions - Month 2

KPI Classification	Metric	Exec/Op Lead	Target	M1	M2	Trend	Commentary																																																												
CCG	Waiting Times: Compliance with 18 week waits (Referral to Treatment or Intervention)	Exec Dir of Ops	92.0%	AMBER 90.5%	AMBER 86.8%	↘	<p>86.8% at M2 from 90.5% at M1</p> <p>AMH Community – 87.3% at M2 from 90.1% at M1 LD – 87.5% at M2 from 92.3% at M1 NOAP – 93.2% at M2 from 92.5% at M1 C&YP – 65.2% at M2 from 82.4% at M1</p> <p>There has been a reduction in performance Trust-wide associated with the increased numbers of breaches in AMH Community, CYP and LD. All directorates have identified issues, are reviewing demand and capacity plans and are ensuring that recording reflects actual performance levels. Recovery Plans will be monitored through Performance Review meetings. NB: At the time of writing this report C&YP have met the improvement trajectory of 88% in June and are on track to meet their trajectory to achieve 92% by end of August. C&YP are at 100% for referral to assessment within 18 weeks.</p> <div><p>Compliance with 18 week waits (RTT)</p><table><thead><tr><th>Month</th><th>Target</th><th>AMH Community</th><th>LD</th><th>NOAP</th><th>C&YP</th></tr></thead><tbody><tr><td>Sept</td><td>92.0%</td><td>95.0%</td><td>92.3%</td><td>90.5%</td><td>82.4%</td></tr><tr><td>Oct</td><td>92.0%</td><td>90.1%</td><td>90.5%</td><td>92.5%</td><td>88.0%</td></tr><tr><td>Nov</td><td>92.0%</td><td>93.2%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>Dec</td><td>92.0%</td><td>92.5%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>Jan</td><td>92.0%</td><td>92.5%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>Feb</td><td>92.0%</td><td>92.5%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>Mar</td><td>92.0%</td><td>92.5%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>Apr</td><td>92.0%</td><td>92.5%</td><td>92.5%</td><td>93.2%</td><td>88.0%</td></tr><tr><td>May</td><td>92.0%</td><td>87.3%</td><td>87.5%</td><td>93.2%</td><td>65.2%</td></tr></tbody></table></div>	Month	Target	AMH Community	LD	NOAP	C&YP	Sept	92.0%	95.0%	92.3%	90.5%	82.4%	Oct	92.0%	90.1%	90.5%	92.5%	88.0%	Nov	92.0%	93.2%	92.5%	93.2%	88.0%	Dec	92.0%	92.5%	92.5%	93.2%	88.0%	Jan	92.0%	92.5%	92.5%	93.2%	88.0%	Feb	92.0%	92.5%	92.5%	93.2%	88.0%	Mar	92.0%	92.5%	92.5%	93.2%	88.0%	Apr	92.0%	92.5%	92.5%	93.2%	88.0%	May	92.0%	87.3%	87.5%	93.2%	65.2%
Month	Target	AMH Community	LD	NOAP	C&YP																																																														
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May	92.0%	87.3%	87.5%	93.2%	65.2%																																																														

KPI Classification	Metric	Exec/Op Lead	Target	M1	M2	Trend	Commentary
CCG	MH Liaison: Response to A&E referrals within 1 hour	Exec Dir of Ops	95.0%	AMBER 94.8%	AMBER 93.0%	↓	<p>93.0% at M2 from 94.8% at M1</p> <p>In month 1 & 2 performance has reduced slightly, moving below target. Performance was on or above target throughout 2017/18.</p>  <p>The chart displays monthly data from June 2017 to May 2018. The left Y-axis represents 'Total Referrals' (0 to 400), and the right Y-axis represents '% Patients seen within 1 hr' (40% to 100%). The X-axis lists months from Jun-17 to May-18. The legend indicates four data series: 'Total Referrals' (dark red bars), 'Contracted Referrals' (dashed blue line), 'ACTUAL % 1hour' (solid red line), and 'TARGET % 1hour' (dashed blue line). Total referrals show a general upward trend, starting around 240 in June 2017 and reaching approximately 310 by May 2018. The actual percentage of patients seen within 1 hour starts at 94.8% in June 2017 and ends at 93.0% in May 2018, showing a slight downward trend towards the end of the period.</p>

KPI Classification	Metric	Exec/Op Lead	Target	M1	M2	Trend	Commentary
National	Delayed Transfers of Care (DToCS) Mental health delayed transfers of care (NHSI)	Exec Dir of Ops	7.5%	GREEN 5.5%	RED 9.1%	↗	<p>9.1% at M2 from 5.5% at M1</p> <p>AMHIP – 4.6% at M2 from 2.4% at M1 LD – 0.0% at M2 the same as at M1 NOAP – 11.1% at M2 from 8.1% at M1 Ward 4 – 20.8% at M2 from 12.7% at M1</p> <p>Performance has worsened from 5.5% in M1 to 9.1% in Month 2 mainly due to an increase in DToCs in NOAP, particularly on Ward 4.</p> <ul style="list-style-type: none"> • Ward 4: 26 of the 118 delay days (22%) relate to Social Care delays • NOAP (Wards 5,6 &7): 65 of these 163 delay days (40%) relate to Social Care delays <p>The Trust is liaising with the City of Stoke-on-Trent and Staffordshire County Council to expedite the assessment and placement of individuals in need of social care packages or care home placements.</p> <p>There is a particular issue at the moment with the protracted process for sign-off in Staffordshire County Council, which is adding to delays. In M2 119 out of 210 delayed days were due to or included social care elements.</p>

KPI Classification	Metric	Exec/Op Lead	Target	M1	M2	Trend	Commentary
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KPI Classification	Metric	Exec/Op Lead	Target	M1	M2	Trend	Commentary
CCG	Admissions: Number of patients 16/17 year old admitted to Adult Psychiatric wards	Exec Dir of Ops	0.0	RED 1.0	RED 1.0	↔	<p>1.0 in M2 from 1.0 in M1</p> <p>A female patient was admitted to Ward 3 on 31/05/18 and discharged to Priory Hospital on 01/06/18.</p> <p>There was an admission and care plan agreed and appropriate notification taken place approved by clinical professionals.</p>
CCG	Bed Occupancy: Bed Occupancy excluding Adult IP wards (including home leave)	Exec Dir of Ops	85.0%	RED 90.6%	RED 94.9%	↗	<p>94.9% at M2 from 90.6% at M1</p> <p>LD – 82.3% at M2 from 79.7% at M1 Neuro – 101.5% at M2 from 88.2% at M1 Old Age Psychiatry – 95.9% at M2 from 91.5% at M1 C&YP – 95.1% at M2 from 98.7% at M1</p> <p>Bed occupancy for all wards (excluding Adult IP wards) has increased further above target at 94.9%. The increase in Neuro bed occupancy is being audited and will be reported through board sub-committee.</p>

5 Recommendations

The Trust Board is asked to:








- Receive the Trust reported performance, management action and committee oversight on the Month 2 position

Month: May
2
Key:-



PQMF Report to Trust Board

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

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

[illegible]

[illegible]

REPORT TO PCD Committee

Enclosure No: 9

Date of Meeting:	July 9 th 2018		
Title of Report:	Draft Organisational Development & People Strategy 2018/19		
Presented by:	Alex Brett		
Author:	Alex Brett, Kerry Smith, Jane Rook		
Executive Lead Name:	Alex Brett	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>As a Trust we recognise this contribution that our staff make every day and the important difference that all their roles make to our service users and carers. We are also clear that we need to continuously improve the employment experience that our employees have. This Organisational Development (OD) and People Strategic plan sets out a vision to make our organisation an outstanding place to work; this document sets out the Trust Board's commitment to do this.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/> Date: 03.07.2018	Document Version No.	1
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance, Performance and Digital Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input checked="" type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	N/A		
Resource Implications:	N/A		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	<p>We will be diverse and inclusive in our role as an employer and ensure that staff are fairly represented by:</p> <ul style="list-style-type: none"> Embedding as part of our cultural journey equality, inclusion and diversity as fundamental principles in all that we do Embedding a culture where any form of discrimination, harassment and/or bullying is not tolerated, including (but not exclusive to) reasons relating to the 'protected characteristics' as 		

	<p>set out in the Equality Act 2010</p> <ul style="list-style-type: none"> • Promoting practices which ensure dignity, respect and equity through an OD approach to issues as they arise • Learning from the experience of our staff through 'staff stories', Listening into Action and the staff survey • Increasing representation of BAME staff in our workforce and in senior positions in the organisation • Reviewing our recruitment process to ensure diversity and equality of opportunity • Continuing to evolve and deliver against our Diversity and Inclusion action plan on a yearly basis using the Equality Delivery System (2) assessment, objectives and the Workforce Race Equality Standard • Embedding Equality Impact Assessments as part of our business and service developments
Recommendations:	The Committee are asked to review and approve the OD & People Strategy

Combined Organisational Development & People Strategic Plan

2018 – 2021

VERSION 2 DRAFT 6 (June 2018)

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Combined Organisational Development and People Strategic Plan 2018 – 2021

1.0 Introduction and Context

North Staffordshire Combined Healthcare NHS Trust provides mental health services, learning disability services and some social care to a population of 469,985 people living in Stoke-on-Trent and North Staffordshire.

The Trust has a team of around 1,277 average whole time equivalents (WTE) staff. In 2017/18, for the 19th consecutive year, we achieved a financial surplus - of £3.68m against an income of £85.1m. In February 2018, we were delighted that the CQC rated every Combined Service as “Good” or “Outstanding”. The Trust’s overall rating is “Good, with a “Good” rating for the domains of Effective, Caring, Responsive and Well-Led and “Requires Improvement” for Safe. The results mean that Combined Healthcare is the best rated mental health trust across the whole of the Midlands and East of England and third highest in the whole country - one of only three with every service rated at least Good and at least two Outstanding- this is testament to the fantastic staff who work here and the journey that the Trust has been on to date.

As a Trust we recognise this contribution that our staff make every day and the important difference that all their roles make to our service users and carers. We are also clear that we need to continuously improve the employment experience that our employees have. This Organisational Development (OD) and People Strategic plan sets out a vision to make our organisation an outstanding place to work; this document sets out the Trust Board’s commitment to do this.

Combined Healthcare works within the context of a wider health and social care economy and it is vital that our staff are able to play a full part in the transformation we are collectively aiming to achieve; this OD and People Strategic Plan therefore also sets out our service improvement and transformation methodology. Combined Healthcare recognises that to be *outstanding in all that we do and how we do it*, we need to ensure that the workforce is engaged in the journey to achieve the vision and make it a reality.

This includes:

- Working with AQUA to embed a service improvement approach systematically across the organisation ensuring that staff are at the heart of this
- Transforming ways of working that support integration of service delivery with primary care, social care and across mental health and physical health care working in partnership
- Continuously improving the quality, efficiency and effectiveness of our services
- Utilising the opportunities afforded to us through the use of digital technologies and that we support our workforce to embrace these.

At the heart of Combined Healthcare are our wonderful staff. We are proud to employ the very best health and social care staff and so this strategic plan has been

developed to encompass our next steps through all aspects of the employment journey to ensure that Combined Healthcare is an outstanding place to work.

2.0 Vision and Values

The Trust's core purpose is to improve the mental health and wellbeing of our local population, some 464,000 people living across North Staffordshire and Stoke-on-Trent.

Our strategic aim, as one of the main providers of care, is to deliver an evidence-based model of care, which is appropriate to our service user needs and focuses on wellbeing and on-going recovery. We strive to be recognised as a centre of excellence in both integrated and specialist care, bringing innovative solutions to the services we deliver and the strategies we develop, embedding a culture of continuous learning across our organisation, and supporting and inspiring others.

This is reflected in our vision, values and objectives. This plan not only outlines how we deliver our services on a day-to-day basis, but also how we support and develop our people and our own organisation, how we manage and develop our partnerships and relationships with our service users, carers and families, as well as our external stakeholders across the local health and care economy.

Our vision is "To be Outstanding" - in all we do and how we do it. We are on a continuing journey towards that vision that we call "Towards Outstanding".

Our vision is underpinned by our SPAR quality priorities - to provide services that are **safe**, **personalised**, **accessible** and **recovery-focused**. These guide all we do and are the benchmark against which we judge how we perform.

In delivering services - as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE values - to be **compassionate**, **approachable**, **responsible** and **excellent**. These values provide the basis of our behavioural framework underpinning our workforce development.



