North Staffordshire Combined Healthcare **NHS**

NHS Trust

MEETING OF THE TRUST BOARD

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

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS**	Note
3.	**DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS**	Note
4.	**MINUTES OF THE OPEN AGENDA – 27 FEBRUARY 2014** *To APPROVE the minutes of the meeting held on 27 February 2014*	Approve Enclosure 4
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 5
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Acting Chief Executive*	Note Enclosure 7
	TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)	
8.	**SPOTLIGHT ON EXCELLENCE** *To PRESENT the Spotlight on Excellence Team and Individual Awards to staff* *To be introduced by the Chief Executive and presented by the Chair*	Verbal
9.	**PRESENTATION FROM THE CHEBSEY CLOSE REHABILITATION TEAM** *To RECEIVE a presentation from the team on their service from Dr. Pernia Arshad, Clinical Lead, Jackie Shenton, Team Leader and Stacey Finnerty, Staff Nurse.*	Verbal
10.	**QUALITY COMMITTEE REPORT** *To RECEIVE an update from Mr. P. Sullivan Chair of the Quality Committee from the meeting held on 18 March 2014*	Assurance Enclosure 10

11.	**FRANCIS, KEOGH, BERWICK & CAVENDISH RECOMMENDATION IMPLEMENTATION** *To RECEIVE a report on the recommendation implementation from the above reports from Mrs. C Donovan, Acting Chief Executive*	Assurance Enclosure 11

TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)

12.	**FINANCE REPORT – Month 11 (2013/14)** *To RECEIVE the month 11 financial position from Mr. K Lappin, Director of Finance* **BUDGET SETTING 2014/15** *To APPROVE the Budget Setting foe 2014/15 from Mr. K Lappin, Director of Finance*	Assurance Enclosure 12a Approval Enclosure 12b
13.	**ASSURANCE REPORT FROM THE FINANCE & ACTIVITY COMMITTEE CHAIR** *To RECEIVE the Finance & Activity Committee Assurance report from the Chair, Mr. T Gadsby from the meeting held on 20 March 2014*	Assurance Enclosure 13
14.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 11** *To RECEIVE the month 11 Performance Report from Mr. K Lappin, Director of Finance*	Assurance Enclosure 14
15.	**AUDIT COMMITTEE REPORT** *To RECEIVE the Audit Committee report from the meeting held on 13 March 2014 the from the Acting Chair of the Audit Committee, Mrs. B Johnson*	Assurance Enclosure 15
16.	**SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY** *To APPROVE the Self Certifications for the TDA from Mr. K. Lappin, Director of Finance*	Assurance Enclosure 16
17.	**NHS TRUST DEVELOPMENT AGENCY – REPORT ON PROVIDER PERFORMANCE** *To RECEIVE a summary report from Mr. K. Lappin, Director of Finance*	Discussion Enclosure 17

TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)

18.	**PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT** *To RECEIVE the People and Culture Development Committee report from the meeting held on the 17 March 2014 from Mr. P. O'Hagan, Committee Chair*	Assurance Enclosure 18
19.	**STAFF SURVEY RESULTS** *To RECEIVE the Staff Survey results from Mrs. C. Donovan, Acting Chief Executive*	Note Enclosure 19
20.	**To *DISCUSS* any Other Business**	

QUESTIONS FROM MEMBERS OF THE PUBLIC

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

DATE AND TIME OF THE NEXT MEETING

22.	*The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 24 April 2014 at 10:00am.*	
23.	**MOTION TO EXCLUDE THE PUBLIC** *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	

THE REMAINDER OF THE MEETING WILL BE IN PRIVATE

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

	DECLARATIONS OF INTEREST	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	OPERATING AND COST IMPROVEMENT PLAN	Assurance

North Staffordshire Combined Healthcare **NHS**

NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 27 February 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	Mrs K Wilson Director of Nursing & Quality	

In attendance:

Mrs S Storey Trust Secretary / Head of Corporate and Legal Affairs	Mrs K Walker Secretariat Manager	Mrs A Roberts Head of Communication/ Engagement
Mr J Gould Health-watch	Team Spotlight: Melanie Hart Carol Hinds	Individual Spotlight: Carol Bain
Dave Blackhurst The Sentinel	Ian Syme Health-watch	

The meeting commenced at 10:00am.

39/2014	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 Mrs Wilson to her first Board meeting since commencing in post on 3 February 2014.	

	The Chair welcomed Dr Okolo to the meeting in the capacity of Acting Medical Director in Dr Adeyemo's absence.	
	The Chair welcomed all attendees to the meeting.	
40/2014	**Declaration of Interest relating to agenda items**	
	Dr Tattum informed the Board that he is a Board member of Aruna Medical.	
41/2014	**Declarations of interest relating to any other business**	
	There were no declarations of any other business	
42/2014	**Minutes of the Open Agenda – 30 January 2014**	
	The minutes of the open agenda of the meeting held on 30 January 2014 were approved as a correct record subject to the minor amendment on page 17, reference number 17/2014 to state Aruna Medical.	
43/2014	**Matters arising**	
	The Board reviewed the action monitoring schedule and agreed the following:-	
	• *262/13 (a) – Acquired Brain Injury outline business case.* Mr Rogers reported that a further update will be submitted to the Finance & Activity Committee. It was agreed to remove this action from the schedule.	
	• *262/13 (b) – Tier 4 outline business case.* Mr Rogers informed the Board that this has been discussed with the NTDA.	
	• *264/13 – Performance report – re-admission rates.* Mr Rogers reported that work has taken place in relation to re-admissions. A report will be submitted to the Quality Committee. This target is aimed at Acute Trusts.	
	• *391/13 (b) – Meeting with UHNS re: integrated care.* Mr Rogers reported that a meeting has taken place with UHNS. Commissioners are discussing sharing a ward with UHNS.	

44/2014	**Chair's report**	
	The Chair reported that there is no question that the NHS locally faces financial pressures, together with the increased demand on services. However, this is a time of considerable opportunity for the Trust.

The Trust has announced with the Clinical Commissioning Groups that there will be a review of clinical pathways which will take 6 months. It is very important that this review is carried out closely with service users and carers and that it is linked with the patient congress, GP practices, local NHS Trusts and crucially social care and third sector partners. One of the main priorities of the review is to develop an integrated approach.

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.

The Chair stated that this is a new direction of travel for the Trust and drew the Board's attention to quotes from Dave Hughes, Clinical Accountable Officer for North Staffordshire CCG, Kathryn Singh at the NTDA and Dr Andrew Bartlem at Stoke on Trent CCG.

Dave Hughes "We are very pleased by what we are hearing from our colleagues in mental health and feel positive about getting this right for everyone in the area."

Kathryn Singh, Portfolio Director at the NHS Trust Development Authority, *"We will continue to work with the Trust and local NHS partners and help them develop the best model to secure long-term sustainability for Trust services. To inform this process, it is essential that this important review takes place. Finding the best solution will take time, and as part of this process the Trust needs to look at strengthening the alignment of its clinical services with those across North Staffordshire and Stoke on Trent."*

Andrew Bartlam, Clinical Accountable Officer for Stoke on Trent CCG said: *"We are all committed to putting local people in charge of developing health and social services that are right for them – and I have no doubt that this review makes a good start on improving the way we work together across Stoke and North Staffordshire to do just that."*

The expectations of non-foundation trusts (FTs) have changed | |

significantly over the last 12 months. In December 2012 the Board's view was that it could not become an FT by the national deadline of 2014 and took a decision to be acquired. The Trust is one of a large number of Trusts who are not yet FTs. The expectation is that the Trust will be here longer than originally anticipated. The focus for the Trust is on achieving long term sustainability for the services it provides and taking every opportunity to consider the options available. These developments have been received positively internally and externally. There is now an opportunity for the trust to focus on; Building strong relationships with commissioners, other Trusts, social care and the third sector Making a reality of integration through the work on clinical pathways Building a strong and engaged management community in the Trust Winning new business Making progress on the use of technology including electronic records Encouraging innovation Thinking widely and radically about our future organisational form	

	Received	
45/2014	**Chief Executive's Report**	
	On behalf of the Chief Executive, the Deputy Chief Executive updated the Board on activities since the last meeting. The key highlights from the report are:- 1. **Development in Mental Health, Learning Disability and Substance Misuse Services** The key work for the Trust will be to focus on the development of integrated care pathways and clinical models, building on work already underway in many of our service areas. 2. **MH Concordat** 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.	

The Concordat has four key principles, access to support for people before they reach a crisis, urgent access to crisis care, the right quality of treatment when a person is in crisis, recovering and staying well and preventing future crisis. The Concordat encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe. The partnership work the Trust are engaged in with the police is an example of how we can support the Concordat commitments.

3. **Development 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.

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 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.

This is very positive work and supports the Mental Health Concordat.

4. **Senior Board appointments**
The Trust is 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.

5. **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.

6. **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 forward a Leadership Programme with team leaders, 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.

7. **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.

Mrs Johnson queried the Healthcare Support Workers training programme and if the board will receive regular updates on developments?

Mrs Donovan responded that Healthcare Support Workers are a significant part of the Trusts workforce. The people and Culture Committee had received briefings and future updates will come to both the Committee and the Board.

	The Chair commented that a quarter of Trusts surveyed by the HSJ reported that they do not have training programmes for Healthcare Support Workers. *Dr Tattum asked what steps have been taken to promote the launch of the memory clinic as GP's are not aware of this?* Mrs Donovan responded that she would make sure that the information was made available.	
	Received	
46/2014	**Spotlight on Excellence Awards**	
	The Chair presented the individual and team spotlight awards to: - **1. Individual Spotlight – Carol Bain, OD & Innovation Facilitator** Carol Bain has worked in North Staffordshire Combined Healthcare for over 15 years. In that time she has worked in a number of corporate roles including those relating to training, project management and organisational development. Carol has responsibility for supporting improving the way that the Trust works. This includes being the link person for Learning Disabilities division where she helps to facilitate improvement and support changes. She also has a corporate lead for project areas such as the Service Line Reporting and Mystery Shopper. Carol also leads the whole process for the Trust REACH Awards. Carol ensures that she delivers all of her work to the highest standards with the minimum fuss. She doesn't just do her work to a high standard she takes real ownership and personal responsibility for ensuring it is done well. For example, when she organises the REACH Awards she takes personal responsibility, with members of the team, for making sure that all communications are sent, that we gain sponsorship for the event, that people are properly briefed for judging and that everyone has a special evening. There are a number of aspects of this that she does in her own time to ensure it is of a standard that she is satisfied with. This means that staff recognition awards are a really special event for staff.	

	2. Team Spotlight Award – Darwin Centre Inpatient CAMHS. This month's team spotlight Award and presentation is from the Darwin Centre Inpatient Child and Adolescent Mental Health Service line. The Darwin Centre is a regional 15 bedded Tier 4 inpatient service, for young people aged between 12 and 18 years. The service provides assessment and treatment of emotional and mental health disorder, and provides support for both the individual and family unit. The team have been developing a health promotion care pathway, focussing on physical health and well-being and are currently auditing the take up rate from all young people admitted to the service from 1st February 2014.	
	Received	
47/2014	**Clinical presentation from the Darwin Centre Inpatient CAMHs service in respect to Health Promotion within their Adolescent Inpatient Service**	
	The Board received a presentation on the work of the Darwin Centre inpatient team from Melanie Hart and Carol Hinds. The Chair stated that it is very important to think about physical health. *Mrs Donovan asked if the use of technology has been considered through interactive games etc to enable key messages to be more user friendly to young people?* Ms Hart responded that this will be considered. *Mrs Wilson asked how the model of care is constructed? And if the health promotion work picks up how children can recognise the signs of being well mentally.* Ms Hinds responded that some of our patients have recognised disorders, but some patients have emotional issues. The mental health matters group picks this up. *Dr Sheppard commented that some of physical wards at the University Hospital of North Staffordshire could benefit from health promotion. What training have the staff had on this?* Ms Hinds reported that a number of staff have completed teaching courses. Some Healthcare Support Workers have completed group work courses together with some of the Nursing staff. The health promotion work is not about giving out information to the patients, it is about interactive work.	

	Mr Rogers commented on the future shape of CAMHS and the capacity and what could be done in the community.	
	Ms Hart stated that the team would like to have an in-reach/ out-reach service similar to the tier 3+ service in Shropshire but this is about investment and staff.	
	Mr Sullivan asked if being a regional unit makes it more difficult to follow through on the work once the patients leave the unit.	
	Ms Hart responded that any follow up is covered at the last CPA meeting with the patients to finalise the care packages.	
	Dr Tattum asked if there is any evidence to demonstrate that the work on health promotion should be rolled out across all areas?	
	Ms Hinds reported that audits take place every quarter, the evidence in relation to the follow up could be difficult to audit. The team have done a lot of work on weight management and there have been follow ups with dieticians.	
	Mr Rogers commented that there is an opportunity with the clinical pathway work to ensure this type of work is included.	
	The Chair thanked the team for their excellent presentation.	
	Received	
	There was a break at 11:08am. The meeting resumed at 11:15am.	
48/2014	**Summary of the Quality Committee meeting held on 18 February 2014**	
	Mr Sullivan, Non-Executive Director, provided the Board with a summary report from the meeting held on 18 February 2014 and reported that the committee received assurance in a number of areas.	
	Serious Incident report Q3 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.

Safe Staffing Review
The committee noted that 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.

Review of complaints Process and Procedure
It was noted that work was progressing well on the review of the Trust's processed 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.

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.

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.

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.

Mr Sullivan reported that some of the discussion at the meeting related to the development of reports in the future and meeting the outcomes on patient experience.

Mrs Wilson thanked Mr Sullivan for the chairing of the meeting.

	Mrs Storey reported that in 3 months there will be a review of effectiveness of the committee.	
	Received	
49/2014	**Risk Management Committee Report**	
	Mrs Johnson Non-Executive Director, provided the Board with a summary report from the meeting held on 12 February 2014	
	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.	
	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	
	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.	
	Received/ approved	
50/2014	**Principal Risk Register**	
	Mr Lappin, Director of Finance, presented the Quarter 3 Principal Risk Register report which was discussed at the Risk Management Committee.	
	Quarter 1 of 2014/15 will be reviewed by the Executive team in March and submitted to the Risk Management Committee in April.	
	The Chair commented that it is interesting to note how some of	

	the issues will be addressed as part of the clinical pathway work.	
	Received	
51/2014	**Financial Performance – Month 10**	
	Mr Lappin, Director of Finance, presented this report and highlighted the headline performance.

Headline performance is:

- A retained deficit of £0.457 m, giving a favourable variance against plan of £122k

- A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m)

- A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2

- CIP plans in place for the target of £3.5m, with additional schemes under development

Capital expenditure of £0.1m to date and forecast expenditure of £1.14m against the revised limit of £1.64m

Mr Lappin drew the Boards attention to table on page 1 of the report and that the Trust is currently £320,000 ahead of plan in relation to the cost improvement programme.

The Trust has had an in month gain of £4m of cash, which is due to the Trust receiving funding payment of £2m for hosting the CLRN and an advanced payment from the CCG's of £2m. A cash balance of £9.2m at the end of January 2014.

In relation to 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).

Mr Sullivan asked if the Board can be assured that capital funding will be spent next year?

Mr Lappin responded that in terms of assurance, the Trust submits returns on capital plans to the NTDA and a detailed plan for capital schemes will be submitted to the March Finance & Activity Committee. | |
	Received	

52/2014	**Assurance Report - Finance and Activity Committee Report – 20 February 2014**	
	Mr Gadsby, Non-Executive Director, presented the Finance and Activity Committee assurance report to the Board from the meeting held on 20 February 2014.	
	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 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 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.	
	Mrs Donovan commented that it is important during March that the Quality Committee looks at the Quality Impact on the proposed CIP schemes.	
	The Chair stated that overall the Trust is in a good position.	
	Received	
53/2014	**Performance Report – Month 10 2013/14**	

	Mr Lappin, Director of Finance, presented this report which provides the Board with a summary of performance to the end of Month 10.	
	The Trust is not reporting any indicators as red at month 9 and 2 indicators from a total of 133 are assessed as amber.	
	The Chair commented on the very commendable performance and noted that the Trust is delivering on both finance and performance.	
	Received	
54/2014	**NHS Trust Development Authority**	
	Mr Lappin, Director of Finance, presented for approval the monthly NDTA self certification document which declared compliance with all requirements.	
	Approved	
55/2014	**Progress Report on Transaction**	
	It was noted that this item was covered earlier on the agenda.	
	Mr O'Hagan stated that a formal meeting of the Transaction Project Board should be convened to formalise the pause in the transaction process.	**Mr Lappin**
	Received	
56/2014	**People and Culture Development**	
	Peter O'Hagan Non-Executive Director, presented the summary reports from the People and Culture Development Committee meetings which took place on 17 February 2014.	
	The committee was informed 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 committee 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. **Workforce Service Line Performance** The committee received presentations from each of the service line leads on their performance against key workforce indicators. 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. **Staff Survey** Mr O'Hagan reported that since the last committee meeting the Trust has received the results from the last staff survey. The detail behind the results will be reviewed at the March committee meeting. The Chair commented that staff need to feel able to raise issues.	
	Received	
57/2014	**Questions from the public**	
	Mr Syme commented that following on from the Chairman's comments earlier, it is good that relationships have improved with commissioners. There have been a number of changes to the Board. This is the second Board meeting where the Chief Executive has been absent. Can you comment on this? The Chair responded that Ms Myers is currently on leave and that he was unable to say any more at the present time, once he is in a position to say more he would let Mr Syme know. *Mr Syme asked about integrated care in conjunction with the NICE guidance and Quality Standards. How does the Trust approach the Quality Standards?*	

	Dr Okolo reported that some of the work the Trust is starting to do on care pathways will pick this up. The main challenge for the Trust is the interface with our services and other organisations. The Quality Standards is about collaboration and co-operation. *Mr Syme commented that it is his fear that there will be no ownership of this?* Dr Okolo responded that the Trust will be looking at the standards and will be crystalising thoughts. *Mr Syme asked about Health & Well-being Boards, how is the Trust going to start dialogue and debate?* Mrs Donovan reported that this is a national issue that provider organisations are not part of Health & Well-Being Boards. This issue has been raised at the Cross Economy Leaders Group and is a priority for the Trust. *Mr Blackhurst asked who the Accountable Officer is in the Trust?* The Chair reported that Mrs Donovan is the Acting Chief Executive and Accountable Officer at the present time. *Mr Blackhurst commented on the 6 month pause, is there any evidence of any negative impact in terms of service developments?* The Chair responded that his view is that staff have worked hard to make sure this does not happen. Uncertainty is bad for organisations. Mrs Wilson stated that the performance report is strong assurance that this has not happened. Mrs Roberts commented that each month the Trust has a presentation of service developments and tenders. Mr Lappin reported that the Trust plans on the basis that it is an ongoing organisation. The clinical areas plan on an ongoing basis. Mr O'Hagan stated that the staff are committed to the care of service users and this has been apparent on the Board to Ward visits to clinical areas.	
58/2014	**Any other business**	

	There was no other business to be discussed.	
59/2014	**Date and time of next meeting**	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 27 March 2014, at 10:00am, in the Boardroom, Trust HQ.	
60/2014	*** Motion to Exclude the Public**	
	The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12:10pm.

Signed: _____   Date_____

         Chairman

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
		Trust Board - Action monitoring schedule (Open)			
31-Oct-13	264/13	Performance Report - re-admissions to be considered in terms of how re-admisisons are treated/ counted to be explored further and reported back in due course.	Mr Lappin/ Mr Rogers/Dr Adeyemo	27-Feb-14	Mr Rogers reported that work has taken place in relation to re-admissions. A report will be submitted to the Quality Committee. This target is aimed at Acute Trusts.
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 reported that a meeting has taken place with UHNS. Commissioners are discussing sharing a ward with UHNS.
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	
27-Feb-14	55/2014	Formal meeting on Transaction Project Board to be arranged	Mr Lappin	27-Mar-14	

North Staffordshire Combined Healthcare NHS Trust

REPORT TO: Open Trust Board

Date of Meeting:	Thursday 27 March 2014
Title of Report:	Acting Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: **Name:** **Date:** **Email:**	Caroline Donovan, Acting Chief Executive Caroline Donovan 20 March 2014 Caroline.donovan@northstaffs.nhs.uk
Purpose / Intent of Report:	• For Information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to: **How does this impact on patients or the public?**	• Customer Focus Strategy • Clinical Strategy • ~~IM and T Strategy~~ • Governance Strategy • ~~Innovation Strategy~~ • ~~Workforce Strategy~~ • ~~Financial Strategy~~ • ~~Estates Strategy~~
Relationship with Annual Objectives:	To ensure safe provision of clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	N/A
Recommendations:	To receive this report for information

North Staffordshire Combined Healthcare Trust

Acting Chief Executive's Report to the Board of Directors
27 March 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. FURTHER DEVELOPMENTS IN SUBSTANCE MISUSE SERVICES

Our substance misuse service is delighted to have been successful in recent tendering for services in Staffordshire. A partnership - known as 'One Recovery' - has been formed with ADS, ADSIS, Changes, Brighter Futures and ARCH. From the start of July, the partnership will be delivering community alcohol and drug services across the whole of Staffordshire (excluding Stoke-on-Trent which is a separate authority).

