

## MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 29 JANUARY 2015,  
10:00AM, BOARDROOM, TRUST HEADQUARTERS,  
BELLRINGER ROAD, TRENTAM LAKES SOUTH,  
STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	<b>APOLOGIES FOR ABSENCE</b> <i>To NOTE any apologies for absence</i>	Note
2.	<b>DECLARATION OF INTEREST RELATING TO AGENDA ITEMS</b>	Note
3.	<b>DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS</b>	Note
4.	<b>MINUTES OF THE OPEN AGENDA – 27 NOVEMBER 2014</b> <i>To APPROVE the minutes of the meeting held on 27 November 2014</i>	Approve Enclosure 2
5.	<b>ACTION MONITORING SCHEDULE &amp; MATTERS ARISING FROM THE MINUTES</b> <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
6.	<b>CHAIR'S REPORT</b> <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	<b>CHIEF EXECUTIVE'S REPORT</b> <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)		
8.	<b>SPOTLIGHT ON EXCELLENCE</b> <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	<b>PRESENTATION FROM THE ADULT MENTAL HEALTH INPATIENT DIRECTORATE</b> <i>TO RECEIVE a presentation from the team on their service from Acute Activity Workers Team, Adult Inpatient Service</i>	Verbal
10.	<b>STAFF RETIREMENTS</b> <i>To EXPRESS our gratitude and recognise staff who are retiring. To be introduced and presented by the Chair</i>	Verbal

11.	<b>QUALITY COMMITTEE REPORT</b> <i>To RECEIVE the Quality Committee assurance report from the meeting held on 20 January 2015 from Mr. P Sullivan, Chair of the Quality Committee</i>	Assurance Enclosure 5
12.	<b>NURSE STAFFING MONTHLY REPORT</b> <i>To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Mr. M Dinwiddy, Interim Director of Nursing &amp; Quality</i>	Assurance Enclosure 6 To follow
13.	<b>NURSE STAFFING SIX MONTHLY REPORT</b> <i>To RECEIVE a six monthly report following a review of the Trust's nursing establishment from Mr. M Dinwiddy, Interim Director of Nursing and Quality</i>	Assurance Enclosure 7 To follow
14.	<b>FEEDBACK FROM THE TRUST DEVELOPMENT AGENCY SURVEILLANCE GROUP MEETING - NOVEMBER 2014</b> <i>To RECEIVE for assurance the summary of the outcome from the Quality Surveillance Group meeting from Mrs. C Donovan, Chief Executive</i>	Assurance Enclosure 8
15.	<b>RISK MANAGEMENT COMMITTEE</b> <i>To RECEIVE the Risk Management Committee assurance report from the meeting held on 10 December 2014 from Mrs. B Johnson, Committee Chair</i>	Assurance Enclosure 9
16.	<b>Q4 PRINCIPAL RISK REGISTER REPORT 2014/15</b> <i>To DISCUSS and APPROVE the Q4 Principal Risk Register from Mrs. C Donovan, Chief Executive</i>	Assurance Enclosure 10
<b>TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)</b>		
17.	<b>FINANCE REPORT – Month 9 (2014/15)</b> <i>To RECEIVE for discussion the month 9 financial position from Mrs. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 11
18.	<b>ASSURANCE REPORT FROM THE FINANCE &amp; PERFORMANCE COMMITTEE CHAIR</b> <i>To RECEIVE the Finance &amp; Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby from the meeting held on 22 January 2015</i>	Assurance Enclosure 12
19.	<b>PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 9</b> <i>To RECEIVE the month 9 Performance Report from Mrs. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 13
20.	<b>SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY</b> <i>To APPROVE the Self Certifications for the TDA from Mrs. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 14
21.	<b>AUDIT COMMITTEE REPORT</b> <i>To RECEIVE the Audit Committee assurance report from the meeting held on 15 January 2015 the from Chair of the Quality Committee, Mr. D Rogers</i>	Assurance Enclosure 15

22.	<b>DECLARATION OF INTERESTS – December 2014</b> <i>To RECEIVE for information and assurance the Trust Board Register of Interests to December 2014 from the Trust Secretary/Head of Corporate and Legal Affairs, Mrs. S Storey</i>	Assurance Enclosure 16
23.	<b>REGISTER OF SEALED DOCUMENTS</b> <i>To RECEIVE for information and assurance purposes an update on the Register of Sealed documents from the Trust Secretary/Head of Corporate and Legal Affairs, Mrs. S Storey</i>	Assurance Enclosure 17
<b>TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)</b>		
24.	<b>PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT</b> <i>To RECEIVE the People and Culture Development Committee report from the meetings held on the 15 December 2014 and 19 January 2015 from Mr. P. O'Hagan, Committee Chair</i>	Assurance Enclosure 18
25.	<b>PEOPLE AND CULTURE DEVELOPMENT COMMITTEE ANNUAL REPORT 2014</b> <i>To RECEIVE for assurance the People and Culture Development Committee Annual Report from Mr. P O'Hagan, Committee Chair</i>	Assurance Enclosure 19
26.	<b>PEOPLE AND CULTURE DEVELOPMENT COMMITTEE TERMS OF REFERENCE</b> <i>To RECEIVE for approval the People and Culture Development Committee Terms of Reference from Mr. P O'Hagan, Committee Chair</i>	Assurance Enclosure 20
27.	<b>PROGRESS AGAINST ANNUAL OBJECTIVES 2014/15</b> <i>To RECEIVE an update on the progress against the Trust's Annual Objectives from Mrs. C Donovan, Chief Executive</i>	Assurance Enclosure 21
28.	<b>REMUNERATION AND TERMS OF SERVICE COMMITTEE - ANNUAL REPORT 2014/15</b> <i>To RECEIVE the Remuneration and Terms of Service Committee Annual Report from Mr. K Jarrold, Committee Chair</i>	Assurance Enclosure 22
29.	<b>REMUNERATION AND TERMS OF SERVICE COMMITTEE – TERMS OF REFERENCE</b> <i>To APPROVE the Remuneration and Terms of Service Committee Terms of Reference from Mr. K Jarrold, Committee Chair</i>	Approve Enclosure 23
30.	<b>TRUST BOARD AND COMMITTEE CALENDAR OF MEETINGS – 2015/16</b> <i>To RECEIVE for information the calendar of Trust Board and committee meeting dates from Mrs. S Storey, Trust Secretary / Head of Corporate and Legal Affairs</i>	Note Enclosure 24
31.	<b>To DISCUSS any Other Business</b>	

#### QUESTIONS FROM MEMBERS OF THE PUBLIC

32.	<i>To ANSWER questions from the public on items listed on the agenda</i>	
<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 26 February 2015 at 10:00am.</i>	
33.	<b>MOTION TO EXCLUDE THE PUBLIC</b> <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
<b>THE REMAINDER OF THE MEETING WILL BE IN PRIVATE</b>		

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

	<b>DECLARATIONS OF INTEREST</b>	Note
	<b>DECLARATIONS OF ANY OTHER BUSINESS</b>	Note
	<b>SERIOUS INCIDENTS</b>	Assurance
	<b>ANY OTHER BUSINESS</b>	

## TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 27 November At 10:00am in the Boardroom, Lawton House, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH**

**Present:**

<b>Chairman:</b>	Mr K Jarrold Chairman	Mr P O'Hagan Vice Chair
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**Directors:**

	Mrs C Donovan Chief Executive	Mr D Rogers Non-Executive Director
Dr B Adeyemo Medical Director	Mr P Sullivan Non-Executive Director	Ms B Johnson Non-Executive Director
Ms A Harrison Interim Director of Finance	Mr P Draycott Director of Leadership & Workforce	Mr A Rogers Director of Operations
Mr A Hughes Interim Director of Strategy and Development	Mark Dinwiddy Interim Director of Nursing and Quality	Dr K Tattum GP Associate member
Mr T Gadsby Non-Executive Director		

**In attendance:**

Mr S Blaise Acting Deputy Director of Finance	Mrs J Scotcher Executive PA
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**Members of the public:**

Mr Goodfellow  
Mrs Johnson – NSUG  
Ms Aldred - Sustain

**Team Spotlight:**

Diversional Activity Workers  
NOAP Directorate  
Mrs Williams  
Mrs Chapman  
Mr Clarke – SLM (NOAP)

**Individual spotlight**

Ms Mathews  
Mr Buckley

The meeting commenced at 10:00am.

317/2014	Apologies for Absence	Action
	Apologies were received from Mrs S Storey, Trust Secretary/Head of Corporate and Legal Affairs, Dr D Sheppard, GP Associate Member and Ms J Harvey, UNISON.	

	<p>The Chair was delighted to wish Mrs Donovan a Happy Birthday today !</p> <p>The Chair also announced the appointment of Mr Draycott, as Executive Director of Leadership and Workforce</p> <p>It was further noted that Ms Harvey, would be attending later on in the meeting.</p>	
<b>318/2014</b>	<p><b>Declaration of Interest relating to agenda items</b></p> <p>There were no declarations of interest relating to agenda items.</p>	
<b>319/2014</b>	<p><b>Declarations of interest relating to any other business</b></p> <p>There were no declarations of interest</p>	
<b>320/2014</b>	<p><b>Minutes of the Open Agenda –30 October 2014</b></p> <p>The minutes of the open session of the meeting held on 30 October were approved as a correct record.</p>	
<b>321/2014</b>	<p><b>Matters arising</b></p> <p>The Board reviewed the action monitoring schedule and agreed the following:-</p> <p><b><i>85/2014 – PALS/Complaints Report - consideration to be given to bring together various sources of information. It was agreed that this issue will be addressed and brought back in due course via the Quality Committee.–</i></b></p> <p><b><i>On today's agenda – remove from schedule</i></b></p> <p><b><i>147/2014 Choice of Mental Health Provider at first appointment.</i></b></p> <p>Mrs Donovan confirmed the Trust had held a Choice event with a number of partners including MIND, CHANGEs, NSUG and Healthwatch; which would continue to be progressed.</p> <p><b><i>This work is progressing led by Mr Dinwiddy – the Board will continue to be updated – remove from schedule</i></b></p> <p><b><i>287/14 KPMG Review of the Trust's Quality Governance Arrangements and Action Plan -</i></b> Mrs Donovan clarified Board to ward visits need to be embedded and strengthened. It was further noted there will be a Quality dashboard for the 6 new directorates.</p> <p><b><i>Mrs Donovan noted this is ongoing and there are two</i></b></p>	

	<p><i>issues; reconfiguration of the Quality dashboard to include 6 new directorates and the Board to ward visits are being taken forward by Mrs Roberts, Head of Communications, in order to strengthen the process. Mr Draycott commented that discussions had taken place regarding how we can change the process for assurance and how we engage with staff. Mrs Donovan confirmed a paper will be submitted to the Trust Board in January 2015 with the new directorates.</i></p> <p><b>288/14 Financial Performance – Month 6</b> - It was agreed to review capital spending. Mr Blaise commented that ideally the Trust should have a 5-year capital programme but this had been difficult to develop while going through a transaction process. <b>A Board Development session was planned for January 2015. . On today’s agenda – remove from schedule</b></p> <p><b>295/14 – People and Culture Development Committee Report</b> - The Trust is developing a piece of work with Birmingham University which will look to build on the research base that exists to improve how we support staff to replenish and maintain emotional support. <b>Mrs Donovan confirmed this is progressing well, we now have a proposal and Health Education West Midlands have offered a starting date in January 2015. A paper to be prepared.</b></p> <p><b>297/14 – Trust Involvement and Engagement strategy – mid year progress review</b> - Next stage for a sample of a third of staff to be contacted in relation to the staff survey. <b>Mr Draycott stated this is in relation to the Friends and Family test for further assurance – remove from schedule.</b></p> <p><b>300/14 – Questions from the public - Hilda Johnson</b> Mrs Johnson wanted to share her concerns about losing specialist teams and particular in older people’s services. It was requested that a presentation be made to NSUG – Mrs Donovan to organise the presentation <b>Mrs Donovan confirmed that Mrs Clarke would be taking this forward on her behalf – remove from schedule.</b></p>	<p>Mrs Donovan</p> <p>Mr Draycott</p>
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322/2014	<p><b>Chair's Report</b></p> <p>The Chair began by commenting on the media reports and the pressures in the NHS that are increasing day to day. Both the financial position and performance is deteriorating. In this very difficult situation the Trust is holding its own, as can be seen from the reports on the agenda.</p> <p>However, the Trust is not immune from the very real pressures facing the NHS. Many Mental Health Trusts are facing great pressures on their adult wards and so are we. Now that Chebsey Close has closed, and once again many thanks to the staff at Chebsey and everyone else who worked so hard to achieve the closure, the pressure on our Adult wards is the situation that concerns the Chair most.</p> <p>The Chair raised his concerns, not only because of the difficulties it can create for service users and carers, but because of the pressure it creates on staff.</p> <p>The Chair noted that that Mrs Donovan and the Executive Team are working with Clinical Directors and all our colleagues to do everything they can to improve the situation and are looking at ways of working and relationships between teams to make sure that we are making the very best use of the resources we have.</p> <p>It is a testing time and we must do all we can to support the front line staff on the Adult Wards.</p>	
323/2014	<p><b>Chief Executive's Report</b></p> <p>Mrs Donovan, Chief Executive, presented this report which updates on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.</p> <p><b>Appointment of Director of Leadership and Workforce</b></p> <p>Mrs Donovan began by congratulating Mr Draycott on his appointment as Executive Director of Leadership and Workforce. The interview panel had included a Staff Side representative and the CEO from NSUG. She commented that Mr Draycott has held previous Board level posts including Director of Organisational Development and Workforce at both Shropshire County Primary Care Trust and Shropshire Community Healthcare NHS Trust. It was further noted that Mr Draycott is a registered nurse and has first-hand experience of working on the front line of NHS services.</p>	



	<p>Mrs Donovan further congratulated Mr Johnson, Clinical Director for Learning Disabilities Directorate. It was noted that we now have 5 Clinical Directors appointed and there is 1 more appointment to make for Older People and Neuro. In terms of Head of Directorates, there are 3 vacancies and the posts have now gone out to advert.</p> <p>There is now clear leadership for Psychology services with Fiona Dutton, Claire Halsey and Dr Darren Perry</p> <p><b>Alcohol Awareness week</b>  Alcohol Awareness week ran from 17 – 23 November 2014. The Communications team issued a media release to raise awareness, which featured in The Sentinel. The team also arranged interviews with local radio station, Signal 1, with New Beginnings Chair, Stephen Sylvester and Dr Watts, Clinical Director for Substance Misuse. Dr Watts had also delivered a presentation to the Newcastle Borough Council Overview and Scrutiny Committee.</p> <p><b>Stress Awareness Day</b>  This had taken place on 5 November 2014, supported by the 16<sup>th</sup> National Stress Awareness Day, with the focus this year on getting the balance right between our work, play and general lifestyle. It was noted that the Staff Support and Counselling Service held a number of events on the day. This is also one of the key priorities going forward with the People and Culture Development Committee.</p> <p><b>Supporting People into Employment</b>  Users of one of our most innovative services are being offered access to a new plumbing course to enhance their skills at the Growthpoint premises which is accredited by the Open College Network (OCN).</p> <p><b>Launch of new programme helping people to live more independently</b>  The Trust continues to work with its partnership with Brighter futures, the latest programme seeks to identify those with a mental illness who are currently living in residential care and could be cared for differently in a community setting.</p> <p><b>NHS Protect Issue Staff Assault Data</b>  Figures released on 20 November 2014 have shown a significant decrease approx 60% from last year in the number of staff assaults across the Trust. It was noted there has been a comprehensive training programme in place and patient environments are also reviewed in order to reduce risk.</p>	
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	<p><b>Listening Into Action</b> Mrs Donovan confirmed she had hosted a briefing session for the LiA Pioneer Teams that have been set up to take forward the 15 priorities we have identified via the Listening into action (LiA) programme. The aim is to make significant improvements going forward, which will make a real difference to our working lives. There are 15 Teams identified led by a Clinical Lead, a Medic and a Manager, the session had been very positive.</p> <p><b>Compliments Corner</b> The Trust has launched a 'Compliments Corner' via its internal newsletters and also its website to celebrate some of the positive feedback received. The Patient Experience Team are leading on this.</p> <p><b>National Updates</b> There are new plans to improve health outcomes and the quality of patient care through digital technology and innovation unveiled by the National Health and Social Care Organisations. Mrs Donovan also noted this links in with the work being undertaken by the Trust's IT Hit Squad.</p> <p><b>Publishing of the new CQC fundamental standards</b> In November, the Government published the Care Quality Commission fundamental standards regulations. They include two regulations – the duty of candour and the fit and proper person requirement for directors - which will come into force on 27 November for NHS Trust.</p> <p><i>Received</i></p>	
324/2014	<p><b>Staff Retirements</b></p> <p>The Chair noted that this was new item on the agenda to express gratitude and recognise staff retiring. It was noted that Mrs Norah Smith, Delayed Discharge Co-ordinator, was due to retire today and unfortunately was not able attend the Trust Board. The Chair passed on the Board's best wishes for a long and happy retirement.</p>	
325/2014	<p><b>Spotlight Awards - November 2014</b></p> <p><b>Individual Spotlight Award – Julia Matthews</b> <b>Systemic Family Therapist, Sustain, Children's and Young Peoples Services</b></p> <p>Julia is a Systemic Family Therapist who has worked within the Sustain service for looked after and adopted children for the last 9 years.</p>	

