

## MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 27 FEBRUARY 2014,  
10:00AM, BOARDROOM, TRUST HEADQUARTERS,  
BELLRINGER ROAD, TRENTAM LAKES SOUTH,  
STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	<b>APOLOGIES FOR ABSENCE</b> <i>To NOTE any apologies for absence</i>	Note
2.	<b>DECLARATION OF INTEREST RELATING TO AGENDA ITEMS</b>	Note
3.	<b>DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS</b>	Note
4.	<b>MINUTES OF THE OPEN AGENDA – 30 JANUARY 2014</b> <i>To APPROVE the minutes of the meeting held on 30 January 2014</i>	Approve Enclosure 4
5.	<b>ACTION MONITORING SCHEDULE &amp; MATTERS ARISING FROM THE MINUTES</b> <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 5
6.	<b>CHAIR'S REPORT</b> <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	<b>CHIEF EXECUTIVE'S REPORT</b> <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 7
TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)		
8.	<b>SPOTLIGHT ON EXCELLENCE</b> <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	<b>PRESENTATION FROM THE DARWIN CENTRE INPATIENT CAMHS SERVICE IN RESPECT TO HEALTH PROMOTION WITHIN THEIR ADOLESCENT INPATIENT SERVICE</b>  <i>To RECEIVE a presentation from the team on their service from Ms Melanie Hart, Service Line Manager and Carol Hinds, Centre Manager</i>	Verbal

10.	<b>QUALITY COMMITTEE REPORT</b> <i>To RECEIVE the Quality Committee report from Patrick Sullivan Chair of the Quality Committee from the meeting held on 18 February 2014</i>	Assurance Enclosure 10
11.	<b>RISK MANAGEMENT COMMITTEE REPORT</b> <i>To RECEIVE the Risk Management Committee report from Bridget Johnson Chair of the Quality Committee from the meeting held on the 12 February 2014</i>	Assurance Enclosure 11
12.	<b>PRINCIPAL RISK REGISTER REPORT Q3 2013-14</b> <i>To DISCUSS the Principal Risk Register Report Q3 2013-14 presented by Mr. Kieran Lappin, Director of Finance</i>	Assurance Enclosure 12
<b>TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)</b>		
13.	<b>FINANCE REPORT – Month 10 (2013/14)</b> <i>To RECEIVE the month 10 financial position from Mr. K Lappin, Director of Finance</i>	Assurance Enclosure 13
14.	<b>ASSURANCE REPORT FROM THE FINANCE &amp; ACTIVITY COMMITTEE CHAIR</b> <i>To RECEIVE the Finance &amp; Activity Committee Assurance report from the Chair, Mr. T Gadsby from the meeting held on 20 February 2014</i>	Assurance Enclosure 14
15.	<b>PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 10</b> <i>To RECEIVE the month 10 Performance Report from Mr. K Lappin, Director of Finance</i>	Assurance Enclosure 15
16.	<b>SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY</b> <i>To APPROVE the Self Certifications for the TDA from Mr. K. Lappin, Director of Finance</i>	Assurance Enclosure 16
17.	<b>TRANSACTIONS PROCESS – UPDATE</b> <i>To RECEIVE and update from Mr. K Lappin, Director of Finance on the Transactions Process</i>	Assurance Enclosure 17
<b>TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)</b>		
18.	<b>PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT</b> <i>To RECEIVE the People and Culture Development Committee report from the meetings held on the 17 February 2014 from Mr. P. O'Hagan, Committee Chair</i>	Assurance Enclosure 18
	<b>To DISCUSS any Other Business</b>	
<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		

	<i>To ANSWER questions from the public on items listed on the agenda</i>	
<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 27 March 2014 at 10:00am.</i>	
	<b>MOTION TO EXCLUDE THE PUBLIC</b> <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>	
<b>THE REMAINDER OF THE MEETING WILL BE IN PRIVATE</b>		

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

	<b>DECLARATIONS OF INTEREST</b>	Note
	<b>DECLARATIONS OF ANY OTHER BUSINESS</b>	Note
	<b>SERIOUS INCIDENTS</b>	Assurance
	<b>OPERATING AND COST IMPROVEMENT PLAN</b>	Assurance
	<b>STAFF SURVEY RESULTS (embargoed)</b>	Assurance

## TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined  
Healthcare NHS Trust Board meeting held on Thursday, 30 January 2014  
At 10:00am in the Boardroom, Trust Headquarters, Bellringer Road,  
Trentham, Stoke on Trent, ST4 8HH**

**Present:**

**Chairman:** Mr K Jarrold  
Chairman

**Directors:**

Mr T Gadsby  
Non-Executive Director

Mrs C Donovan  
Deputy Chief Executive

Mr P' O'Hagan  
Vice Chair

Dr D Sheppard  
GP Associate Director

Dr D Okolo  
Acting Medical Director

Mr K Lappin  
Director of Finance

Dr K Tattum  
GP Associate Director

Mr P Sullivan  
Non-Executive Director

Ms B Johnson  
Non-Executive Director

Mr A Rogers  
Director of Operations

**In attendance:**

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

Mrs K Walker  
Secretariat Manager

Ms J Harvey  
Staff Side Representative

Mrs A Roberts  
Head of Communication/ Engagement

Team Spotlight:  
Simon Wilson  
Jackie Bailey  
Wesley Machin

Individual Spotlight:  
Mandy Wilson

Mr J Gould  
Health-watch

Adam Pryce  
Beacon UK

Katie Groom  
Priory Group

Kate Dacosta  
Jansen

Karen Carter  
Johnson, Johnson Group

The meeting commenced at 10:00am.

01/2014	Apologies for Absence	Action
	Apologies were received from Roger Carder – Non Executive Director, Fiona Myers – Chief Executive and Dr Adeyemo – Medical Director.	
	The Chair welcomed Dr Okolo to the meeting in the capacity of	

	<p>Acting Medical Director in Dr Adeyemo's absence.</p> <p>The Chair also welcomed Mr Patrick Sullivan – Non Executive Director who joined the Trust on 1 January 2014. Patrick will be the new Chair of the Quality Committee.</p> <p>The Chair noted that this is the first meeting for Mr Kieran Lappin since his appointment to the Director of Finance post on a substantive basis. Mr Lappin was welcomed to the meeting.</p>	
<b>02/2014</b>	<b>Declaration of Interest relating to agenda items</b>	
	There were no declarations of interest relating to agenda items	
<b>03/2014</b>	<b>Declarations of interest relating to any other business</b>	
	There were no declarations of any other business	
<b>04/2014</b>	<b>Minutes of the Open Agenda – 26 November 2013</b>	
	The minutes of the open agenda of the meeting held on 28 November 2013 were approved as a correct record.	
<b>05/2014</b>	<b>Matters arising</b>	
	<p>The Board reviewed the action monitoring schedule and agreed the following:</p> <ul style="list-style-type: none"> <li> <b>262/13 – Acquired Brain Injury outline business case.</b>  Mr Rogers informed the Board that a potential site has been identified in addition to further work being carried out to refine the business case.   Mr Gadsby commented that the Finance and Activity Committee felt that the unit has the scope to develop the business case further. </li> <li> <b>262/13 – Tier 4 outline business case.</b>  Mr Rogers reported that the Trust is awaiting the NHS England Review of tier 4 services prior to undertaking further work on this business case. </li> <li> <b>264/13 – Performance reports – re-admissions to be considered in terms of how re-admissions are treated/ counted to be explored further and report</b> </li> </ul>	

	<p><b>back.</b></p> <p>Mr Rogers reported that the Trust is reporting slightly higher re-admissions, in some cases the re-admissions are clinically appropriate. The Trust is not re-admitting patients in-appropriately.</p> <ul style="list-style-type: none"> <li>• <b>391/13 (a) Government response to Francis – CEO to give thought as to how best to keep the Board updated on this issue.</b></li> </ul> <p>Mrs Donovan reported that work is taking place in the Trust in relation to Francis/ Berwick/ Keogh and Cavendish reports and a report will be submitted to the March meeting.</p> <p>Mrs Storey stated that the Quality Committee is also due to receive a report following a review into the Trust's complaints process taking account of the recent Clywd/ Hart review into complaints handling.</p> <ul style="list-style-type: none"> <li>• <b>391/13 (b) Meeting with UHNS to discuss integrated care.</b></li> </ul> <p>Mr Rogers informed the Board that a meeting has taken place to discuss shortened stays relating to patients at the University Hospital of North Staffs (UHNS) who may have mental health needs. A further meeting is scheduled for 14 February to discuss this further with colleagues at the UHNS..</p> <ul style="list-style-type: none"> <li>• <b>398/13 – Activity/ PLICs to be added to the next agenda of the Finance and Activity Committee.</b></li> </ul> <p>This action is complete and can be removed.</p> <ul style="list-style-type: none"> <li>• <b>399/13 – Message to be sent to staff with regard to the Trusts good performance.</b></li> </ul> <p>This action is complete and can be removed.</p> <ul style="list-style-type: none"> <li>• <b>406/13 – Consideration to be given in relation to the Trust's counselling team being nominated for an award.</b></li> </ul> <p>This action is complete and can be removed.</p>	Chief Executive/ Director of Nursing
06/2014	Chair's report	
	The Chair noted that there were issues two he would like to discuss.	

	<p><b>1). Transaction.</b> The Chair reported on the Clinical Summit hosted by our local commissioners which took place on 22 January 2014. The event was well attended by Trust clinicians, Board members and senior managers. The focus was on aligning our clinical strategy with their Commissioning intentions. The Chair noted that the atmosphere was encouraging and offered the possibility of building a new and constructive relationship between the CCGs and the Trust. The real work is the discussion about care pathways and clinical models required to deliver the CCGs agenda of integration between physical and mental health services and between health and social care. The issue for the transaction process is to reach agreement on the organisational structure that is most likely to deliver the integration agenda.</p> <p><b>2). Foundation Trust Network – statement from Mr Chris Hopson CEO</b> The Chair informed the Board of a statement from the Chief Executive of the Foundation Trust Network which he felt was a very powerful statement about the NHS. The Chair read out an extract from the statement.</p>	
	<b>Received</b>	
<b>07/2014</b>	<b>Chief Executive's Report</b>	
	<p>On behalf of the Chief Executive, the Deputy Chief Executive updated the Board on activities since the last meeting.</p> <p><u>Closing the Gap – Department of Health Publication:</u> Mrs Donovan reported that on 20 January 2014 the Department of Health published "Closing the Gap" which sets out its priorities for bridging the gap between its long-term ambitions for mental health and shorter-term actions.</p> <p>The publication covers 25 areas where the most immediate change and improvement is expected. The 25 priorities set out under four key themes are a restatement by the Government of its commitment to the provision of high quality mental health services, placed on a par with acute services.</p> <p>This will feed into the work with commissioners following the Clinical Summit and will be brought back to the Board in due course.</p> <p><u>Newly appointed Board members:</u> The Trust is delighted to announce the appointment of Mr Patrick Sullivan as a Non-Executive Director of our Trust Board</p>	

	<p>Patrick, is a mental health nurse who trained locally but has worked in services across Cheshire, Derbyshire and Lancashire. He has over thirty years' experience in the NHS, working in a range of clinical and senior management roles. Committed to the NHS and the local area, Patrick is currently a Mental Health Act Commissioner for the Care Quality Commission and sits on Mental Health Review Tribunals as a specialist lay member.</p> <p>The Trust also welcomes two Executive Directors to the Board – Kieran Lappin, Director of Finance and Karen Wilson, Director of Nursing and Quality.</p> <p>Kieran has been carrying out the role on an interim basis since July 2013 and took up the role substantively from Monday 23 December 2013. Kieran has 35 years NHS experience and has held four previous executive director Board posts, including Deputy Chief Executive of Wye Valley NHS Trust (Hereford Hospitals) for six years. He is a qualified accountant and also has a health MBA from Keele University.</p> <p>Karen Wilson, a registered general and mental health nurse, takes up the post of Director of Nursing and Quality on Monday 3 February 2014. Karen has held a number of senior roles in organisations providing mental health and learning disabilities care, including Chief Executive of Calderstones Partnership NHS Foundation Trust and Executive Director of Nursing and Care at Mersey Care NHS Trust. Karen qualified as a Registered General Nurse (RGN) in 1983 and as a registered mental health nurse five years later.</p> <p><u>Successful Substance Misuse Stoke Heath Prison Tender Bid:</u> The Trust is delighted to announce that the joint tender bid has been successful. The Trust's Substance Misuse Services responsibility will be to deliver the clinical element of the integrated model, which will involve medical and nursing provision. The new service will commence on the 1st April, 2014 and will run for the initial two years with the option to extend for up to a further two years.</p> <p><u>The Intoxication Observation Unit Initiative supports 1000 patients into service:</u> In December, the Intoxication Observation Unit (IOU) at the Edward Myers Unit saw its 1000 patient - people who have been diverted from A&amp;E who were not in need of emergency services but were too intoxicated to be allowed to go home.</p> <p>Following the initial success of the pilot scheme it was then extended to enable West Midlands Ambulance Service to directly refer to IOU which has significantly reduced the impact</p>	
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	<p>on the A&amp;E, saving money and valuable time in the busy department.</p> <p>As well as reducing admissions to A&amp;E, the service has:</p> <ul style="list-style-type: none"> <li>• Reduced admissions to the Clinical Decisions Unit (CDU) and length of stay in A&amp;E.</li> <li>• Improved referrals to other supporting agencies - 604 people who were offered support took it forward (60%).</li> <li>• Provided successful recovery journeys.</li> </ul> <p><u>Children and Young People's Improving Access to Psychological Therapies Project:</u></p> <p>North Staffs CONNECT CAMHS and First Steps has been successful in a bid for the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Project. This is a service transformation project for Child and Adolescent Mental Health Services (CAMHS) that aims to improve shared working practice between therapists and children, young people and their families.</p> <p>CYP IAPT is delivered by learning collaborative made up of higher education institutes working with local area CAMHS partnerships of statutory and third sector providers and commissioners. There are five learning collaborative: we are supported by the North West collaborative, based in Salford.</p> <p>The programme focuses on extending training to staff and service managers in CAMHS and embedding evidence based practice across services, making sure that the whole services, not just the trainee therapists, use session-by-session outcome monitoring to inform clinical practice and to gain feedback from clients.</p> <p><u>REACH Awards:</u></p> <p>Mrs Donovan reported that the Trust has had an overwhelming response to our request for REACH nominees – our Staff Awards which stands for Recognising Excellence and Achievement in Combined Healthcare. Mrs Donovan expressed her thanks to colleagues who took the time to put forward a nomination for the REACH Awards 2014.</p> <p>Service users and carers also nominate staff for a 'Service Users and Carers Award' to recognise outstanding contributions made for the needs of service users and carers, with evidence of a real commitment to patient care.</p> <p>There have been in excess of 230 nominations this year which is the highest level yet. The category with the most nominations is the Service User and Carer category, which has had in excess of 70 nominations, and was noted to be a</p>	
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	<p>fabulous achievement.</p> <p>Judging had taken place on the 22<sup>nd</sup> January with finalists selected to attend the awards ceremony at the Moat House Hotel in March and they will be notified by Monday 10 February. Congratulations and 'Good Luck' to all our nominees.</p> <p><u>Gala Ball raises £1213.75:</u>  Lymebrook Mental Health Resource Centre has received a donation of £1213.75 from <i>FuturefineST</i> which was raised at a themed gala ball at the Britannia Stadium.</p> <p>FuturefineST is an organisation that represents young professionals in North Staffordshire, providing a networking, career development and social forum. Lymebrook were nominated as FuturefineST's designated recipient after one of their members received exceptional treatment from the Lymebrook centre; the donation was given as a thank you for the care they received.</p> <p><u>CCG funding allocations for the next 2 years:</u>  Mr Lappin stated that the table in the report needs clarifying, the heading of the third column should read: 2014/15 total cash uplift on prior year.</p> <p>Mr Rogers commented that at a recent contract meeting it was noted that there has been a decrease in the number of Section 136 referrals, which is a good example of partnership working.</p> <p>Dr Tattum raised concerns in relation to the staff uptake of the flu vaccine. General Practitioners are currently reaching 90% targets.</p> <p>Mrs Donovan responded that the Trust has continued to increase its uptake year on year. The Trust is in the higher uptake in comparison to other Mental Health Trusts. The University Hospital of North Staffordshire (UHNS) has a better uptake of the flu vaccine, the Trust will be working in partnership with UHNS over the next year to increase the uptake for the next flu vaccination programme.</p> <p>The Chair stated that there is a lot of concern in relation to the tariff uplift for Acute Trusts being higher than for Community and Mental Health Trusts.</p> <p>Mr Lappin reported that all provider Trusts will be required to deliver a 4% efficiency gain in 2014/15. Within the tariff they will be funded for other cost increases (2.2% in total) including 0.1% for implementing Friends and Family.</p>	
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	Acute Trusts will be receiving a 0.3% tariff uplift to implement Francis and Keogh requirements. Mental Health Trusts will not receive this funding.	
	<b><i>Received</i></b>	
<b>08/2014</b>	<b>Spotlight on Excellence Awards</b>	
	<p>The Chair presented the individual and team spotlight awards to: -</p> <p><b>1. Individual Spotlight – Mandy Wilson, Clinical Nurse Specialist, Staffordshire, Youth Offending Team</b></p> <p>Mandy is a Clinical Nurse Specialist seconded into a multi-agency youth offending team working with colleagues from probation, social services, education, the police and other agencies. Her role is to ensure that the health and mental health needs of children and young people who access this service are met. She does this by providing direct support, or helping them to transition to the appropriate service. She also helps her colleagues from other agencies to have a better understanding of the emotional needs of these children and young people in order that the whole team can help the young people to lead healthier and more successful lives and to reduce offending behaviour.</p> <p><b>2. Team Spotlight Award – Psychosis Recovery Service Line, Acute Home Treatment Team</b></p> <p>This month's team spotlight Award goes to the Psychosis Recovery Service Line, for the Acute Home Treatment team, to recognise the very complex and challenging service this team provides on the front line day to day, on a 24 hour, 7 day a week basis. The team has to interface with many other services and teams as part of their work in assessing and treating service users in an acute or crisis phase of their care. The Home Treatment Team is a well-established team of experienced nurses and Support Time and Recovery workers who are able to deliver a wide range of health and social care interventions. They are currently exploring ways to develop the team model to include more disciplines and so offer a broader spectrum of</p>	

	care.	
	<b><i>Received</i></b>	
<b>09/2014</b>	<b>Clinical presentation – Access to Home Treatment Team</b>	
	<p>The Board received a presentation on the work of the Psychosis Recovery Acute Home Treatment Team from Simon Wilson, Jackie Bailey and Wesley Machin.</p> <p><i>Dr Tattum commented that the work this team does decreases disruption for families. The disruption for families when a family member is admitted to an acute psychiatric ward cannot be overestimated. Patients recover better in terms of re-admission rates and medication with the support this team provides.</i></p> <p><i>From the presentation Dr Tattum further stated that he had observed the flexibility, adaptability and empathy of the team.</i></p> <p><i>Dr Sheppard commented that the patient story demonstrates how difficult it can be for both the patient and the family.</i></p> <p>Mr Machin reported that the patient had become unwell over a period of time and the family were fearful of the patient's behaviour as the patient became confrontational with the family and it was felt that the level of risk could not be managed at home which is why the patient was admitted to the Harplands Hospital.</p> <p><i>Mr Gadsby queried the level of resource required and if the team believe the patients get the required level of support from the team at the right time?</i></p> <p>Mr Machin responded that from the initial assessment it is very intensive and the team endeavour to adapt and prioritise the staff to ensure that patients receive the required level of support to suit their needs.</p> <p>Ms Bailey commented that the team re-prioritises the caseloads on each shift to meet the needs of the patients. In one shift there could be 14 or 15 home visits plus liaison work as well. The team has a dynamic, fluid caseload and has to manage and prioritise each patient's needs.</p> <p><i>Mr Gadsby asked how many patients on the caseload are subject to Community Treatment Orders?</i></p> <p>Mr Wilson responded that Community Treatment Orders (CTO's) are usually in place for patients who are on the</p>	