For the Trust, it is a considerable expansion of our current work in North Staffordshire. The partnership provides an opportunity to work in truly integrated ways and see improved outcomes for those using services. The roll out of the service will see the partnership liaise with a range of other services, including other NSCHT teams.

3. SECRETARY OF STATE FOR HEALTH MESSAGE SHARED WITH STAFF

One year on from Francis, the Secretary of State for Health (SoSfH) released a message to all NHS staff on the important changes to support staff so they can raise concerns about patient care and safety.

The messaged reinforced that the SoSfH's top priority remains to support staff in creating a more patient-centred, compassionate NHS. Our staff, along with those in all NHS trusts, have received a letter which reiterates how strongly the Government feels that staff should be able to raise any concerns about patient care and safety and that whistleblowers speaking out about poor care should be confident they will be listened to.

National changes which underpin this commitment include:
- all NHS employment contracts include the right to raise concerns about care
- the NHS Constitution has been amended to strengthen the commitment to supporting staff who do so.
- a national helpline has been set up - independent from employers and the Department of Health and completely confidential - to provide advice to anyone in health or social care who wants to raise a concern. The number is 08000 724 725.
- a new duty of candour is being introduced, so that when things go wrong, organisations have a duty to admit mistakes and tell patients what has happened. The professional regulators will be working together to include a new consistent professional duty of candour in codes of conduct.

We are committed to supporting our staff and support an open culture which supports staff to speak up for the patients in our care. The SoSfH's message has been shared with all employees.

4. **MENTAL HEALTH ACT – SELECT COMMITTEE**

A House of Lords select committee has published a report on the use of the Mental Capacity Act.

The committee was set up in May 2013 and has held an inquiry over the course of the last ten months. In its report, the committee says it found that the Act was not being implemented properly. In particular it found:

- Capacity is not always assumed when it should be – the Act is very clear that in every case the starting point should be an assumption that a person does have the capacity to make a decision.
- Capacity assessments are not always carried out and when they are they aren't always done properly.
- Professionals are sometimes unwilling to let people make decisions they think are unwise, and may use the Act to remove a person's right to make that decision.
- Decisions are sometimes based on clinical judgments and the resources available, rather than on the wishes of the person concerned.
- Deprivation of Liberty Safeguards, which are there to make sure that a person's rights are respected when, for example, they are prevented from freely leaving a care home (because it isn't considered safe for them to do so), are not always being used, or are not being used appropriately.

Overall, the committee concluded that vulnerable adults are being failed by the Act, which is designed to protect and empower them, because those involved in the care of vulnerable adults are not aware of the Act, and are failing to implement it.

The committee has made two main recommendations. The first is that an independent body is given responsibility for monitoring the use of the Act and for raising awareness and understanding of it by professionals. This will help make sure that the Act is used properly and more widely.

The committee is also recommending Deprivation of Liberty Safeguards are scrapped and replaced with an alternative that is easier to understand and implement.

We continue to monitor the progress on this report via the bi-monthly Mental Health Law Governance Group and North Locality Section 136 Group meetings.

5. **STAFF SURVEY**

The annual NHS Staff Survey is a really important means of enabling staff to tell us what it is like working in the Trust both what we do well and where we could make improvements. It also allows us to identify differences in staff experience in different areas of the Trust, as well as comparing the experience of our staff with that of staff in other mental health trusts. We carefully analyse the feedback we receive each year and develop action plans to try to respond to the issues emerging.

Generally, at a national level, the 2013 results show an improvement in a number of indicators, despite the challenging times that NHS staff are working in. At NSCHT, we have maintained our survey scores on the vast majority of the survey measures. Two measures improved significantly:-

- % experiencing physical violence in last 12 months (from 6% in 2012 to 3% in 2013)
- % appraised in last 12 months (from 90% in 2012 to 94% in 2013)

Only one survey measure worsened slightly (the percentage of staff saying that they are working extra hours, from 61% to 69%). The fact that we have been able to maintain our scores is a

ACEO Report March 2014
NSCHT

significant achievement following another difficult year for the Trust, with considerable uncertainty about the future form of the organisation.

The Trust will now begin work to fully digest the survey results and to begin to identify areas for action in relation to the feedback that you have given. We will be receiving a paper later on today's agenda but other work is already ongoing, including a working group which is analysing the survey results. This work will continue with a wider audience through a future Plenary session with our team leaders and managers, where we will review the results and key themes and develop action plans in response to these. Following this, individual service lines and corporate directorates will begin to review their own results and formulate localised plans in response to key messages from staff in their own area.

6. ASTON TEAM DEVELOPMENT PROGRAMME

In my last report to Board, I shared that we are taking forwards a Leadership Programme with a range of staff, including the Executive Team, called the Aston Team Development programme.

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. Where staff were strongly supported they felt more positive about their leaders and felt that they were listened to and appreciation, patient satisfaction, quality of care and financial performance were much higher. Staff absenteeism and even patient mortality were lower.

To support the Programme, our April Plenary session will include a presentation and table group discussion with Professor Michael West. Michael is an inspirational speaker and is able to breathe life into the research findings about effective team working, using examples that are relevant to us all.

Michael's research and team development model is the foundation of the Aston Team Development programme which is being rolled out to all team leaders across Combined Healthcare over the next few months and will form the basis of one of our CQUINS for 2014/5.

We have strongly encouraged all team leaders to come along to this session to find out more about the Aston Team Development approach and the research that underpins this. 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.

Caroline Donovan
Acting Chief Executive
20 March 2014

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: **Open Trust Board**

Date of Meeting:	27 March 2014
Title of Report:	Summary of the Quality Committee meeting held on the 18 March 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 18 March 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For decision / assurance
Executive Summary:	This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 18 March 2014. The full papers are available as required to Trust Board members
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • Clinical Strategy - • Governance Strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	• To note the contents of the report • Ratify the policies highlighted in the report

Key points from the Quality Committee held on the 18 March 2014 to raise at the Trust Board meeting on the 27 March 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:

- **Quality Section of Annual Plan –** it was reported that the Trust's quality agenda focuses on delivering services in response to local commissioning intentions and recent national developments such as the national reviews (Keogh, Berwick, Francis, etc). Four key objectives have been identified as part of the quality framework at the clinical summit held in January 2014 and it was noted that these will help to inform our plans both locally and organisationally.
- **CQUINS for 2014/15 –** the committee were provided with a further summary of the key headings and overview for the CQUINS for the coming year. No issues were identified at this point and progress will be reported to the committee over the coming months.
- **Coroner learning lessons event –** over 110 staff attended the event with the Coroner on the 19 February 2014. Feedback was that the majority of serious incidents or deaths were not in contact with mental health services. There are new rules regarding jury inquests for detained patients where they are treated as death in custody. Consequently there are two jury inquests that will be taking place in the coming months which staff are being prepared for accordingly.
- **Revalidation of doctors** – it was noted that this is progressing well as 2 further doctors are revalidated.
- **Better care for mental health crisis – Crisis Care Concordat**. This Concordat has been signed by more than 20 national organisations in a bid to drive up standards of care for people experiencing crisis such as suicidal thoughts or significant anxiety. Most of the requirements appear in line with work the Trust is already doing in partnership with police, commissioners and other agencies.

Policy Review
Mrs Storey presented the policy report and made recommendations to the committee for ratification by the Trust Board for a period of 3 years, unless otherwise stated:

- **Interpretation and Translation Policy –** extend for 6 months
- **Policy on the use and reduction of restrictive interventions R1**
- **Guidelines for the use of restrictive physical holdings for invasive / investigative procedures R3**
- **Personal Protective Equipment**
- **Policy and guidance on Registration Authority**

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. Dr Udeze raised concern regarding the ongoing problems with the pipes leaking in the roof at Harplands Hospital and the actions being taken by Carillion to address this. As the problem is urrently ongoing this has been escalated for further discussion by the Board.

Dr Barton presented the Children's and Young People's report and noted that work was ongoing in the division to review the risks and their scoring particularly in relation to demand and capacity and availability at times of the Tier 4 beds. It was also noted that action was being taken to ensure business support is available in the division. Particularly of note was the positive review that took place at Dragon Square by the CQC recently.

Mr Boyd discussed the risks attributed to the adult mental health service, particularly in respect to the challenging CIP target and how this is being managed. Positive work was noted in respect to the work undertaken around replacing door handles and responding to potential fire risks. A positive review had also been undertaken by the CQC to Wards 1 & 2 recently.

Quality Impact Assessment of Cost Improvement Programmes (CIP)

Dr Okolo provided the committee with an overview of the quality impact assessment (QIA) that had been undertaken against the current CIP schemes for 2014/15. Initial challenge sessions have occurred with the divisions and some additional clarifications and modifications had been requested in some areas. The QIA of CIPS covered the Adult, LD, and NOAP. Work is progressing to undertake this for the CYP and Corporate areas. It was noted that the detailed analysis of the mitigation relating to risks and governance issues associated with implementation and delivery of CIP's will be routinely monitored at the committee. This will ensure that the committee can give the Trust Board assurance about the robustness of the process and that any cost savings do not adversely impact on the quality of services.

Month 10 Report on Quality Risks

Committee members considered the principal risk report for quality risks at Month 11, 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 CYP division).

Performance Quality Management Framework Report (PQMF) month 11

Committee members reviewed the month 11 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 3 were assessed as under-performing (amber). The committee discussed the mitigating action plans in place to improve performance for these particular metrics and assurance in respect to the final year end position.

Trust Review of Complaints

Mr Laing presented a report on the planned changes that need to be made to support the Trust's position in responding to the Clwyd/Hart review into the NHS complaints process which was undertaken in 2013. It was noted that the Trust's auditors have also undertaken an audit on compliance with the complaints process and recommendations for improvement have been included in the plan. The committee supported the proposals outlined in respect to this important piece of work.

Annual PALS and Complaints Report 2012/13

The PALS and Complaints report was presented by Mr Laing which provided information on the type of complaints and compliments received by the Trust, as well as the learning and action points that have been taken forward.

Freedom of Information Act reports 2012/13 and Quarters 1-3 2013/14

This report provided by Mrs Storey, provided the committee with information on the number of requests made under the Act, which has increased year on year, together with a summary of the type of information requested and by whom.

Domain Updates:

The committee received for assurance the domain reports relating to

> ➢ **Patient safety**
> ➢ **Clinical effectiveness**
> ➢ **Organisational safety and efficiency**
> ➢ **Customer focus**

Quarterly Prone Restraint Report

Mrs Sylvester presented a report which covers the first 3 quarters of the year and evidences that the use of prone restraint within the Trust has decreased year on year. While some restraint will be appropriate, the committee were assured from the report findings that this demonstrates that there is close monitoring in place which will be reviewed on a quarterly basis by the committee.

Suggested approach to implementing the recommendations of the Francis, Berwick, Keogh , Cavendish and Clwyd report.

The committee received this report which had been discussed at the March 2014 meeting of People and Culture Development Committee and agreed with the proposed action plan to progress this work further.

Eliminating Mixed Sex Accommodation – annual declaration of compliance

The detailed report and proposed declaration of compliance was reviewed and approved by the committee. It was recommended to the Board that this compliance statement should be externally displayed on the Trust's website as statutorily required from the 1 April 2014.

Next meeting: 15 April 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
18 March 2014

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: Trust Board

Date of Meeting:	**March 2014**
Title of Report:	Report to Trust Board on the suggested approach to implementing the recommendations of the Francis, Berwick, Keogh, Cavendish and Clwyd Reports
Presented by:	**Caroline Donovan, Acting Chief Executive and Executive Director of Leadership & Workforce**
Author of Report: **Date:** **Email:**	**Paul Draycott** **8 March 2014** **Paul.draycott@northstaffs.nhs.uk**
Purpose / Intent of Report:	For discussion and approval of next steps
Executive Summary:	As the members of the Board are aware the Francis, Berwick, Keogh, Cavendish and Clwyd Reports have all been produced in the past thirteen months and all relate to the improvement of care. This paper has been developed to outline the work undertaken to bring together the various reports against current activities within the Trust. It also identifies a proposed engagement/delivery approach across the trust. It proposes five major themes to communicate and progress this work as we move forward. These are: • Putting Service Users/Clients first – all of the time • Being open and honest • Listening and acting on feedback • Taking every opportunity to learn, develop and improve • Information, systems and processes that help us These are further supported by proposed "commitments" that the Trust will make to deliver these themes. The proposed next steps are then articulated for discussion and agreement: • Reviewed by PCD to discuss gaps, strengths and weaknesses, styling and potential usage – March 2014

	• Reviewed by Quality Committee to discuss gaps, strengths and weaknesses, styling and potential usage – March 2014 • Discussed at Board – March 2014 • Consulted with staff, service users and partners – March to May 2014 • Refined further and developed – June 2014 • Agreed at PCD – June 2014 • Launched as a way of working – June 2014
Which Strategy Priority does this relate to **How does this impact on patients or the public?**	**Quality Strategy** **Workforce Strategy** Patient and public impacted by the provision of high quality care through an organisation that is appropriately focussed, governed and engaged. This will be backed through a culture of openness, engagement, focussed on front line service delivery and with the right support, information, learning, development and communication to achieve this.
Relationship with Annual Objectives:	This work is central to the delivery of all of the Trust objectives.
Risk / Legal Implications:	None
Resource Implications:	There are implications in respect of this however this will be detailed further when the approach is agreed but there is a contingency to deliver this.
Equality and Diversity Implications:	**Promotes diversity and openness**
Relationship with Assurance **Framework [Risk, Control and Assurance]**	**Delivery of recommendations of national reports**
Recommendations:	The Board is asked to: • Review this approach • Suggest amendments • Support the next steps

Report to Trust Board on the suggested approach to implementing the recommendations of the Francis, Berwick, Keogh, Cavendish and Clwyd Reports – March 2014

Introduction

As the members of the Board are aware the Francis, Berwick, Keogh, Cavendish and Clwyd Reports have all been produced in the past thirteen months and all relate to the improvement of care. Many focus on the cultural changes that are required to ensure that standards of care are delivered in a patient centred, transparent, evidence based approach whilst meeting the challenges of an environment where resources are increasingly tight.

This paper has been developed to outline the work undertaken to bring together the various reports against current activities within the Trust. It also identifies a proposed engagement/delivery approach across the trust.

The Reports

There are five reports that the trust wishes to consolidate in to themes to engage and communicate with staff. They are detailed below:

Francis Inquiry – Robert Francis QC led an inquiry into failings at Mid-Staffordshire NHS Foundation Trust and published his final report in February 2013 with 290 recommendations which have been widely publicised and discussed across the NHS and UK in general.

Keogh Report – the Medical Director of NHS England, Sir Bruce Keogh reviewed the quality of care and treatment provided by 14 hospital trusts in England. His report published in July 2013 identified some common challenges facing the wider NHS and set out a number of ambitions for improvement, which seek to tackle some of the underlying causes of poor care.

Berwick Report – produced by Professor Don Berwick this report was commissioned by David Cameron "to make zero harm a reality in our NHS". The report "Promise to learn - a commitment to act" identified a number of problems and recommended actions. He identified that:

"The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end."

Cavendish Report – produced in July 2013 Camilla Cavendish was commissioned to carry out an independent review into health care assistants (HCAs) and support workers in the NHS and social care. She produced 18 recommendations as to how this workforce should be supported and developed to provide the care people deserve.

Clwyd-Hart Report – published in October 2013 Ann Clwyd (MP) and Professor Tricia Hart, (Chief Executive, South Tees Hospitals NHS Foundation Trust) were asked by Jeremy Hunt to lead the review in to complaints and their handling within the NHS and was, in part, a response to the Francis report which highlighted that complaints are a warning sign of problems in a hospital.

Current approaches/themes

The trust has numerous approaches, strategies and national themes to engage staff and to translate these into practice.

These include (but are not limited to):

Trust Values

- Valuing people as individuals
- Providing high quality innovative care
- Working together for better lives
- Openness and honesty
- Exceeding expectations

The themes identified from Francis 12 months ago:

- Openness, Transparency, Candour
- Compassionate professionals
- Strong patient Centred Leadership
- Accurate, useful information
- Clear, enforced standards

Strategies a number of which include the following:

- Quality and Safety
- Workforce
- Research and Development
- Education and Learning
- Organisational Development
- Finance
- Business Development
- Estates
- Nursing
- Leadership
- Staff Engagement
- Communications and Engagement
- Knowledge and Knowledge Management
- IT
- A draft Integrated Business Plan
- A Clinical Strategy in development

The Trust also is expected to translate national approaches/strategies/initiatives in to practice at a local level such as the Chief Nursing Officer 6 C's (Compassion, Competency, Commitment, Courage, Communication, Care) and the reports referred to in this document.

Potential future approach

The reports all lead to one issue – the development of an open, transparent, learning culture which is patient focussed and delivers to safe standards.

Given that the reports were looking at similar issues related to culture and the safety and quality of services it was felt that a theming of the issues and identification of key actions would be a really helpful way to engage staff and ensure that the key lessons and actions were implemented.

The first step was to consolidate all of the various relevant action plans across the Trust in to one area to support the Trust assurance processes. These are provided in Appendix 1 and give detail as to what has happened already and what actions are in progress.

The next step has been to theme areas that can be used to help to have greatest impact on our culture across the Trust. The recommended themes are

- Putting Service Users/Clients first – all of the time
- Being open and honest
- Listening and acting on feedback
- Taking every opportunity to learn, develop and improve
- Information, systems and processes that help us

Themes and our commitments

Under each of these themes there are a number of commitments that are proposed the Trust should consult on and sign up to. These are illustrated below:

Putting Service Users/Clients first – all of the time

- Safe and appropriate staffing levels for clinical teams
- Compassionate care and leadership
- Attending to the basics (as front line and support staff)
- Prioritise service user/client needs (this includes support services doing everything they can to support front line staff to do their best)
- Effective team working within and across teams
- Board to front line – ensure that all ensure they appreciate what we are here to do by spending time with staff who deliver services and listening to them

Being open and honest

- Supportive & visible managers/leaders that listen and act
- Have clear and appropriate standards
- There should be no fear of repercussions
- Seek to promote and support self-confidence in all staff

Listening and acting on feedback

- We will talk to service users/clients/carers (speak to/ask/listen/discuss) and create a culture of listening
- Use formal and informal feedback from service users/clients/carers and staff to inform decisions and actions
- Complete the loop – feedback what has happened as a result of listening

Taking every opportunity to learn, develop and improve with staff

- Use evidence where possible to inform our practices – research, audit, information
- Learn together –across disciplines, managers and clinicians, service users
- Ensure effective management and leadership – compassionate, competent, approachable, learning, sharing
- Make information accessible and usable to support staff, teams and services to improve what they do
- Make the most of systems that support staff – appraisals, supervision, team meetings, formal and informal development

Information, systems and processes that help us

- Review recruitment processes and make it work for teams
- Ensure we have systems that provide information to the services and staff to help them do their job well
- Use service improvement processes to help us be more effective
- Review all our systems to ensure that they serve and are safe

This is summarised in the model outlined in Appendix 2.

Next steps

We have delivered a large number of actions against these reports and now that mapping has taken place, there is an opportunity to explore not just actions but sustained culture change.

There is an initial approach identified that now needs to be discussed and refined. This needs to be done in a way that reinforces the future way of working and acting as individuals and as an organisation. It is therefore proposed that the approach is:

- Reviewed by PCD to discuss gaps, strengths and weaknesses, styling and potential usage – March 2014
- Reviewed by Quality Committee to discuss gaps, strengths and weaknesses, styling and potential usage – March 2014
- Discussed at Board – March 2014
- Consulted with staff, service users and partners – March to May 2014
- Refined further and developed – June 2014
- Agreed at PCD – June 2014

- Launched as a way of working – June 2014

Conclusions

There has been a considerable amount of work undertaken to deliver appropriate actions against the various national reports and these have helped us to improve the way we work. However there are further opportunities related to pulling together a compelling narrative and strategic approach that will help to lever change within the Trust. This is outlined in this paper.

There is now a need to agree this approach and take the steps of engagement and receive feedback to refine the way that we deliver this in 2014.