We look to deliver our strategic aims and realise our vision by achieving seven key objectives:

1. Provide the highest quality services
2. Create a learning culture to continually improve
3. Encourage, Inspire and implement research and innovation at all levels
4. Maximise and use our resources intelligently and efficiently
5. Attract and inspire the best people to work here
6. Continually improve our partnership working
7. Enhance service user and carer involvement

3.0 Our OD and People Strategic Plan

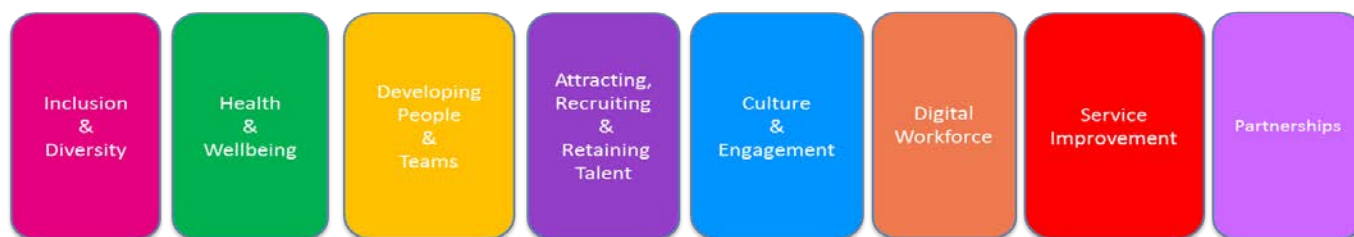
One of the biggest challenges facing the NHS is the supply of NHS staff; greater demand for NHS services driven by an ageing population, coupled with a greater focus on quality and safety, a decline in training places for key professions over a number of years, as well as retention difficulties, has meant that all providers of NHS care are experiencing difficulties. It is therefore vital that Combined Healthcare is able to respond to these challenges.

Our OD and People Strategic Plan aims to systematically attract, develop and retain the best talent, enabling us to be outstanding in all that we do and achieve the vision of the organisation through its people; we want our workforce to have an excellent employment experience and they are critical to our success.

Our staff are our greatest asset. Without them we cannot not deliver our diverse range of services or design and deliver future services to provide outstanding care and meet service user, carer and public expectations.

Our OD and People Strategic plan identifies eight key strategic domains to support the achievement of our Vision through developing the Organisation and our People.

Safe, Personalised, Accessible, Recovery focused



These eight strategic domains outline that to deliver this strategic plan we will:

- be ***diverse and inclusive*** in our role as an employer and ensure that staff are fairly represented.
- ensure that our people are supported to stay ***healthy and well at work***
- ***develop our people and teams*** to perform effectively and achieve their potential
- ***attract, recruit and retain the best talent*** in the NHS
- ***develop a culture where our people are engaged***, empowered and have the freedom to speak up
- support our people to be fully able to embrace the opportunities afforded through ***digital technology***

- transform our services through a ***systematic service improvement approach*** led by our people
- work in partnership across the system to achieve integrated models of care

4.0 Strategic Domains

4.1 Diversity and Inclusion:

We will be diverse and inclusive in our role as an employer and ensure that staff are fairly represented by:

- Embedding as part of our cultural journey equality, inclusion and diversity as fundamental principles in all that we do
- Embedding a culture where any form of discrimination, harassment and/or bullying is not tolerated, including (but not exclusive to) reasons relating to the 'protected characteristics' as set out in the Equality Act 2010
- Promoting practices which ensure dignity, respect and equity through an OD approach to issues as they arise
- Learning from the experience of our staff through 'staff stories', Listening into Action and the staff survey
- Increasing representation of BAME staff in our workforce and in senior positions in the organisation
- Reviewing our recruitment process to ensure diversity and equality of opportunity
- Continuing to evolve and deliver against our Diversity and Inclusion action plan on a yearly basis using the Equality Delivery System (2) assessment, objectives and the Workforce Race Equality Standard
- Embedding Equality Impact Assessments as part of our business and service developments

4.2. Health and Wellbeing

By focussing on staff health & well-being, we can continue to improve the working lives of our staff; building on our reputation of being an outstanding place to work and providing greater continuity of care for our service users.

We will ensure that our people are supported to stay healthy and well at work by:

- Implementing new and innovative ways of working to improve access to Health & Well-Being services and promote high impact initiatives through Feel good Friday and Well-Being Wednesday events
- Identifying high risk areas categorised by stress risk assessments and low engagement scores directing targeted support as part of our OD offer and Towards Outstanding Engagement programme
- Developing and providing supportive well-being offers, including resilience, counselling & rapid access to appropriate therapies
- Addressing presentism via revised attendance management procedures and coaching managers
- Fulfilling the Health and Well Being CQUIN year on year

4.3 Developing our People and Teams

Improving team engagement, results in better performing teams, which ultimately improves quality of care we provide to our service users.

We will develop our people and teams to perform effectively and achieve their potential by:

- Embedding a supportive coaching culture at every level of the organisation
- Providing developmental feedback to our leaders, through 360 feedback based upon our trust behaviours
- Investing in leadership development programmes and the leadership academy, supporting leaders to become exemplary leaders; which will in turn encourage personal and professional development and cross organisational and system leadership
- Values based organisational development, working with partners to ensure leadership across organisational boundaries through the STP
- Developing teams to deliver high quality care through OD programmes e.g. 'Listening into Action' and 'Towards Outstanding Engagement' programme
- Enabling teams to proactively identifying and communicating their training and development needs and seeking support to enable this to happen
- Developing the organisation to become outstanding through Board leadership and role modelling our values and behaviours
- Developing effective leaders, who adapt and positively deal with differing leadership situations, who can motivate and energise their teams are fundamental agents of change with us on our journey

4.4 Attract, Recruit and Retain the best talent in the NHS

Recruitment and retention continues to be a major focus and priority for the Trust. Along with many NHS Trusts due to a national workforce shortage, Nursing and Medical recruitment particularly remains an ongoing challenge. A number of strategies have been adopted already to support attracting potential candidates and retaining our existing staff. This strategic plan builds on this work to date.

We will **attract** best talent in the NHS by:

- Promoting and marketing the Trust locally, regionally and nationally as an outstanding place to work through tailored and targeted recruitment strategies and campaigns
- Implementing a range of recognition, reward and incentive schemes to support recruitment and retention of staff
- Embedding effective workforce and service planning that supports the introduction and development of new and different roles across all services and pathways i.e Physicians Associates
- Providing widening participation programmes, offering work experience and work placements to North Staffordshire and Stoke-on-Trent residents to attract young local people to work at the Trust

We will **recruit** the best talent in the NHS by:

- Implementing effective and efficient values based recruitment approaches (one stop recruitment days) to ensure streamlined processes are in place reducing the time to recruit
- Ensuring the efficiencies of TRAC are maximised and that the system is embedded across the Trust
- Implementing effective on-boarding processes which enhance the induction and support of new staff
- Embedding Values based recruitment used as an integral part of our selection process
- Demonstrating effectiveness of recruitment approaches through decreases in vacancies and agency spend

We will **retain** the best talent in the NHS by:

- Having integrated and inclusive approaches to personal and professional development through effective PDR with their line manager
- Maximising apprenticeship opportunities for our existing workforce
- Developing career progression programmes and pathways
- Developing our Continuous Professional Development offer to support professional and personal development
- Enhancing a learning culture through the expansion of our learning management system and the range of development opportunities
- Implementing a systematic Trust-wide approach to Talent Management and Succession Planning
- Implementing these Talent management processes to provide opportunities for staff who demonstrate the aptitude to progress, by collecting talent data through our PDR process
- Developing new and promoting existing reward and recognition schemes
- Mentoring newly appointed staff and those seeking career progression

4.5 Culture and Engagement

Our Organisation's culture – 'the way we do things around here' – shapes the behaviour of everyone in the organisation and so affects the quality of care that together we provide. Culture and engagement is therefore a vital ingredient of our success and needs continued focus.

The Trust has been working hard to ensure that the culture is open and transparent where staff are able to contribute and speak out openly. The Trust has introduced a number of mechanisms to date to support staff to raise their concerns including; the Dear Caroline initiative, the appointment of the Freedom to Speak up Guardian and a review of the Trust's formal Raising Concerns Policy (formerly Whistleblowing Policy) but we know we have more to do and so cultural development remains our priority.

The Trust has been on a journey of cultural development and staff engagement for 4 years, starting with the introduction of Listening into Action (LiA) which was a Trust wide approach to engagement and subsequently the evidence based Towards Outstanding Engagement Programme. The Trust has improved its staff survey engagement scores from being one of the lowest scoring Mental Health Trusts, to being in the top quartile in 2017/18 and also recording average or above average in over 80% of the findings.

We will further develop our culture where our people are engaged, empowered and have the freedom to speak up by:

- Developing an authentic culture where speaking up is instilled as “the way we do things” throughout the organisation
 - Further developing speaking up processes to ensure they are effective and continuously improved
 - Encouraging all staff have the capability to speak up effectively and ensure they can do so safely
 - Ensuring managers have the skills and capability to support those who are speaking up
 - Ensuring all staff are supported appropriately when they speak up or support other people who are speaking up
 - Developing the Board and senior leaders to ensure they are fully leading the approach and all Freedom to Speak Up matters
-
- Listening to our staff and acting on their feedback through Listening into Action
 - Working with teams to improve their effectiveness and staff involvement through Towards Outstanding Engagement
 - Continuously assessing ourselves through the Board development programme against CQC Well Led
 - Board level and senior leaders to role modelling the values and behaviours and demonstrating authentic leadership to ensure that the tone is set from the top
 - Embedding our values and behaviours framework in all that we do

4.6 Digital Workforce

Our ambition is to become a Digital by Choice organisation with a national reputation as a leader in the use of digital technology to improve services for the people who use them. We believe being at the forefront of digital transformation within the NHS will support us to deliver our vision to be an outstanding organisation providing safe, personalised, accessible and recovery focussed support and services every time. It will enable us to deliver excellent care services, support people to recover, aid colleagues across the organisation to work effectively and lead to innovation in our healthcare services. Fundamentally, it will change the way we design and deliver our services.

We will support our people to be fully able to embrace the opportunities afforded through digital technology by:

- Continuing to implement the people development plan linked to ROSE (Raising Our Service Excellence) programme
- Ensuring staff can utilise creative digital approaches to development services
- Supporting the national development of Digital Workforce and the key objectives
- Providing support for staff to work with partners to co-produce products for the wider health and social care community
- Implementing “Agile Working” approach across the Trust that enables people to maximise resources and maintain a sense of ownership within the Trust

- Doubling the use of social media as a communication vehicle for staff and users
- Replacing and enhancing the trust intranet site

4.7 Service Improvement

Organisationally we have committed to working with the Advancing Quality Alliance (AQuA) to develop and implement our approach to service improvement. To date we have focussed on developing our thinking around our approach and have started to take forward projects led by our staff; seeing some fantastic results. We now need to focus on taking this to the next level by embedding this approach as a systematic organisational approach to improvement.

AQuA (2018) suggest, “.....research indicates that [improvement] works most effectively when it forms part of a coherent, organisation-wide approach as opposed to discrete time limited projects, (Dixon-Woods and Martin, 2016). It is certainly the case from the observations made by those leading improvement efforts within AQuA, that those organisations who have adopted a systematic whole-system approach to improvement have made the most ground.”

We are committed to this approach and will adopt the approach outlined in their publication “A sense of Urgency a sense of hope” (AQuA, 2018) which can be found at:

<https://www.aquanw.nhs.uk/resources/corporate/A-Sense-of-Urgency-A-Sense-of-Hope.pdf>

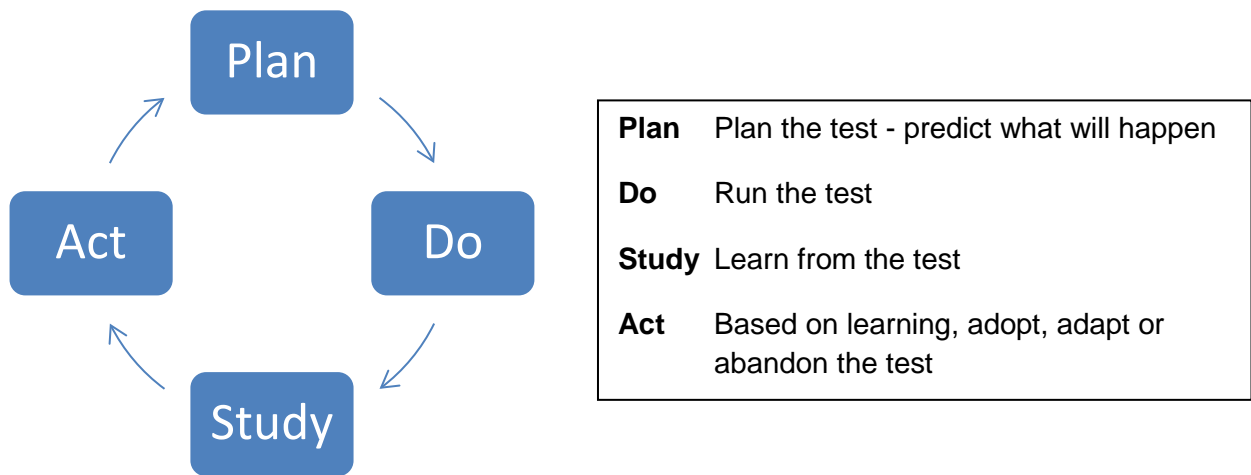
We will use the Institute of Healthcare Improvement’s “Model for Improvement” as our framework for service improvement but we will also use other appropriate lean methodology as needed.