	<p>Julia is a Social Worker by background who has worked in the Children's Tier 4 inpatient service which was based at Wall Lane. She is also trained in Therapy and is working towards accreditation as a Theraplay Therapist.</p> <p>In addition to her main role within the Sustain Service Julia has been instrumental in promoting systemic family therapy skills in the trust. She has developed a family therapy service which straddles Sustain and Connect CAMHS and First Steps and promoted outcome research within family therapy as well as developing trust wide training in family therapy approaches. Her research has helped develop the knowledge base about what works for service users.</p> <p>Julia has also been extremely helpful in meeting needs across different teams within the service line, being willing to pick up pieces of work such as support to social work Pods in Stoke on Trent when there has been a service need.</p> <p>Julia's family therapy service provides a high quality clinical intervention for families where other approaches may not have worked. She provides a client centred, respectful and helpful approach which has made a real difference for service users such as enabling parents to retain care of their children and improving the quality of care children receive.</p> <p>Her dedication to upskilling the work force in family therapy techniques has had wide reaching effects on the quality of service our patients/service users receive. Julia's Family Therapy team not only provide a valuable clinical resource, but also a valuable learning arena for staff not qualified in family therapy.</p> <p>Julia embodies all of the Trust values, but the one that stands out most is her dedication to providing high quality innovative care.</p> <p><b>Individual Spotlight Award September 2014 – Rob Buckley, Community Nurse (Sensory Specialism), Learning Disabilities Service Line</b></p> <p>Rob is a Learning Disability Community Nurse, who has a career spanning over 30 years and currently works 2 days per week. Rob has specialist skills in sensory impairment and has achieved some great outcomes for clients ensuring they get the best, most up to date and modern assistive aids available.</p> <p>During his long career, Rob has never lost his enthusiasm for the job, for striving to improve access to healthcare for the clients or his person centred approach.</p>	
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	<p>His role is quite unique and looks specifically at hearing impairment for clients with learning disabilities and also significant communication difficulties. His hard work and commitment is highly valued.</p> <p>Families and carers benefit greatly from his service and always show this through their letters of thanks and appreciation - having a hearing impairment on top of a learning disability can be very limiting and when clients pain is relieved, or their hearing improved the dividends are very significant. Through signposting and promotion of Learning Disability services Rob makes a real difference to how our clients are supported within acute hospital services.</p> <p>Rob has also introduced a training schedule to upskill other team members in recognition of the need to succession plan, enabling a more flexible and responsive approach to supporting clients who have a diagnosed sensory impairment. He has also worked closely with colleagues to reinstate a comprehensive student nurse induction package which has resulted in a hugely positive impact on those who have been allocated to the team. This work was recently commended during student placement reviews and was more formally highlighted through student led presentations within the University.</p> <p>Rob clearly demonstrates that he is 'Working together for better lives' through his commitment to improve service quality, support staff development and address a potential future service deficit by engaging a broad range of staff and working collaboratively with acute health services.</p> <p><b>Team Spotlight Award and Presentation</b>  <b>Activity Workers, Neuropsychiatry and Old Age Psychiatry Directorate</b></p> <p>The Diversional Activity Workers within Neuro and Old Age Psychiatry have been selected for this month's team Spotlight Award. This group of staff work as part of the ward teams and offer activities for people with severe forms of mental health needs including dementia, brain injury and those with associated challenging behavioural issues. Their input into a patients care can often be missed, but their achievement with individuals is unmistakable and invaluable to the patient, their carers and the Ward Team.</p> <p>The Diversional Activity Workers engage people who have great difficulty making sense of the world around them. They employ a variety of techniques to allow the patients opportunities to express themselves when their ability with words has sadly failed them.</p>	
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	<p>The Team are relentlessly cheerful, encouraging and yet sensitive to the needs of the patient, they have multiple skills at their disposal to engage with patients and are able to change their approach as quickly as the patient requires it with outstanding results.</p> <p>These staff are invaluable to our teams, they are fantastic fundraisers and make a huge difference to their patients. Without them our Wards would be a much duller place and the patient experience would not be the high quality it is now.</p> <p>The presentation was introduced by Kath Clark, Service Line Manager – LD/NOAP, and delivered by Angela Chapman, Activity Worker with support from Denise Williams, Activity Worker. Mrs Clark commended the team for all their hard work and skills. It was noted that Donna Morton, Activity Worker was not able to attend today.</p> <p>Dr Adeyemo stated a ‘big thank you’ to the team and commented people under estimate the critical nature of the Activity Worker, without their support she stated she could not carry out a proper assessment on patients and this also reduces the need for medication. Furthermore, it was noted that the team go behind the symptoms to understand the person. Members of the Board noted the value of the Activity Box and this could be used across all services.</p> <p>Mr Sullivan reiterated Dr Adeyemo’s comments and that the role of the Activity Workers was so important to the patient and their families.</p> <p>Dr Tattum commented that he could recall the days when services were age related whereas now it is needs led. He was delighted to hear the patient stories and mix of ages and congratulated the team.</p> <p>Mr O’Hagan expressed that he felt very humble and asked the Team what else could be done to help them? Mrs Chapman stated she would like to access the community ie Trentham Gardens and that help with a minibus would be appreciated. Mrs Donovan requested that Mrs Clark look into accessing the transport within Learning Disabilities.</p> <p>Mrs Williams commented that it would be beneficial to have additional Activity workers, as sometimes it is difficult when spending time 1:1 with a patient. She also thanked Mrs Chapman personally for the care of her daughter who collapsed and lost the use of her legs, after spending 5 weeks in the Acute Trust and was then transferred to the Harplands Hospital where her treatment greatly improved and was enhanced by all staff but in particular by Mrs Chapman.</p>	
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	<p>Board members noted the fund raising activities that are undertaken by the Activity Workers. It was also noted that accessing their small budget is sometimes difficult. Mrs Donovan stated that the Activity Workers should be able to access the Charitable funds for specific items if required.</p> <p>Mrs Donovan commented on the Activity Box and the uniqueness of this initiative and the fact that this does not carry a cost. This could be used in other areas. Mr Draycott to speak to Mrs Clark regarding the possibility of entering for an Innovation Award in this respect.</p> <p>Mrs Johnson stated NSUG sing their praises, in particular Mrs Chapman's ward and NSUG volunteers regularly want to be involved with this work and are now on a rota basis.</p> <p>Mrs Chapman thanked Mrs Johnson and commented that the support of the volunteers is invaluable.</p> <p>The Chair thanked the team and was clearly very moved. He commented that this had been his favourite presentation of them all!</p> <p>He also commented that he believed society should be judged by the way it treats vulnerable people. Any society can treat people well who are wealthy and successful and have everything, but the issue is how does a society treat people who are in the position your patients are in ; because of this work we can be very proud of the way you do your work and the two words for me that really stand out are ;  <b>Humanity and respect.</b> If you look at the life story and listen to what is said what you are doing is to treat people with humanity and respecting their lives.</p>	Mr Draycott
326/2014	<p><b>Safe staffing Monthly report and Safe Staffing Six Monthly Report (Part 1)</b></p> <p>Mr Dinwiddy, Director of Nursing and Quality presented the monthly assurance report and the Six monthly Report (Part 1) The reports have been prepared by Mr Eley, Deputy Director of Nursing, and outline the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during</p> <p>Mr Dinwiddy outlined the monthly performance as follows:</p> <ul style="list-style-type: none"> <li>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for October was 109.86%: being a total fill rate of 105.2% for registered nurses and 114.53% for HCSWs. The position</li> </ul>	

	<p>reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</p> <ul style="list-style-type: none"> <li>• During the current data collection period 1<sup>st</sup> – 3<sup>1st</sup> October 2014: 75.8% (n=658/868) of shifts have been staffed as planned.</li> </ul> <p>The Board noted the detailed breakdown at Appendix A and it was noted there was greater emphasis on Health Care Support Workers.</p> <p>Mr Dinwiddy assured members of the Board that staffing is safe at present, however in the longer term this needs to be reviewed it is about sustainability. A further report is to be presented in the Closed Session.</p> <p>The Chair acknowledged that this is a blunt instrument for understanding the figures. He noted that the Board would be supporting Mr Dinwiddy in his efforts to make this more meaningful. Mr Dinwiddy would be working with Mr Draycott to take forward.</p> <p>Mr Sullivan stated that he had had discussions with Mr Dinwiddy and that as a Board we need to be clear; the key issue is on a day to day basis wards are safe. However, it is also important to note we are in a better position than some other units in a different parts of country. He commented that we need to support and look at issues in the long term ; ensuring the correct skill mix and the right resources are in place, whilst ensuring that there is an appropriate system in place to view.</p> <p>Mr Sullivan did raise concerns and he felt uncomfortable about the high use of bank and agency staff; nevertheless if we were to benchmark against other organisations we would not be radically different. As a Board member, he welcomed the fact that we are continuing to give this priority and supporting the Executive Director.</p> <p>Mr Hughes also commented that as a Board reflecting, we do not just take it for granted that the tool gives us the answers. It is also about having confidence in the professional judgement and what is right for this particular organisation.</p> <p>Mr D Rogers commented that this is a classic example of an area in which numbers do not satisfy the need. He noted that it is about the qualitative as well as the quantative about whether we are fit for purpose, not just about safety, it is about being effective for the patient in their recovery. Somehow we need to develop a way of measuring our performance. It may mean reviewing what other parts of the wider health economy use and taking a different approach that delivers.</p>	
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	<p>Mr O'Hagan suggested mapping across in other areas ie serious incidents, user and care feedback, PALS etc.</p> <p>Mr A Rogers stated that staffing is currently safe however we are incurring a cost pressure in achieving this and that it may be about reviewing occupancy levels in addition to establishments.</p> <p>Mrs Donovan recognised that there is a lack of maturity with the context of understanding in Mental Health and that perhaps the Mental Health tool is not the answer in isolation. Work is continuing and drill down to directorates, plus patient feedback is vital.</p> <p>The Chair was pleased to note the Board is acknowledging the seriousness of this matter and not just relying on safety.</p> <p>Safer Staffing Six Monthly report (part 1)</p> <p><b><i>Received</i></b></p>	
<b>327/2014</b>	<p><b>PALs/Complaints Report Q1 and Q2</b></p> <p>Mr Dinwiddy, Director of Nursing and Quality, presented this report to provide an updated position of the performance of the PALS and complaints processes carried out by the Patient Experience Team.</p> <p>Mr Dinwiddy informed the Board that a total of 23 complaints were received during Q2 and that in Q1 10 complaints had been received. It has become apparent that complaints had decreased in the first quarter of the year. The report does not outline any serious causes for concern.</p> <p>It was noted that there has been an increase in our compliments from PALS service, a total of 27 have been received. Mr Dinwiddy expressed his thanks to the PALS team.</p> <p>Members of the Board reviewed the Complaint Activity Report, in particular admission, discharge and transfer arrangements was noted ie incidents of patients sleeping out.</p> <p>Mr O'Hagan queried waiting times and as a Board this has not been visible and the Board should have a better understanding. It would be interesting to see how many referrals we receive each month and from whom, is it increasing and then to feed this back to commissioners. Mr A Rogers confirmed there is a monthly Performance Management Session (PMS) whereby waiting times are analysed and other performance data. He noted waiting times are on the increase largely due to patient</p>	



	<p>choice, however there are some internal waits, we are continuing to monitor and maintaining levels.</p> <p>Mrs Donovan commented that the Trust is driven by national targets and that Ms Harrison is progressing with the scorecard. .</p> <p>The Chair commented that it should be taken into consideration when 18 week waiting times are given and the pain and suffering of people waiting; their conditions may get worse because of that 18 weeks indicator. However, Mr A Rogers highlighted to members of the Board that the Trust does have services such as RAID and Crisis response.</p> <p>Dr Tattum added that information regarding waiting times and referrals would be beneficial to share with LMC.</p> <p>Mr D Rogers noted the Access Team and this is one of the corner stones of our ambitions. The Chair commented that the Access Team has had a lot of turbulence recently and that the leadership has been enhanced and we need to help this team through a difficult time.</p> <p><b><i>Received</i></b></p>	Dr Adeyemo
328/14	<p><b>Feedback from the Trust Development Agency Quality Surveillance Group Meetings – October 2014</b></p> <p>Mrs Donovan, Chief Executive, presented the letter to the Trust CEO from the Quality Surveillance Group – October 2014 The letter indicates that the Trust is rated as Green – Regular Surveillance.</p> <p><b><i>Received</i></b></p>	
329/2014	<p><b>Quality Committee Summary held on 18 November 2014</b></p> <p>Mr Sullivan, Non-Executive Director, presented the summary of the Quality Committed held on 18 November 2014 for assurance purposes.</p> <p>As part of the Director of Quality Report the committee noted the <b><i>'Care Quality commission's report into the State of Health Care and Adult Social Care in England'</i></b>, and the key points were noted. This document is an important part of analysis about the quality of care provided across the health and care system.</p> <p>Of particular note within the report, are the areas of poor practice around physical environments, ligature points, same sex accommodation. They also identified challenges in other</p>	

	<p>areas as a Trust we need to focus on ; unavailability of admission beds, inappropriate response in crisis, place of safety people, not going into police custody. These are areas the Board need to reflect on.</p> <p>The Quality Committee also received a number of reports;</p> <ul style="list-style-type: none"> <li>• Adult Safeguarding and Children's Safeguarding Annual reports 2013/14</li> <li>• Infection control Annual Report 2013/14</li> <li>• Complaints Annual Report 2013/14</li> <li>• Single sex Accommodation Report</li> </ul> <p>The domain reports were received for assurance purposes in respect of ; patient safety, clinical effectiveness, organisational safety and efficiency and customer focus</p> <p>The Quality Committee reviewed the QIA/CIP Quality Review-Cost Improvement Programme Framework.</p> <p>Lead Safeguarding Nurse Sharon Conlon, who is shortly due to leave confirmed an interim appointment to her post had been made.</p> <p>The Quarterly Prone Restraint Report – the key findings from Q2 were presented and this demonstrated a reduction.</p> <p>Good performance was noted with the Integrated Quality Report Q2.</p> <p>Furthermore, Adult Mental Health Bed pressures Action Planning was discussed and these actions are helping to address pressure in this area. As well as Ward 4 Falls update, External Review report and overarching Action plan; this will be presented to the CQRM meeting in November for agreement to close down the incidents.</p> <p>The National Audit of Schizophrenia – an action plan to address the actions identified will follow.</p> <p>It was noted that Ligature Risk Management process is in place and the Safer Staffing Reports has already been discussed.</p> <p>Mr O' Hagan suggested that Trust Policies needed to be more enabling and empowering.</p>	
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	<p>Mrs Johnson queried did the statutory and mandatory training figures include bank and agency staff ?– Mr Draycott stated if they are employed they should be included in the report; the vast majority are employed by us. Mr Draycott to confirm for the next Trust Board.</p> <p>Mrs Donovan expressed the Board's thanks to Mrs Sylvester who had prepared the summary of the Quality Committee in Mrs Storey's absence.</p> <p><b><i>Received</i></b></p>	<p><b>Mr Draycott</b></p>
<b>330/2014</b>	<p><b>Audit Committee Report held on 13 November 2014</b></p> <p>Mr D Rogers, Non-Executive Director, presented the summary of the Audit Committee held on 13 November 2014 for assurance purposes.</p> <p>Members of the Board were assured by Mr D Rogers that the Trust is on target with the financial performance and the Trust is meeting its cost targets for this year, both in terms of numbers and CIP programme. The only area which is not progressing is capital spend, this needs to be escalated.</p> <p>The Audit Committee meeting was bit shorter because some of the papers provided by Mrs Storey were not available, due to her absence. It was noted at the committee that this should be addressed to ensure no slippage.</p> <p>The Audit Committee approved the Charitable Funds Accounts and Annual Report. It was also noted that this had been subject to scrutiny by the External Auditors and had been given a positive opinion.</p> <p>Some concerns noted that the Internal Audit programme is behind schedule, the current delivery is only 22% against the plan. This had been due to changes in leadership in certain areas, however finance is up to-date and a plan to rectify the other areas has now been put in place.</p> <p>The Audit Committee debated the importance of pursuing the buying out of the PFI Unit and this is under some scrutiny at the moment.</p> <p>Mr D Rogers also commented that following discussions with External Auditors, the Trust currently holds far more Audit Committee meetings than other Trusts and it may be beneficial to re-organise the schedule of meetings on a quarterly basis.</p>	

	<p>Mrs Donovan commented that she had met with Mr D Rogers and External Auditors in relation to the Audit Committee. The Good Governance Institute is helping the Trust to strengthen its approach to integrated governance.</p> <p><b>Received</b></p>	
<b>I331/2014</b>	<p><b>Financial Performance – Month 7</b></p> <p>Ms A Harrison, Interim Director of Finance, presented this report and highlighted the headline performance.</p> <p>Ms Harrison gave the Board assurance and confidence that the Trust would achieve its financial plan. Members of the Board noted the headline performance ;</p> <p style="padding-left: 40px;">A retained deficit of £0.573m, giving a favourable variance against plan of £0.023m.</p> <p style="padding-left: 40px;">A year-end forecast that indicates an achievement of a retained surplus of £0.286m (£0.752m surplus at adjusted financial performance level), representing a favourable variance of £0.018m against Plan</p> <p style="padding-left: 40px;">A year to date Continuity of Service Risk Rating of 3, with a year-end forecast rating of 3</p> <p style="padding-left: 40px;">CIP target of £4.08m, with a forecast delivery</p> <p style="padding-left: 40px;">Capital expenditure of £0.022m to date and a forecast net capital expenditure of £0.545m</p> <p style="padding-left: 40px;">A cash balance of £5.8m at the end of October 2014.</p> <p>Mrs Harrison further clarified overall the Trust is in an excellent position however, we should not be too self-congratulatory.</p> <p>Capital spending is currently being reviewed and the Trust needs to invest wisely, in particular in areas to support 2015/16 capital plans.</p> <p>Ms Harrison stated that in relation to CIP, it is proposed that a more robust methodology be developed in this area, to include the QIA process. Furthermore, she noted that the financial information in the Integrated Business Plan is based on actual transactions to September 2014, but more work is required to finalise future years</p>	<p><b>Ms Harrison</b></p>

	<p>Ms Harrison noted the pressure on beds. PICU is covered, however pressures on acute beds were noted and this had been discussed at the Commissioning Board with the possibility of negotiating our current contract. Ms Harrison to pick up with Mr A Rogers in order to give the Trust more protection for the future.</p> <p><b><i>Received</i></b></p>	<p><b>Ms Harrison/ Mr A Rogers</b></p>
332/2014	<p><b>Assurance Report - Finance and Performance Committee Report – 20 November 2014</b></p> <p>Mr Gadsby, Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 20 November 2014.</p> <p>Members of the Board noted the good news for assurance purposes, as previously discussed and the Trust is in a very good position, however this is not without risks. Mr Gadsby commented that we need to be aware from an income point of view, that commissioners will claw back as much as they can, we need to be aware of this.</p> <p>In terms of CIP and PbR work is progressing and further assurance going forward.</p> <p>The Chair noted that the national tariff for 15/16 has now been updated ; the Board would need to review this at a BOD.</p> <p><b><i>Received</i></b></p>	
333/2014	<p><b>Performance and Quality Management Framework Report (PQMF) Month 7</b></p> <p>Mrs Donovan, Chief Executive, presented this report . The report provides the Board with a summary of performance to the end of Month 7 (October 2014)</p> <p>It was noted there is a range of 122 metrics in place to monitor performance, quality and outcomes. At month 7 of the 122 metrics 50 metrics were rated as Green, 2 rated as Amber, 5 rated as Red and 65 Unrated due to the absence of targets which are monitored to identify and respond to trends. The Chair queried the Executive Summary in relation to the 65 unrated. Mr A Rogers noted these are all rated as Green, this was not showing a true picture.</p>	