Recommendations

It is recommended that the Board:

- Review this approach
- Suggest amendments
- Support the next steps

Strong, patient-centred leadership

Original Action Number	Theme	Recommendation	Lead	What we are doing… (Dec 2013) Completed actions	Action… what still needs to be done (Dec 2013)	Implementation Date
195	Nurse leadership	Ward nurse managers should operate in a supervisory capacity, and not be office-bound or expected to double up, except in emergencies as part of the nursing provision on the ward. They should know about the care plans relating to every patient on his or her ward. They should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives. Critically, they should work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. As a corollary, they would monitor performance and deliver training and/or feedback as appropriate, including a robust annual appraisal.	Kenny Laing	Ward Managers within the Trust operate in a supervisory capacity. Leadership, role modelling etc are aspects which should be discussed during PDR's and training such as the People Management Programme and Striving for Excellence is available to Trust managers.		
198	Measuring cultural health	Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	Paul Draycott	A team charter has been developed and is being implemented for all teams. Part of this will include discussions around the prevailing team culture and its impact on care delivered. Students are able to access Keele adaptation programme in the trusts and Keele campus programmes for international students. (EC) Monthly 'mini staff survey' to 150 staff each month (fully anonymous) results fed into PSC and SI&E Steering Group. Will be shared with staff on intranet (in development) (LF) The Staff Support and Counselling Service are available to provide sessions with staff to encourage discussion and feedback which aim to improve team working and culture within teams. The Trust has been undertaking its Mini Staff Survey since October 2012, and so now has a full 12 months' data. The format of the mini survey was significantly revised from July 2013, to improve the reliability and validity of the data emerging, and to support better analysis and response to the issues thus identified. Mini Staff Survey data is captured in a monthly 'snapshot' report to the Executive team. Quarterly reports are reviewed at People and Cultural Development Committee and the Staff Involvement and Engagement Steering Group. Plans for sharing emerging information with staff on SID remain currently in development. Consideration is being given to giving the right level of information in a transparent and open manner, whilst protecting individuals identity (eg where text comments may be revealing of the location of the respondent) and being mindful of the need to avoid creating additional bureaucracy. Efforts are made at intervals to share information about emerging themes, and any responsive action taken, with staff in Newsround or by Team Brief.		In place/ ongoing. Team Charters for all teams from December 2014
217	Common selection criteria	A list should be drawn up of all the qualities generally considered necessary to a good and effective leader. This in turn could inform a list of competences a leader would be expected to have.	Paul Draycott	A competency framework has been developed for different levels of leaders and forms the basis of the 360 feedback process utilised within the Trust. The competency framework underpins in house leadership development programmes. Trust values have been integrated within the competency framework and the 360 feedback process. (CB) Mini staff survey as noted above	Plans in development around developing values based recruitment, including building in the Trust's Leadership framework into selection interview questions (LF)	To be determined by the outcomes of the regional VBR work
Keogh	**Ambition 1:** We will make demonstrable progress towards reducing avoidable deaths in our hospitals, rather than debating what mortality statistics can and can't tell us about the quality of care hospitals are providing.	All trusts should rapidly embed the use of an early warning system and have clinically appropriate escalation procedures for deteriorating, high-risk patients – in particular at weekends and out of hours. There will be the introduction of a new national indicator on avoidable deaths in hospitals, measured through the introduction of systematic and externally audited case note reviews. This will put the NHS ahead of other health systems in the world of understanding the causes of and reducing avoidable deaths.		PPREVENTION OF SUICIDE AND MANAGEMENT OF HIGH RISK PATIENTS We don't have national bench mark info for the Suicide Intention Scale. We are in the second year of the CQUINN programme for preventing suicide, previously year 1 focused on inpatients. Year 2's focus is on community patients. We take part in natioanal confidential enquiry into suicide and homicide. The Resusitation policy, makes reference to the management of high risk patients in crisis. The NHS Benchmarking framework incorparates work from the workstreams.		
Keogh	**Ambition 3:** Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.	Involving patients and staff was the single most powerful aspect of the review process. Patients were key and equal members of the review teams. The very best consumer focused organisations, including some NHS trusts, embrace feedback, concerns and complaints from their customers as a powerful source of information for improvement. Patients and the public should have their complaints welcomed. Transparent reporting of issues, lessons and actions arising from complaints is an important step that the NHS can take immediately to demonstrate that is has made the necessary shift in mindset. . Realtime patient feedback and comment must become a normal part of provider organisations' customer service and reach well beyond the Friends and Family Test.		Two models of clinical consultations - changed the way we deliver services. Engaging with members of the public to shape services (see Annie Roberts). See re Annie membership. Friends and family - ask all in pt discharged F & F test. Rolling out F & F into community. Health watch - quality accounts, provide feedback. A number of mechanisms for listening and responding to both pt and carer feedback. Pt Experience CQUINN 13-14. Trust is implementing 15 steps to mental health. Board does regular Board to team visits. Two models of clinical consultations - changed the way we deliver services. Engaging with members of the public to shape services (see Annie Roberts). See re Annie membership. Friends and family - ask all in pt discharged F & F test. Rolling out F & F into community. Health watch - quality accounts, provide feedback. A number of mechanisms for listening and responding to both pt and carer feedback. Pt Experience CQUINN 13-14. Trust is implementing 15 steps to mental health. Board does regular Board to team visits.		
		· Providers should forge strong relationships with local Healthwatch who will be able to help them engage with patients and support their journey to ensuring more comprehensive participation and involvement from patients, carers and the public in their daily business.		The CEO currently meets with the local Healthwatch on a regular basis and we are engaging with them as the Healthwatch becomes established		
		· The very best consumer-focused organisations, including some NHS trusts, embrace feedback, concerns and complaints from their customers as a powerful source of information for improvement. Patients and the public should have their complaints welcomed. Transparent reporting of issues, lessons and actions arisng from complaints is an important step that the NHS can take immediately to demonstrate that it has made the necessary shift in mindset.		The Trust has a robust complaints process which includes feedback on complainant satisfaction. Following the Clywd review we are in the process of reviewing our complaints policy and this will be completed by end January 2014		

		· Monitor and the NHS Trust Development Authority should consider the support, development and training needed for Non-Executive Directors and Community, Patient and Lay Governors to help them in their role bringing a powerful patient voice to Boards.			
			For students (EC): a) Learning Zone clubs b) Student access to trust in-house training We have an in house Leadership Academy, which provides a range of leadership courses in relation to leadership for staff, which is agreed as part of their personal development plan as part of the annual appraisal process. Francis theme - National standards		
Keogh	**Ambition 8**: All NHS organisations will understand the positive impact that happy and engaged staff have on patient outcomes including mortality rates, and will be making this a key part of their quality improvement strategy.	All NHS organisations need to be thinking about innovative ways of engaging their staff.	A team charter has been developed and is being implemented for all teams. Part of this will include discussions around the prevailing team culture and its impact on care delivered. Students are able to access Keele adaptation programme in the trusts and Keele campus programmes for international students. (EC) Monthly 'mini staff survey' to 150 staff each month (fully anonymous) results fed into PSC and SI&E Steering Group. Will be shared with staff on intranet (in development) (LF) The Staff Support and Counselling Service are available to provide sessions with staff to encourage discussion and feedback which aim to improve team working and culture within teams. Paul D. Francis Theme Measuring Cultural health		
Berwick	Rec 1	The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.	For students: (EC) a)Trust in - house training for students to access b) Mentors helping students to link theory to practice c) Pre-registration programme and smooth transition to preceptor ship training Ward Managers within the Trust operate in a supervisory capacity. Leadership, role modelling etc are aspects which should be discussed during PDR's and training such as the People Management Programme and Striving for Excellence is available to Trust managers.		
Berwick	Rec 2	All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.			
Berwick	Rec 3	Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts.			
Berwick	Rec 4	Governmen, HEE and NHS England should assure that sufficient staff are available to meet the NHS's needs now and in the future. Healthcare organisations should ensure that stsaff are present in appropriate numbers to provide safe care at all times and are well supported.	The Trust has undertaken an in-patient staffing review which will be repeated every 6 months. The Trust aims to establish a community caseload capacity tool in 2014 to ensure that staff working in the community have appropriate caseloads and to provide assurance to the board that there are sufficient staff in place to meet patients needs.		
Berwick	Rec 5	Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives.	CPD - up to date, learning about professional issues and culture, values. PDR - resource.		
Berwick	Rec 6	The NHS should become a learning organisation. It's leaders should create and support the capability for learning, and therefore change, at scale, within the NHS	Leadership development internally, regionally and nationally. Recently won two regional awards- West Mids regional awards and Partnership and Innovation. Coaching, 360, mentoring support, talent management and succession planning. We do formal teaching on incident reporting and SUI case studies.		
Berwick	Rec 7	Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public.	One of the Trust's core values is 'openness and honesty'. Behaviours defined around this value include: - Communicating in an honest and timely way - Being open about what we can and cannot achieve within the resources available and taking personal responsibility to do what we say we will do - Acting with integrity and professionalism - Providing corporate transparency and ensuring we always provide value for money A 'Values Conversation Tool' has been developed for individuals and teams to have discussions around how well our values are lived and to enable action plans to be developed to improve in identified areas. The 'Values Conversation Tool' is available to all staff via the intranet. (CB) For students: (EC) a)Supporting the struggling student in theory and practice b) Partnership meetings c) PQL/CPF meetings Covered in Trust Welcome Programme. Action: add slide clearly stating that personal and organisational interests must never be allowed to outweigh the ability to be honest, open and truthful (LF) NHS Contract re Candour. Producing weekly moderate and above incidents - re whether met Duty of Candour requirements. Process agreeing a letter to be sent out re Francis recommendation. Carol liasing with solicitors trying to understand from legal perspective re harm to pts vs self harm. Contact with sol. Presenting paper to Qualtiy Cttee re progress so far.		
Berwick	Rec 8	All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.	Berwick	The Trust uses a variety of sources to receive patient and carer feedback, including friends and family test, discharge questionairre and other service specific questionairres. This data will be captured within the quality dashboard and is used within existing reporting to the quality committee	

Berwick	**Rec 9**	Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction.	For students: (EC) a) e-Portfolio b) Personal Tutor monitoring c) Progression points at the end of each year for C2012 programmes d) Mandatory training e) On-going record of achievement For Staff a) Annual PDR following set format which reviews past performance, agrees objectives for the forthcoming year and a personal development plan. b)Talent check process built into PDR process c)PDR compliance monitored centrally and built into performance framework, with targets for completion agreed d)Mandatory training targets built into performance framework Action: review Trust appraisal form to make an explicit link to relevant professional standards/codes of conduct (LF). Francis theme - Standards for appraisal and support		
Cavendish	13	Trusts should empower Directors of Nursing to take greater Board level responsibility for the recruitment, training and management of HCAs, from day one.				Awaiting response from Kenny Laing - request sent out on Tuesday 26th
263	It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.	The Trust does not explicitly require clinical staff to collaborate in the collation of information, but clinicians are aware of the need to collate electronic information for performance and activity purposes.	None	N/A	N/A	

FRANCIS RECOMMENDATIONS ACTION PLAN FOR PEOPLE & CULTURE DEVELOPMENT COMMITTEE						
4. Accurate Useful Information						
Original Action Number	Theme	Recommendation	Lead	What we are doing… (Dec 2013) Completed actions	Action… what still needs to be done (Dec 2013)	Implementation Date
231	Coordination with internal procedures	It is essential that, so far as practicable, Nursing and Midwifery Council procedures do not obstruct the progress of internal disciplinary action in providers. In most cases it should be possible, through cooperation, to allow both to proceed in parallel. This may require a review of employment disciplinary procedures, to make it clear that the employer is entitled to proceed even if there are pending Nursing and Midwifery Council proceedings.	Dawn Thompson	Historically, the Trust has established good relationships with professional bodies and has no recent scenarios whereby the progress of disciplinary procedures has been obstructed due to NMC procedures.		
Keogh	**Ambition 2:** The boards and leadership of provider and commissioning organisations will be confidently and competently using data and other intelligence for the forensic pursuit of quality improvement. They, along with patients and the public will have rapid access to accurate, insightful and easy to use data about quality at service line level.	NHS England, the NHS Trust Development Authority and Monitor should work together to streamline efforts to address any skills deficit amongst commissioners, NHS Trusts and NHS Foundation Trusts around the use of quantitative and qualitative data to drive quality improvement.		We are in the process of producing a quality dashboard, using data themed with reference to CQC outcomes. This will be presented to the executive team in January for a decision on where		
	Ambition 4: Patients and clinicians will have the confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in inspections.	The new Chief Inspector of Hospitals has agreed to adopt and build on this review methodology as he takes forward the CQC's new inspection regime for hospitals. In the new system, the place that data and soft intelligence comes together is in the recently formed network of Quality Surveillance Groups. These must be nurtured and support the CQC in identifying areas of greatest risk. Provider boards might wish to consider how they themselves could apply aspects of the methodology used for this review to their own organisations to help them in their quest for improved quality.		The Trust does it's own mock CQC inspection (covers all standards etc.) See Glen.		
Berwick	Rec 1	The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.				
Berwick	Rec 2	All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.				
Berwick	Rec 7	Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public.		One of the Trust's core values is 'openness and honesty'. Behaviours defined around this value include: - Communicating in an honest and timely way - Being open about what we can and cannot achieve within the resources available and taking personal responsibility to do what we say we will do - Acting with integrity and professionalism - Providing corporate transparency and ensuring we always provide value for money A 'Values Conversation Tool' has been developed for individuals and teams to have discussions around how well our values are lived and to enable action plans to be developed to improve in identified areas. The 'Values Conversation Tool' is available to all staff via the intranet. (CB) For students: (EC) a)Supporting the struggling student in theory and practice b) Partnership meetings c) PQL/CPF meetings Covered in Trust Welcome Programme. Action: add slide clearly stating that personal and organisational interests must never be allowed to outweigh the ability to be honest, open and truthful (LF)		
		11 Employers should allow HCAs to use the title "Nursing Assistant" on completion of the "Certificate of fundamental care" whjere appropriate		We are not able to respond to this action until the certificate in fundamental care is in place. The development of the certificate is in the hands of HEE		

| Cavendish | | | 12 | Regulators, employers and commissioners in health and social care should define a single common dataset for their purposes, and commit to using it, to relieve the pressure on first line managers and other staff. | | **Response From Peter Ghaut**
In reality our clinicians are inputting to Chips, Care First, HALO, IAPTUS to name but a few
Response from Glen Sargeant
The dataset is the list of things that need to be recorded (cluster, length of stay, etc), rather than the collection method itself. As I read it Cavendish is essentially telling everyone involved in managing patient care (health and social) to agree a core list of metrics that are actually needed and that add value and then stick to it, rather than overloading the poor clinical staff by adding a shopping list of 'just in case' items as well. Whether that is done nationally or by the local health & social care economy seems open to interpretation but the basic aim is the same.
I agree that in 8.4.3 he also makes the point about duplicate / multiple recording of the same data (e.g. paper notes, CHIPS and the Social Care database), often using complex methods, and that does suggest a single, easy-to-use recording point that all can use (Electronic Patient Record, anyone?) – can't see that happening in our remaining lifetime as a Trust though….
Response from Dawn Thompson
It seems that this recommendation primarily refers to clinical data and systems used on the frontline so probably would not relate to ESR.
Re ESR and the dataset required for it isn't really locally determined – there are certain fields that require completion such as name/E&D information/job title/assignment/absence etc. Obviously we can use the system in detail but commissioners and regulators can (and do) use the data warehouse already for sickness etc. | | |

Original Action Number	Theme	Recommendation	Lead	What we are doing... (Dec 2013) Completed actions	Action... what still needs to be done (Dec 2013)	Implementation Date
FRANCIS RECOMMENDATIONS ACTION PLAN FOR PEOPLE & CULTURE DEVELOPMENT COMMITTEE						
5. Clear Enforced Standards						
Medical training and education						
157	Matters to be reported to the General Medical Council	The General Medical Council should set out a clear statement of what matters; deaneries are required to report to the General Medical Council either routinely or as they arise. Reports should include a description of all relevant activity and findings and not be limited to exceptional matters of perceived non-compliance with standards. Without a compelling and recorded reason, no professional in a training organisation interviewed by a regulator in the course of an investigation should be bound by a requirement of confidentiality not to report the existence of an investigation, and the concerns raised by or to the investigation with his own organisation.	Paul Draycott	Reports to the Deanery (on trainee doctors completing their training period with the Trust) contain details of all incidents, complaints and concerns – not just those relating to perceived non-compliance with standards.

Similarly, appraisers are trained to ensure that all incidents are included and discussed at medical appraisal for all Trust employed medical staff (appraisees have a clear duty to share information on all such instances). LF | | |
| 207 | Strengthening identification of healthcare support workers and nurses | There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title | Director of Nursing | See 208. | | March 2014 |
| 208 | Medical Training | Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse. | Director of Nursing | All members of staff wear identification badges. Inpatient areas based at the Harplands operate a uniform system whereby a nurse and HCSW are easily identifiable. This isn't the case across the Trust at present based on clinical environment, as per the Trust dress and appearance policy. | | |
| 216 | Leadership framework | The leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service. | Paul Draycott | We have developed our own 360 feedback mechanism which is based on the Leadership Qualities Framework. As such we have been able to tweak the content to suit the needs of our own organisation and include feedback against Trust values.

Any significant changes to the LQF would lead to a review of the systems and processes into which this feeds internally such as the 360 feedback mechanism and our leadership competency framework. (CB)

Action: consider reviewing Trust leadership framework to include domain on patient safety. Review Trust local KSF outlines to ensure a clear focus on patient safety at every level. (LF)
The Trust's local 'simplified KSF' applies to all Agenda for Change staff. Contents reviewed and staff at all levels (bands) have a requirement to "Maintain the quality of own work and the quality of data personally generated. Provide great customer care we would be proud for our own families to receive". Additionally, in relation to service improvement, all AFC staff at all levels have the requirement to "Make changes in own practice and offer suggestions for better ways of working into your department and practice to improve services". In relation to Health, Safety and Security, all AFC staff at all levels are required to (as a minimum) "Assist in maintaining own and others' health, safety and security". The wording could be changed from "others'" to "patient/service user, staff, and others" to be absolutely specific, if preferred. | In place - LF to consider revision of wording in relation to "others'" to be more specific about referencing patient safety with Carol Sylvestor. A statement about patient safety being the absolute priority could also be added if considered appropriate. Lesley Faux | |
| Caring for the elderly - Approaches applicable to all patients but requiring special attention for the elderly | | | | | | |
| 236 | Identification of who is responsible for the patient | Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care. | Buki Adeyemo | | | |
| 237 | Teamwork | There needs to be effective teamwork between all the different disciplines and services that together provide the collective care often required by an elderly patient; the contribution of cleaners, maintenance staff, and catering staff also needs to be recognised and valued. | Paul Draycott | A process is in place for all teams to develop a team charter. The intention is that this is developed from engagement with a range of staff who work within the team. Clarity by all teams around their purpose and objectives, standards for team communication and governance, agreed team support and development systems and responsiveness and decision making should ensure a higher degree of team working. (CB)
Trust Welcome Programme includes the importance of effective teamwork across services and professional disciplines. Trust Team Charter and leadership development programmes support and promote this.