Model for improvement

The Model for Improvement asks three key questions:

- 1 What improvement are we trying to accomplish?
(Setting an aim for improvement)
- 2 How will we know that a change is an improvement?
(Defining a measurement from improvement)
- 3 What changes can we make that will result in improvement?
(Change ideas to make improvement)

Driver diagrams will be utilised to identify the change ideas and interventions that will inform a PDSA cycle as demonstrated in the figure below. Ideas will then be tested and refined prior to implementation.



We will therefore transform our services through a systematic service improvement approach led by our people by:

- The Board developing and leading the approach to service improvement as defined by AQuA
- Defining our key focus areas for service improvement through the Senior Leadership Team,
- Delivering our quality priorities we will implement an annual improvement development work programme.
- Making explicit links and connections between the AqUA Service Improvement programme and OD in a joined up approach
- Providing our staff service improvement skills development to make the most of improvement science coupled with practical skills to embed new thinking and approaches
- All leaders enabling service improvement and change to transform services and processes ensuring that they add value
- Developing the service improvement capability our staff, ensuring they are empowered to make improvements.

4.8 Partnerships

We could not achieve what we do without the active contribution and support of a wide range of partners; so a partnership approach has always been at the heart of our philosophy of care and is critical to the delivery of our aims and objectives.

We have a long established partnership approach with our Service User and Carer Council and Youth Council service and are proud of the strength of our approach with our Trade Union colleagues.

Across the system we are proactive members of *Together We're Better*, the pan-Staffordshire Sustainability and Transformation Partnership (STP) leading a number of workstreams. We have partners with whom we provide services, co-produce and design services, rely on for facilities from which we provide our services and we share facilities and we do business with. A major partner among these is the North Staffordshire GP Federation and the Northern Alliance.

We will therefore work in partnership across the system to achieve integrated models of care by:

- Continuing to build on our successful partnership with our Staff Side/ Trade Union colleagues
- Co-creating OD offers to enhance system leadership with our partners to reflect system needs
- Working to provide appropriate support to and with our partners – for example in back office functions to support primary care
- Ensuring cross sector integrated teams are developed across localities through team and professional development OD interventions
- Actively lead the development of system leadership skill and knowledge e.g. Primary Care Development Programme and 'Leading Beyond' programmes

5.0 Enablers & risks



REPORT TO TRUST BOARD

Enclosure No:10

Date of Meeting:	26/07/2018		
Title of Report:	Finance Position Month 2		
Presented by:	Suzanne Robinson - Executive Director of Finance, Performance and Digital		
Author:	M Newton – Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson - Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The report summarises the finance position at month 2 (as at 31 st May 2018)		Approval	<input checked="" type="checkbox"/>
		Information	<input type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	
Committee Approval / Review	Date: _____ • Quality Committee <input type="checkbox"/> • Finance & Performance Committee X • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Digital by Choice Board <input type="checkbox"/>		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. <input type="checkbox"/> 2. To provide the highest quality services <input type="checkbox"/> 3. Create a learning culture to continually improve. <input type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently. X 6. Attract and inspire the best people to work here. <input type="checkbox"/> 7. Continually improve our partnership working. <input type="checkbox"/>		
Risk / legal implications: Risk Register Ref	None applicable		
Resource Implications:	None directly from the report		
Funding Source:	None applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There is no direct impact on the protected characteristics as part of the completion of this report.		
Recommendations:	The Trust Board are asked to receive the report noting: • The reported YTD surplus of £140k against a planned surplus of £68k. This is a favourable variance to plan of £72k.		

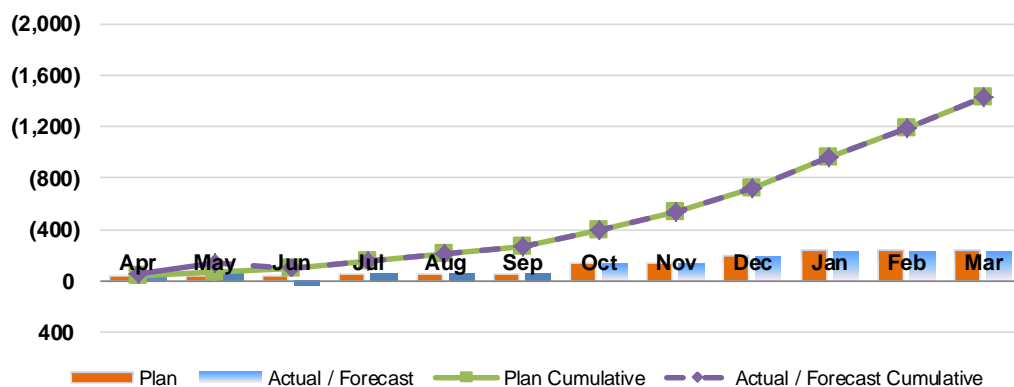
	<ul style="list-style-type: none"> • The M2 CIP achievement: <ul style="list-style-type: none"> • YTD achievement of £92k (27%); an adverse variance of £246k; • 2018/19 forecast CIP delivery of £1,380k (47%) based on schemes identified; an adverse variance of £1,415k to plan; • The recurrent value of schemes transacted at £313k, 11% of target. • The cash position of the Trust as at 31st May 2018 with a balance of £7,510k; £455k better than plan. • Month 2 capital receipts for 2018/19 at (£611k) compared to a net planned capital expenditure of (£613k); • Use of resource rating of 1 against a plan of 1. <p>Approve:</p> <ul style="list-style-type: none"> • The month 2 position reported to NHSI.
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Financial Overview as at 31st May 2018

Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(68)	(140)	(72)	(106)	G
FOT	(1,423)	(1,423)	0	0	G

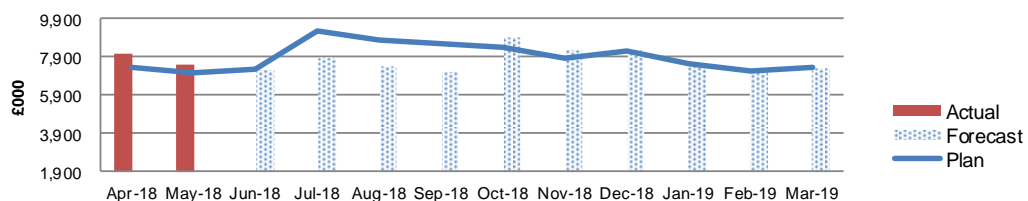
Retained (Surplus) / Deficit Run Rate 2018/19



Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	7,055	7,510	455	6	G
FOT	7,339	7,339	0	0	G

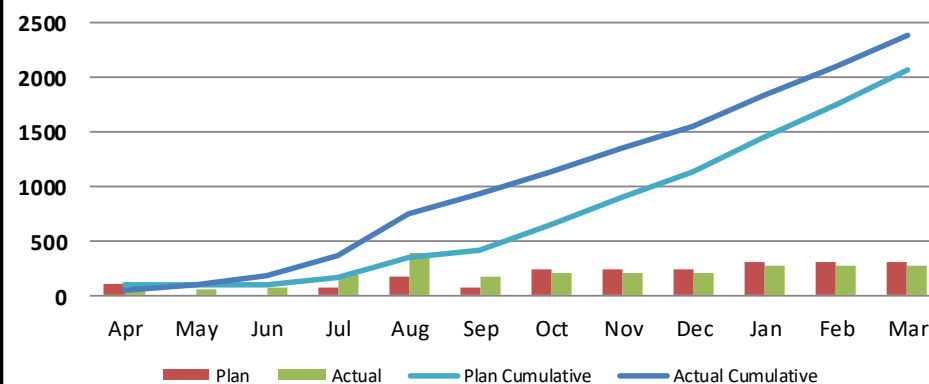
Cash Balances - Actual/Forecast against Plan 2018/19



Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	100	102	2	2	G
FOT	2,058	2,058	0	0	G

Net Capital Expenditure - Plan / Forecast 2018/19



Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	219	68	(152)	(69)	(743)	R
Corporate	119	25	(95)	(79)	(375)	G
Total	338	92	(246)	(73)	(1,118)	R

Use of Resource

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

1. Introduction:

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

2. Income & Expenditure (I&E) Performance

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

- During month 2, the trust had an in month trading position of £45k surplus against a plan of £1k deficit; **giving a favourable variance of £46k**. Sustainability and Transformation funding has been assumed at £35k for month 2, bringing the overall trust control to a £80k surplus against plan of £34k; **giving a favourable variance of £46k**.
- The Trust has not produced a detailed forecast at month 2, but expects to deliver in line with plan to give a trading surplus of £0.720m. Sustainability and Transformation funding is expected to be £0.703m in line with plan giving an overall Control Surplus of £1.423m.

Table 1: Summary Performance	Annual Budget £'000	Month 2			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(83,240)	(6,920)	(6,988)	(69)	(13,820)	(13,834)	(14)	(83,240)	(83,240)	0
Pay	61,540	5,179	5,010	(168)	10,362	10,033	(329)	61,540	61,540	0
Non Pay	18,247	1,514	1,701	187	3,004	3,268	264	18,247	18,247	0
EBITDA	(3,453)	(227)	(276)	(50)	(453)	(533)	(80)	(3,453)	(3,453)	0
Other Non-Op Costs	2,733	228	231	3	456	463	7	2,733	2,733	0
Trading Surplus	(720)	1	(45)	(46)	2	(70)	(72)	(720)	(720)	0
Sustainability & Transformational Funding	(703)	(35)	(35)	0	(70)	(70)	0	(703)	(703)	0
(Surplus)/Deficit for the year	(1,423)	(34)	(80)	(46)	(68)	(140)	(72)	(1,423)	(1,423)	0

3. Income

Table 2 below shows the Trust income position by contract:

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis.
- Specialised Services are over performing year to date by £28k due to activity levels on Darwin.
- Associate CCG's under recovery of £17k year to date reflecting lower activity levels compared to plan.
- OATs income is over performing year to date due to increased activity levels compared to plan.

Table 2: Income	Annual Budget £'000	Month 2			Year to Date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(37,393)	(3,076)	(3,076)	0	(6,160)	(6,160)	(0)
NHS North Staffordshire CCG	(25,517)	(2,077)	(2,077)	(0)	(4,169)	(4,169)	(0)
Specialised Services	(3,189)	(266)	(294)	(28)	(532)	(560)	(28)
Stoke-on-Trent CC s75	(3,947)	(329)	(329)	0	(658)	(658)	0
Staffordshire CC s75	(1,054)	(88)	(88)	(0)	(176)	(176)	(0)
Stoke-on-Trent Public Health	(1,293)	(135)	(123)	12	(269)	(245)	24
Staffordshire Public Health	(613)	(51)	(51)	0	(102)	(102)	0
ADS/One Recovery	(1,467)	(122)	(122)	0	(244)	(244)	0
Associates	(772)	(64)	(51)	13	(129)	(112)	17
OATS	(771)	(64)	(126)	(62)	(128)	(142)	(14)
Total Clinical Income	(76,017)	(6,272)	(6,337)	(65)	(12,568)	(12,569)	(2)
Other Income	(7,223)	(648)	(651)	(3)	(1,253)	(1,265)	(13)
Total Income	(83,240)	(6,920)	(6,988)	(69)	(13,820)	(13,834)	(14)
Sustainability Transformation Funding	(703)	(35)	(35)	0	(70)	(70)	0
Total Income Incl. STF	(83,943)	(6,955)	(7,023)	(69)	(13,890)	(13,904)	(14)

4. Expenditure

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

- Underspend of £329k at month 2 on pay is due to vacancies across the trust, partially covered by agency.
- Agency costs at month 2 are £212k, **£137k below the M2 agency ceiling of £348k.**
- Non-Pay overspend at month 2 of £264k mainly due to residential payments and unachieved CIP.