	<p>Members reviewed the contents of the reports as follows:</p> <p><b>Completion of IAPT Minimum data set outcome data for all appropriate service users as defined in Contract Technical Guidance</b> – currently on Red. However discussion took place that this is moving towards amber, there is some additional funding to support this and should move to Green in 2015/16. Concerns were raised amongst members.</p> <p><b>08.5 Annual (Rolling 12 months) appraisal and personal development</b> Mr Draycott stated the report records performance at 59%, however PDR position as of 21 November 2014 is now 77%, it is anticipated that we will hit target by next Trust Board</p> <p><b>Received</b></p>	Mr Draycott
334/2014	<p><b>Self-Certifications for the NHS Trust Development Agency</b></p> <p>Mrs Harrison, Interim Director of Finance, presented the Executive Summary on behalf of the author, Mr Sargeant, Head of Performance and Information. The summary indicates that the Executive Team have reviewed and there are no changes from last month's position of compliance and no exceptions to report</p> <p><b>Approved</b></p>	
335/2014	<p><b>Presentation of the Trust's 2013/14 Charitable Funds Accounts and Annual Report</b></p> <p>Ms A Harrison, Interim Director of Finance, presented the Charitable Funds Accounts and Annual Report in line with the Charities Commission guidance, NHS Financial Reporting Manual and accordance with the requirements of the Charities Act 2011, the Charities (accounts and reports) regulations 2008 and the Charities SORP (revised 2005)</p> <p>The Accounts and report have been subjected to scrutiny and review by the Trust's External Auditors and were presented to the Trust Charitable funds Committee on 17 October 2014, Audit Committee on 13 November 2014 and now here</p> <p>Ms Harrison noted she had the necessary forms for signatures.</p> <p>Mr Gadsby noted that in relation to assets, 80% belong to SSOTP however, our Trust is the host and has the responsibility for the fund, preparing all the accounts and reports. He further noted that we need to encourage any donations received be on an 'unrestricted' basis.</p>	

	<p>Mr Hughes also noted that on page 14, in relation to Committee members there is no clinical representation.</p> <p><b><i>Approved</i></b></p>	
336/2014	<p><b>People and Culture Development Committee Report</b></p> <p>Mr O'Hagan, Non-Executive Director, presented this report. The report was a summary report from the People and Culture Development Committee meetings which took place on 17 November 2014.</p> <p>The People and Culture Development Committee approved the following policies;</p> <ul style="list-style-type: none"> <li>• Smoking Policy</li> <li>• Flexible working Policy</li> </ul> <p>The above policies were ratified by the Trust Board</p> <p>Service Line reports were received in respect of performance around workforce performance indicators. There were no major issues.</p> <p>A presentation was delivered on ESR Employee Self Service (ESS)</p> <p>Update received on the Listening into Action (LiA) programme.</p> <p>Scrutiny of the Workforce and Organisational Development risks.</p> <p>Workforce Strategy was received and supported.</p> <p>Presentation in relation to current work being undertaken with regards to the workforce as part of the IBP.</p> <p>Mr O'Hagan noted that he had been nominated as a 'Less Stress Champion' on behalf of the Non-Executive Directors.</p> <p>Mr Draycott updated on the industrial action. There was another strike on 24 November 2014. The Trust managed very well and expressed thanks to support from the Staff Side due to a 45 min period whereby someone from a picket line worked. However, the NHS England press release did not acknowledge Staff side</p> <p><b><i>Received</i></b></p>	

337/2014	<p><b>Making Parity a Reality – Royal College of Psychiatrists</b></p> <p>Dr Adeyemo, Medical Director, presented this report for information. This document has been produced by the Royal College of Psychiatrists challenging the next government with six asks for them to improve the nation's mental health.</p> <ol style="list-style-type: none"> <li>1. Everyone who requires a mental health bed should be able to access one in their local NHS trust area, unless they need specialist care and treatment. If specialist care is required, then this should be provided within a reasonable distance of where the patient lives.</li> <li>2. No one should wait longer than 18 weeks to receive treatment for a mental health problem if the treatment has been recommended by NICE guidelines and the patient's doctor.</li> <li>3. Everyone who is experiencing a mental health crisis, including children and young people, should have safe and speedy access to quality care, 24 hours a day, 7 days a week. The use of police cells as 'places of safety' for children should be eliminated by 2016, and by the end of the next parliament occur only in exceptional circumstances for adults.</li> <li>4. Every acute hospital should have a liaison psychiatry service which is available 7 days a week for at least 12 hours per day. This service should be available to patients across all ages. Emergency referrals should be seen within 1 hour and urgent referrals within 5 working hours.</li> <li>5. A minimum price for alcohol of 50 p per unit should be introduced. This will reduce the physical, psychological and social harm associated with problem drinking, and will only have a negligible impact on those who drink in moderation.</li> <li>6. There should be national investment in evidence-based parenting programmes to improve the life chances of children and the well-being of families.</li> </ol> <p><b><i>Received</i></b></p>	
338/2014	<p><b>The Care Quality Commission's report into the State of Health Care and Adult Social Care in England 2013/14</b></p> <p>Mrs Donovan, Chief Executive, presented this report compiled by the Foundation Trust Network in respect of the CQC's 5<sup>th</sup> annual report into the State of Health and Care in England providing a summary of the quality of care across 40,000 services including trusts, alongside primary and secondary care. The briefing provides a summary of key findings for members alongside FTN's response.</p>	



	<p>Members of the board noted the Key messages and findings in particular those relating to Mental Health Trusts.</p> <p>The report summarises the findings of 82 Trusts inspections comprising of 62 Acute Trusts, 12 Mental Health Trusts and 8 Community Trusts. 91% trusts received a 'good' or 'outstanding' rating for care.</p> <p>The report makes a clear acknowledgement of the financial pressures on the health and care system.</p> <p>Safety also emerged as a priority with 81% of Trusts receiving a rating 'required improvement' or 'inadequate' on the safety domain.</p> <p>For Mental Health Trusts CQC noted ;</p> <ul style="list-style-type: none"> <li>• good examples of multidisciplinary working.</li> <li>• Issues raised with shortages of admission beds</li> <li>• Adherence with the Mental Health Act and its Code of Practice was good, although some issues with wards, staff secluding patients without proper monitoring.</li> <li>• Flagged some poor estate and poor buildings which have an impact on service users.</li> </ul> <p>It was further noted for Community Trusts, they are struggling with staffing levels and that within Primary care; large GP practices deliver better care than smaller practices.</p> <p>Under Social care, concerns raised about 15 minute home care appointments and whether they can truly deliver care and support that is safe, caring, effective and responsive to people's needs.</p> <p><b><i>Received</i></b></p>	
<b>339/2014</b>	<p><b>Questions from the public</b></p> <p><b>Brian Goodfellow</b></p> <p>Mr Goodfellow gave some background into his concerns. During the last 20 years Staffs County Council and the Borough council have supported unemployed people to work on school work and developed farming. County council in their wisdom, set up a taskforce, this went on for a few years and eventually ended up at Apedale Country park. Schools regularly visited and this has gone on a few years.</p>	

	<p>However, since then the council are drawing in their budgets as tight as yours. We are now down to a situation of one employee and now cannot sustain that, but in the meantime people who coming out of the Harplands are still coming down. Mr Goodfellow confirmed he was a volunteer.. He noted that he had read in the paper there is a meeting with representatives from Staff County Council to see if this can be resolved.</p> <p>Mr Goodfellow further noted that people with mental and physical problems saw fit to come down and use the facilities supplied by the council, but they are not happy to do that now and looking now try to look towards bringing other people into run side by side with their activity.</p> <p>Furthermore, he added this is about the after care of people leaving institutions and that Mr Paul Farrelly, MP has also been involved.</p> <p>The Chair noted Mr Goodfellow's concerns and thanked him for for making the Board aware of this. He stated that what he had described flows from what Mrs Donovan had previously stated about local authority and social care having greater pressures. The Chair further noted the sad consequences of budget cuts and that a number of activities are no longer available; however it is good to be aware of it and talk to other people and see if there is a solution.</p> <p><b>Hilda Johnson</b> Mrs Johnson noted that she would be supporting Mr Goodfellow in relation to the Apedale park.</p> <p>Mrs Johnson confirmed that the CQC are working in partnership with NSUG.</p> <p>Mrs Johnson further noted Mrs Clarke's excellent support within the NOAP service and hoped that this would transfer over to the Children's services.</p> <p>Mrs Johnson was pleased to hear comments around staffing levels and taking on board the review of skill mix. She was looking forward to working with Mr Dinwiddy and Mr Draycott.</p> <p>Concerns raised with PALS and the departure of Leanne Cunliffe, plus there is no representative to attend NSUG meetings.</p>	
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	<p>Mr Dinwiddy stated that there were plans to build the Nursing Directorate structure. It was noted that there had been a Safeguarding lead appointed and shortly due to appoint a new Deputy Director of Nursing with interviews on 9 December 2014, PALs will be part of their portfolio. It was confirmed that NSUG would be part of the appointment process.</p> <p>Mrs Johnson requested that the Trust give more notice with consultations.</p> <p>She thanked the Trust for enabling some of NSUG volunteers to attend the Resolution and Conflict training, which had been very beneficial.</p> <p>The Chair thanked Mrs Johnson for her comments and in particular, thanked Mrs Clarke for all her support and hard work in the NOAP directorate.</p>	
<b>340/2014</b>	<p><b>Any other business</b></p> <p>There was no other business to be discussed.</p>	
<b>341/2014</b>	<p><b>Date and time of next meeting</b></p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 29 January 2015 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
<b>342/2014</b>	<p><b>* Motion to Exclude the Public</b></p> <p>The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.</p>	

The meeting closed at 12.45pm.

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

Date \_\_\_\_\_

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

Trust Board - Action monitoring schedule (Open)					
<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
30-Oct-14	287/14	<b>KPMG Review of the Trust's Quality Governance Arrangements and Action plan</b> - Mrs Donovan clarified Board to ward visits need to be embedded and strengthened. It was further noted there will be a Quality dashboard for the new 6 directorates.	Mrs Donovan	29-Jan-15	Mrs Donovan noted this is ongoing and there are two issues; reconfiguration of the Quality dashboard to include 6 new directorates and the Board to ward visits are being taken forward by Mrs Roberts, Head of Comms, in order to strengthen the process. Further update on progress made at January meeting.
30-Oct-14	295/14	<b>People and Culture Development Committee report</b> - The Trust is developing a piece of work with Birmingham University and will be the regional lead for mental health.	Mr Draycott	29-Jan-15	Mrs Donovan confirmed this is progressing well, we now have a proposal and Health Education West Midlands have offered a starting date in January 2015. A paper to be prepared.
27-Nov-14	325/14	<b>Team Spotlight Award and Presentation - Activity workers - Neuropsychiatry and Old Age Psychiatry Directorate</b> -Mrs Donovan commented on the Activity Box and the uniqueness of this initiative and the fact that this does not carry a cost. This could be used in other areas. Mr Draycott to speak to Mrs Clark regarding the possibility of entering for an Innovation Award in this respect.	Mr Draycott	ASAP	Verbal update at meeting
27-Nov-14	327/14	<b>PALs/Complaints Report Q1 and Q2</b> - Dr Tattum added that information regarding waiting times and referrals would be beneficial to share with the LMC	Mr Dinwiddy	ASAP	Verbal update at meeting
27-Nov-14	329/14	<b>Quality Committee Summary - 18 November 2014</b> - Mrs Johnson queried did the statutory and mandatory training figures include bank and agency staff ?- Mr Draycott stated if they are employed they should be included in the report; Mr Draycott to confirm for next Board.	Mr Draycott	29-Jan-15	
27-Nov-14	331/14	<b>Financial Performance - Month 7</b> - Capital spending is currently being reviewed and the Trust needs to invest wisely, in particular in areas to support 2015/16 capital plans.	Ms Harrsion	29-Jan-15	

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

<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
27-Nov-14	331/14	<b>Financial Performance - Month 7</b> - Ms Harrison noted the pressure on beds. PICU is covered, however pressures on acute beds were noted and this had been discussed at the Commissioning Board with the possibility of negotiating our current contract. Ms Harrison to pick up with Mr A Rogers in order to give the Trust more protection for the future.	Ms Harrison/Mr Rogers	29-Jan-15	
27-Nov-14	333/14	<b>Performance and Quality Management Framework Report (PQMF) Month 7 - 08.5 Annual (Rolling 12 months) appraisal and personal development</b> Mr Draycott stated the report records performance at 59%, however PDR position as of 21 November 2014 is now 77%, it is anticipated that we will hit target by next Trust Board	Mr Draycott	29-Jan-15	Much improved position, further update at Board

## REPORT TO: Open Trust Board

<b>Date of Meeting:</b>	Thursday 29 January 2015
<b>Title of Report:</b>	Chief Executive's Report to the Trust Board
<b>Presented by:</b>	Mrs Caroline Donovan
<b>Author of Report:</b> <b>Name:</b> <b>Date:</b> <b>Email:</b>	Caroline Donovan, Chief Executive Caroline Donovan 22 January 2015 <a href="mailto:Caroline.donovan@northstaffs.nhs.uk">Caroline.donovan@northstaffs.nhs.uk</a>
<b>Purpose / Intent of Report:</b>	<ul style="list-style-type: none"> <li>• For Information</li> </ul>
<b>Executive Summary:</b>	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
<b>Which Strategy Priority does this relate to:</b>  <b>How does this impact on patients or the public?</b>	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• <del>IM and T Strategy</del></li> <li>• Governance Strategy</li> <li>• <del>Innovation Strategy</del></li> <li>• <del>Workforce Strategy</del></li> <li>• <del>Financial Strategy</del></li> <li>• <del>Estates Strategy</del></li> </ul>
<b>Relationship with Annual Objectives:</b>	To ensure safe provision of clinical services
<b>Risk / Legal Implications:</b>	N/A
<b>Resource Implications:</b>	N/A
<b>Equality and Diversity Implications:</b>	N/A
<b>Relationship with Assurance Framework [Risk, Control and Assurance]</b>	N/A
<b>Recommendations:</b>	To receive this report for information

# North Staffordshire Combined Healthcare Trust

Chief Executive's Report to the Board of Directors  
29 January 2015

## 1. PURPOSE OF THE REPORT

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

## LOCAL UPDATE

### 2. SUPPORTING THE HEALTH ECONOMY PRESSURES

It has been a busy start to the New Year and this has been felt significantly at the University Hospital of North Midlands NHS Trust. In early January, the Trust declared Major Incident Status which required the whole health economy to address the care requirements for patients cared for in the Royal Stoke, as a result of an overwhelming number of people attending A&E services.

To support, the Trust opened up Ward 4 which had closed in December due to the success of the Outreach Team supporting patients in their own home.

Ward 4 and our Older People's Outreach Team have been supporting patients with positive outcomes.

I'd like to thank all our staff who have been involved for the way in which they supported patients and the health economy. The ward was opened safely, in a managed way, to ensure that the patients coming into it would receive safe, high quality care at all times. Feedback to date on the care being delivered on Ward 4 has been really positive.

### 3. PARENT AND BABY DAY UNIT STUDENT PLACEMENT AWARD

Our Parent and Baby Day Unit, which provides mental health support and treatment for new and expectant parents and their babies has been recognised for the quality of its student mentoring with an award.

The Unit outshone 19 other nominees to win Placement of the Year at the Keele University School of Nursing & Midwifery's Awards Ceremony.

Based in Broad Street, Hanley, the service specialises in the assessment and treatment of mental health issues for expectant parents from the 20 week stage of pregnancy up to 12 months after a baby is born. It receives between 600-700 referrals a year and provides counselling and a range of therapies, including cognitive behaviour therapy and the Positive Parenting Programme (Triple P).

The unit was nominated for Placement of the Year by Keele University student nurse Alexa Carney, who also nominated Staff Nurse Stephanie Brookes for Mentor of the Year.

The Parent and Baby Day Unit's Placement of the Year award is thoroughly deserved as learning is very much part of the team's ethos. The team should justifiably feel very proud of themselves as the competition for this award was tough, not least of which from the other Trust teams nominated.

The number of nominations received from students for Trust teams and individual mentors emphasises just how important the development of learning is to the Trust and the commitment of our staff to nurture the next generation of mental health nurses.

Congratulations to all the Team who positively reflect our Trust values.

#### **4. ADDITIONAL FUNDING FOR AUTOGRAPHER PROJECT**

A pilot project that uses wearable body cameras to help improve the lives of people in Stoke on Trent is being expanded following the announcement of additional funding.

The Trust's Mental Health and Vascular Wellbeing Team has been awarded extra funding to extend the pilot following a successful bid to Stoke-on-Trent Clinical Commissioning Group [CCG].

The pilot currently involves a group of participants with day-to-day memory problems, who wear the cameras to take photos of their daily lives. The cameras, supplied by private company Autographer, use GPS, motion sensor and light detecting technology to record the photos and, once uploaded onto a PC, tablet or smart phone the images can act as a memory aid.

The team will use the extra funding to recruit another 15 participants; four from its service and a further 11 people who use the Trust's Memory Clinic at the Hazlehurst Unit and have been diagnosed with the early stages of dementia. The pilot will now run until July 2015, at which point the results will be evaluated to see what improvements have been made for those taking part.

Many thanks to Lisa Sharrock, Cognitive Behavioural Psychotherapist, and her team who have been instrumental in driving this project forwards and working collaboratively with our commissioners.

#### **5. COMMUNITY TRIAGE TEAM SUCCESS**

A greater number of people who are mentally unwell and come into contact with police are getting the support they need thanks to a joint initiative between our Trust (NSCHT) and Staffordshire Police.

The Community Triage Team is made up of three NSCHT Community Psychiatric Nurses, who work daily with frontline police officers in Stoke-on-Trent and North Staffordshire to provide support in response to calls involving people with a mental health issue.

One of the teams goals, launched in November 2013, is to ensure that an individual with mental health issues who has come to the attention of the police, is assessed at the earliest opportunity. The Community Triage Team will attend the scene of the incident, whether this is in a person's home or on the street, and will identify the best treatment options and make the appropriate referrals. The main benefit, to both the Police and members of the public, is that distressed individuals do not need to be taken into police custody to await an assessment.

The team made great strides from December 2013-November 2014, with 64 fewer people spending time in a custody suite than the previous 12-month period.

The initiative was funded by Staffordshire's Police and Crime Commissioner Matthew Ellis from November 2013 to August this year and is currently being funded by Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups.



## **6. ACCESS 24/7**

From the 5 January 2015, we have seen a significant change in the way out of hours and crisis care support is provided. Feedback from Service users and professional colleagues, including GPs, has been that they wanted a more consistent approach to assessment, advice and signposting.

Therefore, in response to this feedback, we have extended the Access service which is now open 24 hours a day, 7 days a week. The Access Team has taken over responsibility for all patient assessments allowing the Home Treatment Team (who provided out of hours cover previously) to concentrate on patient/client interventions.

## **7. PATIENT COUNCIL**

I am pleased to report that we are holding an event at the end of February to take another step forwards in involving our service users and their representatives in how our services are designed and delivered and how our Trust is run.

On Tuesday 24 February we will be holding a scoping event at Lawton House, to listen to ideas on how to take forward a Patients' Council across the Trust. The aim of the event is to hear from those who use our services and those who represent them, on what would make a meaningful Patients' Council and how they would like to see it developed.

Invites will be sent out to local service user support groups and the event will be advertised in all our service locations. As numbers are limited, we are asking people to register to attend by calling 0800 032 8728 or 0300 123 1535 extension 2627.