This can also be emphasised via clear communication channels, i.e. multi disciplinary team meetings, team brief etc. | Team Development Programme planned   Action: Develop a new slide that sets out the importance and value of effective teamwork across all disciplines and outlines the contribution of cleaners, maintenance staff and catering staff. (LF)   New slide on importance and value of effective teamwork across all disciplines (including domestic & maintenance & catering staff) to be included in Trust Welcome Day (induction programme) from November 2013. Lesley Faux | Nov-13 |
| Cavendish | | 1 HEE should develop a "Certificate of Fundamental Care", in conjunction with the Nursing and Midwifery Council (NMC), employers, and sector skills bodies. This should be written in language which is meaningful to the public, link to the framework of National Occupational Standards, and build on work done by Skills for Health and Skills for Care on minimum training standards | Beverley Dawson | Although the Cavendish recommendation is clearly aimed at national bodies our support worker learning strategy is based on the premise that existing staff will need to have access to training that will bring them to a similar standard so we are beginning to develop a programme based on national standards for support workers that will provide a common standard of learning within the Trust. | | |

Cavendish		2	A "Higher Certificate of Fundamental Care" should also be developed, linked to more advanced competences to be developed and agreed by employers. The Department of Health should hold HEE and Skills for Care to account for ensuring that there is step-change in the involvement of best employers.	Beverley Dawson	Although the Cavendish recommendation is clearly aimed at national bodies our support worker learning strategy is based on the premise that existing staff will need to have access to training that will bring them to a similar standard so we are introducing the certificate in community mental health to ensure that our support workers have a learning progression linked to higher level competencies required in our business plan.	
Cavendish		5	Employers should be supported to test values, attitudes and aptitude for caring at recruitment stage. NHS Employers, HEE and the National Skills Academy for social care should report on progress, best practice and further action on their recruitment tool by summer 2014.	Beverley Dawson and Denise Hamplett	As active participants in the local health economy VBR group we are awaiting guidance on the recommendations about evidence based recruitment tools to use in this respect.	
Cavendish		14	The secretary of state for health should commission the professional standards authority for health and social care for advice on how employers can be more effective in managing the dismissal of unsatisfactory staff, the legal framework around this, and the relationship with referrals to professional regulators	Dawn Thompson	We await recommendations from the professional standards authority for health and social care in relation to this recommendation	
Cavendish		15	Skills for Health should refine its proposed code of conduct for staff, and the Department of Health must review the progress of the social care compact, and substitutr a formal code of conduct or employers if a majority have not acted upon it by June 2014	Dawn Thompson	**Response from Dawn Thompson** The social care compact is a voluntary agreement about workforce quality between all parts of the adult social care sector. DoH will lead this process and as an employer we will be asked to sign up to a series of 7 or 8 statements that describe our commitments to workforce quality – the sign up will take place on a website and we will be asking employees to sign up also. The compact involves employers promising to follow best practice relating to workforce values/attitudes/behaviours/skills and competence. It is acknowledged that many employers already do this but it will be a co-ordinated sector approach. I think that the expectations/statements to be signed up to are very basic, i.e. we will ensure that our staff have the right training/behaviour/induction/PDR etc and we already do this via own internal policies and procedures. In addition to this, all of our registered social care staff will be registered with the HCPC and subject to their expectations and codes of conduct. **Awaiting response from Andy Oakes**	
Keogh	**Ambition 4**: Patients and clinicians will have the confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in inspections.		Please see previous worksheets			
Berwick	**Rec 2**		Please see previous worksheets			
Berwick	**Rec 3**		Please see previous worksheets			
Berwick	**Rec 9**		Please see previous worksheets			

Our current Values

Valuing people as individuals	Providing high quality innovative care	Working together for better lives	Openness and honesty	Exceeding expectations

Our Themes

Putting Service Users/Clients first – all of the time	*Taking every opportunity to learn, develop and improve*	Listening and acting on feedback	Information, systems and processes that help us	Being open and honest

Our commitments

• Safe and appropriate staffing levels for clinical teams • Compassionate care and leadership • Attending to the basics (as front line and support staff) • Prioritise service user/client needs • Effective team working within and across teams • Board to front line – spending time with staff who deliver services and listening to them	• Use evidence where possible to inform our practices – research, audit, information • Learn together –across disciplines, managers and clinicians, service users • Ensure effective management and leadership – compassionate, competent, approachable, learning, sharing • Make information accessible and usable • Make the most of systems that support staff – appraisals, supervision, team meetings, formal and informal development	• We will talk to service users/clients/carers (speak to/ask/listen/discuss) and create a culture of listening • Use formal and informal feedback from service users/clients/carers and staff to inform decisions and actions • Complete the loop – feedback what has happened as a result of listening	• Review recruitment processes and make it work for teams • Ensure we have systems that provide information to the services and staff to help them do their job well • Use service improvement processes to help us be more effective • Review all our systems to ensure that they serve and are safe	• Supportive & visible managers/leaders that listen and act • Have clear and appropriate standards • There should be no fear of repercussions • Seek to promote and support self-confidence in all staff

Enabling Strategies

6 C's	Quality and Safety	Team Development	Staff Engagement	Research & Knowledge Management	SU/C & Public Engagement	Workforce & OD Strategies
Performance Info & Framework	Service Improvement Support	Service User & Carer feedback	Innovation Support	Clinical Strategy	Leadership	System Review

Appendix 3

Measuring success

With the proposed model for engagement and improvement there will clearly need to be an ongoing process to assess whether the proposed commitments are having the desired impact. There will be some specific measures that relate to the detailed commitments however the following will be used to assess the impact more generically on the culture and therefore, ultimately, the delivery of services within the Trust.

Safe staffing levels – These will from April be reported at Board level and will help confirm appropriate changes

Improved Service User Feedback – through national and local measures we would anticipate and improvement of patient satisfaction

Improved Staff Survey Results– Both the local and national survey will be used to ascertain impact. Specifically the "Friends and Family Test" will be used as a barometer of success. This will be done annually through the national survey and quarterly through the staff survey.

Improved workforce indicators – there will be an anticipated reduction in sickness absence and particularly in respect of work related stress. It is also anticipated there will be improved levels of recruitment and reduced time for recruitment.

Team effectiveness will improve – partly linked to the Aston Team Development programme but also the Health Care Support Worker developments we anticipate a measurable and sustained improvement in the effectiveness of teams. This will be measured by the annual staff survey but also through our own recording utilising the Aston Team Profile tool.

Improved communication, engagement and visibility of senior managers – this will be measured through local and national staff survey in part but also through CQC and internal CQC style assessments.

Information accessible at team level – part of the measures of success will be the accessibility and use of information at a team level that informs decisions and improves care. This can be in part measured locally but also as part of a balanced scorecard approach to performance management.

Increased use of knowledge management (library) services – if evidence base is used to inform decisions and innovation is to be stimulated then it follows that there will be an increase in the use of knowledge management/library service (which have remained static for the past two years.

Long term reduction in the same errors/complaints – if we are to truly be a learning organisation and ensure that learning is embedded not just as a pastime of attending courses then individuals and teams will learn from their own and others mistakes. We have good systems to share learning from these and if we have the desired impact then there will be a reduction in same or similar mistakes.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	27 March 2014
Title of Report:	Financial Performance – Month 11
Presented by:	Kieran Lappin, Executive Director of Finance
Author of Report: Name: Date: Email:	 Andy Turnock 17 March 2014 andrew.turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	The attached report summarises financial performance for the period to the end of February 2014. Headline performance is: • A retained deficit of £0.436m, giving a favourable variance against plan of £70k • A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m) • A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2 • CIP plans in place for the target of £3.5m, with additional schemes under development • Capital expenditure of £0.15m to date and a revised forecast expenditure of £0.26m against the amended limit of £1.64m • A cash balance of £5.9m at the end of February 2014.
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:	The Board is asked to: • *note that financial performance to date is 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 28 February 2014 of £5.9m* • *note the year to date Financial Risk Rating of 2 reported and also the forecast rating of 2* • *note the capital expenditure position as at 28 February 2014 is currently behind plan and there is a forecast undershoot against the CRL*

FINANCIAL OVERVIEW as at 28th February 2014

Income & Expenditure - Retained Surplus / (Deficit)

£000	Plan	Actual	Var	%	RAG
YTD Surplus / (Deficit)	-506	-436	70	-13.8	G
FOT Surplus / (Deficit)	-422	-422	0	0.0	G

Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD Exp	700	149	-551	-78.7	A
FOT Exp	1,640	264	-1,376	-83.9	G

Cost Improvement

£m	Plan	Schemes	Gap	%	RAG
YTD	3.23	3.39	0.16	4.98	G
FOT	3.50	3.68	0.18	5.03	G

Cash Balances

£m	Plan	Actual	Var	%	RAG
YTD Balance	5.2	5.9	0.7	13.4	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	4

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 11

At the end of Month 11, the Trusts budgeted plan was a retained deficit of £0.506m (£0.12m at adjusted financial performance level). The reported retained position is a deficit of £0.436m, giving a favourable variance of £70k 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[1].

  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 (SOCI) 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	86,966	7,001	7,066	64	77,903	78,091	188
Pay	-56,897	-4,461	-4,599	-138	-52,055	-50,693	1,362
Non pay	-26,837	-2,163	-2,155	8	-23,004	-24,629	-1,625
EBITDA	**3,233**	**378**	**312**	**-66**	**2,844**	**2,770**	**-75**
Other Costs	-3,233	-269	-254	14	-2,964	-2,820	144
Adjusted Financial Performance	**0**	**109**	**57**	**-52**	**-120**	**-50**	**70**
IFRIC 12 Expenditure	-422	-36	-36	0	-386	-386	0
Retained Surplus / (Deficit) prior to Impairment	**-422**	**73**	**21**	**-52**	**-506**	**-436**	**70**
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	**-422**	**73**	**21**	**-52**	**-506**	**-436**	**70**

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

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[1] A table detailing the targets allocated per Division is contained within the separate CIP report presented to the Committee.

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	72,988	5,908	5,950	42	65,118	65,234	116
Pay	-53,720	-4,252	-4,372	-120	-49,179	-47,755	1,424
Non pay	-16,036	-1,278	-1,266	11	-13,095	-14,709	-1,615
EBITDA	**3,233**	**378**	**312**	**-66**	**2,844**	**2,770**	**-75**
Other Costs	-3,233	-269	-254	14	-2,964	-2,820	144
Adjusted Financial Performance	**0**	**109**	**57**	**-52**	**-120**	**-50**	**70**
IFRIC 12 Expenditure	-422	-36	-36	0	-386	-386	0
Retained Surplus / (Deficit) prior to Impairment	**-422**	**73**	**21**	**-52**	**-506**	**-436**	**70**
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	**-422**	**73**	**21**	**-52**	**-506**	**-436**	**70**

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	986	997	11	10,779	10,811	33
Total income	**13,978**	**1,094**	**1,116**	**22**	**12,785**	**12,857**	**72**

1.2 Workforce Analysis

Graph 1 below shows the whole time equivalent (wte) numbers for the first 11 months of the financial year, incorporating Bank and Agency usage[2]. 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.

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

Graph 1: WTE Anaylsis
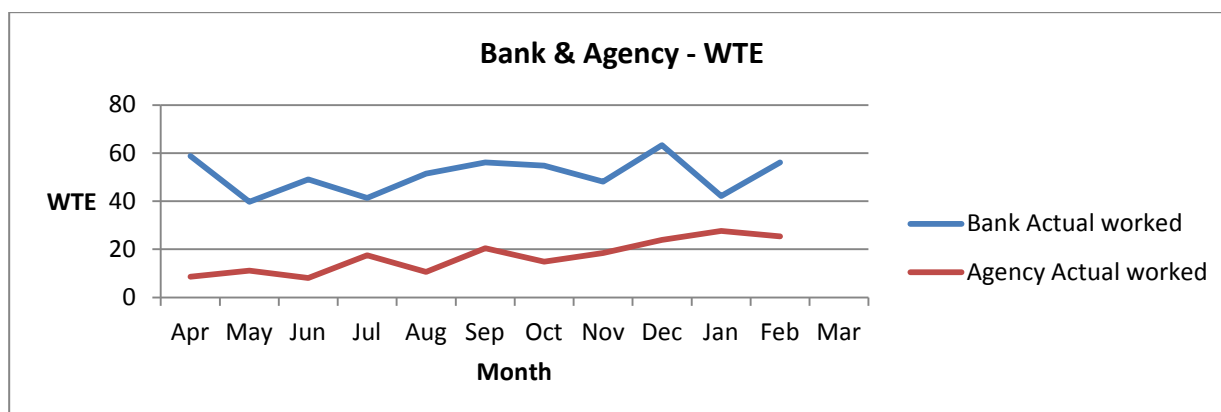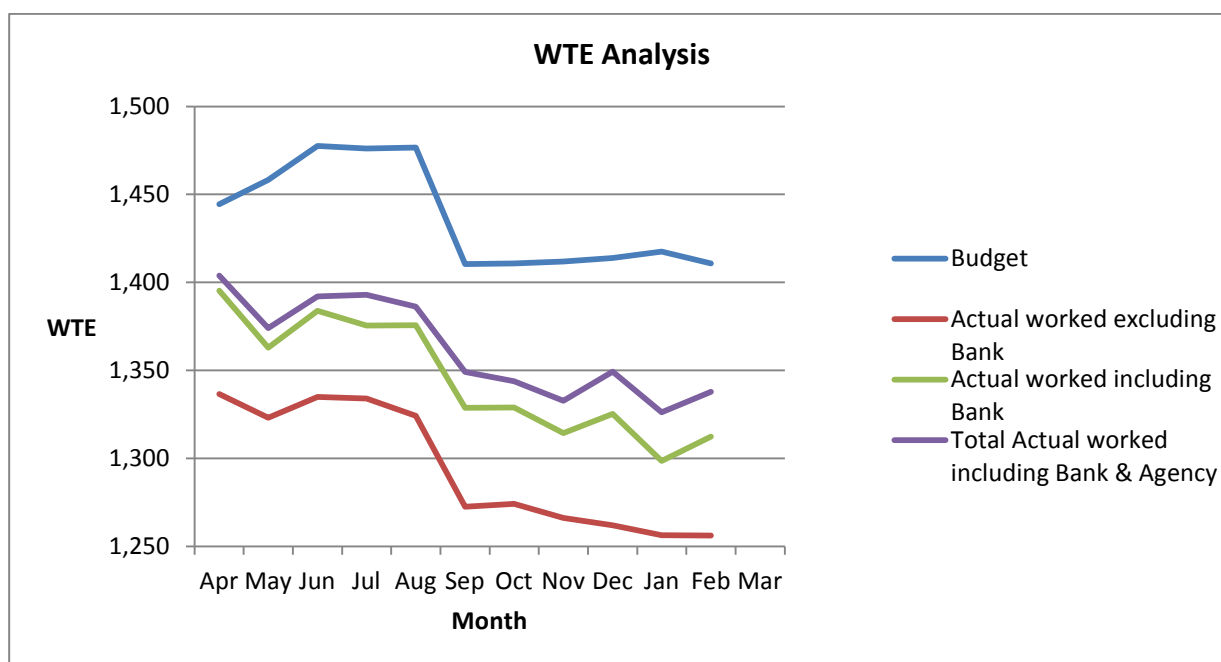
Graph 2: Bank & Agency WTE

Table 4: WTE Analysis

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Bank Actual worked	58.84	39.73	49.02	41.36	51.49	56.09	54.76	48.13	63.33	42.18	56.12
Actual worked excluding Bank	1336.52	1323.16	1334.84	1334.05	1324.20	1272.57	1274.19	1266.19	1261.92	1256.31	1256.21
Actual worked including Bank	**1395.36**	**1362.89**	**1383.86**	**1375.41**	**1375.69**	**1328.66**	**1328.95**	**1314.32**	**1325.25**	**1298.49**	**1312.33**
Agency	8.56	11.11	8.12	17.47	10.58	20.43	14.89	18.45	23.97	27.62	25.42
Total Actual worked inc Bank & Agency	**1403.92**	**1374.00**	**1391.98**	**1392.88**	**1386.27**	**1349.09**	**1343.84**	**1332.77**	**1349.22**	**1326.11**	**1337.75**
Budget	1444.51	1458.29	1477.50	1476.06	1476.60	1410.40	1410.70	1411.78	1413.87	1417.48	1410.78

1.3   Forecast Year End Performance

Following the finalisation of the month 11 position, a worked up forecast outturn has been undertaken which supports the anticipated retained deficit of £0.422m (breakeven at adjusted financial performance level). 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   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 F&A 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 February 2014.

2.2   Cash

As at 28 February 2013, the Trust's cash position was £5.9m which represents a decrease during the month of £3.4m. This mainly comprises an increase in debtors of £0.4m and a decrease in creditors of £3m. A monthly cash flow forecast is shown in Appendix A, page 7.

2.3 Debtors

Trade & Other Receivables balances have increased during the month by £0.4m. This movement relates to an increase in other debtors of £0.4m and local authority debtors of £0.4m. NHS debtors have decreased by £0.3m and prepayments by £0.1m.

2.4 Creditors

There has been a decrease in creditors in the month of £3m. This decrease was due to a reduction in accruals and deferred income of £3.4m. There was also an increase in Local Authority creditors of £0.1m and other creditors of £0.3m.

With reference to the reduction in accruals and deferred income, this is predominately the result of the pay over of CLRN monies to other NHS organisations and the reversal of last month's payment in advance from the local CCG.

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 28 February 2013 is £0.1m which represents an under spend against the profiled capital expenditure. It should be noted that the planned forecast expenditure has been revised to £0.26m, representing a £1.4m underspend against the CRL.

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 11 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 reported the latest financial position to the NTDA via the Trust Financial Management System (TFMS) return which was submitted on 17 March 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 Committee 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 28 February 2014 of £5.9m*

- *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 11 is currently behind plan and there is forecast undershoot against the CRL.*

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year Budget £000	Current Month < < < Actual £000	Budget £000	> > > Variance £000	Year to Date < < < Actual £000	Budget £000	> > > Variance £000	Forecast Outturn < < < Actual £000	Budget £000	> > > Variance £000
Income:										
Revenue from Patient Care Activities	66,011	5,369	5,345	24	58,973	58,960	13	66,096	66,051	45
Other Operating Revenue	20,955	1,696	1,656	40	19,118	18,943	176	20,892	20,955	-63
	86,966	7,066	7,001	64	78,091	77,903	188	86,989	87,006	-18
Expenses:										
Pay										
Medical	0	0	0	0	0	0	0	-5,909	-6,467	558
Nursing	-26,376	-2,199	-2,040	-159	-24,022	-24,142	120	-26,266	-26,377	111
Other clinical	-12,927	-983	-1,081	98	-10,845	-11,804	960	-11,842	-12,926	1,084
Non-clinical	-10,463	-746	-795	49	-9,101	-9,652	551	-9,851	-10,463	612
Non-NHS	-664	-141	-93	-48	-1,289	-549	-741	-1,476	-712	-764
Cost Improvement	-6,467	-530	-453	-77	-5,436	-5,907	471	0	48	-48
	-56,897	-4,599	-4,461	-138	-50,693	-52,055	1,362	-55,344	-56,897	1,554
Non Pay										
Drugs & clinical supplies	-1,582	-117	-105	-12	-1,406	-1,451	45	-1,545	-1,583	38
Establishment costs	-2,258	-129	-171	41	-1,708	-2,047	339	-1,890	-2,256	366
Premises costs	-2,820	-272	-183	-89	-2,705	-2,321	-384	-3,177	-2,819	-358
Private Finance Initiative	-3,829	-309	-319	11	-3,428	-3,479	51	-3,731	-3,829	98
Other	-17,058	-1,328	-1,304	-25	-15,382	-15,028	-354	-16,945	-17,059	114
CIP / QIPP	1,447	0	-81	81	0	1,322	-1,322	0	1,447	-1,447
Central Funds	-736	0	0	0	0	0	0	-1,280	-776	-504
	-26,837	-2,155	-2,163	8	-24,629	-23,004	-1,625	-28,568	-26,875	-1,693
EBITDA *	**3,233**	**312**	**378**	**-66**	**2,770**	**2,844**	**-75**	**3,076**	**3,233**	**-157**
Depreciation (excludes IFRIC 12 impact and donated income)	-1,186	-89	-98	9	-989	-1,088	99	-1,078	-1,186	108
Investment Revenue	11	2	1	1	13	10	3	14	11	3
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	-1,320	-1,320	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	4	-524	-567	42	-572	-618	46
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **	**0**	**57**	**109**	**-52**	**-50**	**-120**	**70**	**0**	**0**	**0**
IFRIC 12 Expenditure ***	-422	-36	-36	0	-386	-386	0	-422	-422	0
Retained Surplus / (Deficit) for the Year excluding Impairment	**-422**	**21**	**73**	**-52**	**-436**	**-506**	**70**	**-422**	**-422**	**0**
Fixed Asset Impairment ****	0	0	0	0	0	0	0	0	0	0
Retained Surplus / (Deficit) for the Year	**-422**	**21**	**73**	**-52**	**-436**	**-506**	**70**	**-422**	**-422**	**0**

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

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

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

Statement of 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
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	2,075	184	186	-2	1,913	1,843	70	2,084	2,075	9
	2,075	184	186	-2	1,913	1,843	70	2,084	2,075	9
Expenses:										
Pay										
Medical	-2,544	-218	-193	-25	-2,141	-2,329	188	-2,360	-2,544	184
Nursing	-13,082	-1,075	-1,106	31	-11,879	-11,964	85	-13,005	-13,083	78
Other clinical	-6,544	-512	-570	58	-5,584	-5,968	384	-6,085	-6,544	459
Non-clinical	-1,431	-123	-110	-13	-1,360	-1,308	-52	-1,484	-1,431	-53
Non-NHS	-72	-31	-27	-4	-149	-66	-83	-222	-72	-150
Cost improvement	48	0	4	-4	0	44	-44	0	48	-48
	-23,625	-1,958	-2,003	45	-21,113	-21,592	479	-23,156	-23,626	470
Non Pay										
Drugs & clinical supplies	-1,076	-80	-89	9	-964	-986	22	-1,050	-1,076	26
Establishment costs	-903	-51	-77	25	-578	-826	248	-636	-902	266
Premises costs	-640	-53	-50	-3	-599	-590	-9	-663	-639	-24
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-2,387	-171	-190	19	-2,293	-2,155	-138	-2,321	-2,388	67
CIP / QIPP	555	0	77	-77	0	479	-479	0	555	-555
Central Funds	0	0	0	0	0	0	0	0	0	0
	-4,450	-356	-330	-27	-4,435	-4,079	-356	-4,670	-4,450	-220
EBITDA *	**-26,000**	**-2,131**	**-2,147**	**16**	**-23,635**	**-23,828**	**193**	**-25,742**	**-26,001**	**259**

* 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.

