North Staffordshire Combined Healthcare NHS
NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC ON THURSDAY 28 JANUARY 2016, 10:00AM, BOARDROOM, LAWTON HOUSE, 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 – 26 November 2015** *To APPROVE the minutes of the meeting held on 26 November 2015*	Approve Enclosure 1
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 2
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from Mrs. C Donovan, Chief Executive*	Note Enclosure 3
	FOCUSING ON QUALITY AND SAFETY AND BEING AN EMPLOYER OF CHOICE	
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.	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognise staff who are retiring.* *To be introduced and presented by the Chair*	Verbal
10.	**PRESENTATION FROM SUBSTANCE MISUSE DIRECTORATE** *Presentation from the Recovery Hub Team from the Substance Misuse Directorate*	Verbal

11.	**QUALITY COMMITTEE REPORT** *To RECEIVE the Quality Committee Assurance report from the Committee Chair, Mr. P Sullivan, Non-Executive Director from the meeting held on 19 January 2016*	Assurance Enclosure 4
12.	**NURSE STAFFING MONTHLY REPORT – November and December 2015** *To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Ms M Nelligan, Director of Nursing & Quality*	For discussion Enclosure 5
13. .	**BOARD ASSURANCE FRAMEWORK – QUARTER 3, 2015/16** *To RECEIVE for discussion and assurance purposes Q3 updates on the Board Assurance Framework from Mrs L Wrench, Associate Director of Governance*	Assurance Enclosure 6
	DELIVERING OUR FINANCIAL PLAN AND ENSURING GOOD GOVERNANCE	
14.	**FINANCE REPORT – Month 9 (2015/16)** *To RECEIVE for discussion the month 9 financial position from Ms. A Harrison, Interim Director of Finance*	Assurance Enclosure 7
15.	**FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT** *To RECEIVE the Finance & Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby, Non-Executive Director from the meeting held on 21 January 2016*	Assurance Enclosure 8
16.	**BUSINESS DEVELOPMENT COMMITTEE ASSURANCE REPORT** *To RECEIVE the Business Development Committee Assurance Report from the Committee Chair, Mr D Rogers, Non-Executive Director from the meeting held on 5 January 2016*	Assurance Enclosure 9
	CONSISTENTLY MEETING STANDARDS	
17	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) Month 9** *To RECEIVE the Performance and Quality Management Framework Report in respect of month 9 performance report from Ms. A Harrison, Interim Director of Finance*	Assurance Enclosure 10
18.	**SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY** *To APPROVE the Self Certifications for the TDA from Ms. A Harrison, Interim Director of Finance*	Assurance Enclosure 11
19.	**REGISTER OF SEALED DOCUMENTS** *To RECEIVE for information and assurance purposes an update on the Register of Sealed documents from Mrs L Wrench, Associate Director of Governance*	Information Enclosure 12
20.	**STATEMENT OF READINESS - CIVIL CONTINGENCIES** **NHS Preparedness for Major Incident** *To APPROVE the Statement of Readiness for the Civil Contingencies from Mr A Rogers, Director of Operations*	Approval Enclosure 13

	BEING AN EMPLOYER OF CHOICE, DEVELOPING ACADEMIC PARTNERSHIPS AND EDUCATION AND TRAINING INITIATIVES	
21.	**PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT** *To RECEIVE the People and Culture Development Committee assurance report from the Dragon's Den session held on the 18 January 2016 from the Committee Chair, Mr. P. O'Hagan, Non-Executive Director*	Assurance Enclosure 14
22.	**JUNIOR DOCTORS' INDUSTRIAL ACTION** *To RECEIVE a report on the Junior Doctors' Industrial Action from Mr. P Draycott, Executive Director of Leadership and Workforce*	Assurance Enclosure 15
23.	**AGENCY RULES MONITORING BRIEFING** *To RECEIVE a briefing on the Agency Rules Monitoring from Mr. P Draycott, Executive Director of Leadership and Workforce*	For information Enclosure 16
	To *DISCUSS* Any Other Business	
24.	**CQC STATE OF CARE REPORT 2015 BRIEFING** *To RECEIVE a briefing in respect of the State of Health and Social Care Report from the CQC from Mrs L Wrench, Associate Director of Governance*	Note Enclosure 17
25.	**SOUTHERN HEALTHCARE REVIEW** *To RECEIVE for information a report on the Southern Healthcare Review from Ms M Nelligan, Director of Nursing & Quality*	Note Enclosure 18
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
26.	*To ANSWER questions from the public on items listed on the agenda*	
	DATE AND TIME OF THE NEXT MEETING	
27.	*The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 25 February 2016 at 10:00am.*	
28.	**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
	LEADERSHIP & DEVELOPMENT UPDATE	Note
	BUSINESS CASES & INTEGRATED BUSINESS PLAN	Note
	ANY OTHER BUSINESS	

Enclosure

North Staffordshire Combined Healthcare NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 26 November 2015 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Mr K Jarrold
Chairman

Directors:

Mrs C Donovan
Chief Executive

Mr P O'Hagan
Non-Executive Director/Vice Chair

Dr B Adeyemo
Medical Director

Mr P Sullivan
Non-Executive Director

Mr D Rogers
Non-Executive Director

Ms A Harrison
Interim Director of Finance

Mr P Draycott
Executive Director of Leadership &Workforce

Dr K Tattum
GP Associate Director

Mr T Gadsby
Non-Executive Director

Ms M Nelligan
Executive Director of Nursing and Quality

Dr I Laws
GP Associate Director

Mr T Thornber
Director of Strategy and Development

In attendance:

Mrs L Wrench
Associate Director of Governance

Mrs J Scotcher
Executive PA

Ms J Harvey
UNISON

Mrs A Roberts
Head of Communications

Team Spotlight
Community Learning Disability Team (CLDT)
Sarah Mountford
Helen Campbell
Ellie Powney
Dawn Shepherd
Vicky Alston

Staff Retirements
Philip Young
Steve Clifford

Individual spotlight
Andrea McNichol, HCSW, Ward 7

Members of the public:
Hilda Johnson - North Staffs User Group
Andrew Cotterill – New Beginnings
Veronica Emlyn – Patient Experience Facilitator
Wendy Dutton – Service User Council

The meeting commenced at 10:00am.

207/2015	**Apologies for Absence** Apologies were received from Mr A Rogers, Director of Operations and Mrs B Johnson, Non-Executive Director . The Chair was pleased to welcome Dr Laws' return to the Trust Board, following his recent absence.	**Action**

208/2015	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	
209/2015	**Declarations of interest relating to any other business** There were no declarations of interest.	
210/2015	**Minutes of the Open Agenda – 29 October 2015** The minutes of the open session of the meeting held on 29 October 2015 were approved as a correct record, with the exception of ; Page 13 last paragraph to be replaced with ; *Mr Sullivan had chaired a meeting with key staff from the Acute Inpatient Service. He was supported by Dawn Burston. There were concerns about acuity, bed pressures and the effective functioning of the unit. A work programme regarding the Acute Care Pathway will take place as a result.*	
211/2015	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***86/2015 Spotlight - Moorlands Community MH Team based at Ashcombe/Brandon -*** Mr A Rogers stated that other locations have been identified and the aim is to move somewhere in Leek, but not pursued at this point, due to other issues and this was being progressed under the Estates rationalisation of the Trust. ***Part of rationalisation plan – Mr A Rogers confirmed that this will be addressed with the Estates Strategy due to be submitted to the Trust Board in January 2016.*** **134/2015 Balanced Scorecard -** Mr O'Hagan queried when the Board would have sight of the scorecard. Ms Harrison gave assurance that this would be in December; there are some formatting issues at present. He also noted the requirement for being 'paperless'. ***The Balanced Scorecard would be presented to the Trust Board in January 2016. Ms Harrison promoted the 'drop in' sessions due to take place on 30 November 2015 and invited board members to attend, commencing at 10am***. **140/2015 - Safe Staffing Monthly Report -** Ms Harrison stated that there has been rising demand within adult community services. A review has been ongoing in respect of utilisation of clinics and community services; including the levels of DNAs and cancellations, with a view to a more efficient way of working and review of funding. The first draft will be discussed at Executive Team.	**Mr Thornber**

	This had been presented to the Commissioning Board yesterday and discussions took place regarding the increase in demand. This will form part of our response to the commissioning intentions, which is being discussed later today – remove from schedule **177/2015 Commissioning Intentions -** This will be submitted to the next Trust Board ***On today's agenda – remove from schedule*** **184/2015 Financial Performance - Month 6 (2015/16) -** Mrs Donovan requested that the CIP summary be incorporated into the Finance Report going forward – ***this has been actioned and on today's agenda – remove from schedule.*** **189/2015 Estates Compliance Assurance Paper - (Asbestos)** Mrs B Johnson queried the presence of asbestos in any of our buildings. Mr A Rogers stated that the majority of the Trust's estate is relatively new, so this is not an issue but he would discuss with Estates. Mrs B Johnson stated that it would be beneficial for Internal Audit to do a review in relation to the compliance of the Estates Department which would then be submitted to the Audit Committee for assurance ***This will be built into the Internal Audit programme for next year – remove from schedule*** **189/2015 - Estates Compliance Assurance Paper - (Maintenance Budgets)** Mr Gadsby noted an issue in respect of the maintenance budgets. Budgets are managed by the clinical directorates with an element included for estates maintenance. This means that the Estates Team need to seek approval from budget holders to undertake statutory compliance works. As many budget holders do not have any estates knowledge, they are unaware of the relevant legislation and therefore do not always approve the works in a timely manner. Mr A Rogers noted that this is an area that may require further review. ***As above – remove from schedule***	
212/2015	**Chair's Report** The Chair began by saying he wanted to talk about the next few weeks locally and about the NHS context in which we are working. The next few weeks locally will be challenging. We are expecting two things: First, the publication of a Serious Case Review report. We know that we did not do all that we should have done and we have been learning the lessons. It is important that we respond honestly and openly and that the people we serve know that we are learning.	

	Second, the publication of the CQC Report. We already know that there are lessons for us to learn and improvements to be made. Indeed, we already have in place an action plan relating to some aspects of our services for children and young people. Once again our response will say a great deal about who we are and who we aspire to be. This will not be an occasion for clever spin and seeking to deflect attention by focusing only on any good news but for honest recognition of all that we still have to do to serve people better. The announcement in the Comprehensive Spending Review of more resources for the NHS is very welcome and Simon Stevens, the CE of NHS England, is to be warmly congratulated for the way in which he has negotiated on behalf of the NHS. However, the very welcome increase has to be set in the context of the funding situation for Local Government in general and social care in particular. It also had to be set in the context of the funding increases for the NHS in the last five years which have been well below both what is required and what the NHS has received in the past. The Chair said that people may have heard Chris Hopson, the CE of NHS Providers, speaking on the Today programme on Radio 4 on Tuesday morning. Chris set out very clearly the annual real terms increase that is required, the levels received in the past, the much lower levels received in the last 5 years and the comparison with other countries. The Chair encouraged members to read the excellent speech Chris made at the NHS Providers Conference on the 10th of November in which he quoted a recent report from the OECD ,the Organisation for Economic Co-operation and Development, which pointed out that the UK spends less per head on healthcare than any other advanced Western nation and that the figure is dropping. The new resources are very welcome but they need to be seen in context. Ms Harvey raised her concerns regarding '*robbing peter to pay paul'* attitude. She also noted the cuts in funding with bursaries and noted that there has been a campaign to get bursaries increased. Discussion took place in respect of student nurses and medical training. Mr Draycott noted that some Trusts are now controlling their own recruitment and training for staff and working outside of the national programmes. ***Received***	

213/2015	**Chief Executive's Report** Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in October 2015 and draws the Board's attention to any other issues of significance or interest. **CQC Update** The Trust has responded back to the CQC regarding the factual accuracy report at the end of October 2015. Mrs Donovan confirmed that the CQC now have 31 days to reply back to the Trust. It is unlikely that the Quality Summit due to be held on 17 December 2015 will go ahead, due to these timescales. Mrs Donovan gave assurance that all directorates have developed action plans from their peer reviews and these are progressing. **Commissioning intentions** The Trust has received the Commissioning Intentions for 2016/17, this will be discussed later today. **Appointments** Dr Hardeep Uppal has been appointed as Chief Clinical Information Officer (CCIO). Dr Uppal will provide clinical leadership to support the ongoing development and implementation of electronic patient record system (EPR) to ensure the needs and requirements of the clinicians are met. **Pan Staffordshire Transformation Programme** This month, Mrs Donovan chaired a workforce summit for 'Together we're Better' across all organisations, to help to start to map out what our workforce priorities are. Furthermore, Dr Adeyemo has been appointed as the joint Clinical Lead for Mental Health workstream and Dr Fazal-Short, has been appointed as the Clinical Lead for the Long Term Conditions workstream. The Chair commented this is very pleasing news and looking forward to their involvement. **Digital by Choice** A dedicated Board of Directors session had been held on 11 November 2015, in respect Digital by Choice. **Junior Doctors** The BMA has announced the dates of proposed industrial action for junior doctors; Emergency care only – from 8am, 1 December 2015 to 8am 2 December Full walk out – from 8am to 5pm 8 December Full walk out – from 8am to 5pm, 16 December	

	However, it has since been announced that the government has agreed to enter talks with the BMA with ACAS as arbitrator. The Trust is progressing with their mitigation plans. **Staff Flu Vaccination Programme** The programme of clinics is underway with Flu champions supporting the clinics across the Trust. **Estates** The Trust has now commenced the review of our estate in order to optimise use and efficiency of our premises. Mr O'Hagan queried the Harplands Hospital premises in respect of estates rationalisation. Mrs Donovan commented that this had been reviewed, but was not prudent and we have now strengthened our Service Level Agreement with Carillion. The estates review is in relation to the 32 community buildings. Ms Harrison also confirmed a heat map of our estates is being developed and plotting of all bus routes for accessibility is ongoing. **Investors in People** The Trust was accredited as an Investor in People (IIP) in June 2008 and has continued to maintain this status. However, due to IIP new framework, a full assessment will be carried out in 2016. **Leadership Award** It is pleasing that Julie Richardson, Team Manager at Hillcrest Recover and Resettlement has been shortlisted for the Health Education West Midlands Leadership Awards. The results will be known early December 2015 **LiA** A recent Pass it on event was held on 23 October 2015. The 14 LiA Wave 2 teams celebrated their achievements. The day also helped to generate next LiA Wave 3 teams. The event was very encouraging and this is now embedded across the trust, engaging with service users as well as staff. Mrs H Johnson sadly missed the event, however she had received positive feedback from her colleagues and the event had created good opportunities for staff to meet up. ***Received***	
214/2015	**Individual Spotlight -** **Andrea McNichol, Healthcare Support Worker, Ward 7** **Neuro and Old Age Psychiatry Directorate** Andrea is a Healthcare Support worker on Ward 7. She delivers a high standard of care and embraces opportunities to develop her knowledge	

	and skills. She will take on any extra training or workload that is necessary and will cascade the learning in order to enhance the team. Andrea is a true asset to the team – she is patient centred and an effective communicator with an open and honest approach. Andrea commenced the new Care Certificate in July this year and will be the first person to successfully complete. She has supported the implementation team by feeding back comments on elements of the documentation which could be improved and sharing her experiences. Andrea has become a true ambassador for the certificate, encouraging other staff to enrol on the course. It is hoped that this will increase the uptake of people accessing the certificate and consequently improve the quality of care within the Trust. Andrea epitomises the Trust values and in achieving the 15 standards of the Care Certificate has embedded these into her everyday practice. In particular, the certificate has given Andrea the confidence to champion good practice and challenge areas where improvements could be made. She is not afraid to make recommendations to ensure we provide high quality innovative care to patients and will lead on areas such as ensuring the effective monitoring of equipment. Mrs H Johnson commented that NSUG visit ward 7 regularly and she was very pleased to see Andrea get this award,	
215/2015	**Staff Retirements** Mrs Donovan recognised staff who are retiring this month as follows;: **Steve Clifford** Steve has worked for the Trust for a number of years (30 plus in fact), initially as a charge Nurse on the wards at St Edwards before the closing of St Edwards in the 1990s and then moved into the community setting. Steve then took on the role of Centre Manager in a new Centre in Cheadle when it opened in the late 90s, The Brandon Centre which is still open today and has continued a legacy of providing a caring service to local people with secondary mental health issues. Steve has always retained a highly respected reputation for his leadership and comradeship with his colleagues. He has always given time to patients and compassion to their needs. It is sad to loose Steve, as he has a wide range of knowledge of mental health systems which can get lost over time, he has always given time to future nurses to help understanding of the transitions in mental health from institutions to community	

	We wish Steve the very best in his retirement on behalf of the Trust **Philip Young** Phil has worked for North Staffs Combined Healthcare for nearly 35 years. His career started at St Edwards Hospital until the closure and opening of Harplands Hospital. He has been a great addition to Summers View team and he will be missed by his colleagues and patients alike. Phil is a competent and Professional Nurse whose personality has enabled him to form great relationships with the patient group and Staff. He is famous for his laid back approach and calm nature that is a bonus when working in a sometimes challenging area. He is a reliable and consistent Nurse that has had very few sickness days throughout his career. He has been supportive to his colleagues and is always willing to listen and support He has maintained his career in a very unassuming way but is a very articulate person that has the ideal qualities needed for this type of job. We will miss Phil and wish him well in his hard earned retirement. Mrs Donovan also noted the following staff who have either retired or about to retire and wished them well. Unfortunately these staff were not able to attend today; Martin Mountford Carole Middleton Sharon Wooliscroft Pauline Ford John Platt The Chair commented on the long service of staff and their loyalty and noted that this was a strength for the Trust. ***Received***	
216/2015	**Team Spotlight Award and Presentation** **Community Learning Disabilities Team** **Learning Disabilities Directorate** The Community Learning Disability Team provides a multi-disciplinary approach to support people with learning disabilities within their own homes. Service users have complex health needs that require time limited, person centred support and interventions to maximise potential and promote independence. They are the single point of access for specialist assessment, interventions and support for people aged 18 or over with a diagnosed Learning Disability. The last few years have seen numerous changes within the Learning Disabilities Directorate, modernising the way that services are delivered. The Community Learning Disabilities Team have embraced service developments and often led the way in progressing new ways of working.	

	The team demonstrate all of the Trust values – in particular working together for better lives through their multi-disciplinary team approach and the development of the service user involvement group. They provide high quality innovative care as demonstrated by the creation of the generic Enablement Worker role. These posts incorporate the key skills of Healthcare Support workers and technicians and have ensured an enhanced and holistic experience for our service users. Dr Johnson, Clinical Director for Learning Disabilities and Helen Campbell began by delivering the presentation. Sarah Mountford delivered the Patient Story. Dr Tattum thanked the team for their presentation and asked for further information regarding primary health care facilitation. Helen commented that SSOTP have now stopped the service and the team has been asked to pick up providing the service. A review of any overlaps in some areas is being carried out over the next 6 months and how we can meet people's needs and signpost them accordingly. Dr Tattum queried how this is accessible? Sarah stated that the team had assumed all GPs had been been made aware and that all referrals are redirected to the community team. However, Dr Tattum stated GPs had not been notified. It was agreed to highlight this change in the GP newsletter and that team members would be setting up appointments to meet with all GPs. Mr O'Hagan thanked the team for the presentation and asked for further information in respect of the role of the Enablement workers, he particularly liked the word 'enabling' Sarah noted that the Enablement workers were essentially enabling independence. Helen explained that the directorate has a number OT technicians and HCSWs roles which have been brought together. A review of competencies and framework has been carried out in order to develop skills across the directorate, it will be a shared role. The development of staff has been the result of a Management of Change process and in order to make use of limited resources that we have Mr O'Hagan commended the role of the Enablement Worker and how could this be captured and broadcast to promote their excellent work. Mr Draycott stated that the Trust may have the capacity through U-tube Mr Sullivan also praised the importance of the team and the Enablement Worker role, in particular their impact on someone's life and to help provide more opportunities. He asked the team what could the Board do to help improve their work?	**Mr Draycott** **Mr Draycott**

	Sarah noted that the need for a therapeutic environment is essential. Where possible the team try to work in individual's homes but this is not always safe or appropriate. Dr Johnson raised the current transition from Children's' Learning Disability services to Adult Learning Disability services and how this can be strengthened. Currently there is a clear disconnect and there is a requirement to make these links seamless. Discussion took place regarding having a collaborative care model. There appears to be systems in place with Adult Learning Disability services ie Intensive Support Team (IST) and there is also great expertise within the Children's services and Learning Disabilities. Dr Johnson further noted with resources expertise could be extended, working in partnership with our local authority colleagues Mr Thornber agreed and noted that the Trust is building on integration of services. The Chair thanked the team and stated he particularly liked the quote on the patient story '*Can trust who I am working with* '–. He further quoted '*Trust being first, nothing else moves until trust is firm'* by Robert Greenleaf. Finally, Mrs H Johnson expressed her great admiration for the LD teams and although NSUG do not cover this, she liked the words enablement. She did note however, when the Activity Workers came to Trust Board and presented they were asked what would help improve their work and this has not been materialised. Mrs Donovan agreed to take forward. ***Received***	**Mrs Donovan**
217/2015	**Quality Committee Summary held on 17 November 2015** Mr Sullivan, Chair of the Quality Committee/Non-Executive Director, presented the summary of the Quality Committee held on 17 November 2015 for assurance purposes. The following policies were approved and extended until January 2016: 7.18 Producing Information for service users 5.39 CCTV 1.14a Clinical Supervision 1.62 Physical Assessment 5.04 Moving and Handling 1.02 Professional Registration 1.34 Observation 5.11 Security policy 1.08 Missing Persons 1.42 NICE and confidential enquiries ***Ratified***	

	The Quality Committee received and reviewed the following; ➢ ***Director of Quality Report*** ➢ ***Ward 3 Mental Health Act Review during inspection – September 2015*** ➢ ***Domain updates -*** *in respect of patient safety, clinical effectiveness, organisational safety and efficiency, customer focus* In terms of reports that were scrutinised and analysed, the Quality Committee reviewed the following: ➢ ***Safe Staffing monthly report*** – which is on today's agenda ***Quality Metrics from the PQMF month 7 2015/16*** – on today's agenda ➢ ***Review of Safeguarding Arrangements*** - following some initial concerns this report provided assurance ➢ ***Serious Incidents*** – ***July – September 2015*** - this is on today's agenda ➢ ***Integrated Quality Report Q2 2015-/16*** ➢ ***Safeguarding Report Q2 2015-16*** ➢ ***Access Team Action Plan from unannounced CCG visit – September 2015*** ➢ ***Risks to Quality of services M7 2015/16*** ➢ ***Board Assurance Framework Q2 2015/16*** ➢ ***CQC Quality Assurance Programme Update*** ➢ ***Community Mental Health Survey*** In respect of the Access Team Action Plan, Ms Nelligan confirmed that all clinical actions have been completed, the only outstanding area is the ongoing development in relation to IT and the telephone system; there is a plan for this work. Ms Harvey commented that in respect of the Director of Quality Report – Transgender issues, she welcomed the focus on this and although things have improved it is still an issue. She raised concerns that the NHS does not understand transgender needs and it is still classed as a mental illness. From her own perspective as a service user; professionals sometimes talk about you in the third person and strip your identity, which is wrong. The Chair thanked Mr Sullivan for the update and Ms Harvey for her personal experiences. ***Received***	
218/2015	**Safe Staffing Monthly report** Ms M Nelligan Executive Director of Nursing and Quality, presented the assurance report. This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1 – 31 October 2015) in line with the National Quality	

	Board expectation. Ms Nelligan updated the Board and as discussed last month, she will be developing the report in order to make it more meaningful going forward. For January 2016, this will include some of other data including occupancy, acuity and use of bank and agency staff. The Board will be aware of a staffing review in line with national quality expectations, the dates have been set before Christmas for Wards 1, 2, 3, Rehab and CAMHS. The findings of the review will be reported to the Board in January 2016, with a view to address the other wards, Learning Disabilities and Older people going forward. In terms of the report, a new protocol has been implemented from 1 November 2015, however this data is for October 2015. Overall fill rate as follows : ➢ 104.6% registered staff - days ➢ 91.6% care staff – days ➢ 99.7% registered staff - nights ➢ 116.7% care staff - nights In respect of vacancies, a recruitment plan is in place and it is key that we recruit into these posts and move away from agency staff. Ms Nelligan highlighted Ward 2 sickness, which has increased to 16.93% from 3.93%. This is a significant increase, however in terms of numbers this is still a small number, but still has an impact. In terms of this report, this is against establishments, not what is required for clinical need. Mrs Donovan thanked Ms Nelligan for the report and update and stated that it is important to look at dependency with other metrics, particularly incidents. Ms Nelligan gave assurance that the report going forward would include this data. Mrs H Johnson raised her concerns regarding Summers View staffing levels. This is due to some long term sickness, a suspension and a vacancy. This is having an impact and she did raise a complaint made by a service user who requires escorting when she goes out. Ms Nelligan agreed to review this after today's meeting. Mr Sullivan also noted that there have recently been 3 members of staff who have left and this is also about leadership and skill mix. For the report going forward, staff will record where there are shortages of staff and what the impact has on patients. ***Received***	**Ms Nelligan** **Ms Nelligan**

219/2015	**Serious Incidents Quarterly Report – July – September 2015** Dr Adeyemo, Medical Director, presented this assurance report for Q2 detailing serious incidents from 1 July – 30 September 2015. All investigations have been submitted within agreed timescales unless a 'stop the clock' has been agreed with commissioners. In comparison to same period for last year, there has been a reduction in terms of numbers from 12 to 7. It is difficult to have a month by month comparison; however the downward trend is worthy of note. Dr Adeyemo highlighted the change in May 2015 in respect of how incidents are categorised. The Trust had previously reported on unexpected deaths; however suspected suicides are now classed as self harm, until we are actually sure what the cause of the incident is. Out of the 7 serious incidents up to Q2, 3 serious incidents have been unexpected deaths in the Substance Misuse Directorate. Dr Adeyemo noted that the Substance Misuse Directorate has now grown in terms of the area covered and the Directorate is currently working closely with partner agencies Members of the Board reviewed page 4 which details Q2 incidents reported and recommendations. In terms of Directorates, the Adult Community Directorate has the highest number of serious incidents; this being the largest Directorate. In terms of how we respond to Duty of Candour, we continue to follow the process; involving service users and relatives in setting the Terms of Reference and Action Plans for them to help us to strengthen the process. Board members reviewed Learning Lessons from Serious Incidents on page 9 which details some of the actions taken following the investigations in Q2. Furthermore, a learning lessons event was held on 11 November 2015 and for next year there will be more learning lessons events scheduled. The Chair commented that the Trust always takes these incidents very seriously and scrutinises in more detail during the closed session of the Board. Mr Sullivan raised concerns, in particular with the information on pages 4 and 5 and whether this should be in the public domain, as this could be identifiable. Mrs Donovan noted this going forward. She also requested that the report should provide more narrative on teams for the future. In addition, she requested more visibility around breaches within the timescales for investigations, in particular if the delay is out of our control	**Dr Adeyemo**

	ie with commissioners. Mr Gadsby commented in respect of page 9 '*Learning Lessons from serious incidents' – A review of the prison release pathway;* has this been actioned? Dr Adeyemo gave assurance that the process between the Trust and the prison has now been strengthened Dr Tattum commented that he agreed with Mr Sullivan's comments regarding identifiable information. He also raised concerns regarding page 5 *2015/26032* ; *referred by the Ashcombe Centre in April, but died before her first appointment scheduled for 10 August 2015.* The delay and the suffering of this person is unacceptable and he urged for reassurance that this does not happen again, it is a never event. Dr Adeyemo gave assurance that this had been highlighted and discussed with the Directorate and has now been strengthened. The delay was due to Care Co-ordinators' annual leave; there is now a system in place whereby referrals are picked up. ***Received***	
220/2015	**Audit Committee Assurance Report** Mr D Rogers, Chair of the Audit Committee/Non-Executive Director, presented the summary of the Audit Committee meeting held on 19 November 2015. It was noted that the role of the Audit Committee is to ensure appropriate systems are in place to provide Board assurance about various aspects of the organisation which are operating effectively, not just financial, performance and quality. He further noted that at the moment, the Trust is going through a comprehensive review of those systems, not because this was not working, but we feel this can be improved on to make it less complex and more transparent, with less duplication in our committees. The Trust has also improved risk management arrangements and embed at team level. He thanked Mrs Wrench for her support in this area. The Audit Committee approved the Charitable Funds and Accounts 2014/15. However, it was noted that the process is somewhat fragmented and although the Trust manages this process it only has approx 20% of the funds and consideration be given for the possibility of partner organisations to manage accordingly. The Board made the necessary approval and sign off would be carried out at the end of the meeting. ***Approved***	

	The following Finance policies/procedures were approved ➢ Official Orders ➢ Security of Assets ➢ Items surplus to requirements ➢ Petty Case Procedures ***Ratified*** Mrs Donovan commented that the Service User and Patient Council would be taking a more active role in respect of responsibility and utilisation of Charitable Funds. Mr O'Hagan raised some concerns with the tender waivers and that it is important to waiver only once. ***Received***	
221/2015	**Finance Report – Month 7 (2015/16)** Ms Harrison, Interim Director of Finance, presented this report and highlighted the headline performance for the period 31 October 2015 The Trust's financial performance is a retained deficit of £0.523m against a planned deficit of £0.542m, a favourable variance of £0.019m. The in-year cost improvement target is £2.658m with a year to date performance of £0.054m ahead of plan. This is on plan, however some non-recurrent schemes. There is preparation for Quality Committee in respect of QIA of CIP schemes to be addressed. Going forward work progressing for 2016/17 and 2017/18 with an overall good position. The cash balance as at 31 October was £7.8m. The net capital expenditure is £0.054m which is behind the plan of £0.550m an underspend of £0.496m. The Continuity of service risk rating is reported as 3 in line with the plan. It was noted there is still an underspend on capital. TDA discussions are taking place, in respect of those schemes which have not come to fruition. **Received**	
222/2015	**Finance and Performance Committee Assurance Report – 19 November 2015** Mr Gadsby, Chair of F&P Committee/Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 19 November 2015.	