	<p>caseload of the Community Mental Health teams. Patients on the caseload of the Home Treatment team are not routinely on CTO's.</p> <p><i>Mr Sullivan asked how many patients the team supports on average per day?</i></p> <p>Ms Bailey reported that the average caseload is between 40 – 70 patients with an average length of support of up to 4 weeks. New patients usually require intensive support in the first week.</p> <p>The Chair thanked the team for the excellent presentation and stated that the intensive level of support the team provides to patients is quite unusual and very good practice.</p>	
	<b>Received</b>	
	There was a break at 11:15am. The meeting resumed at 11:30am.	
	Mr O'Hagan left the meeting at this point.	
	<p><b>Question from member of the public</b></p> <p><i>Mr Gould, Healthwatch, commented on the hospital at home initiative which is being piloted by the University Hospital of North Staffordshire (UHNS). It appears the Trust is already doing this after hearing the presentation earlier today.</i></p> <p>Mr Rogers reported that UHNS scheme is based on physical health and providing intensive support to patients in their homes. The Trust will continue their work with UHNS in relation to a cohort of patients with mental health and physical health needs to try and reduce the number of bed days.</p>	
<b>10/2014</b>	<b>Summary of the Quality Committee meeting held on 21 January 2014</b>	
	<p>Mr Gadsby, Non-Executive Director, provided the Board with a summary report from the meeting held on 21 January 2014.</p> <p><b>Ten year mortality gap for people with mental illness</b> NHS England have called on those who are commissioning services to help close the mortality gap that sees people with mental illness have life expectancies about 10 years shorter than the population as a whole.</p> <p><b>G8 dementia summit in December 2013 pledged significant increase in research funding.</b></p>	

	<p>Among the announcements the G8 has committed to identify a cure or a disease-modifying therapy for dementia by 2025. Within the Trust there have been significant developments in terms of the amount of research into Dementia undertaken in the last few years.</p> <p><b>2014/15 CQUIN Guidance for National CQUIN Schemes</b> In December 2013, the national guidance for the 2014/15 national CQUIN programme was published. There are four national CQUIN goals for 2014/15:</p> <ul style="list-style-type: none"> <li>➤ <b>Friends and Family Test</b></li> <li>➤ <b>Improvement against the NHS Safety Thermometer</b></li> <li>➤ <b>Improving dementia and delirium care</b></li> <li>➤ <b>Improving diagnosis in mental health</b></li> </ul> <p><b>Quality Governance Assurance Framework (QGAF)</b> At the October 2013 meeting of the committee, members considered the self-assessment undertaken against Monitors Quality Governance Assurance Framework. This was subsequently reviewed by the Board of Directors at its meeting on the 13 November 2013 which noted an improved position against the framework that had been undertaken the previous year.</p> <p>An External Assessor from KPMG was due to conduct the independent assessment of the Trust's compliance rating with the QGAF during the month of January 2014, which would involve focus groups and interviews with Trust Board and committee members as part of the assessment process. Due to unforeseen circumstances the assessor has asked to defer the assessment to March 2014 with the plan that the findings are reported to the Quality Committee in April 2014.</p> <p><b><u>Safe Staffing Review</u></b> The committee received the Safe Staffing Review report from Mr Laing which outlined the findings and process undertaken to review the nurse staffing establishment at the Harplands Hospital. It also provided an initial analysis of the inpatient staffing levels (wards 1-7) the data for which was gathered in July and August 2013. All of the data has been reviewed by the clinical teams during September and October 2013 in order to provide triangulation and scrutiny of the information provided. It was agreed that this was an iterative process and interim measures would be taken to ensure there are no risks to the quality of services.</p> <p><b>Policies</b> The committee approved a number of policies for a period of 3</p>	
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	<p>years unless stated otherwise, these were:-</p> <ul style="list-style-type: none"> <li>• <b>Workplace Transport (5.10) and Vehicle Driver (5.12)</b> policies to be rescind as replaced by the new Transport Policy recently ratified by the Trust Board.</li> <li>• <b>Listening and Responding Policy (PALS and Complaints) 4.26</b> extend until the 28 February 2014 while review of the complaints process is ongoing.</li> <li>• <b>Safeguarding Adults Interagency Procedure (1.12a &amp; 1.12b)</b> extend until 31 March 2014 while multiagency review is ongoing.</li> <li>• <b>Psychiatric Intensive Care Unit (PICU) (1.53)</b> rescind policy as no longer provided by the Trust</li> <li>• <b>Patient Group Directions (1.26)</b></li> <li>• <b>IT Asset Management Policy (7.16)</b></li> <li>• <b>Health &amp; Safety Policy (5.00)</b></li> <li>• <b>Waste Policy (5.06)</b></li> <li>• <b>First Aid at Work Policy (5.08)</b></li> <li>• <b>Environment Policy (5.09)</b></li> <li>• <b>Risk Markers Policy (5.18)</b></li> <li>• <b>Safe use of phones (5.23)</b></li> <li>• <b>Central Alert System (5.36)</b></li> <li>• <b>Adrenalin (1.26b)</b> rescind as not used and cannot give without a Patient Group Directive</li> </ul> <p>The Chair highlighted the importance of the staffing review and thanked the Deputy Director of Nursing &amp; Quality for undertaking the review and compiling the report.</p>	
	<b>Received</b>	
<b>11/2014</b>	<b>Financial Performance – Month 9</b>	
	<p>Mr Lappin, Director of Finance, presented this report and highlighted the headline performance as follows;</p> <p>Headline performance is:</p> <ul style="list-style-type: none"> <li>• A retained deficit of £0.460m, giving a favourable variance against plan of £191k</li> <li>• A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m)</li> <li>• A year to date Financial Risk Rating (FRR) of 2, with a</li> </ul>	

	<p>year-end forecast rating of 2</p> <ul style="list-style-type: none"> <li>• CIP plans in place for the target of £3.5m, with additional schemes under development</li> <li>• Capital expenditure of £0.1m to date and forecast expenditure of £1.14m against the revised limit of £1.64m</li> <li>• A cash balance of £4.6m at the end of December.</li> </ul> <p>The Trusts overall position is a sound one in month. The Trust has received an additional £300,000 of resource, of which £200,000 relates to closing the £700,000 financial gap. The query that caused a delay in the payment of the £300,000 quarter one CQUIN payment has been resolved.</p> <p>At the Contract Monitoring meeting held on 29 January the commissioners confirmed that the RAID funding will continue for next year 2014/15.</p> <p>Mr Lappin reported that the work to eliminate negatives lines on the budgets has not yet been completed. However, the team remains committed to eliminating negative lines on the budgets.</p>	
	<b><i>Received</i></b>	
<b>12/2014</b>	<b>Assurance Report - Finance and Activity Committee Report – 23 January 2014</b>	
	<p>Mr Gadsby, Non-Executive Director, presented the Finance and Activity Committee assurance report to the Board from the meeting held on 23 January 2014.</p> <p>The committee received a high level of assurance that the Trust can deliver its financial targets for this year.</p> <p>The Trusts Capital Resource Limit for 2013/14 is £1.64m and work is ongoing to review the schemes.</p> <p>The Trusts cash balance at the end of December 2013 was £4.6m, which is £0.2m lower than the position at the end of November 2013.</p> <p>The Committee received the Month 9 Cost Improvement Programme (CIP) report which forecast a CIP delivery of £3.6m against a 2013/14 target of £3.5m, an excess of £0.1m. The Committee noted that the report is currently showing the delivery of recurrent savings of £3.2m and £0.3m non-recurrent.</p>	



	<p>The Committee received a paper relating to the Trusts 2014/15 contribution to NHS Litigation Authority (NHS LA) insurance scheme. It was noted that there is a 15% increase in the required contribution compared to the 2013/14 value. This increase resulted from both a general national rise in contributions and from a rise in the Trusts claims history. A 10% reduction is applied to recognise the Trusts accreditation against the NHS LA Risk Management Standards Level 1.</p> <p>The Committee requests that the Trust Board agrees its recommendation for the Trust to stay within the NHSLA Insurance Scheme for 2014/15.</p> <p>The Board approved this recommendation.</p> <p>Mr Gadsby reported on the lease for additional Ashtenne Units which the Board approved a couple of months ago. The Trust has had to re-negotiate the terms of the lease as there has been a slight increase in the lease amount. The committee recommend that the lease is signed and sealed at the new level.</p> <p>The Board approved this recommendation.</p> <p>Mr Lappin informed the Board that the issue of the CQUIN non payment for the first quarter has been resolved and the Trust has received full payment.</p> <p><i>Mrs Johnson queried the proposals on capital spend and raised concerns regarding if the lack of capital spend is affecting patient care if the schemes are not approved?</i></p> <p>Mr Gadsby provided assurance that non approval of schemes is not affecting patient care. The capital scheme bids which are submitted relate to service developments and not improving current services.</p> <p>Mr Lappin reported that a capital plan is being developed for the next 2 years so that the Trust can plan how these funds will be spent.</p>	
	<b><i>Received/ approved</i></b>	
<b>13/2014</b>	<b>Performance Report – Month 9 2013/14</b>	

	<p>Mr Lappin, Director of Finance, presented this report which provides the Board with a summary of performance to the end of Month 9.</p> <p>The Trust is not reporting any indicators as red at month 9 and 4 indicators from 133 are amber.</p> <p>The Chair acknowledged the good position of the Trust in respect to performance and thanked all those involved for the continued hard work.</p>	
	<b><i>Received</i></b>	
<b>14/2014</b>	<b>NHS Trust Development Authority</b>	
	Mr Lappin, Director of Finance, presented for approval the monthly NDTA self certification document which declared compliance with all requirements.	
	<b><i>Approved</i></b>	
<b>15/2014</b>	<b>Progress Report on Transaction</b>	
	Mr Lappin, Director of Finance, presented this report which provides an update on the transaction. The Clinical Summit held on 22 January was very well attended by our clinicians and senior managers, the focus was on aligning the Trust's Clinical Strategy with the Commissioning Intentions of local commissioners. A key issue was a need to further integrate services across the whole Health Economy. The constructive discussions at the Summit will inform a joint paper that is being prepared on the Strategic Direction; this will also inform the next steps of the Transaction process.	
	<b><i>Received</i></b>	
<b>16/2014</b>	<b>Audit Committee Report</b>	
	<p>Mrs Johnson, Non-Executive Director, presented this report which provides a summary of the recent meeting of the Audit Committee held on 15 January 2014.</p> <p><b>Baker Tilly Internal Audit Progress Report – January 2014</b> The committee received a paper summarising the progress made against the internal audit plan for 2013-14. The committee was assured that the audit programme remained on target.</p>	

	<p>The reports considered by the committee were:-</p> <ul style="list-style-type: none"> <li>• Contract Management – opinion: Red (recommendations are being addressed)</li> <li>• Risk Review Group – opinion: Advisory</li> <li>• Governance Reporting Structures and Information Flows – opinion: Green</li> <li>• Local processes for asset management – opinion: Green</li> <li>• Local processes for cash management – opinion: Green</li> <li>• Trust's local processes within the area of payroll – opinion: Amber/Green</li> <li>• Cost Improvement Processes – Quality Impact Assessment Process – Opinion: Advisory.</li> </ul> <p>The committee also discussed the audits in progress that will be completed by the end of March 2014. Work is underway in respect to meetings with key personnel to discuss and agree key priority areas for the 2014/15 Audit Plan.</p> <p><b>Local Counter Fraud Service (LCFS) Progress Report</b> The committee received a progress report against the work plan agreed at the committee in May 2013. The report provided key findings from the work undertaken and status update of ongoing reactive and proactive work by the team. Overall, there was assurance that the work plan is progressing well and is on target for completion by year end.</p> <p><b>Patient's Property Procedure</b> The committee approved the Patient's Property Procedure which had been revised to include a paragraph that makes clear how income should be managed when received at ward or department level.</p> <p><b>Single Tender Waiver report</b> Mr Gadsby reported that at the meeting, the committee received a single tender waiver report, it was noted that the number of single tender waivers has reduced and there is greater control in relation to this.</p>	
	<b>Received</b>	
<b>17/2014</b>	<b>Declarations of Interests</b>	
	<p>Mrs Storey presented the declaration of interests register and reported that since the report was circulated there have been some further changes.</p>	

	<p>It was noted that there is a separate register held by the Board Secretary for non-voting Board members.</p> <p>Dr Tattum informed the Board that he is a Board member of Arena Medical and this will be noted accordingly.</p> <p>Mrs Storey noted that a further report on declarations will be presented to the Board as part of the Trust's annual report.</p>	
	<b><i>Received</i></b>	
<b>18/2014</b>	<b>Register of Sealed Documents</b>	
	<b><i>Received</i></b>	
<b>19/2014</b>	<b>Charitable Funds Annual Report and Accounts 2012/13</b>	
	Mr Lappin, Director of Finance, presented the Charitable Funds report and accounts for 2012/13. The Trust's External Auditors have reviewed and approved the accounts and also the Trust's Charitable Funds Committee and Audit Committee.	
	<b><i>Approved</i></b>	
<b>20/2014</b>	<b>People and Culture Development</b>	
	<p>Mrs Donovan, Deputy Chief Executive, presented the summary reports from the People and Culture Development Committee meetings which took place on 16 December 2013 and 13 January 2014.</p> <p><b>16 December 2013</b> The meeting was a "Dragon's Den" based session which was designed to promote innovation and development across the Service Lines and Corporate Services. The committee received presentations on 9 different schemes.</p> <p>Mrs Donovan reported that Mr O'Hagan has enabled a partnership with Staffordshire University to deliver some of the technological ideas which were supported through the meeting on 16 December.</p> <p>The Chair stated that he is pleased that the Trust is working in partnership with Staffordshire University.</p> <p>Mrs Storey commented that there are some Charitable funds available that may be able to support some of the schemes. Mr Gadsby said that he understood this was being progressed.</p>	

	<p><b>13 January 2014</b></p> <p><b>Patient Level Information Costing System (PLICS)</b></p> <p>The Committee received a presentation from the finance team on PLICS, which is a key component in the support of service line management.</p> <p>The aim is that all services are fully and properly costed.</p> <p><b>Workforce Service Line Performance – October 2013</b></p> <p>The Committee reviewed each of the service lines in respect to performance around key workforce indicators. All presented reports which included information in respect to sickness levels and compliance with statutory and mandatory training. Performance in Service Lines on Mandatory training continues to improve. A key priority for the Committee is focussing on vacancy management.</p> <p><b>Trust Strategic Training Plans for 2014/15</b></p> <p>The Committee received the strategic training plan for 2014/15 for approval by the committee. As part of the annual training needs analysis, senior managers, trainers and specialists within the Trust were invited to submit strategic training projects. These are training projects that cross a number of teams and service lines and that clearly link to business priorities.</p>	
	<b>Received</b>	
<b>21/2014</b>	<b>Learning &amp; Development approaches for support workers</b>	
	<p>Mrs Donovan presented the proposal for the learning and development for support workers. The Trust currently has around 340 Health Care Support Workers which equates to a fifth of the Trusts workforce.</p> <p>Ms Harvey commented that she absolutely welcomes the proposal and stated that the term 'un-qualified' should be abolished.</p> <p><i>Ms Gadsby asked if an assessment on the costs for training has been carried out?</i></p> <p>Mrs Donovan responded that the costings have been reviewed at People &amp; Culture Development Committee and the Executive meeting. There is some external funding from Health Education West Midlands and the costs for 2014/15 are fully funded.</p> <p>The Chair stated that this is incredibly important in terms of</p>	

	service user experience. The report is excellent. If the Trust can help Health Care Support Workers to fulfil their potential this will make a profound difference.	
	<b>Received</b>	
<b>22/2014</b>	<b>Improving Workforce Safety</b>	
	<p>Mrs Donovan presented the above report which details the approach that the Trust is taking in order to improve workforce safety and to identify, implement and embed initiatives to reduce the number of staff assaults upon staff.</p> <p>Ms Harvey commented that the Trust should not lose sight of assaults on staff and the chronic level of violence against staff working at Chebsey Close. Staff should feel valued and violence should not become a daily occurrence.</p> <p>Mr Sullivan stated that staff are aware of the process to report assaults which is positive. The organisation does have an understanding of the levels of assaults. As a Board we should not focus only on the number of assaults but put more emphasis on separating out the different types of issues.</p> <p>Mrs Donovan reported that a lot of work has taken place over the last years in relation to encouraging staff to report incidents.</p> <p>Mr Gadsby commented that the Trust has invested in a new incident reporting system which is currently being rolled out across the Trust.</p> <p>It was agreed to have a report on the implementation of the new system in 3 months once the roll out has been completed.</p>	<b>Mrs Donovan</b>
	<b>Received</b>	
<b>23/2014</b>	<b>Questions from the public</b>	
	There were no questions posed from members of the public.	
<b>24/2014</b>	<b>Any other business</b>	
	There was no other business to be discussed.	
<b>25/2014</b>	<b>Date and time of next meeting</b>	
	The next public meeting of the North Staffordshire Combined	