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

Children's Services	Annual Budget £000	< < < Current Month > > >			< < < Year to Date > > >			< < < Forecast Outturn > > >		
		Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	1,284	118	107	11	1,199	1,177	23	1,313	1,284	29
	1,284	118	107	11	1,199	1,177	23	1,313	1,284	29
Expenses:										
Pay										
Medical	-673	-49	-55	6	-483	-613	130	-530	-673	143
Nursing	-2,187	-182	-183	1	-2,007	-2,004	-4	-2,189	-2,187	-2
Other clinical	-2,515	-194	-215	21	-2,149	-2,300	151	-2,340	-2,514	174
Non-clinical	-499	-37	-42	5	-423	-457	34	-461	-500	39
Non-NHS	-137	-32	-10	-23	-324	-83	-241	-384	-137	-247
Cost improvement	0	0	0	0	0	0	0	0	0	0
	-6,011	-494	-505	10	-5,387	-5,458	71	-5,904	-6,011	107
Non Pay										
Drugs & clinical supplies	-43	-11	-4	-7	-96	-39	-57	-104	-43	-61
Establishment costs	-194	-20	-17	-3	-163	-178	15	-180	-194	14
Premises costs	-258	-27	-22	-5	-238	-236	-2	-265	-257	-8
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-139	-2	-11	9	-107	-128	22	-114	-140	26
CIP / QIPP	184	0	28	-28	0	155	-155	0	184	-184
Central Funds	0	0	0	0	0	0	0	0	0	0
	-450	-60	-25	-35	-604	-427	-177	-663	-450	-213
EBITDA *	**-5,177**	**-436**	**-423**	**-13**	**-4,791**	**-4,708**	**-83**	**-5,254**	**-5,177**	**-77**

* 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.

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

Learning Disabilities, Neuropsychiatry and Older Peoples Psychiatry	Annual Budget £000	< < < Current Month > > > Actual £000	Budget £000	Variance £000	< < < Year to Date > > > Actual £000	Budget £000	Variance £000	< < < Forecast Outturn > > > Actual £000	Budget £000	Variance £000
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	376	39	31	8	454	345	109	500	376	124
	376	39	31	8	454	345	109	500	376	124
Expenses:										
Pay										
Medical	-1,233	-109	-49	-60	-1,102	-1,124	23	-1,212	-1,233	21
Nursing	-10,444	-838	-697	-141	-9,458	-9,563	105	-10,338	-10,444	106
Other clinical	-2,316	-155	-170	15	-1,820	-2,119	299	-1,991	-2,316	325
Non-clinical	-795	-69	-61	-7	-716	-728	13	-785	-795	10
Non-NHS	-15	-12	-1	-11	-75	-13	-61	-85	-15	-70
Cost improvement	0	0	-40	40	0	0	0	0	0	0
	-14,802	-1,182	-1,018	-163	-13,170	-13,548	378	-14,411	-14,802	392
Non Pay										
Drugs & clinical supplies	-440	-26	-10	-16	-336	-404	67	-374	-440	67
Establishment costs	-430	-23	-16	-7	-328	-392	64	-367	-430	63
Premises costs	-250	-19	-10	-9	-277	-231	-46	-321	-250	-71
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-214	-11	-18	7	-161	-196	34	-188	-214	26
CIP / QIPP	179	0	-183	183	0	157	-157	0	179	-179
Central Funds	0	0	0	0	0	0	0	0	0	0
	-1,156	-80	-238	158	-1,102	-1,065	-38	-1,250	-1,155	-95
EBITDA *	**-15,582**	**-1,223**	**-1,226**	**3**	**-13,818**	**-14,267**	**449**	**-15,161**	**-15,582**	**421**

* 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.

Statement of Comprehensive Income including Forecast Outturn – Corporate Directorates

Corporate Directorates	Annual Budget £000	< < < Current Month > > > Actual £000	Budget £000	Variance £000	< < < Year to Date > > > Actual £000	Budget £000	Variance £000	< < < Forecast Outturn > > > Actual £000	Budget £000	Variance £000
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	17,220	1,356	1,332	23	15,552	15,578	-26	16,996	17,220	-225
	17,220	1,356	1,332	23	15,552	15,578	-26	16,996	17,220	-225
Expenses:										
Pay										
Medical	4,450	375	297	78	3,726	4,067	-341	-1,807	-2,017	211
Nursing	-663	-104	-53	-51	-679	-612	-67	-734	-663	-71
Other clinical	-1,552	-123	-126	4	-1,291	-1,417	125	-1,426	-1,552	126
Non-clinical	-7,737	-517	-581	64	-6,602	-7,158	556	-7,122	-7,737	616
Non-NHS	-440	-66	-55	-11	-742	-386	-355	-785	-488	-297
Cost improvement	-6,515	-530	-417	-113	-5,436	-5,951	515	0	0	0
	-12,458	-964	-935	-29	-11,023	-11,457	434	-11,873	-12,458	585
Non Pay										
Drugs & clinical supplies	-24	0	-2	2	-10	-22	12	-17	-24	6
Establishment costs	-731	-34	-61	26	-639	-651	12	-707	-730	23
Premises costs	-1,672	-173	-102	-72	-1,592	-1,264	-327	-1,928	-1,673	-255
Private Finance Initiative	-3,829	-309	-319	11	-3,428	-3,479	51	-3,731	-3,829	98
Other	-14,318	-1,144	-1,084	-59	-12,820	-12,549	-272	-14,322	-14,317	-5
CIP / QIPP	528	0	-2	2	0	531	-531	0	529	-529
Central Funds	-736	0	0	0	0	0	0	-1,280	-776	-504
	-20,781	-1,659	-1,570	-89	-18,489	-17,434	-1,055	-21,985	-20,820	-1,165
EBITDA *	**-16,019**	**-1,268**	**-1,173**	**-96**	**-13,960**	**-13,313**	**-647**	**-16,863**	**-16,058**	**-805**

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

Statement of Financial Position – including forecast

Detail	Period End Date				FOT
	31/03/2013	31/12/2013	31/01/2014	28/02/2014	31/03/2014
	£000	£000			£000
NON-CURRENT ASSETS:					
Property, Plant and Equipment	35,850	34,870	34,749	34,659	34,635
Intangible Assets	159	123	123	123	108
Trade and Other Receivables	0	0	0	0	0
TOTAL NON-CURRENT ASSETS	36,009	34,993	34,872	34,782	34,743
CURRENT ASSETS:					
Inventories	84	92	95	87	95
Trade and Other Receivables	3,951	5,148	4,784	5,196	4,000
Cash and cash equivalents	4,564	4,599	9,234	5,870	3,993
SUB TOTAL CURRENT ASSETS	8,599	9,839	14,113	11,153	8,088
Non-current assets held for sale	0	0	0		0
TOTAL ASSETS	44,608	44,832	48,985	45,935	42,831
CURRENT LIABILITIES:					
NHS Trade Payables	-739	-764	-763	-753	-705
Non-NHS Trade Payables	-5,886	-7,027	-11,211	-8,207	-5,447
Borrowings	-395	-395	-395	-395	-360
Provisions for Liabilities and Charges	-811	-625	-625	-601	-1,417
TOTAL CURRENT LIABILITIES	-7,831	-8,811	-12,994	-9,956	-7,929
NET CURRENT ASSETS/(LIABILITIES)	768	1,028	1,119	1,197	159
TOTAL ASSETS LESS CURRENT LIABILITIES	36,777	36,021	35,991	35,979	34,902
NON-CURRENT LIABILITIES					
Borrowings	-13,703	-13,407	-13,374	-13,341	-13,342
Trade & Other Payables	-20	-20	-20	-20	-20
Provisions for Liabilities and Charges	-1,207	-1,207	-1,207	-1,207	-115
TOTAL NON- CURRENT LIABILITIES	-14,930	-14,634	-14,601	-14,568	-13,477
TOTAL ASSETS EMPLOYED	21,847	21,387	21,390	21,411	21,425
FINANCED BY TAXPAYERS EQUITY:					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	349	-111	-108	-87	-73
Revaluation Reserve	13,520	13,520	13,520	13,520	13,520
Other reserves	-20	-20	-20	-20	-20
TOTAL TAXPAYERS EQUITY	21,847	21,387	21,390	21,411	21,425

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	Actual Feb 14 £000s	Forecast Mar 14 £000s	2013/2014 Full Year £000s
Cash Flows from Operating Activities													
Operating Surplus / (Deficit)	-29	-8	89	32	26	111	368	209	240	170	187	181	1,576
Depreciation and Amortisation	134	116	125	124	126	112	138	125	125	125	125	125	1,500
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
Inflow / (Outflow) prior to Working Capital	**-18**	**-12**	**97**	**36**	**32**	**-206**	**386**	**214**	**245**	**175**	**192**	**54**	**1,195**
(Increase) / Decrease in Inventories	-5	9	-12	20	-11	-8	2	0	-3	-3	8	-8	-11
(Increase) / Decrease in Trade and Other Receivables	-247	-412	-489	-840	943	533	-751	-242	296	364	-412	1,208	-49
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	-3,062	-2,709	-574
Provisions (Utilised) / Arising	-4	-51	-41	-48	-16	-23	5	-4	-4	0	-24	-276	-486
Inflow / (Outflow) from Working Capital	**2,058**	**-2,350**	**-1,865**	**3,566**	**-470**	**-115**	**2,133**	**-2,889**	**-408**	**4,495**	**-3,490**	**-1,785**	**-1,120**
Net Cash Inflow / (Outflow) from Operating Activities	**2,040**	**-2,362**	**-1,768**	**3,602**	**-438**	**-321**	**2,519**	**-2,675**	**-163**	**4,670**	**-3,298**	**-1,731**	**75**
Cash Flows from Investing Activities													
Interest Received	1	1	1	1	1	1	1	1	1	1	2	2	14
(Payments) for Property, Plant and Equipment	-37	-30	-25	0	-1	-12	-5	-1	0	-3	-35	-115	-264
Net Cash Inflow / (Outflow) from Investing Activities	**-36**	**-29**	**-24**	**1**	**0**	**-11**	**-4**	**0**	**1**	**-2**	**-33**	**-113**	**-250**
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	**2,004**	**-2,391**	**-1,792**	**3,603**	**-438**	**-332**	**2,515**	**-2,675**	**-162**	**4,668**	**-3,331**	**-1,844**	**-175**
Cash Flows from Financing Activities													
Capital Element of Payments in Respect of Finance Leases PFI	-31	-31	-37	-33	-33	-33	-33	-33	-33	-33	-33	-33	-396
Net Cash Inflow/(Outflow) from Financing Activities	**-31**	**-31**	**-37**	**-33**	**-33**	**-33**	**-33**	**-33**	**-33**	**-33**	**-33**	**-33**	**-396**
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	**1,973**	**-2,422**	**-1,829**	**3,570**	**-471**	**-365**	**2,482**	**-2,708**	**-195**	**4,635**	**-3,364**	**-1,877**	**-571**
Cash and Cash Equivalents (and Bank Overdraft) at YTD	**6,537**	**4,115**	**2,286**	**5,856**	**5,385**	**5,020**	**7,502**	**4,794**	**4,599**	**9,234**	**5,870**	**3,993**	

Aged Debtor Analysis

Analysed as	Within Term £'000	1 - 30 Days £'000	31 - 60 Days £'000	61 - 90 Days £'000	91 + £'000	Overall Balance £'000
NHS	459	138	246	33	198	**1,074**
Local Authorities	174	415	178	0	6	**773**
Other Debtors	82	5	44	5	103	**239**
Total	**715**	**558**	**468**	**38**	**307**	**2,086**

Analysed by Credit Control Stage	Within Term £'000	1 - 30 Days £'000	31 - 60 Days £'000	61 - 90 Days £'000	91 + £'000	Overall Balance £'000
No formal dispute received - full payment anticipated	715	138	246	33	197	**1,329**
Routine credit control processes activated	0	420	222	5	88	**735**
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	**0**
Escalated to Management / Solicitors	0	0	0	0	22	**22**
Total	**715**	**558**	**468**	**38**	**307**	**2,086**

Capital Programme and Expenditure

Site	Detail	2013/14 Scheme Value £000	Year to Date £000	FOT £000
Schemes Committed				
Service Redesign				
Darwin	Tier 4 Development	500	2	2
Summers View	2 x 1 bed unit extension & refurbishment	0	19	19
Harplands	Phase 1 & 2 Ward 6 upgrades	0	19	19
AT&T purchase	Property purchase	479	0	0
Total for Service Redesign schemes		**979**	**40**	**40**
Bucknall Relocation				
New Corporate base	New corporate base	0	42	42
Total for Bucknall Relocation schemes		**0**	**42**	**42**
Maintenance of Infrastructure				
Lymebrook	Minor upgrade	0	10	10
Backlog Maintenance	Various	150	12	120
Other	Other	150	8	8
Total for Maintenance of Infrastructure schemes		**300**	**30**	**138**
Other Schemes				
Other equipment purchases - IT	Various	100	10	10
Various	Wireless installation	0	27	27
Various	Various	150	0	7
Other equipment purchases - other	Other	111	0	0
Total for Other Schemes		**361**	**37**	**44**
Not Yet Committed				
Harplands	Lifecycle	0	0	0
Total Expenditure		**1,640**	**149**	**264**
Disposals				
None scheduled			0	
Net Expenditure		**1,640**	**149**	**264**

Capital Allocations	£000
Initial CRL (per SHA Plan submission)	**2,140**
Revisions to Plan:	
Reduction in anticpated capital expenditure	-500
Final CRL	**1,640**
Value of Schemes as at 28/02/14	**264**
Potential (Over) / Undershoot against CRL	**-1,376**

Financial Risk Rating

Metric	Year to Date	Rating	Weighted Rating	Forecast Outturn	Rating	Weighted Rating
EBITDA Achieved (% of plan)	97%	4	0.4	95%	4	0.4
EBITDA Margin (%)	3.5%	2	0.5	3.5%	2	0.5
Net Return after Financing (%)	-1.1%	2	0.4	-1.0%	2	0.4
I&E surplus margin net of dividend (%)	-0.6%	2	0.4	-0.5%	2	0.4
Liquidity ratio (days) *	30	4	1	25	4	1
Financial Risk Rating			**3**			**3**

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		
Overall Financial Risk Rating	**2**	**2**

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

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO TRUST BOARD

Date of Meeting:	27 March 2014
Title of Report:	Opening Budgets 2014-15
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 17/03/14 Andrew.Turnock@northstaffs.nhs.uk
Purpose / Intent of Report:	• For Information
Executive Summary:	The purpose of this report is to provide the Trust Board with the Trusts opening revenue budgets as well as a progress report on the capital programme for 2014-15.
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:	Financial Strategy & Reporting
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Information to inform financial strategy
Recommendations:	The Board is asked to: • **Approve the opening revenue budget and note the progress report on the capital programme for 2014-15.**

1. Introduction

This paper summarises the draft opening budget for the 2014-15 financial year, including details on the basis of preparation to supplement the briefing note previously submitted to the Finance & Activity Committee.

2. Summary Position – Revenue

2.1 Income & Expenditure

Table 1 below summarises the opening budgets (both recurring and non-recurring) for 2014-15 which indicates an overall surplus of £0.3m and an EBITDA of £3.8m. This is in accordance with the financial plan submitted to the NTDA on 5 March 2014.

Table 1: 2014-15 Opening Revenue Budget

Detail	£m
Clinical Income	65.1
Other Income	7.5
Total Income	**72.6**
Pay	-55.7
Non-pay	-13.1
EBITDA	**3.8**
Depreciation / Financing	-3.0
Adjusted Financial Performance	**0.7**
IFRIC12 Expenditure	-0.5
Retained Surplus	**0.3**

2.2 Income

An analysis of clinical income is shown in table 2 below. It reflects the current position in the negotiation of contracts for 2014-15. The key elements included in the specified values are as follows:

- Tariff inflation added at 2.2%

- Tariff CIP reduction of 4%

- CQUIN remaining at 2.5% of baseline contract values

Table 2: Clinical Income Analysis

Commissioner	Recurring (£m)	Non-recurring (£m)	Total (£m)
Stoke CCG	31.131	0.227	31.358
North Staffs CCG	22.159	0.162	22.321
Specialised Services	2.600	0.000	2.600
Staffordshire CCG's	0.283	0.552	0.835
Other CCG's	0.395	0.000	0.395
Section 75 - City	3.430	0.000	3.430
Section 75 - County	1.132	0.000	1.132
Public Health	2.079	0.647	2.726
Out of Area Treatments / NCA's	0.200	0.100	0.300
Total Clinical Income	**63.411**	**1.687**	**65.098**

Some of the specific funding additions are as follows:

- RAID (£0.7m), IOU & NSALT (£0.24m), Community Triage (£0.09m), Autism Assessment (£0.2m), Dementia Service (£0.15m), Healthy Minds (£0.14m)

- Stoke IAPT service of £1.37m and Substance Misuse tender award (net £0.5m increase)

- Movements based on current negotiations with Associate commissioners, for example Staffordshire, Derby and Cheshire CCG's (net reduction of £0.04m).

In addition, the disinvestments associated with Chebsey have been accounted for on a recurring basis, although income streams associated with the transition arrangements, and where clients have yet to be relocated, have been budgeted on a non-recurring basis.

Non clinical income budgets have been set based on identified Service Level Agreements (SLA's) and relevant Education, Training and Research agreements. Income budgets for SLA's delivered to NHS organisations have been reduced in line with the national tariff (-1.8% deflator). Income streams outside of these two material areas have predominately been rolled forward at 2013-14 levels.

Notable reductions from 2013-14 include the effect of the transfers of the CLRN hosting arrangements (£10.9m) as well as the hosting of the Informatics Shared Service (£1.1m).

2.3 Expenditure

Expenditure budgets have been set using the following summary process previously confirmed to the Finance & Activity Committee;

- Detailed calculation of pay budgets based on agreed establishment

- Addition of 1% assumed cost of living pay rise from the Inflation funding contained within the tariff

- Uplift of PFI agreement by RPI (2.8%) as per the terms of the contract – no other material non-pay related inflation has been included within the base budgets.

- Relevant additions and/or reductions relating to the Depreciation and Financing budgets in line with the recent Plan submission.

2.4 Cost Improvement

As previously identified, the Cost Improvement Programme (CIP) assumed within the plan, and therefore reflected in base budgets is £4.08m. This has been transacted against the budgets of clinical and non-clinical areas as determined by the apportionment method previously reported to the Finance & Activity Committee.

Work remains ongoing to determine specific budget lines to which the CIP allocation is transacted against in line with the schemes identified to date for 2014-15. This is a priority for the first quarter of the year.

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

2.5 Central Budgets

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

- £1.1m of developments including Autism Assessment, Community Triage, Dementia Service, Healthy Minds, Substance Misuse tender award

- £0.2m earmarked for specific expenditure items including Family & Friends, Cleanliness in Hospitals, etc.

- £0.4m for the required Contingency budget stipulated in the planning process for 2014-15[1]

- £0.45m associated with non-recurring support, pre securing repatriation resource, from local commissioners as part of the contract round

- £0.5m earmarked for historic cost pressures that will be devolved to operational areas following the approval by the Executive team.

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[1] 0.5% of Total turnover

2.6 In Year Changes

It should be noted that the above budgets are the base position proposed for 2014-15. These will be subject to change as a result of the finalisation of contract negotiations and also any in year variations that may arise from service developments or other agreed changes.

3. Capital Expenditure Plan

The Capital Investment Group is developing the Plan for 2014-15 and this will be reported to the May 2014 Finance and Activity Committee.

As detailed at the foot of the table 3 below, the Trust has £2.64m of resource available for investment in capital schemes. For information, table 3 also details an indicative programme.

Table 3: Indicative Capital Programme 2014-15

Scheme Description	Estimated Scheme Cost £000's
Ward 1 Upgrade	50
Acquired Brain Injury development (costs still to be ratified)	150
Ward 4 Upgrade (from 20 bed to 12 bed with en-suite)	750
Maintenance of Trust infrastructure	200
IT development	50
AT&T redevelopment	250
Tackling Green Issues	100
Under consideration:	
Victoria Surgery - new roof	45
Harplands - green parking facilities (20 spaces)	-
Trust HQ - parking facilities (50 spaces)	-
Ground source heating	-
Estates rationalisation	-
Self provision of Tier 4	-
Purchase of A & T and Telford Unit	-
Other schemes	1,045
Total Programme Expenditure	**2,640**
Disposals	
Learning Disability properties	-1,140
Total Potential Programme	**1,500**

Funded By	£000's
Depreciation	1,500
Sale of redundant properties	1,140
Total Funding	**2,640**

Note: The Capital Resource Limit (CRL) will be £1.5m.