	The paper reports that the year-end forecast is in line with the revised planned position of £0.377m surplus, equating to £0.900m surplus at adjusted financial performance level, although Mr Gadsby asked the Board to note that this forecast figure is supported by Trust reserves. It was agreed that the Finance and Performance Committee would review this in more detail. The Finance and Performance Committee received updates on the following ; ➢ ***Ongoing reporting to the NTDA -*** including the potential request for cash ➢ ***Payment by Results -*** progressing very well and the Board can take assurance in this area. ➢ ***Cost Improvement Programme -*** moving forward; the risk is non recurrent for next year ➢ ***Key risk to finance and performance*** - it was noted there was one rag rated red in relation to the overspend on drugs. It is likely that this will remain on red for the year with the expectation of an overspend. There is work ongoing to understand the reasons behind this. ➢ ***Substance Misuse Inpatient Contract – Staffordshire*** – to be signed and sealed - ***Approved*** Mr O'Hagan queried that for future contracts would these be discussed at the Business Development Committee? Mr Gadsby clarified that the Finance and Performance Committee would still require sight of these, to review the implication on finances. The Chair commented in respect of PBR and that regardless of the national policy, it has been a useful exercise. Mr Gadsby reiterated that staff now understand what influences our costs. ***Received***	
223/2015	**Business Development Committee Assurance Report – 3 November 2015** Mr D Rogers, Chair of the BDC/Non-Executive Director, presented the summary of the first meeting of the Business Development Committee meeting held on 3 November 2015. In the main, the Business Development Committee will review; ➢ All the main strategies going forward ➢ To understand the need for an investment policy ➢ To assess opportunities, but to review all risks	

	It was noted that Mr Thornber is engaging with the local health economy in order that the Trust maintains a clear structure. Members of the Board noted the local transformation plans. A CAMHS Business Case has been submitted to commissioners. Ms Harvey commented on new tenders some distance away from our core base. This can create difficulties in the running of the services and geographically. Mr Thornber noted Ms Harvey's points and commented that this would be considered by the Business Development Committee for each tender proposal going forward. It is about what the Trust can also add value to and there is certainly a forum to have further debate to support ourselves, so that we do not spread ourselves too thinly Mr O'Hagan noted the importance of refreshing the IBP 2016 work and that the Terms of Reference need to reflect this. Mrs Donovan agreed that the role of the committee's business should be aligned with our strategic intentions within our IBP. However, it is not the purpose of the Business Development Committee to oversee the IBP. Mr O'Hagan also noted that the use of an individual's name under section 10 is not appropriate and this should read 'CEO – UHNM Discussion Paper'. Mr Thornber clarified that the two objectives relating to the Business Development Committee on the Board Assurance Framework were ; 1. Protecting our Core services and 2. Growing our Specialist Services. The Chair thanked members for their comments and valid points. He was delighted to see the new committee underway and this will strengthen our governance arrangements. ***Received***	
224/2015	**Annual Report and Accounts Charitable Funds Committee 2014/15** Ms Harrison, Interim Director of Finance, presented the Annual Report and Accounts in respect of the Charitable Funds 2015/15, which have been approved by the Audit Committee. ***Approved***	

225/2015	**Performance and Quality Management Framework Report (PQMF) Month 7** Ms Harrison, Interim Director of Finance, presented this report. The report provides the Board with a summary of performance to the end of Month 7. At month 7 there are 2 metrics rated as red and 2 rated as amber. The Board reviewed the exception report. Board members received a revised version of the Performance report due to some inaccuracies with reporting of 18 weeks. ***18 weeks at 93.8% (amber)*** - Ms Harrison clarified that this is a data cleansing issue and the information had not been validated. ***Mandatory Training at 90% at M7 (amber)*** – our target is set higher than most organisations and this is going to be challenged. ***Appraisals at 79% (red)*** – this has increased since last month. ***RAID at 94% (red)*** – this is one area we will not achieve 100%. The Trust has managed to negotiate a reduction to 95% forecast. Mrs H Johnson queried whether the Trust is being paid for these services. The Chair commented that this is the issue and Ms Harrison clarified this would be part of our Commissioning intentions discussions. Both Mr Sullivan and Mr Gadsby raised concerns regarding waiting times and that this is not acceptable. Ms Harrison gave assurance that this was being closely monitored. The Chair agreed that this should be closely monitored but to note that the Trust has improved enormously and made reference to his own personal circumstances back in 1991 there was an 18 months wait! Wendy Dutton, Service User and Patient Council, (observing) commented on her own personal experiences. In 1995, she waited 12 months, which took 3 GPs letter and in the meantime she had lost her job and her family. However, she was pleased to note she has a sibling who has recently utilised the access service and this has improved massively; only waiting 3 weeks. Dr Tattum commented and expanding on earlier discussions that 18 weeks is not acceptable and the impact of the deterioration of some service users in this time. Early intervention and appropriate intervention is the way forward. Dr Adeyemo also raised concerns and agreed with members comments. She further added that one of the reasons in her experience, is the recording of appointments sometimes does not happen. The majority of the time people are seen by someone, but it may not be a consultant in	

	the first instance. The Chair thanked Dr Adeyemo for her comments and that it is crucial for an individual feeling the need that someone responds to it promptly, it does not have to be a consultant. ***Received***	
226/2015	**Self-Certifications for the NHS Trust Development Agency** Ms Harrison, Interim Director of Finance, presented the executive summary. The summary indicates that the Executive Team have reviewed the declarations, with no change from last month's position of compliance. ***Received***	
227/2015	**People and Culture Development Committee Report** Mr O'Hagan, Chair of the PCD Committee/Non-Executive Director, presented this report which is a summary from the People and Culture Development Committee meeting which took place on 16 November 2015 The PCD Committee considered the following : ➢ ***Staff Survey*** – the response rate was running at 44 % return. However, Mr Draycott noted this had since increased to 55% return time. Mr Draycott noted that this is above the national average and he was hoping to increase the return rate even more during the last few days of the survey. ➢ ***Performance Development Review*** – created a lengthy discussion and how we develop integrated management systems ➢ ***Business planning –*** all workforce plans to be reviewed in line with the care pathways, integrated business plan, the directorates Learning needs analysis. ➢ ***Junior doctors' industrial action*** – planned to take place in December 2015. ➢ ***HEWM Regional Leadership award*** – Julie Richardson has been shortlisted as mentioned in the CEO report. ➢ ***Board Assurance Framework*** – the process is evolving further assurance in respect of cross referencing and gap analysis It was further noted that this may be the last meeting of this committee. The meeting in January 2016 will be a dedicated Dragon's den session with 22 presentations, Mr O'Hagan invited and welcomed others to attend.	

	Mr O'Hagan noted the members of the PCD expressed their sadness at the departure of the Chairman at the end of March 2016. Ms Nelligan informed the Board that she would be working with Mr Draycott to implement Compassionate Leadership in the Trust. She also made reference to a recent article published in the Nursing Times highlighting her work in her previous role. The Chair requested a copy of this article. Mrs Donovan commented that she had also led on Compassionate Leadership across the health economy via the Local Education Training Council (LETC) forum. . ***Received***	**Ms Nelligan**
228/2015	**Register of Declared Interests** Mrs Wrench, Associate Director of Governance, presented the Register of Declared Interests in respect of Board members. There were several changes to be made as follows; Mr Draycott – No interests declared Mr Thornber – Honorary Clinical Fellow, University of Manchester Ms Nelligan – Honorary Senior Lecturer,Chester University ***Received and to be amended as above***	
229/2015	**Any other business** None recorded	
230/2015	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 28 January 2016 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
231/2015	*** Motion to Exclude the Public** The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12.45 pm

Signed: _____ Date_____
Chairman

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
30-Jul-15	86/2015	**Spotlight - Moorlands Community MH Team based at Ashcombe/Brandon** - Mr A Rogers stated that other locations have been identified and the aim is to move somewhere in Leek, but not pursued due to other issues and this was being progressed under the Estates rationalisation of the Trust.	Mr T Thornber	28-Jan-16	Part of rationalisation plan – Mr A Rogers confirmed that this will be addressed with the Estates Strategy due to be submitted to the Trust Board in January 2016. ***Presentation has taken place at the January Board of Directors' session, further work up and presentation at February Board of Directors' session.***
24-Sep-15	134/2015	**Balanced Scorecard** - Mr O'Hagan queried when the Board would have sight of the scorecard. Ms Harrison gave assurance that this would be in December; there are some formatting issues at present. He also noted the requirement for being 'paperless'.	Ms Harrison	28-Jan-16	Ms Harrison also noted that the Balanced Scorecard would be presented to the Trust Board in January 2016. The Chair noted that this would provide the Board with a much more clearer and interactive way of receiving information - ***On today's agenda***
26-Nov-15	216/2015	**Team Spotlight Community Learning Disability Team** - Mr O'Hagan commended the role of the Enablement Worker and how could this be captured and broadcasted to promote their excellent work. Mr Draycott stated that the Trust may have the capacity through U-tube	Mr Draycott	28-Jan-16	***This is being progressed***
26-Nov-15	216/2015	**Team Spotlight Community Learning Disability Team** - Dr Tattum queried how this is accessible? Sarah stated that the team had assumed all GPs had been been made aware and that all referrals are redirected to the community team. However, Dr Tattum stated GPs had not been notified. It was agreed to highlight this change in the GP newsletter and that team members would be setting up appointments to meet with all GPs.	Mr Draycott	28-Jan-16	***Actioned going forward***
26-Nov-15	216/2015	**Team Spotlight Community Learning Disability Team -** Finally, Mrs H Johnson expressed her great admiration for the LD teams and although NSUG do not cover this, she liked the words enablement. She did note however, when the Activity Workers came to Trust Board and presented they were asked what would help improve their work and this has not been materialised. Mrs Donovan agreed to take forward	Mrs Donovan	28-Jan-16	***This is being followed up***

Board Action Monitoring Schedule (Open Section)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
26-Nov-15	218/2015	**Safe Staffing Monthly report -** The Board will be aware of a staffing review in line with national quality expectations, the dates have been set before Christmas for Wards 1, 2, 3, Rehab and CAMHS. The findings of the review will be reported to the Board in January 2016, with a view to address the other wards, Learning Disabilities and Older people going forward.	Ms Nelligan	28-Jan-16	***Deferred***
26-Nov-15	218/2015	**Safe Staffing Monthly report -** Mrs H Johnson raised her concerns regarding Summers View staffing levels. This is due to some long term sickness, a suspension and a vacancy. This is having an impact and she did raise a complaint made by a service user who requires escorting when she goes out. Ms Nelligan agreed to review this after today's meeting. Mr Sullivan also noted that there have recently been 3 members of staff who have left and this is also about leadership and skill mix.	Ms Nelligan	28-Jan-16	***Actioned***
26-Nov-15	219/2015	**Serious Incidents Quarterly Report July - September 2015** - Mr Sullivan raised some concerns, in particular with the information on pages 4 and 5 and whether this should be in the public domain, as this could be identifiable. Mrs Donovan noted this going forward. She also requested that the report should provide more narrative on teams for the future. In addition, she requested more visibility around breaches within the timescales for investigations, in particular if the delay is out of our control ie with commissioners.	Dr Adeyemo	28-Jan-16	***Actioned going forward***
26-Nov-15	227/2015	**People and Culture Development Committee Assurance Report** - Ms Nelligan informed the Board that she would be working with Mr Draycott to implement Compassionate Leadership in the Trust. She also made reference to a recent article published in the Nursing Times highlighting her work in her previous role. The Chair requested a copy of this article.	Ms Nelligan	28-Jan-16	***Actioned***

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: Trust Board

Date of Meeting:	Thursday 28 January 2016
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Chief Executive Caroline Donovan 19 January 2016 Caroline.donovan@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development and Investment Committee
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 & T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	**n/a**
Risk / Legal Implications:	**n/a**
Resource Implications:	**n/a**
Equality and Diversity Implications:	**n/a**
Relationship with the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	**To receive this report for information**

North Staffordshire Combined Healthcare Trust

Chief Executive's Report to the Board of Directors
28 January 2016

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

LOCAL UPDATE

1. QUALITY ASSURANCE

The Quality Summit (QS) is planned to be held on 9 February 2016, after which the CQC reports will be made public. As part of the Quality Summit, the Trust is required to share the details of progress on any improvements, which I will present.

The report was received prior to Christmas and each service has completed a factual accuracy check on the detail of the CQC findings. This is a standard process and allows trusts to have the opportunity to challenge any inaccuracies and ratings. For this reason, the reports remain confidential as there is still potential for the ratings and recommendations in each report to change.

We are already working on a number of actions highlighted during the CQC Comprehensive Inspection and will continue to do so whilst the report is being finalised. Each or our core services have developed action plans which are being monitored on a regular basis overseen by our Senior Leadership Team.

As mentioned above the Quality Summit will take place on:

Tuesday, 9 February 2016
2.00pm – 5.00pm
Boardroom, Lawton House

2. BUSINESS PLANS

We are in the process of developing our draft 1-Year Operational Plan, which will be submitted to the Trust Development Authority (TDA) on 8 February. The Plan will continue to be developed at February's Board Development Session prior to the final 1-year Plan submission on the 11 April to the TDA.

Following the sign off from the baseline 1-Year Plan we will refresh our 5-Year Integrated Business Plan (IBP), which sets out our direction of travel for the organisation as a sustainable key partner in the local health economy (LHE). The IBP will be subject to ongoing scrutiny by Executives prior to it being approved at June's Trust Board meeting.

In addition, we are working closely with our partners across the LHE to support in the development of the strategic, local health and care system Sustainability and Transformation Plan (STP). The STP is being produced by Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups (CCGs) and will cover the period October 2016 to March 2021.

3. APPOINTMENTS

At the end of 2015, following a national recruitment process, I am delighted to announce we successfully appointed a substantive Director of Finance - Suzanne Robinson. Suzanne has a broad experience, with both commissioning and provider experience. Her current team has won HFMA awards in three out of the last five years. She joins us in March from the Christie NHS Foundation Trust in Manchester.

Particular thanks go to Ann Harrison, who has done a superb job in supporting us as interim Director of Finance.

I am also delighted to announce that Dr Nasreen Fazal-Short has been appointed as the new Clinical Director for the Adult Mental Health Inpatient directorate. A very big thank you to Dr Xenofon Sgouros for fulfilling the role of Clinical Director to date; he has decided to step down from the role for personal reasons and will kindly support Nasreen in taking up the new role before he departs in February for his planned leave.

4. RAID

Winter has set in with the weather getting much colder which will have an association with some people being more vulnerable to mental and physical illness. We have been working closely with our partners to prepare for the winter and one of our services that works in active partnership in supporting our local communities is our Rapid Assessment Interface and Discharge (RAID) service which supports University Hospitals of North Midlands NHS Trust (UHNM) and the community hospitals.

Well done to the Neuro and Old Age Psychiatry (NOAP) Directorate and RAID in making improvements to the service and seeing 95% of service users in one hour in the emergency portals. Particular thanks to the RAID Team, Dr Darren Carr, Clinical Director of NOAP, and Jane Munton-Davies, Head of Directorate for NOAP, who have really supported this achievement.

I am delighted to report that commissioners have provided additional funding to allow RAID to operate a 24-hour service; initially covering weekends until March 2016. The first two weekends of the new 24-hour service have produced positive feedback from UHNM in terms of patient flow; with admissions to Royal Stoke Hospital's Clinical Decision Unit (CDU) having been avoided.

5. ESTATES OPTIMISATION

We have started a review of our estates provision. The Trust currently manages 37 premises across North Staffordshire and we believe we can use our estate more efficiently. The review will ensure we are more creative in our use of space and will look at different ways of working, including remote-working and hot-desking. We will also ensure the locations of our sites meet the needs of our populations and look to co-locate with partners where it benefits patients.

The review will consider the various service developments that each of our Directorates have planned. It will also align with our Digital by Choice plans, enabling our estate to be optimised and clinicians to access information remotely.

An example of working more efficiently through our estate is the move from The Boathouse to Dragon Square. The Children and Young People's teams moved on Monday 21 December and are now co-located with other Trust Services in the Bungalows in Chesterton. The Connect Referral Hub is now co-located with the Neuropsychiatry Day Service at the Bennett Centre in Hanley.

6. DEAR CAROLINE

Dear Caroline responses have been shared with staff for review. From its launch on 20 February 2015, a total of 77 submissions have been received.

At a team level, there are no significant trends since the last report however overall themes include:

- Management and Leadership
- Staffing Levels & Workload including volume of referrals/admissions, waiting lists, caseloads etc.
- Systems/technology

A summary of the question asked, along with action taken, are shared with staff as part of the Trust's commitment to the recommendations set out in the Freedom to Speak Up report, published by Sir Robert Francis QC. All staff are encouraged to share any concerns via the Dear Caroline website

7. DRAGONS' DEN

Over the past three years, the Trust has held an innovation panel via our People and Culture Development Committee, called Dragons' Den. Dragons' Den is an opportunity for staff to share their ideas on how to improve efficiency, the clinical environment and most importantly, staff and patient experience, by 'pitching' to a panel and getting organisational support to taken their idea forwards.

I'm delighted to share that this year's Dragons' Den Panel has received over 20 applications – excellent news for patient care! All those who have put forward an idea were invited to apply to 'pitch' to a panel about their new and innovative idea they have for improvement within the Trust.

The Panel is made up of members of the People and Culture Development Committee and pitches were delivered on Monday 18 January 2016. There were some excellent pitches, many of which will be supported. Well done to our great staff for pursuing their innovative ideas.

8. GROWTHPOINT RE-COVERED

During the winter months, gardening and plant care becomes more challenging for the horticultural projects delivered in Shelton and Leek by GrowthpoinT and Kniveden.

The innovative GrowthpoinT team of staff and service users have therefore come up with a new project to develop alternative skills and bring old furniture back to life!

The GrowthpoinT Re-Covered project takes damaged and outdated pieces of wooden furniture and transforms them. Dressers, coffee tables and wall cupboards are all being used in the community team's therapy sessions and getting a new lease of life at the same time. GrowthpoinT clients are learning new skills – woodworking, sanding, paint mixing, varnishing and oiling – which widens their experience and provides an alternative focus during the winter months.

The team is now looking for donations of old pieces of wood furniture that have seen better days and which they could transform and sell via our new web page on the Trust website http://www.combined.nhs.uk/ourservices/AMHC/CDS/ReCovered/Pages/default.aspx

If you have a piece of furniture that you could donate or would like a piece restoring, get in touch with Tracey Mace on 07882 948660 or with Geoff Yardley on 07515 191196

9. SERVICE USER AND CARER COUNCIL

I am delighted to share that the Service User and Carer Council has appointed a Chair and Vice Chair.

Andrew Cotterill was voted in as Chair; Andy is the Chair of New Beginnings; a service user and of the carer group, across our Substance Misuse Directorate. He brings a wealth of experience from his involvement in the Edward Myers Unit. Andy ran his own manufacturing business for 15 years; he enjoys a variety of hobbies including IT, charity fundraising events, model making and motor cycling

Wendy Dutton was voted in as vice chair. Wendy is looking forward to sharing her broad perspective of experiences as a service user and professional background in the NHS. She enjoys Art, particularly as a medium of expression.

The role of Chair is to represent the Service User and Carer Council at Trust Board Meetings and maximise the opportunities for working in active partnership with service users and carers in the way we run both our services and the organisation. Andy will take his place at the February Trust board meeting

10. TIME TO TALK

The next Time to Talk Day will be on Thursday 4 February 2016. Combined Healthcare will be supporting this national event in a number of our centres and at Harplands Hospital. Please do check our website for times and locations and join us in talking about mental health to help end the misconceptions around it.

Mental health problems affect one in four people every year, yet too often people are afraid to talk about their experiences because they fear it will affect their jobs or relationships. That's not right and it's why we need your help to break the silence and end the stigma.

NATIONAL UPDATE

QUALITY AND FINANCE

A joint letter from Jim Mackey and Professor Sir Mike Richards has been sent to all trust boards, asking them to consider quality and finances on equal footing in their planning decisions. The letter sets out how NHS Improvement and the CQC will be working together to jointly design the approach the CQC will use to assess trusts' use of resources and how the CQC can use the financial data NHS Improvement holds and use the expertise of NHS Improvement staff in reaching its judgements on use of resources.

The two organisations will also be sharing revised National Quality Board staffing guidance and a new metric looking at care hours per patient day that we will both use in looking at how trusts manage staffing resources.

AGENCY COSTS

Paul Draycott, Director of Leadership and Workforce, is providing a paper which gives assurance against arrangements set out in a letter from NHS Improvement to tackle agency costs. It details the following:

- The plan to lower the agency price caps for medical and clinical staff on 1 Feb has been restated.
- The ban on using agency frameworks not approved by NHS Improvement will be extended to all staff groups from 1 April. Currently, it only applies to nursing staff.
- NHSI has recognised that framework suppliers' renegotiations or re-tenderings with agencies will extend beyond 1 April. In the meantime, suppliers must "strongly support" the price caps.
- NHSI will in time move towards expressing price caps in a way that defines the amount the worker receives – equivalent to standard NHS T&C – and agencies will bid to be on-framework on the basis of their agency fees.
- NHSI will also take steps to stop agency workers using personal services companies to avoid taxes.
- A requirement on providers to use e-rostering

£1.8BN SUSTAINABILITY FUND

Individual letters have been sent by NHS Improvement to trusts highlighting their indicative share of the £1.8bn sustainability fund. This funding will be dependent on having:

- A recovery plan with NHS Improvement and agreed control total for 2016/17 including capital and revenue limits
- A plan for maintaining agreed performance trajectories for delivering quality and access standards
- Development of sustainability and transformation plans, including adherence to the planning timetable
- Compliance with all staff agency rules

Disappointingly, we have not been offered any funding from NHS Improvement through this fund and will continue to negotiate with the Trust Development Authority (TDA) with regards to our control total.

PRELIMINARY RECOMMENDATIONS FROM LORD CARTER'S REVIEW INTO OPERATIONAL PRODUCTIVITY,

In the letter sent from Lord Carter to the Secretary of State, he reemphasises that the NHS will be able to generate £5bn of efficiency savings by the end of the parliament, but only with:

- A single reporting framework is adopted for all trusts based on benchmarked best practice, which in turn will also reduce and rationalise the data reporting burden currently placed on providers by commissioners and regulators
- Support for addressing delayed transfers for care, which is leading to sub-optimal use of clinical resources
- National support and coverage to help providers unlock the productivity improvements linked to redesigning clinical services, to enable rapid adoption and implementation by providers of the review's recommendations
- Substantial improvements in workforce productivity. A 1% improvement in workforce productivity could represent around £400m in savings.

The recommendations will be published at the end of this month or early February.

PRIME MINISTER PLEDGES ACTION ON MENTAL HEALTH

Speaking ahead of the publication of the Mental Health Taskforce's report, the Prime Minister has pledged increased investment, targeted support for new mothers, and improved access to mental health services.

Specifically, the Prime Minister committed to:

- £290 million investment in the years to 2020, enabling "at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby". For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

- £247 million over the next 5 years "to make sure that every emergency department has mental health support" ensuring "services are available 24 hours a day, 365 days a year in at least half of England's acute hospitals by 2020".
- From 2017/2018 a new waiting time measure will track the increasing number of young people with eating disorders being seen within a month of being referred, or within a week for urgent cases.
- By 2020, at least 60% of those experiencing psychosis for the first time must be treated within 2 weeks.
- £400 million for crisis home resolution teams.

The announcement supports the work done to date by the Mental Health Taskforce. The Mental Health Taskforce has brought together health and care leaders, people using services and experts in the field to lead a programme of work to create a mental health Five Year Forward View for the NHS in England.

Formed in March 2015, its principal task is to develop a new five-year national strategy for mental health covering care and support for all ages, which will be published in autumn 2015. This is the first time there has been a strategic approach to improving mental health outcomes for people of all ages in the health and care system, in partnership with the health arms-length bodies.