## **8. APPOINTMENTS**

I am pleased to report that our new Directorate Structure is now in place, with substantive Clinical Director appointment made. The six new Directorates are listed below, along with the Clinical Director leading each directorate:

- Adult Mental Health Services Community – Dr Dennis Okolo
- Adult Mental Health Services Inpatient – Dr Xenofon Sgouros
- Child and Young People's Mental Health Services - Dr Jo Barton
- Learning Disabilities – Dr Matt Johnson
- Neuropsychiatry and Old Age Psychiatry – Dr Darren Carr
- Substance Misuse - Dr Derrett Watts

Congratulations to Jane Clements, Andy Oakes and Darren Bowyer, who have been appointed as Heads of Directorate for Adult Mental Health Services Inpatient, Adult Mental Health Services, and Substance Misuse services respectively. The process to appoint Heads of Directorate for Child and Young People's Mental Health Services (CYP), Learning Disabilities (LD) and Neuro and Old Age Psychiatry (NOAP) is ongoing. The process is also ongoing to appoint the Clinical Director for NOAP.

Carol Sylvester has been appointed as Acting Deputy Director of Nursing. Carol has taken up the post for an initial six month period and will be supporting the nursing and quality agenda across the Trust.

Directorates came into force in November 2014. A structure chart is available on our website under the 'About Us' section, here – <http://www.combined.nhs.uk/aboutus/CS/Pages/default.aspx>

## 9. MIDWAY PROJECT

We are pleased to be supporting a project to install physical barriers at Midway multi-storey car park in Newcastle-under-Lyme in order to prevent it being used by people who may be considering suicide. This has been identified as an area which is of suicide risk. It is important that the Trust contributes to its Public Health responsibility and promotes health and wellbeing and preventing harm wherever possible. To do this we continue to work in an active partnership across our local community.

The Trust has committed to contribute £15,000 to the scheme, alongside the Newcastle-under-Lyme Borough Council.

Staffordshire County Council and Staffordshire Police have also committed to spending £15,000 on the barriers, with the remainder coming from the borough council.

## 10. LISTENING INTO ACTION

Our Listening into Action journey continues to go from strength to strength

Work is progressing among the 15 Pioneering Teams and Enabling Our People Schemes to focus on making a difference to staff and service users. Highlights so far include:

Pioneering Team 10 – Place of Safety, this team is focussing on “improving the experience of people who are detained under Section 136”. It has developed a service user survey which will be carried out with anyone detained under Section 136 at Harplands to gather information about their experience. Already we have seen a significant decrease in the times the suite has been unavailable for admissions.

Pioneering Team 5 – Safer inpatient environments (acute wards) – has been capturing feedback to ensure that every person, patient, carer, visitor and staff feel safe in our inpatient areas. A display was held outside the acute wards at Harplands inviting feedback and ideas on making their mission statement a reality.

Pioneering Team 7 – Improve access to Psychological Services – is focusing on the waits service users currently face to access these services. Clinician feedback has been reviewed and a letter sent to service users who have used Stoke Healthy Minds, inviting them to a focus group meeting. A week-by-week action plan is being developed to work on reducing waits.

## 11. COMPLIMENTS CORNER

I'd like to draw attention to a couple of compliments that have been shared with the Trust via our 'Compliments Corner'.

A patient who had received care on Ward 2 was so impressed with the staff that looked after him, that he wrote a poem. It can be found [here](#) in Compliments Corner.

We also received a [wonderful commendation](#) of the services provided by Dawn Burston from colleagues at NHS England. Dawn is the manager of our Criminal Justice Mental Health Team and it is great to know we have such committed staff working across our organisation.

The Patient Experience Team will be sharing cards, emails and letters they have received via this channel, to share positive learning across teams. If you have a compliment, please share it with the

Patient Experience Team by calling 0800 389 9676 (free phone), 01782 275 171 or 07841 730 821 (text and speech); or emailing [PatientExperienceTeam@northstaffs.nhs.uk](mailto:PatientExperienceTeam@northstaffs.nhs.uk) .

## 12. LAUNCH OF GP NEWSLETTER

In December, the Trust launched a new GP newsletter. The e-brief, which is sent to all Stoke on Trent and North Staffordshire GPs by email, provides a clinical snapshot of developments in mental health services. Copies of the GP News newsletter, and other Trust bulletins and staff magazines are available on our website at <http://www.combined.nhs.uk/news/newsletters/Pages/default.aspx>

## NATIONAL UPDATES

- [NHS Mandate](#) publication
- [Dalton Review](#) publication
- [Reforming the payment system for NHS services: supporting the Five Year Forward View](#) publication
- [Simon Stevens HSJ](#) Lecture
- [Making local health economies work better for patients](#) publication

Caroline Donovan  
Chief Executive  
29 January 2015

REPORT TO: **Open Trust Board**

Date of Meeting:	29 January 2015
Title of Report:	Summary of the Quality Committee meeting held on the 20 January 2015
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 21 January 2015 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For decision / assurance</li> </ul>
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 20 January 2015.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy -</li> <li>Governance Strategy</li> </ul>
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	<ul style="list-style-type: none"> <li>To note the contents of the report</li> <li>Ratify the policies highlighted in the report</li> </ul>

**Key points from the Quality Committee meeting held on 20 January 2015 for the Trust Board meeting on the 29 January 2015**

**1. Introduction**

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee. The Chair welcomed new members to the committee following the introduction of the new clinical reporting structure.

The Chair provided a high level feedback from the committee away day that took place on the 1 December 2014. It was noted that the committee undertook a review of its effectiveness with notable areas of good practice and areas that require strengthening. Work is ongoing and will help to inform the committee's programme of work for the forthcoming year, including further development of quality metrics and reporting arrangements. Members will also consider how best they can involve service users in the further development of the committee.

**2. Director of Quality Report**

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

- **Winterbourne View – Time for Change – transforming the commissioning of services for people with learning disabilities and / or autism.** Mr Johnson, Clinical Director for the Learning Disability Directorate drew the committee's attention to the key points arising from the report undertaken by Sir Stephen Bubb. The report concludes that people with learning disabilities in England are being kept in hospitals far from home for too long. The report offers 10 recommendations including the introduction of a charter of rights and more community facilities.

It is clear that this report will impact on the way the Trust delivers services in future. Mr Johnson helpfully drew to the attention of the committee the internal response to these recommendations and the close work that is ongoing with local commissioners through the monthly LD Development and Transforming Care Forums. The full implementation of the LD Intensive Support Service (ISS) from 19 January 2015 will support some of these recommendations by enabling better transition from inpatient settings and a more responsive team to sustain discharge.

- **Best Interest Assessor Service Evaluation** – following a survey of staff knowledge of the Mental Capacity Act across the Trust in 2012, it was agreed that an evaluation of the Best Interest Assessors Team should be carried out and this was prioritised as part of the Clinical Audit Programme. Staff involved in this process were sent questionnaires, most of which reported that they had enough information about the assessment process. An action plan has been completed following analysis of this feedback to improve further learning and awareness of the process.
- **West Midlands Strategic Clinical Networks & Clinical Senate – Programme Highlight Report December 2014** - notes that there four strategic clinical networks each of which deliver a portfolio of projects across its clinical work streams aimed at improving outcomes for everyone.
- **Trust response to NHS England request for how we support the physical health needs of service users with a mental health problem** – this highlights the successful strategies (such as the 2013/14 CQUIN schemes), benefits for patient care, training implications and opportunities and challenges for dissemination.

### **3. Policy Review**

The proposals were supported by the committee for ratification of the policies by the Trust Board for a period of 3 years or to be extended as follows:

- **Mobile Information Handling Policy 7.19**
- **Clinical Coding Policy 7.10**
- **Listening and Responding (PALS and Complaints) Policy 4.26**
- **Access to Health & Employee Health Records 7.2**
- **Food Safety Policy IC9**

### **4. Directorate Performance Reports**

The Committee received the monthly performance reports from each of the Directorates. Members discussed in detail the risks that were identified and assurances received, particularly in relation to cost pressures, improving access to services and ensuring sufficient capacity to manage increased activity.

The committee also considered the new style clinical dashboard to support the committee to give a more focussed view of individual directorate performance in clinical areas. Following discussion this will be developed further and trialled at the new meeting of the committee.

### **5. Quality Metrics from the Performance Quality Management Framework Report (PQMF) month 9**

The Quality Committee has retained responsibility for monitoring quality metrics following transfer of the PQMF to the Finance & Performance Committee in September 2014. The committee reviewed the quality metrics being extracted from the wider PQMF. The role of the committee is to consider the impact of metrics potentially going off track. Of note was the readmission rate for all inpatient settings which is currently on amber. In addition, completion of the IAPT minimum data set was noted to be on red but with a forecast outturn of green. In addition, the number of people who have entered (i.e. received psychological therapies) was also noted to be on red but with a forecast outturn of amber following mitigating action.

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

The committee received assurance from the Nursing Director about the process that remains in place and work ongoing whereby schemes are carefully assessed in terms of their potential impact on the quality of service.

### **7. Risks to Quality of Services – December 2014**

Committee members considered the report for quality risks, noting the risk treatment plans in place. Of note was the high risk relating to a lack of investment in mental health services as member of a challenged health & social care economy and actions to respond to this. This and the other significant risks to the provision of quality services is being closely monitored by the committee.

### **8. CQC Ward 4 Visit and Action Plan**

The committee received a progress update on the programme of work. It was noted that Mrs Valerie Stronach, Modern Matron had worked tirelessly with ward staff to complete the required actions and that she should be commended for leading this work. All actions were now closed.

The committee were provided with an update on how Ward 4 is currently being used. In response to the [University Hospitals of North Midlands](#) (UHNM) declaring a Major Incident staff quickly came together and acted speedily to open Ward 4 at Harplands, taking patients from UHNM and working collaboratively in providing shared care in support of the wider health economy.

#### **9. Children and Young Persons Directorate – Community Service Proposed Management and Service Restructure**

The committee received this proposal for information purposes, noting that this had been supported by members of the Senior Leadership Team meeting.

#### **10. Safe Staffing monthly and six monthly report**

The committee received the nursing staff performance on a shift by shift basis for the month of December 2014. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. The report also noted occasions when shifts were not able to be filled as planned.

The committee also discussed the six month drill down report in respect to the analysis of the inpatient staffing requirements of wards 1-7. This core data utilised was inclusive of April – November 2014. The report outlines an under-establishment on a number of wards, estimated financial implications in terms of surplus and deficit, and recommendations to address the position.

The committee supported the proposal to extend the safe staffing review to all inpatient areas. There will also be an assessment of the community teams staffing levels as part of the workforce development plan. It was further noted that these reports would be presented individually at the next meeting of the Trust Board to allow for further review and scrutiny by the wider board.

#### **11. Domain Reports**

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

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

The Chair queried that there were risks associated with achieving a number of CQUINS (in addition to AIMS noted at Point 12) and these related to physical health, listening into action and safety thermometer. Assurances were provided about the work in place to complete these.

The committee also discussed the current reporting arrangements and the work over the coming months to refresh these arrangements. The committee also discussed the

assurances they receive from these reports and trialling a deep dive into individual domains on a month by month basis to gain further assurance to the committee and the board.

**12. Goal 4 AIMS Rehabilitation Accreditation Process**

The committee received a report on the progress and associated risks with achieving this goal. To achieve accreditation it is essential that 100% of type 1 standards are met alongside at least 60% of type 2 standards. Evidence and information has been provided in terms of the work undertaken by the Trust and the service will be informed of the outcome following review and validation by an external committee at the end of February 2015. The confirmation that is awaited relates directly to payment of the CQUIN and not the quality of the Trust's services.

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

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

21 January 2015



Report to: Trust Board

Enclosure 6

Date of Meeting:	29 <sup>th</sup> January 2014
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Mark Dinwiddy; Interim Director of Nursing & Quality
Author of Report:	Jackie Wilshaw, Senior Nurse,
Date:	13 <sup>th</sup> January 2014
E-mail:	
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Assurance</li> </ul>
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1<sup>st</sup> – 31<sup>st</sup> December 2014) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> <li><i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i></li> <li><i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</i></li> <li><i>Evaluates risks associated with staffing issues</i></li> <li><i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i></li> <li><i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i></li> <li><i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i></li> </ul> <ul style="list-style-type: none"> <li>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for December was 104.11%: being a total fill rate of 105.16% for registered nurses and 103.07% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</li> <li>During the current data collection period 1<sup>st</sup> -31<sup>st</sup> December 266 shifts were not able to be filled as planned</li> </ul> <p>The Board is asked to: Receive the monthly nurse staffing report</p>
Which Strategy Priority does this relate to?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy</li> <li>Governance Strategy</li> <li>Workforce Strategy</li> <li>Financial Strategy</li> </ul>
How does this impact on patients or the public?	
Relationship with Annual Objectives	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care

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

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

### Purpose

This paper provides the monthly ward nurse staffing data which details the Trust's performance for December 2014.

### Current Performance

During the current data collection period (1<sup>st</sup> – 31<sup>st</sup> December), 602 /868 of shifts have been staffed as planned\*. It should be noted that where shifts have not been filled as planned, the variance can sometimes be minimal (i.e. less than 1-2 hours per shift) and where the figure is higher than this staffing levels have remained at safe levels by short-term adjustments in the ward grade mix.

\*in some cases. planned hours have been calculated using the team leaders professional judgement, therefore this may be a higher figure than allowed for in the staffing establishments .

The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards in December was 104.11%, this being a total fill rate of 105.16% for registered nurses and 103.07% for HCSWs

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

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

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

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

### Exception reports by area

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

#### **Ward 1**

Ward 1 has experienced high observation levels; rising to a maximum of 6 x (level3) constant observations.

The ward has also had to manage higher staff sickness levels

## **Florence House**

The actual staff hours figure show a monthly reduction due to lower observation levels in December

The HCSW actual numbers are lower due to a number being off sick.

### **Ward 2:**

Ward 2 currently works on 5/5/3 shift pattern.

Acuity on ward 2 has been fine throughout the month and the ward has not been over occupied this month. The UNIFY data indicates that there was a need for higher staffing levels at night due to patient observation levels.

### **Ward 3**

The ward continues to have a significant need for increased observation levels.

There has also been a high level of registered nurse sickness absence

### **Ward 6**

Ward 6 staff sickness increased due to an outbreak of norovirus during December

## **Darwin**

Over the Christmas holiday period, Darwin reduced its staffing levels in response to a significantly lower than expected bed occupancy. Therefore the number of “actual” hours is lower than the number of “planned” hours but this does not represent a staffing shortage.

## Recommendations to the Board

The Board is asked to:

- Receive the monthly report on nurse staffing levels

Appendix A

**December 2014**

Ward	Performance (% planned vs actual) staffing numbers		Number of RN shifts below planned numbers	Number of HCSW shifts below planned numbers	Number of shifts below planned numbers (TOTAL)	Reasons for variance in performance
	Registered Nurses	Healthcare Support Workers				
Ward 1	126.7	144.09				Patient need / sickness
Ward 2	140.01	148.43	30	4	34	Patient need / sickness
Ward 3	94	139.47	17.7		17.7	Patient need / sickness
Ward 4	90.5	101.5	12.7		12.7	Patient need / sickness
Ward 5	93.78	93.41	25.13	34.53	59.66	Patient need / sickness
Ward 6	95	93.03	12.57	18	30.57	Patient need / sickness
Ward 7	102.32	118.70	1.42		1.42	Patient need / sickness
Assessment & Treatment	101.5	140				Patient need / sickness
Telford Unit	100.91	100.74				Patient need / sickness
Edward Myers	102.8	86.4		15.86	15.86	Patient need / sickness
Darwin Centre	89.65	91.25	39.3	31.86	71.16	Patient need / sickness
Summers View	126.7	98.02		5.8	5.8	Patient need / sickness

Appendix A

Florence House	102.5	94.56		10.47	10.47	Patient need / sickness
Dragon Square	106	96.5		7.2	7.2	Patient need / sickness
<b>TRUST AVERAGE/ TOTAL</b>	<b>105.16%</b>	<b>103.07%</b>	<b>138.82</b>	<b>127.72</b>	<b>266.54</b>	

**REPORT TO THE TRUST BOARD**

Date of Meeting:	29 <sup>th</sup> January 2015
Title of Report:	Safe Staffing Review (Six Month Update)
Presented by:	Mark Dinwiddy Interim Executive Director of Nursing
Author of Report: Date: E-mail:	Jackie Wilshaw. Senior Nurse 17 <sup>th</sup> December 2014 <a href="mailto:JacquelineL.wilshaw@northstaffs.nhs.uk">JacquelineL.wilshaw@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For discussion and decision</li> </ul>
Executive Summary:	<p>This paper provides the outcomes from the review of nurse staffing establishments at Harplands hospital.</p> <p>It also provides an analysis of the inpatient staffing requirements of Wards 1 – 7. The core data utilised was inclusive of April to November 2014.</p> <p>The report outlines an under-establishment on a number of wards at the Harplands hospital and makes a number of recommendations to address this</p>
Which Strategy Priority does this relate to?  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy</li> <li>Governance Strategy</li> <li>Workforce Strategy</li> <li>Financial Strategy</li> </ul>
Relationship with Annual Objectives	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care
Risk / Legal Implications:	Delivery of safe staffing is a key requirement to ensuring that the Trust complies with National Policy direction
Resource Implications:	Proposed additional costs – (these are detailed within the paper)

Equality and Diversity Implications:	Supports the delivery of accessible and responsive services
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the Trust's Assurance Framework and Risk Management Processes
Recommendations:	<ul style="list-style-type: none"> <li>That the Board note and discuss the contents of this report</li> <li>That the Board accepts the recommendations made within this paper.</li> <li>The Board will continue to receive regular assurance in respect to staffing levels going forward</li> </ul>

**6 Month Staffing Review April-September 2014**

**Summary and Conclusions**

- Safe staffing levels have been achieved
- Required staffing levels have often been higher than ward establishments
- Staffing levels assessed using the safer staffing tool were higher than the actual number of staff on duty in almost all cases
- Safe staffing levels have been established using professional judgement of ward managers

**The Board is asked to consider the data and accept the findings and recommendations:**

- To reassess the staffing levels independently and as part of the MHI LETC workforce development plan (Spring 2015)
- To extend this work to all inpatient areas- previously completed x2 for Harplands inpatient areas.
- To complete the assessment of the community team staffing levels as part of the MHI LETC workforce development plan (Spring 2015)
- To ensure robust and timely site wide vacancy management
- To recommend a request for an uplift of circa £300,000 to support the continued staffing of the Harplands inpatient wards



**Executive Summary**

The aim of this report is to provide the Board with a 6 month summary analysis of the safe staffing data.