4. Conclusion & Recommendations

The attached summary table (Appendix 1) shows the recurring and non-recurring opening budgets for 2014-15, resulting in a surplus of £0.3m. This is consistent with the current iteration of the financial plan, submitted to the NTDA at the beginning of March 2014.

The Board is asked to

- *To approve the opening revenue budget and note the progress on the capital programme for 2014-15.*

Summary Budget Position 2014-15

Detail	Recurring Budget £'000	Recurring Developments £'000	Revised Recurring Budget £'000	Non-recurring Budget £'000	Non-recurring Developments £'000	Non-recurring Budget £'000	Total Budget £'000
Clinical Income	**62,032,944**	**1,378,012**	**63,410,956**	**1,237,355**	**450,000**	**1,687,355**	**65,098,311**
Divisional Budgets							
Childrens Services	-4,913,170	0	-4,913,170	-13,277	0	-13,277	-4,926,447
Adult Mental Health	-24,278,699	0	-24,278,699	-629,107	0	-629,107	-24,907,806
LD / Neuro / Old Age Psychiatry	-13,404,354	-201,420	-13,605,774	-584,290	0	-584,290	-14,190,064
Corporate	-14,338,838	0	-14,338,838	76,853	0	76,853	-14,261,985
Centrally Held Budgets	-1,333,882	-1,176,592	-2,510,474	-87,534	-450,000	-537,534	-3,048,008
EBITDA	**3,764,000**	**0**	**3,764,000**	**0**	**0**	**0**	**3,764,000**
Depreciation, Interest and Dividend	-3,030,000		-3,030,000	0	0	0	-3,030,000
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year	**734,000**	**0**	**734,000**	**0**	**0**	**0**	**734,000**
IFRIC12 Expenditure	-466,000	0	-466,000	0	0	0	-466,000
TOTAL TRUST BUDGETED POSITION SURPLUS / (DEFICIT)	**268,000**	**0**	**268,000**	**0**	**0**	**0**	**268,000**

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: Board – Open Section

Date of Meeting:	27 March 2014
Title of Report:	Finance and Activity Committee Report – Committee Meeting 20 March 2014
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	 Steve Blaise 20 March 2014 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	• For assurance
Executive Summary:	The attached report provides a summary of the Committee meeting held on the 20 March 2014 and provides assurance to the Board over; • the level of review and challenge provided by the Committee of financial and other reporting and forecasting
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • IM and T Strategy ✔ • Governance Strategy ✔ • Workforce Strategy ✔ • Financial Strategy ✔ Helps ensure appropriate resources are directed to and protected for appropriate patient care services.
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	The board are asked to: • Note the contents of the report and take assurance from the review and challenge evidenced in the Committee. • Approve the opening 2014/15 revenue and capital budgets.

North Staffordshire **NHS**
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Assurance Report to the Trust Board – Thursday, 27 March 2014

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

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

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

The Committee received the financial update for month 11 (February 2014) 2013/14.

The income and expenditure position to Month 11 was ahead of plan at a deficit of £0.436m against a plan deficit of £0.506m, a favourable variance of £0.070m. The paper also reported that the detailed year end forecast undertaken at Month 11, indicates achievement of the planned position of £0.422m deficit, equating to a break-even 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 28 February is £0.1m which is an under spend against the profiled capital expenditure shown in the Plan submitted to the NTDA. It was noted that, following further slippage on schemes, the Trust is now forecasting a year end capital underspend in 2013/14 of £1.3m against the CRL. It was noted that the current financial regime allows the Trust to underspend against its CRL, but not to overspend. The committee however recognised that lack of clarity in commissioner intentions together with uncertainty on the Trusts future were a significant factor in capital developments not proceeding to plan within the year, resulting in the capital underspend.

The Trusts cash balance at the end of January was £5.9m, which is £3.4m lower than the position at the end of January 2014. The balance has returned to a more normal level following the unusually high balance at the end of January. It was also noted that as a consequence of the capital programme slippage mentioned above, the year-end cash balance is likely to be significantly higher than currently forecast.

The Committee received a separate report providing details on the Trusts 2014/15 revenue and capital budgets and highlighted some of the notable work undertaken. It was noted that pay budgets had been inflated by 1% but following the recent pay award announcement this may be an over provision. Conversely it was noted that budgets had no increase to reflect incremental drift on pay rates. The Director of Finance was asked to provide further clarity on this point at the Board meeting on 27 March 2014. The Committee did, however, agree to recommend the approval of the budgets to the Board.

The Committee received the Month 11 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 progress and development of Cost Improvement Programme for 2014/15. This outlined the progress to date in identifying schemes to deliver the target of £4.1m. The report stated that £3.4m had been identified and work continues to close the remaining gap. It was also noted that a significant percentage of the schemes identified were not, at this stage fully developed. The Committee noted the continued progress in respect of the development of the 2014/15 CIP programme but highlighted concerns regarding the speed of that development.

The Committee received verbal updates on the Trusts clinical contract negotiations and forecast cash position.

Following a discussion on repatriation of patients from "out of area" locations the committee asked for a paper clarifying the timings of this programme during 2014 / 2015 and the financial implications.

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 28 February 2014.

The Committee discussed some of the issues linked to the Chebsey closure, forecast timescale and the continued efforts relating to redeployment and the mitigation of redundancy costs. The committee requested further updates on timing and financial implications as appropriate.

The Committee received a presentation of the 2014/15 & 2015/16 financial planning templates submitted to the NTDA on 5th March 2014. The Committee noted the level of detail included within this submission and felt that a number of the schedules contained within the plan could also be presented to future Committee meetings.

Recommendation

- **The Committee recommends that the Trust Board approves the opening 2014/15 revenue and capital budgets.**

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

On Behalf of Tony Gadsby Chair Finance and Activity Committee

Steve Blaise Interim Deputy Director of Finance

21st March 2014

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO TRUST BOARD

Date of Meeting:	27th March 2014
Title of Report:	Performance Report – Month 11 2013/14
Presented by:	Caroline Donovan, Acting Chief Executive Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	 Kevin Daley, Performance Development Manager 18th March 2014 Kevin.Daley@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	This report provides the Board with a summary of performance to the end of Month 11 (February 2014) Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target. A range of 133 metrics is in place to monitor performance, quality and outcomes. The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives. There were no areas reported as significantly under-performing (red) and 3 assessed as under-performing (amber) at end of February 2014. The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Governance Strategy The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.

Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	The Board are asked to • consider and discuss reported performance with particular emphasis on areas of underperformance • note the considerable number of metrics reported on target (green) • to confirm sufficient detail and assurance is provided

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

2 Executive Summary – Exception Reporting

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

At month 11 there are no metrics rated as Red and only 3 metrics rated as Amber.

Trust Totals (133 Metrics)

Strategic Goal	Key Trust Objective	Red	Amber	Green
	Monitor	0	0	0
SG1 Clinical Effectiveness	KTO 1	0	0	46
	KTO 2	0	0	7
	KTO 3	0	0	6
SG2 Partnership working	KTO 4	0	0	35
	KTO 5	0	0	1
	KTO 6	0	1	0
SG3 Engage with communities	KTO 7	0	0	10
SG4 Innovation	KTO 8	0	1	8
	KTO 9	0	0	2
	KTO 10	0	0	3
SG5 Efficient provider	KTO 11	0	1	11
	KTO 12	0	0	2
	Total	**0**	**3**	**130**
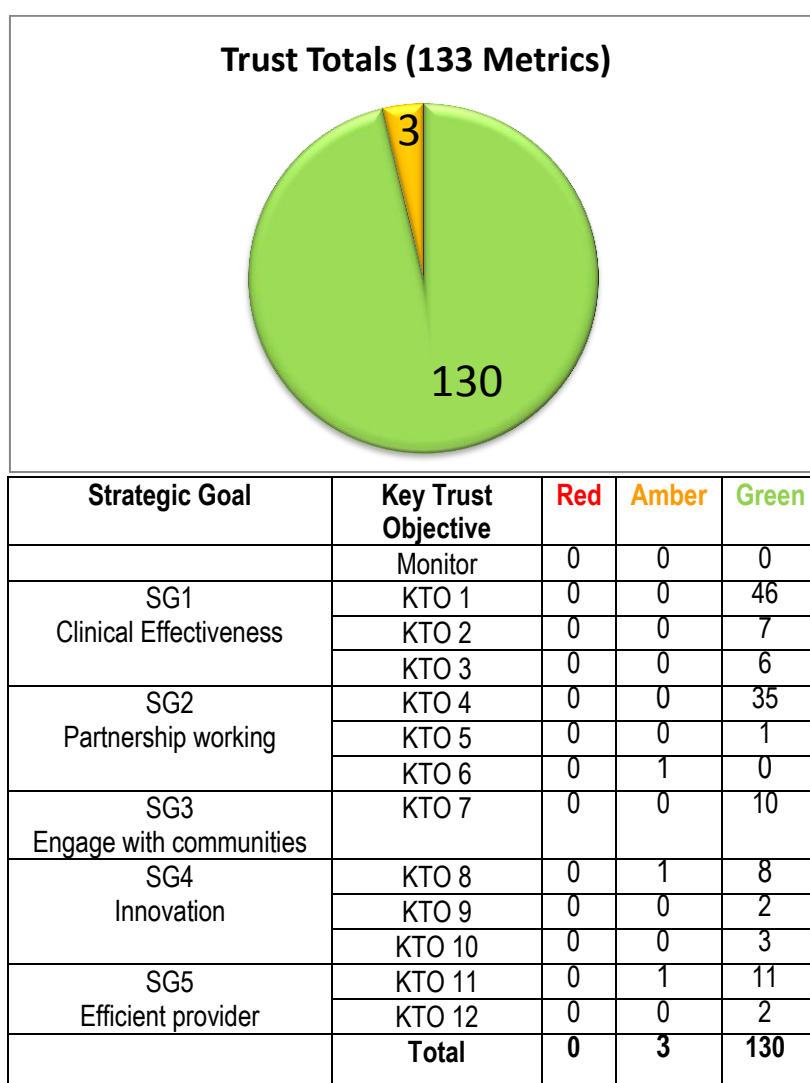
2.1 Monitor Compliance Framework

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	Feb	YTD	Forecast Year End	Data Quality	AMH	LD	CYP
1	Number of FT members	7900	8300	8300	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%	95.9%	95.9%	G	G	95.9%	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	55	3	60	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%	3.28%	3.52%	G	G	4.38%	2.89%	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 11

KTO 2. Embed the 'back to essentials' campaign across our services. (SG1)
Of the 7 metrics all are currently within accepted limits at month 11

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 11

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 11

KTO 5. Work in partnership with the Staffordshire and Shropshire LETC to introduce values based recruitment for all future Health Care Support Workers appointments. (SG5)
Month 11 update The Shropshire & Staffordshire LETC is no longer progressing as the original model. The Trust is now pursuing its own VBR work, including ensuring competency based interview questions are values based; introducing a HCSW programme, ensuring the values are intrinsic to the Trust's Leadership Programme and introducing values statements in our working policies.
- Values Based questions are encouraged/utilised in all interview processes with some Divisions referencing these against Trust values explicitly
- We are including values in the foundation level programme for support workers, so our existing staff will all receive this information. The rollout plan for these staff is two years (ie 100 staff every 6 months starting in April 2014.)
- Denise Hamplett and Lesley Faux have attended a VBR train the trainer session in March and will being sharing this across the Trust through existing leadership programmes and such as PMP. Recruitment training already has a module on VBR
- We are also learning from other trusts across the locality to further inform our approach for 2014/15

KTO 6. To enhance integration of our community mental health and specialist teams to improve the seamless nature of client care
All metrics are currently within accepted limits at month 11 with the exception of the below metric

KPI	Metric	Exec	Op	Target	M11 Perf	YTD	Forecast Outturn	Perf	Comment
O4.1	Readmission Rates **Quarterly**	Dir of Ops	BMs	<5%	**GREEN 4%**	**AMBER 6%**	**AMBER**	↘	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.

Month 11 update on Qrt 4 – At Month 10 there were 12 confirmed as true readmissions within 28 days and Month 11 there were 7 confirmed as true readmissions. This indicates a likely breach of the 5% target

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 11

SG4 To be a dynamic organisation driven by innovation

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

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

KPI	Metric	Exec	Op	Target	M11 Perf	YTD	Forecast Outturn	Perf	Comment
O8.6	Percentage of staff compliant with mandatory training appropriate to their role	WF Dir	CD	95%	AMBER 88%	AMBER 88%	AMBER	↘	**88% @ month 11 from 89% @ month 10** Month 11 AMH = 89% LDNAOP = 88% CYP = 82% Corporate =89% 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 11

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 11

SG5 To be one of the most efficient providers

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

Of the 12 metrics all except one are currently within accepted limits at month 11

KPI	Metric	Exec	Op	Target	M11 Perf	YTD	Forecast Outturn	Perf	Comment
O7.3	Delivery of Capital Programme Income & Expenditure control total	DoF	SB	£1.6m	AMBER	AMBER	AMBER	↘	£1.6m Capital programme - Latest trust forecast identified slippage in the Tier 4 development. NTDA plan revision submitted. Latest projection is that the Trust will spend £0.3m against a target

							of £1.6m an underspend of £1.3m

KTO 12. To deliver our financial plan for 2013/14
Of the 2 metrics both are currently within accepted limits at month 11

4   Benchmarking - Risk Ratings
Monitor publishes quarterly risk ratings for finance (FRR) and governance (GRR) ratings for Foundation Trusts; Ratings as at March 2014 taken from Monitor website 12/03/14 for local Trusts are set out in the table below:

Trust	Financial risk	Governance risk rating
Birmingham and Solihull Mental Health	3	No evident concerns
Cheshire & Wirral	4	No evident concerns
Derbyshire Healthcare	3	No evident concerns
South Staffordshire	4	No evident concerns
North Staffs Combined Healthcare	2	Emerging or minor concern

Financial risk rating

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

Governance risk rating

Red - Likely or actual significant breach of terms of authorisation

Amber-red - Material concerns surrounding terms of authorisation

Amber-green - Emerging concerns or minor concerns

Green - No evident concerns

5   Quality and Risk Profile (QaRP)

Executive Summary

At 31 January 2014 the overall position remains good, as follows:

Summary information	
Provider type: NHS Healthcare Organisation	
Date registered with CQC	01/04/2010
Number of regulated activities	3
Number of locations	7
Total no. of data items in QRP	834
No. of qualitative data items	88
No. of quantitative data Items	746

Latest risk estimates

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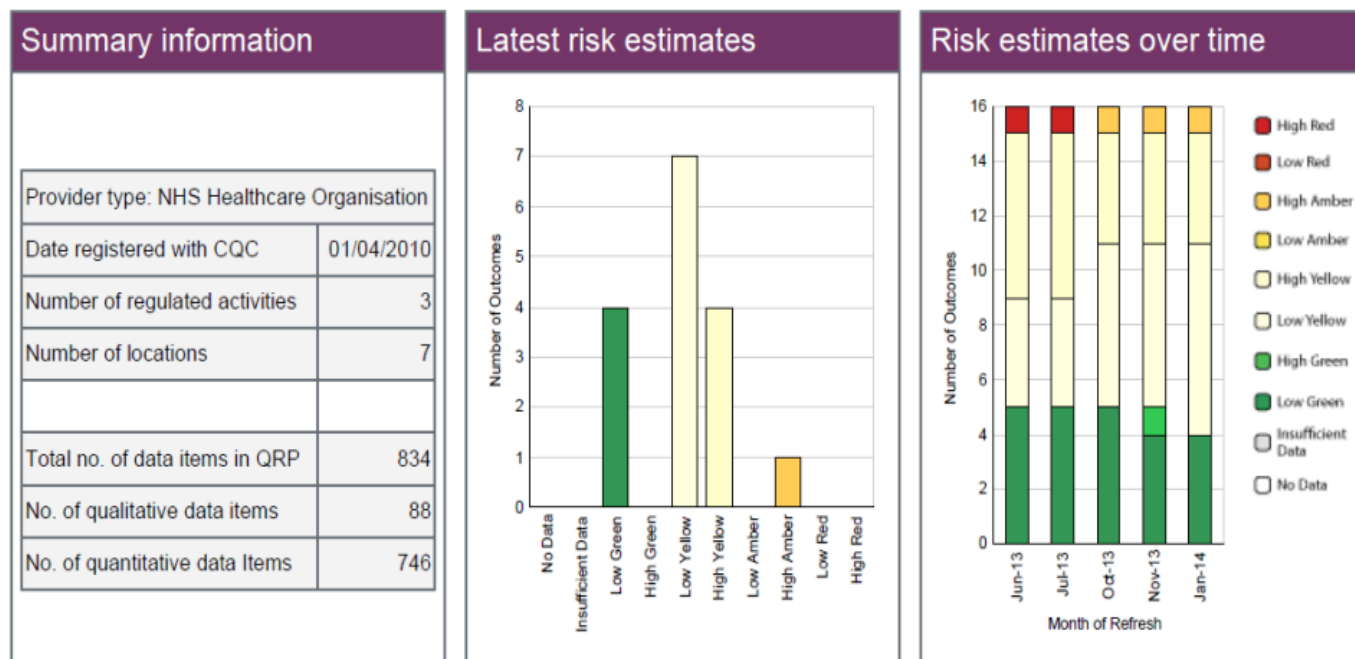
The tables above shows minimal change from last month; green and neutral risk ratings have been retained for 15 of the 16 measured Outcomes and that the amber rating for Outcome 2 (Consent) is unchanged as no further data lines have been added for this outcome.

6   Recommendations
- 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

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: Open Trust Board

Date of Meeting:	27 March 2014
Title of Report:	Audit Committee Report
Presented by:	Mrs Bridget Johnson Acting Chair of Audit Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs/ Sandra Storey 16 March 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For assurance
Executive Summary:	This report provides a summary of the recent meeting of the Audit Committee held on 13 March 2014. Trust Board members are reminded that the full minutes and papers are available for inspection from the Trust Secretary / Head of Corporate and Legal Affairs.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Governance Strategy • Finance Strategy • Customer Focus
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Assurance Framework provides the Board with evidence to support the Statement of Internal Control.
Recommendations:	The Board is asked to • Receive and note the contents of this report • Ratify accounting policies for the annual accounts process 2013/14

**Audit Committee Report to the 27 March 2014 Trust Board of the
meeting held on
13 March 2014**

2013/14 Quality Account – Project Plan
The committee receive the project plan for the management of the 2013/14 Quality Account. This had been developed to ensure that all key stages of the process required around the production of the Quality Account are delivered on time. It was noted that the plan had also been presented and approved by the Quality Committee at its meeting on the 18 February 2014.   Members noted the report and gave assurance that the process was being robustly managed in order to ensure a document of high standard is developed and that its meet the publication deadline of the 30 June 2014.

Principal Risk Register Assurance Report
The purpose of the report is to provide information and assurance to the committee that there is a robust risk management process in place to manage the Trust's Principal Risk Register.

It was noted that at the beginning of 2013/14 the Board has agreed its Annual Objectives and the list of Principal Risks to their delivery. The Trust has a process in place to review the Principal Risk Register and any Operational Risks that have been escalated; this review is undertaken quarterly.   The review for Q3 2013/14 was completed in January 2014 and was subsequently discussed at the Risk Management Committee in February 2014 where it was agreed that there would be more of a forward look of the risks in the future as well as discussing how the risks had been mitigated over the previous period. The committee received the report and gave assurance about the robustness of the Trust's risk management arrangements.

Risk Management Strategy and Policy Assurance Report
The report provided an overview of the changes to the Risk Management Strategy and Policy since the last update to the committee.   The report also provides assurance on the robustness of the review process. It was noted that the documents were reviewed and updated by the Risk Review Group in January 2014 and approved by the Risk Management Committee in February 2014. The next review of the Strategy and Policy will take place in February 2015.

Progress Report – Audit Recommendations
It was noted that since the last report to committee, 4 audit reports had been finalised and 4 new recommendations had been received. 22 recommendations in total have been implemented; internal audit reports detailing all recommendations are issued to committee members as each review is finalised.