Caroline Donovan
Chief Executive
Thursday 28 January 2016

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: **Open Trust Board**

Date of Meeting:	28 January 2016
Title of Report:	Summary of the Quality Committee meeting held on the 19 January 2016
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Associate Director of Medical and Clinical Effectiveness 20 January 2016 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 19 January 2016. 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 as highlighted in the report

Key points from the Quality Committee meeting held on 19 January 2016 for the Trust Board meeting on the 28 January 2016

1. Introduction

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

2. Director of Quality Report

The committee received the Director of Quality Report with notable items:

Safe:

- **Renewed Focus on reducing avoidable deaths.** Following a report on unexpected deaths at Southern Health NHS Foundation Trust, Jeremey Hunt stated that there is an urgent need to improve the reporting culture of incidents across the system. The brief to the Quality Committee made reference to work being undertaken locally by the Patient & Organisational Safety Team.

Personalised:

- **Health Ombudsman calls for patient complaints overhaul**
  A review by Dame Julie Mellor has found that internal Trust investigations are often not consistent, reliable or transparent. The Quality Committee heard about local developments within the Trust with a detailed report planned for the Senior Leadership Team setting out what is working well and where areas could be strengthened.

Accessible:

- **CQC Monitoring the Deprivation of Liberty Safeguards DOLs 2014/15 report**

  This report describes findings from their inspections highlighting what good looks like (good awareness of DOLs), and what poor looks like (lack of policy and training). The Quality Committee heard about the Trust's established arrangements in terms of policy and training and presentation planned to the Trust's Senior Leadership Team.

Recovery Focused

- **Confidential Enquiry into Maternal Deaths at the University of Oxford**
  Research shows that half of women who commit perinatal suicide have suffered from depressive illness but only 15% had contact with specialist mental health services. It was noted that while no incidents have been reported locally, this is an area that is being monitored as part of the serious incident investigation process.

3. Policy Review

The recommendations were supported by the committee for ratification of the policies by the Trust Board for a period of 3 years, as follows:

- 5.39 CCTV

- 1.62 Physical Assessment
- 5.04 Moving and Handling
- 5.11 Security Policy

Going forward, the Policy Forward Look report will be used by the Policy Working Group as the basis of its work plan. The committee were given assurance about the governance arrangements in place to ensure appropriate period for review, consultation and sigh off.

4. Quality Impact Assessment of Cost Improvement Schemes (CIPs)

It was noted that there were no new schemes to report since the last meeting. All individual CIP schemes have been quality impact assessed and that monitoring of the quality metrics have not identified any issues resulting from CIP schemes in place. It was noted that delivery against the CIP target will be achieved this year. However, there will be further challenges for next year, particularly where schemes have been delivered non-recurrently. For 2016/17, Project Initiation documents (PIDs) will be completed by end of January 2016. The committee will be briefed again on developments in February will a full summary planned for March 2016.

5. Nurse Staffing Performance monthly report – November and December 2015

The committee received the nursing staff performance on a shift by shift basis for the month of November and December 2015. Protocols for the data collection have been revised to ensure in line with national guidance and scrutiny includes review of whether there has been an impact on patient safety, patient or staff experience. It was noted that establishments have been reviewed and these are much more robust. Recruitment is ongoing and the monthly position will be included in future reports. The committee noted the improvements to rostering and going forward an electronic solution will be introduced to further strengthen arrangements.

6. Safer Staffing Action Plan

Following an audit of the Trust's staffing arrangements, the committee received information on progress made and assurance on work completed in this regard.

7. Performance Balance Scorecard 2015/16 & Performance and Management Quality Report M9

The committee reviewed the scorecard and noted that this was developing well with input from Directorates. Members considered the key performance indicators and noted the small number rated as red and amber. Detailed discussion with information and assurance given on action being taken to improve performance where possible, particularly in respect to statutory and mandatory training, personal review, and referral time to treatment.

8. Service User & Carer Council

The Service User and Carer Council voted in their first Chair this week; Andy Cotterill the Chair of New Beginnings and Wendy Dutto*n* has been elected as Vice Chair.

It was noted that both members will attend Trust Board on a monthly basis to help influence the decisions that are made to ensure they are service user-focused. The Director of Nursing & Quality emphasised the importance of each Directorate actively engaging with their service user and carer representatives in order maximise the opportunities for working in active partnership.

9. Unannounced Commissioner Visit to Access Team

The committee received the completed action plan relating to the follow up visit in August 2015 and noted that commissioners were assured about the actions taken and work completed at that time. The committee discussed current arrangements and how they are working, with assurance that the team has systems and processes in place to continually review and monitor performance levels.

10. Quality Surveillance Group – NHS England

The committee received a copy of the summary letter that is sent to Chief Executives post quality surveillance group meetings. The letter reflected the discussion that took place in December 2015 and rated the Trust as green – no specific concerns.

11. Incident Debrief

A summary of a debrief session was shared with the committee which focused on the learning from an incident in relation to a patient who required access to a bed on a psychiatric care unit – which the trust is not commissioned to provide. The session looked at understanding what went well and where improvements could be made, particularly in respect to supporting the patient, working with partners and other agencies, individual roles, responsibilities and expectations .

12. Adult Mental Health Shift Pattern Changes

The Committee received information on agreed changes to shift patterns within the adult mental health directorate, with explanation of the advantages of the new working patterns and consistency in approach. Key performance indicators are being developed to give assurance regarding the effective use of the planned extended handover period. The new shift patterns will be fully implemented for all staff commencing April 2016.

13. The Winterbourne Medicines Programme: NHS Improving Quality (IQ) Summary report and LD Directorate Update and Action Plan

Public Health England and NHS IQ published reports in July 2015 identifying concerns in the prescribing of antipsychotic and anti-depressant medication to people with a learning disability and the need at times to consider alternatives to medication. The committee received a summary report from the LD Directorate and action plan summarising what is already in place and how arrangements could be further strengthened.

14. An overview of Trust arrangements for the reporting and management of serious incidents in response to failings in serious incident management at Southern Health NHS Foundation Trust

The overview of the Trust's arrangements was provided to give assurance about policies, procedures and review systems internally and externally that are in place for the management of unexpected death incidents, and importantly that these arrangements have been reviewed. An area for development will the enhancement of the Trust's safeguarding system to include a mandatory field for notifying where a person has a learning disability diagnosis. This is currently being completed manually by cross checking other records. A progress report will be brought back to the committee in March 2016.

15. Restraint Report Q3 and Q4 2014/15 and Q1 and Q2 2015/16

This report provided a comparison evidencing the use of physical restraint in all clinical areas, providing an opportunity to understand the levels of and use of physical restraint. It was noted that an increase during Q1 2015/16 related to incidents concerning one client and that while this had influenced the figures, overall interventions are recorded as being the least restrictive and only used when absolutely necessary.

16. Quarterly Seclusion Report Q1 and Q2 2015/16

This report provided the current position of the use of seclusion and measures taken to improve compliance with recommendations contained within the new Mental Health Act Code of Practice 2015. It was noted that the new seclusion room will be completed and in place by the end of February 2016. There will be a further report to the committee on how the new arrangements will be implemented.

17. Q3 update against the Infection Prevention and Control Annual Plan

The committee received a progress report in respect to the work plan and were assured with the Trust's position with regards to achieving ongoing compliance with national legislation and local requirements.

18. Directorate Performance Reports

Members discussed in detail the risks that were identified and assurances received, particularly in relation to meeting cost improvement targets, improving access and waiting times, and ensuring sufficient capacity to manage increased activity. Improving compliance with statutory and mandatory training, timely completing of personal reviews, undertaking clinical supervision and risk management training, and improving sickness absence were other areas of note.

Committee members also discussed staff turnover and why this may be occurring in some areas and plans to address this.

19. Risk to Quality of Services - January 2016

Committee members considered the report for quality risks, particularly those scoring 12, which have been reported to the committee previously. Members discussed the risk treatment plans in place and sought assurance about the actions being taken. The information also reflects and informs the feedback from and to the Risk Review Group.

20. Board Assurance Framework Q3 2015-16

The committee received the progress report detailing the strategic objectives and risks associated with the Quality Committee. The BAF provided the committee with an update and RAG rating for those actions due during Q3 and provided an update against future actions, including gaps and challenges to be addressed.

21. External Investigation Report following inpatient death

It was noted that in addition to the Trust's internal review arrangements, an external investigator had been commissioned to further review events and maximise opportunity for any learning and action following this sad incident. The findings had been presented to the Trust's Senior Leadership Team with further sessions planned to share what was felt to be good practice and areas for strengthening and improvement.

22. CQC State of Care Report - Summary

This report outline a comprehensive picture of the quality of care in England based on the CQC's new ratings system, pulling together evidence from all inspections undertaken to the point of publication. Overall key findings were that all Trusts were found to be performing well in caring. The biggest concern for the CQC was the safety of care provided and patients having access to Mental Health rights, consent and capacity being closely monitored and limited access to advocacy services.

Members discussed the Trust's performance; how the team self-assessment process had identified where there was work needed, and the progress being made to improve performance.

23. CQC Action Plans

The committee received updates from the Substance Misuse Service and CAMHS Service following inspection of their services by the CQC.

24. CQC Inspection Update

The report provided the committee with a position statement following the Trust's comprehensive inspection in September 2015. Draft reports were received in December 2015 and following completion of factual accuracy checks the Trust now awaits the final reports. The Quality Summit with key stakeholders is scheduled for 9 February 2016.

25. Domain Updates

The committee received each of the domain reports for assurance purposes in respect to:

- **Patient safety** , **Clinical effectiveness, Organisational safety and efficiency** , **Customer focus**

21. Next meeting: 16 February 2016

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Sandra Storey
Associate Director of Medical and Clinical Effectiveness
20 January 2016

Enclosure 5

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: **Trust Board**

Date of Meeting:	28 January 2016
Title of Report:	Nurse Staffing Monthly Reports – November & December 2015
Presented by:	Maria Nelligan Executive Director of Nursing & Quality
Author of Report:	Carol Sylvester Deputy Director of Nursing
Purpose / Intent of Report:	• For Information / Assurance
Management Oversight prior to Committee	• Quality Committee
Executive Summary:	The attached reports provides summaries of the ward daily staffing levels during the months of November and December 2015
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:	As noted below under the Board Assurance Framework
Risk / Legal Implications:	Implications re gaps or unnecessary duplications in business
Resource Implications:	Will reduce the number of meetings
Equality & Diversity:	N/A
Relationship with the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards
Recommendations:	For the Trust Board to discuss the Trust's performance and any areas of issue / concern

North Staffordshire Combined Healthcare NHS
NHS Trust

Report subject:	**Ward Daily Staffing Levels - November 2015**
Report to:	**Quality Committee**
Action required:	**Information and Assurance**
Date of meeting:	**Tuesday 19 January 2016**
Prepared by:	**Carol Sylvester, Deputy Director of Nursing**
Presented by:	**Maria Nelligan, Executive Director of Nursing & Quality**

1 Summary

This report details the ward daily staffing levels during the month of November 2015 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support workers (Care) to Unify (Appendix 1).

2 Background

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

3 Trust Performance

During November 2015 the Trust achieved staffing levels of 96.7% for registered staff and 91.5% for care staff on day shifts and 98.7% and 101% nights respectively. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover, Ward Manager supporting clinical duties. Detail and summary from Ward Managers are set put in the table below:-

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
1	78.6	95.4	**87**	120	95.3	**107.6**	Additional RN and HCSW planned to meet high acuity observation level 3). Unable to fill all planned day shifts due to bank unavailability. Support provided as needed by Ward Manager.	87 ↓

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
2	85.3	85	**85.1**	131	87.6	**109.3**	Planned RN and HCSW staffing levels not consistently met due to current vacancy rate (4.8 Band 5, 4.6 HCSW) and unavailability of bank staff. Support provided as needed by Ward Manager. Band 5 posts advertised and in recruitment process.	97 ↓
3	86.6	108	**97.3**	100	98.3	**99.1**	Planned RN staffing levels not consistently met due to current vacancy rate (1 Band 6, 4.5 Band 5, 4.5 HCSW) and unavailability of bank staff. Band 5 and 6 out to advert. Support provided as needed by Ward Manager. Recruitment underway.	102 ↓
4	121	83.4	**102**	90.7	111	**100.8**	Under filled planned HCSW shifts covered by use of bank and agency registered staff. Night shifts planned for 2 RN, under fill rate due to unavailability of RN bank. Recruiting to permanent RN and HCSW posts underway.	97 ↑
5	107	95	**101**	103	96.9	**99.9**	Under filled planned HCSW shifts covered by use of additional RN hours.	91 ↓

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
6	92.5	94.5	**93.5**	98.4	96.6	**97.5**	RN shifts filled in part due to vacancy rate (3 x Band 5) and filled HCSW shifts due to lack of bank availability.	95 ↓
7	91.4	84.6	**88**	96.5	69.3	**82.9**	Planned RN and HCSW levels not consistently met due to short term sickness and bank availability.	99 ↓
EMC	111	79	**95**	80.3	101	**90.6**	Under filled day HCSW shifts covered by use of additional RN hours.	96 ↑
A&T	76.7	97.9	**87.3**	95	100	**97.5**	Planned RN shifts not consistently met due to inability to recruit to vacant posts (3 x Band 5). Further interviews due in December. Due to reduction in bed occupancy, joint staffing of both co-located units (Telford) at night implemented.	80 ↔
Telford	90.8	111	**100**	103	100	**101.5**	RN day shift unfilled due to vacancy due (1 x Band 5) Cross cover arrangements for A&T and Telford.	67
Summ View	112	79.8	**95.9**	100	100	**100**	Planned HCSW day shift filled by use of RN additional hours. Long term sickness, maternity leave account for HCSW staff shortfall.	81 ↓

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
Flo House	111	69.1	**90**	99.2	100	**99.6**	Planned HCSW day shift filled by use of RN additional hours. Shortfall of HCSW due to long term sickness and maternity leave.	96 ↓
Darwin	97.5	90.4	**93.9**	92.7	96.3	**94.5**	Planned RN unfilled shifts due to carers leave, secondment, vacancy, short term sickness. Unavailability of bank or agency staff for a number of shifts. Posts out to recruitment.	84 ↑
Dragon Square	98.4	92.7	**95.5**	100	96.1	**98.05**	Under filled registered and care shifts due to short term band 5 and 3 sickness. Support provided as required by Senior Nurse. Increase in incident data attributable to one patient`s clinical presentation.	63 ↓
Total	96.4	91.3	**93.8**	100.7	96.1	**98.4**		

4 From the 1 November 2015, Ward Managers report the impact of unfilled shifts on a shift by shift basis. These themes are summarised below:-

5 Issues leading to Staffing Gaps

Unfilled shifts are a result of vacancies and increase in acuity on acute in-patient wards requiring an increased level of observation.

Requests for additional shifts has proven challenging with unavailability of bank staff for a number of shifts, although improvements noted in response to agency requests to fill shifts.

Trust-wide recruitment drive is on-going with some vacant positions filled and awaiting start dates however challenges remain in filling all posts, this is in keeping with the national picture.

6 Impact on Patient Safety

There have been no reported incidents relating to levels of staffing that have impacted on patient safety.

7 Impact on Patient Experience

On 2 occasions incident forms are completed when staffing levels have fallen below those required which impact on therapeutic activities.

Patient activity cancelled on ward 2 due to reduced staffing levels unable to be filled by bank/agency/cross cover.

8 Impact on Staff Experience

A number of staff breaks have been shortened or not taken. Training has been cancelled to ensure safe staffing levels.

Cross cover to ensure safer staffing across inpatient wards was facilitated as required.

Appendix 1
Unify return November 20

MONTH: November 2015

Inpatient area	Day				Night				Performance (planned vs actual)							
	Registered nurses		Care staff		Registered nurses		Care staff		Registered nurses	Care staff						
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	%	%	Registered Day		Care day	Registered Night		Care Night
Ward 1	1536.10	1207.85	1843.40	1760.25	483.16	581.38	1170.57	1116.33	89	95	78.63%		95.49%	120.33%		95.37%
Ward 2	1350.00	1152.50	1350.00	1147.80	392.47	514.49	953.78	835.62	96	86	85.37%		85.02%	131.09%		87.61%
Ward 3	1340.00	1161.00	1350.00	1461.50	390.88	390.88	953.92	937.90	90	104	86.64%		108.26%	100.00%		98.32%
Ward 4	1350.00	1643.90	1800.00	1501.50	648.46	588.64	833.93	925.99	112	92	121.77%		83.42%	90.78%		111.04%
Ward 5	900.00	965.00	1350.00	1282.50	346.73	359.66	552.83	536.06	106	96	107.22%		95.00%	103.73%		96.97%
Ward 6	900.00	832.50	1800.00	1702.50	361.73	356.10	824.56	797.11	94	95	92.50%		94.58%	98.44%		96.67%
Ward 7	900.00	823.00	1350.00	1143.00	346.73	334.73	797.11	553.12	93	79	91.44%		84.67%	96.54%		69.39%
A&T	675.00	517.50	1500.00	1469.00	276.75	263.00	1042.75	1042.75	82	99	76.67%		97.93%	95.03%		100.00%
Telford	675.00	613.25	1125.00	1252.50	167.50	172.75	1150.75	1150.75	93	106	90.85%		111.33%	103.13%		100.00%
Edward Myers	900.00	1005.00	900.00	711.20	416.44	334.45	552.92	561.75	102	88	111.67%		79.02%	80.31%		101.60%
Darwin Centre	1103.80	1077.10	1105.40	999.90	373.30	346.10	964.65	929.25	96	93	97.58%		90.46%	92.71%		96.33%
Summers View	911.15	1025.00	882.50	704.50	377.47	377.47	626.97	626.97	109	88	112.50%		79.83%	100.00%		100.00%
Florence House	450.00	502.50	900.00	622.50	347.47	344.97	312.90	312.90	106	77	111.67%		69.17%	99.28%		100.00%
Dragon Square	396.00	390.00	852.00	790.00	282.25	283.25	240.50	231.25	99	93	98.48%		92.72%	100.35%		96.15%
TOTALS	**13387.05**	**12916.10**	**18108.30**	**16548.65**	**5211.34**	**5247.87**	**10978.14**	**10557.75**	**1366.73**	**1291.65**	96.48%		91.39%	100.70%		96.17%

North Staffordshire Combined Healthcare NHS
NHS Trust

Report subject:	**Ward Daily Staffing Levels - December 2015**
Report to:	**Quality Committee**
Action required:	**Information and Assurance**
Date of meeting:	**Tuesday 19 January 2016**
Prepared by:	**Carol Sylvester, Deputy Director of Nursing**
Presented by:	**Maria Nelligan, Executive Director of Nursing & Quality**

1 Summary

This report details the ward daily staffing levels during the month of December 2015 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support workers (Care) to Unify (Appendix 1).

2 Background

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

In addition to the monthly reporting requirements, the Executive Director and Deputy Director of Nursing have commenced a six monthly comprehensive review of ward staffing levels in adult inpatient and children`s tier 4 and children`s respite services during December 2015 in line with NQB requirements. This will be completed in January/February 2016 and reported to the March 2016 Trust Board.

3 Trust Performance

During December 2015 the Trust achieved staffing levels of 94.1% for registered staff and 91.5% for care staff on day shifts and 98.7% and 101% nights respectively. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover, Ward Manager supporting clinical duties. Details and summary from Ward Managers are set out below.

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
1	70.4	97.4	**83.9**	113	92.9	**102.9**	Additional RN planned to meet high acuity (observation level 3) and 1 admission requiring 3 staff observation. Unable to fill all day shifts due to bank vacancies and unavailability. Despite reduced occupancy, acuity high. Support provided as needed by Ward Manager.	79 ↓
2	85.9	86.6	**86.2**	103	92.4	**97.7**	RN and HCSW staffing levels not consistently met due to vacancies and unavailability of bank staff. Support provided as needed by Ward Manager.	93 ↓
3	93.2	105	**99.1**	100	98.9	**99.4**	RN staffing levels not consistently met due to current vacancy and unavailability of bank staff. Cover provided by HCSW. Support provided as needed by Ward Manager.	93 ↓
4	110	82.1	**96**	71	111	**91**	Under filled HCSW day shifts covered by use of bank and agency RN. Limited availability of HCSW bank. Night shifts for 2 RN, under fill rate due to unavailability of RN bank.	98 ↑

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
5	107	106	**106**	102	122	**112**	Fill rate higher than planned following admission of patient requiring 2 staff to manage level of acuity and level 3 observation.	91 ↔
6	107	97.9	**106**	103	109	**102**	HSCW day shifts filled by additional RN hours where HCSW bank unavailable.	99 ↑
7	97.9	89.1	**93**	100	100	**100**	HCSW shifts not consistently met due to short term sickness and bank availability. Ward Manager provided cover to maintain safe staffing levels.	98 ↓
A&T	103	100	**101**	99.3	109	**104**	Shifts filled with the exception of short term sickness on HCSW night shift.	80 ↔
Telford	96.8	91.1	**93.9**	111	106	**108**	RN day shift unfilled due to vacancy. (1 x Band 5) and unavailability of bank/agency. Cross cover arrangements for A&T and Telford detailed above.	65 ↓
EMC	112	68.9	**90.4**	109	86.6	**97.8**	Under filled day and night HCSW shifts covered by use of additional RN hours.	76 ↓

Ward	Performance (% planned vs actual)						Ward Manager Summary	Bed Occupancy % (including home leave)
	Day %		Total %	Night %		Total %		
	R/N	Care		R/N	Care			
Darwin	98.9	99.9	**99.4**	100	100	**100**	Planned shifts have been met with the exception of 2 shifts result of sickness.	88 ↑
Summ View	99.4	86.7	**93.0**	100	100	**100**	Underfill of HCSW day staff due to vacancy and unavailability of additional hours/bank	80 ↑
Flor House	103	57.8	**80.4**	100	103	**101**	Underfill of HCSW day shifts filled by use of RN additional hours. Shortfall of HCSW due to long term sickness and maternity leave.	91 ↓
Dragon Square	100	94.6	**97.3**	100	100	**100**	No issues reported.	58 ↓
TOTAL	96.7	91.5	**94.1**	98.7	101	**99.8**		

4 Ward Managers report the impact of unfilled shifts on a shift by shift basis. These themes are summarised below

5 Issues leading to Staffing Gaps

Staffing gaps identified as relating to vacancies unfilled and high acuity on acute in-patient wards due to increased levels of observation.

Trust-wide recruitment drive on-going with some vacant positions filled and awaiting start dates however challenges remain in filling all posts.

6 Impact on Patient Safety

There have been no reported incidents relating to levels of staffing.

7 Impact on Patient Experience

On 2 occasions patient activity cancelled on ward 2 due to reduced staffing levels unable to be filled by bank/agency/cross cover.

8 Impact on Staff Experience

A number of staff breaks have been shortened or not taken.
Cross cover to ensure safer staffing across inpatient wards facilitated as required.
A small number of mandatory training sessions have been cancelled at individual ward level to ensure safe staffing levels.

Appendix 1

Unify return December 2015

MONTH: December 2015

Inpatient area	Day				Night				Performance (planned vs actual)					
	Registered nurses		Care staff		Registered nurses		Care staff		Registered nurses	Care staff	Registered Day	Care day	Registered Night	Care Night
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	%	%				
Ward 1	1783.00	1255.75	1783.00	1736.60	323.33	367.05	1318.12	1224.56	77	95	70.43%	97.40%	113.52%	92.90%
Ward 2	1395.00	1199.25	1395.00	1209.10	332.32	343.03	996.65	921.27	89	89	85.97%	86.67%	103.22%	92.44%
Ward 3	1282.50	1195.90	1387.50	1466.40	332.32	332.32	1059.09	1048.20	95	103	93.25%	105.69%	100.00%	98.97%
Ward 4	1395.00	1542.50	1860.00	1528.50	580.94	412.80	871.41	975.26	99	92	110.57%	82.18%	71.06%	111.92%
Ward 5	930.00	1001.00	1395.00	1483.00	290.47	297.40	580.94	712.83	106	111	107.63%	106.31%	102.39%	122.70%
Ward 6	930.00	997.50	1860.00	1822.50	290.47	299.90	871.41	956.16	106	102	107.26%	97.98%	103.25%	109.73%
Ward 7	930.00	911.00	1395.00	1244.00	290.47	290.47	562.50	562.50	98	92	97.96%	89.18%	100.00%	100.00%
A&T	590.00	608.90	1459.50	1466.60	162.34	161.25	1070.25	1171.75	102	104	103.20%	100.49%	99.33%	109.48%
Telford	670.80	649.50	1219.80	1111.20	193.50	215.00	634.25	677.50	100	96	96.82%	91.10%	111.11%	106.82%
Edward Myers	852.70	958.10	974.10	671.80	267.88	292.97	665.25	576.26	112	76	112.36%	68.97%	109.37%	86.62%
Darwin Centre	1144.00	1132.00	1049.50	1048.70	332.05	332.05	666.50	666.50	99	100	98.95%	99.92%	100.00%	100.00%
Summers View	930.00	925.00	930.00	806.50	323.33	323.33	659.06	659.06	100	92	99.46%	86.72%	100.00%	100.00%
Florence House	465.00	480.00	930.00	537.50	323.33	323.33	312.90	323.33	102	69	103.23%	57.80%	100.00%	103.33%
Dragon Square	345.00	346.00	744.00	704.00	212.75	212.75	212.75	212.75	100	96	100.29%	94.62%	100.00%	100.00%
TOTALS	**13643.00**	**13202.40**	**18382.40**	**16836.40**	**4255.50**	**4203.65**	**10481.08**	**10687.93**	**1385.96**	**1318.31**	96.77%	91.59%	98.78%	101.97%

Enclosure 6

REPORT TO TRUST BOARD

Date of Meeting:	28th January 2016
Title of Report:	Board Assurance Framework – Q3 Update
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report: Name: Date: Email:	 Laurie Wrench 21st January 2016 Laurie.wrench@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• **Quality Committee** (January Session) • **Finance and Performance Committee** (January Session) • Audit Committee • **People and Culture Development Committee** (November Session) • Charitable Funds Committee • Business Development and Investment Committee
Purpose / Intent of Report:	• Assurance and Information
Executive Summary:	The Board Assurance Framework (BAF) aligns the Trust strategic objectives to our quality priorities and key risks including the Board's level of risk appetite. The BAF provides an update and RAG rating for those actions due during quarter 3 and provides an update against future actions including gaps and challenges to be addressed.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• **Customer Focus Strategy** • **Clinical Strategy** • **IM & T Strategy** • **Governance Strategy** • **Innovation Strategy** • **Workforce Strategy** • **Financial Strategy** • **Estates Strategy**
Relationship with Annual Objectives:	The Board Assurance Framework describes the risks, progress, mitigation and actions to be taken to deliver the Trust's strategic objectives.
Risk / Legal Implications:	None
Resource Implications:	None
Equality and Diversity Implications:	None
Relationship with the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives

	7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	The Board receive the Q3 Update against the Board Assurance Framework for assurance and information purposes

North Staffordshire Combined Healthcare NHS Trust

Board Assurance Framework (BAF)

Welcome to the Board Assurance Framework for North Staffordshire Combined Healthcare NHS Trust.