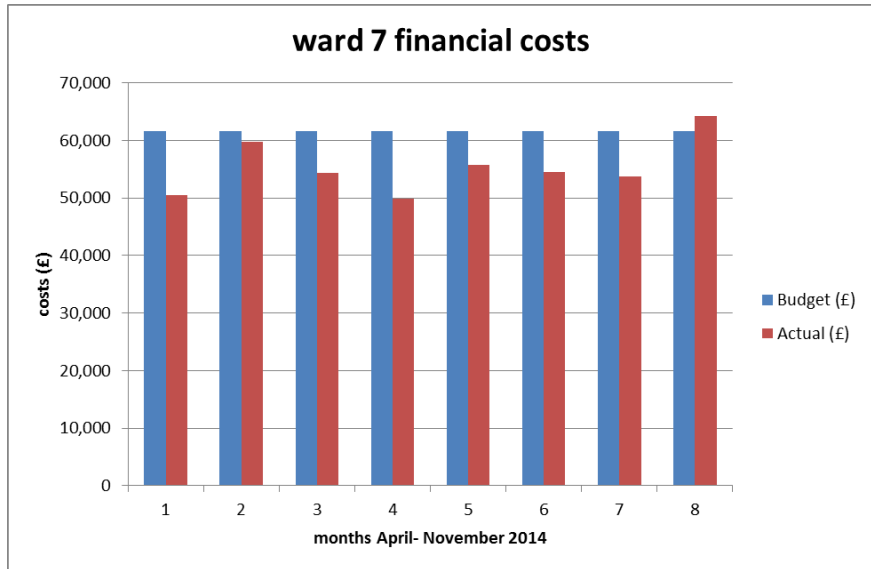
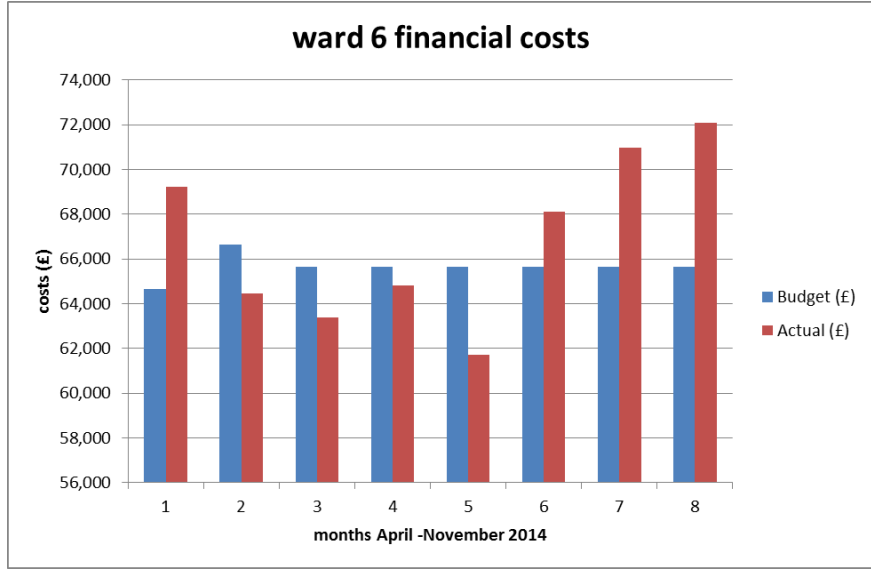
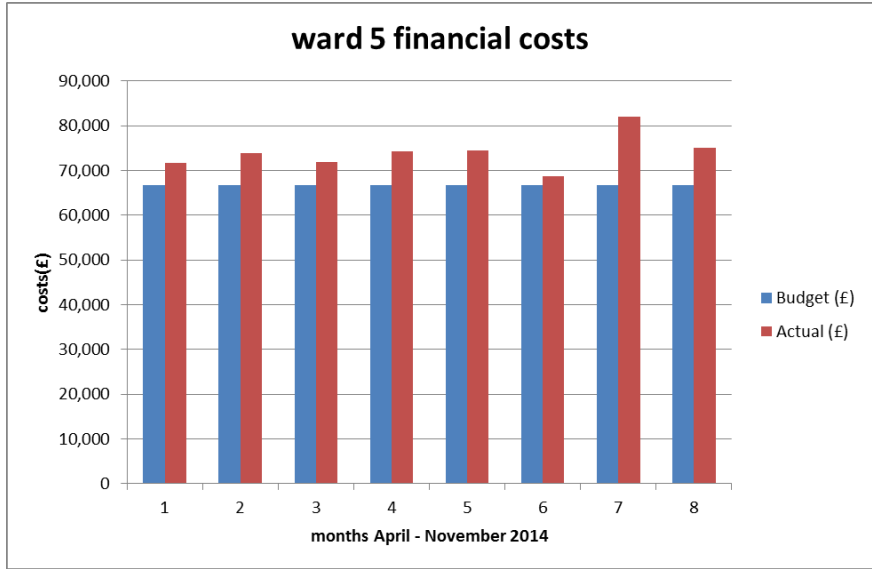
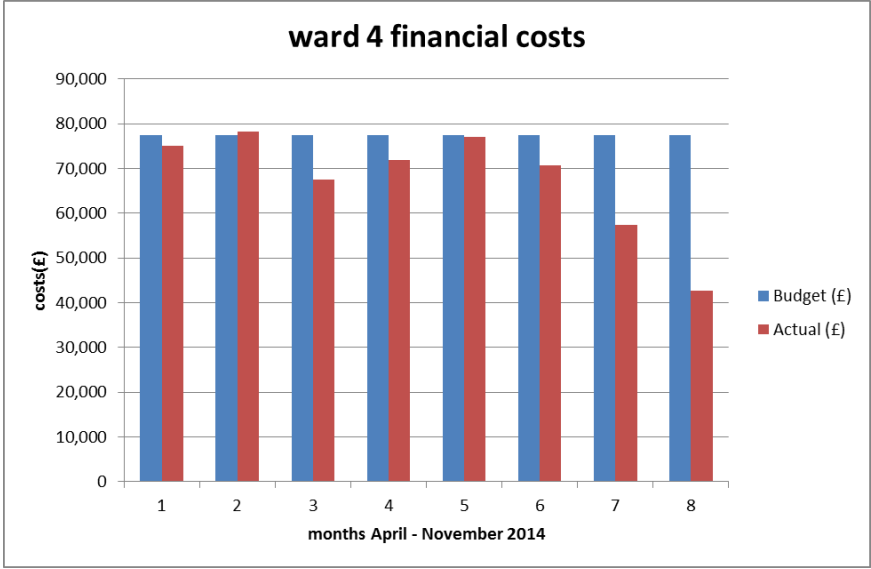
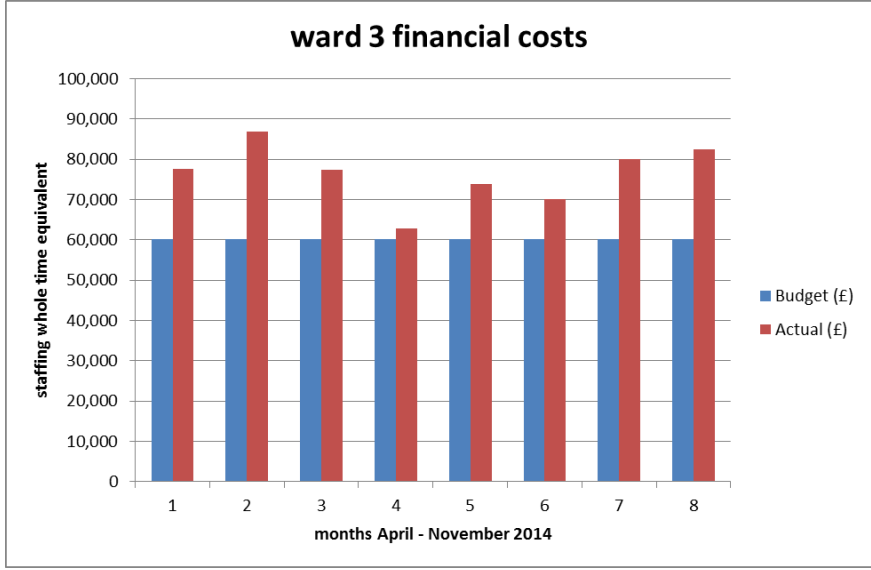
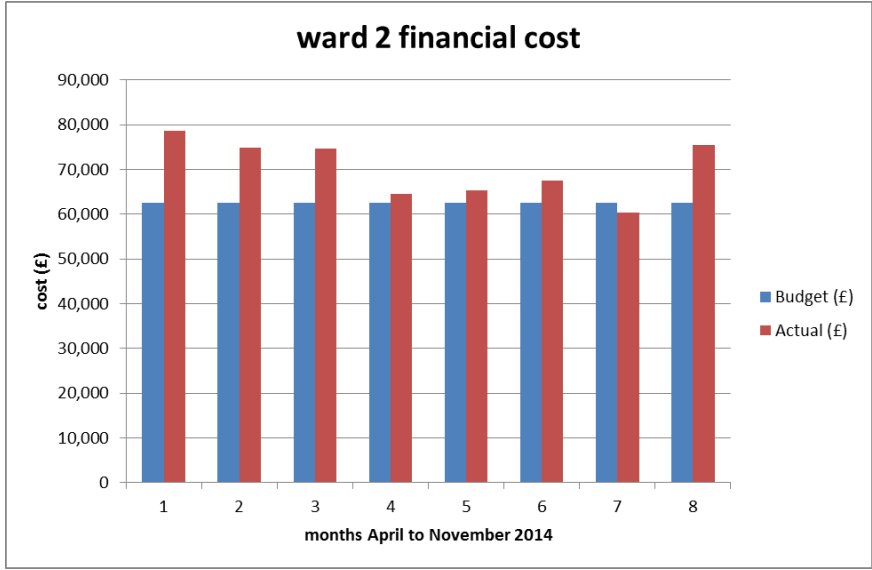
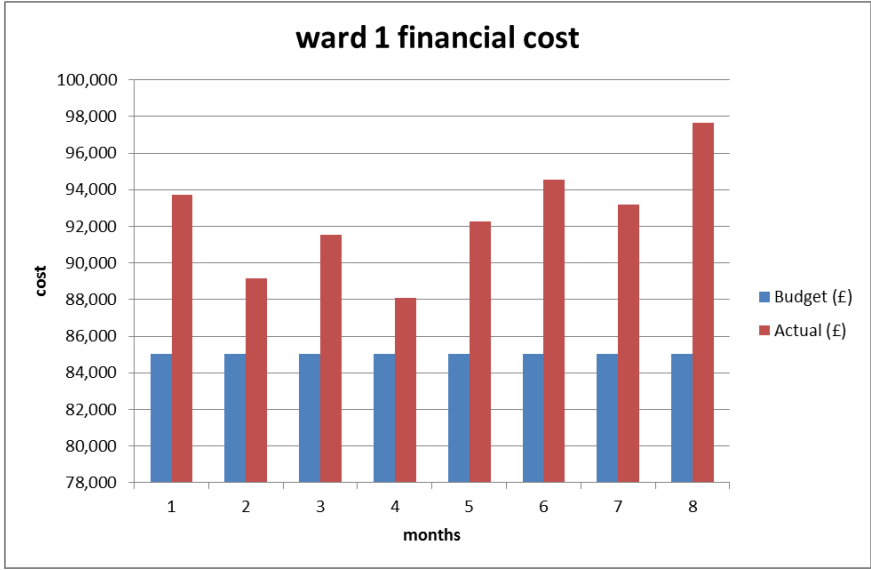
The findings of this review support the findings put to Board, since reporting on this issue began, that Matrons, Ward Managers and front-line staff have continued to provide an appropriate level of staffing within ward areas to deliver safe environments.

However, the system has been under pressure for a number of reasons, including pathway activity, patient care demand/acuity, vacancy management and management of cost pressures. These pressures have put a significant strain on front-line staff and have seen a greater reliance, than is desirable, on additional (bank) staffing which is not sustainable in the long term.

The report supports the recommendation that the uplifts in establishment previously proposed to the Board are reviewed and considered for implementation.

It is anticipated that the staffing levels/patient acuity assessment will be revisited as part of the Trust participation in the MHI LETC workforce development programme “Workforce Development Plan- Safer Staffing”

Please note that all figures throughout this report relate to bands 6, 5 and 3 nursing staff only.



Estimated (surplus)/deficit at M1-M12

Ward 1 **£89,552**

Ward 2 **£92,387**

Ward 3 **£195,500**

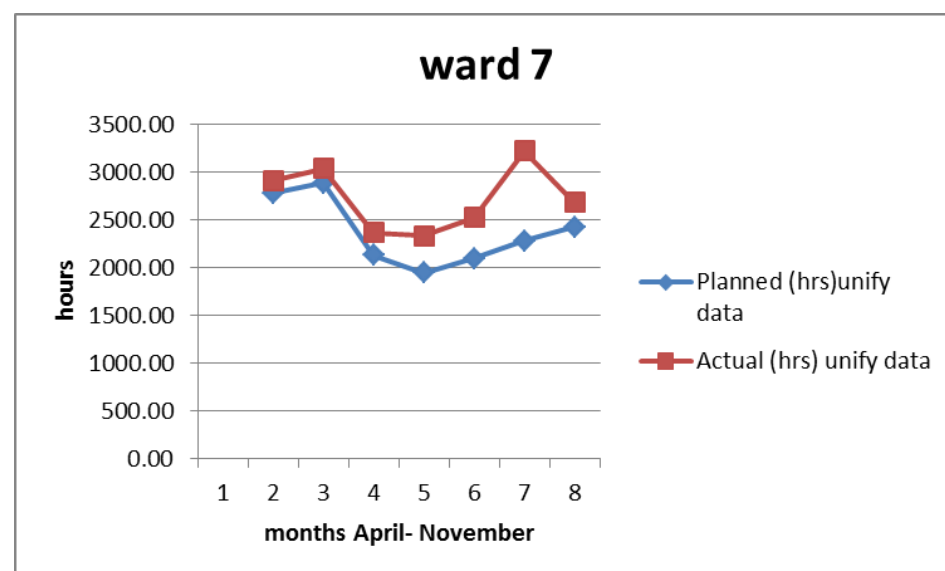
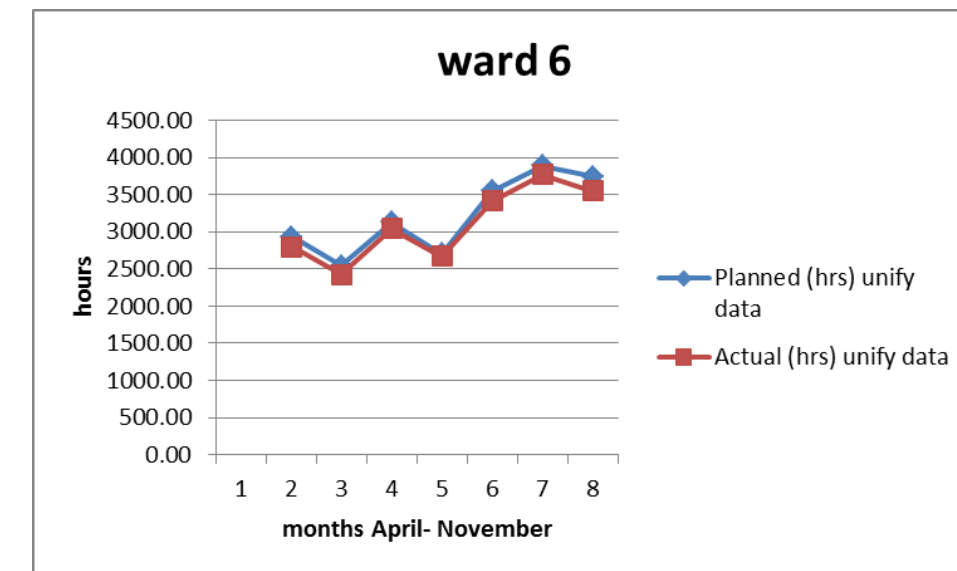
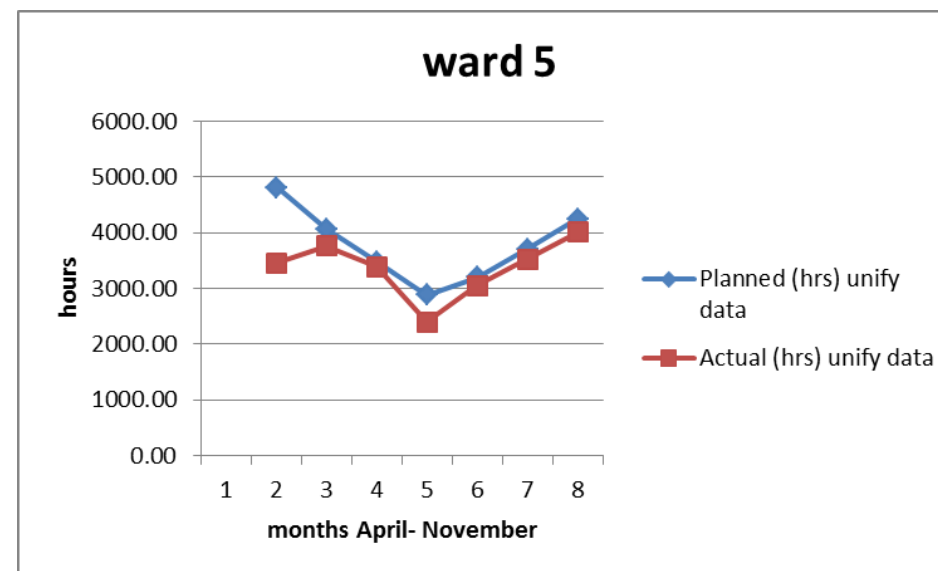
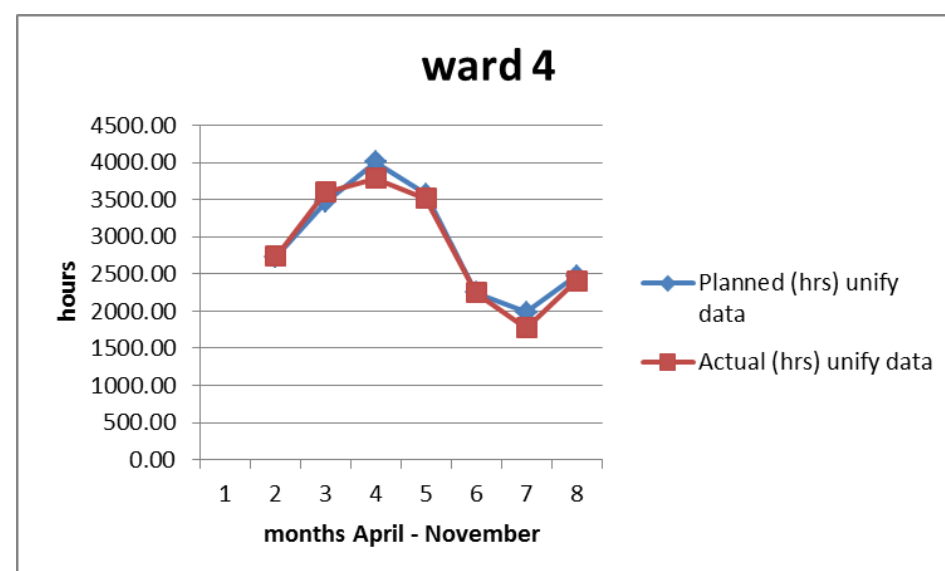
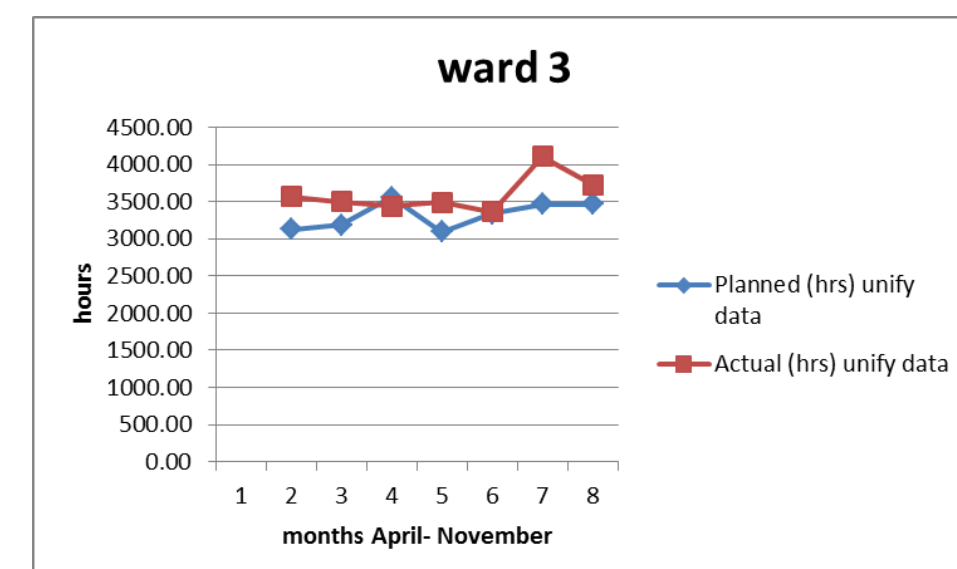
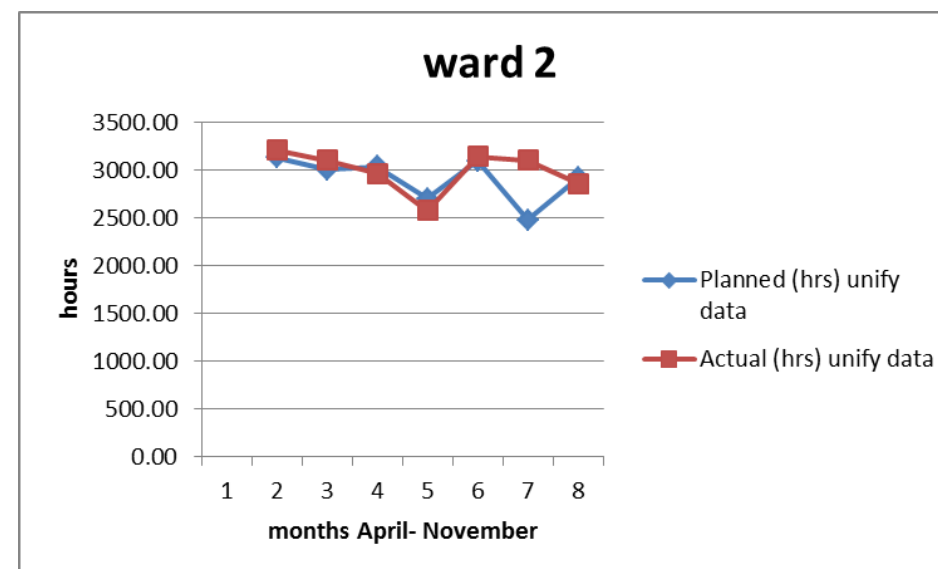
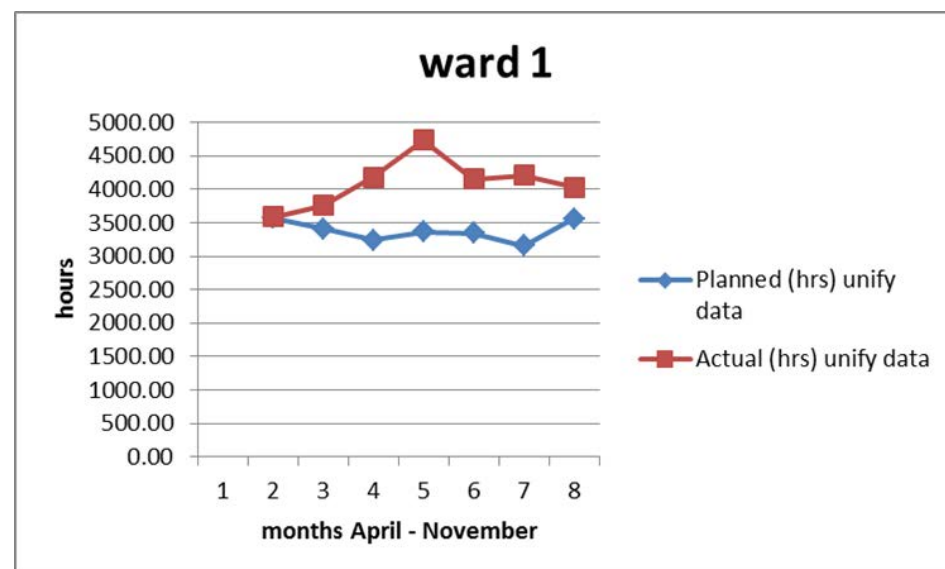
Ward 4 (**£117,963**) (ward will close at end 2014)