Table 3: Expenditure	Annual Budget £'000	Month 2			Year to Date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Medical	7,585	637	608	(29)	1,276	1,287	11
Nursing	28,546	2,420	2,396	(24)	4,846	4,755	(91)
Other Clinical	15,163	1,253	1,035	(219)	2,531	2,094	(437)
Non-Clinical	10,025	850	838	(13)	1,673	1,649	(24)
Apprenticeship Levy	214	18	18	0	36	36	0
Agency	8	0	116	116	1	212	211
Total Pay	61,540	5,179	5,010	(168)	10,362	10,033	(329)
Drugs & Clinical Supplies	2,303	196	209	13	392	405	13
Establishment Costs	1,658	139	117	(23)	280	235	(45)
Information Technology	614	50	67	17	102	128	26
Premises Costs	2,172	185	222	37	368	425	57
Private Finance Initiative	4,372	364	361	(3)	729	724	(4)
Services Received	3,067	256	295	40	511	562	51
Residential Payments	1,708	142	265	122	285	470	185
Consultancy & Prof Fees	52	4	15	11	9	37	28
External Audit Fees	65	5	5	(0)	11	10	(0)
Legal Fees	65	5	(1)	(7)	11	5	(6)
Unachieved CIP	(2,426)	(81)	0	81	(246)	0	246
Other	4,597	248	147	(101)	554	267	(287)
Total Non-Pay	18,247	1,514	1,701	187	3,004	3,268	264
Finance Costs	1,293	108	108	0	216	216	0
Dividends Payable on PDC	561	47	47	0	94	94	0
Investment Revenue	(14)	(1)	(3)	(2)	(2)	(5)	(3)
Depreciation (excludes IFRIC 12)	893	74	80	5	149	159	10
Total Non-op. Costs	2,733	228	231	3	456	463	7
Total Expenditure	82,520	6,921	6,943	22	13,822	13,764	(58)

Agency Breakdown		
Agency Type	YTD (£'000)	%
Medical	140	66%
Nursing	51	24%
Other Clinical	1	0%
Non Clinical	20	9%
Total	212	100%

5. Directorate Summary

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

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
AMH Community	3,010	2,733	(277)	675	973	298	(403)	(409)	(6)	3,282	3,297	15
AMH Inpatients	1,032	1,025	(7)	56	56	0	(0)	(0)	(0)	1,088	1,081	(7)
Children's Services	1,049	940	(109)	81	146	65	(100)	(102)	(2)	1,029	983	(46)
Substance Misuse	517	483	(34)	173	168	(6)	(80)	(54)	26	610	596	(14)
Learning Disabilities	847	807	(39)	36	59	23	(50)	(52)	(1)	832	814	(18)
Neuro & Old Age Psychiatry	2,062	1,928	(135)	79	130	51	(180)	(207)	(27)	1,961	1,851	(111)
Corporate	1,846	2,118	273	2,360	2,200	(159)	(13,076)	(13,081)	(5)	(8,871)	(8,762)	108
Total	10,362	10,033	(329)	3,460	3,731	271	(13,890)	(13,904)	(14)	(68)	(140)	(72)

- AMH Community is underspent on pay due to vacancies partially offset with bank and agency. The adverse variance on non-pay is due to an under delivery of CIP against the target and overspends on residential payments.
- Other Directorates are underspent on pay mainly due to vacancies, partially offset with under delivery of CIP.
- Corporate is overspending due to cost pressures in Estates due to the termination of the SSOTP shared estates service contract.

6. Cost Improvement Programme

The Trust target for the year is £2,795k, as reported to NHSI. This takes into account the requirement to deliver a £1,423k control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M2. The Trust wide CIP achievement is 27% at M2 compared to plan.

		YTD M2			Forecast					
CIP Delivery	Annual CIP Target 2018/19	Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG	Recurrent Transacted	Recurrent Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Clinical										
AMH Community	973	66	0	(66)	973	201	(773)	21%	0	440
AMH Inpatients	160	6	3	(3)	160	106	(53)	67%	20	129
Children's Services	296	27	0	(27)	296	205	(92)	69%	0	236
Learning Disabilities	234	62	51	(12)	234	223	(11)	95%	64	167
NOAP	551	58	14	(44)	551	207	(344)	38%	82	218
Total Clinical	2,214	219	68	(151)	2,214	941	(1,273)	43%	166	1,190
Corporate										
CEO	15	2	1	(2)	15	21	6	140%	6	21
Finance, Performance & Digital	43	7	10	3	43	60	17	140%	60	60
MACE	9	2	2	1	9	14	4	144%	14	14
Operations	6	1	1	(0)	6	6	0	100%	6	6
Quality & Nursing	41	7	4	(3)	41	42	2	104%	22	42
Strategy	11	2	2	(0)	11	11	0	100%	11	11
Trustwide	384	86	0	(86)	384	232	(152)	60%	0	464
Workforce & OD	72	12	5	(7)	72	53	(20)	73%	29	53
Total Corporate	581	119	25	(95)	581	438	(143)	75%	147	670
Total	2,795	338	92	(246)	2,795	1,380	(1,415)	49%	313	1,860

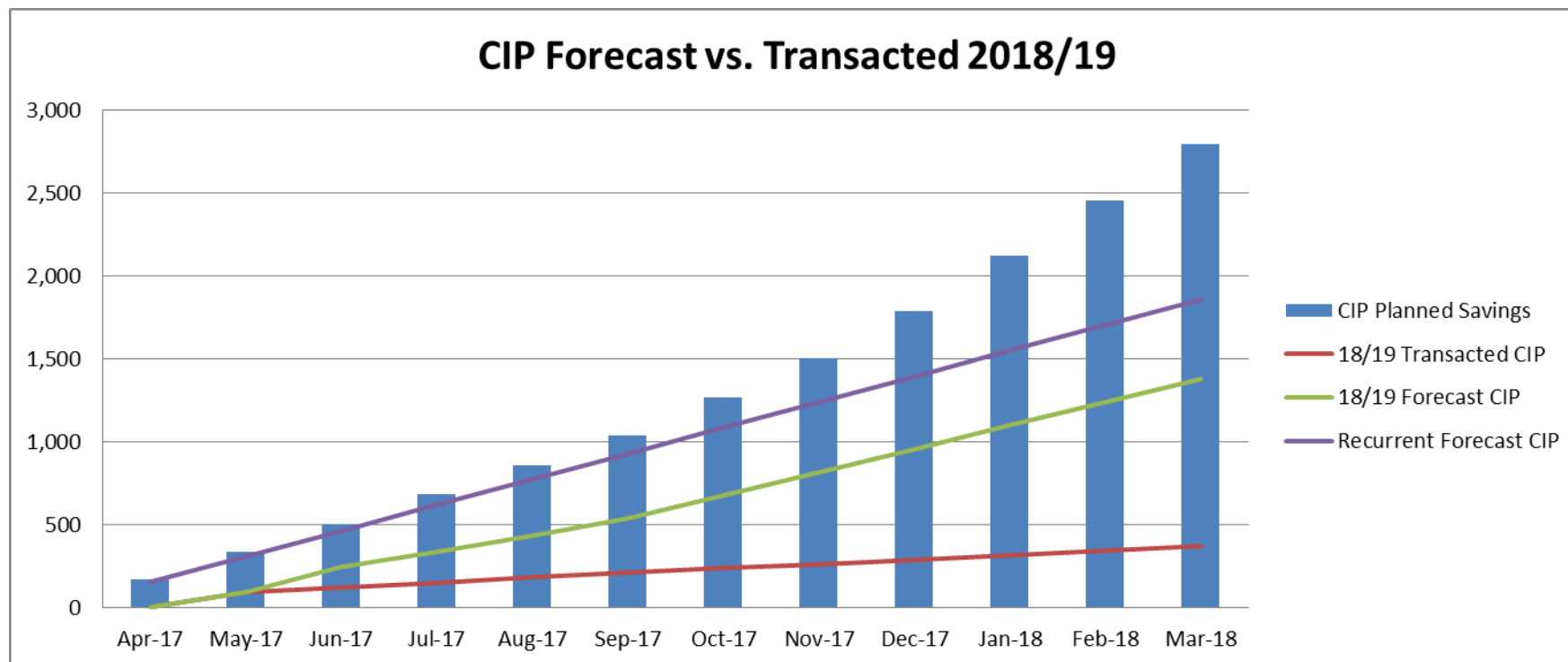
Below 75%

Below 90%

Target	2,795
Variance	(935)

- The forecast position at M2 for 2018/19 is £1,380k (49%), which represents an in year shortfall against the annual target of £1,415k.
- The savings attributed to the restructure is currently reflected on Trustwide.

6.1 Cost Improvement Programme Forecast & Transacted 2018/19



7. Statement of Financial Position

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

Table 6: SOFP	31/03/2018 £'000	30/04/2018 £'000	31/05/2018 £'000
Non-Current Assets			
Property, Plant and Equipment - PFI	16,185	16,226	16,208
Property, Plant and Equipment	14,841	14,768	14,775
Intangible Assets	277	271	264
NCA Trade and Other Receivables	608	0	0
Other Financial Assets	1,089	1,089	1,089
Total Non-Current Assets	33,000	32,962	32,337
Current Assets			
Inventories	79	76	76
Trade and Other Receivables	7,347	6,179	6,920
Cash and Cash Equivalents	6,633	8,043	7,510
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	14,058	13,690	14,506
Current Liabilities			
Trade and Other Payables	(7,166)	(6,740)	(6,961)
Provisions	(621)	(617)	(545)
Borrowings	(633)	(635)	(635)
Total Current Liabilities	(8,420)	(7,991)	(8,142)
Net Current Assets / (Liabilities)	5,639	5,699	6,364
Total Assets less Current Liabilities	38,639	38,661	38,701
Non Current Liabilities			
Provisions	(458)	(458)	(458)
Borrowings	(11,557)	(11,519)	(11,479)
Total Non-Current Liabilities	(12,015)	(11,977)	(11,937)
Total Assets Employed	26,624	26,684	26,764
Financed by Taxpayers' Equity			
Public Dividend Capital	7,648	7,648	7,648
Retained Earnings reserve	7,943	8,003	8,084
Other Reserves (LGPS)	1,089	1,089	1,089
Revaluation Reserve	9,944	9,944	9,944
Total Taxpayers' Equity	26,624	26,684	26,764

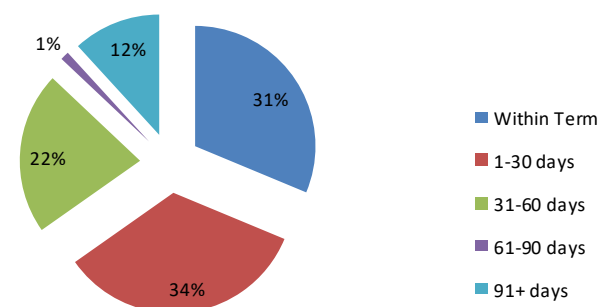
Current receivables are £6,920k, of which:

- £5,030k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter. £2,046k relates to 2017/18 Sustainability and Transformation Funding
- £1,890k is awaiting payment of invoice. (£591k within terms)

£657k is overdue by 31 days or more and therefore subject to routine credit control processes.

		Days Overdue				
<i>Table 6.1 Aged Receivables/Payables</i>	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	304	606	729	3	150	1,792
Receivables NHS	287	36	(317)	19	73	98
Payables Non NHS	418	72	18	9	18	535
Payables NHS	444	95	36	1	29	605

Aged Receivables M2

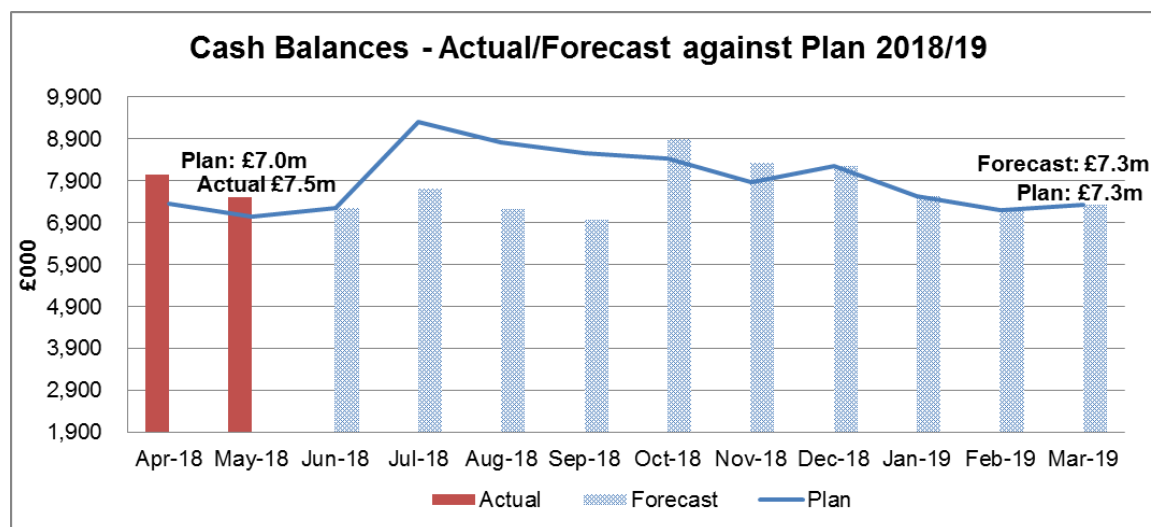


8. Cash Flow Statement

The cash balance at 31st May 2018 has decreased by £0.533m to **£7.510m** due to an increase in trade and other receivables – the majority of which relates to Local Authority invoices. The Trust cash position at 31st May 2018 is **£455k higher than planned**. The Trust anticipates being in line with plan by March 2019.