	Healthcare Trust Board will be held on Thursday, 27 February 2014, at 10:00am, in the Boardroom, Trust HQ.	
<b>26/2014</b>	<b>* Motion to Exclude the Public</b>	
	The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12:45pm

Signed: \_\_\_\_\_

Date\_\_\_\_\_

Chairman

### **Board Action Monitoring Schedule (Open Section)**

Trust Board - Action monitoring schedule (Open)					
<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
31-Oct-13	262/13	Acquired Brain Injury outline business case to be reviewed to further refine the financial calculations and the preferred location.	Mr Lappin/ Mr Rogers	27-Feb-14	Mr Rogers informed the Board a site has been identified but further work is being carried out to refine the business case.
31-Oct-13	262/13	Tier 4 Outline business case - further work required to move this onto the next stage.	Mr Lappin/ Mr Rogers	on-going	Mr Rogers reported that the Trust is awaiting the NHS England Review of tier 4 services prior to undertaking further work on this business case
31-Oct-13	264/13	Performance Report - re-admissions to be considered in terms of how re-admissions are treated/ counted to be explored further and reported back in due course.	Mr Lappin/ Mr Rogers/Dr Adeyemo	27-Feb-14	Mr Rogers informed the Board a site has been identified but further work is being carried out to refine the business case.
31-Oct-13	264/13	Board to review and drill down on the performance information on a quarterly basis.	Board members	on-going	
28-Nov-13	391/13 (a)	Government response to Francis - CEO to give thought as to how best to keep the Board updated on this issue.	Ms Myers/ Mrs Wilson	27-Mar-14	
28-Nov-13	391/13 (b)	Meeting with UHNS to discuss integrated care, Board to be kept up to date on the discussions being taken forward in relation to this.	Ms Myers	on-going	Mr Rogers informed the Board that a meeting has taken place to discuss shortened stays relating to patients in the University Hospital of North Staffs who may have mental health needs. A further meeting is scheduled for 14 February to discuss this further with colleagues at the University Hospital of North Staffs.
30-Jan-14	22/2014	Improving Workforce Safety report - a report on the implementation of the new Incident Reporting system will be submitted to the Board 3 months once the roll out has been completed	Mrs Donovan	24-Apr-14	



## REPORT TO: Open Trust Board

<b>Date of Meeting:</b>	Thursday 27 February 2014
<b>Title of Report:</b>	Deputy Chief Executive's Report to the Trust Board
<b>Presented by:</b>	Mrs Caroline Donovan
<b>Author of Report:</b> <b>Name:</b> <b>Date:</b> <b>Email:</b>	Caroline Donovan, Deputy Chief Executive Caroline Donovan 20 February 2014 <a href="mailto:Caroline.donovan@northstaffs.nhs.uk">Caroline.donovan@northstaffs.nhs.uk</a>
<b>Purpose / Intent of Report:</b>	<ul style="list-style-type: none"> <li>• For Information</li> </ul>
<b>Executive Summary:</b>	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.
<b>Which Strategy Priority does this relate to:</b>  <b>How does this impact on patients or the public?</b>	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• <del>IM and T Strategy</del></li> <li>• Governance Strategy</li> <li>• <del>Innovation Strategy</del></li> <li>• <del>Workforce Strategy</del></li> <li>• <del>Financial Strategy</del></li> <li>• <del>Estates Strategy</del></li> </ul>
<b>Relationship with Annual Objectives:</b>	To ensure safe provision of clinical services
<b>Risk / Legal Implications:</b>	N/A
<b>Resource Implications:</b>	N/A
<b>Equality and Diversity Implications:</b>	N/A
<b>Relationship with Assurance Framework [Risk, Control and Assurance]</b>	N/A
<b>Recommendations:</b>	To receive this report for information

# North Staffordshire Combined Healthcare Trust

Deputy Chief Executive's Report to the Board of Directors  
27 February 2014

## 1. PURPOSE OF THE REPORT

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

## 2. DEVELOPMENTS IN MENTAL HEALTH, LEARNING DISABILITY AND SUBSTANCE MISUSE SERVICES

The Trust and the Clinical Commissioning Groups [CCGs] for Stoke on Trent and North Staffordshire will be undertaking a six-month review to further improve the integration of mental health, learning disability and substance misuse services with physical health and social care services.

The review will be undertaken working closely with service users and carers, the Patients' Congress established by the CCGs, GP practices, local NHS trusts - University Hospital of North Staffordshire NHS Trust (UHNS) and Stoke on Trent and Staffordshire Partnership NHS Trust (SSOTP) - Social Services in Stoke on Trent and North Staffordshire and third sector partners including Brighter Futures, Changes and MIND.

The Trust has agreed with the CCGs and with the NHS Trust Development Authority [TDA] that further work on options for future sustainability of services should pause for six months while the service review is carried out. Over the next six months, there will be a real focus on the development of integrated care pathways and clinical models, building on work already underway in many of our service areas.

## 3. MENTAL HEALTH CONCORDAT – DEPARTMENT OF HEALTH PUBLICATION

The first Mental Health Concordat has been launched which sets out shared national principles to bring together a multi-agency response to individuals in mental health crisis.

The concordat, which has already been signed by 22 organisations including NHS England, the Association of Chief Police Officers and the Royal College of Psychiatrists, sets out the standards of care people should expect if they suffer a mental health crisis and details how the emergency services should respond.

It challenges local services to make sure beds are always available for people who need them urgently and also that police custody should never be used just because mental health services are not available. It also stipulates that police vehicles should not be used to transfer patients between hospitals and encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe.

The Concordat core principles and outcomes are:

- Access to support before crisis point.
- Urgent and emergency access to crisis care with the explicit recognition that police officers should not have to consider using police custody as an alternative just because there is a lack of local mental health provision, or unavailability at certain times of the day or night.
- The right quality of treatment and care when in crisis.
- Recovery and staying well, and preventing future crises.

Further information is available on the Department of Health website here  
<https://www.gov.uk/government/news/better-care-for-mental-health-crisis>

#### **4. DEVELOPMENTS IN THE CRIMINAL JUSTICE AND MENTAL HEALTH TEAM'S SERVICES**

The CJMHT Liaison and Diversion Project, which was launched in June 2012 on a two-year pilot, has been allocated additional funds from NHS England to develop the service for another 12 months. The pilot aims to support people who come into contact with police, who also have mental health issues. It was initially funded by the Department of Health enabling two Community Psychiatric Nurses (CPNs) based at the Northern Area Custody Facility on Festival Park, seven days per week from 9am – 5pm. By being available on site, they are able to provide both a timely mental health assessment at the point of arrest and support for offenders with mental health issues.

Statistics gathered over the course of the project have demonstrated a sharp fall in reoffending by persistent offenders with mental health issues, as a result of being correctly assessed and given treatment and support where required. The first year of the pilot was regarded as a success, with a 42% reduction in reoffending within three months by those who have been seen by a CPN.

The pilot is also being extended out of the custody facility, into the community, through the Community Triage Service. The Community Triage Team (CTT) consists of a CPN and a Police Officer who are also based at Northern Area Custody Facility in Etruria, in the same office as the Liaison and Diversion CPNs. This project is funded until the end of August 2014 and provides 2pm until 2am CPN cover, 7 days per week (without exception) to the policing unit. The CTT role is to assist police officers in their decision making relating to individuals who present with mental health issues and to encourage least restrictive options, including a reduction in the number of unnecessary Section 136s.

Additional funds are being released to further develop the new Community Triage service through the establishment of a Support Time Recovery Worker (STR) within the CTT. The aim of this role is to intensively follow up offenders to promote engagement in services up to 14 days following assessment by the CTT.

This work, which has been led by Julie Elden, Team Leader of the Criminal Justice Mental Health Team, demonstrates the excellent relationship the Trust has with Staffordshire Police. It is making a difference not only in supporting police colleagues but most importantly to those people whose first contact with mental health services is via the Police Service.

#### **5. SENIOR MANAGEMENT APPOINTMENTS**

We are delighted to announce the appointment to three senior roles within the organisation.

- Dr Joanne Barton has been appointed as the Clinical Director to the Children's and Young People's Division. Dr Barton is a CAMHS Psychiatrist.
- Dr Richard Hodgson has been appointed as the Associate Director of Research and Development. Dr Hodgson is an Adult Psychiatrist.
- Mr Ian Ball has been appointed as Head of Estates, he is joining us from Bridgewater Community Healthcare Trust.

## **6. LEARNING DISABILITIES SERVICE LAUNCHES MEMORY CLINICS**

Our Learning Disability Service has recently launched a Memory Clinic. Advances in medical and social care have led to a significant increase in the life expectancy of people with learning disabilities. Understanding the effects of ageing among this group – including the increased risk of developing dementia - has therefore become increasingly important.

People with a learning disability are at greater risk of developing dementia at a younger age - particularly those with Down's Syndrome. They:

- often show different symptoms in the early stages of dementia
- are less likely to receive a correct or early diagnosis of dementia and may not be able to understand the diagnosis
- may experience a more rapid progression of dementia
- will require specific support to understand the changes they are experiencing, and to access appropriate services after diagnosis and as dementia progresses.

The service, which is provided once a month at Dragon Square, takes referrals from GPs and other team members. It provides multidisciplinary assessment for patients suspected of memory problems.

## **7. HEALTHCARE SUPPORT WORKER TRAINING PROGRAMME**

The Trust is planning to deliver a development programme for support workers starting in the new financial year.

The programme is one of the ways we have taken forward important recommendations from the Francis, Berwick, Cavendish and other related reports.

This programme will be approximately five days in length and will cover all of the major themes recommended in the minimum standards for support staff. The programme will also introduce other learning, development and support mechanisms for support workers.

We intend to deliver the programme to 200 staff in 2014/5 and to the remainder of the support workforce the following year.

## **8. ASTON TEAM DEVELOPMENT PROGRAMME**

As a Trust, we are committed to developing our staff at all levels and, in 2014/15, we will be taking forwards a Leadership Programme with teamleaders, including the Executive Team, called the Aston Team Development programme.

The evidence based Aston work has demonstrated the clear link between effective team work and service user outcomes.

This programme is evidence based and responds to the challenging NHS environment with an emphasis on developing even more effective teams in order to deliver objectives, share good practice and enhance cross team and cross organisational working.

The programme will build on work done in the Striving for Excellence programme and the Team Charters and will be action-orientated. Team leaders at all levels will guide their team members through initial review, relevant team development activities and ensure that plans are in place to monitor and sustain team effectiveness.

Through attendance at a series of workshops delegates will be introduced to a number of team assessment and development tools and provided with support to use these. Team leaders will be expected to develop before and after measures to evaluate how well they are working together as a team as the programme rolls out.

The Executive Team considers this development initiative to be a high priority for the coming year and this will be reflected in a team empowerment CQUIN reflecting the outcomes of team development in relation to patient care.

## **9 DEVELOPMENT OF STRATEGIC AND OPERATING PLANS**

The Trust is currently working on a 5-year Strategy and 2-year Operating Plan. These are being developed in liaison with our Commissioners and are to be submitted to the National Trust Development Authority (TDA) for the beginning of March 2014. Further iterations will continue to be developed in line with the TDA timetable.

## **10 CLINICAL PATHWAY DEVELOPMENTS**

Following a very successful Clinical Summit on 22 January 2014, the Trust has agreed with our Commissioners and the TDA that we will be undertaking further work on the development of clinical pathways. The Director of Finance report on the update on the transactions process gives further information.

Caroline Donovan  
Deputy Chief Executive  
21 February 2014

### REPORT TO: **Trust Board**

Date of Meeting:	27 February 2014
Title of Report:	Summary of the Quality Committee meeting held on the 18 February 2014
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 20 February 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For decision / assurance</li> </ul>
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 18 February 2014.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy -</li> <li>Governance Strategy</li> </ul>
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	<ul style="list-style-type: none"> <li>To note the contents of the report</li> <li>Ratify the policies highlighted in the report</li> </ul>

## **Key points from the Quality Committee held on the 18 February 2014 to raise at the Trust Board meeting on the 27 February 2014**

### **Introduction**

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

### **Director of Quality Report**

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

- **2014/15 CQUIN Guidance for national CQUIN Schemes** – this was reported to the last meeting of the Quality Committee in respect to the Trust's response to the national CQUIN programme that was published in December 2013. Work is currently ongoing in this regard by clinical and commissioning colleagues and will be reported back to the committee once available.
- **Closing the Gap** – priorities for essential change in mental health – there are 25 aspects of mental health care and support where government, along with health and social care leaders, academics and a range of representative organisations, expect to see tangible changes in the couple of years. The health and social care community are expected to go further and faster to transform the support and care available to people with mental health problems, both for children and adults. Further information will be reported to the committee in due course.
- **Clinical Summit** – a mental health summit was held on the 22 January 2014, which resulted in agreement to take forward work with commissioners about care pathways and clinical models required to deliver the CCGs agenda of integration between physical and mental health services and between health and social care. Work is progressing and will be reported back to the committee.
- **Appointment of Trust Research and Development (R&D) Director** – Dr Richard Hodgson has been appointed to this post and will work across the Trust alongside the R&D team to further drive research and innovation. Dr Hodgson will also work with external networks for research across the region.
- **Quality Account 2013-14** - the committee received a draft project timeline setting out how this important piece of work will be managed and presented to both the Quality Committee and Audit Committee over the coming months.

### **Policy Review**

Mrs Storey presented the policy report and made recommendations to the committee for ratification by the Trust Board as follows:

- **Commercial Research Policy** – policy reviewed and updated and the recommendation to ask the Board to approve this for a further 3 years was supported.
- **PALS and Complaints Policy (Listening and Responding)** to be extended for a further month while work is ongoing.

### **Integrated Quality Report - Quarter 3 2013-14**

The committee discussed the contents of this report and welcomed the executive summary setting out the key themes and trends with a link to those wishing to review the full report. It was agreed that the key outputs from the Quality Committee would help to inform these future reports.

### **Divisional reports**

The committee reviewed the reports which included a range of information including incidents, complaints, and risks since the last report to the committee. Mr Rogers commented on the Child and Adolescent Mental Health Services in respect to capacity, leadership and increased demand, which has impacted on those wishing to access the service. It was noted that a new Clinical Director (Dr Joanne Barton) has been appointed and is currently completing a review of the service, including ways of working, and will be presenting a report to the committee articulating particular areas of concern and mitigating actions

Dr Udeze discussed the potential quality and potential risk in his service in respect to the uncertainty about the long term funding for RAID. The detail about the potential risks to quality will need articulating by the team and presented to the committee in due course. It was also agreed that there would be a further discussion about funding at the Finance & Activity Committee meeting.

On behalf of the Clinical Director, Mr Ben Boyd updated the committee on progress to mitigate the risks identified on their risk register. It was noted that the actions taken to reduce ligature risks had reduced the risk score and that this should come down further with the implementation of policy and further training. The planned fencing solution for ward 1 was discussed and it was agreed that this would be reviewed again in order that the committee are assured that this is the most appropriate solution for this area, in addition to considering any other wider environmental issues.

### **Safe Staffing Review**

Mr Laing noted that the report on the safe staffing review had been undertaken and presented to the Trust Board in January 2014. This paper set out the process followed, expectations and findings. The Trust Board supported and acknowledged the process followed, particularly in the absence of a nationally mandated tool. The acuity will be measured again in March with a report back to the committee in April 14. The Chair supported the work continuing in the absence of national guidance at this stage.

### **Month 10 Report on Quality Risks**

Committee members considered the principal risk report for quality risks at Month 10, noting the risk treatment plans that are in place. This was discussed alongside the divisional reports in respect to their risks that are either emerging or require escalation (such as the increasing demand and pressure on services that would be considered following receipt of more detailed information from the divisions).

### **Performance Quality Management Framework Report (PQMF) month 10**

Committee members reviewed the month 10 report and were assured that performance against the Monitor compliance framework and key national targets, are all on target. A range of 133 metrics are in place to monitor performance. There were no areas reported as significantly under-reporting (red) and 2 were assessed as under-performing (amber), which is an improving picture.



The committee discussed the mitigating action plans in place to improve performance for these particular metrics and assurance in respect to the final year end position.

### **CQC & MHA visits Log**

The committee discussed the register noting where visits had taken place and timescale for Trust responses. It was agreed that this would be presented again to the committee to review alongside the overarching action plan

### **Review of complaints Process and Procedure**

It was noted that work was progressing well on the review of the Trust's process for handling complaints, which was taking account of the national reviews / inquiries (such as Clwyd and Hart). This work is informing the policy which is almost complete and will be presented to the committee in March 2014. It was agreed that the current policy would be extended by a further month to take account of this work.

### **Annual Statement of Fire Safety**

The committee received for information the declaration for fire safety approved by the Deputy Chief Executive for the year January 2013 – December 2013.

### **Domain Updates:**

The committee discussed each of the domain reports in respect to:

- **Patient safety** – The committee noted the incidents that had occurred in the community and discussed how cases are managed so the committee are assured about the assessment of risk when patients do not attend appointments. Committee members also discussed the safeguarding report which noted that there had not been a meeting in February 2014 due to operational commitments of the safeguarding lead. It was agreed that this would be reviewed outside of the committee and addressed accordingly. Committee members were also assured that the issues regarding reporting on the new safeguard incident system have now been addressed.
- **Clinical effectiveness** – which included updates against CQUIN targets, data quality initiatives and progress against the Research & Development programme of work. The Committee also received and approved the revised terms of reference for the Trust Health Records group and a report on access to health records for requests made under the Data Protection Act 1998. Committee members discussed progress against CQUIN targets and the potential risks to delivery for those rated as amber. The Director of Nursing Karen Wilson advised that she would prepare a report for the committee that will provide further information on the assurances that are being provided in support of the Physical Health CQUIN.
- **Organisational safety and efficiency** – which included information on the analysis of incidents, progress against the Information Governance Toolkit and the quality assurance process for Cost Improvement Schemes.
- **Customer focus** - which included further information of the Root and Branch review of complaints, updates against CQUIN targets, reports from the Care Programme Approach development group, and Trust membership statistical and monitoring report. The

committee also discussed the board to ward visits and how the reporting and analysis of this is being developed.

**Duty of Candour Position Statement**

The committee received a position statement as at February 2014 for the Trust compliance and implementation of the contractual Duty of Candour in respect to patient safety incidents graded moderate, major and catastrophic. This highlighted the work undertaken to ensure compliance and work that is ongoing to develop this further.

**Serious Incidents Quarter 3 2013-14**

The committee received this report which summarised statistical and trend detail of serious incidents requiring investigation for the period October 2013 – December 2013. The Quality Directors advised that they would undertake a piece of work with the Patient and Organisational Safety Team to develop this report further in considering what information and action we take from the report, alongside the impact of incidents and how this might help to develop and inform future reports.