The Trust Board is responsible for ensuring that North Staffordshire Combined Healthcare NHS Trust consistently follows the principles of good governance applicable to NHS organisations. The Board does this through the development of systems and processes for financial and organisational control, clinical and information governance and risk management.

Our Board Assurance Framework identifies the procedures for risk management against our key strategic objectives, encompassing the management of all types of risk to which the Trust may be exposed, our controls and the assurances we have in place. This includes the effective integration and management of clinical and non-clinical risk.

Those key risks, mapped against our two strategic goals and 12 objectives are set out in the following pages. We have also categorised each objective against our quality priorities – SPAR.

safe • personalised • accessible • recovery focused

spar

our vision
To be a **high quality** health and social care provider that continuously improves **patient experience** and deploys its **resources** intelligently and efficiently

our values
valuing people as **individuals**
providing high quality **innovative care**
working together for better lives
openness and **honesty**
exceeding expectations

Goal:	**To improve patient experience and pathways**										
Objective 1:	**Focusing on quality and safety**										
SPAR PRIORITY											
Exec owner:	Medical Director (MD) and Director of Nursing (DoN)										
Assurance Committee:	Quality Committee										
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety		4		1		0		1		
***RISK:** The Trust fails to improve patient safety, eliminate avoidable harm and deliver high quality services, resulting in reputational harm, increased scrutiny and regulatory restrictions*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**				
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**		
	3	4	12	2	4	8	2	4	8		

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
1.1	Reduce medication errors.	10% reductions based on 31 March 2015 position. 2.5% reduction to be achieved per quarter	7.5% by end of Q3	30% reduction in dispensing errors achieved as at end of Q3. However End of Q3 has shown an increase in medication errors (13 baseline 10).	MD	GREEN	GREEN	GREEN

				Going forward the focus will be on identifying harm related incidents and reduction. To further improve awareness, reporting and learning, medicines management is a wave 3 Listening into Action Team. All teams where medications are administered are now using the Medicines Safety Thermometer.				
1.2	Deliver CQUIN targets: • Implementation of appropriate processes relating to cardiometabolic risk factors • Evidence communication to GPs of specified clinical information • Edinburgh Mental Wellbeing Scale. • Reducing	Targets are fully delivered and milestones achieved.	All targets achieved by end Q3	All Q2 targets achieved. Awaiting outcome for Q3 targets which have been submitted to commissioners however it is anticipated that the trust will get full achievement	ADG	YELLOW	GREEN	GREEN

	medication errors through the implementation of the Medication Safety Thermometer in community services • Embedding a safety culture • Measuring service outcomes for people with learning disabilities.							
1.3	Perform QIA of all CIPs ensuring no impact on delivery of quality service	All CIP schemes have QIA scrutiny resulting in Directorate, MD and ND approval and ongoing monitoring of quality metrics.	July 2015.	Action complete. Has been agreed at monthly Care Quality Review Meeting with Commissioners Quality KPIs agreed for CIP is regular agenda item on the monthly performance monitoring meeting for Directorates	MD/DoN	GREEN	GREEN	GREEN
1.4	Improve the multi-disciplinary team approach.	Psychology embedded in all directorates	March 2016	• Adult inpatient complete • Adult community complete • Learning disabilities complete	MD	Select RAYG	GREEN	GREEN

				• Children and young people complete • NOAP complete • Substance Misuse discussions ongoing with Directorate to encourage integration of psychology within the team.				
1.5	Raise the service user voice across the Trust.	Establish the Patient Council Service User to sit on Board Committees and on the Board.	March 2016	Council established Patient Experience Lead in post. Chair of council appointed.	DoN	Select RAYG	GREEN	GREEN
		Family & Friends Test response rate increased by 30% 7.5% per quarter	30% by end Q4	As of end Q3, 22.5% increase not achieved. This will now be taken forward by the appointed Patient Experience Facilitator working with Service Users, Council membership and Directorate Team Managers to agree a plan to address and encourage improvement in low return rates	DoN	RED	RED	**RED**
		PALs contacts increased by 10%. 2.5% per quarter	10% by end Q4	Achieved target in full at Q1. Q4 2014/15 = 46 PALS (increase of 4 PALS required). Q1 2015/16 = 72 PALS	DoN	GREEN	GREEN	GREEN

				increase of 26 cases.				
		Complaints reduced by 10%. 2.5% per quarter	10% by end Q4	Targets achieved in full at Q1 2013/14= 94. 2014/15= 65 reduction of 29. 105 would be a reduction of 9.	DoN	GREEN	GREEN	GREEN
1.6	Ensure Nurse Revalidation.	Embed process with HR to ensure 100% assurance.	April 2016	Corporate Quality Lead nurse working alongside HR to embed this process NMC have confirmed state of readiness and revalidation commencement from April 2016.	DoN	Select RAYG	GREEN	GREEN
1.7	Reduce moderate harm incidents per 1,000 bed days.	Trust position, as measured by NRLS, reduced from average to better than average.	Ongoing	Improved position for October 1st 2014 to March 31st Overall reporting rate 42.64 per 100 bed days compared to a national average of 31.1 Moderate harm incidents- Trust average 3.2 harm incidents per 1000 bed days compared to a national average of 7.0	DoN	GREEN	GREEN	GREEN
1.8	Ensure infection free	10% increase in number of patients	March	Vaccination programme	DoN	Select RAYG	GREEN	GREEN

	environments.	vaccinated against Flu. Nil MRSA cases.	2016	launched and being led by IPC Nurse. Target for 7.5% increase at end of Q3 Current position maintained.				

Goal:	**To improve patient experience and pathways**										
Objective 2:	**Consistently meeting standards**										
SPAR PRIORITY											
Exec owner:	Director of Operations (DO)										
Assurance Committee:	Finance and Performance										
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety		4		1		0		1		
***RISK:** The Trust fails to hit required performance targets and is placed under a greater scrutiny regime by the TDA.*		**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**			
		LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	
		3	3	9	3	3	9	2	3	6	

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
2.1	Delivery of new national mental health access targets.	Plan approved by Board EI September target is 20% - performance 23%	June 2015	Maintain performance	DO	GREEN	GREEN	GREEN

		IAPT 6 week target is 75% - performance 94.5% IAPT 18 week target is 95% - performance 100%						
2.2	Deliver operational KPIs.	Deliver (measures monthly and report to F&P committee) with rectification plans as needed.	March 2016	Majority of Core Targets on track. EI and IAPT on track as at end of November Mandatory training and CPA targets require rectification plan for January 2016	DO (CPA) DLW (MT)	Select RAYG	AMBER	AMBER

Goal:	**To improve patient experience and pathways**										
Objective 3:	**Protecting our core services**										
SPAR PRIORITY											
Exec owner:	Director of Strategy and Development (DSD)										
Assurance Committee:	Business Development										
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety		4		1		0		1		

RISK: *The Trust fails to consolidate its position as the local provider of local mental health and learning disability services, loses business to other providers and is not clinically, financially or operationally sustainable.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	4	16	3	4	12	2	4	8

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
3.1	Respond to commissioners' service development opportunities.	Produce approved business cases for PICU, high dependency rehabilitation, ward reconfiguration, learning disabilities and dual care.	June 2015 to Commissioners July 2015 approved by Trust Board	PICU case completed for 6 beds. Commissioner support. LD business case submitted for reduced bed stock and	DSD	GREEN	GREEN	GREEN

				10% direct saving to commissions. Ward reconfiguration model developed.				
3.2	Respond to tender opportunities and lead the bidding process as prime contractor.	Substance Misuse		Staffordshire inpatient substance misuse successfully awarded.	DSD	GREEN	GREEN	GREEN
		RAID	December 2015	RAID service funding of 250k awarded. Working up model with UHNM	DSD	GREEN	GREEN	GREEN
		IAPT	March 2016	Agreement with partners to submit. Discussions with SSSFT in line with organisational MOU	DSD	Select RAYG	GREEN	GREEN
3.3	PAN Staffordshire transformation engagement	Leadership at Pan Staffs themes 1. Caroline Donovan leading workforce agenda. 2. Dr Adeyemo appointed Clinical Lead for Specialist Mental Health Services. 3. Dr Fazal-Short	Transformation Programme Duration	Provider theme relationship to each theme. Specialist mental health group to cover provider specialist mental health review. Workforce to cover provider workforce challenges MCP development to be included in the frail and elderly	DSD	GREEN	GREEN	GREEN

		appointed to Clinical Lead for Long Term Conditions.		pathway.				
3.4	Social Care Integration	The Trust is working with the Stoke City County Council on the opportunity around greater integration of social care services.	January 2017	Initial work suggests 40% overlap for service users outside of mental health social care provision. Development of value added option. Alternative work up being undertaken with SSOTP and Stoke City Council.	DSD		Green	Green

Goal:	**To improve patient experience and pathways**											
Objective 4:	**Growing our specialised services**											
SPAR PRIORITY												
Exec owner:	Director of Strategy and Development (DSD)											
Assurance Committee:	Business Development											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			
RISK: *The Trust fails to consolidate its position as the provider of specialised mental health and learning disability services, loses business to other providers and is not clinically, financially or operationally sustainable.*		**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**				
		LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**		
		4	4	16	3	4	12	2	4	8		

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
4.1	Develop the Trust's capacity and capability for commercial change.	Appoint a substantive Director of Strategy & Development.	May 2015	Complete.	CEO	GREEN	GREEN	GREEN

		Establish a Business Development and Investment Committee.	November 2015	Complete	DSD	GREEN	GREEN	GREEN
		Produce a comprehensive business planning framework for annual business planning.	January 2016	Complete	DSD	GREEN	GREEN	GREEN
		Enhance horizon scanning and business opportunity identification.	December 2015	Drafts complete	DSD	GREEN	GREEN	GREEN
		Train SLT in core competencies: business case production and project management.	December 2015	NHS Elect engaged for SLT training programme, tender submissions and case writing.	DSD	AMBER	GREEN	GREEN
		Establish rules and principles for bidding.	November 2015	Drafts complete.	DSD	GREEN	GREEN	GREEN
4.2	Respond to tender opportunities and lead the bidding process as prime contractor.	Stoke on Trent Substance Misuse services.	June 2015	Inpatients retained. Community and Recovery not successful.	DSD	GREEN	GREEN	GREEN
		Staffordshire in-patient Substance Misuse services.	September 2015	Tender submitted and Clarification questions submitted 8/10/15	DSD	YELLOW	GREEN	GREEN

		Shropshire Community Substance Misuse services.	July 2015	Unsuccessful – Lessons learned process underway	DSD	RED	RED	RED
		Adult PICU repatriation + spot purchasing	March 2016	Commissioner support clarity on volumes of activity and market assessment	DSD	Select RAYG	GREEN	GREEN
4.3	Work with independent and third sector partners to implement new and innovative models of care.	Priory and Staffordshire Housing for CAMHS Tier IV	December 2015	Contact made, commissioning intentions indicate reduced bed demand for CAMHS tier 4 exploration of Children's PICU	DSD	AMBER	AMBER	AMBER
		RAPT for prison in-reach services	December 2015	Stoke Heath Prison contract extended 2 years. Consideration around Wrexham 800 bed discussed with directorates	DSD	GREEN	GREEN	GREEN
		Develop proposal for ICO with Stoke-on-Trent Council	May 2015	Proposal complete, Presented to Council Executives , September 2015	CEO	GREEN	GREEN	GREEN
		Develop partnership with Northern Staffordshire GP Federation.	June 2015	Joint bid for dementia in primary care submitted to the Health Foundation GP locality meetings established	CEO	GREEN	GREEN	GREEN
4.4	Primary Care Integration	1. Trust ambitions received positively by North Staffs Primary Care Strategy Group. 2. Leek Locality engagement in Mental Health Sponsored MCP	March 2016 April 2016	Clarity on formal process for defining MCP support organisation. Anticipated through formal process of pan Staffordshire. Alignment of co-operative working to MCP model.	DSD		GREEN	GREEN

		3. Primary Care Clinical Director identified	February 2016	Develop Primary Care turnaround team for GP practices				
4.5	Secondary Care Integration	Exploration with UHNM of opportunities around urgent care pathway. Dual care wards and long term conditions. Intra organisational working group to be developed to deliver cross organisational developments.	March 2017	Setup working group. Develop joint proposals in line with Pan Staffordshire challenges. 1. Mental Health emergency care centre 2. Community dual care wards. 3. Long term conditions mental health integration	DSD		Green	Green

Goal:	**To improve patient experience and pathways**											
Objective 5:	**Innovating in the delivery of care**											
SPAR PRIORITY												
Exec owner:	Medical Director (MD)											
Assurance Committee:	Quality											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			
***RISK**: The Trust fails to exploit its potential in innovation and loses credibility and reputation in the healthcare community.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**					
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**			
	4	3	12	3	3	9	2	3	6			

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
5.1	Raise the profile and influence of the Trust across region for	Chief Executive - Chair of Regional MHLETC.	June 2015	CEO chaired 1st Mental Health LETC and gave presentation to c200 stakeholders	CEO	**GREEN**	GREEN	GREEN

	innovation.	Chief Executive appointed as Workforce and OD lead for pan-Staffordshire programme	September 2015	Director of Leadership and Transformation appointed	CEO	**GREEN**	GREEN	GREEN
		Medical Director has been appointed as the clinical chair for the mental health pan-Staffordshire work stream	December 2015	Appointed as chair		**GREEN**	GREEN	GREEN
		Director of Psychology has been appointed as the clinical chair for the long term conditions pan-Staffordshire work stream	December 2015	Appointed as chair		**GREEN**	GREEN	GREEN
		Trust selected to be featured in Healthcare Parliamentary Review	March 2016	DoH contacted Trust	CEO	Select RAYG	GREEN	GREEN
		Director of Leadership and Workforce – Regional W/F planning lead.	June 2015	Trust DL&W is regional lead	DL&W	GREEN	GREEN	GREEN
		Medical Director – Regional Dementia Lead	June 2015	A Skills and Competency Framework has been agreed, as has a catalogue of the resources and courses which are available to train and educate staff. A tool has been piloted which can be applied to any health or care organisation to identify training needs. Gaps in dementia resources have been identified and work is currently underway to commission resources that will fill these gaps. The	MD	GREEN	GREEN	GREEN

				interactive dementia portal will now be developed as part of the future HEE national learning hub, with information being shared on a regional site in the interim. Work is also underway with universities to identify how the dementia framework is covered on current courses and enable to LETB to negotiate full coverage in the future.				
		Chief Executive – Leadership Lead for Shropshire & Staffordshire	June 2015	CEO leading on talent management and compassionate leadership across Shropshire and Staffordshire. CEO requested to lead workforce and leadership across Staffordshire. Director of Leadership and Workforce appointed	CEO	GREEN	GREEN	GREEN
5.2	Improve our approach to service improvement.	Establish service improvement capacity and capability within the Trust.	September 2015	Posts now banded and will be advertised in the future	DLW	RED	RED	RED
		Demonstrate improvements in at least 10 services.	March 2016	Awaiting posts to commence as above	DL&W	Select RAYG	RED	RED
		Train at least 30 staff in service improvement	March 2016	Awaiting posts to commence as above	DL&W	Select RAYG	RED	RED
		LiA wave 2 Celebration event	December 2015	Celebration event held Plans for wave 3 developed	DL&W	GREEN	GREEN	GREEN

		Dragon's Den innovation session	December 2015	Dragon's Den innovation session planned as part of PCD development meeting 18th January 2016	DL&W	GREEN	GREEN	GREEN
5.3	Participate in the Staffordshire wide research strategy and West Midlands academic health sciences network.	Enhance relationships with local partners on the development and delivery of research.	March 2016	R&D Workshop held with Keele University to refresh vision. The Trust is part of the ongoing Staffordshire Wide Research group and is currently leading on a research engagement project on behalf of the WM CRN. Continued active membership of the Cross Staffordshire Research and Development Group (partnership of primary and secondary MJS organisations, Staffordshire & Keele Universities) Dementia research partnership established with UHNM with a shared research co-ordinator post funded through NIHR for 12 months. By the end of February 2016 a Substance Misuse research forum with Keele University professors and PHD students will be established. To increase the Trusts research contribution across the wider health economy a plan is being developed to increase the capacity and capability to support the development of ideas into viable research proposals within the Trust. A scoping exercise will be undertaken to determine the current levels of	MD	Select RAYG	GREEN	GREEN

				activity, skill and expertise within the Trust. An options paper will be developed and presented to the Executive Team by end of March 2016.				
5.4	Encourage increased participation in research across all professional groups across the Trust.	Develop Trust wide information of all published research.	September 2015	Complete. To be updated annually.	MD	GREEN	GREEN	GREEN
		Recognize research as part of REACH awards.	September 2015	Complete. Assessed under innovation category for 2015 and will be a standalone recognition award in 2016	MD	GREEN	GREEN	GREEN
		Establish Trust wide research group with multi-professional membership.	December 2015	Currently research discussed at the Clinical Effectiveness group and R&D Steering Group. To strengthen our evidence based research culture a team has been established as part of the wave 3 Listening into Action.	MD	GREEN	GREEN	GREEN

Goal:		**To improve patient experience and pathways**									
Objective 6:		**Developing academic partnerships and education and training initiatives**									
SPAR PRIORITY											
Exec owner:		Director of Leadership and Workforce (DLW)									
Assurance Committee:		People and Culture Development									
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety		4		1		0		1		

RISK: The Trust fails to educate and develop its workforce resulting in the failure to deliver safe quality services impacting on the ability to attract talent.	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
	3	4	12	3	4	12	3	4	12

	CONTROLS	ASSURANCES	TIMESCALE	GAPS AND ACTIONS	Lead Director	End Q3 RAG status	On Target RAG Status	End Year RAG Forecast
6.1	Improve our approach to education and development	Refresh the PDR process and ensure that 90% have a PDR and that we are above average in comparison with other MH Trust's for quality of experience as evidenced in the staff survey.	Quarterly	Quality of PDR Audits will be undertaken which will inform a refresh of the process	DL&W	RED	AMBER	GREEN

		Business case for professorial unit	March 2016	Workshop held. Medical Director to maintain links with Keele. Business Case to be developed with the Director of Leadership and Workforce with support from the Director of Strategy and Development, led by the Medical Director. Part of the ongoing work around development of R&D	MD	Select RAYG	AMBER	RED
		Ensure that 95% of teams have undertaken the ARTP review process. Show improvement in 75% of the teams.	March 2016	86% of team have now commenced ARTP and of those 75% have shown improvement in the ARTP scores. Further data cleanse of teams is being planned due to changes in managers, structures etc. Communication is going out to all teams, to refresh their teams and to complete their next ARTP and input figures onto Aston database.	DL&W	Select RAYG	YELLOW	AMBER
		Launch You Tube learning channel.	November 2015	NSCHT You Tube channel in place. Additional learning channels with a specific focus on key trust services being developed by OD and Communications Channel available but issues	DL&W	RED	RED	RED

				with technology preventing some staff from accessing YouTube therefore launch delayed. This is being addressed.				
		Improve education experience for learners within the Trust as demonstrated by improvement in all experience surveys. Improve JEST scores from good to excellent.	March 2016	JEST scores received in June achieved this. Two reported as 'needing attention' with all other scores at 'good' or 'excellent' A report will be completed at the end of March reporting on other student feedback – these feedback mechanisms are still open for students to complete and close the end of February.	DL&W	Select RAYG	GREEN	GREEN
		All newly appointed Consultants allocated a mentor.	October 2015	System set up for a mentor to be allocated as part of the induction process. Objectives to be achieved set up for mentor and consultant with a quarterly review. Complete.	MD	GREEN	GREEN	GREEN
		Develop and implement an approach to Talent Management and Succession Planning that – • Gives an identified talent pool. Shows a succession plan with all key posts with an identified succession or a plan to address shortfalls	Revised date from July 2015 to September 2016	OD Strategy delayed and will be completed by end February.	DL&W	RED	AMBER	GREEN

		Introduce E-Learning for Mandatory training where this is possible due to legislation/guidance.	March 2016	All members of the Trust now have access to E-Learning through OLM (Oracle). Currently there are technical problems in completing the on-line training; due Java Script and Google Chrome, IT are rolling out IE11 which is being tested at the moment – once this has been rectified – a full launch of E- learning can take place. A business case has been produced to ensure the competences are aligned with ESR for full automation.	DL&W		GREEN	GREEN

Goal:	**To improve patient experience and pathways**											
Objective 7:	**Being an employer of choice**											
SPAR PRIORITY												
Exec owner:	Director of Leadership and Workforce (DLW)											
Assurance Committee:	People and Culture Development											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			
***RISK**: The Trust fails to manage relationships with it is staff, to improve engagement and enhance inclusion resulting in higher turnover and reduced effectiveness of service delivery, threatening clinical and operational sustainability*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**					
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**			
	4	4	16	3	4	12	2	4	8			

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
7.1	Become an employer of choice	Produce workforce plan that supports the Integrated Business Plan.	March 2016	Completed as part of the TDA and Health Education West Midlands submissions	DL&W	Select RAYG	GREEN	GREEN

		Refresh the workforce planning process to strengthen competency based workforce planning produces Directorate detailed workforce plans.	June 2015	Template for Directorate one year workforce plans produced and populated by directorates	DL&W	GREEN	GREEN	GREEN
		Reduce stress at work and sickness to below 4%.	March 2016	Stress Less Action Plan in place and being implemented. Monitored through PCD and linked to Staff Survey actions. As a % of the absence reasons there has been a decrease from July to August 2015 from 34.24% to 31.6%. The Adult Inpatient Directorate which had the highest % now shows a downward trend.	DL&W		GREEN	YELLOW
		Reduce the average time taken to recruit new employees by half.	October 2015	• Part of LIA Team • 'One stop shops' in place for large campaigns • EDBS live in July • OH process streamlined Time taken to recruit has reduced by on average around 4 weeks with a target of 6 week reduction. Further work is ongoing to reduce it with expectation	DL&W	GREEN	GREEN	GREEN

				that it will reach 6 weeks by year end.				
7.2	Improve Communication and Engagement.	Improve the staff survey results in 25% of areas.	March 2016.	LiA Pulse check second round shows improvement in staff experience	DL&W	Select RAYG	GREEN	GREEN
		Improve satisfaction of staff with experience of change measured by improving the staff survey scores to above average for MH Trusts.	March 2016.	A review of the draft raw staff survey scores is being undertaken	DL&W	Select RAYG	GREEN	GREEN
		Develop a communication strategy for Communication and Engagement that is co-produced across the Trust and approved by the Board	March 2016	Board Development session took place in December. Initial draft will be shared at end of January with view to completion by end of March as planned. We will also engage further with Service User and Carer Council, staff representatives, SLT and Plenary.	DL&W	Select RAYG	GREEN	GREEN
		Develop Corporate Accountability Framework (CAF).	October 2015	Accountability framework to be developed	DL&W	RED	RED	RED
		Implement CAF in line with agreed plan	March 2016		DL&W	Select RAYG	RED	RED

7.3	Support and enhance inclusion.	Develop a strategy and plan to improve inclusion, diversity and equality within the Trust.	November 2015.	Using Autonomy Framework as a start point this will be developed across the whole Trust with particular focus on delivery of accountability of corporate services to Clinical Directorates Appointment of dedicated lead in post. E&D Plan developed in full	DL&W	GREEN	GREEN	GREEN
		Implement approach to widening participation to ensure that we deliver: • 10 apprenticeships • Enable 10 people to use the process • Increase active volunteers by 25% • Introduce Peer Support Workers Every selection process across the Trust invites service user representation	March 2016.	Widening Participation lead now in post. Apprentice numbers already over half way to target.	DL&W	Select RAYG	GREEN	GREEN
7.5	Review the Trust Values and Behaviours	Review the Trust values to ensure that they are fit for purpose and have been developed and agreed with the engagement of staff. Develop a behavioural framework	April 2016	LIA Group has been established with identified lead.	DL&W	Select RAYG	GREEN	GREEN

		to outline expectations within the Trust.						