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

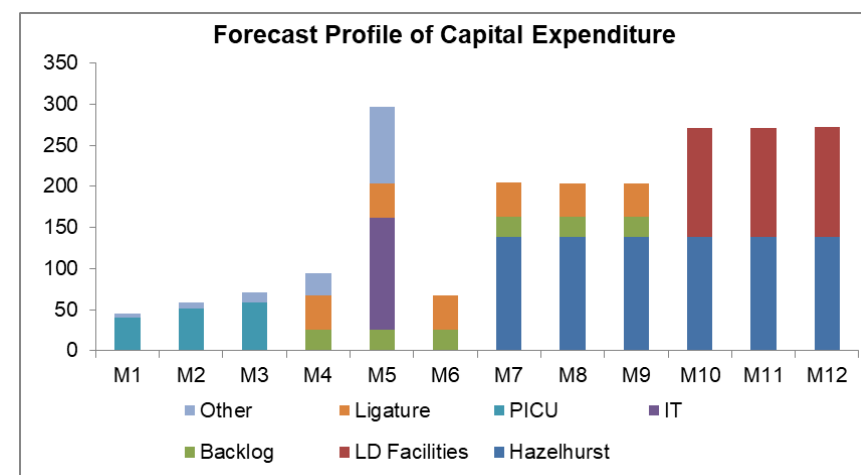
<i>Table 7: Statement of Cash Flows</i>	Apr-18 £'000	May-18 £'000	Jun-18 £'000	Jul-18 £'000	Aug-18 £'000	Sep-18 £'000	Oct-18 £'000	Nov-18 £'000	Dec-18 £'000	Jan-19 £'000	Feb-19 £'000	Mar-19 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	927	(281)	(49)	281	(101)	16	2,370	(125)	836	(227)	195	688	4,531
Net Inflows/(Outflow) from Investing Activities	676	(60)	1	(66)	(174)	(65)	(240)	(240)	(240)	(306)	(307)	(309)	(1,330)
Net Inflows/(Outflow) from Financing Activities	(193)	(193)	(207)	(208)	(207)	(207)	(207)	(208)	(207)	(207)	(207)	(208)	(2,458)
Net Increase/(Decrease)	1,410	(533)	(255)	7	(482)	(256)	1,923	(573)	389	(740)	(319)	171	742
Opening Cash & Cash Equivalents	6,633	8,043	7,510	7,255	7,262	6,780	6,524	8,447	7,874	8,263	7,523	7,204	
Closing Cash & Cash Equivalents	8,043	7,510	7,255	7,262	6,780	6,524	8,447	7,874	8,263	7,523	7,204	7,375	
Plan	7,366	7,055	7,255	9,307	8,825	8,568	8,445	7,873	8,263	7,523	7,204	7,339	7,339
Variance	(677)	(455)	(0)	2,045	2,045	2,044	(2)	(1)	(0)	(0)	(0)	(36)	



9. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £2,058k. Table 7 below shows the planned capital expenditure for 2018/19 as submitted to NHSI.

Table 8: Capital Expenditure	Annual Plan £'000	Year to Date		
		Plan £'000	Actual £'000	Variance £'000
Learning Disability Facilities	400	0	0	0
Hazelhurst incl Second Place of Safety	1,000	0	0	0
Information Technology Replacement Progr	108	0	0	0
Backlog Maintenance	150	0	0	0
Reduced Ligature Risks	250	0	0	0
Equipment Replacement Programme	50	0	0	0
Psychiatric Intensive Care Unit	100	100	91	(9)
Darwin	0	0	0	0
Generator	0	0	12	12
Garden Redesign CYP Short Breaks	0	0	0	0
Carparking HQ	0	0	0	0
IP Telephony Replacement	0	0	0	0
Ward 5 Lobby	0	0	0	0
Pharmacy Temperature Monitoring System	0	0	0	0
Total Gross Capital Expenditure	2,058	100	102	2
Bucknall Hospital (Part)	(713)	(713)	(713)	0
Total Capital Receipts	(713)	(713)	(713)	0
Total Charge Against CRL	1,345	(613)	(611)	2



- The Operational Plan as reported to NHSI forecast there would be a total charge against the CRL of (£613k) by month 2, including (£713k) capital receipts for the sale of Bucknall Hospital and £100k capital expenditure.
- Actual Capital Expenditure as at month 2 is (£611k) including £102k capital expenditure and (£713k) capital receipts for the sale of Bucknall Hospital.

10. Use of Resource Metrics

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

<i>Table 9: Use of Resource</i>	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		6,230	
Annual Operating Expenses (£000)		13,301	
Liquidity Ratio days		29	
Liquidity Ratio Metric	1	1	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		608	
Annual Debt Service (£000)		385	
Capital Servicing Capacity (times)		1.6	
Capital Servicing Capacity Metric	3	3	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		140	
Total Income (£000)		13,904	
I&E Margin		1.0%	
I&E Margin Rating	2	1	
I&E Margin Variance from Plan			
I&E Margin Variance		0.5%	
I&E Margin Variance From Plan	1	1	
Agency Spend			
Providers Cap (£000)		348	
Agency Spend (£000)		212	
Agency %		(39%)	
Agency Spend Metric	1	1	
Use of Resource	2	1	

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

11. Better Payment Practice Code

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

At month 2, the Trust has under-performed against this target for the number of invoices and value, having paid 87% of the total number of invoices, and paid 94% based on the value of invoices. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2017/18			2018/19 Month 2			2018/19 YTD		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	659	10,933	11,592	45	980	1,025	126	2,180	2,306
Total Paid within Target	575	9,527	10,102	43	860	903	120	1,892	2,012
% Number of Invoices Paid	87%	87%	87%	96%	88%	88%	95%	87%	87%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	-8%	-8%	1%	-7%	-7%	0%	-8%	-8%
Value of Invoices									
Total Value Paid (£000s)	7,164	33,211	40,375	401	2,831	3,232	1,106	5,869	6,975
Total Value Paid within Target (£000s)	6,258	31,653	37,911	398	2,742	3,140	1,066	5,492	6,558
% Value of Invoices Paid	87%	95%	94%	99%	97%	97%	96%	94%	94%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	0%	-1%	4%	2%	2%	1%	-1%	-1%

The majority of breaches in number of invoices relate agency, travel and chemist invoices due to the high volume of individual low value invoices. The finance team are targeting specific areas with this.

- **Agency invoices** - the process for Community Agency Nursing invoices is being reviewed with Medacs and an improved process implemented for automatic authorisation in E-Rostering to improve the timeline from order being raised to receipt of invoice through to authorisation.
- **Travel invoices** – a communication is being sent out to all staff to highlight the Better Payment Practice Code requirement and how particularly Clarity invoices are affecting this performance measure.
- **Pharmacy Invoices** – Staff involved in authorising invoices from Chemists have been advised of the affect the delays on the Trusts performance and have been asked to ensure prompt authorisation

12. Recommendations

The Trust Board are asked to:

Note:

- The reported YTD surplus of **£140k against a planned surplus of £68k**. This is a favourable variance to plan of £72k.
- The M2 CIP achievement:
 - YTD achievement of £92k (27%); **an adverse variance of £246k**;
 - 2018/19 forecast CIP delivery of £1,300k (47%) based on schemes identified; an adverse variance of £1,495k to plan;
 - The recurrent value of schemes transacted at £313k, 11% of target.
- The cash position of the Trust as at 31st May 2018 with a **balance of £7,510k**; £455k better than plan
- Month 2 capital receipts for 2018/19 at (£611k) compared to a net planned capital expenditure of (£613k);
- Use of resource rating of **1** against a plan of 1.

Approve:

- The month 2 position reported to NHSI.

REPORT TO OPEN TRUST BOARD

Enclosure No:11

Date of Meeting:	26 July 2018		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
Presented by:	Tony Gadsby Chair/Non-Executive Director		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Suzanne Robinson – Executive Director of Finance, Performance and Digital	Approved by Exec	<input checked="" type="checkbox"/>

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

Assurance Report to the Trust Board Thursday 26th July 2018

Finance, Performance and Digital Committee Report to the Trust Board – 26th July 2018.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 6th July 2018. The meeting was quorate with minutes approved from the previous meeting on the 6th June 2018. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Digital Update

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

- **NHS Funding Announcement** – An update on the Prime Ministers speech on NHS funding commitment which sees average annual uplift of 3.4% and the first year of funding being 2019/20. With the funding commitment is a requirement for the NHS to develop a 10 year plan, likely to be announced as part of the autumn budget, with a particular focus on investment in Cancer Care and Mental Health.
- **NHS Pay Award** – An update on the NHS Pay award which has been agreed for 2018/19 and will be back paid in the August payroll. The announcement is that the pay award will be fully funded however the mechanism for payment to providers is yet to be announced so the true impact to the trust is yet to be determined.
- **STP Capital Prioritisation Process** – Ms Robinson outlined the STP Capital Prioritisation process, for which the Trust has submitted a £2.6m bid, centred on enhancing Crisis and Alcohol services.

The intention is to access national capital funding. There are 3 stages of the process and the Trust has already passed stage 1 and likely to pass stage 2. Should the bid pass the third stage it will be entered into the national bidding process on 16th July.

Finance

- **Monthly Finance Report – Month 2**

The Finance position was presented, showing £72k favourable variance to plan. Agency utilisation in M2 was £212k against a ceiling of £348k, giving a £136k favourable variance.

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

▪ Cost Improvement Programme (CIP)

The Committee received an update for Cost Improvement for M2 and were concerned that the total identified was significantly short of the target. CIP achievement in M2 was £92k, giving an adverse variance of £246k. A high level forecast at M2 shows CIP delivery of £1,380k, giving an adverse variance to plan of £1,415k.

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

Performance:

▪ PQMF and Dashboard

The committee received an update on the Trust performance against Local and National KPIs. There was concern around performance against waiting times 18 week (Referral to Treatment) target, particularly in CYP which reduced to 65.2% in M2 from 82.4% in M1. The committee were however assured that there were appropriate action plans in place to address the deviation.

Delayed Transfers of Care has worsened to 9.1% in M2 from 5.5% in month M1 mainly due to Social Care delays. The trust is liaising with Stoke on Trent City Council and Staffordshire County Council to expedite assessments and placements of service users.

Other Reports and Updates

The Committee received additional assurance reports as follows:

- Finance, Performance and Digital Risk Register 2017/18
- Cost Improvement Programme (CIP) – Month 2
- Agency Utilisation M2
- Annual Statement of Pay Protection
- Reference Cost and PLICs Submission 2017/18
- Business Opportunities (*for information*)
- FPD Monitoring Schedule (*for information*)
- Cycle of Business 2017/18 and 2018/19 (*for information*)

Recommendation

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

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

REPORT TO TRUST BOARD

Enclosure No:12

Date of Meeting:	26 th July 2018		
Title of Report:	Assurance Report from the People and Culture Development Committee		
Presented by:	Lorien Barber, Non-Executive Director		
Author:	Alex Brett, Executive Director of Workforce, OD and Communications		
Executive Lead Name:	Alex Brett	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
<p>A summary of the People & Culture Development Committee meeting held on Monday 9th July 2018 and chaired by Mrs Lorien Barber. It received a number of reports for assurance and approval including:</p> <ul style="list-style-type: none"> • Director of Workforce, OD & Communications Update • Locality Working • Board Assurance Framework • Workforce & OD Risks • PICU Update • Performance Report • Workforce Metrics • Workforce Plan • Organisational Development & People Strategy • Annual Organisational Audit & Revalidation • Quarterly Guardian of Safe Working Report • Student Placement Feedback Report • Policies for extension 		Approval	<input checked="" type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date: N/A	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People & Culture Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/> • Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please Indicate)	<ol style="list-style-type: none"> 1. To enhance service user and carer involvement. <input checked="" type="checkbox"/> 2. To provide the highest quality services <input checked="" type="checkbox"/> 3. Create a learning culture to continually improve. <input checked="" type="checkbox"/> 4. Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> 5. Maximise and use our resources intelligently and efficiently <input checked="" type="checkbox"/> 6. Attract and inspire the best people to work here <input checked="" type="checkbox"/> 7. Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	<p>A number of risks are monitored and reviewed through the Committee. The current risks identified and mitigation plans in place are:</p> <p>Risk 12 – There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets,</p>		

	<p>inability to deliver service user expectations and increase pressure upon existing staff.</p> <p>Risk 330 – The Trust fails to reduce sickness levels due to anxiety/stress/depression and other psychiatric illness. Therefore potentially impacting on quality of service delivery and costs.</p> <p>Risk 868 – There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSi.</p> <p>Risk 900 – There is a risk that the Trust does not provide inclusive services that recognise the diverse nature of our service users, therefore services may not be accessible or of sufficient quality.</p> <p>relating to temporary staffing</p> <p>Risk 901 - There is a risk that the Trust does not have an inclusive and diverse workforce impacting on our ability to support the needs of diverse communities and ability to attract and retain staff</p> <p>Risk 1034 – There is a risk that staff are not effectively engaged, do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely affect their ability to work efficiently and effectively and impacting upon delivery of services.</p> <p>Risk 1072 – There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that professional responsibilities and as a result may not feel supported in practice.</p> <p>Risk 1111 – There is a risk that staff engagement scores, turnover and retention for the Trust will be impacted on as a result of the change and transition to implement the integrated locality working structure.</p>
Resource Implications:	
Funding Source:	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	<p>The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations
Recommendations:	<p>The Board are asked to approve the policy extension for ratification and receive the summary for assurance purposes.</p>

**Summary to Trust Board
People & Culture Development Committee
Monday 14th May 2018, 9.30 – 11.40am**

The meeting was chaired by Mrs Lorien Barber.