Committee members also discussed the detail around a number of the recommendations and scrutinised the evidence being given in order to give full assurance to the committee. Those involved were thanked for their efforts in achieving closure of a number of actions.   Committee members discussed the ongoing action in respect to the audit around service line management and that the requirement to introduce an action plan was still ongoing within the Children Division. Mr Lappin informed the committee that this was being revisited and he would provide further feedback to the committee ahead of the next meeting in order to give assurance that this was being addressed.

Baker Tilly Strategy for Internal Audit 2012/13 – 2014/15 including Annual Plan for 2014/15
The purpose of the report is to provide the Trust with a Strategy for Internal Audit based upon the auditors understanding of the risk profile and where assurances are required. It was noted that discussions about the plan had taken place with the Executive Team in February 2014.

Committee members discussed the detailed audit plan for the coming financial year and agreed that it reflects the areas that should be covered as a priority. The Strategy and Plan were both approved by the committee noting that there was a contingency built into the plan for the auditors to help respond to any emerging issues during the year.

Internal Audit Progress Report
Since the last meeting of the committee, four audits have been finalised:

- *CQC Compliance Monitoring Review* (Green opinion – no recommendations)
- *Management and Use of the Assurance Framework incorporating an Assurance Stocktake* (Green – no recommendations and was found to be adequate to support the Trust's Annual Governance Statement)
- *IT Key Financial Systems* (Amber-Green, 2 medium and 1 low recommendation)
- *Information Governance Toolkit* (Opinion – some assurance, 9 low recommendations).

The committee noted the reports, in particular the work that had been undertaken to achieve positive outcomes particularly around the Assurance Framework and the CQC Compliance and Monitoring Review, which puts the Trust in a good position for its Annual Governance Statement (formerly Statement on Internal Control).

Where there had been actions noted, these have been accepted by management and their progress will be monitored on the audit recommendations register. The committee were also notified of audits that were ongoing (such as the audit on the Trust's complaints process) and if completed and signed off by management these will be presented to the next meeting of the committee.

Baker Tilly Fraud Solutions Annual Work-Plan 2014/15
It was noted that the Work-Plan had been devised by the Local Counter Fraud Team based on ensuring compliance with NHS Protect's requirements, assessment of risk and allowance for proactive and reactive work. The resource had been agreed with the Finance Director prior to the meeting with any investigation and off plan days being charged separately. As such it was noted that the Work-Plan in some respects is a flexible document in order to responsive to any emerging issues during the year. The Work-Plan was agreed in principle with target areas for review being further considered by the Executive Team.

External Audit Progress Report
The committee received a report summarising the work that had been completed since the last meeting of the committee. This included discussions with the Head of Clinical Audit to confirm approach to the audit of the 2013-14 Quality Account, continued discussions with key Trust Officers on risk such as the sale of Bucknall Hospital, and discussion on the consolidation of the Charitable Funds.

The committee also noted the upcoming work ahead of the April 2014 committee meeting, particularly around commencing the testing on the indicators for the

2013/14 Quality Account, undertaking initial work in supporting Use of Resources conclusion and completion of their interim audit which covers review of controls over key financial systems and IT controls. No particular issues were reported to the committee.

Annual Accounts Timetable
The committee received a paper detailing the key milestones and deadline dates associated with the production of the 2013/14 Annual Accounts.

Draft Accounting Policies
The Trust's draft accounting policies for 2013/14 were presented to the committee for approval before the completion of the Accounts in April 2014. The draft policies have been mainly produced in accordance with the 'model' policies included within the draft Financial Reporting Manual (FREM) issued by the Department of Health. It was noted that these draft policies will be subject to change to include any Trust specific issues required from local managerial decisions. With some amendments noted these were approved by the committee.

Financial Plan
Mr Lappin advised the committee of the progress being made in producing the 2 year operating / business plan. A first draft had been completed and submitted to the Trust Development Agency with further iterations and submission by the deadline of 4 April 2014. It was also noted that the Trust is in the middle of contract negotiations with commissioners and a full report, alongside information regarding the Trust's 2 year Cost Improve Programme, will be presented to the next meeting of the Trust's Finance & Activity Committee.

Cost Improvement Plan (CIP)
Following on from the discussion in respect to the 2 year operating plan, the committee discussed the processes and procedures in place to give assurance to the committee around the management of CIP schemes. Mr Lappin advised the committee that there was every expectation that the Trust would achieve its CIP target for 2013/14 in full. The development of CIP for 2014/14 was noted to be making good progress but further work is still required. This is being closely monitored on a weekly basis by the Executive Team.

Review of the Business of other Board Committees
The committee received the following summary business reports:

  ▪ *Quality Committee* – 21 January and 18 February 2014 meeting;
  ▪ *Finance & Activity Committee* – 23 January and 20 February 2014 meeting;
  ▪ *People and Culture Development Committee* – 13 January and 17 February 2014 meeting.

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

Next meeting
10 April 2014.

On behalf of the Committee Chair
Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
<u>16 March 2014</u>

REPORT TO TRUST BOARD

Date of Meeting:	27 March 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 17 March 2014 glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	This report presents the monthly NTDA self-certification documents for Board approval. These self-certification declarations form part of the NTDA Oversight and Escalation Process. Based on February 2014 data, the Trust is declaring compliance with all requirements.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Clinical, Finance and Governance. There is no direct impact on patients or the public.
Relationship with Annual Objectives:	To manage delivery of the milestones towards achieving FT status, in preparation for the Trust's proposed future form.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None
Recommendations:	The Board is asked to : • Approve the self-certifications for

	submission to the NTDA on or before the last working day of March 2014.

NHS TRUST DEVELOPMENT AUTHORITY

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:

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:

NHS TRUST DEVELOPMENT AUTHORITY

tda | Trust Development Authority
Quality. Delivery. Sustainability.

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

CONTACT INFORMATION:

● ● ●

Enter Your Name:

Enter Your Email Address

Full Telephone Number: Tel Extension:

SELF-CERTIFICATION DETAILS:

● ● ●

Select Your Trust:

Submission Date: Reporting Year:

Select the Month   April   May   June

                          July   August   September

                          October   November   December

                          January   February   March

BOARD STATEMENTS:

● ● ●

CLINICAL QUALITY
FINANCE
GOVERNANCE

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

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

BOARD STATEMENTS:

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For CLINICAL QUALITY, that

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

1. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

● ● ●

For CLINICAL QUALITY, that

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

2. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

●●●

For CLINICAL QUALITY, that

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

3. CLINICAL QUALITY
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

●●●

For FINANCE, that

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

4. FINANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

● ● ●

For GOVERNANCE, that

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

5. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

● ● ●

For GOVERNANCE, that

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

6. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

● ● ●

For GOVERNANCE, that

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

7. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

● ● ●

For GOVERNANCE, that

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

8. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

●●●

For GOVERNANCE, that

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

9. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

●●●

For GOVERNANCE, that

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

10. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

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For GOVERNANCE, that

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

11. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

●●●

For GOVERNANCE, that

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

12. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

For GOVERNANCE, that

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

13. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

BOARD STATEMENTS:

For GOVERNANCE, that

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

14. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

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

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: Trust Board

Date of Meeting:	27 March 2014
Title of Report:	NHS Trust Development Authority (TDA) – Report on this Trust's Performance
Presented by:	Mr K Lappin, Director of Finance
Author of Report: Name: Date: Email:	Mr K Lappin Director of Finance 25th February, 2014 Kieran.lappin@northstaffs.nhs.uk
Purpose / Intent of Report:	For assurance
Executive Summary:	• The report details the categories that the TDA uses when monitoring the performance of Trusts. The report also comments that our performance has improved from category 3 to category 2 (the second highest out of the 5 categories)
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• All • Provides assurance that the Trust is both meeting high standards and that its performance is improving
Relationship with Annual Objectives:	• Provides objective measurement of performance
Risk / Legal Implications:	• Provides external assurance that the Trust is managing risk effectively
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	• Provides external assurance that the Trust has effective risk, control and assurance mechanisms in place.
Recommendations:	That the Board notes the content of this report.

NHS TRUST DEVELOPMENT AUTHORITY

REPORT ON THIS TRUST'S PERFORMANCE

Introduction

The NHS Trust Development Authority (TDA) provides support, oversight and governance for all NHS Trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow. A key element of their support is the monitoring of Trust performance and providing assistance to secure improvement.

The purpose of this report is to provide the Board with an update on the TDA's assessment of this Trust's performance.

Background

From April, 2013 the NHS TDA took on its full powers, including oversight of all aspects of NHS Trust performance. Three of the key elements of oversight are as follows:

- The TDA asks this Trust to provide them with detailed monthly financial pro-formas detailing our financial performance.

- The TDA asks this Trust to provide them with monthly detail of our performance on a wide range of areas.

- The TDA provides detailed planning guidance and asks this Trust to submit its plans incorporating the guidance.

In addition the TDA holds regular meetings with Trust Officers.

Measuring the performance of NHS Trusts

The TDA defines Trust performance in five different categories as follows:

- 1: No identified concerns

- 2: Emerging concerns

- 3: Concerns requiring investigation

- 4: Material issue

- 5: Formal action required

Until recently the TDA defined this Trust's performance as category 3. At the latest TDA meeting with Trust Officers they informed us that our performance has improved to category

National Figures

For information Table 1 below details the latest performance of all Trusts by category (see NHS TDA Winter report at. http://www.ntda.nhs.uk/)

Oversight and escalation

Sector	1 No identified concerns	2 Emerging concerns	3 Concerns requiring investigation	4 Material issue	5 Formal action required
Acute	2	8	19	24	6
Mental Health	4	8	2	1	0
Ambulance	0	2	1	2	0
Community	8	9	2	0	0
Other	–	–	1	0	0
Total	**14**	**27**	**25**	**27**	**6**

It is noteworthy that the majority of mental health Trusts and Community Trusts are in category 1 and 2, which indicates that these sectors are performing relatively well as a whole.

Recommendation

The Board is asked to note the contents of this report and that this is an improving performance.

Kieran Lappin
Director of Finance
20th March, 2014

North Staffordshire Combined Healthcare NHS

NHS Trust

REPORT TO: **Trust Board**

Date of Meeting:	27 March 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 17 March 2014 Sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	• For information / assurance
Executive Summary:	This report provides a summary of the meeting of the People and Culture Development Committee that took place on the 17 March 2014. The report highlights key points discussed and agreed outcomes.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Workforce Strategy • Governance Strategy • Customer Focus
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee is working in according with its Terms of Reference
Recommendations:	• To receive for information and assurance purposes. • Ratify Learning and Development Policy 3.30

**People and Culture Development Committee Summary Report to
27 March 2014 Trust Board of the meeting held on
17 March 2014**

1. **Welcome**
   Mr Patrick Sullivan, newly appointed Non Executive Director and Chair of the Trust's Quality Committee, was welcomed as a member to his first meeting of the committee.

2. **Workforce Service Line Performance**
   Members reviewed each of the service line reports in respect to performance around key workforce indicators. In the main, committee members reported an overall positive performance. All presented reports which included information in respect to sickness levels, compliance with statutory and mandatory training and workforce expenditure against budget. A slight reduction across the Service Lines was noted in respect to compliance with Statutory and Mandatory training and the committee discussed the actions that have been put in place to address this.

   Some areas have identified intermittent sickness, as a consequence for example of seasonal flu / viruses, though it was reported that attendance has recently improved. This is an area which continues to be closely monitored and supported by HR colleagues.

3. **Learning and Development Policy**
   The Learning and Development Policy has been completely re-written to reflect up to date practice. The Policy sets out a framework that demonstrates how the workforce has access to learning, education and training and development in order for them to fulfil their role effectively and provide high quality services. The committee welcomed the work that has been undertaken to update the policy, in particular that it defines individual responsibility and clarifies the systems for arranging, funding, recording and monitoring training. The committee recommended approval of this important policy by the Trust Board.

4. **Healthcare Leadership Model**
   The committee received a report which described the introduction of the healthcare leadership model, which also makes comparisons between the current bespoke 360 process used within the Trust and the likely national 360 system.

   The committee agreed with the recommendation to move to the new healthcare leadership model. The committee also supported the move to allow benchmarking with other Trusts as well as reducing future costs of updating the system. It was agreed that the current system will be extended for a further 3 months to allow for any initial teething problems.

5. **Supervision Policy**
   It was noted that work on this policy was ongoing and the final version would be presented to the next meeting of the committee.

6. **Staff Survey Findings 2013**
   The committee discussed the key findings from the 2013 Staff Survey. The results contained some positive findings, including an increased response rate, improvements on areas such as appraisals and staff experiencing

bullying, harassment, or abuse, but gave disappointing results on engagement and team working. The committee discussed and agreed the key priority areas that were outlined in the report, elements of which will be picked up further at the next Trust Plenary session as well as at the development session of the next meeting of the committee.

7. Communications, Membership and Engagement update

The committee received a detailed report on the communications, membership and engagement projects in place across the Trust from September 2013 to March 2014. It was noted the work that is ongoing to develop communications and engagement both internally and externally with key priorities in the plan to support the work of the committee. It was agreed that this important area of work and strategy going forward should form part of the discussion at the next committee development session in April 2014.

8. Francis, Keogh, Berwick and Cavendish Recommendation Implementation

The committee received a comprehensive report on a suggested approach to implementing the recommendations of the national inquiries and reports. The report outlines the work undertaken to bring together the various reports against current activities within the Trust. The committee discussed and agreed with the 5 major themes to communicate and progress this work around:

- Putting service users first – all of the time
- Being open and honest
- Listening and acting on feedback
- Taking every opportunity to learn, develop and improve
- Information, systems and processes that help us.

The committee agreed with the proposals set out to take this work forward and for there to be regular updates to the committee to monitor progress.

9. Service User Equality Monitoring report

In compliance with the Equality Act requirements the committee received a detailed report on the Trust's Equality and Monitoring Analysis for 2012/13. This included information on workforce, service user access and service user experience of Trust services. The committee agreed with the need to support equality of access, participation, treatment and outcomes for all service users. The proposed next steps in the report were agreed by the committee which will include an annual review of the Trust's equality objectives, a data cleanse of workforce information and to repeat the equality monitoring on an annual basis.

10. People and Culture Development Committee Risks

The committee received the month 11 report identifying the key risks relating to workforce and organisational development. For assurance to the committee the report identified the source of each risk, its risk rating and an update on progress against the mitigating actions.

11. Training Needs Analysis

The committee received for information purposes, a report on how the training budget will be allocated for the next financial year. This is an accumulation of a 6 month training needs analysis process which has included consultation at every stage.

12. Next meeting

<u>14 April 2014, 9.00 am</u>
It was noted that the next meeting will be a development session with the intention of looking at the effectiveness of the committee, a further discussion around some of the key outputs from the staff survey and supporting review of the Trust's internal communications.

On behalf of the Chair Peter O'Hagan, Non Executive Director and Executive Director of Leadership and Workforce, Caroline Donovan

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
<u>17 March 2014</u>

North Staffordshire Combined Healthcare **NHS**

NHS Trust

REPORT TO: TRUST BOARD

Date of Meeting:	27 March 2014
Title of Report:	Staff Survey Findings - NSCHT 2013
Presented by:	Caroline Donovan – Acting Chief Executive/Director of Workforce and Leadership
Author of Report: Name: Date: Email:	Lesley Faux 10 March 2014 **lesley.faux@northstaffs.nhs.uk**
Purpose / Intent of Report:	• For information
Executive Summary:	The paper outlines the key findings from the 2013 Staff Survey (staff survey results now in the public domain). The survey results contained some positive findings, including an increased response rate, improvements on areas such as appraisals and staff experiencing bullying, harassment or abuse but overall gives disappointing results on engagement and teamworking. This report follows submission at PCD with proposed action plan.
Which Strategy Priority does this relate to:	• A values based workforce that demonstrates high quality leadership with a focus on providing high quality care • A workforce that is engaged, committed and motivated • A workforce able to provide quality evidence-based safe car • A dynamic and productive workforce that is fit for purpose • A workforce that is partnership-focussed • A competent, skilled and appropriately trained workforce • A workforce responsive to the business priorities
How does this impact on patients or the public?	Staff engagement is important in delivering an effective services. This survey outlines our progress.
Relationship with Annual Objectives:	• high quality person-centred models of care • be one of the most efficient providers • a dynamic organisation driven by innovation
Risk / Legal Implications:	The organisation will not function as effectively as possible if staff are not engaged, working effectively in teams, receiving

	effective appraisals (PDR) and working in a safe environment. The annual Staff Survey provides an opportunity to review these factors. This paper provides feedback from the first meeting of a Staff Survey Task & Finish Group and the March Plenary outlining key areas for action.
Resource Implications:	None
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Engagement of staff through transaction process.
Recommendations:	The Board are asked to:- 1. Review and note the key findings from the 2013 Staff Survey 2. Discuss and agree the key priority areas, as outlined in sections 9 and 10 of the report 3. Discuss and agree the specific actions proposed by the Trust Plenary participants (also as outlined in section 10) for working-up into specific, attributable and measurable actions. These actions will be presented for approval to the Trust Board.

North Staffordshire Combined Healthcare **NHS**

NHS Trust

Report to Trust Board Committee

Staff Survey Findings 2013

March 2014

1.0 Introduction

The NHS Staff Survey tales place annually and is mandated for all NHS Trusts. The survey covers 28 'Key Factor' measures over a series of questions.

This year the Trust was able to opt to have its nationally published results based on the full set of responses from staff, rather than just the sample set responses.

Our Trust's results are benchmarked alongside the group of mental health trusts.

The survey results for all NHS bodies in the 2013 staff survey are available at:

http://www.nhsstaffsurveys.com. This includes individual organisation survey reports and a spreadsheet of all organisations results.

The survey was conducted between late September and early December 2013.

2.0 Overview of National Survey Results

For the NHS Staff Survey as a whole (all Trust types):-

· A response rate of 50%

· Improvement in 11 of the 28 key factors

· 9 key factors deteriorated

· 7 key factors cannot be compared to the previous year (due to changes in question/key measure composition)

· Nationally, job satisfaction and staff engagement improved overall

· Staff recommendation of their trust as a place to work or receive treatment remained stable

3.0 Trust Response Rate

The Trust response rate was 56% (Top 20% MH Trusts), compared to 51% in 2012. This put the Trust in the Best 20% of mental health trusts for staff survey response rate in 2013.

We aim for a target response rate of 60% each year. *Chart 1* over illustrates that the majority of Trust services achieved this level of response. Four clinical service lines fell

short of the 60% target. The Psychosis & Recovery Service line had the lowest response rate, with just 42% of staff taking part.

Chart1: Trust response rates at close of survey, December 2013
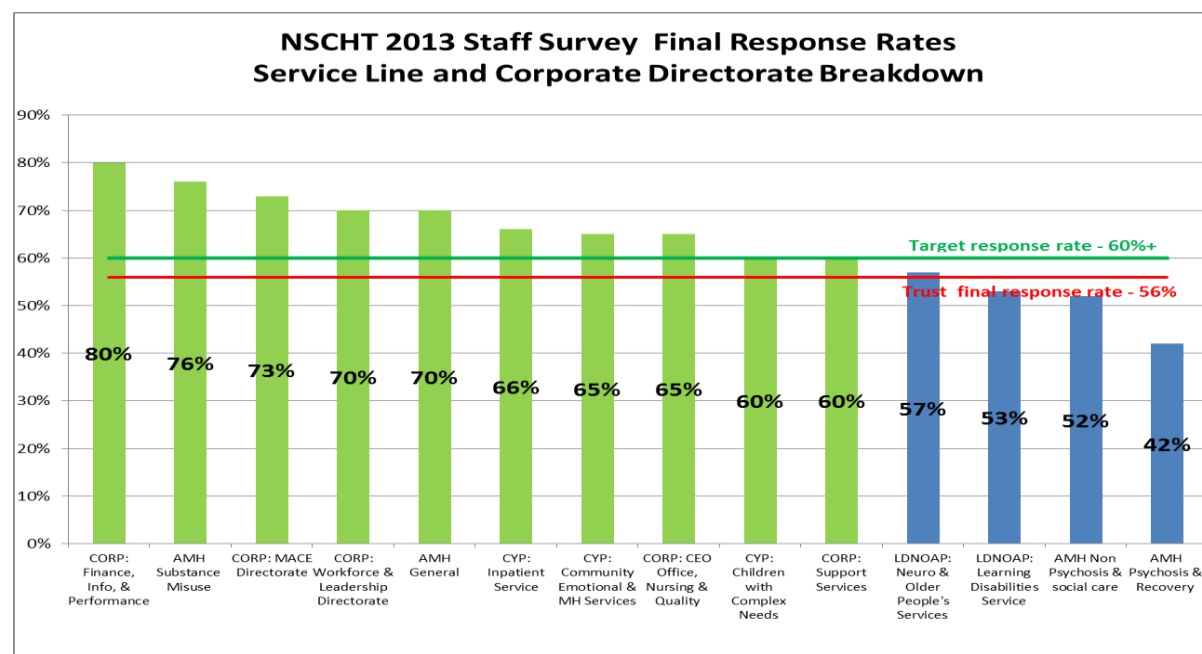
Service lines are aware that staff survey response rates are to be used as one measure contributing to their rating against the Trust's Earned Autonomy Framework.