Goal:	**To improve patient experience and pathways**											
Objective 8:	**Hosting a successful CQC inspection**											
SPAR PRIORITY												
Exec owner:	Chief Executive (CEO)											
Assurance Committee:	Quality											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			

***RISK**: The Trust fails to secure an overall "good" rating in its CQC inspection, resulting in loss of reputation, reduced opportunity for development and greater scrutiny from regulators.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
	4	4	16	4	4	16	4	4	16

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
8.1 NEW	Development of robust action plans to address draft CQC reports and ratings	a. Action plans reviewed by SLT overseen by CEO b. Thorough review of draft reports both internally and externally c. Ongoing assurance sought from directorates d. Seeking to maintain	December 2015	Plans for Quality Summit underway. Regular updates provided to the Board Board Development session January 2016	CEO	GREEN	GREEN	GREEN

		relationship with lead inspector		Template action plans drafted with cross check against requirement notices Strategic themes identified and actions being out into place to address themes Cross check of draft CQC ratings against internal peer review ratings and ratings challenge by core service				
8.2 NEW	Factual accuracy checks and ratings challenge undertaken and submitted to CQC by required deadline	a. Legal support sought from Capsticks to ensure robust factual accuracy and ratings challenge b. Factual accuracy reports c. All deadlines achieved regarding Trust response to CQC	December 2015	Response produced for each core service and overall provider report Awaiting feedback from CQC on challenges made	CEO	GREEN	GREEN	GREEN
8.3 NEW	Community CAMHS Section 29A Warning Notice Action Plan and evidence	a. Robust action plan developed in response to notice b. Shared with the CQC on a monthly basis with corresponding evidence c. External assurance from KPMG on progress made d. Timeframes identified for actions to be completed e. Trust is able to evidence improvements	October 2015	Regular meetings to monitor progress Trust to re-word staffing section of the warning notice Ongoing dialogue with commissioners regarding gap in funding for additional staff Ongoing assurance both internal and externally (KPMG)	CEO	GREEN	GREEN	GREEN

8.4 NEW	Action plans demonstrate improvements and the Trust is able to evidence this	a. Monitoring of progress against action plans both at Directorate meetings and at the Senior Leadership Team b. System introduced to track improvements are made and sustained c. Continual improvements achieved resulting in a CQC rating of 'good' for the Trust	End Q1 2016/17 Q4 2016/17	Assurances to be introduced to enable the Trust to evidence improvements are made Regular updates to the Board on progress made Internal mechanisms to provide assurance on progress: • CQC self assessments • Peer review process • Clinical audit support • Monitoring of risks • Internal audit - RSM • Balanced scorecard and other performance metrics External mechanisms to provide assurance on progress: • External Auditors • Future CQC visits • MHA compliance visits • TDA • Intelligent Monitoring Reports	CEO	Select RAYG	AMBER	AMBER

Goal:		**To deploy our resources more efficiently and intelligently**									
Objective 9:		**Becoming digital by choice**									
SPAR PRIORITY											
Exec owner:		Director of Strategy and Development (DSD)									
Assurance Committee:		Business Development									
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety		4		1		0		1		

***RISK**: The Trust fails to invest appropriately in its digital plan meaning that it is unfit for the future and the Trust is unable to deliver its business goals and objectives.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	4	16	3	4	12	2	4	8

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
9.1	Establish a robust governance structure	Programme Governance Board in place. Information Sharing and Service Management Groups in place.	June 2015 June 2015	Achieved. Achieved.	DSD	GREEN	GREEN	GREEN

9.2	Enhance Trust internal capacity and capability.	Appointment of Chief Information Officer Appointment of Head of Portfolio Management.	June 2015 October 2015.	Achieved. Starts in post 27 July 2015. Interviews completed appointments made	DSD	GREEN	GREEN	GREEN
9.3	Develop key partnerships to initiate and build on lessons learned elsewhere and to implement change within the Trust.	Formalised agreements with Airedale NHS Foundation Trust; SAS; Service user app (Staffordshire University). Telemedicine Predictive text analysis Suicide Prevention	October 2015. December 2015 October 2015. Live November 2015.	Prioritisation of digital initiatives. Digital engagement strategy to be developed on to provide framework for external partnerships linked to key deliverables.	DSD	GREEN	AMBER	AMBER
9.4	Progress on delivery of an electronic patient record for the Trust.	Business case development with CSC and approved by Trust Board.	October 2015	Lorenzo investment case stage 1 endorsed by HSCIC stage 2 in development.	DSD	GREEN	GREEN	GREEN
9.5	Health Economy Patient Care Record	Presentation to HIS board on NSCHT digital strategy.	January 2016	Engagement with CCG lead and Pan Staffordshire lead. Planned LHE worksop	DSD		GREEN	GREEN

Goal:	**To deploy our resources more efficiently and intelligently**											
Objective 10:	**Reviewing and rationalising our estate**											
SPAR PRIORITY												
Exec owner:	Director of Operations (DO)											
Assurance Committee:	Finance and Performance											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			
***RISK**: The Trust fails to manage its estate infrastructure, meaning that it's unfit for the future and the Trust is unable to deliver its business goals and objectives.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**					
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**			
	4	4	16	3	4	12	3	4	12			

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
10.1	Sale of Bucknall Hospital.	Contract of sale exchanged.	June 2015	Exchange completed August 2015 (£200k non-refundable deposit paid by Keep Moat)	DF	GREEN	GREEN	GREEN
		Contract of sale completed.	December 2015	Completed	DF	GREEN	GREEN	GREEN

10.2	Produce an estates rationalisation plan.	Plan approved by Board, with clear trajectories and milestones to reduce accommodation footprint linked to a mixed economy of freehold and leasehold properties.	November 2015	• Presentation to January BoD session with outline of proposals. • Finalisation of Proposals during Q4 • To bring back to February BoD session for update	DO	AMBER	AMBER	AMBER
10.3	Master plan for Harplands Hospital.	Approved development control plan demonstrating medium to long term potential.	September 2015	Business cases for PICU, Darwin, Dragon Square have been achieved. In negotiation to finalise A&T plans with commissioners. This should be complete during Q4. Development away day with Directorates carried out during November to input to plans and next stage**.** Move to Dragon Square complete during December 2015 and Boathouse vacated. Ward reconfiguration	DO	GREEN	GREEN	GREEN

				paper due to be presented to SLT in Jan and Feb Board.				

Goal:	**To deploy our resources more efficiently and intelligently**											
Objective 11:	**Devolving accountability through local decision making that is clinically led**											
SPAR PRIORITY												
Exec owner:	Director of Operations (DO)											
Assurance Committee:	Finance and Performance											
Risk appetite	Quality	3	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2		
	Safety	4				1		0		1		
***RISK**: The Trust fails to meet key regulatory and compliance requirements and is placed under a greater scrutiny regime by the TDA.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**					
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**			
	3	4	12	4	4	16	2	4	8			

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
11.1	Develop a Board Assurance Framework.	BAF embedded and used to drive committee business.	June 2015 (achieved).	Achieved	CEO	GREEN	GREEN	GREEN
11.2	Maintain a strong Head of Internal Audit opinion.	No negative assurances in the annual governance statement Positive opinion, demonstrating robust system of internal	Ongoing	Positive opinions received for 2014/15 Work to commence on statement for 2015/16	CEO	GREEN	GREEN	GREEN

		control.						
11.3	Maintain quality governance standards.	Maintain performance against Quality Surveillance Score green, CQC banding 1, TDA rating 4.	ongoing	Achieved	CEO	GREEN	GREEN	GREEN
11.4	Strengthen contract management.	Review approach to contract management, led by the Head of Legal Services.	March 2016	As part of contract pre meeting in July and September the Commissioning Team will identify the level of support required by the Trust to ensure any legal issues relating to contracts are considered. The role of the Legal Advisor will be drafted.	DF	Select RAYG	GREEN	GREEN
11.5	Improve effectiveness of the audit committee.	Timely delivery of the internal audit plan and completion of audit recommendations.	Sept 2015	Ongoing review to follow up action on outstanding recommendations	DF	AMBER	GREEN	GREEN
11.6	Development of Emergency Planning Process	Further embed emergency planning into organisation by following. 1. Exec Team to undertake Gold Commander Training Q3 2. Development and submission of Trust Winter Plan Service level resilience plans (PARP) to be completed across services to be complete – Mar 2016.	March 2016	Exec Team undertook EP coaching session during Q2 2015/16 Gold Commander Training delivered to Exec Team during December 2015. Service level resilience plans in progress to be completed during Q4 2015/16 to feed into full Business Continuity Plans. The Trust developed a winter	DO	Select RAYG	GREEN	GREEN

				resilience plans and fed into the System resilience plan that has been managed through SRG. Review of lockdown procedures to be completed during Q4.				

Goal:	**To deploy our resources more efficiently and intelligently**											
Objective 12:	**Delivering our financial plan**											
SPAR PRIORITY												
Exec owner:	Director of Finance (DF)											
Assurance Committee:	Finance and Performance											
Risk appetite	Quality	Financial	3	Quality (Innovation)	2	Regulation	2	Reputation	2			
	Safety		4		1		0		1			

***RISK**: The Trust fails to meet its financial responsibilities and/or fails to deliver year one of its LTFM, resulting in greater scrutiny from regulators and commissioners and the threat of financial non- sustainability.*	**Gross Risk (01/04/15)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/16)**		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
	3	4	12	2	4	8	2	4	8

	CONTROLS	**ASSURANCES**	**TIMESCALE**	**GAPS AND ACTIONS**	**Lead Director**	**End Q3 RAG status**	**On Target RAG Status**	**End Year RAG Forecast**
12.1a	Spend within cash resource limit.	CIP plans are robust and delivered to time and financial targets for 2015/16.	Q3 end January 2016	Q3 Year to date is on track Element of non-recurring CIP still remains	DF	GREEN	GREEN	GREEN
		Budgets approved with a robust system of recording activity for payment by results.	May 2015	Complete	DF	GREEN	GREEN	GREEN

12.1b		Development of robust CIP plans for 2016/17	October 2015	Initial cut of CIP plan presented to Exec Team during December 2016. Gap of approximately £600k at end Q3. Finalisation of plans and QIA to take place during Q4.	DO	AMBER	GREEN	GREEN
12.2	Enhancing service line reporting	Embed the use of service line reporting for: • Costing • Contracting • Inclusion of balanced scorecard • Use by directorates to support better understanding of the data	May 2016	2014/15 First draft will be finalised July 2015. Q1 data will be finalised in September 2015. Paper to November Finance and Performance Committee	DF	Select RAYG	GREEN	GREEN
12.3	Improve the Trust's performance management and reporting processes.	Board report developed to support better understanding of the Trust's financial position.	April 2016	Board report to be linked to Balanced Scorecard. Draft report to Finance and Performance Committee February 2016	DF	Select RAYG	GREEN	GREEN
		Enhance balanced scorecard reporting to include: • Increased automation of information via the data warehouse • Eliminate gaps in data relating to new / difficult to access data • Ability to extract data formats	Ongoing	Plan for completion as follows: • Quality – September • Performance - October • Workforce – November • Finance – November The Board will be able to fully drill down by Directorates in January 2016	DF	GREEN	GREEN	GREEN

		for internal/external reports • Continue with training for team recording • Keep up to date with new requests for information, both internal and external						
		Responsibility for performance management transferred to the Director of Strategy and Development under the management of the Chief Information Officer and Digital by Choice.	November 2015	Deferred decision until commencement in post of new Director of Finance in March 2016	DF	YELLOW	YELLOW	YELLOW
12.4	Focus on Efficiency and Productivity.	Review the pharmacy service delivery model by undertaking a cost benefit analysis.	March 2016	Chief Pharmacist to review with Medical Director and Director of Strategy and Development as support to consider alternative model by partnering with other Trusts.	MD	Select RAYG	AMBER	AMBER
		Seek best value for money in the PFI contract, identifying savings that could be realised.	September 2015.	Complete. Savings of circa £65K identified. NSCHT wrote to Town Hospitals with final calculations underpinning this in Nov 15. Meeting with THL on 20th January 2016 to progress	DO	AMBER	GREEN	GREEN
		Reducing Drugs overspend by 50%.	37.5% reduction by end Q3	The current projection for year end 15/16 indicates an 10% increase in overspend compared to year end 14/15	MD	RED	RED	RED

				The Chief Pharmacist will actively work with directorates to support understanding drug expenditure and develop recovery actions plans to reduce drug overspend. Savings anticipated financial year 2016/17.				
		Lead Psychiatrist identified for each GP locality	September 2015	Lead identified Standards for Leads to work to has been set and will be monitored to ensure consistency in approach	MD	GREEN	GREEN	GREEN
		Further embed improvement in GP relationships by increasing the use of GP support email by a further 20% from March 2015 baseline (March 2016).	20% increase by end Q4	Quarterly reports to CQRM to demonstrate lessons learnt.	MD	GREEN	GREEN	GREEN
12.5	Completion of capital investment in line with plan	Progress reported to Finance and Performance Committee and Board to confirm progress	Quarterly	Small variance to capital programme remains on track. End of year forecast aligns to plan	DF	AMBER	GREEN	GREEN
12.6	Implementation of a new system – financial support	Establish EPR financial contracts and submission of data to TDA. Ensure financial instructions are adhered to in order to minimise costs and maximise benefit to the Trust	2016/17 and onwards		DF		GREEN	**GREEN**

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO TRUST BOARD

Date of Meeting:	28 January 2016
Title of Report:	Monthly Finance Reporting Suite – December 2015
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	 Steve Blaise 15 January 2016 steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	Performance monitoring
Executive Summary:	The attached report contains the financial position to 31 December 2015 (Month 9). The Month 9 financial results show a year to date retained deficit of £0.325m against a plan deficit of £0.347m, a favourable variance of £0.022m. At the end of Month 9 the detailed forecast indicates an achievement of a retained surplus of £0.727m (£1.250m surplus at adjusted financial performance level), representing breakeven against the revised plan after the agreed capital to revenue transfer. The Trust continues to target a £2.66m efficiency programme as part of the current financial plan. More detail is reported separately. The cash balance at the end of month 9 was £6.1m. Net capital expenditure to date is £0.420m, which is ahead of the planned profile to date. The year-end forecast is a charge against the Capital Resource Limit of £1.180m which is in line with Plan after the agreed revenue to capital transfer. The Continuity of service Risk Rating is reported as 2. The forecast outturn rating is 3, which is in line with the planned rating.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy
Relationship with Annual Objectives:	Financial Reporting
Risk / Legal Implications:	n/a
Resource	As above.

Implications:	
Equality and Diversity Implications:	n/a
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	***The Trust Board is asked to:*** • ***note that financial performance to date is largely on plan, with a favourable variance of £0.022m reported*** • ***note the cash position of the Trust as at 31 December 2015 of £6.1m*** • ***note the net capital expenditure position as at 31 December 2015 is an slight spend against plan and the forecast charge against the CRL for the year is £1.180m which is in line with Plan after the agreed capital to revenue.*** • ***Note the year to date Continuity of Service Risk Rating of 2 and also the forecast rating of 3, which is in line with Plan.***

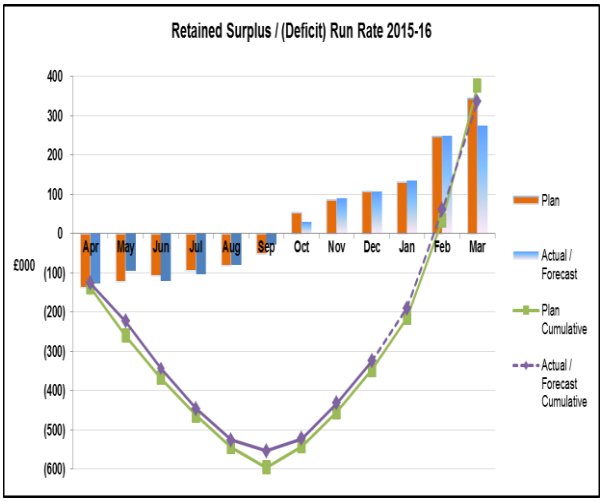
DRAFT FINANCIAL OVERVIEW as at 31 December 2015

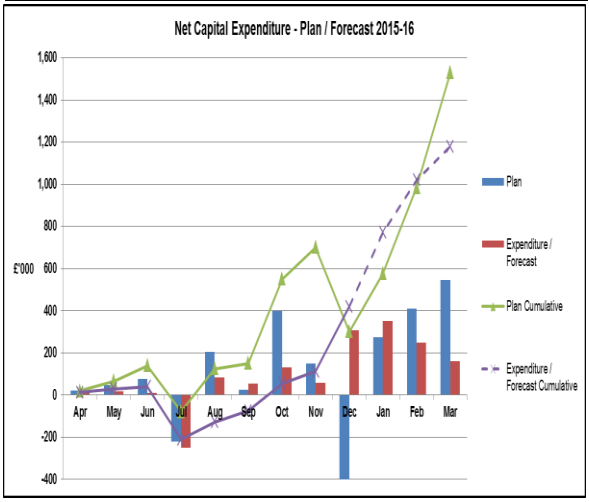
Income & Expenditure - Retained Surplus / (Deficit)

£000	Plan	Actual	Var	%	RAG
YTD	(347)	(325)	22	6	G
Forecast	377	727	350	93	G

Net Capital Expenditure

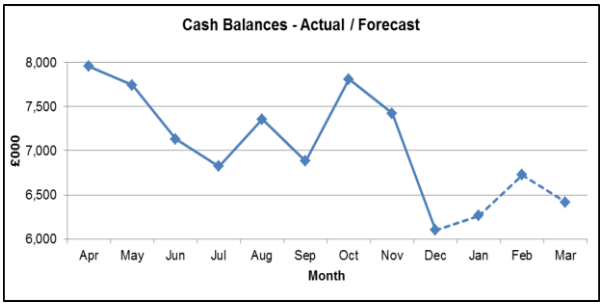
£000	Plan	Actual	Var	%	RAG
YTD	300	420	120	40	A
Forecast	1,530	1,180	(350)	(23)	G

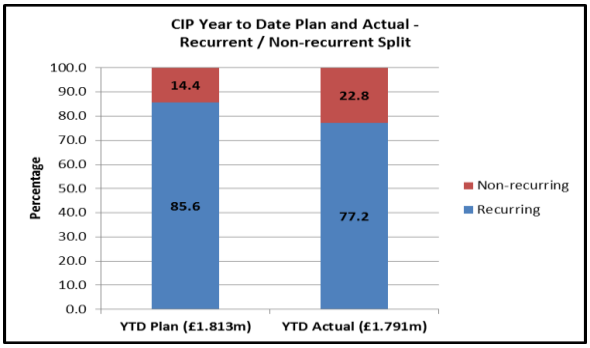




Cash Balances

£m	Plan	Actual	Var	%	RAG
YTD	6.5	6.1	(0.4)	(6)	G





Continuity of Service Risk Rating

	YTD Plan	YTD Act	FOT
Overall Risk Rating	3	3	3
Metrics:			
Liquidity Ratio	4	4	4
Capital Servicing Capacity	1	2	2

Notes

Risks:

Non achievement of income targets

Non delivery of CIP requirement & increasing delivery of CIP's on a non recurrent basis.

Managing cost pressures including no additional commitments to further cost pressures.

Under performance against activity targets

Assumptions:

Clinical income targets for the main clinicial contracts are achieved.

Charges against provisions provided for last year do not exceed the value provided.

1. Financial Position

1.1 Introduction

The Trusts financial Plan submission to the National Trust Development Authority (NTDA) showed a retained surplus position of £0.227m and an 'adjusted financial performance' of £0.750m (£0.227m plus IFRIC 12 adjustment of £0.523m).

In September 2015 the Trust submitted a revised financial Plan which showed an increase of £0.150m to the surplus, resulting in an 'adjusted financial position' of £0.900m. This amendment follows the directive issued from the NTDA for provider Trusts to improve their forecast position.

In late 2015 the TDA announced that NHS Trusts that were forecasting an undershoot against its 2015/16 Capital Resource Limit were to be given an opportunity to transfer this underspend from its Capital allocation into to its revenue position. Any value agreed as part of this transfer by the TDA would be paid to the Trust as Income who would then be required to increase its surplus (or reduce its deficit) by the same value.

Following a capital forecast review in December this Trust offered to transfer £350k. In January 2016 the Trust were informed that this transfer was to be transacted. Consequently the Trust financial reports and forecasts for the period 31 December 2015 detailed below and in the attached schedules reflect this change including the increase to its forecast 2015/16 year end surplus.

1.2 Income & Expenditure (I&E) Performance at Month 9

At the end of Month 9, the Trusts budgeted plan was a retained deficit of £0.347m (£0.049m surplus at adjusted financial performance level). The reported retained position is a deficit of £0.325m (£0.071m surplus at adjusted level), giving a favourable variance of £0.022m against plan.

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

Table 1: Statement of Comprehensive Income

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	77,075	6,519	6,648	129	56,570	56,989	420
Pay	(57,585)	(4,771)	(4,726)	44	(43,295)	(41,655)	1,640
Non pay	(15,991)	(1,368)	(1,536)	(168)	(11,167)	(13,215)	(2,049)
EBITDA	**3,500**	**381**	**386**	**5**	**2,108**	**2,119**	**11**
Other Costs	(2,750)	(229)	(234)	(5)	(2,059)	(2,048)	11
Adjusted Financial Performance	**750**	**152**	**151**	**(1)**	**49**	**71**	**22**
IFRIC 12 Expenditure	(523)	(44)	(44)	0	(396)	(396)	0
Retained Surplus / (Deficit) prior to Impairment	**227**	**108**	**107**	**(1)**	**(347)**	**(325)**	**22**
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	**227**	**108**	**107**	**(1)**	**(347)**	**(325)**	**22**

Contained within non-pay budgets are the CIP targets for directorates, many have been reduced and transacted in budgets reflecting the various schemes across the Trust.

Also contained within non-pay, specific budgets have been set and held centrally. Table 2 shows these central reserves forecast budgets which equate to £0.364m, against which the Trust is forecasting expenditure of £0.410m. Additionally it should be noted that the Trusts achievement of the forecast retained surplus of £0.727m is predicated on the support to the operational position from reserves of £0.755m.

It should be noted that Safer Staffing funding was allocated to Directorates in M6.

Table 2: Reserves Held Centrally

Description	Forecast Annual Budget (£000)	Committed within FOT (£000)
Contingency	65	0
Cleanliness in Hospitals	13	13
Quality & Reform	153	150
QNIC	58	0
Other Earmarked reserves	76	248
Total	**364**	**410**

1.3 Forecast Year End Performance

Following the finalisation of the month 9 position, a worked up forecast outturn has been undertaken which supports the revised retained surplus of £0.727m (£1.250m at adjusted financial performance level). This surplus has increased from the targeted revised Plan surplus by £0.350m as a consequence of the capital to revenue transfer agreement detailed above. This outturn position is dependent on:

- The achievement of the cost improvement programme
- The management of cost pressures, existing or arising, during the remainder of the financial year
- The reserves position being in a position to support the operational position
- The identification of appropriate funding sources prior to the commitment of further costs that are not included in the current forecast position.

Included within the forecast is the envisaged over performance of circa £0.320m against planned clinical income but this includes the £0.350m the Trust will receive as a consequence of the capital to revenue transfer discussed in detail above. This forecast also includes an over performance in respect of NCA'S/OATS. The forecast is, however, negated by under performance of the Specialised Services contract in respect of Darwin, as detailed in previous reports, of £0.320m. In addition, the Trust is also predicting under performance on the two Local Authority DAT contracts.

The Trust's forecast position will be shared with the NTDA as part of their financial monitoring regime.

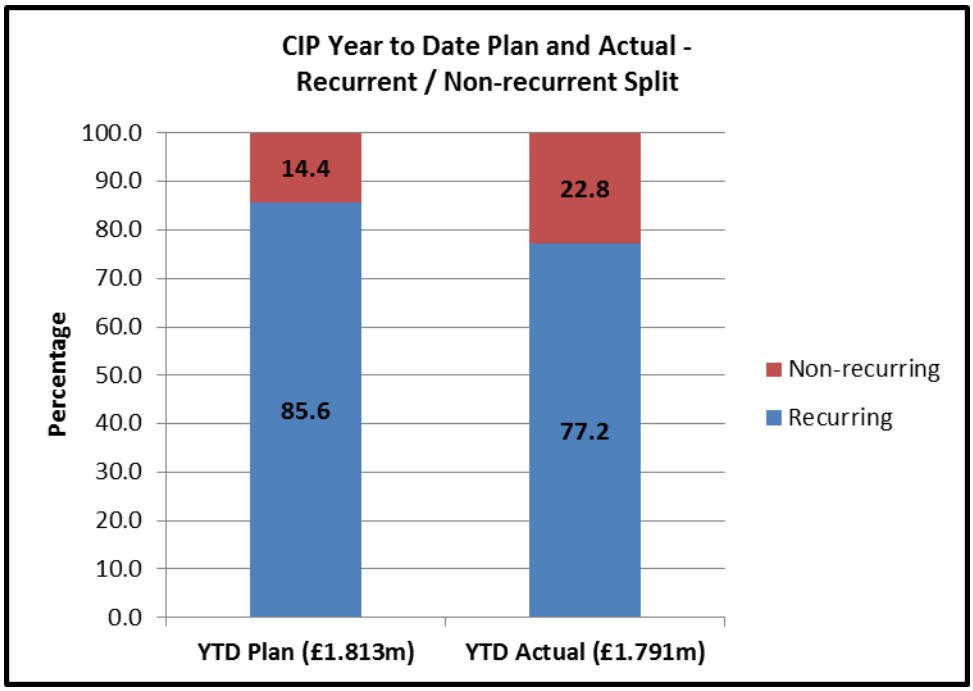
1.4 Cost Improvement Programme

The in-year target for the year and reported to the NTDA is £2.66m and takes into account the requirement to deliver the 2015/16 planned surplus referred to above.

As at month 9, the performance against the planned schemes on a year to date basis is slightly behind plan, with £1.79m being achieved against the target of £1.81m.

The split of recurrent to non-recurrent externally reported savings is reported below in table 3, showing the increased non-recurrent year to date delivery at 23%, compared to plan at 14%. The trigger for a red RAG rating on the NTDA return is when non recurrent savings exceed 25%.

Table 3: Recurrent Plan & Actual Savings



2. Summary of Financial Position

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

2.1 Fixed Assets

Property, Plant & Equipment and Intangible assets balances of the Trust have been revised on line with the Trusts latest forecast of capital spend and amended as a consequence of this updated forecast and the capital to revenue transfer agreement mentioned above.

2.2 Cash

As at 31 December 2015, the Trust's cash position was £6.1m which represents a decrease during the month of £1.3m. A monthly cash flow forecast is shown in Appendix A, page 3 which demonstrates the cash movements.

2.3 Other Working Balances

Debtors have increased in month by £1.3m as a consequence payments made quarterly by a number of NHS and Local Authority bodies. It is expected that many of these debtors will be settled in January 2016. The level of the Trusts Creditor balances has remained relatively static.

Within the overall debtor value, £2.9m relates to invoiced debt. Invoiced debt is summarised by age in Appendix A, page 4, along with the analysis of the stage of recovery.

3. Capital Expenditure and Programme

The Trust's permitted capital expenditure agreed within the 2015/16 plan was £2.3m; this was the combination of the Trust's £1.53m Capital Resource Limit (CRL) and its predicted asset sales of £0.77m. This has changed as a consequence of the revised forecast outturn position and the subsequent capital to revenue transfer detailed above. This change results in a forecast of £1.180m as the combination of £1.650m expenditure and in year predicted asset sales of £0.470m.

The capital expenditure for the year as at 31 December 2015 is £0.420m,made up of £0.742m of expenditure and (£0.322m) from the disposal of the former Learning Disability property Meadow View & part of Bucknall Hospital land disposal. As the Trust plan predicted a further Bucknall Land related disposal receipt in December which wasn't received, the Trust is showing a year to date overspend against plan of £0.120m.

Appendix A, page 5 details the expenditure to date and the forecast outturn including a graph to show both the actual and projected performance against Plan.

4. Continuity of Services Risk Rating Risk Rating

As reported in the Plan, the Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 9, this is calculated as 3. The forecast outturn rating is also 3, in line with the planned rating previously mentioned.

Appendix A, page 6 shows in detail the separate metrics, the outputs, and the various components used to calculate the specific metrics.