1. Director of Workforce, OD and Communications Update

The Committee was updated on the following issues:

- National Pay Award
- NHS Staff Survey
- National Consultation of Nurse Associate Regulation
- Mental Health 5 Year Forward View
- STP & Development of the Localities
- REACH Awards

2. Locality Working

The Committee was informed that the Locality Working Phase 1 Management of Change involving both Heads of Directorate and Clinical Directors was now complete and whilst appointments had now been confirmed these had not yet been communicated.

Phase 2 consisting of the Professional Leads had also ended, and there was no risk of redundancy.

Phase 3 consisting of middle management, Matrons, Governance Leads, Associate Directors, etc. will commence imminently. It was noted that this phase will be the largest and most complex phase to date and will include roles some of which have dual responsibilities. There may be some redeployment of band 8a posts; however it was noted that there are a variety of opportunities for review within the dynamic structure. It was noted that an update paper would be submitted to the Senior Leadership Team meeting on July 10th by Mr O'Brien, Operations Director with the higher level of detail, but there could be no guarantees that there would be no redundancies.

3. Board Assurance Framework

The Committee was informed that Quarter 1 2018/19 updates were unavailable, but would be made available to the Committee by September, if not before. It was noted that the Trust has commissioned the 360 tool via Boo Consulting, which will commence with the Board, and be further disseminated via the leadership offer. The Medical Leadership programme has commenced around service improvement and Mr Sullivan will be supporting the final day of the programme to assist in judging the service improvements.

4. Workforce & OD Risks

A number of risks are monitored and reviewed through the Committee. The current risks have been identified and mitigation plans are in place for:

Risk 12 – There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increase pressure upon existing staff. Risk to remain at 16 until a more stable period ensues.

Risk 330 – The Trust fails to reduce sickness levels due to anxiety/stress/depression and other psychiatric illness, therefore potentially impacting on quality of service delivery and costs. Residual risk 9, gross risk rating 12.

Risk 868 – There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSi. Risk to remain at 12.

Risk 900 – There is a risk that the Trust does not provide inclusive services that recognise the diverse nature of our service users, therefore services may not be accessible or of sufficient quality. Risk to remain at 12.

Risk 901 - There is a risk that the Trust does not have an inclusive and diverse workforce impacting on our ability to support the needs of diverse communities and ability to attract and retain staff. Risk to remain at 12.

Risk 1034 – There is a risk that staff are not effectively engaged, do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely affect their ability to work efficiently and effectively and impacting upon delivery of services. Risk to remain at 12.

Risk 1072 – There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that professional responsibilities and as a result may not feel supported in practice. Risk to remain at 12.

Risk 1111 – There is a risk that staff engagement scores, turnover and retention for the Trust will be impacted on as a result of the change and transition to implement the integrated locality working structure. Risk rating 12.

It was discussed that there is a potential risk associated with the Staff Engagement element of the Health & Wellbeing CQUIN. If this element is not realised (due to the impact of the Locality Working on staff during the forthcoming Staff Survey) funding may be reduced by up to £100k if not achieved.

5. PICU Update

The Committee was updated on the staffing situation with regard to the proposed opening of the PICU unit on October 22nd, initially with 4 beds.

6. Performance Report

The Committee was updated on the highlights from April data:

- Vacancy Rate has increased from 9.8% in M12 to 12.2% in M1 with a target of 7.0%, the increase is attributed mainly to NOAP (18.7% at M1) and Adult Mental Health Community (12.3% at M1), this increase is being monitored and addressed.
- PDR displays a downward trend from 88.1% in M12 to 77.7% in M1 against a target of 85%. It was noted that the reduction in performance is usual at the beginning of the financial year as PDRs become out of date. It is anticipated that the target level will be achieved by the end of September.

7. Workforce Metrics

The Committee was updated by exception.

Sickness absence is at 3.73% which is an improved position, however stress/anxiety/depression continues to be the major reason for absence, and it was noted that gastro problems had also increased as an absence reason. PDR compliance is 81%, and statutory/mandatory training 88%. Vacancies remain a challenge, and there were more leavers (11) than new starters (6) in May which is an exception.

8. Workforce Plan

The Committee received the plan that outlined the updated current workforce plan submissions. In January 2018 the plan showed a net increase of 16.62wte however a recalculation in March shows a net workforce change of -1.55wte for 2018-19. Work is also underway to map across to the new locality structures and the plans will be reviewed on a 6-monthly basis. It was noted the new Associate Directors will take ownership of the plans moving forward. The plan will be reviewed again at the January 2019 Committee meeting and the business planning work will commence in October 2018.

9. Organisational Development & People Strategic Plan

The Committee received draft 6 of the high level strategy which had received various reiterations since 2016. The strategic plan had now been expanded and built-on, and will be submitted to the Senior Leadership Team meeting on July 10th for comment ahead of submission to Board for ratification in September 2018.

10. Annual Organisational Audit & Revalidation

The Committee received the reports for assurance purposes.

11. Quarterly Guardian of Safe Working Report

The Committee received the report which was amended to note the report was compiled at Q4 and not Q1. The Guardian of Safe Working (Dr Stephanie Cress) was established following the new junior doctor contract, and for those on rotations to be made aware of the need to use the exception reporting system. The rotas are compliant in terms of satisfying the working hours laid down by the Terms and Conditions of Service for NHS Doctors and there have been no breaches or safety concerns raised.

It was noted that the tier 2 visa sponsorship has now been relaxed by the Government, which may allow the Trust to explore other opportunities for the recruitment of medics.

12. Student Placement Feedback Report

The Committee received the report for information. The report detailed the feedback from the various professional programmes that the Trust supports including: Nursing, Occupational Therapy, Physiotherapy, Clinical Psychology and Medicine. Areas for improvement will be addressed via the action plan.

13. Policies

The following policy was extended until the September Committee meeting to allow for changes arising from the SEAL meeting:

- Learning & Development Policy
- Job Evaluation Policy

14. Date & Time of Next Meeting

- Monday 10th September 2018, at 9.30 am, Boardroom, Trust HQ, Lawton House, Trentham

REPORT TO TRUST BOARD

Enclosure No:13

Date of Meeting:	26 th July 2018		
Title of Report:	Trust Localities Restructure		
Presented by:	Jonathan O'Brien, Executive Director of Operations		
Author:	Jonathan O'Brien, Executive Director of Operations Nicky Griffiths, Project Lead – Localities Working		
Executive Lead Name:	Caroline Donovan, Chief Executive	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
The paper provides an overview of progress to date and a briefing on the launch of Phase 3 of the Trust's localities working restructure on Monday 16 th July 2018. The paper seeks to brief the Trust Board on progress to date and the current position.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input checked="" type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Date: 10 th July 2018	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input type="checkbox"/> To provide the highest quality services <input type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	Locality risks as noted on committee risk registers.		
Resource Implications:	Nil.		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	As described in original Equality Impact Assessment – April 2018.		
Recommendations:	To note the timetable and progress to date, including launch of larger Phase 3 consultation.		

1. Introduction

This paper provides a monthly update on the transformation journey that is underway following Board approval of the locality working project on the 18th April 2018 and the associated restructure of clinical directorates. The paper is written as at 16th July 2018 for Trust Board on 26th July 2018.

2. Planned Implementation

Key to the success of the project is the phased approach to implementation.

2.1 Phase 1 – Clinical Directors, Associate Directors (HOD's), Deputy Director of Operations

Phase 1 commenced on Monday 30th April 2018 and was formally completed on Friday 6th July 2018. This was on schedule. Following the formal consultation, the appointments of new Clinical Directors and Associate Directors has taken place. These followed an interview and assessment process following the consultation. Table 1 outlines appointment made.

Table 1 – Appointments to Clinical Director & Associate Director Positions

Directorate	Associate Director	Clinical Director
Stoke	Jane Munton-Davies	Dennis Okolo
North Staffordshire	Samantha Mortimer	Darren Carr
Specialist Services	Ben Boyd	Darren Perry
Acute & Urgent Care	<i>Vacant</i>	Carol Sylvester (Interim)

A vacancy remains as a result of one of the existing Heads of Directorate returning to clinical practice as Consultant Nurse in Acute Care in the Trust. It should be noted there are two remaining staff displaced as a result of Phase 1 at 8B level and discussions are ongoing as to suitable alternative roles in adherence to the Trust's HR policy and practice.

2.2 Phase 2 – Configuration of Trust-wide Professional Heads

Phase 2 of the locality restructure commenced on the 4th June 2018 through formal consultation and closed on the 4th July 2018. This phase relates primarily to the senior Professional Leadership Structure within the Trust concerning Heads of Nursing, Allied Health Professionals, Psychology, Social Work and Medical Associate Directors. This phase was led by the Trust's Director of Nursing and Quality and the Trust's Medical Director.

The next part of the process will involve considering any feedback received to date as part of the consultation, ensuring we have responded where required and confirming the structure moving forwards. The appointments will then be made to any resulting vacancies via normal processes, including consideration to those displaced during Phase 1.

2.3 Phase 3 - Appointment of Service Managers, Quality Improvement Lead Nurses and Clinical, Psychology and AHP Leads

Phase 3 of the locality restructure focuses on the management structures within each of the newly established Directorates. These include the roles of Service Managers, Quality Improvement Lead Nurses, Clinical, Psychology and AHP Leads. The newly appointed CD's and AD's will lead this phase, including ownership of the launch and the resulting consultation under a Management of Change process.

Phase 3 launched into formal consultation with staff on Monday 16th July 2018. This Phase is being led by the new Clinical Directors and Associate Directors under the guidance and oversight of the Executive Director of Operations.

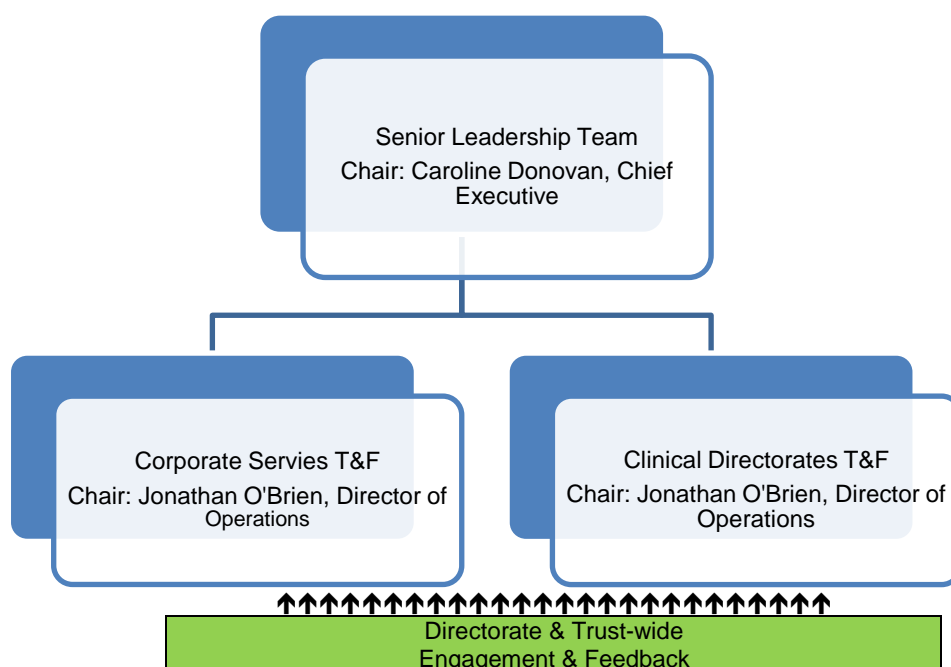
The managerial appointments for the new configuration of four Directorates will be concluded after this consultation and will follow a formal appointments process. From September 2018 the Trust will report and

operate from a four Directorate structure and this is currently on schedule from a Directorate and Corporate services standpoint. Phase 4, associated with transformational changes of services within new Directorates, will then commence from September 2018.