Ward 5 **£88,080**

Ward 6 **£14,352**

Ward 7 **£75,092**

**We have spent an additional (estimated) £286,815 over the existing ward budgets, on the wards at the Harplands in order to maintain safe levels of staffing**



This data is uploaded on to Unify at the end of each month and demonstrates the number of planned staffing hours against the number of actual (staff on duty) hours.

Consideration is required to achieved desired skill mix of 50:50 Registered nurses: HCSWs

It is essential that the Trust can demonstrate to patients, the public, regulators and our commissioners that the wards have safe inpatient staffing levels and that we are confident that there are robust and reliable processes in place to monitor and review staffing levels.

**This paper proposes inpatient staffing levels that meet the definition of Safe Staffing as defined below.**

Safe Staffing is not the absolute minimum staffing but provides a degree of resilience to short notice change in staff numbers and patient acuity.

There is no single definitive guidance or recommendation about safe staffing levels, therefore the assessments previously completed use the benchmarking guidance supported by the Royal College of Nursing, the safer staffing alliance and the Safer Nursing Care Tool.

As there is no national definition of safe staffing, it is proposed that a ward is considered safe if the numbers of staff allow the following to occur:

- 1. People in our care are treated with care and compassion
- 2. All inpatients have a thorough and holistic assessment of their needs and have clear goals/care plans regarding their inpatient admission
- 3. Staffing numbers will allow for full implementation of the agreed care plans
- 4. Ward establishments are sufficiently robust to allow the ward to function safely when faced with expected fluctuations in patient acuity and with the inevitable short term staff sickness
- 5. Ward managers are able to call upon addition staffing resources (bank staff) at short notice, dependent upon inpatient care demand
- 6. There is not an undue reliance on bank staff to fill nursing rotas. (“Bank staff” includes substantive staff working extra hours and casual bank staff)

**Systems to support the ongoing delivery of safe staffing numbers.** (This list is not exclusive)

- 1. The Trust meets the expectations set out by the Chief Nursing Officer and the National Quality Board recommendations (see appendix 1)
- 2. The Trust operates an appropriately resources staffing bank; to enable ward managers to call upon additional staff when required
- 3. HR processes are in place to support timely recruitment of staff and that vacancy management does not detract from the running of the wards
- 4. The Trust has sufficient investment in training to ensure that staff remain up to date with the key skills required to deliver high quality care

Report findings and recommendations from the safe staffing assessment completed by K Laing and reviewed by S Eley.

Key finding	Recommendations for consideration
Insufficient numbers of Registered nurses	Registered Nurse to HCSW ration to be addressed to achieve a skill mix of 50:50
Senior nurse are routinely taken away from their core clinical work in order to provide Duty Senior Nurse cover	All wards to have 2 Band 6 nurses in order to provide robust clinical leadership in ward areas  Ward Managers are taken off the DSN rota during office hours – management responsibilities are aligned to the management on call rota. Out-of-Hours support may be undertaken by a senior nurse from the locality teams/relevant in-patient ward.
Variation in shift patterns across the wards, resulting in gaps in staff cover at times throughout the day	To complete management of change exercise in or to standardise shift patterns across Harplands inpatient areas
Vacancy management processes – in practice the timescales for the recruitment of new staff is prolonged and results in an extended use of bank staff.	Robust and timely site-wide vacancy management, in conjunction with support from HR

**Conclusion**

From this data, it is evident that safe staffing levels have been achieved within Harplands Hospital inpatient areas; the level of staff required has often been at a higher amount than the ward establishment budgets and has been achieved through a combination of excess hours and bank staff (substantive staff and casual bank).

However it is important to note that the safer staffing levels as assessed using the Hurst staffing tool were higher than the actual number of staff on duty in almost all cases. Therefore whilst a review of ward staffing establishments is desirable; a repeat of the assessment exercise may be prudent in order to provide an update on current care demand and staffing requirements.

## Appendix 1.

### Expectations of NHS Providers<sup>1</sup>

- **Expectation 1**
- Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.
- Board agree staffing establishments.
- Regular Board reports on actual staff on duty.
- Board review key quality and outcome measures.
- Board review recruitment measures.
- Board review training data.
- Board reports on staffing are accessible to patients and staff.
  
- **Expectation 2**
- Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
- E-rostering processes in place.
- Escalation Policy in place and evidence that it is working.
- **Expectation 3**
- Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.
- Ongoing review and implementation of evidence based tool to inform staffing requirements, including numbers and skill mix.
  
- **Expectation 4**
- Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
- Wards have adequate supporting infrastructure (IT, ward clerk, housekeepers).
- Supervision and supportive line management in place.
- Clear processes for staff to raise concerns.
- Clear processes to ensure that staff feel supported when raising concerns.
- Action demonstrated when concerns are raised.
- Organisation culture to support staff in delivering high quality care.
- **Expectation 5**
- A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.
- Director of Nursing supported by Medical Director, Director of Finance and Director of HR and Operational Directors in presenting staffing paper.
- **Expectation 6**
- Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
- Evidence that staff are able to undertake CPD, mentorship and supervision.
- Ward Managers to have time to assume supervisory status.
  
- **Expectation 7**
- Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
- Monthly reports on workforce information to the Board.
- Once in six months an establishment review to be discussed at a public Board meeting.
  
- **Expectation 8**
- NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
- Staffing levels to be published on each ward and clinical setting for patients and public to see.
- **Expectation 9**
- Providers of NHS services take an active role in securing staff in line with their workforce

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<sup>1</sup> NQB (2014) How to ensure that the right people, with the right skills are in the right place at the right time.

- requirements.
- Annual Workforce Plan
  
- **Expectation 10**
- Commissioners actively seek assurance that the right people, with the right skills, are in
- the right place at the right time within the providers with whom they contract.

Enclosure 8

## REPORT TO TRUST BOARD

Date of Meeting:	29 January 2015
Title of Report:	Letters to Trust CEO from Quality Surveillance Group – November 2014
Presented by:	Caroline Donovan, Chief Executive
Author of Report: Name: Date: Email:	Shropshire & Staffordshire Area Team Quality Surveillance Group – November 2014
Purpose / Intent of Report:	Information and assurance
Executive Summary:	NHS England now uses a Surveillance Rating System. The letter indicates that the Trust is rated as Green – Regular Surveillance – no specific concerns but watching eye on any dips in performance .
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	Clinical, Finance and Governance.
Relationship with Annual Objectives:	Delivery of high quality, evidence based services.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None
Recommendations:	The Board is asked to : <ul style="list-style-type: none"> <li>• Receive for assurance purposes</li> </ul>



NHS North Staffordshire  
NHS Stoke on Trent  
South Staffordshire PCT

Caroline Donovan  
Chief Executive  
North Staffordshire Combined Healthcare NHS Trust  
Trust Headquarters  
Bellringer Road  
Trentham  
ST4 8HH

Shropshire and Staffordshire Area Team HQ  
Anglesey House  
Anglesey Court  
Towers Plaza  
Wheelhouse Road  
Rugeley  
Staffs.  
WS15 1UL

Tel: 011382 54629

### Letters to CEOs post Quality Surveillance Group

Dear Caroline.

Following the Quality Surveillance Group held on the 27 November 2014. I am writing to inform you of the discussion which took place regarding your organisation.

- Concerns were raised regarding staffing levels on ward 4.

NHS England now uses a Surveillance Rating System and your organisation is rated as **Green** – Regular Surveillance. The definitions for the ratings are explained at the end of this letter.

With Kind Regards

Yours Sincerely.

Brigid Stacey  
Director of Nursing and Quality  
Shropshire and Staffordshire Area Team

Cc  
Jan Warren, NSCCG  
Lee George, NSCCG  
Lorraine Cook, SOTCCG  
Steve Eley, NSCHCT

#### Definitions

**Green:** Regular Surveillance:- No specific concerns but watching eye on any dips in performance

**Amber:** Enhanced Surveillance:- Concerns need to be reviewed at every meeting due to existence of recover action plans/ increased visits/ contractual measures.

**Red:** Risk Summit Required:- Significant concerns beyond the need for enhanced surveillance, which reinstate further action in the form of a risk summit.



**Enclosure 9**

REPORT TO: Trust Board (open)

Date of Meeting:	29 <sup>th</sup> January 2015
Title of Report:	Report from the Risk Management Committee held 10 December 2014
Presented by:	Mrs Bridget Johnson
Author of Report: Name: Date: Email:	Laurie Wrench, Head of Clinical Audit and R&D 22 <sup>nd</sup> January 2015 Laurie.wrench@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>• For assurance</li> </ul>
Executive Summary:	This report provides a summary of the Risk Management Committee meeting held 10 December 2014
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer focus strategy</li> <li>• Clinical strategy</li> <li>• Governance strategy</li> </ul>
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Risk Management Framework is a key control within the Assurance Framework and informs the Annual Governance Statement
Recommendations:	To note the contents of the report

## **Risk Management Committee Summary Business Report to the Trust Board of the meeting held 10<sup>th</sup> December 2014**

### **1. Welcome and Introductions**

Mrs Donovan informed the Committee that Mr Ian Holder from the Good Governance Institute (GGI) would be observing the Risk Management Committee today to further inform the work of the GGI in the review of the management of risk across the organisation.

Mrs Donovan also welcomed Mrs Wrench who would be supporting risk going forward.

### **2. Forward Look to Q4 2014/15 Principal Risk Register**

Committee members reviewed the Principal Risk Register and noted the changes made since the last Committee meeting. Mrs Donovan informed the Committee that several changes had been made to enhance the Principal Risk Register which now includes detail on the forecast risk at 31<sup>st</sup> March 2015 in addition to dividing the register into sections of the Board Committees:

- Quality Committee
- Finance and Performance Committee
- People and Culture Development Committee
- Other risks escalated from the Operational and Corporate Risk Register

The Committee noted that an additional risk was to be added onto the register in relation to stress management which had been identified by the People and Culture Development Committee.

Mrs Donovan confirmed that work on risk 317 had been progressed by the Interim Director of Strategy and Planning and further noted that the ongoing work of the GGI would help the board map new risks through to Q1 against the new Strategic risks outlined in the five year Integrated Business Plan.

It was noted that there were changes in 3 scores to 3 risks. Risk 316, risk 280 and risk 10 had all reduced in severity.

Ms Harrison informed the Committee that risk 349 was new to the Principal Risk Register and that it was a key that ongoing mitigation plans worked to reduce the severity of this risk as we go forward.

The Committee discussed in detail risk 317 and noted that negotiations are underway in respect to additional funding and future Commissioner led meetings.

Mr Sargeant provided clarification to the committee that a report from the Risk Review Group was presented to the Committee at alternate meetings but that this would be reviewed for future meetings.

Mr Jarrold provided reference to the Dalton Report and drew attention to the importance and significance of the report and the Trust's aspirations to be categorised favourably.

Mr Jarrold informed the Committee that this meeting was the last time Mr Sargeant would be attending and thanked him for his hard work and efforts during the period he covered risk.

On behalf of the Committee Chair, Bridget Johnson

Laurie Wrench

Head of Clinical Audit and Research and Development

22<sup>nd</sup> January 2015

REPORT TO: Trust Board (open)

Date of Meeting:	29 January 2015
Title of Report:	Q4 Principal Risk Register Report 2014/15
Presented by:	Caroline Donovan Chief Executive
Author of Report: Name: Date: Email:	Laurie Wrench 21 January 2015 Laurie.wrench@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For review and approval</li> </ul>
Executive Summary:	The enclosed principal risk register was discussed in detail and agreed by the Risk Management Committee at its meeting on 10 December 2014
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> </ul> <p>Robust risk management supports the effective delivery of safe and high quality services.</p>
Relationship with Annual Objectives:	The Risk Management Framework measures and facilitates the management of risk across all annual objectives.
Risk / Legal Implications:	Addressed by this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	The Risk Management Framework is a key control within the Assurance Framework.
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>Review and confirm the principal risks and their gross risk scoring</li> <li>Review and confirm the accuracy of the residual risk assessments</li> <li>Identify any known risks not contained within this report</li> </ul>