5. Recommendations

The Board is asked to:

- ***note that the financial performance to date is predominately on plan, with a favourable variance reported of £0.022m***

- ***note the cash position of the Trust as at 31 December 2015 of £6.1m***

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year	< < < Current Month > > >			< < < Year to Date > > >			< < < Forecast Outturn > > >		
	Budget £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
Income:										
Revenue from Patient Care Activities	68,437	5,915	5,855	61	50,479	50,429	51	69,518	69,198	320
Other Operating Revenue	8,638	732	664	68	6,510	6,141	369	8,604	8,644	-40
	77,075	6,648	6,519	129	56,989	56,570	420	78,123	77,843	280
Expenses:										
Pay										
Medical	-6,884	-427	-581	154	-4,321	-5,160	839	-5,808	-6,885	1,077
Nursing	-26,686	-2,163	-2,180	17	-19,225	-20,153	929	-25,909	-27,149	1,239
Other clinical	-13,589	-1,046	-1,122	76	-9,220	-10,138	918	-12,444	-13,608	1,163
Non-clinical	-9,667	-762	-811	48	-6,492	-7,193	701	-8,836	-9,671	835
Non-NHS	-758	-328	-77	-251	-2,398	-651	-1,747	-3,279	-883	-2,396
Cost Improvement	0	0	0	0	0	0	0	0	0	0
	-57,585	-4,726	-4,771	44	-41,655	-43,295	1,640	-56,277	-58,196	1,919
Non Pay										
Drugs & clinical supplies	-2,001	-207	-178	-30	-1,675	-1,517	-157	-2,262	-2,011	-252
Establishment costs	-1,710	-159	-152	-7	-1,187	-1,282	95	-1,635	-1,721	86
Premises costs	-2,080	-344	-152	-192	-2,246	-1,621	-625	-3,055	-2,081	-974
Private Finance Initiative	-3,865	-331	-322	-9	-2,987	-2,899	-89	-3,981	-3,865	-116
Other (including unallocated CIP)	-6,154	-494	-624	130	-5,121	-4,360	-761	-6,542	-5,946	-596
Central Funds	-181	0	59	-59	0	512	-512	-410	-364	-46
	-15,991	-1,536	-1,368	-168	-13,215	-11,167	-2,049	-17,885	-15,987	-1,898
EBITDA *	**3,500**	**386**	**381**	**5**	**2,119**	**2,108**	**11**	**3,961**	**3,660**	**301**
Depreciation (excludes IFRIC 12 impact and donated income)	-797	-72	-66	-6	-631	-594	-37	-844	-797	-47
Investment Revenue	12	2	1	1	15	9	6	16	12	4
Other Gains & (Losses)	0	0	0	0	42	0	42	42	0	42
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,364	-114	-114	0	-1,023	-1,023	0	-1,364	-1,364	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-601	-50	-50	0	-451	-451	0	-561	-611	50
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **	**750**	**151**	**152**	**-1**	**71**	**49**	**22**	**1,250**	**900**	**350**
IFRIC 12 Expenditure ***	-523	-44	-44	0	-396	-396	0	-523	-523	0
Retained Surplus / (Deficit) for the Year	**227**	**107**	**108**	**-1**	**-325**	**-347**	**22**	**727**	**377**	**350**

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

** NTDA expected surplus or deficit against w hich the Trust is measured

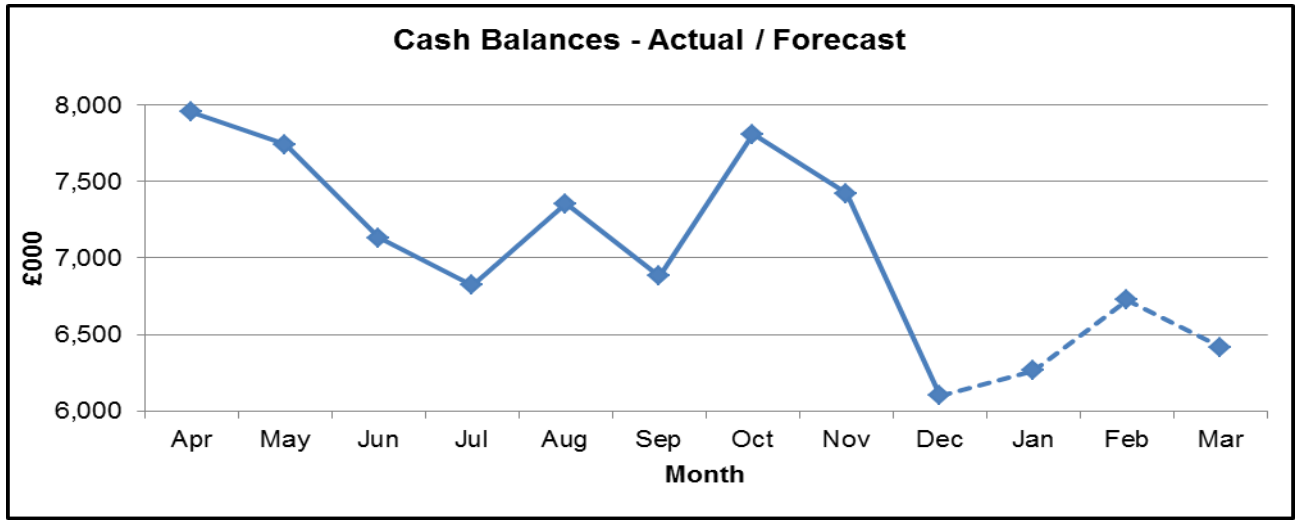
*** Additional costs in respect of the Trust's PFI scheme follow ing the introduction of IFRS, classed as technical adjustments.

Statement of Financial Position – including forecast

Detail	Period End Date 31/03/2015 £000	31/08/2015 £000	30/09/2015 £000	31/10/2015 £000	30/11/2015 £000	31/12/2015 £000	Forecast 31/03/2016 £000
NON-CURRENT ASSETS:							
Property, Plant and Equipment	30,863	30,466	30,397	30,415	30,441	30,607	31,177
Intangible Assets	52	40	28	28	28	22	66
Trade and Other Receivables	0	0	0	0	0	0	0
TOTAL NON-CURRENT ASSETS	30,915	30,506	30,425	30,443	30,469	30,629	31,243
CURRENT ASSETS:							
Inventories	86	82	75	66	81	74	86
Trade and Other Receivables	3,017	5,728	6,213	4,995	5,021	6,292	3,298
Cash and cash equivalents	6,805	7,355	6,883	7,811	7,423	6,104	6,416
SUB TOTAL CURRENT ASSETS	9,908	13,165	13,171	12,872	12,525	12,470	9,800
Non-current assets held for sale	2,520	2,250	2,250	2,250	2,198	2,198	2,005
TOTAL ASSETS	**43,343**	**45,921**	**45,846**	**45,565**	**45,192**	**45,297**	**43,048**
CURRENT LIABILITIES:							
NHS Trade Payables	-864	-772	-1,056	-930	-875	-850	-676
Non-NHS Trade Payables	-4,374	-7,871	-7,581	-7,511	-9,164	-7,248	-5,240
Borrowings	-351	-351	-351	-351	-351	-351	-346
Provisions for Liabilities and Charges	-1,682	-1,526	-1,515	-1,429	604	-1,364	-882
TOTAL CURRENT LIABILITIES	-7,271	-10,520	-10,503	-10,221	-9,786	-9,813	-7,144
NET CURRENT ASSETS/(LIABILITIES)	5,157	4,895	4,918	4,901	4,937	4,855	4,661
TOTAL ASSETS LESS CURRENT LIABILITIES	**36,072**	**35,401**	**35,343**	**35,344**	**35,406**	**35,484**	**35,904**
NON-CURRENT LIABILITIES							
Borrowings	-12,992	-12,846	-12,817	-12,787	-12,758	-12,729	-12,647
Trade & Other Payables	-558	-558	-558	-558	-558	-558	-558
Provisions for Liabilities and Charges	-604	-604	-604	-604	-604	-604	-404
TOTAL NON- CURRENT LIABILITIES	-14,154	-14,008	-13,979	-13,949	-13,920	-13,891	-13,609
TOTAL ASSETS EMPLOYED	**21,918**	**21,393**	**21,364**	**21,395**	**21,486**	**21,593**	**22,295**
FINANCED BY TAXPAYERS EQUITY:							
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998	7,998	7,648
Retained Earnings	814	289	260	291	382	489	1,541
Revaluation Reserve	13,664	13,664	13,664	13,664	13,664	13,664	13,664
Other reserves	-558	-558	-558	-558	-558	-558	-558
TOTAL TAXPAYERS EQUITY	**21,918**	**21,393**	**21,364**	**21,395**	**21,486**	**21,593**	**22,295**

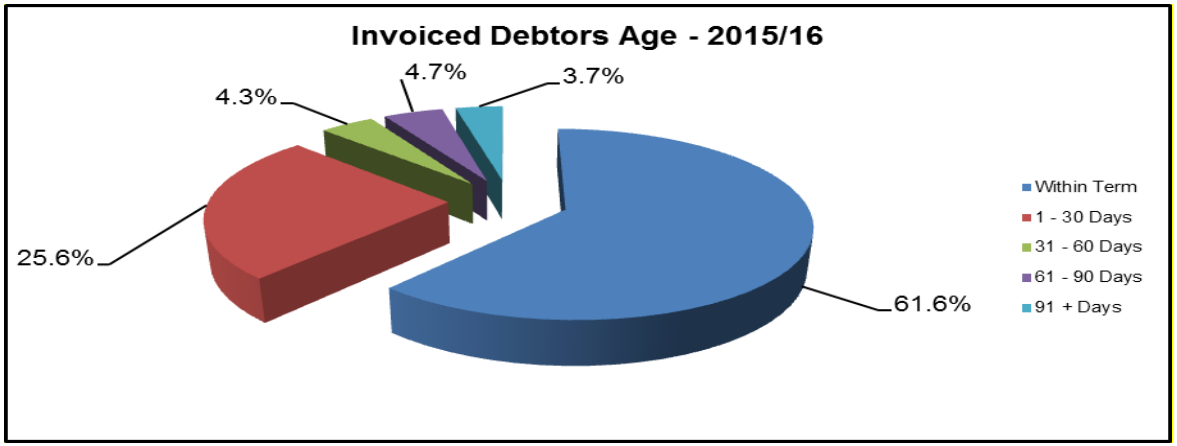
Cash-flow Forecast

Statement of Cash Flows (CF)	Actual Apr 15 £000	Actual May 15 £000	Actual Jun 15 £000	Actual Jul 15 £000	Actual Aug 15 £000	Actual Sep 15 £000	Actual Oct 15 £000	Actual Nov 15 £000	*Forecast Dec 15 £000*	*Forecast Jan 16 £000*	*Forecast Feb 16 £000*	*Forecast Mar 16 £000*	2015/2016 Full Year £000
Cash Flows from Operating Activities													
Operating Surplus / (Deficit)	35	66	42	17	82	134	193	253	*270*	*285*	*374*	*843*	**2,594**
Depreciation and Amortisation	113	112	117	98	110	134	112	115	*114*	*114*	*114*	*114*	**1,367**
Impairments and Reversals	0	0	0	0	0	0	0	0	*0*	*0*	*0*	*0*	**0**
Interest Paid	-114	-114	-114	-114	-114	-114	-114	-114	*-113*	*-113*	*-113*	*-113*	**-1,364**
Dividend Paid	0	0	0	0	0	-256	0	0	*0*	*0*	*0*	*-305*	**-561**
Inflow / (Outflow) prior to Working Capital	**34**	**64**	**45**	**1**	**78**	**-102**	**191**	**254**	***271***	***286***	***375***	***539***	2,036
(Increase) / Decrease in Inventories	0	-7	2	8	8	7	9	-16	*-3*	*0*	*-9*	*1*	**0**
(Increase) / Decrease in Trade and Other Receivables	-658	-794	-1,101	-231	-73	-485	1,218	-7	*-1,141*	*1,232*	*790*	*969*	**-281**
Increase / (Decrease) in Trade and Other Payables	1,817	581	509	-265	650	199	-247	-514	*-65*	*-656*	*-245*	*-1,086*	**678**
Provisions (Utilised) / Arising	-3	-12	-31	-90	-20	-11	-86	-19	*-46*	*-319*	*-169*	*-474*	**-1,280**
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	0		*0*	*0*	*280*	**280**
Inflow / (Outflow) from Working Capital	**1,156**	**-232**	**-621**	**-578**	**565**	**-290**	**894**	**-556**	***-1,255***	***257***	***367***	***-310***	-603
Net Cash Inflow / (Outflow) from Operating Activities	**1,190**	**-168**	**-576**	**-577**	**643**	**-392**	**1,085**	**-302**	***-984***	***543***	***742***	***229***	1,433
Cash Flows from Investing Activities													
Interest Received	2	2	2	1	2	2	2	1	*1*	*0*	*1*	*0*	**16**
(Payments) for Property, Plant and Equipment	-12	-18	-10	-18	-83	-53	-130	-110	*-308*	*-350*	*-250*	*-311*	**-1,653**
Proceeds of disposal of assets held for sale (PPE)	0	0	0	315	0	0	0	52	*0*	*0*	*0*	*148*	**515**
Net Cash Inflow / (Outflow) from Investing Activities	**-10**	**-16**	**-8**	**298**	**-81**	**-51**	**-128**	***-57***	***-307***	***-350***	***-249***	***-163***	-1,122
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	**1,180**	**-184**	**-584**	**-279**	**562**	**-443**	**957**	**-359**	***-1,291***	***193***	***493***	***66***	311
Cash Flows from Financing Activities													
Capital Element of Payments in Respect of Finance Leases PFI	-29	-29	-29	-29	-29	-29	-29	-29	*-31*	*-30*	*-30*	*-27*	**-350**
PDC Repayment linked to Capital to Revenue transfer	0	0	0	0	0	0	0	0	*0*	*0*	*0*	*-350*	**-350**
Net Cash Inflow/(Outflow) from Financing Activities	**-29**	**-29**	**-29**	**-29**	**-29**	**-29**	**-29**	**-29**	***-31***	***-30***	***-30***	***-377***	-700
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	**1,151**	**-213**	**-613**	**-308**	**533**	**-472**	**928**	**-388**	***-1,322***	***163***	***463***	***-311***	-389
Cash and Cash Equivalents (and Bank Overdraft)	**7,956**	**7,743**	**7,130**	**6,822**	**7,355**	**6,883**	**7,811**	**7,423**	***6,101***	***6,264***	***6,727***	***6,416***	



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	1,639	484	107	77	74	**2,381**
Local Authorities	51	230	17	54	0	**351**
Other Debtors	79	20	0	6	33	**138**
Total	**1,769**	**733**	**124**	**136**	**107**	**2,870**

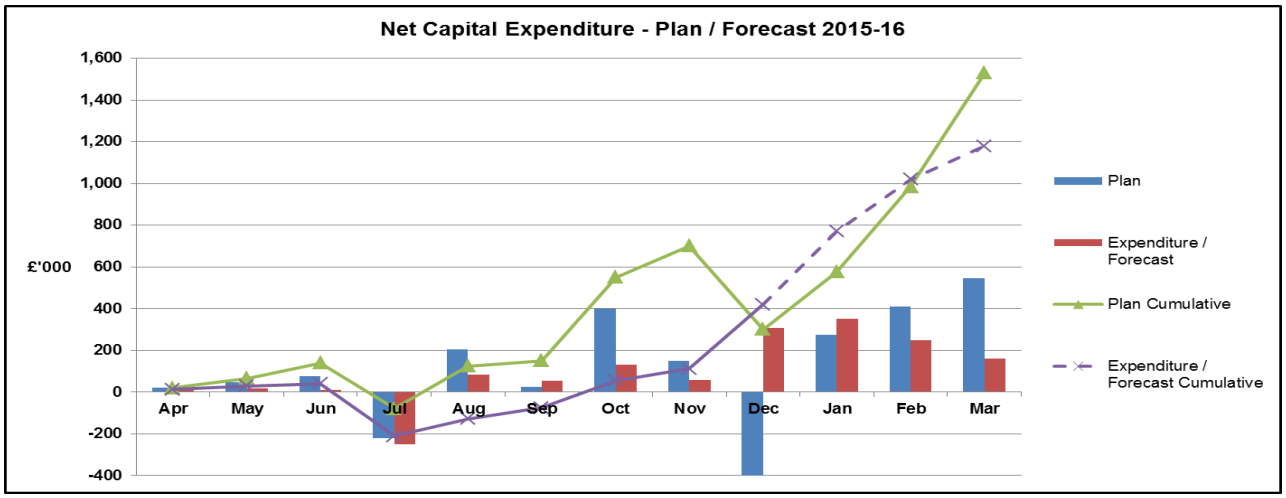


Analysed by Credit Control Stage	Within Term £000	1 - 30 Days £000	31 - 60 Days £000	61 - 90 Days £000	91 + £000	Overall Balance £000
No formal dispute received - full payment anticipated	1,769	733	124	136	55	**2,818**
Routine credit control processes activated	0	0	0	0	23	**23**
Resolved - Awaiting Credit Note to be issued	0	0	0	0	19	**19**
Escalated to Management / Solicitors	0	0	0	0	10	**10**
Total	**1,769**	**733**	**124**	**136**	**107**	**2,870**

Capital Programme and Expenditure

Scheme	Detail	2015/16 Original Scheme Value £000	2015/16 Revision £000	Year to Date £000	Forecast Outturn £000
Psychiatric Intensive Care Unit	awaiting business case approval	400	0	15	15
Low Secure unit with rehabilitation	awaiting business case approval	500	0	0	10
Assessment & Treatment and Telfold Unit	business case approved	600	500	18	500
Dragon Square Upgrade	business case approved	250	500	497	500
Darwin Upgrade	business case approved	0	680	32	180
Information Technology	various	100	100	71	150
Equipment	various	80	80	0	30
Other		270	270	109	170
Environmental Improvements	numerous sites	100	100	0	95
Total Expenditure		**2,300**	**2,230**	**742**	**1,650**
Disposals					
Former Learning Disability property	Meadow View	-270	-270	-270	-270
Bucknall Hospital (part)	staged receipts	-500	-500	-52	-200
Net Expenditure		**1,530**	**1,460**	**420**	**1,180**

Capital Allocations	£000
Initial CRL (per NTDA Plan submission)	**1,530**
Revisions to Plan:	
Capital to revenue transfer	-350
Final CRL	**1,180**
Value of Schemes Forecast Outturn as at 30/11/15	**1,180**
Potential (Over) / Undershoot against CRL	**0**



Continuity of Service Risk Rating

Continuity of Services Risk Rating		YTD Actual £000	Forecast Plan £000	Forecast Actual £000
Liquidity Ratio	**Working Capital:**			
	Total Current Assets	14,668	11,550	11,805
	Total Current Liabilities	-9,813	-7,661	-7,144
	Inventories	74	86	86
	Non Current Assets Held for Sale	2,198	1,750	2,005
	Working Capital Balance	**2,583**	**2,053**	**2,570**
	Annual Operating Expenses:			
	Operating Expenses	55,898	72,680	75,529
	Add back:			
	Depreciation & Amortisation	-1,027	-1,350	-1,367
	Impairments	0	0	0
	Annual Operating Expenses:	**54,871**	**71,330**	**74,162**
	Liquidity Ratio (Working capital balance / Annual operating expenses)	12.9	10.4	12.6
	Liquidity Ratio Metric	**4.0**	**4.0**	**4.0**
Capital Servicing Capacity	**Revenue Available for Debt Service:**			
	EBITDA	2,119	3,486	3,961
	Interest Receivable	-15	-16	-16
	Revenue Available for Debt Service	**2,134**	**3,502**	**3,977**
	Annual Debt Service:			
	Finance Costs (including interest on PFIs and Finance Leases)	1,023	1,364	1,364
	Dividends	451	561	561
	Capital element of payments relating to PFI, LIFT Schemes and finance leases	263	351	700
	Annual Debt Service	**1,737**	**2,276**	**2,625**
	Capital Servicing Capacity (times) (Revenue available for Debt Service / Annual Debt Service)	1.2	1.5	1.5
	Capital Servicing Capacity metric	**1.0**	**2.0**	**2.0**
Continuity of Services Risk Rating for the Trust		**3.0**	**3.0**	**3.0**

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

Enclosure 8

REPORT TO TRUST BOARD

Date of Meeting:	28 January 2016
Title of Report:	Finance and Performance Committee Report – Committee Meeting 21 January 2016
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	 Lisa Wilkinson 21 January 2016 Lisa.wilkinson@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	n/a
Purpose / Intent of Report:	Performance monitoring For information
Executive Summary:	The attached reports provides a summary of the Committee meeting held on the 21 January 2016 and provides assurance to the Board over the level of review and challenge provided by the Committee of financial and other reporting as well as forecasting.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy Workforce Strategy Governance Strategy IM&T Strategy
Relationship with Annual Objectives:	Financial Reporting
Risk / Legal Implications:	n/a
Resource Implications:	As above
Equality and Diversity Implications:	n/a
Relationship with the Board Assurance Framework	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.

Recommendations:	**The Trust Board are asked to:** • ***Note the contents of the report and take assurance from the review and challenge evidenced in the Committee***

Assurance Report to the Trust Board – Thursday, 28th January 2016

Finance and Performance (F&P) Committee Report to the Trust Board – 21st January 2016

This paper details the issues discussed at the Finance and Activity Committee meeting on 19 November 2015.

The meeting was quorate, the minutes were approved from the meeting on the 19th November 2016 and the progress and actions taken from previous meetings were reviewed.

The Committee received the financial update for month 9 (December 2015) 2015/16.

At the end of Month 9, the Trusts budgeted plan was a retained deficit of £0.347m (£0.049m surplus at adjusted financial performance level). The reported retained position is a deficit of £0.325m (£0.071m surplus at adjusted level), giving a favourable variance of £0.022m against plan. Following the finalisation of the month 9 position, a worked up forecast outturn has been undertaken which supports the revised retained surplus of £0.727m (£1.250m at adjusted financial performance level). This surplus has increased from the targeted revised Plan surplus by £0.350m as a consequence of the capital to revenue transfer agreement.

As at 31 December 2015, the Trust's cash position was £6.1m which represents a decrease during the month of £1.3m.

The Trust's capital forecast has changed as a result of the capital to revenue transfer detailed above. This change results in a forecast outturn of £1.180m as the combination of £1.650m expenditure and in year predicted asset sales of £0.470m.

The capital expenditure for the year as at 31 December 2015 is £0.420m against a planned spend of £0.300m, an overspend against plan of £0.120m on a year to date basis. This will be back within plan by the end of Month 10.

The Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 9, this is calculated as 3, the forecast outturn rating is also 3.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- A verbal report from the Director of Finance including reference to our control totals for next year that has been set at a £900K surplus. The Director of Finance is to discuss this further with the Board.

- A Payment by Results (PBR) report updating the Committee of the progress so far in preparing for the introduction of PBR for Mental Health services. Discussion took place regarding the recent consultation on the two proposed commissioning processes and it was noted that the episode approach (cluster month) was to be adopted.

- A Performance Management report including TDA metrics, agreed targets, trends and a revised RAG rating. The reported noted that, at month 9, there were 3 metric's rated as Red and 7 rated as Amber. The Committee were briefed on the issues within these areas. The timeframe switching from our current system to the Balance Scorecard was discussed and agreed that this would be discussed and a decision made at Board.

- A report updating the Committee on the Trust's current tender activity. Particular reference was made to the potential Substance Misuse tenders including those in Leicester and Bradford.

- The Committee received, for information, the minutes and report from the Trusts Capital Investment Groups (CIGs) that had taken place on 6th January 2016. Dilapidation costs for leased properties to the Trust was raised by Mr Gadsby assurance was received from Ms Harrison that work was being undertaken to look at this.

- A Contract Negotiations report was presented and concern highlighted regarding the slow process as the Trust have to date not received a financial offer for next year and although the Trust have developed a baseline which has been submitted no agreement or feedback has yet been received. The turnaround for service specifications is again tight the Committee are hopeful that discussions can be had regarding these concerns at the next commission Board meeting.

- Contract information was provided in the form of a report. The Trust is recording an over performance of £1.244m at Month 9 (-£166K at Month 6). The levels of performance have risen over the last three months and it is felt that this is in part due to the continual focus and importance being placed on this at all levels within the organisation. There is a significant underperformance on Child Tier 4 and some on Substance Misuse partially offset by an over performance on Associates and OATs leading to a projected annual net over recovery of income of circa £90K in 15/16 on clinical contracts. Darwin's position has largely stabilised there is the potential for it to worsen as the final three months of the year are traditionally lighter in activity terms.

- The quarterly Workforce report was received. This report provided detail with regard to the planned workforce changes, in terms of number and profile, and monitor progress against plan. No new workforce planning submissions have been made in the last quarter. The report highlighted CIP schemes planned for

2015/16 those delivered as at Month 9 include the CAMHS systematic review (-2.91) following conclusion of the management of change within the Children and Young People's Directorate, plus planned retirements, Management of Change programmes and the removal of vacancies within the Corporate Directorate (-11.96 WTE) and Adult Community Mental Health Directorate (-1.5 WTE). In order to support the WTE reductions identified within the CIP schedules, some vacancies will be held pending Management of Change Schemes. Where posts are service critical they will be filled with bank, agency or fixed term workers on a short term basis, where funding is available. The report highlights redundancy costs for confirmed schemes taking place in 2015/16.

- A report on the CIP position for the Trust as at month 9 the Trust is reporting a position of £1.79m delivery against a plan at this stage of the year of £1.81m. The Trust is forecasting full delivery of its target of £2.66m. Within the forecast position there are assumptions around the delivery of further savings in the Adult Community Division and also on the delivery of schemes relating to Agency Medical procurement and Community Efficiencies. These schemes require continued work before the savings are guaranteed. There is a need to continue to deliver 2015/16 schemes & to now focus on developing PIDs for 2016/17 savings schemes

- The Board Assurance Framework for quarter 3 was presented which shows the strategic objectives and risks associated with the Finance & Performance Committee, including a RAG rating for year to date and end of year forecast.

- Key Risks to Finance and Performance. A schedule was provided which described the key risks appertaining to the 2015/16 financial plan.

Recommendation

- 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 of Finance and Performance Committee

21st January 2016

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: **Open Trust Board**

Date of Meeting:	28 January 2016
Title of Report:	Summary of the Business Development Committee meeting held on the 5 January 2016
Presented by:	Mr David Rogers, Chair of Business Development Committee
Author of Report: Name: Date: Email:	Karen Day – Business Development Manager 18 January 2016 karen.day@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Business Development Committee
Purpose / Intent of Report:	• For decision / assurance
Executive Summary:	This report provides a high level summary of the key headlines from the Business Development Committee meeting held on the 5 January 2016 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 -** ✓ • IM & T Strategy • **Governance Strategy -** ✓ • Innovation Strategy • Workforce Strategy • **Financial Strategy -** ✓ • **Estates Strategy -** ✓
Relationship with Annual Objectives:	N/A
Risk / Legal Implications:	None
Resource Implications:	None
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	- Protecting our Core Services - Growing our Specialised Services
Recommendations:	• To note the contents of the report

Summary from the Business Development Committee meeting held on 5 January 2016

Business Cases Update

The committee received an update on the status/ progress of the following business cases:-

- Out of area placements
- PICU
- Ward 4 – dual care
- LD Inpatients
- Locked Rehabilitation
- Substance Misuse – increase in bed capacity
- Tier 3+ CAMHS
- Acquired Brain Injury
- Estates Rationalisation
- Mental Health A&E
- Autistic Spectrum Disorder (Adults)

Business Development Update

Committee members received an update on current business development opportunities, including the detail regarding current active tenders the programme management team are working on, future potential business opportunities and none active tenders which the Trust is no longer pursuing.

Directorate 1 year plans 2016/17

The committee received a briefing paper on the process and timelines to be adopted in relation to the submission of the 1 Year Operating Plan to the NHS TDA during 2016/17. Members also received the draft directorate plans for 2016/17 for information.

Draft Investment Policy

The committee received a briefing on the changes made following discussion of the policy at the last meeting. It was agreed that the policy will be submitted for review and comment by the Finance and Performance Committee prior to final approval.