**Meeting dates for 2014-15 and Cycle of Business**

The committee received the dates for the coming year which were approved. The cycle of business will be developed accordingly by the Trust Secretary and Quality Directors.

**Next meeting: 18 March 2014, 2.00pm**

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

Sandra Storey  
Trust Secretary / Head of Corporate and Legal Affairs  
20 February 2014

**REPORT TO: Open Trust Board**

Date of Meeting:	27 February 2014
Title of Report:	Report from the Risk Management Committee
Presented by:	Mrs B Johnson, Chair of the Risk Management Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 14 February 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For decision / assurance</li> </ul>
Executive Summary:	<p>This report provides a summary of the Risk Management Committee meeting held on the 12 February 2014</p> <ul style="list-style-type: none"> <li></li> </ul>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy -</li> <li>Governance Strategy</li> </ul>
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Risk Management is an integral part of the Trust's Board Assurance Framework and informs the Annual Governance Statement
Recommendations:	To note the contents of the report and approve the revised Risk Management Policy and Strategy

## **Risk Management Committee Report to the Trust Board of the meeting held on 12 February 2014**

### **Welcome and Introductions**

The Chair of the committee, Bridget Johnson Non Executive Director, welcomed Karen Wilson, Director of Nursing & Quality, and Patrick Sullivan, Non Executive Director to their first meeting of the Trust's Risk Management Committee.

### **Report from the Risk Review Group**

Mr Lappin and Mr Sargeant provided the committee with an update from the meetings held by the Risk Review Group in November and December 2013, and January 2014.

In respect to the Risk Review Group Terms of Reference it was noted that at the January 2014 meeting it was agreed that the corporate, divisional and service line risk management structures were significantly more robust than had been the case 12 months ago. It was proposed that the future meetings should move to being held no less than 6 times a year, rather than monthly. This was approved by the Risk Management Committee.

During November 2013 – January 2014, the Risk Review Group also received updates against the operational risk register, specifically divisional and corporate risks with the detail of mitigating actions taking place. It was noted that work is being done to address issues in the children's division. The report also highlighted the continuing work on ligature risk reduction and that the issues with the pipework at Harplands Hospital is on the divisional risk register and is being closely monitored.

The Risk Management Strategy and Policy was reviewed the group at the January 2014 meeting. The documents were updated to reflect recent changes to the Trust's Risk Management process, mainly to changed job roles, an enhanced risk management flowchart and the withdrawal of the national NHSLA accreditation process. Following this review it was recommended that the Clinical Risk Policy should be receive similar scrutiny to ensure consistency is maintained.

The Risk Review Group also received the final report from Baker Tilly's observational audit of the Risk Review Group towards the end of 2013. Two meetings were observed by auditors and very positive feedback on the strength of the Trust's risk management processes was given including acknowledgement that the auditors were able to see the steps taken by management to ensure that risk management is embedded into the culture of the organisation.

### **Q3 2013-14 Principal Risk Register**

Mr Sargeant presented the paper and noted that each of the principal risks, its ratings and its mitigating actions had been reviewed in detail by the director leads leading to a refreshed version of the Register. It was agreed that for Q3 there had been ten principal risks (two less than for Q2) plus three additional risks escalated from the Operational Risk Register:

- Potential for significant financial impact in future years as a result of uncertainty over future model of LD services;
- Potential latent defect in the pipework serving Harplands Hospital which could cause harm to patients and staff and impact on patient care if a failure occurs;

- Risk of patients using ligature points in in-patient units at Harplands Hospital resulting in potential harm.

Committee members reviewed the Principal Risk Register and discussed at length the risks being presented at Q3 and the respective mitigations in place. The group discussed the level of assurance in place and ongoing discussions required by the Board on acceptable levels of risk.

In terms of future developments, it was agreed that the committee would take a more forward look in respect to risks rather than focus on considering them retrospectively. The committee also discussed known risks, such as failure to secure commissioner confidence in the alignment of plans and that this should be included more explicitly on the Register. Assurance was given that work on the Q4 2013-14 Principal Risk Register is underway and the Executive Team are currently considering the residual risks that will inform the Q1 2014/15 Principal Risk Register.

### **Annual Review of Risk Management Strategy and Policy**

It was noted that these documents were last reviewed in November 2012. Although they do not expire until 2016 a number of minor changes have taken place to the Trust's Risk Management process since the last review which required reflecting in both the policy and strategy accordingly. As noted earlier, these documents were reviewed and updated by the Risk Review Group at its meeting on the 6 January 2014.

The committee considered these documents and recommended ratification by the Trust Board for a period of a further 3 years with the usual annual review to ensure they remain fit for purpose.

### **Cycle of Business**

A cycle of business has been developed for the committee and will be reviewed at each meeting thereby ensuring it is reflective of the key business priorities for the committee.

### **Next meeting**

9 April 2014. Any emerging issues will be reported to the Trust Board ahead of the committee, as necessary.

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

## REPORT TO: Trust Board (open)

Date of Meeting:	27 February 2014
Title of Report:	Q3 Principal Risk Register Report 2013/14
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 14 February 2014 Glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For review and approval</li> </ul>
Executive Summary:	<p>The enclosed principal risk register was discussed by the Risk Management Committee at its meeting on the 12 February 2014</p> <p>As noted at the meeting, further changes to the Principal Risk Register are currently being discussed by the Executive Team in preparation for the Q4 refresh later this month (February); e.g. PR5 will be updated looking towards the 2014/15 Cost Improvement Programme and the risk description for PR9 will be amended to better reflect the current situation.</p> <p>The Q1 2014/15 Principal Risk Register will be reviewed by the Executive Team during March 2014 and will be submitted to the April 2014 Risk Management Committee meeting.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> </ul> <p>Robust risk management supports the effective delivery of safe and high quality services.</p>
Relationship with Annual Objectives:	The Risk Management Framework measures and facilitates the management of risk across all annual objectives.
Risk / Legal Implications:	Addressed by this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with	The Risk Management Framework is a key control

Assurance Framework [Risk, Control and Assurance]	within the Assurance Framework.
Recommendations:	To consider the attached report for discussion and assurance purposes

2013/14 Principal Risk Register - Q3 (DRAFT)											
Ref	Strategic Risk	Annual Objectives	Controls	Lead	Impact	Likelihood	Gross Risk	Impact	Likelihood	Residual Risk Q3	2013/14 Mitigation Plans
STRATEGIC PLANNING											
1	<b>Failure to maintain clinical effectiveness and operate safe clinical services:</b> The Trust fails to develop an outcome focus which is integral to clinical practice; Fails to implement methods to assess clinical effectiveness; Fails to assess outcomes; Fails to deliver services that improve outcomes; failure to implement robust and safe clinical services, fails to deliver a culture where patient safety is continually reviewed and improved; failure to maintain infection prevention & control: failure to safeguard children & vulnerable adults.	1,2,3,4,5,6,7,10	15, 18, 20, 22, 27, 32, 34, 52, 53, 55, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 111, 124, 127,	Med Director/Dir Nursing & Quality	5	3	15	5	1	5	Trust level and team level outcome measurement framework established and will continue to be enhanced moving forward. Full implementation of the new processes to learn from disparate quality systems in an integrated manner. External quality reports (e.g. DoH, TDA, CQC) are viewed alongside internal performance reports to ensure the Trust is on track in the key areas. Service Line Management / Reporting - Local focus on compliance and safety established. (Dir of Leadership & Workforce) Increased focus on quality & governance is in place at divisional level – e.g. Q&G leads and Q&G infrastructure built in to the wider Divisional Governance Framework Data Quality arrangements are continually monitored and enhanced where possible (Dir of Finance). As a result of the Phase 2 public consultation, investment in additional community support has been established to support more patients to be supported within the community. Home treatment team & Crisis Resolution work closely with acute wards to facilitate discharge & ensure by providing timely interventions that support admission avoidance where appropriate and embed the 'recovery model' of care for users and their carers . Significantly more robust divisional and service line risk management structures are now in place. Enhanced community teams in AMH and NOAP. Some staff have been moved from community to inpatient settings in order to reduce the need for bank usage. In NOAP enhancements to the community service have led to a reduced demand for user beds.
2	<b>Failure to develop a fit for purpose clinical strategy and OBC in partnership which underpin the future direction for the Trust:</b> The Trust fails to develop appropriate and effective, or develops undeliverable, OBC and clinical strategy.	4,6,7	1, 2, 3, 4, 5, 6, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 38, 40, 43, 44, 45, 48, 59,	Chief Executive	4	3	12	4	2	8	An options paper was developed by the Board and submitted to NHS West Midlands in December and also shared with the NDTA in April to seek an acquirer in order to achieve FT authorisation. In The impact of the long term financial challenges faced by the Trust (and the financial challenges within the economy) means that the Trust is financially unviable as astand- alone FT. The Trust is working with the NDTA to support the Trust in seeking the optimal solution in becoming an FT with a partner organisation. The Trust has developed a clinical service strategy. The Trust, supported by the Special Projects Team, is developing an OBC for submission to the TDA for approval in January 2014. This will meet the requirements of the first two of the four gateway requirements of the transaction process. Within the LHE, the CELG group meet to align plans and the development of strategy across the economy with a commitment to a 'whole system' approach to service redesign and transformation. A local commissioning board, chaired by CCGs, meets monthly - Trust representatives are Director of Finance and Medical Director. In addition there is a sector wide QIPP board that meets quarterly;- Other key meetings are; • LAT CEO meetings (bi-monthly) • Partnerships Boards meet monthly • MD meet bi-monthly with all providers MDs• ND meets with DoN (LAT) monthly • Planned visits with users/carers groups by MD/ND (monthly) • MD/ND/CDs meets with MH leads (monthly) • MD attends LMC (bi-monthly) • CEO meets MH CEO's (quarterly) from West and East Midlands. The Trust continued strategic focus is to support the integration of MH/LD services with local partners/providers and facilitate the development of proactive partnership working, where it will improve the outcomes of users. . Through this group there are discussions over future service specifications within resources available locally.. Internally we have established a PMO that supports the transaction process.
3	<b>Failure to manage potential risks associated with the transaction:</b> The Trust fails to maintain safe clinical services through the transaction process; fails to maintain leadership capacity and capability though the transaction.	1,2,3,4,5,6,7,8,9,10, 11	2, 4, 5, 15, 20, 27, 28, 29, 32, 33, 39, 59, 60, 61, 64, 65, 66, 68, 69, 70, 71, 72, 73, 74, 75, 76, 87, 89, 124, 128	Chief Executive	4	3	12	4	2	8	People and Cultural Development Committee has been established to support a more focussed approach to people and cultural development - Plenary sessions with staff on a regular basis support staff engagement; key part of sessions relates to organisational transition. Staff Involvement and Engagement Strategy - Senior management team, divisional and service line meetings ensure a focus is maintained in key decision making. - Friends and Family Test for staff is being continued throughout 2013/14continue to invest in Leadership Development, education & training and talent management, developing and promoting our vision and values for the organisation - Trust continues to involve staff through robust communication of future organisational changes (e.g. plenary sessions, 1:1 staff meetings, newsletters, SID) - Team development programme, Team Charter and Staff Involvement & Engagement Strategy have been developed and are being introduced - Maintaining monthly 'spotlight' programme, organisational health checks and annual REACH Award scheme - Maintain positive working relationships with staff side which continues to be actively maintained
4	<b>Failure to assess or respond to the changing market environment:</b> The Trust fails to meet the expectations of commissioners; Fails to develop strong relationships with main commissioners; Fails to assess or respond to the changing commissioning environment during the transaction process	1,3,4,5,6	13, 14, 15, 20, 23, 28, 40, 41, 42, 43, 44, 45, 52, 58, 125, 126,	Chief Executive	4	4	16	4	3	12	Sound understanding of the local market together with local providers across all sectors. Relationships with CCGs and all local providers have been challenging during the contract discussions and subsequent settlement for 2013/14 – this is reflected in the requirement to go through an arbitration process. The Board have considered the needs of the users and the resources for the provision of services for LD/MH and as part of a larger organisation to protect resources and provide greater voice of users in a local challenging financial climate. The CCGs are supportive of the trust being acquired by another MHFT and support the transaction being progressed as quickly as possible. MD and ND together with CDs meet with MH leads/CCGs and instrumental in the development and securement of new business opportunities for the Trust (i.e RAID, OATS, – Alcohol observation unit). Our GP Associate Directors work closely with local MH clinical commissioning leads in this regard. - The Medical Director and Clinical Directors meet bi-monthly with CCG clinical and Mental health leads. Work in year has progressed significantly beyond the initial measure: There is a developed GP engagement plan with GPs and the Clinical Commissioning Groups - this includes GP Joint Educational meetings, input into the local GP newsletter and GP support email account.
5	<b>Failure to identify and implement CIP.</b> The Trust fails to ensure that arrangements are in place to prevent any reduction in quality of services during the delivery of the CIP.	1,3,7	2, 4, 5, 15, 20, 27, 28, 29, 32, 33, 39, 59, 60, 61, 64, 65, 66, 68, 69, 70, 71, 72, 73, 74, 75, 76, 87, 89, 124,	Med Director/Dir Nursing & Quality	4	3	12	4	2	8	Top level Board commitment to maintaining Quality is recorded in public minutes and message is disseminated through the organisation via Trust communication ( plenary/ team brief etc) Review of clinical change and any negative impact by Clinical Directors/Senior Nurses at least a monthly basis Review of incidents and specifically to see if there is any correlation with where CIP is being delivered Consultation and scrutiny of plans (Exec Team) Continue the regular monitoring of any impact on quality as a result of delivering the CIP (SMT) Increased focus on quality & governance at divisional level - i.e. Q&G leads and Q&G infrastructure Close scrutiny of all plans from a clinical perspective; confirm and challenge meeting held with commissioners - in year post implementation review All CIP schemes are quality impact assessed by Clinical Directors and signed off by the Medical and Nursing Directors
6	<b>Failure to engage service users and staff in developing future service models and associated change programmes:</b> The Trust fails to engage service users, carers and staff in the planning and delivery of future models of care; Fails to communicate its plans in a clear and compelling way that builds confidence; Fails to place service users and carers at the centre of all decision making processes for service delivery / change	1,2,3,7	15, 20, 23, 27, 28, 59, 60, 61, 65, 75, 76, 87, 111, 124, 125, 126,	Dir Nursing & Quality	4	3	12	4	2	8	CQUIN schemes for 2013/14 again focussed on patient experience / engagement. Each CQUIN has an improvement plan and associated actions/milestones which have been designed based on feedback received from service users and carers, best practice and national guidance. - Monitoring complaints / PALS / Compliments to assess how people feel about the service - Robust engagement takes place with all key stakeholder representatives - Friends and Family Test continuing throughout 2013/14 - Trusts scores have been very encouraging and favourable.