3. Governance Arrangements

Reporting to the Senior Leadership Team, two task and finish groups have been established, both of which are chaired by the Trust's Executive Director of Operations. The groups have been established to oversee the governance arrangements for the management of change. They provide a forum for discussion and 'confirm and challenge', allowing a place for the development of the process in a meaningful and engaging way.

- Corporate Services Task & Finish Group (CSG) - representation at a fortnightly meeting from Workforce, Communications, Finance, Performance & Digital, Estates and Nursing, Quality and Governance.
- Clinical Directorates Task & Finish Group (CDG) - representation from existing and new Associate Directors and Clinical Directors.



4. Completed Engagement & Feedback

The Trust has specifically developed a website - Integrated Locality Working Project: <http://localities.wpengine.com/>

This is a stand-alone website whereby staff can learn about the project aims and provide comments and feedback. It includes information on the new structure, governance arrangements and a calendar of events. It also includes a Frequently Asked Questions (FAQ) page so that staff can see if their queries are addressed in this section without having to submit individual questions. Individual questions however can be submitted if preferred via a 'Hearing your Voice' form available within the website. The clinical lead for the project collates the questions posed via the website and the Task and Finish groups will support the formulation of answers. The Director of Operations has oversight and final sign off for responses as Executive Lead for the project.

The website to date has received a total of 30 'Hearing your Voice' forms, 23 of these were anonymous name submissions.

Feedback submitted by current Directorate (if known)	Nature of comment / question
Substance Misuse (9)	<ul style="list-style-type: none"> Commissioning/Tendering concerns Support for current HOD/CD Loss of expertise and skill when brought into a wider specialist directorate.
Adult Community (2)	<ul style="list-style-type: none"> Change in role/concerns around generic working Website issues / clarification
CYP (13)	<ul style="list-style-type: none"> Fidelity to national policy and guidance Consultation Commissioning CQC rating maintenance
Unknown (4)	<ul style="list-style-type: none"> Governance arrangements Organisational structure Evidence base for MCP working Website issues / maintenance

Since the last board paper (June 2018), 2 more submissions have been made and both relate to the engagement of staff. The first makes comment about the website not being actively updated - despite staff being encouraged to use this medium to get information about the project. As a result of this comment, the website has been fully reviewed and updated to ensure all information is available and queries have been responded to.

The second was a request for the team level details of the new four Directorate structures to be shared with teams - so they can understand and see how/if their team is affected. These details have also been released as part of the Phase 3 consultation.

4.1 Directorate Engagement Sessions

In total, 12 engagement sessions (2 per 6 Directorate structure) have now been delivered, led by the project Clinical Lead and the previous Heads of Directorate with support from the HR Team. These sessions have given a dedicated opportunity for clinical teams and staff within the directorates to give their valued contributions and comments to the transformation process. All of the feedback from these sessions has been collected and fed through into the Task and Finish Groups. Staff have been invited to attend sessions outside of their own directorate to increase opportunities for engagement.

As requested by clinical staff during these sessions, five further engagement sessions have now been arranged, giving teams timely updates on the transformation process and continuing to give them an opportunity to engage, feedback and comment. The second round will run through July and August 2018 and a third round delivered when the new Directorates are operating, from September 2018.

As previously reported, it is crucial that staff feel engaged and are able to support the implementation our new locality structure. There has been a significant focus on engagement and being responsive to queries throughout the process to date. The sessions are open to all staff irrespective of role, Directorate or team and will again be supported by HR and facilitated by the Clinical Lead with Directorate leadership support.

Date	Venue	Facilitators
16th July 2018	Harplands	Nicky Griffiths, Jane Munton-Davis HR: Patrick Ross-Osbourne
18th July 2018	EMU	Nicky Griffiths Ben Boyd / Darren Bowyer HR: Georgina Evans

18th July 2018	TBC - Community	Nicky Griffiths Samantha Mortimer HR: TBC
23rd July 2018	Lawton House	Nicky Griffiths, Kerry Smith
9 th August 2018	Broom St	Nicky Griffiths, Ben Boyd/Alistair Forrister

This month the main themes received from feedback forums include: -

- Requests to have more detail about the structure and the localities - at team level and at an individual level now that the new Directorates are formed.
- How the transformation process can be influenced by clinical staff at team level.
- Staff wanted to understand more about new roles and how the restructure may present new opportunities for personal development and career progression.
- Staff want to know how they will hear about job vacancies / opportunities and if new roles / job descriptions for these posts can be widely shared.

5. Future Trust-wide Engagement Plans / Organisational Development

The professional network groups will continue to be provided with regular opportunities for update, engagement, comment and feedback - all of which are chaired / led by one of the Executive Team.

- Senior Operational Team (SOT) – Chaired by Director of Operations
- Senior Leadership Team (SLT) – Chaired by Chief Executive.
- Senior Medical Team (SMT) – Chaired by Medical Director
- Professional Leadership Advisory Group (PLAG) - Chaired by Medical Director
- Professional Network Groups including-
 - Nurse Network – Chaired by Director of Nursing and Quality
 - AHP Leads Meeting – Chaired by Director of Nursing and Quality
 - Social Care Forum – Chaired by Director of Nursing and Quality
 - Leadership Academy – Chaired on rotation by an Executive Director

Feedback has been received and has generally supported the direction of travel and the restructure to locality working.

In addition, 'Towards Outstanding' engagement sessions will be established and facilitated through the Organisational Development Team to support commencement and transition in Phase 3. Again, all feedback from these sessions will feed into the Task and Finish groups and into SLT.

6. Raising Concerns

As would be expected, some comments and queries have also been raised outside of the engagement sessions or the website. The project team have taken the approach that staff raising concerns about the restructure should be listened to, have their questions answered in a timely manner and positively encouraged to engage with the process.

The Trust's current procedures for expressing and raising concerns, for example through 'Dear Caroline', will continue to support the locality working project group to better understand any concerns people may have and enable timely responses to questions and comments about the proposals to be given.

Two 'Dear Caroline' submissions have been received by the Chief Executive Officer since the last monthly report to board and relate specifically to the impact that the locality restructure will have on Substance

Misuse service delivery and individuals roles within current Substance Misuse Services. These have been responded to by the Chief Executive Officer.

7. Corporate Services Updates

7.1 Finance

The Trust is required to deliver a £2.8m (3%) Cost Improvement Programme for 2018/19, of which the restructure is expected to deliver a proportion.

The proposed change to the leadership and management structure in Phases 1 – 3 is estimated to drive an element of recurrent efficiencies. However, once HODs, Professional Leads and Service Managers are appointed, Directorates will be expected to work up transformation programmes on an ongoing basis, which will drive improvements and efficiencies.

Upon completion of Phases 1 to 3, detailed work will be undertaken to consolidate and transact efficiencies achieved and planning will begin for those to be delivered within the new Directorates.

In readiness for the switch to financial reporting in the new structure in September 2018 (month 5):

- Finance has worked in association with other corporate departments to agree a cost centre hierarchy for clinical directorates that is consistent and can be used for benchmarking purposes.
- Finance has identified a number of pooled budgets of medics, psychologists and administrative staff. Work has commenced to agree appropriate alignment with the new Directorates and budgets and the performance team are supporting this with providing data on where the majority of activity for these individuals is taking place.

7.2 Workforce

Details of workforce implications and impact have been evaluated and are detailed within the Management of Change documents for Phase 1 and Phase 2.

A Phase 3 Management of Change paper is being finalised in readiness for launch and the Trade Unions have been consulted with as regards the proposals within Phase 3

Detailed updates to the ESR and TRAC workforce systems are taking place as the new Directorate structures are developed through Phases 1 to 3.

The timetable for the Phase 3 restructure is shown in Appendix 1. It should be noted that there are approximately 22 WTE affected by this phase and approximately 17 WTE new posts. It is therefore expected that a number of staff may be displaced. A number of existing staff within this group are seconded into position or are employed via fixed term contract and this may provide some mitigation. It is anticipated that a full competitive selection process will be employed to appoint staff to roles in the new structure.

7.3 Information & Performance

There is currently no impact on Information and Performance reporting, but work has commenced on preparation for the configuration of the Trust in a four Directorate structure. There will be an impact on reporting to create new locality look up tables, build locality description into data marts and align all scripts to localities.

For reporting purposes it will be necessary to assess the impact of the system change, reconfigure the data warehouse / data marts and develop the suite of reports to support the new locality leadership and team structure. This can only commence once the system change has been completed. There will be an impact on SLA and PLICS which is being managed by the team.

There will also be a requirement of validation of locality reports and any new reports by Directorates. Performance reporting for the new structure will commence on 1st September 2018.

There will be a need to ensure any potential data quality issues are resolved prior to the reconfiguration. For example, ensuring referrals are attached to the correct teams, closing down of referrals and out-coming historic activity in advance.

It will be necessary to provide post implementation support, data quality validation and issue resolution for following implementation of changes.

7.4 Estates & Facilities

There is no significant Estate & Facilities work to be completed during Phases 1 to 3 of the restructure, however it is recognised that from September, the new Directorates will need to draw on support in relation to their transformation plans.

8. Risks and Mitigations

All committees of the board have been asked to add the restructure programme to the current risk register for each committee, as appropriate, to provide assurance and ensure risks are appropriately managed and mitigated. These continue to be reviewed at each committee.

9. Summary

In the time period since the Trust Board approved the restructure of operational directorates in April 2018, a significant amount of work has been completed to ensure that the restructure is delivered within the planned timescale, with the Trust being ready to operate on the basis of four Clinical Directorates from September 2018. The programme of work is currently on schedule. However, it should be noted that there is a significant amount of work to be completed in July and August 2018 (following launch of Phase 3 on 16th July 2018) in order to meet the timetable. There may be some impact on the timeline taking into account the number of individuals affected in Phase 3, however resource has been allocated to mitigate known or potential delays.

Any potential delays to the timeline will be reported by the Executive Director of Operations to the Trust Board.

10. Recommendations

The Trust Board is asked to:

- Receive the report.
- Note the significant progress and work completed by all teams to July 2018.
- Receive a further update on progress in September 2018.

Enc.

Appendix 1 – Phase 3 Timeline

Timescale/Date	Activity
Summer and Autumn 2017	Early engagement activities
18th April 2018	Executive/Trust Board sign-off off the Business Case.
2nd July 2018	Pre-engagement session with staff side
9th July 2018	Presentation of and discussion of MoC to JNCC.
16th July 2018	<p>Formal Consultation period commences: 30 days</p> <p>A series of group meetings with staff affected by the changes and their representatives with the Senior Management Team, Project Group and HR representatives in order to:</p> <ol style="list-style-type: none"> 1. Go through the proposed structure and changes 2. Provide clarification where possible at this stage 3. Invite written feedback 4. Explain how the questions and answer process will work outside of formal consultation meetings <p>1:1 meetings with the appropriate line manager/HR representative will be arranged during the 30 day consultation period for all affected staff as required.</p>
16th July 2018	Initial launch and communication to staff via specific meeting (staff side invited to attend). This will be held at 12noon Boardroom, Lawton House.
16th July 2018	Letters to individuals affected informing potentially at risk of redundancy, confirming arrangements for 1:1 meetings and enclose briefing document and profile/preference forms.
23rd-25th July 2018	1:1 meetings diarised with staff who have requested one – discuss expressions of interest and profile form (given the opportunity of a further meeting if required)
14th August 2018	Closing date for written feedback.
14th August 2018	Staff required to submit completed profile and preference form.
14th August 2018	Consultation closes
15th – 16th August 2018	Amend consultation document in light of feedback and new proposals received.
16th August 2018	<p>Submit to Executive team and commence REMCO approval.</p> <p>Reissue final document to all affected staff. Management of Change implementation phase begins.</p>
16th August 2018	Lead managers to liaise with Finance and Workforce/ESR to finalise new structure and posts required.
20th August 2018	Begin recruitment process for new posts
20th August-24th August 2018	Limited Competition Interviews/selection process and allocations
28th August 2018	Confirmation to staff affected of appointments/at risk
29th August 2018	If no SAE identified, redundancy paper to REMCO. Notice periods begin following approval
3rd September 2018	Phase 3 structure go live

REPORT TO Trust Board

Enclosure No:14

Date of Meeting:	26 th July 2018		
Title of Report:	CQC Learning of Local Systems		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Caroline Donovan	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The CQC has completed a programme of targeted local system reviews in 20 local authority areas to assess how well services are working together to care for a support people aged 65 and over. The resulting report, 'Beyond Barriers' summaries the CQCs findings from the review.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> People & Culture Development Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Business Development Committee <input type="checkbox"/> Digital by Choice Board <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> To enhance service user and carer involvement. <input checked="" type="checkbox"/> To provide the highest quality services <input checked="" type="checkbox"/> Create a learning culture to continually improve. <input checked="" type="checkbox"/> Encourage, inspire and implement research & innovation at all levels. <input checked="" type="checkbox"/> Maximise and use our resources intelligently and efficiently. <input checked="" type="checkbox"/> Attract and inspire the best people to work here. <input checked="" type="checkbox"/> Continually improve our partnership working. <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Ref	None		
Resource Implications:	n/a		
Funding Source:	n/a		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	n/a		
Recommendations:	Trust Board is asked to note the briefing report		

NHS Providers On The Day Briefing: CQC *Beyond Barriers* local system reviews report

The Care Quality Commission (CQC) has completed a programme of targeted local system reviews in 20 local authority areas to assess how well services are working together to care for and support people aged 65 and over. The resulting report, 'Beyond barriers', summarises CQC's findings from the reviews. This briefing sets out the report's key findings and NHS Providers' response to the report.