Enclosure 10

REPORT TO TRUST BOARD

Date of Meeting:	28 January 2016
Title of Report:	Performance Report – Month 9 2015/16
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Clare Dockerty 21 January 2016 Clare.Dockerty@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Finance and Performance Committee
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	This report provides the Board with a summary of performance to the end of Month 9 (December 2015) Performance against the TDA metrics and key National Targets is included within the report. A range of 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. At month 9 there are 3 metrics rated as Red and 7 rated as Amber; the attached exception report expands on these areas. 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 contracts and the TDA's assurance framework 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 the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards 3. Delivering our financial plan

Recommendations:	The Board is asked to • Consider and discuss reported performance with particular emphasis on areas of underperformance. • Confirm sufficient detail and assurance is provided.

PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	28 January 2016
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 9** **2015/16**
Executive Lead:	Interim Director of Finance
Prepared by:	Glen Sargeant
Presented by:	Interim Director of Finance

1 Introduction to Performance Management Report

The report includes TDA metrics, targets where agreed, trends and revised RAG rating

- An Executive Summary (this report)
- Overall performance of metrics with targets (App A)

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

2 Executive Summary – Exception Reporting

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

In month 9 there are 3 metrics rated as Red and 7 as Amber; targets for the unrated metrics will be updated once 2015/16 technical guidance is received from the TDA.

	Month 9			
Metric Driver	**Red**	**Amber**	**Green**	**Unrated**
Exceptions – Month 9	**3**	**7**	**58**	**21**

3 Exceptions - Month 9

Metric	Exec/Op Lead	Target	M9 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
TRAINING: % staff compliant with mandatory training	Workforce Dir Op Lead S Slater	**95%**	AMBER **88%**	AMBER **88%**	AMBER	↘	**88% @ month 9 from 89% @ month 8** Month 9 breakdown Corporate Services = 85% AMH Community = 87% AMH In Patient = 85% Substance Misuse = 86% CYP = 86% Learning Disabilities = 95% NOAP = 91% Each Directorate has plans which are being reviewed again to ensure that staff have the appropriate mandatory training. There has also been a move to provide access to increased e-learning packages to support access and compliance. (NB/ December's figure will have been impacted by the reintroduction of Safeguarding Training for corporate staff within that month.)
APPRAISAL: Annual appraisal and personal development plan % - All staff	Workforce Dir Op Lead K Jones	**90%**	AMBER **85%**	AMBER **85%**	GREEN	↗	**85% @ month 9 from 78% @ month 8** Corporate Services = 82% AMH Community = 79% AMH In Patient = 87% Substance Misuse = 96% CYP = 84% Learning Disabilities = 96% NOAP = 87% Directorates have plans and trajectories in place to achieve minimum 90% by end of January 16. Adult community has the largest challenge and a detailed plan for people to complete

							their PDR.
Metric	**Exec/Op Lead**	**Target**	**M9 Perf**	**YTD Perf**	**Forecast Outturn**	**Trend**	**Commentary**
18 WEEKS (1): Compliance with 18 week RTT (**all referrals**, i.e. initial *and* subsequent internal referrals)	Dir of Ops Op Lead Head of Dir	**95%**	**AMBER** **92%**	**AMBER** **92%**	**GREEN**	↘	**92% @ month 9 from 93.7% @ month 8** Month 9 breakdown AMH Community = 91% @ M9 from 92% @ M8 AMH In Patient = 100%@ M9 same as M8 Substance Misuse = 100%@ M9 same as M8 CYP = 88%@ M9 from 80% @ M8 Learning Disabilities = 100%@ M9 same as M8 NOAP = 97%@ M9 from 98% @ M8
18 WEEKS (2): Compliance with 18 week RTT (**initial referrals only**)	Dir of Ops Op Lead Head of Dir	**95%**	**AMBER** **90%**	**AMBER** **90%**	**AMBER**	↘	**90% @ month 9 from 91% @ month 8** AMH Community = 88% @ M9 from 97% @ M8 AMH In Patient = 100%@ M9 same as M8 Substance Misuse = 100%@ M9 same as M8 CYP = 89%@ M9 from 94% @ M8 Learning Disabilities = 100%@ M9 same as M8 NOAP = 96%@ M9 from 93% @ M8
MRSA Screening:	Dir of Nursing	**100%**	**AMBER** **95%**	**AMBER** **95%**	**AMBER**	↘	**95% @ month 9 from 100% @ month 8** 2 patients on ward 1 not screened within the two day window. Refresher training re screening criteria scheduled.
CPA: The proportion of those on Care Programme	Dir of Ops Op Lead	**95%**	**AMBER** **94%**	**AMBER** **94%**	**GREEN**	↗	**94% @ month 9 from 93% @ month 8** AMH Community = 94%

Approach(CPA) for at least 12 months Having formal review within 12 months	Head of Dir						Learning Disabilities = 100% NOAP = 100% Directorates are being given Performance Rectification Plans (which include trajectories) in order to achieve this target. These plans will be monitored closely by the Director of Operations.
Metric	**Exec/Op Lead**	**Target**	**M9 Perf**	**YTD Perf**	**Forecast Outturn**	**Trend**	**Commentary**
RAID: All other referrals seen on same day or within 24 hours	Dir of Ops Op Lead D Carr	**100%**	**RED** **88%**	**RED** **88%**	**AMBER**	↘	**88% @ month 9 from 91% @ month 8** - all other referrals seen on same day or within 24 hours Given the growth of Urgent Care activity at UHNM, the service has increasingly been picking up out of area activity. NSCHT is currently in discussion with commissioners via the RAID steering group to agree response targets, which will be added as agreed. Contract target of 100% is being discussed at the Contracting Group and will be escalated to the Commissioning Board, requesting a reduction to 95% in line with the 1hr and 4hr targets. There are a very large number of inappropriate referrals reaching the RAID team, often relating to patients who are referred as medically fit but are found not to be when RAID attend to assess. The RAID team are collecting data but have not yet been able to agree a strategy with UHNM to reduce this trend. The RAID team report that it takes less time to physically attend and triage the referral in situ than to triage over the phone at point of referral. This is leading to the service being stretched. Discussion is ongoing to develop a strategy but, as the issue is complex and not constrained to any individual referral source,

							there is some delay.
Vacancy Rate: Staff in Post vs Budgeted Establishment	Workforce Dir Op Lead	**5%**	**AMBER 5.08%**	**AMBER 5.08%**	**AMBER**	↗	**5.08% @ month 9 from 4.95% @ month 8** There has been an increase in establishment which has contributed to this position. There are also a number of vacancies out to recruitment and a number that have been difficult to fill. These are being supplemented by a planned recruitment campaign utilising traditional and social media over a wide geography.
Metric	**Exec/Op Lead**	**Target**	**M9 Perf**	**YTD Perf**	**Forecast Outturn**	**Trend**	**Commentary**
Total agency usage: Total spend against total paybill	Workforce Dir Op Lead	**3%**	**RED 6.94%**	**RED 6.94%**	**RED**	↗	**6.94% @ month 9 from 6.67% @ month 8** Corporate Services = 5% AMH Community = 11% (2% Medical, 4% Clinical, 5% Non-Clinical) AMH In Patient = (1%) due to a credit against previous accruals. (1% Medical, -2% Clinical) Substance Misuse = 5% (2% Medical, 3% Clinical) CYP = 84% Learning Disabilities = 0% NOAP = 9% (2% Medical, 7% Clinical) The agency spend reflects both some of the challenges with recruitment and also services where we have actively utilised temporary staffing to support services. These include areas such as Ward 4, IAPT and CYP. We are also actively looking to expand our Bank to reduce this reliance. This will be mitigated with current recruitment activities.
Nursing agency usage:			**RED**	**RED**	**RED**	↗	

Total spend against total nursing paybill	Workforce Dir Op Lead	**3%**	**5.24%**	**5.24%**			**5.24% @ month 9 from 5.02% @ month 8** The agency spend reflects both some of the challenges with recruitment and also services where we have actively utilised temporary staffing to support services. These include areas such as Ward 4 and CYP. We are also actively looking to expand our Bank to reduce this reliance. This will be mitigated with current recruitment activities.

4 Recommendations

- Note the contents of the report.

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: TRUST BOARD Enclosure 11

Date of Meeting:	28 January 2016
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report:	Glen Sargeant, Head of Performance and Information
Purpose / Intent of Report:	• For Decision / Approval •
Management Oversight prior to Committee	• Executive Meeting •
Executive Summary:	This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted. Declarations include: • Fit & proper directors • Registration with CQC • Compliance with TDA Accountability Framework In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process. There is no change from last month's position of full compliance.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Clinical Strategy • Governance Strategy • Financial Strategy There is no direct impact on patients or the public.
Relationship with Annual Objectives:	5: Robust plans delivering quality and sustainable services
Risk / Legal Implications:	None identified
Resource Implications:	None identified
Equality & Diversity:	None identified
Relationship with the Board Assurance Framework	Supports the wider framework
Recommendations:	Board members are asked to : • Approve the submission for December 2015 data declaring full compliance with the TDA requirements. This is to be sent to the NTDA on or before the last working day of January 2016.

Enclosure 12

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: Trust Board

Date of Meeting:	28 January 2016
Title of Report:	Register of documents subject to the Trust's Official Seal
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report:	Justine Scotcher Executive PA
Purpose / Intent of Report:	• For Decision / Approval • Performance monitoring • For Information √
Management Oversight prior to Committee	• Executive Meeting • Senior Leadership Team Meeting
Executive Summary:	The attached table provides a report on the use of the common seal of the Trust in the period from 1 January 2015 – 31 December 2015.
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:	The Standing Orders require that a report on the Register of Sealing shall be made to the Board at last half yearly.
Risk / Legal Implications:	Section 8 of the Standing Orders governs the sealing of documents and the Register of Sealing.
Resource Implications:	N/A
Equality & Diversity:	N/A
Relationship with the Board Assurance Framework	All aspects
Recommendations:	The Board should receive this report on the use of the common seal.

North Staffordshire Combined Healthcare NHS
NHS Trust

In accordance with regulation 9.4 of the Trust's Standing Orders, listed below are the documents that have been officially sealed for the period 1 January 2015 – 31 December 2015

The addition of the minute reference column is a mechanism for reference to the original Board approval of the scheme/ project.

SEAL REF	DATE OF SEAL	DETAILS OF DOCUMENT SUBJECT TO THE OFFICIAL	VALUE IF KNOWN	MINUTE REF
CHS 42/14	14 January 2015	Sale of Elvedon House	£222,500.00	225/13
CHS 43/14	11 February 2015	Sale of Regent House	£286,563.87	225/13
CHS 44/15	16 April 2015	Provision of car park Hope Centre	No costs (deed of variation)	50/13
CHS 45/15	16 April 2015	Section 75 – Staffs County Council	£1,111,607.00	455/15
CHS 46/15	16 April 2015	Bucknall Hospital Section 106 Agreement	£400,000.00 apportioned between landholders	477/15
CHS 47/15	25 June 2015	Meadow View	£315,000.00	225/13
CHS 48/15	7 August 2015	Bucknall Site	£2,000,000.00	477/15
CHS 49/15	7 October 2015	Dragon Square	£420,000.00	116/15
CHS 50/15	11 November 2015	Drug and Alcohol Stoke-on-Trent City Council	£420,000.00 per annum	186/15
CHS 51/15	3 December 2015	Drug and Alcohol Staffordshire County Council	£400,000.00 per annum	222/15

Enclosure 13

REPORT TO TRUST BOARD

Date of Meeting:	27th January 2016
Title of Report:	NHS Preparedness for Major Incident
Presented by:	Andy Rogers, Director of Operations
Author of Report:	Megan Harris, Civil Contingencies Officer
Committee Approval/Received prior to Trust Board:	NA
Purpose / Intent of Report:	For Assurance
Executive Summary:	NHS England have asked Trusts to review Emergency Preparedness following the Paris terrorist attacks. This paper gives Trust Board Assurance against questions asked by NHSE and outlines further work being undertaken
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Governance Strategy • Workforce Strategy • Estates Strategy
Relationship with Annual Objectives:	NA
Risk / Legal Implications:	Potential Safety Implications for Patients and Staff
Resource Implications:	Potential cost of additional communications technology. C£12k Capital expenditure re Harplands Hospital
Equality and Diversity Implications:	NA
Relationship with the Board Assurance Framework	1. Focusing on quality and safety ✔ 2. Consistently meeting standards ✔ 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection ✔ 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local

	decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	1. Trust Board is asked to take assurance in respect of questions raised by NHS England 2. Trust Board is asked to note other actions in process. 3. The Trust Board is asked to approve the report.

1. Background

NHS England, together with Department of Health, wrote to all NHS Trusts in December 2015 following recent terrorist attacks Paris attacks (enclosed as appendix 1) requesting Trusts to review and provide assurance for Trust Board by to sign off in respect of emergency planning.

The core questions Trusts were asked to consider are as follows:-

1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system.

2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency.

3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care.

4. You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

Supported by Staffordshire Civil Contingencies Unit the Trust has reviewed capability against these questions as follows:-

NHS England Question	Assurances
You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system.	The primary means of communication is via the Cisco system that is in place throughout the Trust with a Switchboard in reception at Harplands Hospital. Backup BT lines are in place to all wards in the event of failure of the CISCO system. In the event of a telecoms failure there are a number of hand-held radios on the Harplands site which can be distributed. Reception have a mobile phone to use for emergencies. There are 11 emergency backup BT lines within the

	Hospital. Pinpoint alarms are in place in inpatient areas and there is a robust protocol for usage. As part of our existing SLA, the Trust can call upon the Civil Contingencies Unit Mobile Command Unit, which is equipped with satellite/mobile telephones, wifi, etc. This can be deployed anywhere within Staffordshire and Stoke-on-Trent. Exercise MERCURY takes place every six months and enables us to communicate with multi-agency partners using the Staffordshire Prepared Resilient Communications Plan.
You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency.	Service level Business Continuity Plans include accessibility of sites. Priority Action Recovery plans (PARPS) are in the process of review by March 2016. The Trust has existing contracts with taxi companies that could be used to support and would link into system wide response.
Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care.	Primarily applicable to Acute Trusts only. Emergency Management Systems (EMS) outlines partner response to support the wider system in the event of a major incident.
You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.	Applicable to Acute Trusts only

Additional work

As part of the Emergency Preparedness Resilience and Response Confirm and Challenge with NHS England and the CCGs the Trust carried out a Lockdown Exercise which was facilitated by Megan Harris and Mick Daniels (Trust Fire and Security Officer). This piece of work also links to the agenda related to 'white powder incidents/attacks. This identified that minor Capital work is required on the Harplands site, predominantly related to the main reception area and lift area should be carried out to ensure adequate lockdown capability. This is in progress and a capital works request for approximately £12k is being expedited to support the process and quotes requested.

There is a wider requirement for each premise to have a lockdown risk profile within three years of the implementation of the policy (by 2018). This work is in progress. Once these risk profiles are completed we will carry out a walkthrough of the plan at each location.

The Trust currently delivers PREVENT training and we are also liaising with Counter Terrorism Security Advisors (CTSA) from Staffordshire Police to implement Project ARGUS within the Trust. Project ARGUS is a suite of workshop-based events designed to inform and advise senior management in preparing a response to a serious event such as a terrorist attack at a crowded place, ie, a healthcare environment.

As part of Business Continuity Planning the Trust is reviewing (complete by March 2016) whether key outlying areas should have additional BT lines installed.

NHS England

Publications Gateway Reference No.04494

Dame Barbara Hakin
National Director: Commissioning Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.eprr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: https://www.england.nhs.uk/ourwork/epr/gf/. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and

- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully

Dame Barbara Hakin
National Director: Commissioning Operations

Cc.
Prof. Sir Bruce Keogh – National Medical Director – NHS England
Prof. Keith Willett – NHS England – Director for Acute Care
Dr Bob Winter – NHS England – National Clinical Director EPRR
Richard Barker – NHS England - North
Paul Watson – NHS England – Midlands & East
Anne Rainsberry – NHS England – London
Andrew Ridley– NHS England – South
Hugo Mascie-Taylor - Monitor
Helen Buckingham – Monitor
Dr K McLean – NHS Trust Development Authority
Peter Blythin – NHS Trust Development Authority
National on Call Duty Officers NHS England
NHS England Heads of EPRR
NHS England Medical Directors

North Staffordshire Combined Healthcare NHS
NHS Trust

Enclosure 14

Date of Meeting:	28th January 2016
Title of Report:	People & Culture Development Committee Summary
Presented by:	Peter O'Hagan, Vice Chairman
Author of Report: Name: Date: Email:	 Paul Draycott 20th January 2016 Paul.Draycott@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• ~~Quality Committee~~ • ~~Finance and Performance Committee~~ • ~~Audit Committee~~ • People and Culture Development Committee • ~~Charitable Funds Committee~~ • ~~Business Development and Investment Committee~~
Purpose / Intent of Report:	For information and assurance
Executive Summary:	The People & Culture Development Committee held their 3rd Annual Dragons' Den event at their January meeting. This summary provides an overview of the "pitches" that were presented by staff members and teams.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy ✓ • Clinical Strategy ✓ • IM & T Strategy ✓ • Governance Strategy ✓ • Innovation Strategy ✓ • Workforce Strategy ✓ • Financial Strategy ✓ • Estates Strategy ✓
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	Various resource implications dependent on pitch
Equality and Diversity Implications:	N/A
Relationship with the Board Assurance Framework	1. Focusing on quality and safety ✓ 2. Consistently meeting standards ✓ 3. Protecting our core services ✓ 4. Growing our specialised services ✓ 5. Innovating in the delivery of care ✓ 6. Developing academic partnerships and education and training initiatives ✓ 7. Being an employer of choice ✓ 8. Hosting a successful CQC inspection ✓ 9. Becoming digital by choice ✓ 10. Reviewing and rationalising our estate ✓ 11. Devolving accountability through local decision

	making that is clinically led assuring governance arrangements. ✓ 12. Delivering our financial plan ✓
Recommendations:	To receive the report for assurance and information purposes.

People and Culture Development Committee Summary Report to Trust Board of the meeting held on 18th January 2016

There was no formal Committee meeting held in January, instead the Committee held their 3rd Annual Dragons' Den. Staff members from all services were invited to pitch their innovative ideas aimed at addressing some of the real problems faced by individuals, teams and staff across the Trust, whilst providing creative and even radical suggestions as to what might make an impactful change for the better.

When submitting ideas, staff were asked to try to evidence:

- How it will benefit patients
- How it will benefit staff and their wellbeing
- Where the investment could come from (if required)
- What additional support might be needed (IT, service user input, project management etc.)
- What will change if your idea is supported?

The Committee received 22 suggestions in total all 22 entries were shortlisted.

Six submissions were unable to attend and withdrew before or during the event. These submissions will be invited to "pitch" at a forthcoming PCD Committee meeting.

Preliminarily decisions were taken during the day, with final sign off required by the Executive Team for those with financial implications and those heavily aligned to the "Digital by Choice" agenda. A full update on the status of all pitches will be provided by Mr Paul Draycott to all participants on behalf of the Committee at the end of February.

Summary of the 22 entries:

Staff Lottery
Dr Stephanie Hutton, Clinical Psychologist, Neuropsychology

A Trust-wide lottery for staff that can be paid directly from wages, staff could submit ideas of how the funds this attracts could be spent, for those 'extras' we would like for our clients or staff team environment.

Write Club
Dr Stephanie Hutton, Clinical Psychologist, Neuropsychology

Creative writing can be used as a method to help staff to 'walk in the shoes' of their clients, supervisees, colleagues, students etc. It was proposed that staff are invited to a staff-led 'Write Club' once a month at a Trust venue after work. There could be the opportunity to create an annual online compendium of writing freely available for staff (and perhaps service users and other stakeholders).

Service Users Stories Conference
Dr Stephanie Hutton, Clinical Psychologist, Neuropsychology

Different departments speak directly with service users (and carers) to map out their story or journey of care within our Trust following discharge. Technical support was required to convert these stories into a visual presentation that could include voiceover, appropriate pictures or video footage, to get across the full impact of the messages we hear. A conference could then take place where staff, clients, commissioners, service users and carers could get together to view these

presentations. This would provide an engaging, informative and powerful experience which would help the Trust to maintain person-centred care and give a stronger voice to people who have used our services.

P.I.E.R – Psychological Interventions; Engagement and Recovery
Tracie Burgess and Amy Richardson, Caseload Manager
Early Intervention in Psychosis Team

The aim of the proposal is to make the service and interventions more accessible, inclusive and adaptable. Hand-held tablets would improve engagement with service users with these interventions, specifically CBT informed psychosocial interventions. This would be in line with other Early Intervention Teams who are using these devices to deliver psychosocial interventions such as the East Lancashire and South London Maudsley teams, who are the two national SMI-IAPT sites.

Do it cheaply. Do it once. Do it with IT.
Claire Connolly and Freyja Bancroft, Principal Clinical Psychologist, North Stoke CAMHS

If clinicians were not overloaded with non-clinical tasks they would be in a position to see more clients. In order to improve the situation three ideas were suggested as possible ways to increase clinical capacity within the CYP Directorate; Be the most efficient user of resources in the Trust; Only do things once and Use IT to work for us and bring us into the 21st century.

Be-Able Digital Assistant
Lisa Sharrock Team Manager, Sue Moleswoth Research Associate, Carl Plant Bitjam CEO and Jeff Warren Service User
NOAP and MACE

The team presented an exciting opportunity to become market leaders in the future provision of care for patients who have MCI (mild cognitive impairment)/ dementia, by introducing the Be-Able digital assistant a tailored self-management tool uniquely designed with service users. They proposed to bring together onto one platform the technologies that assist people to manage their own mental and physical health, putting patients “in the driving seat” of developing technologies they want to support their condition(s). This would involve building a Version 1 simple output modular dashboard that is ready for market and the Be-Able digital assistant for dementia / MCI would put care in the patient’s hand.

Mindfulness CD and DVDs for clients
Louise Ryder-Hall, Psychological Therapist, Psychology

Production of mindfulness/meditation resources for our clients, in addition to DVDs that provide information on mindfulness and how the mind works. In producing these ourselves we can ensure quality, and information content, we could sell them to other organisations, and produce our own resources to be shared with in the trust for the benefit of client.

Tablet for patient care
Leanne Heath, Deputy Ward Manager, NOAP

As a service, it was felt that each ward would benefit patient interaction via the use of a Tablet. Clients would gain engagement and improve therapeutic relationships between staff and patients. The tablet can be used by patients independently, or by activity workers who spend 1:1 time with patients completing activities or

reminiscence. Other processes could include cognitive assessments or therapies completed by the nursing team as part of the patients' assessment process. This would also benefit the older adults with cognitive impairment and would assist in reducing restrictions whilst in hospital and enabling the patient to engage in activities that previously they may not have had opportunity to.

DOLS Support Nurse
Janet Taylor and Christine Halls, Ward Manager and Acting Deputy Ward Manager, Ward 5, NOAP

One of the ongoing challenges for any Trust is ensuring that everyone is kept up to date on the MCA (Mental Capacity Act) particularly DOLS (Deprivation of Liberty) issues. A pitch was received on provision of a support nurse on site at the Harplands that could support ward teams in completing capacity assessments and DOLS requests, monitoring and auditing compliance and providing training and advise for teams providing education and development as they support this.

Patient App
Liz Leese, Administration Assistant, Community Adult Mental Health Team

The aim was to create a smart phone App that will enable a patient to monitor their health/mood on a daily basis, create appointments and set daily activities with reminders. The App would also have links to useful information relevant to the patients' health, and hold important contact details for doctors, nurse etc., that can be rung, texted or e-mailed as required.

Physical Health Assessment Ward
Penny McDonagh, Ward Manager, Ward 7, NOAP

For many years the Trust has had to invest in extra support for any patient that has required physical assessment/treatment at the UHNM. This impacts on patients as they are moved to another environment. It was suggested that it would be more cost effective to have a physical health assessment/treatment ward, supported by the Medics and Nurse Practitioners where patients could potentially receive suturing for wounds, IV antibiotics, IV fluids and/or catheters inserted if required.

Sensory Engagement
Daniel Platt - Ward Manager, Megan Robert - Occupational Therapist and Stevan Thompson - Activity Worker, Ward 6, NOAP

The ward wanted to enhance Ward 6's sensory room in order to engage clients more effectively with therapeutic activities. They envisage a calming garden that can be accessed by all the patients on ward 6, and address all the senses of sight, smell, sound, taste and touch with their choice of planting. A water feature will provide an aura of calm and the garden produce in the form of fruit and vegetables can be used on the ward. The aim was to create a mindfulness environment with a garden doubling as a sensory room for hand and head massages. Benches, wind-chimes, window boxes, plants, herbs, flowers, and small trees would all assist in the engagement of both patients and relatives.

Bed Management Database
Jill Rawstron, Community Psychiatric Nurse, Access, Adult Mental Health

Presently if somebody requires hospital admission and there are no available beds at the Harplands Hospital the team are required to call every mental health hospital trust in the country to enquire if they have any available beds. This takes a

considerable amount of time and delays NHS admission. The proposal was for a live, national database where hospitals input their bed status, and state if any vacant beds are available to out of area admissions.

Mental Health Emergency Hub
Phil Wardle, RAID Practitioner, NOAP

An interim plan for a Mental Health Emergency Hub based at UHNM and based on ward design. The hub would provide triage for people with mental health issues, suicidal ideation/intent etc. A bay could be provided for certain treatments and the observation of a person who has taken an overdose but requires' watchful waiting. There would also be a bed for Harplands patients that have self-harmed on the wards. This would reduce Royal Stoke inpatient admissions and further reduce the need for Harplands staff to accompany a patient to A&E. This service could potentially free up A&E admissions, reduce A&E breaches, free up A&E and CDU trolley space and doctor & nursing time, in addition to reducing waiting times for ambulance and police officers.

Intermediate Support Team
Phil Wardle, RAID Practitioner, NOAP

The intermediate support team would be nurse led with a compliment of staff from different disciplines i.e. nursing, social care and STR workers would provide assessment of mental health and risk whilst providing support for none acute clients. The team would provide support and continued assessment of clients new to mental health services or awaiting follow up by CMHT. In addition the team would support clients within the mental health service who require increased support but do not reach the criteria for acute home treatment, pro-actively engaging clients displaying early signs of relapse.

I.M.M.S. – Independent Money Management System
Adrian Barley, Deputy Ward Manager, Ward 2

The suggestion was for each bedded area on the ward to have a small safe with a keypad for patients to keep their own valuables safe. This will benefit the patient as they will not have to find the staff member with the keys and wait for them to access the safe to remove their monies/valuables. This in turn will save staff time but more importantly empower patients and allow them to retain some independence during their admission.

Dementia training films
Linda Simcock and Andrew Powell, Care Home Liaison Team, NOAP

The team have developed a basic dementia training package for staff caring for people with dementia. It comprises of a series of short films which are supported by a suite of accompanying learning resources highlighting best practice when caring for people with dementia, together with a set of learning outcomes. There is also the opportunity to make the training package available nationally, and several national care home organisations have already expressed an interest in purchasing the training package from the Trust. The request for Dragon's Den funding was to enable them to produce the learning resource pack and associated learning outcomes so that the training package as a whole can be professionally produced and marketed. This will then enable a great number of staff to be trained in the best practice for caring for people with dementia, both locally and nationally.