Ref	Strategic Risk	Annual Objectives	Controls	Lead	Impact	Likelihood	Gross Risk	Impact	Likelihood	Residual Risk Q3	2013/14 Mitigation Plans
FINANCIAL											
7	<b>Delays in reconfiguration and releasing associated savings planned from site rationalisation affect the cash position.</b> If insufficient cash is available, operational financial performance and the capital programme will be adversely impacted.	11, 12	2, 4, 22, 88, 89, 90, 91, 92, 93, 94, 95,	Dir of Finance	4	3	12	4	2	8	Plan in place to release estate efficiencies, which is significantly progressed. Options for disposal of surplus estate being examined. Cash management processes in place to monitor and ensure any impact is minimised. (a) Four surplus properties are currently being marketed. (b) The HCA agreement to market the Bucknall site is being progressed. (c) Detailed cash management is completed monthly and is reviewed by both the F & A Committee and Trust Board. RISK REMOVED FROM REGISTER
8	<b>Failure to develop sustainable financial and workforce plans (including CIPs) that will underpin ongoing viability:</b> Results in insufficient funding to meet the cost base for service provision and to inform contract negotiation. This could result in insufficient income to maintain service provision on an ongoing basis.	11	16, 24, 26, 29, 39, 46, 47, 50, 51, 53, 54, 56, 97, 98, 109, 111, 116, 117, 121,	Dir of Finance	5	4	20	5	3	15	The Trust is progressing the implementation of PbR in line with national requirements and is working with commissioners to progress this agenda. Significant work has been completed in clustering activity on the patient information system in preparation for the new regime. The PLICS system provides service line information combining financial and non financial information at patient, service line, divisional and Trust level. Details are continually being refined with individual service lines. In advance of tariff being developed for Mental Health, in order to better understand the potential contribution of individual services, the Trust is currently undertaking an exercise to match costs and income by service utilising block contract data. Additionally the Trust has agreed to undertake a baseline exercise in 2013/14 to help inform next year's contract round. A draft of this information has been shared with our host commissioners.
GOVERNANCE											
9	<b>Failure to develop robust integrated governance arrangements:</b> The Trust fails to analyse data and learn the lessons in an integrated manner; Fails to take action to respond to trends; Fails to present information in a way that encourages learning and change; Fails to report with consistency and clarity; Failure to progress and communicate a shared vision and corporate direction; Failure to give direction (board to ward)	1,2,7,8,9,10,12	18, 28, 29, 31, 49, 53, 59, 64, 65, 66, 106, 124, 125, 126, 127,	Chief Executive	4	3	12	4	2	8	The Board recognises that it will be subject to significant external scrutiny as it goes through the transactions process. it is key to work closely with local OSCs and Healthwatch as we go through this process The Board is working closely with the NDTA in respect to appointments of interim Directors to ensure calibre and competency The Board is committed to implement the learning from Francis – and has implemented key actions to embed the learning in the organisation. This has been agreed with key senior staff within the organisation at recent plenary discussions with the development of 5 key themes going forwards in October 2013. Our external auditors undertook a review in respect to the integrated reporting arrangements and the QGAF assessment will be repeated later this year.. The established CSIG group specifically drills into the detail of incidents and trends analysis - this group reports its findings & actions taken directly to QG. This supports the analysis of data and learning from lessons as an integrated approach with commissioners who are integral to the discussions held over findings and play a key role in finding solutions where issues may arise. There are established Board to clinical team visits and findings from these visits are shared at Board meetings - together with presentations from clinical teams in the open session of Board meetings. - Action plans arising from Serious Incidents are monitored by Divisional Governance Leads via monthly review and audited. This provides the assurance that actions have been implemented and completed .This is further supported by learning lessons updates to Service Line meetings in addition to investigation feedback to teams /individuals involved. - Continue to develop and embed the Integrated Quality Report. There has been sustained development in learning lessons from incidents via bi monthly Learning Lessons briefing detailing both themes and practice issues arising from incident reporting and serious incident investigation. The briefing provides an overview of learning points . In addition to email circulation, the briefings are available on SID and are presented at Service Line meetings. There are further developments in capturing and theming recommendations from investigations including a revised and improved template to CSIG and CQRM Academic sessions to present SI case studies are now being presented to a multi-disciplinary audience with an increasing audience and positive feedback from evaluation forms Implementation of the Safeguard Risk Management system will assist in triangulation of information and trends by bringing incident reporting, operational and principle risk, safeguarding complaints and PAL`s in to one system providing ease of access and report analysis under one system. The system will be developed to ensure consistency of quality and safety dashboards to Service Lines to ensure local ownership of trend analysis. The workforce directorate will be organising a leadership programme for employees at band 6 and above.
INFORMATION MANAGEMENT & TECHNOLOGY											
10	<b>Failure to develop and implement fit-for-purpose information systems that fully support PbR, mobile working and efficiency, providing real-time information for patients:</b> The Trust fails to develop electronic information systems, including the technical skills, which are fit for purpose; Fails to effectively manage information; Fails to develop an electronic patient record (EPR); fails to support clinicians through ensuring there are integrated electronic recording systems.	6,9,10	19, 109, 111, 112, 114, 116, 117, 118, 119, 121, 122, 123,	Dir of Finance	4	4	16	4	3	12	A data quality forum has been established to ensure quality is driven up, for current systems. Training is provided for both clinical and non-clinical staff - including clinical coding, records maintenance, system usage etc. Investment in information Technology is planned and the IM&T strategy has been agreed to reflect our plans to increase mobile and flexible working and also to identify an electronic patient record solution. In the medium term Investment is planned for 2016/17 using the resource released from the Bucknall sale in that year. (In order to minimise any abortive expenditure it remains imperative to take account of the Transaction timetable. This creates an impediment to replacing our main system.)  In the interim a significant amount of work is being undertaken to update CHIPS. This has included rationalising coding, improving reporting. This has enabled release of significant amounts of data to support development of PBR to commissioners and mitigated the risk significantly. In addition proposal has been written to add a patient noted function to CHIPS, which would then facilitate a functional if basic patient record system that can be used to unlock some of the efficiency possible from mobile working and discussions about the feasibility and time to implement this are ongoing with HIS. In recent years there has been little investment in IT infrastructure and hardware, largely linked to the transaction timetable. This will also be reviewed in Q4 in the light of ongoing discussions in respect of NSCHT transaction.
WORKFORCE											
11	<b>Failure to maintain leadership capacity and capability during organisational transition :</b> The Trust fails to maintain leadership capability and capacity in order to respond to business priorities; Fails to maintain effective leadership throughout the organisation	1,2,8,9,10	15, 16, 17, 18, 19, 20, 21, 22, 34, 35, 36, 37, 39, 99, 100, 101, 103, 128	Dir of Leadership & Workforce	4	4	16	4			Oversight and management of any leadership gaps is ensured through recruitment of interim appointments Interim Director of Nursing & Quality and Director of Operations and Finance Director appointed Talent management guidance continues in 2013/14 PDR process Board Development & Board of Directors programme continues with sessions planned for 2013/14 (Chair / CEO) People Management Programme continuing Striving for Excellence programme successfully completed Monthly Chair and Chief Executive –led plenary sessions continue to engage with senior manager across the organisation (and all staff by cascade) Team Charter has been developed and is being introduced Health Economy Leadership Programme: delivery (including 'Masterclass sessions' continuing in 2013/14 CDs, Business Managers and Service Line Managers support robust organisational leadership MERGED WITH PR3
12	<b>Failure to comply with safe staffing requirements and establish safe staffing levels in clinical areas:</b> The Trust fails to review and implement safe and effective levels of clinical staff to meet patient needs in clinical services.	1,2,8,9,10	1, 17, 34, 35, 36, 39, 55, 59, 97, 101, 102, 103, 128	Dir Nursing & Quality	3	3	9	3	2	6	The Trust Board is accountable in ensuring that the Trust has sufficient levels of clinical staff in place to provide safe, effective care to all its patients. The Trust is in the process of implementing a method for reviewing and implementing this and to manage / maintain appropriate staffing levels in the absence of a national tool for reviewing staffing levels in mental health. Steps taken to assure the Trust board to date are: Ward staffing review of wards 1 -7 at the Harplands hospital, which indicated an under-establishment in some areas. Recruiting to vacancies across the Harplands site, recruiting to the Nursing Bank to ensure availability of resource when needed, reducing bed number on wards which are under occupied, improving HR process to effectively manage sickness absence.

Ref	Strategic Risk	Annual Objectives	Controls	Lead	Impact	Likelihood	Gross Risk	Impact	Likelihood	Residual Risk Q3	2013/14 Mitigation Plans
ESCALATED FROM OPERATIONAL RISK REGISTER											
131	Significant financial impact in future years as a result of future model of LD services	-	-	Dir of Finance	5	4	20	5	3	15	Ongoing TUPE discussions taking place with relevant parties; support team in place to help manage process. Escalated to Trust's Principal Risk Register in view of potential cost impact. Risk has been escalated to the chair of the LD Project Board and raised with the Commissioning Board. HR 'task and finish' group and an Assertive Outreach Support Team have been established to support the care to clients through the Transaction period. Our host commissioners are supporting the Trust in securing other commissioners' 'fair share' contributions towards exit costs. (There is considerable uncertainty over whether other commissioners will pay.)
259	Potential latent defect in the pipework serving Harplands Hospital. Could cause harm to patients and staff and impact on patient care if a failure occurs	-	-	Dir of Operations	5	3	15	5	3	15	Standstill agreement in place between the Trust and our PFI partners. (This effectively extends the warranty period for the Hospital.) Trust received a copy of a technical report from Semperion just before Christmas which they had commissioned from their technical consultants. The Trust's contract monitoring team will meet with Semperion later in January 2014 to go through the report and start to discuss method statements (i.e. how the contractors propose to replace the offending pipework, timetabling, impact on service provision etc). The first meeting will almost certainly be at a technical level before Clinical staff are engaged to discuss the logistics of how we work together to effect a solution. At this stage no work would commence much before Summer - to take advantage of hopefully warmer weather, when the heating will not be required. Risk reviewed regularly at divisional meetings and Risk Review Group; escalated to Principal Risk Register for wider consideration.
129	Risk of patients using ligature points in in-patient unit at Harplands resulting in potential harm. Previous audits had assessed this risk in areas where it was most likely (i.e. bedrooms) and concluded it to be low risk. This has been increased following a recent suicide on Ward 1 where a bedroom door handle was used as an anchorage point.	-	-	Dir of Operations	4	4	16	4	3	12	All annual risk assessments in respect to ligature points are in place and have been undertaken External review undertaken week beginning 15th July. Action plan developed and actions expedited following receipt of review. All staff have been made aware that door handles are a potential anchorage point and observation levels for service users at risk will be assessed against this potential. Environmental Risk Group established. Additional values-based sessions delivered.

		LIKELIHOOD				
		Rare	Unlikely	Possible	Likely	Almost Certain
IMPACT	Rating	1	2	3	4	5
Negligible/Insignificant	1	1	2	3	4	5
Minor	2	2	4	6	8	10
Moderate	3	3	6	9	12	15
Major	4	4	8	12	16	20
Catastrophic	5	5	10	15	20	25

Overall Risk Rating	
	1-3= Low
	4-6= Moderate
	8-12= Significant
	15-25= High

REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	27 February 2014
Title of Report:	Financial Performance – Month 10
Presented by:	Kieran Lappin, Executive Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 18 February 2014 <a href="mailto:andrew.turnock@northstaffs.nhs.uk">andrew.turnock@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	<p>The attached report summarises financial performance for the period to the end of January 2014.</p> <p>Headline performance is:</p> <ul style="list-style-type: none"> <li>• A retained deficit of £0.457 m, giving a favourable variance against plan of £122k</li> <li>• A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m)</li> <li>• A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2</li> <li>• CIP plans in place for the target of £3.5m, with additional schemes under development</li> <li>• Capital expenditure of £0.1m to date and forecast expenditure of £1.14m against the revised limit of £1.64m</li> <li>• A cash balance of £9.2m at the end of January 2014.</li> </ul>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy  Not directly as a result of this report
Relationship with Annual Objectives:	Delivery of financial plan
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report

Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <i>note that financial performance to date is on plan, with a favourable variance reported of £0.1m</i></li> <li>• <i>note the work on-going to monitor and validate CIP delivery</i></li> <li>• <i>note the cash position as at 31 January 2014 of £9.2m</i></li> <li>• <i>note the year to date Financial Risk Rating of 2 reported and also the forecast rating of 2</i></li> <li>• <i>note the capital expenditure position as at 31 January 2014 is currently behind plan and there is a forecast undershoot against the CRL</i></li> </ul>

FINANCIAL OVERVIEW as at 31st January 2014

Income & Expenditure - Retained Surplus / (Deficit)					
£000	Plan	Actual	Var	%	RAG
YTD Surplus / (Deficit)	-579	-457	122	-21.1	G
FOT Surplus / (Deficit)	-422	-422	0	0.0	G

Capital Expenditure					
£000	Plan	Actual	Var	%	RAG
YTD Exp	500	114	-386	-77.2	A
FOT Exp	1,640	1,142	-498	-30.4	G

Cost Improvement					
£m	Plan	Schemes	Gap	%	RAG
YTD	2.87	3.18	0.32	11.06	G
FOT	3.50	3.50	0.00	0.00	G

Cash Balances					
£m	Plan	Actual	Var	%	RAG
YTD Balance	5.2	9.2	4.1	78.4	A
FOT Balance	4.0	4.0	0.00	0.0	G

Financial Risk Rating		
	YTD	Forecast
Financial Risk Rating	2	2
Metrics:	YTD	Forecast
EBITDA Achieved	4	4
EBITDA Margin	2	2
Net return after financing	2	2
I&E Surplus Margin	2	2
Liquidity	4	3

Risks & Assumptions	
Risks:	Achievement of income targets. Managing cost of change. Delivery of the challenging CIP requirement. Cost pressures cannot be managed.
Assumptions:	Clinical income contracts are predominately achieved. CIP is fully delivered.

## 1. Financial Position

### 1.1 Income & Expenditure (I&E) Performance at Month 10

At the end of Month 10, the Trusts budgeted plan was a retained deficit of £0.579m (£0.229 m at adjusted financial performance level). The reported retained position is a deficit of £0.457m, giving a favourable variance of £122k from plan.

There are compensating variances across pay and non-pay areas which are significantly driven by the financial treatment/reporting of two items – namely CIP and cost pressures.

- CIP targets have, as previously reported, been allocated to Divisions and Trust wide areas in accordance with the agreed 2013-14 CIP programme.

It was anticipated that all of the negative CIP budgets would be allocated to budgets within divisions and directorates, however this has not materialised although some progress has been made. Work remains ongoing to transact the budget adjustments accordingly and resolve some of the technical issues which have not allowed this to be undertaken within the timeframe previously communicated.

- As previously reported, £1.9m of funding held centrally for cost pressures has been allocated to divisions / directorates.

Table 1 below shows the financial position in the Statement of Comprehensive Income (SOCl) for the Trust. A more detailed SOCI is shown in Appendix A, page 1. Further SOCI's for each division and also for the combined corporate functions are shown in Appendix A, pages 2 to 5.

**Table 1: Statement of Comprehensive Income**

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	86,772	7,298	7,342	44	70,901	71,026	124
Pay	-57,148	-4,716	-4,487	230	-47,593	-46,094	1,500
Non pay	-26,391	-2,205	-2,561	-355	-20,841	-22,474	-1,633
<b>EBITDA</b>	<b>3,233</b>	<b>377</b>	<b>295</b>	<b>-82</b>	<b>2,467</b>	<b>2,458</b>	<b>-9</b>
Other Costs	-3,233	-270	-257	13	-2,696	-2,566	130
<b>Adjusted Financial Performance</b>	<b>0</b>	<b>107</b>	<b>38</b>	<b>-69</b>	<b>-229</b>	<b>-107</b>	<b>122</b>
IFRIC 12 Expenditure	-422	-35	-35	0	-350	-350	0
<b>Retained Surplus / (Deficit) prior to Impairment</b>	<b>-422</b>	<b>72</b>	<b>3</b>	<b>-69</b>	<b>-579</b>	<b>-457</b>	<b>122</b>
Fixed Asset Impairment	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit)</b>	<b>-422</b>	<b>72</b>	<b>3</b>	<b>-69</b>	<b>-579</b>	<b>-457</b>	<b>122</b>

With reference to the full year budget, these have been changing throughout the year to take into account issues such as; service changes, contract variations, allocation of CIP targets, the release of reserves, and the change in financial performance agreed with the NTDA.

Included in Table 1 is the associated income and expenditure for hosted services. Table 2 below shows a revised SOCI excluding the income and expenditure of these services. It is notable that including these items Trust income is almost £87m and excluding hosted services reduces to £73m.

**Table 2: Statement of Comprehensive Income excluding Hosted Services**

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	72,794	6,174	6,202	27	59,103	59,166	63
Pay	-53,971	-4,507	-4,254	253	-44,829	-43,275	1,554
Non pay	-15,591	-1,290	-1,653	-363	-11,807	-13,433	-1,626
<b>EBITDA</b>	<b>3,233</b>	<b>377</b>	<b>295</b>	<b>-82</b>	<b>2,467</b>	<b>2,458</b>	<b>-9</b>
Other Costs	-3,233	-270	-257	13	-2,731	-2,601	130
<b>Adjusted Financial Performance</b>	<b>0</b>	<b>107</b>	<b>38</b>	<b>-69</b>	<b>-264</b>	<b>-142</b>	<b>122</b>
IFRIC 12 Expenditure	-422	-35	-35	0	-315	-315	0
<b>Retained Surplus / (Deficit) prior to Impairment</b>	<b>-422</b>	<b>72</b>	<b>3</b>	<b>-69</b>	<b>-579</b>	<b>-457</b>	<b>122</b>
Fixed Asset Impairment	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit)</b>	<b>-422</b>	<b>72</b>	<b>3</b>	<b>-69</b>	<b>-579</b>	<b>-457</b>	<b>122</b>

The income and corresponding expenditure excluded from above is broken down in Table 3 below.

**Table 3: Hosted Services Income Breakdown**

Hosted Services Income	Full Year Budget £000	Current Month			Year to Date		
		Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
IT Shared Service	965	3	3	0	965	965	0
Estates Shared Service	1,249	104	115	12	1,042	1,081	39
CLRN/PCRN/WMSRN	11,764	1,017	1,022	5	9,792	9,814	22
<b>Total income</b>	<b>13,978</b>	<b>1,124</b>	<b>1,140</b>	<b>17</b>	<b>11,798</b>	<b>11,860</b>	<b>62</b>

## 1.2 Workforce Analysis

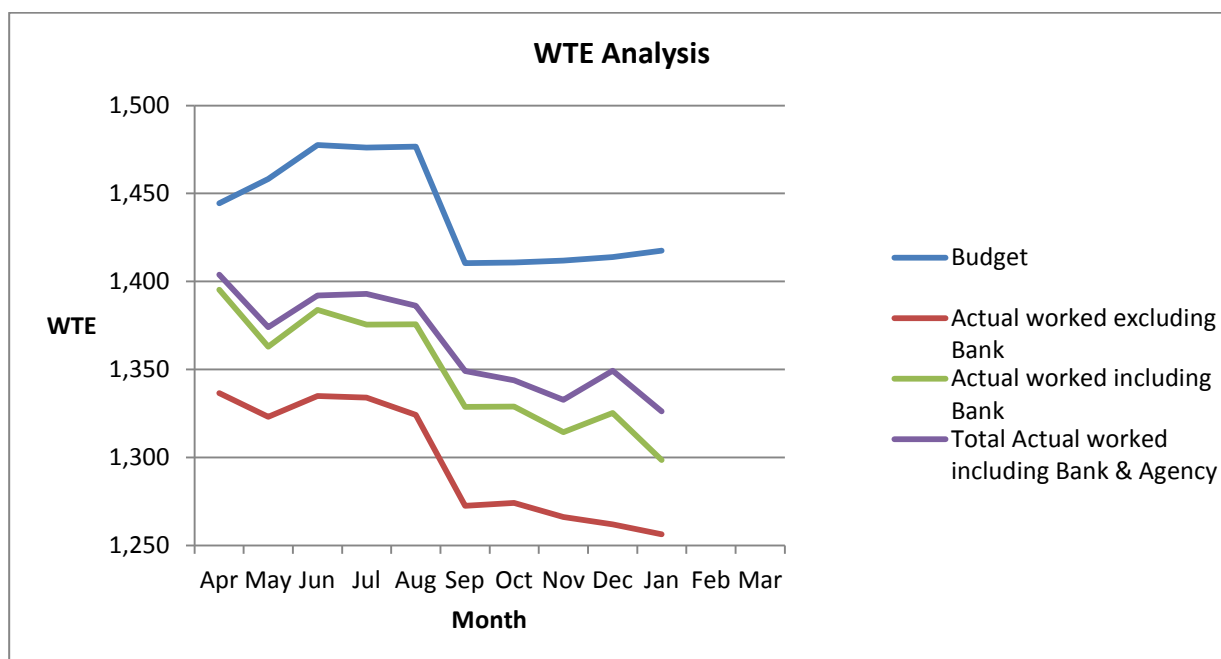
Graph 1 below shows the whole time equivalent (wte) numbers for the first 10 months of the financial year, incorporating Bank and Agency usage<sup>1</sup>. Graph 2 shows the usage of Bank and Agency staff in isolation. Table 4 shows the data being represented by the graphs.

The main change occurred in month 5 following the transfer to South Staffordshire and Shropshire Healthcare NHS Foundation Trust of the Information Agency formerly hosted by the Trust. This accounts for a reduction of 54 wte's.