We welcome CQC's system reviews and this report, which provides a valuable contribution to better understanding and improving system working. We recognise there is a need for legislative change in order to hold local systems to account for their performance. However, any plans for legislative change must be aligned with other developments currently happening at pace, including the new funding settlement and 10 year plan for the NHS. In addition, as responsibility and accountability for the provision of services remains with individual trusts, the regulators and national bodies must respect and support current and future institutional accountabilities.

Background

The 20 systems were identified by the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities and Local Government (MHCLG), with 19 of the 20 systems described as 'comparatively challenged'. The systems were based on Health and Wellbeing Board (HWB) footprints. CQC reviewed how each local system works within and across three key areas: maintaining people's wellbeing at home; care and support when people experience a crisis, and step down, return to a usual residence, and/or admission to a new residence.

CQC carried out the reviews using a combination of observations, data analysis, focus groups, questionnaire tools, case-tracking and interviews. CQC spent two periods on site, speaking to people using services, their families and carers, and staff. After each review the CQC produced a local system report highlighting what worked well and opportunities for improving system working. The reviews were followed by local summits, which brought together local leaders and representatives from national bodies.

Report recommendations

- 1 Encouraging and enabling commissioners to bring about effective joined-up planning and commissioning

- Local leaders should create an agreed joint plan for how older people are to be supported in their own homes, helped in an emergency, and then enabled to return home safely. This plan must maximise the potential contribution from voluntary, community and social enterprise (VCSE) organisations.
- Local leaders must take a reformed approach to funding that allows and encourages local systems to align and pool their budgets.
- Sustainable funding reform must remove the barriers that prevent social care and NHS commissioners from pooling their resources and using their budgets flexibly. Consideration should be given to a move from short-term to long-term investment in services, and from an activity-based funding model towards population-based budgets. National leaders must work with the Local Government Association and the Association of Directors of Adult Social Service to support this.

2 A new approach to performance management

- There should be a single, joint, nationally agreed framework for measuring the performance of how organisations collectively deliver improved outcomes for older people. This would operate alongside oversight of individual provider organisations and use metrics that reflect outcomes for people – including from primary, community, social care and independent care providers – rather than relying primarily on information collected by acute hospitals.
- Local leaders should give more emphasis to investing in models of care that support prevention and avoid unwarranted admission to secondary care. To support this, local leaders must actively and effectively share information about people across organisational boundaries, with support from national leaders to make this possible and with the appropriate safeguards in place.

3 A move to joint workforce planning

- Local leaders should agree joint workforce plans, with more flexible and collaborative approaches to staff skills and career paths. These plans should reflect and work in tandem with Health Education England and DHSC workforce strategies, anticipated later this year.
- National health and social care leaders should design career paths that make it easier for individuals to move between health and care settings and gain skills in a variety of different settings.

4 Better regulation and oversight of local systems

- Government should consider new legislation to allow CQC to regulate local systems and hold them to account for how people and organisations work together to support people to stay well. This would also ensure that regulation looks at both individual organisations and quality of care across services.
- Regulators, including CQC, should work to agree a set of performance metrics and indicators for system performance that are used to inform all regulatory activity and oversight.

Key findings

System leadership and performance

- CQC sees the markers of mature relationships as collective goals, collaborative decision-making, and sharing of risk, underpinned by multi-disciplinary and multi-agency working on the ground.

- There were examples of cross-organisational leadership roles, but most senior leadership still sits within individual organisations. CQC also saw many instances where local managers and practitioners were leading change at an operational level through collaboration rather than formal structures.
- Feedback from CQC's relational audit highlighted that people felt most positively about treating each other fairly and honestly, and most negatively about their ability to take on risks that served wider system goals without fear of criticism or failure.
- Across all systems there were examples of silo working; pressures of performance targets and financial constraints often lead people to revert to protecting their own roles and organisational aims.
- The way performance is currently measured does not incentivise system working, which impacts negatively on relationships and collaboration. Delayed transfers of care (DTOCs) are an example of where improved performance in one part of the system places pressure on other parts and do not encourage shared accountability for performance.
- While system governance and accountability arrangements can be drivers for system working, their effectiveness varies from system to system.
- HWBs and STPs took different roles in different places, depending on their maturity and effectiveness, but both can provide effective accountability for local systems, although more commonly CQC found HWBs were not fulfilling their full potential.
- All systems had an ambition to move to joint commissioning but commissioning arrangements were collaborative rather than fully integrated, although progress was being made.
- Despite the positive impact that the Better Care Fund (BCF) has had on bringing together system partners to develop joined-up and integrated commissioning practices, the funding is only short term.
- Nationally, there is a need for national bodies to create the right incentives for integration and joint working, including aligned performance measures, oversight and regulation. CQC states that assessing the quality of individual providers in isolation from system outcomes is not maximising the potential improvement that might be driven by regulation.

Building sustainable systems

- Addressing the capacity and capability of health and care systems to support older people now and in the future is a priority. Part of this is developing a learning culture in systems; CQC saw learning taking place at an organisational level, but this was less apparent across a system.
- Having a stable and skilled workforce in place is also essential. Staff often went the extra mile to provide care. However, local systems are challenged to recruit, retain and develop their workforce.
- Health and social care leaders need to be innovative in how they recruit, train and utilise their workforce, and recognise the interdependencies of their sectors and address challenges collectively.
- Most systems had established joint workforce groups however CQC was not assured of effective joint workforce planning across health and social care. For example, these groups did not always include all system partners, such as independent adult social care and ambulance providers.
- Shaping the adult social care market was one of the most significant challenges across the systems. CQC did not find a culture of true collective responsibility for shaping health and care markets in any of

the systems, and health and social care commissioners do not consistently have robust systems in place to predict demand and proactively shape the structure of the market supply.

- All systems recognised the important role of the VCSE sector to support system-wide strategic aims and some systems are proactively working with VCSE organisations. However, the extent to which the VCSE sector organisations were included in the strategic planning and delivery of services was variable.
- Digital interoperability was an issue in all systems and information governance rules were often misunderstood. System leaders recognised the importance of information sharing and steps were being taken in some systems to build platforms for digital information sharing. However, no system had established platforms for information sharing across all health and social care organisations.
- Nationally, spending on primary prevention and early intervention is not being prioritised in BCF plans (total spend nationally was 2.73%). CQC concluded that instead of incentivising systems to reduce their DTOCs, systems could be incentivised to reduce pressures on hospital services by investing in admissions avoidance services and services that support people in the community.

Older people's experiences of moving between health and care services

- All the systems had a shared understanding of the importance of providing preventative services that promote health and wellbeing in the community. However, commissioning priorities were influenced by funding pressures and funding flows to support hospital care – as a consequence, the ability to invest in services that prevent people becoming unwell was limited.
- Local government resourcing, variable access to out of hours services and the unstable general practice workforce were leading people to rely on hospital services. CQC's analysis suggests lower rates of GPs and primary medical services care staff per registered patients may be associated with higher rates of attendance at A&E by older people.
- People working in care homes said it could be difficult to access GPs and community health support, which meant they were more likely to rely on emergency services. There was variation across the services in how well they had aligned community nurse teams, medicines optimisation and GP practices with care homes.
- CQC highlight the vital support that community health services provide to keep people well but point out that capacity in community health is challenged: between 2009 and 2017, there was a 40% drop in the number of community matrons and a 44% drop in the number of district nurses.
- People found accessing services complicated and confusing. CQC saw examples of how single point of access services could be effective in providing timely access to services. However they varied in terms of who could access them and in the range of services they could refer to.
- There was considerable variation in access to and availability of services, depending on where people lived. In systems with good access and support for personal budgets and direct payments people were being supported to take control of their care; however there was large variation in their uptake.

Care pathways

- CQC saw that having the right staff in place to assess and coordinate care was key to streaming people attending A&E into the most appropriate care and avoid unnecessary admissions. CQC analysis of

ambulance turnaround times at hospitals suggests that these times are longer when there are fewer senior staff to supervise and support junior staff.

- Allowing ambulance staff to refer people directly into community services can help reduce avoidable admissions, but the extent to which this was happening in the systems was limited and there were significant capacity issues in the ambulance workforce.
- There was some proactive work to identify frailty and treat people in appropriate frailty units, but people were often staying for too long due to lack of capacity in the main hospital or community.
- Pressure on local systems to reduce delays in hospital discharge has overwhelmed other health and social care priorities. While it was positive that this focus had led to reductions, CQC found examples where it had compromised the safety of people moving through services, for example where people were moved out of care settings before arrangements for equipment, medication or transport were in place.
- People did not always experience a consistent approach in planning for their discharge: discharge dates were not being discussed early enough; discharge planning did not always involve the relevant people and staff early enough; social workers frequently voiced concerns about not being involved early enough, if at all, and GPs frequently communicated that discharge planning was poor. Discharges were being delayed due to a lack of coordination in conducting assessments. People were frequently discharged without accurate or sufficient information about their hospital stay or care needs.
- There are different interpretations of the trusted assessor model in different systems and there was not the level of understanding of the model between services to implement it quickly and at scale.
- Lack of capacity in the adult social care market was a barrier to people moving smoothly between health and care and meant that, in some systems, people are not provided with genuine choice about what care they want to receive and where they want to receive it. People often had to make decisions about their long-term care while in hospital, leading to delays.
- There was wide variation and access to reablement and rehabilitation services and CQC saw people spending a long time in intermediate care beds.

NHS Providers' view

The CQC's report is an important starting point in building a picture of the quality of care in local systems. As the national policy agenda continues to support system working and collaboration, we welcome the steps CQC is taking to adapt its approach in response to the move to greater integrated working.

It is clear that strong relationships and a shared vision are crucial elements of any local health and care system. However there remains much to do to incentivise and remove barriers to system working. Some areas are devising ways around these disincentives, but national action is needed to remove these barriers and to set out a clear strategy to support the move to system working. We will continue to work with the arm's length bodies to ensure that the system architecture develops to enable leaders to collaborate.

Local health and care systems across the country are at different stages of development and while the front-runners are racing ahead, there are other local systems that will need more time and support to develop. This will mean that any approach to assessing systems will need to be iterative and take into account the history of local relationships and organisations, and see any progress within this context. We

are concerned that otherwise systems will be judged or even held to account for things that are beyond their control.

As the responsibility and accountability for commissioning and provision of services remains with CCGs and trusts' boards, trusts need to balance system working with meeting their own organisational accountabilities. In future it will be crucial that providers and their local system partners are not subject to 'double jeopardy' and multiple judgements. As CQC's oversight framework for assessing local systems evolves, it will need to ensure that the oversight of systems does not add an additional layer of performance management, duplication or burden. We understand that CQC is developing its relationships with two ICS areas and is working with them to develop a cross-sector, system-based approach to its regulatory work. We welcome this engagement with providers given the need for a clearer model of regulation and accountability to support and oversee the move to integrated care.

To support this, the national bodies must work together to align their approaches to supporting and overseeing local systems in order to avoid any unnecessary duplication and burden on health and care providers. For example, it would be helpful for CQC to consider how, when designing system-level assessments, it will work with NHS Improvement and NHS England to ensure its approach is aligned with the STP ratings. We believe that the national bodies can learn from CQC's experience of conducting these reviews and it is important that learning is shared at a national level too.

Press statement

"We welcome that the CQC has highlighted the importance of joined-up health and care services designed around the needs of local people.

"This report is an important starting point in the discussion about how we define the quality of care in local systems. However there remains much to do to incentivise and remove barriers to system working and we need a clearer national strategy to support the move to integrated care.

"This includes supporting local areas to flex the funding model and workforce planning to allow for the demands of the local area. Health and care systems also need support to plan strategically with a shared vision and shared accountability.

"We welcome the steps CQC has taken to adapt its approach in line with the changes that health and care systems are making towards delivering more integrated care. It is crucial that the national bodies work together to align their approaches to supporting and overseeing local systems in order to avoid any unnecessary duplication and burden on health and care providers.

"This report shows that whilst some systems are performing very well others will require further support. Any oversight approach for systems must take this into account so that local organisations are not held to account for things outside of their control."