2014/15 Principal Risk Register - Q4									
Ref	Risk	Date opened	Annual Objective	Controls	Owner	Original Risk	Current Risk	2014/15 Mitigation Plans	Forecast risk at 31.03.15
QUALITY COMMITTEE									
12+ risks									
317	Lack of investment in Mental Health services as a member of a challenged health & social care economy: Impact on service quality and delivery	06.10.14	1, 2, 5	1,3,5,6,13,14,15,16,20,25,26,40,43,46,47,50,56,57,58	Chief Executive	4x4=16	4x4=16	<ul style="list-style-type: none"> <li>Chief Executive to be a member of proposed joint accountability group responsible for delivery of LHE distressed health economy KPMG report recommendations.</li> <li>Chief Executive member of CELG which is to be redeveloped as North Staffordshire Transformation Board.</li> <li>Trust will be member of newly created integrated IBP group across LHE.</li> <li>KPMG report specifically excluded consideration of mental health services although reduction of back office functions costs and a 1% CIP have been factored into the financial plan for this Trust. Therefore:</li> <li>Need to ensure NSCHT is represented in all discussions regarding the implementation of the health economy wide plan (ii) ensure that NSCHT develop proposals that support and enable the implementation of the plan and exploit any opportunities that arise (iii) seek an agreement that mental health services are ring fenced (iv) consider developing a communication plan and support of 3rd sector organisations/other stakeholders.</li> <li>Trust IBP reflects these concerns.</li> </ul>	
316	Failure to achieve 'Good' as an outcome of the CQC inspection: Potential impact on quality and safety of services	06.10.14	1, 2	4, 15, 18, 20, 22, 27, 32, 34, 52, 53, 55, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 111, 124, 127	Chief Executive	4x4=16	4x3=12	<ul style="list-style-type: none"> <li>Trust has advised the TDA that its target is to achieve an overall outcome rating of 'Good' in the CQC inspection. Recognised internally that this is a challenging target however the Trust has a robust compliance framework in place that has been audited favourably on several occasions.</li> <li>Further work is taking place under the leadership of the Director of Nursing to review the framework and compliance levels and further strengthen the processes as necessary. Significant preparation is also planned to cope with the practical challenges that a full inspection under the CQC's new process will present. Additional management capacity has been procured and a 'Task &amp; Finish' group has been set up to oversee operational delivery of the preparation.</li> <li>Trust has been placed in band 4 which is the lowest risk category.</li> </ul>	
4	Failure to maintain the confidence of commissioners and deliver outcomes together: The Trust fails to meet the ongoing expectations of commissioners; Fails to work jointly in an effective manner to deliver agreed outcomes	01.04.12	2,3	13, 14, 15, 20, 23, 28, 40, 41, 42, 43, 44, 45, 52, 58, 125, 126,	Dir of Operations	4x4=16	4x3=12	<ul style="list-style-type: none"> <li>Clinical pathways have been delivered in partnership with local commissioners to jointly determine the direction of travel of this.</li> <li>Director of Operations and Director of Nursing hold regular 1:1 meetings with the lead commissioners for Staffordshire and Stoke</li> <li>Where issues do occur, items are escalated to the Commissioning Board for further discussion and agreement.</li> <li>At NSCHT's request the Commissioning Board's focus has been extended to include CAMHS service in order to be fully inclusive.</li> <li>The Commissioning Board has also been extended to include Stoke on Trent City Council.</li> <li>CIP and longer-term service change plans are shared and will be agreed with commissioners to help inform clinical pathway work.</li> <li>Clinical pathway outputs delivered to commissioners on time and as agreed.</li> <li>Update 1/10. Commissioners have shared commissioning intentions for 15/6. Work is commencing to work through what these mean in practice to underpin service delivery in 2015/6.</li> <li>Contract negotiation framework established for 15/16 contract to run between Oct 14 and contract signature Jan/Feb 15.</li> </ul>	
Other risks									
322	Potential reputational risk of unavailability of S136 suite due to closure or inability to provide assessment resulting in admission of people on a 136 into Police Custody Suite	22.10.14	2	13, 14, 15, 20, 23, 40, 43, 44, 45, 52, 58,	Dir of Operations	4x4=16	4x2=8	<ul style="list-style-type: none"> <li>Director of Operations attendance at Strategic Group with Police (NB as of 22nd October this meeting was out on hold by the Police)</li> <li>136 Suite only closed with Executive Director Approval - not been closed since September 2014.</li> <li>LIA group formed to review 136 issues with key clinical and service leads supported by Director of Operations</li> <li>AMH reviewing closer working between IOU and S136 Suite as well as ability to provide assessment on ward to increase variety and availability of S136 provision.</li> <li>Continued work of Community Triage team to support police having a positive impact on reducing S136 attendance</li> <li>Community Triage team supporting S136 in respect of advice and where appropriate attendance on Harplands site</li> <li>Ongoing dialogue with commissioners in respect of adequacy of commissioned service (1 bed to support both Adults and Children)</li> </ul>	
2	Failure to jointly develop clinical pathways and develop a clinical strategy which informs the future direction of the Trust: The Trust fails to develop appropriate and effective, or develops undeliverable, clinical pathways and a clinical strategy	01.04.14	2,3	1, 2, 3, 4, 5, 6, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 38, 40, 43, 44, 45, 48,	Chief Executive	4x3=12	4x2=8	<ul style="list-style-type: none"> <li>Within the LHE, the CELG group meet to align plans and inform the direction of strategy across the economy with a commitment to a 'whole system' approach to service redesign and transformation. Recent LHE agreement has been reached for the formation of an IBP LHE Group.</li> <li>A Trust commissioning board, chaired by CCGs, meets monthly.</li> <li>8 clinical pathway groups established with clear clinical or commissioning leads.</li> <li>Clinical pathways presentations and report delivered to August 2014 Commissioning Board. Commissioning Intentions recently received by commissioners; to be discussed in October Commissioning Board and will inform IBP and subsequent refresh of clinical strategy.</li> <li>Commissioners have indicated that they wish to lead a population model exercise and have asked the Trust to undertake high-level costings of pathways.</li> </ul>	
286	Future organisational form is unable to deliver sustainable services: impacting on future provision and delivery of patient care	01.04.14	2,5	1,3,5,6,13,14,15,16,20,25,26,40,43,46,47,50,56,57,58	Chief Executive	4x3=12	4x2=8	<ul style="list-style-type: none"> <li>Agreement with Commissioners and TDA to refresh clinical strategy currently under way to develop robust, integrated clinical pathways that support integration with physical healthcare and social care.</li> <li>Clinical pathway work will inform the decision for future organisational form.</li> <li>2-year plan developed and broadly supported by TDA with minimal concerns raised.</li> <li>5-year plan developed and submitted in June 2014 to describe and model future services.</li> <li>TDA risk rating for Trust is currently level 4 of 5 - with 5 being the lowest risk. (The TDA ratings have been updated to be consistent with the CQC ratings).</li> <li>The Trust is working hard to ensure that when the categorisation of Trusts is announced (in the context of the Dalton Report) this Trust is able to be placed within categories A2 or A3.</li> <li>TDA agreed with Trust that a rewrite of IBP and LTFM needs to describe clinical pathways and demonstrate sustainable services. The IBP has now been rewritten; timescale for the LTFM is end of January 2015.</li> </ul>	
5	Potential impact of CIP on quality:The Trust fails to ensure that arrangements are in place to prevent any reduction in quality of services during the delivery of the CIP.	01.04.12	4,5	2, 4, 5, 15, 20, 27, 28, 29, 32, 33, 39, 60, 61, 64, 65, 66, 68, 69, 70, 71, 72, 73, 74, 75, 76, 87, 89, 124,	Med Director/Dir Nursing & Quality	4x3=12	4x2=8	<ul style="list-style-type: none"> <li>Top level Board commitment to maintaining Quality is recorded in public minutes and message is disseminated through the organisation via Trust communication ( plenary/ team brief etc) Review of clinical change and any negative impact by Clinical Directors/Senior Nurses at least a monthly basis .</li> <li>Review of incidents and specifically to see if there is any correlation with where CIP is being delivered.</li> <li>Consultation and scrutiny of plans (Exec Team).</li> <li>Continue the regular monitoring of any impact on quality as a result of delivering the CIP (SMT).</li> <li>Increased focus on quality &amp; governance at divisional level - i.e. Q&amp;G leads and Q&amp;G infrastructure.</li> <li>Close scrutiny of all plans from a clinical perspective; confirm and challenge meeting held with commissioners - in year post implementation review.</li> <li>All CIP schemes are quality impact assessed by Clinical Directors and signed off by the Medical and Nursing Directors.</li> <li>The Trust Quality committee reviews CIP implementation plans on a quarterly basis to ensure that the implementation of CIP plans is monitored for their impact on quality. A new control mechanism has been introduced to strengthen the assurance requirements which will be piloted during the month of September. A process has now been established to operate a Star Chamber to assess the delivery and impact of identified CIPs. This first is scheduled to take place in November. Divisions have been asked to complete outstanding work on CIPs to enable quality impact assessment to be completed by the Nursing and Medical Directors</li> </ul>	

Ref	Risk	Date opened	Annual Objective	Controls	Owner	Original Risk	Current Risk	2014/15 Mitigation Plans	Forecast risk at 31.03.15
1	<b>Failure to maintain clinical effectiveness and operate safe clinical services:</b> The Trust fails to develop an outcome focus which is integral to clinical practice; Fails to implement methods to assess clinical effectiveness; Fails to assess outcomes; Fails to deliver services that improve outcomes; failure to implement robust and safe clinical services, fails to deliver a culture where patient safety is continually reviewed and improved; failure to maintain infection prevention & control: failure to safeguard children & vulnerable adults.	01.04.14	1,3,4,5,6	15, 18, 20, 22, 27, 32, 34, 52, 53, 55, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 111, 124, 127,	Med Director & Dir Nursing & Quality	5x3=15	5x1=5	<ul style="list-style-type: none"><li>• Trust level and Team level outcome measurement framework established and will continue to be enhanced moving forward.</li><li>• Full implementation of the new processes to learn from disparate quality systems in an integrated manner. External quality reports (e.g. DoH, TDA, CQC) are viewed alongside internal performance reports to ensure the Trust is on track in the key areas. Service Line Management / Reporting - Local focus on compliance and safety established. (Dir of Leadership &amp; Workforce). Increased focus on quality &amp; governance is in place at divisional level – e.g. Q&amp;G leads and Q&amp;G infrastructure built in to the wider Divisional Governance Framework</li><li>• Data Quality arrangements are continually monitored and enhanced where possible (Dir of Finance).</li><li>• As a result of the Phase 2 public consultation, investment in additional community support has been established to support more patients to be supported within the community. Home treatment team &amp; Crisis Resolution work closely with acute wards to facilitate discharge &amp; ensure by providing timely interventions that support admission avoidance where appropriate and embed the 'recovery model' of care for users and their carers.</li><li>• Significantly more robust divisional and service line risk management structures are now in place.</li><li>• Enhanced community teams in AMH and NOAP. Some staff have been moved from community to inpatient settings in order to reduce the need for bank usage.</li><li>• In NOAP enhancements to the community service have led to a reduced demand for user beds.</li><li>• The Trust has an integrated process for the reporting of safeguarding activity, which is embedded within the Trust incident reporting system which allows performance to be effectively managed. Further to increased incident reporting of falls across older adult services, plans for improving safety, reducing incidents and improving standards in this area are currently being implemented.The trust has recently received a positive outcome from the TDA inspection into the control and management of infection and prevention and currently responding to actions identified. Actions will be monitored by the infection control committee and reported through the quality committee.</li></ul>	
PEOPLE AND CULTURE DEVELOPMENT COMMITTEE									
12+ risks									
12	<b>Failure to comply with safe staffing requirements and establish safe staffing levels in clinical areas:</b> The Trust fails to review and implement safe and effective levels of clinical staff to meet patient needs in clinical services.  (NB also reviewed by Quality Committee)	01.04.12	5,6	1, 17, 34, 35, 36, 39, 55, 97, 101, 102, 103, 128	Dir Nursing & Quality	4x4=16	4x3=12	<ul style="list-style-type: none"><li>• The Trust Board is accountable in ensuring that the Trust has sufficient levels of clinical staff in place to provide safe, effective care to all its patients. The Trust has reviewed staffing levels and is implementing an action plan to strengthen arrangements. A Safer Staffing Workgroup has been established to take forward this agenda.</li><li>• Steps taken to assure the Trust board to date are:</li><li>• Ward staffing review of wards 1 -7 at the Harplands hospital, which indicated an under-establishment in some areas. Recruiting to vacancies across the Harplands site, recruiting to the Nursing Bank to ensure availability of resource when needed, reducing bed number on wards which are under occupied, improving HR process to effectively manage sickness absence.</li><li>• A 6-monthly overview paper and the first monthly review paper (M2 data) were presented to June 2014 Trust Board. These have also been uploaded to a dedicated page on the Trust's website with a link to the staffing level data on NHS Choices and staffing levels are clearly displayed at each inpatient site in accordance with national requirements. Monthly report on activity regarding safer staffing submitted to July Trust Board. The Executive Director of Nursing and Deputy Director of Nursing are currently undertaking a 'deep dive' into the original assumptions made on staffing levels at the beginning of the year. This will inform the report scheduled for the Board in November 2014. The data for September shows that staffing levels are being maintained in line with the original establishments agreed with frontline services earlier this year however the use of bank staff is a key enabler to this given that recruitment to substantive posts has been on hold pending organisational change. Bank staff in the main are sourced from existing employees familiar to the services provided.</li></ul>	
330	The Trust has a significantly higher than average level of staff off sick reporting anxiety / stress / depression and other psychiatric illness. Indicating potential concerns around work pressures.	03.11.14	6	17,53,54, 80,81,82, 83,87,101,103,104	Dir Nursing & Quality	4x4=16	4x3=12	<ul style="list-style-type: none"><li>• Current performance identifies the Trust has a sickness absence percentage of 3.64% (as at August 2014) against a target of 5%.</li><li>• A total of 1.51% of sickness absence is as a result of staff experiencing anxiety / stress / depression and other psychiatric illness. This benchmarks against data for other NHS Trusts within the region report on average 1.04% of sickness absence is attributable to this reason, reinforcing concerns and the need for the Trust to take immediate action.</li><li>• Discussions have taken place at the Trust's People Culture and Development (PCD) Committee to explore and address this matter. Although it is accepted that some provisions are in place to support staff experiencing anxiety / stress / depression and other psychiatric illness, further proactive work is required. There is in place a considerable amount of support when staff suffer ill health due to stress etc. which is starting to be coordinated more effectively.</li><li>• Developments to change the Trust culture are in place (eg. Aston Team Leader development programme, LIA).</li><li>• Individual Directorates are developing their own plans linked to the trust plan to reduce stress.</li><li>• A comprehensive staff wellbeing action plan to address the matter has been developed and agreed by PCD Committee. This was disseminated to directorates in November 2014 for implementation on a local level.</li></ul>	
Other risks									
287	<b>Failure to deliver a culture change in staff engagement and other internal / external relationships:</b> The Trust fails to engage staff and other internal / external partners in the planning and delivery of services; Fails to communicate its plans in a clear and compelling way that builds confidence	01.04.14	3,4,6	15, 20, 23, 27, 28, 60, 61, 65, 75, 76, 87, 111, 124, 125, 126,	Dir Leadership & Workforce	4x3=12	4x2=8	<ul style="list-style-type: none"><li>• People and Culture Development Committee in place to help promote strategic leadership and guidance.</li><li>• Introduction of Aston Team Based Working Programme across the Trust with Execs and all staff cohorts completing by December 2014</li><li>• Introduction of Listening into Action and a dedicated lead assigned to drive forward the programme - pulse check and conversations completed - actions and quick wins to be comppublicised w/c 13 October 2014.</li><li>• Regular bulletins and updates for staff on SID and in staff newsletter.</li><li>• Monthly Chair and Chief Executive –led plenary sessions continue to engage with senior managers across the organisation (and all staff by cascade).</li><li>• Monthly Team Brief sessions delivered face-to-face in teams to ensure 2-way dialogue is generated. Now commenced with "Exec Team on the Road" to deliver Team Brief.</li><li>• Updated Staff Friends and Family Test rolled out in Q1 2014/15, taking a structured approach to ensure that all staff (including agency, bank and locum workers) have the opportunity to feed back at least once a year in addition to the National Staff Survey.</li><li>• Regular programme of 'Board to Ward' visits in place to facilitate open discussion and more informal feedback.</li><li>• CDs, Business Managers and Service Line Managers support robust organisational leadership.</li><li>• Staff at all levels are empowered to influence and help deliver the strategic direction of the Trust.</li><li>• Identified as an organisational objective for 2014/15.</li></ul>	
FINANCE AND PERFORMANCE COMMITTEE									
12+ risks									

Ref	Risk	Date opened	Annual Objective	Controls	Owner	Original Risk	Current Risk	2014/15 Mitigation Plans	Forecast risk at 31.03.15
349	<b>Failure to develop and implement processes that fully support PbR:</b> The Trust fails to develop the appropriate processes, systems and training to support accurate and consistent clustering decisions. The Trust fails to effectively prepare for PbR.	03.11.14	4,5	19, 109, 111, 112, 114, 116, 117, 118, 119, 121, 122, 123,	Dir of Finance	4x4=16	4x3=12	<ul style="list-style-type: none"> <li>A significant amount of work is being undertaken to update CHIPS. This has included rationalising coding and improving reporting. This has enabled release of significant amounts of data to support development of PBR to commissioners and mitigated the risk significantly. In addition a proposal has been written to add a patient notes function to CHIPS, which would then facilitate a functional, if basic, patient record system that can be used to unlock some of the efficiencies possible from mobile working. Discussions about the feasibility and time to implement this are ongoing with HIS.</li> </ul>	
10	<b>Failure to develop and implement fit-for-purpose information systems that provide real-time information for patients and fully support mobile working and efficiency:</b> The Trust fails to develop electronic information systems, including the technical skills, which are fit for purpose; Fails to effectively manage information; Fails to develop an electronic patient record (EPR); fails to support clinicians through ensuring there are integrated electronic recording systems.	01.04.12	4	19, 109, 111, 112, 114, 116, 117, 118, 119, 121, 122, 123,	Dir of Strategy	4x4=16	4x3=12	<ul style="list-style-type: none"> <li>A Director of Strategy has been appointed to help drive forward actions to mitigate this risk. The Trust has also held a series of diagnostic meetings between key staff and an external IT consultant to gain a better understanding of the issues facing staff and the potential solutions, including a full-day workshop on 3 July 2014 to agree the next steps.</li> <li>A data quality forum is in place to ensure quality is driven up, for current systems. Training is provided for both clinical and non-clinical staff - including clinical coding, records maintenance, system usage etc. Investment in information Technology is planned and the IM&amp;T strategy includes plans to increase mobile and flexible working and also to identify an electronic patient record solution.</li> <li>In the medium term Investment in IT remains a priority for the use of the Trust's Capital Resource.</li> <li>In recent years there has been little investment in IT infrastructure and hardware, largely linked to the former transaction timetable. This will also be reviewed during 2014/15 in the light of ongoing discussions in respect of organisational form.</li> <li>The Trust is also investing in a range of IT support systems e.g. Big Hand (voice dictation), electronic whiteboards etc. HIT Squad programme about to be implemented. Three phase approach.</li> </ul>	
323	<b>Potential impact on Older People's Service redesign (Community team ehancement and ward closure) and consequently ability to deliver benefits of new service and impact on CIP if unable to gain support from Overview and Scrutiny Committees (OSC).</b>	06.10.14	2,5	4, 13, 14, 15, 20, 23, 28, 40, 43, 44, 45, 52, 58,	Dir of Operations	4x4=16	4x3=12	<ul style="list-style-type: none"> <li>OSC Briefing Paper Produced and distributed to OSCS at Staffordshire, Stoke, Moorlands and Newcastle</li> <li>Additional information request from</li> <li>Regular contact with Scrutiny Officers by Director of Operations</li> <li>OSC Presentation dates booked as follows:-</li> <li>- Stoke 30.10.14 @ 10am including attendance by Chair</li> <li>- Moorlands 5.11 @ 2pm</li> <li>- Newcastle 19.11.14 @ 7pm</li> <li>Additional request for information from Staffordshire OSC responded to.</li> </ul>	
Other risks									
280	<b>Failure to develop effective 5-year strategic plan:</b> The Trust is unable or lacks ability to develop an effective 5-year strategic plan, impacting on services and on the future form of the Trust; Trust fails to take sufficient advantage of opportunities presented by the current market environment	11.03.14	5	1, 2, 3, 4, 5, 6, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 43, 56, 57, 58, 63, 88,	Dir of Strategy	4x4=16	4x2=8	<ul style="list-style-type: none"> <li>The Trust is developing its Strategic Plans with deep involvement of commissioners, particularly our host CCGs. This action will ensure both commitment from commissioners to fund the outcome of Clinical Pathway work and commitment from the Trust to deliver the outcomes aligned to the commissioners' Clinical Strategy.</li> <li>Agreement reached to develop new IBP/LTFM based on current understanding of Commissioners' position to demonstrate clincial, operational and financial viability.</li> </ul>	
288	<b>Insufficient funding to meet the cost base for service provision arising from the financial impact of CIP, Bucknall site and LD changes:</b> This could result in insufficient income to maintain service provision and to inform contract negotiations on an ongoing basis, as we progress towards a Payment by Results regime.	08.04.14	5	16, 24, 26, 29, 39, 46, 47, 50, 51, 53, 54, 56, 97, 98, 109, 111, 116, 117, 121,	Dir of Finance	5x4=20	5x2=10	<ul style="list-style-type: none"> <li>The Trust has developed a robust CIP regime which involves both an assurance of deliverability and a quality impact assessment to ensure appropriate quality standards are maintained. The Trust is progressing the implementation of PbR in line with national requirements and is working with commissioners to progress this agenda.</li> <li>Significant work has been completed in clustering activity on the patient information system in preparation for the new regime. The PLICS system provides service line information combining financial and non-financial information at patient, service line, divisional and Trust level. Details are continually being refined with individual service lines.</li> <li>In advance of tariff being developed for Mental Health, in order to better understand the potential contribution of individual services, the Trust is currently undertaking an exercise to match costs and income by service utilising block contract data.</li> <li>Majority of CIP identified for 2014/15. Reserves will be used to meet any unexpected shortfall. Work commencing to review 2015/16 schemes.</li> </ul>	
309	<b>Lack of control, management, monitoring and governance of Non Clinical Service level Agreements due to absence of agreed signed Non Clinical SLAs</b>	09.07.14	5	2,3,4,5,26,4 1,45,50,53,5 6,58,91	Dir of Finance	3x4=12	3x3=9	<ul style="list-style-type: none"> <li>Register of Non Clinical SLAs established - completed</li> <li>Establishment of Reporting process to provide relevant high level KPIs to Finance and Activity Committee on a quarterly basis - 95% complete as at end of September 2014. All with the exception of Psychology either signed or with reviewing Trust for signature, agreement having been reached.</li> <li>The Trust is aware that SSoTP may potentially give notice on the Estates Agency SLA; this situation will be monitored.</li> </ul>	