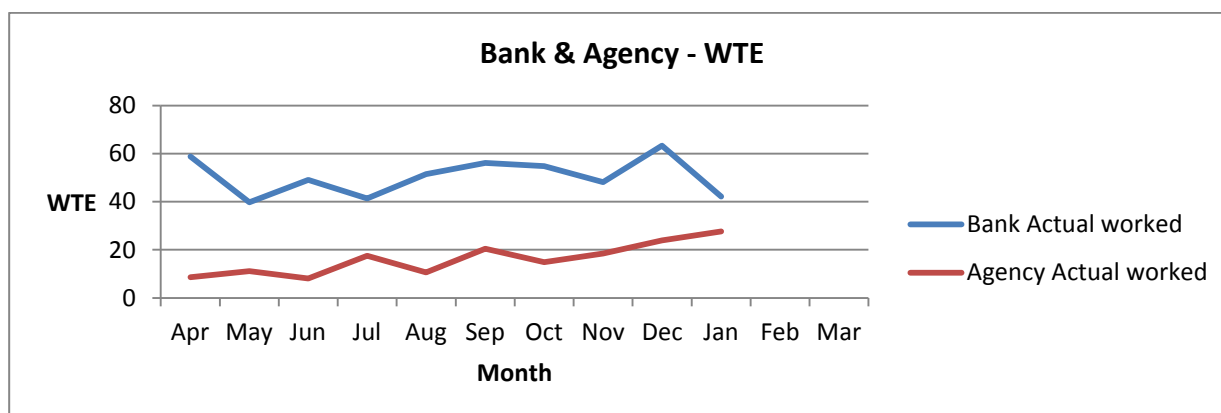
The actual wte budget is expected to reduce further as more CIP negative lines get applied to specific pay budgets.

<sup>1</sup> Agency wte is calculated using an average cost per month per staff category.

**Graph 1: WTE Analysis**



**Graph 2: Bank & Agency WTE**



**Table 4: WTE Analysis**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Bank Actual worked	58.84	39.73	49.02	41.36	51.49	56.09	54.76	48.13	63.33	42.18
Actual worked excluding Bank	1336.52	1323.16	1334.84	1334.05	1324.20	1272.57	1274.19	1266.19	1261.92	1256.31
<b>Actual worked including Bank</b>	<b>1395.36</b>	<b>1362.89</b>	<b>1383.86</b>	<b>1375.41</b>	<b>1375.69</b>	<b>1328.66</b>	<b>1328.95</b>	<b>1314.32</b>	<b>1325.25</b>	<b>1298.49</b>
Agency	8.56	11.11	8.12	17.47	10.58	20.43	14.89	18.45	23.97	27.62
<b>Total Actual worked inc Bank &amp; Agency</b>	<b>1403.92</b>	<b>1374.00</b>	<b>1391.98</b>	<b>1392.88</b>	<b>1386.27</b>	<b>1349.09</b>	<b>1343.84</b>	<b>1332.77</b>	<b>1349.22</b>	<b>1326.11</b>
Budget	1444.51	1458.29	1477.50	1476.06	1476.60	1410.40	1410.70	1411.78	1413.87	1417.48



### **1.3 Forecast Year End Performance**

Following the finalisation of the month 10 position, a worked up forecast outturn has been undertaken which supports the anticipated retained deficit of £0.422m (breakeven at adjusted financial performance level) in line with the Plan submission. This forecast position will be shared with the NTDA as part of their financial monitoring regime.

In relation to the operational budgets it is expected that the outturn will be within a range of £0.1m adverse (worst case) to £0.3m favourable (best case). This estimate excludes the main issue outside the day to day control of operational managers which is the exit costs associated with Chebsey.

Key risks contained in the above assessment include:

- Full achievement of income targets, including variable elements – it is for example difficult to predict OATS activity and there is an assumption of achieving similar levels to that achieved on a year to date basis
- Recovery of any overdue outstanding debts is expected as is full settlement of income targets associated with provider to provider SLAs with other local organisations
- Full delivery of the Cost Improvement Programme
- Managing cost pressures both existing and as new items emerge, e.g. the revised commissioning intentions in relation to LD services

### **1.4 QIPP/Cost Improvement Programme**

The target for the year is £3.5m (circa 5% of clinical income) and all schemes are subject to the internal Quality Impact Assessment (QIA) process.

As detailed in the separate CIP report to the Finance & Activity Committee, key achievements are as follows:

- Over achievement on a year to date basis in respect of the Phase 2 Model of Care schemes of circa £0.2m.
- Productivity and Review of Community Services within Adult Mental Health is over performing on a year to date basis by circa £0.2m.

## **2 Summary of Financial Position**

A Statement of Financial Position is shown in Appendix A, page 6.

### **2.1 Fixed Assets**

Property, Plant & Equipment and Intangible assets balances of the Trust have remained relatively static. The movement is the net result of capital additions and the depreciation charge for the period April 2013 and January 2014.

### **2.2 Cash**

As at 31 January 2013, the Trust's cash position was £9.2m which represents an increase during the month of £4.6m. This mainly comprises a decrease in debtors of £0.4m and an increase in creditors of £4.2m. A monthly cash flow forecast is shown in Appendix A, page 7.

### **2.3 Debtors**

Trade & Other Receivables balances have decreased during the month by £0.4m. This movement relates to the decrease in other debtors of £0.4m and prepayments of £0.1m. Local authority debtors have increased by £0.1m.

Within the overall value, £2.7m relates to invoiced debt and the balance represents accruals. Invoiced debt is summarised by age in Appendix A, page 8 along with the analysis of the stage of recovery.

### **2.4 Creditors**

There has been an increase in creditors in the month of £4.2m. This increase was due an increase in accruals and deferred income of £4.2m and Local Authority creditors of £0.1m. There was also a decrease in other creditors of £0.1m.

With reference to the increase in accruals and deferred income, this is a result of a payment in advance from the local CCG of circa £2m and receipt of £2m CLRN income yet to be paid over to other NHS organisations.

### **2.5 Non-Current Liabilities**

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

### 3. Capital Expenditure

The CRL for 2013/14 has been revised to £1.64m from the original plan of £2.14m. The capital expenditure for the year as at 31 January 2013 is £0.1m which represents an under spend against the profiled capital expenditure shown in the Plan submitted to the NTDA. It should be noted that the planned forecast expenditure has been revised to £1.1m, representing a £0.5m underspend against the CRL. This is in relation to the planned Darwin development.

Appendix A, page 9 shows a breakdown by scheme of the expenditure to date and the forecast outturn.

### 4. Financial Risk Rating

The Trust's month 10 Financial Risk Rating, based on the Monitor FRR calculation is a 2 overall. The calculated rating is 3 but when applying the overriding rules this is reduced to 2 as there are two metrics scored as 2. Appendix A, page 10 shows further detail.

When calculating the Liquidity ratio a working capital facility (authorised overdraft facility) has been assumed which is only available to established Foundation Trusts. The forecast ratings are based on the calculated forecast outturn which is in line with the Trust's plan. As a result, the Trust is currently reporting a forecast rating of 2.

### 5. External Reporting

The Trust has recently reporting the latest financial position to the NTDA via the Trust Financial Management System (TFMS) return which was submitted on 17<sup>th</sup> February 2014. This return shows the 'Adjusted Financial Performance' forecast outturn of breakeven as well as other financial performance information comparable with that contained within this report.

### 6. Recommendations

The Board is asked to:

- ***note that financial performance to date is relatively on plan, with a favourable variance reported of £0.1m***
- ***note the work on-going to monitor and validate CIP delivery***

- *note the cash position as at 31 January 2014 of £9.2m*
- *note the year to date Financial Risk Rating of 2 reported and also the forecast rating of 2*
- *note the capital expenditure position at Month 10 is currently behind plan and there is forecast undershoot against the CRL.*

Kieran Lappin  
Director of Finance  
21<sup>st</sup> February, 2014

## Appendix A – Page: 1

### Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year Budget £000	< < < Actual £000	Current Month Budget £000	> > > Variance £000	< < < Actual £000	Year to Date Budget £000	> > > Variance £000	< < < Actual £000	Forecast Outturn Budget £000	> > > Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	65,920	5,620	5,599	21	53,604	53,615	-11	66,245	66,220	25
Other Operating Revenue	20,852	1,722	1,700	23	17,422	17,286	136	20,823	20,853	-30
	86,772	7,342	7,298	44	71,026	70,901	124	87,067	87,072	-5
<b>Expenses:</b>										
<u>Pay</u>										
Medical	-6,557	-453	-559	106	-4,906	-5,454	549	-5,987	-6,500	513
Nursing	-26,595	-2,125	-2,236	111	-21,823	-22,103	279	-26,326	-26,453	127
Other clinical	-12,931	-952	-1,057	105	-9,861	-10,724	862	-11,843	-12,876	1,033
Non-clinical	-10,479	-743	-829	86	-8,355	-8,857	502	-9,866	-10,442	576
Non-NHS	-682	-213	-54	-159	-1,148	-536	-613	-1,463	-705	-758
Cost Improvement	96	0	20	-20	0	80	-80	0	96	-96
	-57,148	-4,487	-4,716	230	-46,094	-47,593	1,500	-55,486	-56,879	1,394
<u>Non Pay</u>										
Drugs & clinical supplies	-1,614	-144	-134	-9	-1,290	-1,346	56	-1,567	-1,595	28
Establishment costs	-2,281	-76	-185	110	-1,579	-1,877	298	-1,930	-2,269	340
Premises costs	-2,831	-358	-204	-154	-2,433	-2,137	-295	-3,132	-2,829	-303
Private Finance Initiative	-3,829	-312	-299	-13	-2,806	-2,841	35	-3,736	-3,829	94
Other	-17,066	-1,672	-1,536	-136	-14,366	-14,043	-323	-16,907	-17,068	161
CIP / QIPP	1,677	0	153	-153	0	1,403	-1,403	0	1,378	-1,378
Central Funds	-447	0	0	0	0	0	0	-1,195	-747	-448
	-26,391	-2,561	-2,205	-355	-22,474	-20,841	-1,633	-28,467	-26,960	-1,506
<b>EBITDA *</b>	<b>3,233</b>	<b>295</b>	<b>377</b>	<b>-82</b>	<b>2,458</b>	<b>2,467</b>	<b>-9</b>	<b>3,115</b>	<b>3,233</b>	<b>-118</b>
Depreciation (excludes IFRIC 12 impact and donated income)	-1,186	-90	-99	9	-900	-990	90	-1,115	-1,186	71
Investment Revenue	11	1	1	0	12	9	2	12	11	1
Other Gains & (Losses)	0	0	0	0	0	0	0	0	0	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,440	-120	-120	0	-1,200	-1,200	0	-1,440	-1,440	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-618	-48	-52	3	-477	-515	38	-572	-618	46
<b>Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **</b>	<b>0</b>	<b>38</b>	<b>107</b>	<b>-69</b>	<b>-107</b>	<b>-229</b>	<b>122</b>	<b>0</b>	<b>0</b>	<b>0</b>
IFRIC 12 Expenditure ***	-422	-35	-35	0	-350	-350	0	-422	-422	0
<b>Retained Surplus / (Deficit) for the Year excluding Impairment</b>	<b>-422</b>	<b>3</b>	<b>72</b>	<b>-69</b>	<b>-457</b>	<b>-579</b>	<b>122</b>	<b>-422</b>	<b>-422</b>	<b>0</b>
Fixed Asset Impairment ****	0	0	0	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit) for the Year</b>	<b>-422</b>	<b>3</b>	<b>72</b>	<b>-69</b>	<b>-457</b>	<b>-579</b>	<b>122</b>	<b>-422</b>	<b>-422</b>	<b>0</b>

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

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

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

## Appendix A – Page: 2

### Statement of Comprehensive Income including Forecast Outturn – Adult Mental Health

Adult Mental Health		Annual Budget £000	< < Actual £000	Current Month Budget £000	> > Variance £000	< < Actual £000	Year to Date Budget £000	> > Variance £000	< < Actual £000	Forecast Outturn Budget £000	> > Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	2,075	263	183	80	1,729	1,657	72	2,102	2,075	27	
	2,075	263	183	80	1,729	1,657	72	2,102	2,075	27	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-2,569	-165	-223	58	-1,923	-2,136	213	-2,434	-2,569	135	
Nursing	-13,096	-1,080	-1,126	46	-10,804	-10,858	54	-13,095	-13,096	1	
Other clinical	-6,516	-507	-548	42	-5,073	-5,398	326	-6,083	-6,517	434	
Non-clinical	-1,445	-135	-123	-12	-1,237	-1,198	-39	-1,483	-1,444	-39	
Non-NHS	-47	-21	2	-23	-118	-39	-79	-200	-47	-153	
Cost improvement	48	0	16	-16	0	40	-40	0	48	-48	
	-23,625	-1,908	-2,003	95	-19,155	-19,589	434	-23,295	-23,625	330	
<u>Non Pay</u>											
Drugs & clinical supplies	-1,076	-93	-89	-4	-884	-897	13	-1,066	-1,076	10	
Establishment costs	-902	-49	-77	28	-527	-749	223	-632	-902	270	
Premises costs	-639	-67	-49	-17	-546	-540	-6	-680	-638	-42	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	-2,388	-278	-197	-81	-2,122	-1,965	-157	-2,334	-2,389	55	
CIP / QIPP	555	0	64	-64	0	402	-402	0	555	-555	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-4,450	-487	-349	-138	-4,078	-3,749	-330	-4,712	-4,450	-262	
<b>EBITDA *</b>	<b>-26,000</b>	<b>-2,132</b>	<b>-2,169</b>	<b>37</b>	<b>-21,504</b>	<b>-21,681</b>	<b>177</b>	<b>-25,905</b>	<b>-26,000</b>	<b>95</b>	

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

Please note that the clinical income for the Trust is held centrally at present but will be devolved to clinical divisions to show true Income and Expenditure performance as part of the Service Line Reporting / Patient Level Information & Costing System plan.

## Appendix A – Page: 3

### Statement of Comprehensive Income including Forecast Outturn – Children's Services

Children's Services		Annual Budget £000	< < Actual £000	Current Month Budget £000	> > Variance £000	< < Actual £000	Year to Date Budget £000	> > Variance £000	< < Actual £000	Forecast Outturn Budget £000	> > Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	1,284	117	107	10	1,081	1,070	12	1,327	1,284	43	
	1,284	117	107	10	1,081	1,070	12	1,327	1,284	43	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-678	-44	-60	16	-435	-558	124	-526	-678	152	
Nursing	-2,187	-183	-183	0	-1,825	-1,820	-5	-2,185	-2,187	2	
Other clinical	-2,515	-192	-215	23	-1,955	-2,085	131	-2,334	-2,514	180	
Non-clinical	-499	-38	-42	4	-386	-415	29	-453	-500	47	
Non-NHS	-132	-61	-27	-34	-292	-74	-218	-420	-132	-288	
Cost improvement	0	0	0	0	0	0	0	0	0	0	
	-6,011	-517	-527	10	-4,892	-4,953	61	-5,918	-6,011	93	
<u>Non Pay</u>											
Drugs & clinical supplies	-43	-10	-4	-6	-86	-36	-50	-104	-43	-61	
Establishment costs	-194	-13	-17	4	-142	-161	18	-179	-194	15	
Premises costs	-258	-32	-22	-10	-211	-214	3	-275	-257	-18	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	-139	-13	-14	1	-105	-118	13	-131	-140	9	
CIP / QIPP	184	0	26	-26	0	127	-127	0	184	-184	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-450	-68	-30	-38	-544	-402	-142	-689	-450	-239	
<b>EBITDA *</b>	<b>-5,177</b>	<b>-468</b>	<b>-449</b>	<b>-19</b>	<b>-4,355</b>	<b>-4,285</b>	<b>-70</b>	<b>-5,280</b>	<b>-5,177</b>	<b>-103</b>	

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

Please note that the clinical income for the Trust is held centrally at present but will be devolved to clinical divisions to show true Income and Expenditure performance as part of the Service Line Reporting / Patient Level Information & Costing System plan.

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### Statement of Comprehensive Income including Forecast Outturn – Learning Disabilities, Neuropsychiatry and Older Peoples Psychiatry

Learning Disabilities, Neuropsychiatry and Older Peoples Psychiatry		Annual Budget £000	< < Actual £000	Current Month Budget £000	> > Variance £000	< < Actual £000	Year to Date Budget £000	> > Variance £000	< < Actual £000	Forecast Outturn Budget £000	> > Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	376	39	31	9	415	315	101	502	376	126	
	376	39	31	9	415	315	101	502	376	126	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-1,296	-85	-110	25	-993	-1,076	82	-1,209	-1,239	29	
Nursing	-10,650	-832	-877	45	-8,620	-8,866	246	-10,382	-10,508	126	
Other clinical	-2,348	-121	-165	44	-1,665	-1,949	284	-2,003	-2,294	290	
Non-clinical	-802	-66	-69	3	-647	-667	20	-779	-802	23	
Non-NHS	-15	-48	-1	-47	-63	-12	-51	-66	-1	-66	
Cost improvement	48	0	4	-4	0	40	-40	0	48	-48	
	-15,063	-1,152	-1,218	66	-11,988	-12,530	541	-14,439	-14,794	355	
<u>Non Pay</u>											
Drugs & clinical supplies	-472	-28	-39	12	-310	-394	83	-377	-452	76	
Establishment costs	-454	-33	-39	6	-305	-376	71	-375	-444	69	
Premises costs	-262	-34	-21	-13	-257	-220	-37	-314	-262	-53	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	-214	-14	-18	4	-150	-177	27	-195	-214	18	
CIP / QIPP	409	0	14	-14	0	341	-341	0	110	-110	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-993	-108	-103	-5	-1,022	-827	-196	-1,261	-1,261	0	
<b>EBITDA *</b>	<b>-15,680</b>	<b>-1,221</b>	<b>-1,290</b>	<b>69</b>	<b>-12,595</b>	<b>-13,042</b>	<b>446</b>	<b>-15,199</b>	<b>-15,680</b>	<b>481</b>	

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

Please note that the clinical income for the Trust is held centrally at present but will be devolved to clinical divisions to show true Income and Expenditure performance as part of the Service Line Reporting / Patient Level Information & Costing System plan.