4.0 Overview of Trust benchmarked position

As outlined above, the Trust is benchmarked on its performance in the Staff Survey against other mental health trusts.

Benchmark Category	2013 Survey		2012 Survey		2011 Survey	
	Key Factor Measure	Percentage of all Measures	Key Factor Measure	Percentage of all Measures	Key Factor Measure	Percentage of all Measures
Top 20%	4	14.3%	3	11.7%	7	18.4%
Better than average	6	21.5%	10	35.7%	5	13.2%%
Average	6	21.5%	5	17.9%	9	23.7%

Worse than average	6	21.5%	5	17.9%	13	34.2%
Worst 20%	6	21.5%	5	17.9%	4	10.5%
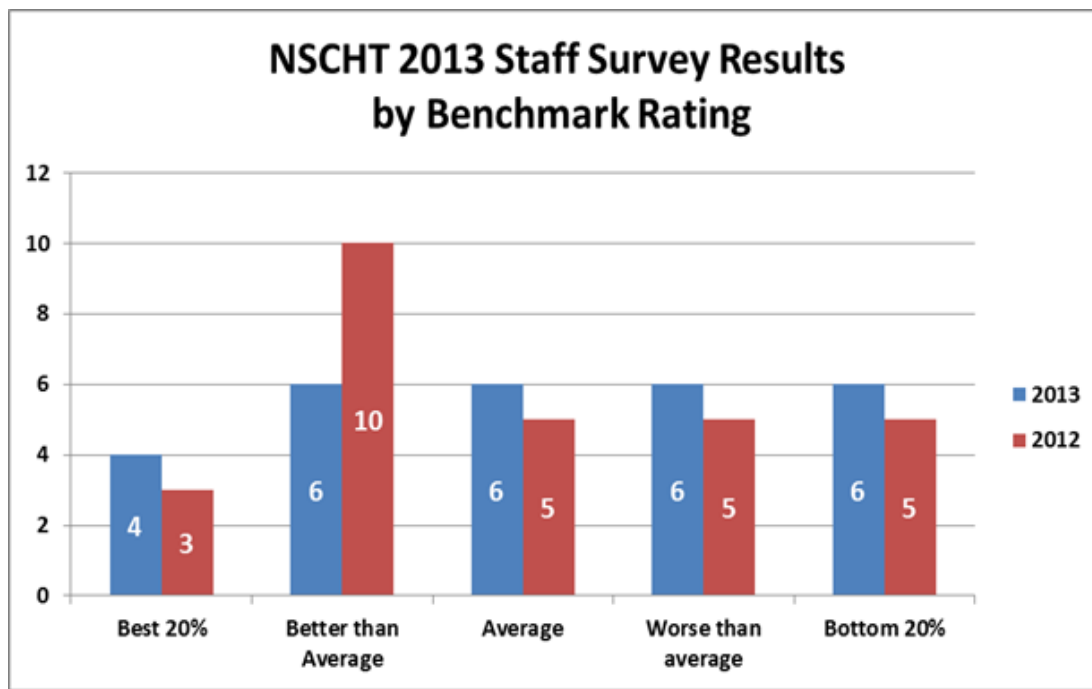
	28	28	38 (NB different survey format)

The Trust was able to increase the number of measures in the 'Top 20%' ranking from 3 to 4 measures. However, the overall proportion of key factors rating average or better equate to 57%, compared with 65% in 2012 (55% in 2011).

Chart 2 below shows the Trust's 2013 benchmark ratings compared with those in the 2012 survey:-

Chart 2: Key Factor ratings 2013, compared with 2012

5. Our Top and Bottom ranking key factors (compared to other MH Trusts)

Our Top 5 ranking survey measures are listed below (first 4 top 20%) were as follows:-

1. % staff appraised in last 12 months (94%; average for MH trusts = 85%)
2. % staff experiencing discrimination in last 12 mths (8%; average = 13%) (NB low score better on this measure)
3. staff experiencing harassment, bullying or abuse from staff in last 12 mtgs (17%; average = 20%) (low score better)
4. % staff receiving H&S training in last 12 mths (82%; average = 75%)

5. % staff experiencing harassment, bullying or abuse from patients/public in last 12 mths (27% - 'better than average'; average = 30%) (low score better)

Our Bottom 5 (worst) ranking measures (all bottom 20%) were as follows:-

1. Effective team working (score 3.72; 3.83 average for MH trusts)
2. Staff recommendation of the trust as a place to work or receive treatment (score 3.33; 3.55 average)
3. % staff experiencing physical violence from patients/public in last 12 mths (25%; 19% average)
4. % staff agreeing their role makes a difference to patients (88%; 90% average)
5. Work pressure felt by staff (score 3.17; 3.07 average)

Also 'Worst 20%': 'Staff motivation at work' (3.77; 3.85 average for MH trusts)

6. Remaining Key Factors and their Benchmark Category

'Better than Average':-

- % working extra hours (69%, average = 71%)

- % saying hand washing materials are always available (58%, av = 54%)

- % witnessing potentially harmful errors, near misses or incidents in last month (24%, av = 26%)

- % reporting errors, near misses or incidents witnessed in the last month (93%, av = 92%)

- % experiencing physical violence from staff in last 12 months (3%, av = 4%)

- % experiencing harassment, bullying or abuse from patients/relatives/public in last 12 months (27%, av = 30%)

'Average' scoring measures"-

- % receiving job-relevant training, learning or development in last 12 months (82%, average = 84%)

- % having well-structured appraisals in last 12 months (43%, av = 42%)

- Fairness and effectiveness of incident reporting procedures (3.51, av = 3.52)

- % feeling pressure to attend work when feeling unwell, in last 3 months (21%, av = 22%)

- % having equality and diversity training in last 12 months (70%, av = 67%)

- % believing trust provides equal opportunities for career progression or promotion (89%, av = 89%)

'Worse than Average' measures:-

- % feeling satisfied with the quality of work and patient care they are able to deliver (73%, average = 77%)

- Support from immediate managers (3.70, av = 3.82)

- % suffering work-related stress in last 12 months (45%, av = 43%)

- % reporting good communication between senior management and staff (27%, av = 31%)

- % able to contribute towards improvements at work (71%, av = 72%)

- Staff job satisfaction (3.64, av = 3.67)

A summary of all survey key factors, sorted by benchmark category is provided at Appendix One.

7. Change in Survey Scores since the 2012 Survey

Overall, the Trust maintained its performance on the staff survey key measures. This is a significant achievement against the background of the highly challenging local and national NHS context in which the Trust has continued to operate throughout 2013.

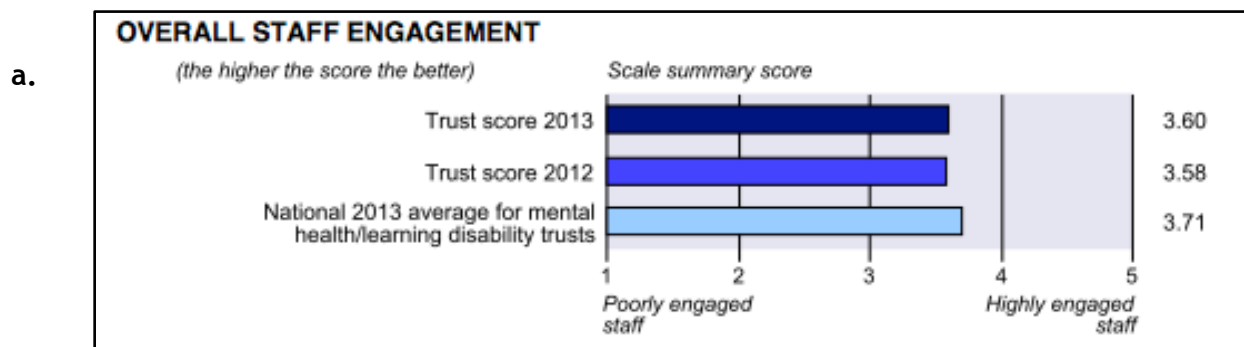Two measures scores improved (statistically significant improvement):

- % experiencing physical violence from staff in the last 12 months (3%, from 6% in 2012)
- % appraised in last 12 mths (94%, from 90% in 2012)

It is noted that a number of measures saw a small increase in the survey score, but that these were not significant for the size of the sample at individual Trust level.

Only 1 measure score worsened (statistically significant)

- % staff saying that they are working extra hours (69%, from 61% in 2012) - includes paid and unpaid additional hours

8. Selected Key Survey Measures

a.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)   Scale summary score

Trust score 2013	3.60
Trust score 2012	3.58
National 2013 average for mental health/learning disability trusts	3.71

1   2   3   4   5

Poorly engaged staff   *Highly engaged staff*

Overall Staff Engagement

A further benchmarked survey measure is reported on in the benchmarked survey data, labelled 'Overall Staff Engagement'. This indicator is made up of three survey (key factor) measures:

1. Staff ability to contribute towards improvements at work
2. Staff recommendation of the trust as a place to work or receive treatment
3. Staff motivation at work

As illustrated in the diagram below, the Trust score improved from 3.58 in 2012 to 3.60 in 2013, but this change was not statistically significant. This is on a score format from 1 to 5, where 3 represents the mid-point (neither satisfied nor dissatisfied). This is a key measure of Trust progress against our Staff Involvement and Engagement Strategy.

The average score for mental health trusts in 2013 on this measure was 3.71. Unfortunately, the Trust fell into the Bottom 20% of MH trusts on this measure.

Overall Staff Engagement is a key survey measure since it relates to an area where there are proven links between the staff survey score and a range of NHS performance measures (see Michael West and Aston research), including:

- patient mortality
- staff absenteeism
- staff satisfaction
- patient satisfaction
- financial performance

b. **The 'Friends and Family Test' (Staff)**

This is a key measure, deemed as the best indicator of service quality in studies and advocated David Cameron, Prime Minister.

The 'Friends and Family' questions asked staff whether they would recommend the Trust to their friends and family as a place of work and as a place to receive treatment (should they need it). This is sometimes referred to as staff 'advocacy'. The scores for these questions are combined into a single Key Factor measure, illustrated below. (Scores for the individual questions are available at Trust level, but not broken down into service line or demographic groups).

Research by Michael West has found that staff advocacy has the highest correlation with patient satisfaction (as expressed in the annual patient survey).

As with the Overall Staff Engagement Measure, the Trust has seen a small increase in its survey score on this measure (from 3.28 to 3.33), but this was not determined to be significantly significant for the sample size. The average score for mental health Trusts was 3.55 in 2013, and the best score 4.04. The Trust was in the bottom 20% of MH Trusts on this measure.

The Staff Friends and Family Test will be a topical issue throughout 2014 with the planned introduction of a mandatory quarterly survey of NHS staff from April 2014. (All staff to be surveyed once annually in addition to the annual NHS staff survey.) The quarterly survey will ask staff to respond to the 2 staff 'friends and family' questions, and to answer a free text question (x 2) relating to the reasons for their response to each question.

9. Findings from Staff Survey Task and Finish Group (28 February 2014)

A group of service line and corporate services managers and staff side representatives met on 28th February to review the Trust's Staff Survey findings. The group identified that the most important issues emerging from the survey were:-

KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

1. Enabling all staff at every level to put the patient/service user at the heart of what they do, and to deliver a service that they can be proud of

2. Developing team leaders to support effective team working and build effective team relationships

3. Raising the familiarity of Trust senior managers to staff across the whole organisation and improving the 2-way dialogue between senior managers and staff, giving staff more opportunities to genuinely influence and impact on service quality and service improvement

4. Put together, the above 3 matters were deemed to relate to the over-arching priority for action - 'Staff Engagement' (based on the premise that: doing what is right for our staff means doing what is right for our patients and service users).

The Task and Finish group recommended that the Trust take a broad approach to addressing these 4 important areas, addressing each in detail with multi-pronged approaches to deliver excellent practice outcomes and sustainable improvement. It was noted that findings from Aston research found that positive outcomes from team working only resulted when a 'full suite' combination of elements was successfully in place, and not when only one or two elements were present). Applying this theory, it was felt important to tackle these priority areas in some depth and 'do them properly', rather than to attempt to 'spread ourselves too thin' with a wide-ranging action plan.

It was additionally recommended that a positive 'appreciative enquiry' / culture of improvement approach be addressed, whereby a key focus of the survey response is to the 'grow' good and excellent practice across the whole organisation; rather than focussing the bulk of efforts on the small proportion of Trust performance that falls below expectations, in line with thinking from the Keogh and Berwick reviews (2013).

10. Findings from March Trust Plenary (5 March 2014)

The topic for the March Trust Plenary was 'Reviewing the Staff Survey Findings'. Participants were asked to work in groups to identify the issues which were in their view the '**Top Priority**' issues emerging from the survey results. These were identified as being:-

1. Effective team working and team leadership

2. Delivering a health service that our staff are proud of

3. Visible, supportive leadership at every level

4. Helping staff to deliver high quality services and to contribute to making improvements in how services are delivered

5. Addressing the causes of increasing work pressure and work-related stress.

As the above lists show, there was a considerable degree of consensus around the priority areas for action identified by both the Plenary group and the Task and Finish group.

Specific actions, linked to these top priority areas, proposed by the Plenary participants were:-

1. To review the user friendliness of language and information shared in team brief and to support staff in understanding the key messages for the Trust patients and staff each month

2. To work hard to negotiate improved funding for our services to enable us to improve staffing levels, particularly in services under the most pressure

3. Develop our means of hearing and taking into account the views of staff at every level

4. Giving back control to service line managers for recruitment decisions and budget management.

5. Continue to develop our clinical pathways for service users and build our team structures around these.

6. Review the sickness absence policy - feedback was that this was seen as inflexible and draconian by managers and staff and may be contributing to 'presenteeism'

7. Review the effectiveness of changes in relation to the Duty Senior Nurse arrangements at the Harplands.

8. Improve information technology to help staff to work smarter and cut down on duplication of effort

9. Increase corporate staff visibility to clinical staff and service users.

10. Raise awareness of support and training available from the staff support and Counselling service and help staff to be released to attend the training available

11. Improve the 'welcome' at Trust Headquarters - more information and signage welcoming visitors and identifying the Trust and its values much more clearly.

It was additionally noted that the Trust's launch of the Aston Effective Team Leaders Programme from later this month (and subsequent roll-out of this programme to all Trust team leaders) is relevant to the developing staff survey action plan. This programme, - together with work to embed the learning from this programme in team ways of working - is specifically targeted at improving team working, team leadership and staff engagement through all Trust teams.

It is anticipated that this programme will deliver clearly measurable improvements (visible in staff survey measures) over a 12 month period (with an emphasis on delivering sustainable improvement). It is anticipated that there will be some evidence of improvement in related survey measures in the 2014 Staff Survey, but noted that this will be undertaken too soon to see the full and sustained effect of any changes.

12.   Feedback from PCD (17 March 2014)

The discussion at PCD agreed the actions identified in sections 9 and 10 above and in addition agreed the following
1. More celebrating of success across the Trust – acknowledging the great work people do
2. Explore the Listening into Action approach to introduce to the Trust
3. Find ways of more systematically receiving feedback from teams such as undertaking senior staff visits to areas to really understand what it feels like working in those front line areas
4. Utilising our excellence outside the Trust
5. Triangulating information to help us understand some of the details behind the results
6. Ensure we use the right tools to support change that engage and are evidence based

12. Conclusion

The 2013 Staff Survey results contain some positive findings for the Trust, including an increased response rate, improvements on areas such as appraisals and staff experience of bullying, harassment or abuse, but overall gives disappointing results on engagement and

teamworking. However, the planned launch of the Aston Effective Team Leaders Programme is targeted at delivering tangible and sustained improvements in these areas.

Key priority areas for the Trust have been identified above. It is recommended that the Trust take a broad approach to addressing these important areas, addressing each in detail with multi-pronged approaches to deliver excellent practice outcomes and sustainable improvement.

It is additionally recommended that an 'appreciative enquiry' / culture of improvement approach be addressed, whereby the main approach to addressing the Staff Survey findings is to seek to 'grow' positive practice across the whole organisation, rather than focussing efforts on the small proportion of Trust work that falls below expectations.

12. Recommendations

The Board are asked to:-

1. Review and note the key findings from the 2013 Staff Survey
2. Discuss and agree the key priority areas as outlined above

Appendix One - Staff Survey 2013 - Summary Results

Key Factor	Question Area	Benchmark* Position 2013 (*against other MH Trusts)	Benchmark* Position 2012 (*against other MH Trusts)	change in benchmark position 2012-13		2013 score	2012 Trust Score	Average MH Trust score 2013 (best in brackets)	Statistically significant change in score since 2012?
KF7	% appraised in last 12 months	Best 20%	Better than Average	←		94%	90%	87% (96%)	Better than 2012
KF10	% receiving health and safety training in last 12 months	Best 20%	Better than Average	←		82%	78%	75% (90%)	no change
KF19	% experiencing harassment, bullying or abuse from staff in last 12 months	Best 20%	Better than Average	←		17%	19%	20% (16%)	no change
KF28	% experiencing discrimination at work in last 12 months	Best 20%	Best 20%	↔		8%	8%	13% (6%)	no change
KF5	% working extra hours	Better than Average	Best 20%	→		69%	61%	71% (62%)	Worse than 2012
KF12	% saying hand washing materials are always available	Better than Average	Better than Average	↔		58%	59%	54% (70%)	no change
KF13	% witnessing potentially harmful errors, near misses or incidents in last month	Better than Average	Average	←		24%	27%	26% (18%)	no change
KF14	% reporting errors, near misses or incidents witnessed in the last month	Better than Average	Better than Average	↔		93%	94%	92% (97%)	no change
KF17	% experiencing physical violence from staff in last 12 months	Better than Average	Worst 20%	←		3%	6%	4% (1%)	Better than 2012
KF18	% experiencing harassment, bullying or abuse from patients/relatives/public in last 12 months	Better than Average	Better than Average	↔		27%	28%	30% (19%)	no change
KF6	% receiving job-relevant training, learning or development in last 12 months	Average	Better than Average	→		82%	84%	82% (88%)	no change
KF8	% having well structured appraisals in last 12 months	Average	Average	↔		43%	40%	42% (55%)	no change
KF15	Fairness and effectiveness of incident reporting procedures	Average	Worse than Average	←		3.51	3.48	3.52 (3.71)	no change
KF20	% feeling pressure in last 3 months to attend work when feeling unwell	Average	Best 20%	→		21%	17%	22% (11%)	no change
KF26	% having equality and diversity training in last 12 months	Average	Better than Average	→		70%	66%	67% (92%)	no change
KF27	% believing trust provides equal opportunities for career progression or promotion	Average	Average	↔		89%	89%	89% (94%)	no change
KF1	% feeling satisfied with the quality of work and patient care they are able to deliver	Worse than Average	Better than Average	↔		73%	75%	77% (83%)	no change
KF9	Support from immediate managers	Worse than Average	Average	→		3.79	3.8	3.82 (3.97)	no change
KF11	% suffering work-related stress in last 12 months	Worse than Average	Average	→		45%	41%	43% (36%)	no change
KF21	% reporting good communication between senior management and staff	Worse than Average	Worst 20%	←		27%	23%	31% (49%)	no change
KF22	% able to contribute towards improvements at work	Worse than Average	Worse than Average	↔		71%	69%	72% (79%)	no change
KF23	Staff job satisfaction	Worse than Average	Average	→		3.64	3.66	3.67 (3.85)	no change
KF2	% agreeing that their role makes a difference to patients	Worst 20%	Better than Average	→		88%	90%	90% (93%)	no change
KF3	Work pressure felt by staff	Worst 20%	Worst 20%	↔		3.17	3.14	3.07 (2.80)	no change
KF4	Effective team working	Worst 20%	Worse than Average	→		3.72	3.77	3.83 (4.02)	no change
KF16	% experiencing physical violence form patients/relatives/public in last 12 months	Worst 20%	Worst 20%	↔		25%	29%	19% (9%)	no change
KF24	Staff recommendation of the trust as a place to work or receive treatment	Worst 20%	Worst 20%	↔		3.33	3.28	3.55 (4.04)	no change
KF25	Staff motivation at work	Worst 20%	Worse than Average	→		3.77	3.78	3.85 (4.01)	no change
	RESPONSE RATE					56%	51%	48%	
Additional measure	Overall Staff Engagement (combination score derived from KFs 22m 24 & 25)	Worst 20%	Worst 20%	↔		3.62	3.58	3.71	