Pitches unable to attend:

NHStress, Carly Stanford, Enhanced Outreach Team, NOAP
Ward 5 Open Access Bed, Jamie Lowe, Senior Occupational Therapist, NOAP
Ward 5 Rehabilitation flat/bed, Jamie Lowe, Senior Occupational Therapist, NOAP
Central Procurement, Anna Frary, Ward 3
Sensory Integration Clinics, Vicky Jones, Therapies Department
EM-POWED (Every Member – Proving Our Worth Every Day), Lewis Ray, Physiotherapy Department

Next meeting of the Committee – 22nd February 2016

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

19th January 2016

Enclosure 15

REPORT TO TRUST BOARD

Date of Meeting:	28th January 2016
Title of Report:	Junior Doctor Industrial Action 12th January 2016
Presented by:	Paul Draycott, Executive Director of Leadership and Workforce
Author of Report: Name: Date: Email:	 Amy Garside, Associate Director of HR 20.01.16 Amy.garside@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development and Investment Committee N/A
Purpose / Intent of Report:	• ~~For Decision~~ • ~~Performance monitoring~~ For Information ✓
Executive Summary:	The summary provides information related to the planned Industrial Action by Junior Doctors, the action taken, the impact and potential future action.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• ~~Customer Focus Strategy~~ • Clinical Strategy • ~~IM & T Strategy~~ • Governance Strategy • ~~Innovation Strategy~~ • Workforce Strategy • Financial Strategy • ~~Estates Strategy~~
Relationship with Annual Objectives:	1.Focusing on quality and safety 2.Consistently meeting standards
Risk / Legal Implications:	As detailed within the report.
Resource Implications:	Highlighted within the report.
Equality and Diversity Implications:	No issues identified.
Relationship with the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. ~~Growing our specialised services~~ 5. ~~Innovating in the delivery of care~~

	6. ~~Developing academic partnerships and education and training initiatives~~ 7. ~~Being an employer of choice~~ 8. ~~Hosting a successful CQC inspection~~ 9. ~~Becoming digital by choice~~ 10. ~~Reviewing and rationalising our estate~~ 11. ~~Devolving accountability through local decision making that is clinically led assuring governance arrangements.~~ 12. ~~Delivering our financial plan~~
Recommendations:	The Board is asked to • Note the planning and impact on services of the 12th January 2016 Industrial Action • Gain assurance on plans and partnership working should further action take place

Trust Board Update on Junior Doctor Industrial Action 12th January 2016

1. Introduction

Discussions are ongoing between NHS Employers and the BMA regarding a revised Junior Doctor Contract. Strike action scheduled for December (1st, 8th and 16th) was postponed following progress with contract negotiations.

The Trust received confirmation on Monday 4th January 2016 of the proposed industrial action as below:

- 8.00am Tuesday 12 January until 8.00am Wednesday 13 January (emergency care only)
- 8.00am Tuesday 26 January until 8.00am Thursday 28 January (emergency care only)
- 8.00am to 5.00pm on Wednesday 10 February (full withdrawal of labour)

The BMA have now suspended planned action for 26th – 28th January in a hope that a national settlement can be reached.

2. Action Taken

Prior to this period of Industrial Action, contingency planning in line with the Trusts Business Continuity Plan commenced and services were reviewed to consider potential impact and to plan accordingly. No critical roles/essential staffing have been exempted locally or nationally at present.

Communications regarding the action have been sent to all staff and a Frequently Asked Questions (FAQ) document was updated and circulated and was also located on the front page of SID, along with details of emergency care.

In addition, all Clinical Directors and Consultants have been engaged in the process and have made the necessary arrangements for each of their areas.

The proposed sites for picket lines were shared with the Trust: these were planned close to the Harplands site on Hilton Road.

The command and control centre was opened on 12th January 2016 in the morning and closed following confirmation that on call staff had arrived for duty and the UNIFY returns were submitted to the TDA .

3. Impact

In total, all junior doctors in training participated in the industrial action on 12th January 2016 (with the exception of those on call, on annual leave/paternity leave). This totalled 13 taking action, 3 on call (2 day / 1 night), 1 on paternity leave and 2 on annual leave. All SPRs attended work.

Picket lines as identified above were well attended and were regularly monitored. No problems were reported from either staff attending for work or the pickets.

All essential services were staffed appropriately and no detrimental impact has been reported to date. 2 morning clinics in NOAP were cancelled – this affected 11 service users, all of which have been contacted to arrange alternative appointments as soon as possible and within the 14 days.

In terms of reporting to the TDA, a UNIFY submission was submitted at 10.00am on 12th January and a further submission is made between 19.00 - 21.00 on the 12th January and 9.00 am on 13th January to confirm that all Junior Doctors have returned to work and resumed business as usual.

4. Future Action

With regard to the further scheduled action, again Contingency Planning protocols will be followed and the command and control centre will be opened again as appropriate.

A de-brief will take place following the industrial action on 12th January to review and consider any learning. This will take place with HR colleagues, the BMA representative, Junior Doctor Representative and LNC chair along with appropriate medical input.

5. Recommendations

The Board is asked to

- Note the planning and impact on services of the 12th January 2016 Industrial Action
- Gain assurance on plans and partnership working should further action take place

Enclosure 16

REPORT TO TRUST BOARD

Date of Meeting:	28th January 2016
Title of Report:	Agency Briefing Paper
Presented by:	Paul Draycott, Executive Director of Leadership and Workforce
Author of Report: Name: Date: Email:	 Amy Garside, Associate Director of HR 20.01.16 Amy.garside@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development and Investment Committee N/A
Purpose / Intent of Report:	• ~~For Decision~~ • ~~Performance monitoring~~ For Information ✓
Executive Summary:	Following consultation in late 2015 regarding Agency Price caps, Monitor/TDA confirmed that Agency Price caps will take effect from November 2015. These will apply across all staff groups – doctors, nurses and all other clinical and non- clinical staff. The price caps will ratchet down in February 2016 and April 2016. The result will be that by April 2016, an agency worker shouldn't be rewarded more than an equivalent substantive worker. This paper, therefore provides an update following recent correspondence from Monitor/TDA and provides assurance regarding the Trust's compliance and next steps.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• ~~Customer Focus Strategy~~ • Clinical Strategy • ~~IM & T Strategy~~ • Governance Strategy • ~~Innovation Strategy~~ • Workforce Strategy • Financial Strategy • ~~Estates Strategy~~
Relationship with Annual Objectives:	Strategic Goal 1 To deliver high quality, evidence based services. Strategic Goal 6 – Improve culture of staff engagement

Risk / Legal Implications:	As detailed within the report.
Resource Implications:	Highlighted within the report.
Equality and Diversity Implications:	No issues identified.
Relationship with the Board Assurance Framework	1. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	For Trust Board to • Note the requirements outlined within the report • Note that although challenging appropriate steps are being taken to work within price cap requirements

Agency Rules:

Briefing Paper for Trust Board January 2016

1.0 Agency Rules

Following consultation in late 2015 regarding Agency Price caps, Monitor/TDA confirmed that Agency Price caps will take effect from November 2015. These will apply across all staff groups – doctors, nurses and all other clinical and non- clinical staff.

The price caps will ratchet down in February 2016 and April 2016. The result will be that by April 2016, an agency worker shouldn't be rewarded more than an equivalent substantive worker.

	From 23 Nov 2015	From 1 Feb 2016	From Apr 2016
Junior doctors	150% above basic	100% above basic	55% above basic
Other medical staff	100% above basic	75% above basic	55% above basic
All other clinical staff	100% above basic	75% above basic	55% above basic
Non-Clinical staff	55% above basic		

In addition, Jim Mackey, Chief Executive of NHS Improvement wrote to all Trusts on 15th January 2016 to confirm that the current price caps will remain in place and 1st February reductions will be enforced as planned.

Monitor/TDA have confirmed the following

- They will extend the requirement that Trusts procure only through approved frameworks for all staff from 1st April 2016. Frameworks will only be approved subject to the conditions below.

- Framework suppliers will have to renegotiate with agencies to ensure that prices are below the rates set.

- At the appropriate point, the way the price caps are calculated so that the amount the worker received is equivalent to NHS terms and conditions.

- Frameworks will be required to ensure that agencies conform to the pay rates. Agencies will bid to be on the framework and there fee will be fixed.

- Action will be taken to eliminate agency workers using personal services companies to avoid taxes.

2.0 Reporting

We are required to report to the TDA when we exceed the prices caps. Primary responsibility for monitoring the impact of price caps lies with the Trust Board and patient safety must be maintained at all times.

The rules include a break glass provision for Trusts that need to override the caps on exceptional safety grounds – this can only be considered when all possible alternative

strategies have been explored and a robust escalation process sanctioned by the Trust Board must be in place.

It is important to note that any payment in excess of the price cap will be scrutinised by the TDA and excessive use and failure to make rapid improvements to workforce management may lead to regulatory action.

3.0 Compliance and Next Steps

The Trust has confirmed that it will abide by the imposed price caps and this message has been clearly communicated within the Trust and to all suppliers of agency staff. This took place prior to the introduction of the initial price caps, and further communication has been sent with regard to the 1st February price caps also.

In relation to the November price caps, medical agency staff and nursing procured via the Master Vendor agreement will comply with the price caps and further negotiation is ongoing with regard to the 1st February rates.

We are aware that we are engaging agency staff outside of the Master Vendor agreement and whilst processes are in place to resolve this, a small number of shifts are exceeding the specified rates each week. We are, however working closely with the Directorates to ensure that appropriate plans are in place.

A letter has been sent from Paul Draycott highlighting the regulations. Agencies have been informed that we will only pay the price caps unless authorised by an Executive Director of the Trust, all agency usage must be approved by the relevant Head of Directorate in hours and Manager on call out of hours and any overrides of price caps on exceptional safety grounds must be escalated to (and approved by) the Director of Nursing and Director of Leadership and Workforce in hours and Executive on call out of hours.

We are required to report weekly the number of shifts where they have made payments in excess of the price caps and complete a short qualitative survey which will continue. At present, we don't anticipate significant problems with regard to nursing agency staff; however medical locums may prove more challenging, with many Trusts reporting that medical locums are refusing to comply with the future rates.

Reporting will continue through Execs and SLT and to the Board.

4.0 Recommendations

For Trust Board to

- Note the requirements outlined within the report
- Note that although challenging appropriate steps are being taken to work within price cap requirements

Enclosure 17

REPORT TO TRUST BOARD

Date of Meeting:	28 January 2016
Title of Report:	Briefing on 'The State of Health Care and Adult Social Care in England – Care Quality Commission'
Presented by:	Laurie Wrench Associate Director of Governance
Author of Report: Name: Date: Email:	Laurie Wrench 20 January 2016 Laurie.wrench@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	Quality Committee
Purpose / Intent of Report:	For information
Executive Summary:	This briefing is a summary of the CQC State of Health Care and Adult Social Care in England. For the first time, the CQC have been able to draw on a growing body of evidence, across health and social care, that has been created as a result of their new inspection approach. Inspection reports and ratings have given them a unique opportunity to start building a comprehensive picture of the quality of care in England and, importantly, enabling them to identify and share key elements of high-quality care in order to encourage improvement.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Clinical Strategy
Relationship with Annual Objectives:	-
Risk / Legal Implications:	-
Resource Implications:	-
Equality and Diversity Implications:	-
Relationship with the Board Assurance Framework	Hosting a successful CQC inspection
Recommendations:	To receive the report and note the findings going forward

TRUST BOARD

CQC State of Care Report – 2014/15 - Summary

In October 2015, the Care Quality Commission published a report entitled '*The state of health care and adult social care in England 2014/15.'*

This report outlined a comprehensive picture of the quality of care in England based on the CQC's new ratings system; pulling together evidence from all inspections undertaken up to the point of publication.

Part 2 of the report breaks down findings under the sectors that the CQC regulates and below is a summary of the section relating to Mental Health Trust Inspections.

- There was a total of 57 Mental Health Trust eligible for inspection.
- 18 Trusts had been inspected up to May 2015 with 8 Trusts reported on:
    - Four were rated as 'good'
    - Three required improvement
    - One Trust was rated as 'inadequate'

Overall Key Findings

- All Trusts were found to be performing well in caring
- The biggest concern for the CQC was the safety of the care being provided.
- Key concerns highlighted were patients having access to Mental Health Act rights, consent & capacity being clearly monitored and limited access to advocacy services.

Key Findings under 'Safe'

- Wards needed to allow observation whilst maintaining privacy and dignity
- Buildings needed modernising with clear maintenance plans to address concerns
- Ligature risks relating to fixtures and fittings
- Agreement to phase out mixed sex by April 2015, yet the CQC found in some trusts there are still concerns regarding segregation, lack of female only lounges and bathrooms designated for females only accessible through mixed gender areas
- An over reliance on bank and agency staff

Key Findings under 'Effective'

- The CQC found access to training on the whole was good
- Concerns were raised around the quality of PDRs with a lack of clear structure to deliver them.
- Reflective practice groups were viewed favourably.

Key Findings under 'Caring'

- Outside of the voluntary sector – 70% patients felt GPs made them feel respected when in a crisis but only 52% patients felt that their community based Mental Health teams treated them with warmth and compassion and this dropped to 46% for Crisis Resolution Home Treatment teams

Key Findings under 'Responsive'

- High bed occupancy levels (NHS England data at quarter 4, 2014/15) showed average bed occupancy was at 89.6% whereas research undertaken for acute Trusts suggests that patient care can be affected if occupancy levels are above 85%.
- Access to CAMHs beds is a concern but this was highlighted as a commissioning issue
- People are not receiving the same level of care of support in the community as previously and are therefore turning to A&E when in a crisis.
- Circumstances whereby patients were sleeping on sofa when they returned from leave due to beds no longer being available.

Key Findings under 'Well-led'

- General issues with board assurance and governance processes
- Identified that good local leadership is important

CQC 5 key challenges to the Mental Health sector:

1. The layout and features of some old buildings that house mental health wards pose a risk to patients. We urge providers to undertake regular assessments of these risks and to take steps to mitigate against them. These steps should ensure that people at risk of suicide are kept safe.

2. New build and refurbishment projects should be informed by the best practice standards suggested in building guidance, such as the Department of Health's Health Building Note on adult acute mental health units.62 Services not covered directly by such guidance should consider and adapt its suggestions as appropriate.

3. Staff in the emergency departments of general hospitals must show the same degree of kindness, dignity and respect to people with mental health problems that they would give to people with physical health needs.

4. The senior managers of large mental health providers that deliver care from multiple locations must ensure that they have high-quality information about the performance of all of their services. They must also ensure that all of their staff share a common purpose and set of values.

5. Local and national commissioners should work with providers to ensure that people who require inpatient care have access to a bed close to their home. This applies particularly to young people.

Enclosure 18

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORT TO: **Trust Board**

Date of Meeting:	28 January 2016
Title of Report:	An overview of Trust arrangements for the reporting and management of serious incidents in response to failings in serious incident management in Southern Health NHS Foundation Trust.
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality
Author of Report:	Carol Sylvester, Deputy Director of Nursing
Purpose / Intent of Report:	• For Decision / Approval • Performance monitoring • **For Information**
Management Oversight prior to Committee	• Quality Committee
Executive Summary:	The report has been compiled in response to the publication of an investigation report commissioned by NHS England and undertaken by Mazars in respect of the management and investigation of service user deaths reported within Southern Healthcare NHS Foundation Trust. The report by Mazars was commissioned after failings were identified in both care and the management of reporting and investigating unexpected deaths within Southern Healthcare following the death of Connor Sparrowhawk. The investigation makes a number of recommendations to improve the processes for reporting, investigating and reviewing unexpected deaths. This report seeks to assure the Board that the Trust has policies, procedures and review systems internally and externally for the management of unexpected death incidents; that these arrangements have been reviewed; gaps in assurance identified and recommendations made where gaps exist.
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:	-
Risk/Legal Implications:	-
Resource Implications:	-
Equality & Diversity:	-
Relationship with the Board Assurance Framework	**1. Focusing on quality and safety** **2. Consistently meeting standards** **3. Protecting our core services** 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate **11. Devolving accountability through local decision making that is clinically led assuring governance arrangements.** 12. Delivering our financial plan
Recommendations:	That the Trust Board note and consider the report recommendations.

North Staffordshire Combined Healthcare NHS
NHS Trust

Report subject:	**An overview of Trust arrangements for the reporting and management of serious incidents in response to failings in serious incident management in Southern Health NHS Foundation Trust**
Report to:	**Quality Committee**
Action required:	**Information and Assurance**
Date of meeting:	**19th January 2016**
Prepared by	**Carol Sylvester, Deputy Director of Nursing**
Presented by:	**Maria Nelligan, Executive Director of Nursing & Quality**

1 Summary

This report has been compiled to set out the trust policies and procedures following the publication of an investigation report commissioned by NHS England in respect of the management and investigation of service user deaths reported within Southern Healthcare NHS Foundation Trust.

This report details the policy and governance arrangements for reporting, investigation and analysis of all service user deaths reported via the Trust incident reporting system in North Staffordshire Combined Healthcare Trust.

The report seeks to assure the Board that the Trust has policies, procedures and review systems internally and externally via the Clinical Commissioning Group. Where areas to strengthen the process have been identified, these are set out below.

2 Background

The Mazars report was ordered in 2013, after Connor Sparrowhawk, 18, drowned in a bath following an epileptic seizure while a patient in a Southern Health hospital in Oxford.

An independent investigation said his death had been preventable, and an inquest jury found neglect by the Trust had contributed to his death and concluded that deaths of mental health and learning-disability patients were not properly examined.

The investigation looked at all deaths at the Trust between April 2011 and March 2015. During that period, it found 10,306 people had died. Most were expected. However, 1,454 were not.

Of those, 272 were treated as critical incidents, of which just 195, 13% were treated by the Trust as a serious incident requiring investigation (SIRI).

The likelihood of an unexpected death being investigated depended hugely on the condition.

The most likely group to see an investigation was adults with mental health problems, where 30% were investigated.

For those with learning disability the figure was 1%, and among over-65s with mental health problems it was just 0.3%. The average age at death of those with a learning disability was 56 - over seven years younger than the national average.

Even when investigations were carried out, they were of a poor quality and often extremely late.

Repeated criticisms from Coroners about the timeliness and usefulness of reports provided for inquests by Southern Health failed to improve performance, while there was often little effort to engage with the families of the deceased.

There were a number of key findings from the report:

- Many investigations were of poor quality and took too long to complete.
- There was a lack of leadership, focus and sufficient time spent in the Trust on carefully reporting and investigating deaths.
- There was a lack of family involvement in investigations after a death.
- Opportunities for the Trust to learn and improve were missed.
- The Trust could not demonstrate a comprehensive systematic approach to learning from deaths.
- Despite the Trust having comprehensive data on deaths, it failed to use it effectively.
- Too few deaths among those with learning disability and over-65s with mental health problems were investigated, and some cases should have been investigated further.

Moreover, the report concluded that there was no "effective" management of deaths or investigations or "effective focus or leadership from the Board". Despite relevant questions raised from the Board, Executive Directors constantly provided reassurance that systems were in order.

The findings have been accepted by both Southern Health and the Clinical Commissioning Groups commissioning services from Southern Health.

The report has been forwarded to Monitor to decide whether regulatory action is required.

Following publication of the report and in response to the findings, a Freedom of Information request has been circulated to all Mental Health and Learning Disability Trusts based on a range of questions as detailed below from the BBC with a response date of January 18th

"Between 1 April 2011 and 31 March 2015:

How many deaths were there among your service users?

How many of these were unexpected deaths?

How many were treated as a Serious Incident Requiring Investigation?

For Learning Disability service users how many unexpected deaths were treated as a Critical Incident or Serious Incident Requiring Investigation?

For Older People Mental Health service users how many unexpected deaths were treated as a Critical Incident or Serious Incident Requiring Investigation?"

3 Trust Governance and Assurance Processes

The Trust Incident Reporting Policy details the scope of the policy to all service irrespective of service user age and speciality. The policy is based upon the NHS Commissioning (formerly NPSA) framework for reporting and grading of incidents. The policy sets out the process and responsibilities for reporting and investigating incidents, describes the governance systems for receiving incident data, analysis of that data and the mechanism for formal analysis and reporting to the Quality Committee and Trust Board.

The Trust utilise a commercial incident reporting system (Safeguard). This is the Trust system for reporting incidents. The system is data mapped to the National Reporting and Learning System (NRLS) a national repository for receipt of Patient Safety Incidents (PSI`s) from which a six monthly report is generated to each Trust. The report based on a six month analysis of incidents reported by Trust and the benchmarked position nationally based on incident reporting rate, type of incident and impact.

NRLS data is subject to review by the Care Quality Commission, CCG, TDA, Monitor and accessible to other Trusts to use for benchmarking purposes and used in preparation ahead of inspection visits and risk rating.

Only incidents that have resulted in death and categorised as a PSI are reportable to the NRLS however, non PSI`s will still be reported via the Safeguard system, and, whilst not nationally reportable, are reported and investigated as local incident investigations as a means of reflective practice and learning. The NRLS will contact Trusts where they have questions or concerns regarding the data submitted and any specific themes or trends. NSCHT were contacted in 2014 to seek to understand their outlier position for the high number of death incidents. Liaison with the NRLS to assist with local reporting trends identified that the Trust were mistakenly reporting non PSI death incidents to the NRLS.

As a result, NSCHT reviewed their procedures following which reporting rates have reduced and are comparable with other mental health/learning disability Trusts using per 1000 bed days as the numerator for death incidents.

The Trust has a clear process for reporting unexplained/unexpected death via the Safeguard system. In a number of reported deaths, the death will be confirmed as a natural cause death by HMP Coroner to the Patient and Organisational Safety Team.

Irrespective of cause of death, the Trust position is that all deaths will be reported via the Safeguard system and a local investigation commenced in addition to the Serious Incident Requiring Investigation (SIRI) process when categorised as such.

Any natural cause death where it is apparent from incident reporting and local investigation that there are lessons to learn and actions to be implemented will be reported as a SIRI and the process for investigation followed. Examples of this are available for review if required.

The Trust Serious Incident Policy and associated procedures sets out a framework and responsibilities for identifying, reporting, investigating and analysing all incidents meeting the national serious incident policy guidance for management of serious incident.

The Trust has a directory of Investigating Officers trained in Root Cause Analysis methodology identified to have the required training and skills to undertake an investigation.

Process and responsibilities for contact with the family is undertaken by the Directorate Governance Lead including an invitation for relatives to be involved in the investigation process from initiation, in line with statutory Duty of Candour responsibilities.

Where families have agreed to be involved, feedback methods, timescales and involvement in agreeing the questions that a family may wish to raise are added to the terms of reference. This allows the opportunity for on-going communication and supports the process of feedback at the conclusion of the investigation. Any unresolved issues or unaccepted findings will be further reviewed through the internal investigation process with advice offered on independent processes such as the Parliamentary Health Services Ombudsman and the Coroner`s inquest. The Trust may also seek an independent review of the internal investigation or to seek an external investigation.

The governance arrangements are clearly set out for the process of internal notification and agreement that a serious incident threshold has been reached with the Medical Director identified as the Executive Lead. The Trust meets with commissioners at a dedicated monthly meeting to scrutinise all ongoing serious incident investigations.

Provider/Commissioner contractual investigation completion timescales based on national policy and local agreements have been met in all but one case in the last 3 years.

Weekly summary reports detailing all open serious incidents are submitted to the Executive and Non-Executive Team and new incidents are flagged by circulation of a briefing of the known circumstances and any immediate actions. The Trust shares the findings from internal investigations with the Coroner for the purpose of the inquest process in addition to the requests that the Coroner may make for statements as a result of his own enquiries pre-inquest.

Review of the number and circumstances of death incidents, analysis and reporting of incident trends and themes are established within the local governance systems through the Weekly Incident Review Group, monthly Clinical Safety Improvement Group and summary reporting to the Quality Committee and Trust Board.

The Clinical Safety Improvement Group, chaired by the Medical Director reviews all new and on-going incidents, learning from investigations receives assurance of action planning implementation and practice and policy changes from the Directorate Governance Lead. Findings and recommendations from investigations are fed back to teams by the Investigating Officer and Governance Lead, presentation of case studies via the Leaning Lessons academic forum in addition to Directorate level governance meetings agendas.

A summary quarterly trend report is prepared and submitted by the Head of Patient and Organisational Safety, presented as an agenda item at the Quality Committee, Trust Board and Clinical Quality Review Meeting via an internal report and additionally, Integrated Quality Report (IQR). The data below illustrates the Trust response based on the FOI questions posed including natural cause deaths (as confirmed by HMP Coroner).

	Total deaths reported inclusive of LD and Older persons deaths	**How many were unexpected deaths**	**How many were subsequently confirmed as natural cause deaths**	**Treated as a SIRI (total)**	**How many LD incidents treated as SIRI**	**How many Older Persons treated as SIRI**
April 11-March 12	Total-41 LD-0 OP-3	41	8	33 (80%)	0	3
April 12-March 13	Total-61 LD-1 OP-9	61	11	50 (82%)	1	6
April 13-March 14	Total-66 LD-0 OP-5	66	16	50 (76%)	0	5
April 14-March 15	Total-65 LD-0 OP-5	65	30	35 (54%) **	0	5

Data source - Safeguard Incident Reporting System

The table above summarises the position of the Trust and illustrates that the Trust investigated all reported unexpected deaths where a natural cause of death has not been identified. Deaths have been investigated in line with the national framework and local policy working in partnership with the Coroner`s Office and CCGs.

**It is noted that reporting requirements have changed following discussions with local CCG relating to reporting natural cause deaths on the national Strategic Executive Information System (STEIS) the national database for reporting all SIRI`s. Prior to April 2014, the Trust reported all deaths on to STEIS irrespective of cause. To ensure consistency of reporting the national SIRI policy has been reviewed and updated in March 2015.

All death incidents reported and not meeting the national reporting threshold are subject to a local review, timeline and submission to the Directorate Governance Lead and Head of Patient and Organisational Safety Team who will act as an independent reviewer. The NHS England Serious Incident Framework 2015 is used as the guiding document.

4 Areas for Improvement

This review of the data extracted from Safeguard for the purposes of this report identifies one service user with a learning disability death in the analysis period. The report notes that persons with a learning disability may be supported through clinical pathways and not necessarily specialist learning disability services and therefore, as there is no mandatory field within Safeguard to indicate a learning disability diagnosis the process for identifying this should be strengthened. This area could be further strengthened by reporting all deaths, irrespective of cause, are reported via Safeguard and addition of mandatory field indicating a learning disability diagnosis.

5 Recommendations

To undertake a cross check exercise of CHIPS reported deaths where LD is an identified diagnosis with the Safeguard report to establish consistency of data from Safeguard.

Clinical Safety Improvement Group review policy and consider the reporting of all deaths via the Safeguard system and addition of a mandatory field for learning disability diagnosis.

Carol Sylvester
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January 2016