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### Statement of Comprehensive Income including Forecast Outturn – Corporate Directorates

Corporate Directorates		Annual Budget £000	< < Actual £000	Current Month Budget £000	> > Variance £000	< < Actual £000	Year to Date Budget £000	> > Variance £000	< < Actual £000	Forecast Outturn Budget £000	> > Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	17,117	1,303	1,379	-76	14,196	14,245	-49	16,892	17,118	-226	
	17,117	1,303	1,379	-76	14,196	14,245	-49	16,892	17,118	-226	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-2,014	-159	-166	7	-1,555	-1,684	130	-1,818	-2,014	196	
Nursing	-662	-30	-50	21	-575	-559	-16	-664	-662	-2	
Other clinical	-1,551	-133	-129	-4	-1,169	-1,291	122	-1,423	-1,551	129	
Non-clinical	-7,733	-504	-595	91	-6,085	-6,577	492	-7,152	-7,696	545	
Non-NHS	-488	-84	-29	-55	-676	-411	-265	-777	-526	-251	
Cost improvement	0	0	0	0	0	0	0	0	0	0	
	-12,449	-910	-969	60	-10,058	-10,522	463	-11,833	-12,449	616	
<u>Non Pay</u>											
Drugs & clinical supplies	-24	-13	-2	-11	-10	-20	10	-21	-24	3	
Establishment costs	-730	19	-53	73	-605	-590	-15	-744	-730	-14	
Premises costs	-1,672	-226	-112	-114	-1,418	-1,162	-256	-1,862	-1,672	-190	
Private Finance Initiative	-3,829	-312	-299	-13	-2,806	-2,841	35	-3,736	-3,829	94	
Other	-14,325	-1,366	-1,307	-59	-11,990	-11,783	-206	-14,247	-14,326	79	
CIP / QIPP	528	0	49	-49	0	533	-533	0	529	-529	
Central Funds	-447	0	0	0	0	0	0	-1,195	-747	-448	
	-20,499	-1,898	-1,723	-174	-16,829	-15,864	-965	-21,805	-20,799	-1,006	
<b>EBITDA *</b>	<b>-15,830</b>	<b>-1,505</b>	<b>-1,314</b>	<b>-191</b>	<b>-12,692</b>	<b>-12,140</b>	<b>-551</b>	<b>-16,746</b>	<b>-16,130</b>	<b>-616</b>	

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

## Appendix A – Page: 6

### Statement of Financial Position – including forecast

Detail	Period End Date				FOT 31/03/2014 £000
	31/03/2013 £000	31/11/2013 £000	31/12/2013 £000	31/01/2014	
<b>NON-CURRENT ASSETS:</b>					
Property, Plant and Equipment	35,850	34,981	34,870	34,749	35,503
Intangible Assets	159	138	123	123	111
Trade and Other Receivables	0	0	0	0	0
<b>TOTAL NON-CURRENT ASSETS</b>	<b>36,009</b>	<b>35,119</b>	<b>34,993</b>	<b>34,872</b>	<b>35,614</b>
<b>CURRENT ASSETS:</b>					
Inventories	84	89	92	95	84
Trade and Other Receivables	3,951	5,444	5,148	4,784	3,561
Cash and cash equivalents	4,564	4,794	4,599	9,234	3,993
<b>SUB TOTAL CURRENT ASSETS</b>	<b>8,599</b>	<b>10,327</b>	<b>9,839</b>	<b>14,113</b>	<b>7,638</b>
Non-current assets held for sale	0	0	0	0	0
<b>TOTAL ASSETS</b>	<b>44,608</b>	<b>45,446</b>	<b>44,832</b>	<b>48,985</b>	<b>43,252</b>
<b>CURRENT LIABILITIES:</b>					
NHS Trade Payables	-739	-641	-764	-763	-705
Non-NHS Trade Payables	-5,886	-7,832	-7,027	-11,211	-6,143
Borrowings	-395	-395	-395	-395	-360
Provisions for Liabilities and Charges	-811	-629	-625	-625	-1,154
<b>TOTAL CURRENT LIABILITIES</b>	<b>-7,831</b>	<b>-9,497</b>	<b>-8,811</b>	<b>-12,994</b>	<b>-8,362</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>768</b>	<b>830</b>	<b>1,028</b>	<b>1,119</b>	<b>-724</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>36,777</b>	<b>35,949</b>	<b>36,021</b>	<b>35,991</b>	<b>34,890</b>
<b>NON-CURRENT LIABILITIES</b>					
Borrowings	-13,703	-13,440	-13,407	-13,374	-13,342
Trade & Other Payables	-20	-20	-20	-20	-20
Provisions for Liabilities and Charges	-1,207	-1,207	-1,207	-1,207	-115
<b>TOTAL NON- CURRENT LIABILITIES</b>	<b>-14,930</b>	<b>-14,667</b>	<b>-14,634</b>	<b>-14,601</b>	<b>-13,477</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>21,847</b>	<b>21,282</b>	<b>21,387</b>	<b>21,390</b>	<b>21,413</b>
<b>FINANCED BY TAXPAYERS EQUITY:</b>					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	349	-216	-111	-108	-85
Revaluation Reserve	13,520	13,520	13,520	13,520	13,520
Other reserves	-20	-20	-20	-20	-20
<b>TOTAL TAXPAYERS EQUITY</b>	<b>21,847</b>	<b>21,282</b>	<b>21,387</b>	<b>21,390</b>	<b>21,413</b>

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### Cash-flow Forecast

Statement of Cash Flows (CF)	Actual Apr 13 £000s	Actual May 13 £000s	Actual Jun 13 £000s	Actual Jul 13 £000s	Actual Aug 13 £000s	Actual Sep 13 £000s	Actual Oct 13 £000s	Actual Nov 13 £000s	Actual Dec 13 £000s	Actual Jan 14 £000s	Forecast Feb 14 £000s	Forecast Mar 14 £000s	2013/2014 Full Year £000s
<b>Cash Flows from Operating Activities</b>													
Operating Surplus / (Deficit)	-29	-8	89	32	26	111	368	209	240	170	188	182	1,578
Depreciation and Amortisation	134	116	125	124	126	112	138	125	125	125	143	144	1,537
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-123	-120	-117	-120	-120	-120	-120	-120	-120	-120	-120	-120	-1,440
Dividend Paid	0	0	0	0	0	-309	0	0	0	0	0	-132	-441
<b>Inflow / (Outflow) prior to Working Capital</b>	<b>-18</b>	<b>-12</b>	<b>97</b>	<b>36</b>	<b>32</b>	<b>-206</b>	<b>386</b>	<b>214</b>	<b>245</b>	<b>175</b>	<b>211</b>	<b>74</b>	<b>1,234</b>
(Increase) / Decrease in Inventories	-5	9	-12	20	-11	-8	2	0	-3	-3	3	8	0
(Increase) / Decrease in Trade and Other Receivables	-247	-412	-489	-840	943	533	-751	-242	296	364	384	720	259
Increase / (Decrease) in Trade and Other Payables	2,314	-1,896	-1,323	4,434	-1,386	-617	2,877	-2,643	-697	4,134	-4,410	-584	203
Provisions (Utilised) / Arising	-4	-51	-41	-48	-16	-23	5	-4	-4	0	-1	-562	-749
<b>Inflow / (Outflow) from Working Capital</b>	<b>2,058</b>	<b>-2,350</b>	<b>-1,865</b>	<b>3,566</b>	<b>-470</b>	<b>-115</b>	<b>2,133</b>	<b>-2,889</b>	<b>-408</b>	<b>4,495</b>	<b>-4,024</b>	<b>-418</b>	<b>-287</b>
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>2,040</b>	<b>-2,362</b>	<b>-1,768</b>	<b>3,602</b>	<b>-438</b>	<b>-321</b>	<b>2,519</b>	<b>-2,675</b>	<b>-163</b>	<b>4,670</b>	<b>-3,813</b>	<b>-344</b>	<b>947</b>
<b>Cash Flows from Investing Activities</b>													
Interest Received	1	1	1	1	1	1	1	1	1	1	1	1	12
(Payments) for Property, Plant and Equipment	-37	-30	-25	0	-1	-12	-5	-1	0	-3	-357	-663	-1,134
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>-36</b>	<b>-29</b>	<b>-24</b>	<b>1</b>	<b>0</b>	<b>-11</b>	<b>-4</b>	<b>0</b>	<b>1</b>	<b>-2</b>	<b>-356</b>	<b>-662</b>	<b>-1,122</b>
<b>NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING</b>	<b>2,004</b>	<b>-2,391</b>	<b>-1,792</b>	<b>3,603</b>	<b>-438</b>	<b>-332</b>	<b>2,515</b>	<b>-2,675</b>	<b>-162</b>	<b>4,668</b>	<b>-4,169</b>	<b>-1,006</b>	<b>-175</b>
<b>Cash Flows from Financing Activities</b>													
Capital Element of Payments in Respect of Finance Leases PFI	-31	-31	-37	-33	-33	-33	-33	-33	-33	-33	-33	-33	-396
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>-31</b>	<b>-31</b>	<b>-37</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-33</b>	<b>-396</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>1,973</b>	<b>-2,422</b>	<b>-1,829</b>	<b>3,570</b>	<b>-471</b>	<b>-365</b>	<b>2,482</b>	<b>-2,708</b>	<b>-195</b>	<b>4,635</b>	<b>-4,202</b>	<b>-1,039</b>	<b>-571</b>
<b>Cash and Cash Equivalents (and Bank Overdraft) at YTD</b>	<b>6,537</b>	<b>4,115</b>	<b>2,286</b>	<b>5,856</b>	<b>5,385</b>	<b>5,020</b>	<b>7,502</b>	<b>4,794</b>	<b>4,599</b>	<b>9,234</b>	<b>5,032</b>	<b>3,993</b>	

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### Aged Debtor Analysis

Analysed as	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£'000	£'000	£'000	£'000	£'000	£'000
NHS	911	375	48	235	188	1,757
Local Authorities	415	178	0	7	0	600
Other Debtors	182	50	5	1	103	341
<b>Total</b>	<b>1,508</b>	<b>603</b>	<b>53</b>	<b>243</b>	<b>291</b>	<b>2,698</b>

Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£'000	£'000	£'000	£'000	£'000	£'000
No formal dispute received - full payment anticipated	1,508	375	48	235	182	2,348
Routine credit control processes activated	0	228	5	8	85	326
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	0
Escalated to Management / Solicitors	0	0	0	0	24	24
<b>Total</b>	<b>1,508</b>	<b>603</b>	<b>53</b>	<b>243</b>	<b>291</b>	<b>2,698</b>

# Appendix A – Page: 9

## Capital Programme and Expenditure

Site	Detail	2013/14 Scheme Value £000	Year to Date £000	FOT £000
<b><u>Schemes Committed</u></b>				
<b><u>Service Redesign</u></b>				
Darwin	Tier 4 Development	500	2	2
Summers View	2 x 1 bed unit extension & refurbishment	0	6	6
Harplands	Phase 1 & 2 Ward 6 upgrades	0	19	19
AT&T purchase	Property purchase	479	0	479
<b>Total for Service Redesign schemes</b>		<b>979</b>	<b>27</b>	<b>506</b>
<b><u>Bucknall Relocation</u></b>				
New Corporate base	New corporate base	0	39	39
<b>Total for Bucknall Relocation schemes</b>		<b>0</b>	<b>39</b>	<b>39</b>
<b><u>Maintenance of Infrastructure</u></b>				
Lymebrook	Minor upgrade	0	10	10
Backlog Maintenance	Various	150	0	150
Other	Other	150	1	147
<b>Total for Maintenance of Infrastructure schemes</b>		<b>300</b>	<b>11</b>	<b>307</b>
<b><u>Other Schemes</u></b>				
Other equipment purchases - IT	Various	100	10	95
Various	Wireless installation	0	27	27
Various	Various	150	0	7
Other equipment purchases - other	Other	111		111
<b>Total for Other Schemes</b>		<b>361</b>	<b>37</b>	<b>240</b>
<b><u>Not Yet Committed</u></b>				
Harplands	Lifecycle	0	0	50
<b>Total Expenditure</b>		<b>1,640</b>	<b>114</b>	<b>1,142</b>
<b><u>Disposals</u></b>				
None scheduled			0	
<b>Net Expenditure</b>		<b>1,640</b>	<b>114</b>	<b>1,142</b>
<b>Capital Allocations</b>				<b>£000</b>
Initial CRL (per SHA Plan submission)				<b>2,140</b>
<b><u>Revisions to Plan:</u></b>				
Reduction in anticipated capital expenditure				-500
<b>Final CRL</b>				<b>1,640</b>
<b>Value of Schemes as at 31/01/14</b>				<b>1,142</b>
<b>Potential (Over) / Undershoot against CRL</b>				<b>-498</b>

## Financial Risk Rating

Metric	Year to Date	Rating	Weighted Rating	Forecast Outturn	Rating	Weighted Rating
EBITDA Achieved (% of plan)	100%	4	0.4	96%	4	0.4
EBITDA Margin (%)	3.5%	2	0.5	3.6%	2	0.5
Net Return after Financing (%)	-1.2%	2	0.4	-0.9%	2	0.4
I&E surplus margin net of dividend (%)	-0.6%	2	0.4	-0.5%	2	0.4
Liquidity ratio (days) *	29	4	1	21	3	0.75

<b>Financial Risk Rating</b>	<b>3</b>	<b>2</b>
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### Application of overriding rules (see table below)

Two financial criteria scored as '2' = FRR limited to 2	yes	yes
One financial criteria scored as '2' = FRR limited to 3	yes	yes
One financial criteria scored as '1' = FRR limited to 2		
Two financial criteria scored as '1' = FRR limited to 1		

<b>Overall Financial Risk Rating</b>	<b>2</b>	<b>2</b>
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### Rating Table

Criteria	Weight %	Metric	Rating				
			5	4	3	2	1
Achievement of Plan	10	EBITDA achieved (% of plan)	100	85	70	50	< 50
Underlying Performance	25	EBITDA margin (%)	11	9	5	1	< 1
Financial Efficiency	20	Net Return after Financing (%)	6	5	3	-2	< -2
Financial Efficiency	20	I&E surplus margin net of dividend (%)	3	2	1	-2	< -2
Liquidity	25	Liquidity ratio (days)	60	25	15	10	< 10

### Overriding Rules

If the following Condition Applies	FRR Limited to a maximum
If authorised as FT within previous 12 months	4
One financial criterion scored as '2'	3
Plan submitted either incomplete, with errors or not on time	3
Plan deficit [1] forecast in years 2 or 3	3
Plan deficit forecast in years 2 or 3	2
Public Dividend Capital not paid in full	2
Unplanned breach of Prudential Borrowing Code	2
Two financial criteria scored as '2'	2
One financial criteria scored as '1'	2
Two financial criteria scored as '1'	1

[1] Deficit: defined as an I&E deficit predicted in the annual plan, but after adding back any 'one-off' non-recurring revenue, costs or 'investment adjustments'

### Description of Risk Rating

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

## REPORT TO: Board – Open Section

Date of Meeting:	27 February 2014
Title of Report:	Finance and Activity Committee Report – Committee Meeting 20 February 2014
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Andy Turnock 20 February 2014 andrew.turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>• For Decision ✓</li> <li>• Performance monitoring ✓</li> <li>• For Information ✓</li> </ul>
Executive Summary:	<p>The attached report provides a summary of the Committee meeting held on the 20 February 2014 and provides assurance to the Board over;</p> <ul style="list-style-type: none"> <li>• the level of review and challenge provided by the Committee of financial and other reporting and forecasting</li> </ul>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• IM and T Strategy ✓</li> <li>• Governance Strategy ✓</li> <li>• Workforce Strategy ✓</li> <li>• Financial Strategy ✓</li> </ul> <p>Helps ensure appropriate resources are directed to and protected for appropriate patient care services.</p>
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	<p>The board are asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the report and take assurance from the review and challenge evidenced in the Committee.</li> <li>• Approve the sign-off of the Staffordshire County</li> </ul>

	Council S75 contract for 2013/14.
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## **Assurance Report to the Trust Board – Thursday, 27 February 2014**

### **Finance and Activity (F & A) Committee Report to the Trust Board - Open Session – 20 February 2014**

This paper details the issues discussed at the Finance and Activity Committee meeting on 20 February 2014.

The meeting was quorate, approved the minutes from the meeting on the 23 January 2014 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update for month 10 (January 2014) 2013/14.

The income and expenditure position to Month 10 was ahead of plan at a deficit of £0.457m against a plan deficit of £0.579m, a favourable variance of £0.122m. The paper also reported that the detailed year end forecast undertaken at Month 10, indicates achievement of the planned position of £0.422m deficit, equating to a breakeven position at adjusted financial performance level.

The Capital Resource Limit (CRL) for 2013/14 is currently £1.64m. The capital expenditure for the year at 31 January 2014 is £0.1m which is an under spend against the profiled capital expenditure shown in the Plan submitted to the NTDA. It was noted that the Trust Executives are aware that the Trust is now forecasting a year end capital underspend in 2013/14 of £0.5m against the CRL, however, this underspend may increase due to slippage on a number of schemes. It was noted that the current financial regime allows the Trust to underspend against its CRL, but not overspend.

The Trusts cash balance at the end of January was £9.2m, which is £4.6m higher than the position at the end of December 2013. This significant increase was mainly due to the payment in advance by the local CCG and the receipt of the quarterly CLRN income yet to be paid over to other NHS organisations.

The Committee received a separate report on the progress made in setting the 2014/15 revenue budgets and highlighted some of the notable work undertaken to date. The full budget for 2014/15 will be provided to the March Committee prior to approval at the March Trust Board.

The Committee received a report detailing the key milestones and deadlines associated with the production of the Trusts 2013/14 Annual Accounts.

The Committee also received the Month 10 Cost Improvement Programme (CIP) report which forecast a CIP delivery of £3.6m against a 2013/14 target of £3.5m, an excess of £0.1m. The Committee noted that the report is currently showing the delivery of recurrent savings of £3.1m and £0.5m non-recurrent.

A further report was also received in relation to the CIP for 2014/15. This outlined the progress to date in identifying schemes to deliver the target of £4.1m. The report stated that £2.6m had been identified at the time of writing, however, ongoing work has resulted in this value now being £3.4m.

The Committee received reports on the progress being made to implement the Patient Level Information Costing System (PLICs) and the requirement to sign the Staffordshire County Council Section 75 (S75) contract for 2013/14. The Committee agreed to recommend to the Board that the contract is signed. In addition, it was communicated that an offer for the S75 contract had been received on 20 February 2014 and the Committee requested that this be reported to the Board as a separate agenda item in the closed section.

### **Other Reports and Updates**

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

The Committee discussed some of the issues linked to the Chebsey closure, noting the work undertaken to date to mitigate potential redundancy consequences.

An update was given regarding the Transaction including the positive outcomes of the Trusts recent meetings with the NTDA and CCG's, as well as the ongoing work to update the clinical strategy to inform the most effective structure to deliver the agreed clinical pathways.

The Committee received a report providing summary comments on the financial templates of the planning submission to the NTDA. It also informed the Committee of the second iteration of the plan due to the NTDA on the 5 March 2014 which will also include the financial year 2015/16.

The Committee received the minutes of the Trust's Capital Investment Group meetings and discussed some elements of the Capital Programme for 2013/14.

### **Recommendation**

- **The Committee recommends that the Trust Board approves the sign-off of the Staffordshire County Council S75 contract for 2013/14.**

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

### REPORT TO TRUST BOARD

Date of Meeting:	27 <sup>th</sup> February 2014
Title of Report:	Performance Report – Month 10 2013/14
Presented by:	Fiona Myers, Chief Executive Kieran Lappin, Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager 18 <sup>th</sup> February 2014
Date: Email:	<a href="mailto:Kevin.Daley@northstaffs.nhs.uk">Kevin.Daley@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 10 (January 2014)</p> <p>Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target.</p> <p>A range of 133 metrics is in place to monitor performance, quality and outcomes.</p> <p>The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives.</p> <p>There were no areas reported as significantly under-performing (red) and 2 assessed as under-performing (amber) at end of January 2014.</p> <p>The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to:	Governance Strategy
How does this impact on patients or the public?	The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	<p>The Board are asked to</p> <ul style="list-style-type: none"> <li>consider and discuss reported performance with particular</li> </ul>

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

The report includes Monitor targets, trends and revised RAG rating

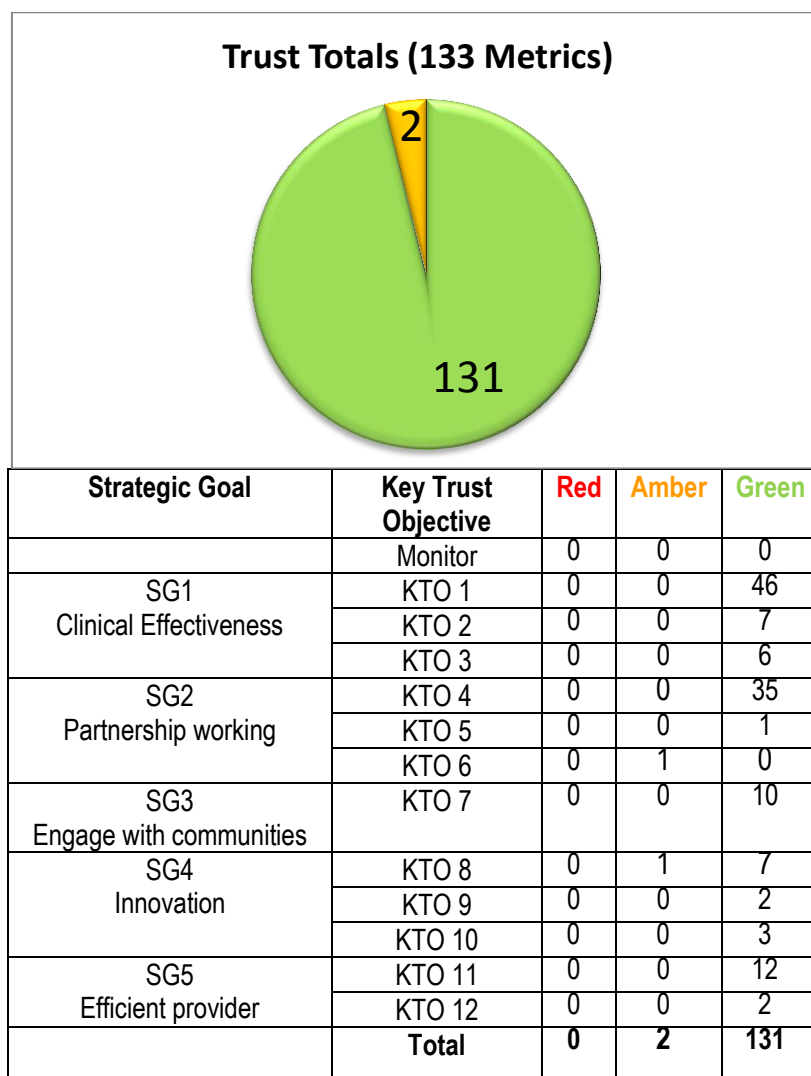
- An Executive Summary (this report)
- Overall performance of metrics with targets available on request

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

## 2 Executive Summary – Exception Reporting

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

At month 10 there are no metrics rated as Red and 2 metrics rated as Amber.



### 2.1 Monitor Compliance Framework

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

PI	Area	Target	Jan	YTD	Forecast Year End	Data Quality	AMH	LD	CYP
1	Number of FT members	7900	8304	8304	G	G	n/a	n/a	n/a
2	Compliance with the essential standards	100%	100%	100%	G	G	n/a	n/a	n/a
3	Compliance with NHSLA RM standards	Level 1	Level 1	Level 1	G	G	n/a	n/a	n/a
4	AMH Patients on CPA had formal review in the last 12 months	95%	96.1%	96.1%	G	G	96.1%	n/a	n/a
5	CPA 7 Day Follow Up	95%	100%	99%	G	G	100%	n/a	n/a
6	New psychosis by EI Services	50	3	57	G	G	3	n/a	n/a
7	Cases of MRSA	0	0	0	G	G	0	0	0
8	Cases of CDiff	0	0	1	G	G	0	0	0
9	Access to healthcare for people with a LD	100%	100%	100%	G	G	100%	100%	n/a
10	Delayed Transfer of care	<7.5%	3.38%	3.54%	G	G	2.40%	5.49%	n/a
11	CR Gate kept Admissions (ACUTE)	95%	100%	99%	G	G	100%	n/a	n/a
12	Data completeness of MHMDS	99%	99%	99%	G	G	n/a	n/a	n/a
13a	CPA: - employment status recorded	50%	99%	99%	G	G	n/a	n/a	n/a
13b	Completeness - CPA: - accommodation status recorded	50%	98%	98%	G	G	n/a	n/a	n/a
13c	Completeness - CPA: - HoNOS	50%	98%	98%	G	G	n/a	n/a	n/a

### 3 Exception Reports

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

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

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

Of the 46 metrics all are currently within accepted limits at month 10

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

Of the 7 metrics all are currently within accepted limits at month 10

#### **On-going Issues**

KPI	Metric	Exec	Op	Target	M10 Perf	YTD	Perf	Comment
O2 BE6	Records Keeping	Dir of Nursing	GS	n/a	n/a	n/a		On-going divisional monitoring reviewed at Team level. Annual audit to support the IG toolkit

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

Of the 6 metrics all are currently within accepted limits at month 10

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

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

Of the 35 metrics all are currently within accepted limits at month 10

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

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

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

The below metric is underperforming at month 10

KPI	Metric	Exec	Op	Target	M9 Perf	YTD	Forecast Outturn	Perf	Comment
O4.1	Readmission Rates <b>Quarterly</b>	Dir of Ops	BMs	<5%	GREEN 4%	AMBER 6%	GREEN	↘	Month 9 – Quarter 3 - Of 300 Eligible discharges 12 were readmitted within 28 days = 4%. YTD - Of 919 Eligible discharges 56 were readmitted within 28 days 6.09% All readmissions YTD have been reviewed and validated. Weekly reports are sent to service leads where readmissions occur.

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


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

All metrics are currently within accepted limits at month 10

**SG4 To be a dynamic organisation driven by innovation**

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

Of the 9 metrics all are currently within accepted limits at month 10 with the exception of the below metric

KPI	Metric	Exec	Op	Target	M10 Perf	YTD	Forecast Outturn	Perf	Comment
O8.6	Percentage of staff compliant with mandatory training appropriate to their role	WF Dir	CD	95%	AMBER 89%	AMBER 89%	AMBER		89% @ month 10 from 90% @ month 9 Month 10 AMH = 90% LDNAOP = 89% CYP = 93% Corporate =88% Work on-going with teams to ensure that all staff attend statutory & mandatory training and maintain their compliance.

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

The 2 metrics are currently within accepted limits at month 10

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

The 3 metrics are currently within accepted limits at month 10

**SG5 To be one of the most efficient providers**

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

Of the 12 metrics all are currently within accepted limits at month 10

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

Of the 2 metrics both are currently within accepted limits at month 10

**4 Benchmarking - Risk Ratings**

Monitor publishes quarterly risk ratings for finance (FRR) and governance (GRR) ratings for Foundation Trusts; Ratings as at February 2014 taken from Monitor website 13/02/14 for local Trusts are set out in the table below:

Trust	Financial risk	Governance risk rating
Birmingham and Solihull Mental Health	3	
Cheshire & Wirral	3	
Derbyshire Healthcare	4	
South Staffordshire	5	
North Staffs Combined Healthcare	2	

**Financial risk rating**

**Governance risk rating**



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

**Red** - Likely or actual significant breach of terms of authorisation

**Amber-red** - Material concerns surrounding terms of authorisation

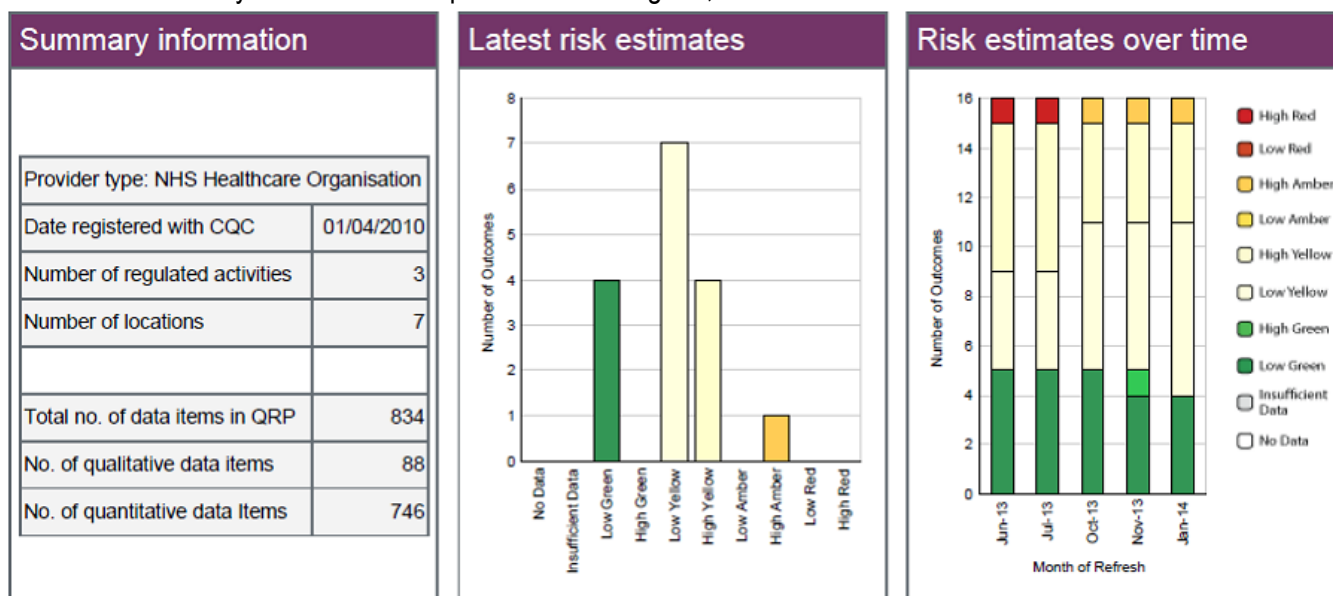
**Amber-green** - Limited concerns surrounding terms of authorisation

**Green** - No material concerns

## 5 Quality and Risk Profile (QaRP)

### Executive Summary

At the end of January 2014 the overall position remains good, as follows:



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

## 6 Recommendations

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

Enclosure 16

## REPORT TO TRUST BOARD

Date of Meeting:	27 February 2014
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 19 February 2014 <a href="mailto:glen.sargeant@northstaffs.nhs.uk">glen.sargeant@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This report presents the monthly NTDA self-certification documents for Board approval.</p> <p>These self-certification declarations form part of the NTDA Oversight and Escalation Process and have now fully replaced the previous PMR (Provider Management Regime) return.</p> <p>Based on January 2014 data, the Trust is declaring compliance with all requirements.</p>
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.
Relationship with Annual Objectives:	To manage delivery of the milestones towards achieving FT status, in preparation for the proposed acquisition transaction.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None

Recommendations:

The Board is asked to :

- Approve the self-certifications for submission to the NTDA on or before the last working day of February 2014.

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

---

### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

### COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



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

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

## COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



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

### 1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

### 2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

### 3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

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

### 4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

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

**5. Condition P1**  
Recording of information.

Timescale for compliance:

**6. Condition P2**  
Provision of information.

Timescale for compliance:

**7. Condition P3**  
Assurance report on  
submissions to Monitor.

Timescale for compliance:

**8. Condition P4**  
Compliance with the  
National Tariff.

Timescale for compliance:

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

**9. Condition P5**  
Constructive engagement  
concerning local tariff  
modifications.

Timescale for compliance:

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

**10. Condition C1**

The right of patients to  
make choices.

Timescale for compliance:

**11. Condition C2**

Competition oversight.

Timescale for compliance:

**12. Condition IC1**

Provision of integrated  
care.

Timescale for compliance:

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

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### CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

### SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

### BOARD STATEMENTS:





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

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

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## BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

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

### 1. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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## BOARD STATEMENTS:



For CLINICAL QUALITY, that

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

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For CLINICAL QUALITY, that

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

3. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For **FINANCE**, that

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

**4. FINANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



For **GOVERNANCE**, that

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

**5. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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**BOARD STATEMENTS:**



For GOVERNANCE, that

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

6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

7. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

10. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

11. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

12. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

13. GOVERNANCE  
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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BOARD STATEMENTS:



For GOVERNANCE, that

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

14. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

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



## REPORT TO: Trust Board (open)

Date of Meeting:	27 February 2014
Title of Report:	Update on the Transactions Process
Presented by:	Mr K Lappin, Director of Finance
Author of Report: Name: Date: Email:	Sandra Storey Trust Secretary 20 February 2014 <a href="mailto:sandraj.storey@northstaffs.nhs.uk">sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Information</li> </ul>
Report:	<p>At the Trust Board meeting in January 2014, board members were provided with information on progress against the transaction process.</p> <p>It was reported that on the 22nd January 2014 our host CCGs held a Mental Health Clinical Summit. The event was well attended by our clinicians and senior managers. Its focus was on aligning our Clinical Strategy with their Commissioning Intentions. A key issue was a need to further integrate services across the whole Health Economy.</p> <p>Since that time the Trust and the CCGs for Stoke on Trent and North Staffordshire have announced that they will be undertaking further work on developing clinical pathways to further improve the integration of mental health, learning disability and substance misuse with physical health and social care services. It is expected this work will take 6 months.</p> <p>The review will be undertaken working closely with service users and carers, the Patients' Congress established by the CCGs, GP practices, local NHS trusts - University Hospital of North Staffordshire NHS Trust (UHNS) and Stoke on Trent and Staffordshire Partnership NHS Trust (SSOTP) - Social Services in Stoke on Trent and North Staffordshire and third sector partners including Brighter Futures, Changes and MIND.</p> <p>The Trust has agreed with the CCGs and with the NHS Trust Development Authority [TDA] that further work on options for future sustainability of services should pause for six months while the service review is carried out.</p> <p>Further information will be reported back to the Trust Board accordingly.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Cuts across all strategies</li> <li>Part of process to retain sustainable clinical services</li> </ul>

Relationship with Annual Objectives:	Principal Objectives / Annual objectives: PO7, PO8, PO9, PO10, PO11
Risk / Legal Implications:	Project advisers includes legal firm.
Resource Implications:	Part of process to secure a sustainable financial position
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	N/A
Recommendations:	Receive for information purposes

### REPORT TO: **Trust Board**

Date of Meeting:	27 February 2014
Title of Report:	People and Culture Development Committee Report
Presented by:	Mr Peter O'Hagan Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs  18 February 2014 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For information / assurance</li> </ul>
Executive Summary:	This report provides a summary of the meeting of the People and Culture Development Committee that took place on the 17 February 2014, which in the main was a developmental session focusing on Service Line Management (SLM). The report highlights key points discussed and agreed outcomes.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Workforce Strategy</li> <li>Governance Strategy</li> <li>Customer Focus</li> </ul>
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee in respect to terms of reference
Recommendations:	<ul style="list-style-type: none"> <li>To receive for information and assurance purposes.</li> </ul>

**High level summary of the People and Culture Development Committee meeting held on the 17 February 2014 to raise at the Trust Board meeting on 27 February 2014**

**Change to Committee Membership**

The Chair informed committee members that Mr Roger Carder, Non Executive Director would be retiring from the committee. Mr Carder has been a member of the committee since its establishment 12 months ago. The Chair and committee members thanked Mr Carder for his commitment and support in helping to shape and develop the culture of the committee.

From March 2014, Mr Patrick Sullivan, newly appointed Non Executive Director and Chair of the Trust's Quality Committee, will become a member of the committee. The Chair welcomed Mr Sullivan to the committee.

**Review of Effectiveness**

The Chair acknowledged that 12 months had passed since the inaugural meeting of the committee and that a lot of work and progress had been made. It was agreed that at the next meeting there would be time given to focus on achievements of the last 12 months and the resulting priorities for the committee going forward.

**Focus of the committee meeting – 17 February 2014**

The first part of the meeting concentrated on service line performance and the assurance given by the service leads in respect to the performance against key workforce indicators:

- **Workforce Service Line Performance**

The committee received presentations from each of the service line leads on their performance against key workforce indicators. The main areas of discussion related to management of sickness absence, which had shown a small but short term increase in some areas, further improvement with compliance against mandatory training and personal development review. Further to previous discussions around the current vacancy position in each of the service lines, it was noted that work is ongoing in the divisions to clarify the number of actual vacancies. Where there had been expenditure on bank staff it was indicated that this will likely reduce following recruitment to a number of vacancies. The committee agreed that every effort is being made to maximise the benefits of transferrable skills and ensure that staff affected by change are being properly supported throughout the process.

As part of the cycle of business, it was agreed that there would be a drill down of service line performance on a quarterly basis. This would allow the opportunity to undertake a trend analysis across each of the service lines resulting in a more focused discussion around any common themes emerging and subsequent mitigating actions.

The second part of the meeting concentrated on the developmental aspect of the work of the committee:

- **Service Line Autonomy – Strengthening the Focus on what has recently been reviewed**

Group exercises were undertaken to discuss the benefits of service line management, how autonomy and devolution is defined, why it is important and what teams want to achieve.

All staff engaged well in this discussion and the session proved to be very informative in respect to members debating what they felt had been working well and sharing their thoughts and ideas where further work is needed. One of the areas highlighted was the need to invest in business development skills. It was also agreed that there needed to be a review of the current service lines and the approach to service line management. This would be timely around the work starting shortly on clinical pathways.

Leads and timescales were identified to take forward this important piece of work, the progress against which would be reported back to the committee in April 2014.

**Next Meeting of the committee:**

**17 March 2014**

On behalf of the Committee Chair, Mr Peter O'Hagan

Sandra Storey  
Trust Secretary

18 February 2014