Ref	Risk	Date opened	Annual Objective	Controls	Owner	Original Risk	Current Risk	2014/15 Mitigation Plans	Forecast risk at 31.03.15
ESCALATED FROM OPERATIONAL RISK REGISTER									
129	<b>Risk of patients using ligature points in in-patient unit at Harplands resulting in potential harm.</b> Previous audits had assessed this risk in areas where it was most likely (i.e. bedrooms) and concluded it to be low risk. This has been increased following a recent suicide on Ward 1 where a bedroom door handle was used as an anchorage point.	01.06.13	1, 5	-	Dir of Operations	4x4=16	4x3=12	<ul style="list-style-type: none"><li>Annual risk assessments in respect to ligature points are in place and have been undertaken.</li><li>External review undertaken week beginning 15th July 2013. Action plan developed and actions expedited following receipt of review.</li><li>All staff have been made aware that door handles are a potential anchorage point and observation levels for service users at risk will be assessed against this potential.</li><li>Roll out of values based risk assessment to ward staff.</li><li>Bedroom, bathroom and en-suite door handles have been replaced on Wards 1,2, and 3. In addition window grills have been fitted to acute patient windows.</li><li>Environmental Risk task and finish group carried out initial work. Now transferred to Patient safety Group. This has widened the focus to cover clinical other areas of focus, including roof access, security of maglocks.</li><li>The patient and organisational safety team identify any patient safety incident trends at the weekly incident review group and any concerning trends should be escalated to Senior Management Team meeting for discussion and action.</li><li>Additional values-based sessions delivered.</li><li>Regular reviews of agenda with in Patient Safety Group.</li><li>Risk Assessment Policy reviewed by Deputy Director of Nursing Sep 2014.</li><li>Ward based risk assessments being re-run during October 2014.</li><li>External wider piece of work on future estate requirements commissioned and commences October 2014.</li></ul>	
279	<b>Failure to effectively manage the PFI contract for Harplands Hospital impacts on quality of patient care:</b> Trust fails to manage the contract effectively, leading to potential safety issues through checks / updates / replacements not being undertaken in a timely manner.	12.02.14	1, 2, 5	-	Dir of Operations	4x4=16	4x3=12	<ul style="list-style-type: none"><li>Audit recommendations for 13/14 implemented.</li><li>Introduction of Exec Director lead Strategic review meetings.</li><li>External support in PFI contract Management to be obtained as follows: 1. Head of Estates has linked into UHNS to understand processes there via UHNS Director of Facilities 2. PFI review commissioned with a focus on improving understanding of the contract and making recommendations as to how best manage the contract</li><li>Monthly contract monitoring meetings.</li><li>Escalated to PRR for further review and monitoring.</li></ul>	
131	<b>Significant financial impact in 2014/15 as a result of future model of LD services</b>	26.03.13	5	-	Dir of Finance	5x4=20	5x2=10	<ul style="list-style-type: none"><li>Ongoing TUPE discussions taking place with relevant parties; support team in place to help manage process. Escalated to Trust's Principal Risk Register in view of potential cost impact. Risk has been escalated to the chair of the LD Project Board and raised with the Commissioning Board. HR 'task and finish' group and an Assertive Outreach Support Team have been established to support the care to clients through the Transaction period.</li><li>Our host commissioners are supporting the Trust in securing other commissioners' 'fair share' contributions towards exit costs. (There is considerable uncertainty over whether other commissioners will pay.) The Trust has enhanced its accounting provision to align with current anticipated redundancy costs. Last client had now been relocated and Chebsey closed and handed back.</li></ul>	
130	<b>Work undertaken in the roof spaces at Harplands may lead to potential disruption in clinical areas and / or harm to patients and staff</b>	26.06.13	1, 5	-	Dir of Operations	5x3=15	5x2=10	<ul style="list-style-type: none"><li>Standstill agreement in place (to extend warranty period while investigation / resolution of the issues is undertaken). Legal advice sought. Practical steps taken to minimise risk of leaks through maintenance work - plastic sleeves and fluorescent tape to make valves (weak points) more obvious; isolation vale location and bleed valve placements actively highlighted in pre-briefs.</li><li>Ongoing discussions between Estates, Carillion and PFI partners - Exec led by Dir of Operations. Risk escalated to PRR for wider consideration.</li><li>Update 1.10.14 Work on Wards 1 and 3 complete. Central Heating piping on Ward 4 still to be completely replaced. Final timescale to be agreed as ward is now at low occupancy and it may be possible to do whilst empty, which would reduce risk further. Inspection work around rest of the site is nearing completion and the Trust awaits a report following this during October 2014</li></ul>	

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

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

Top 20 Controls for Principal Risks:

- 1 - On an annual basis the Board of Directors reviews and revises the strategic objectives and sets annual objectives, which are aligned with the organisation's strategic plan and with Registration requirements, and are tested against the high level governance framework.
- 2 - The Board ensures that there are robust risk management arrangements in place, these arrangements are set out in the Risk Management Strategy and Risk Management Policy, which are reviewed on an annual basis.
- 3 - The Board reviews the risks that threaten delivery of the organisation's principal objectives (principal risks) on a quarterly basis.
- 4 - The Board ensures that there are robust performance management arrangements in place. A balanced scorecard is in place across all of the enabling strategies, which links performance to the principal objectives.
- 5 - There is an Assurance Framework which maps the Trust's annual objectives; risks; controls; positive assurance; gaps in control and/or assurance and remedial action.
- 6 - The Board is appropriately engaged in developing and maintaining the Assurance Framework.
- 13 - The Trust has a comprehensive medium to long term Integrated Business Plan which is aligned to current Commissioning Intentions.
- 14 - The Trust has an up to date market assessment which informs the Integrated Business Plan.
- 15 to 22 - The Trust's Enabling Strategies, which are aligned to the Business Plan.
- 23 - The Board of Directors publishes an annual Summary Business Plan which sets out the Trust's purpose, values and its principal objectives for the year ahead.
- 43 - The Trust seeks to ensure concordance between the Trust's plans and commissioners future commissioning intentions.
- 58 - The Trust reviews and sets its operational plans with stakeholders on an annual basis. The Trust Board approves the operational plans in line with the principal objectives and the Trust strategic plan.
- 111 - The Trust has a Records Management Policy and Data Quality Strategy.



REPORT TO THE TRUST BOARD (OPEN)

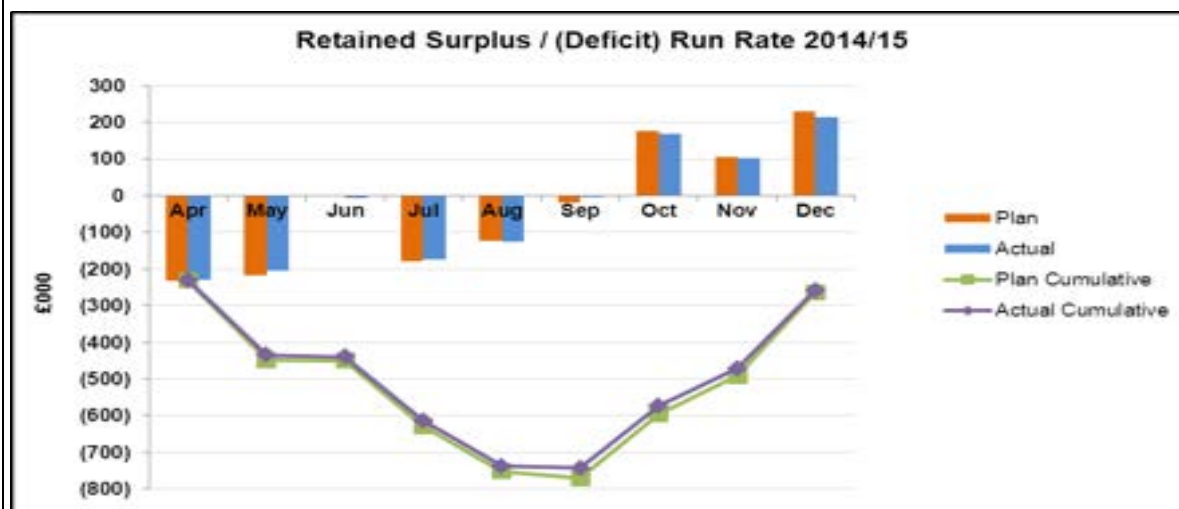
Date of Meeting:	29 January 2015
Title of Report:	Financial Performance – Month 9
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 20 January 2015 <a href="mailto:andrew.turnock@northstaffs.nhs.uk">andrew.turnock@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	<p>The attached report summarises financial performance for the period to the end of December 2014.</p> <p>Headline performance is:</p> <ul style="list-style-type: none"> <li>• A retained deficit of £0.258m, giving a favourable variance against plan of £0.005m.</li> <li>• A year-end forecast that indicates an achievement of a retained surplus of £0.290m (£0.756m surplus at adjusted financial performance level), representing a favourable variance of £0.022m against Plan</li> <li>• A year to date Continuity of Service Risk Rating of 3, with a year-end forecast rating of 3</li> <li>• CIP target of £4.08m, with a forecast delivery</li> <li>• Capital expenditure of £0.087m to date and a forecast net capital expenditure of £0.545m</li> <li>• A cash balance of £6.8m at the end of December 2014.</li> </ul>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy  Not directly as a result of this report
Relationship with Annual Objectives:	Delivery of financial plan
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report

Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <i>note that financial performance to date is on plan, with a favourable variance reported of £0.005m</i></li> <li>• <i>note the delivery of CIP is forecast to be in line with plan, however this has been supported by the addition of a number of non-recurring schemes</i></li> <li>• <i>note the cash position as at 31 December 2014 of £6.8m</i></li> <li>• <i>note the capital expenditure position as at 31 December 2014 is currently behind plan and the forecast outturn has been revised from plan to £0.545m net capital expenditure</i></li> <li>• <i>note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3.</i></li> </ul>

## FINANCIAL OVERVIEW as at 31 December 2014

Income & Expenditure - Retained Surplus / (Deficit)					
£000	Plan	Actual	Var	%	RAG
YTD Surplus / (Deficit)	(263)	(258)	5	1.9	G
FOT Surplus / (Deficit)	268	290	22	8.2	G

Net Capital Expenditure					
£000	Plan	Actual	Var	%	RAG
YTD Exp	165	(378)	(543)	329	R
FOT Exp	1,500	545	(955)	(63.7)	R



Cost Improvement					
£m	Plan	Actual	Var	%	RAG
YTD	2.92	2.60	(0.3)	(10.8)	G
FOT	4.08	4.08	0.0	0.0	G

Cash Balances					
£m	Plan	Actual	Var	%	RAG
YTD Balance	3.6	6.8	3.2	89.0	G
FOT Balance	4.5	5.6	1.0	22.8	G

Continuity of Service Risk Rating				
	Plan YTD	YTD	Plan Forecast	Forecast
Overall Risk Rating	3	3	3	3
<b>Metrics:</b>	Plan YTD	YTD	Plan Forecast	Forecast
Liquidity Ratio	3	4	3	4
Capital Servicing Capacity	2	1	2	2

Notes	
<b>Risks:</b>	Achievement of income targets. Delivery of the challenging CIP requirement. Managing cost pressures.
<b>Assumptions:</b>	Clinical income targets are predominately achieved. Charges against provisions provided for last year do not exceed the value provided.

## 1. Financial Position

### 1.1 Introduction

As detailed in the Operating Plan the Trust was planning to make a retained surplus of £0.268m in 2014/15.

This report details the Trust's performance against the Plan for the period ending 31 December 2014.

### 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 £0.263m. The reported retained position is a deficit of £0.258m, giving a favourable variance of £0.005m from plan.

Table 1 below shows this position in the Statement of Comprehensive Income (SOCi) for the Trust. A more detailed SOCi is shown in Appendix A, page 1. Further SOCi's for each division and also for the combined corporate functions are shown in Appendix A, pages 2 to 8.

**Table 1: Statement of Comprehensive Income**

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	75,033	6,291	6,373	82	54,176	54,792	616
Pay	-55,275	-4,614	-4,477	137	-41,374	-40,231	1,143
Non pay	-16,366	-1,315	-1,571	-256	-10,735	-12,513	-1,778
<b>EBITDA</b>	<b>3,392</b>	<b>362</b>	<b>324</b>	<b>-37</b>	<b>2,067</b>	<b>2,047</b>	<b>-20</b>
Other Costs	-2,658	-94	-73	21	-2,021	-1,996	24
<b>Adjusted Financial Performance</b>	<b>734</b>	<b>268</b>	<b>252</b>	<b>-16</b>	<b>46</b>	<b>51</b>	<b>5</b>
IFRIC 12 Expenditure	-466	-39	-39	0	-309	-309	0
<b>Retained Surplus / (Deficit) prior to Impairment</b>	<b>268</b>	<b>229</b>	<b>213</b>	<b>-16</b>	<b>-263</b>	<b>-258</b>	<b>5</b>
Fixed Asset Impairment	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit)</b>	<b>268</b>	<b>229</b>	<b>213</b>	<b>-16</b>	<b>-263</b>	<b>-258</b>	<b>5</b>

Contained within non-pay are the CIP targets for divisions and directorates. Work remains on-going to transact the majority of these negative budgets to reflect the CIP schemes within the respective divisions and corporately. As at month 9, only schemes with a high degree of complexity or uncertainty have yet to be transacted.

Also contained within non-pay, specific budgets have been set and held centrally. Table 2 shows these central reserves.

Table 2 also shows a reserves forecast budget of £1.4m, against which the Trust is forecasting expenditure of £0.536m. This highlights that the Trusts achievement of the forecast retained surplus of £0.286m is predicated on the support to the operational position from reserves totalling £0.865m.

**Table 2: Reserves Held Centrally**

Description	Forecast Annual Budget (£)
Contingency	212,000
Family & Friends	60,000
Cleanliness in Hospitals	61,808
Out of Area Treatments	100,000
Support from CCG's *	450,000
CCG developments **	148,511
Other Earmarked reserves	368,453
<b>Total</b>	<b>1,400,772</b>

\* Support from local CCGs on a non-recurring basis, although recent dialogue refers to the CCG withholding some of this support.

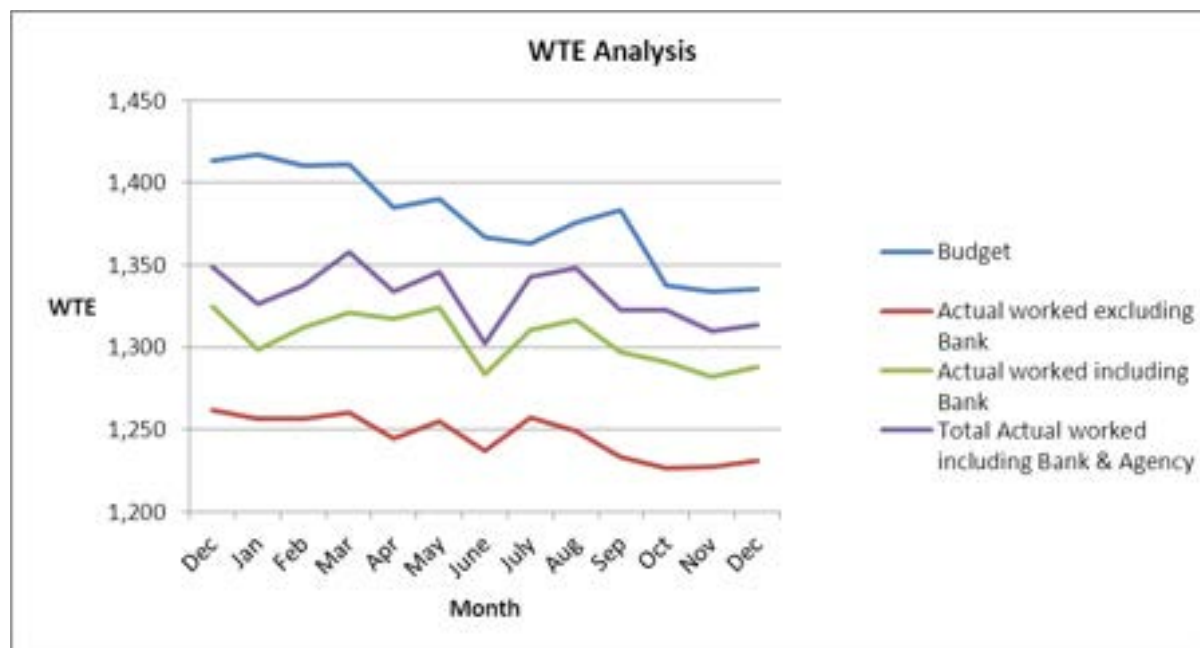
\*\* The Dementia service development included in the Stoke-on-Trent CCG contract.

### 1.3 Workforce Analysis

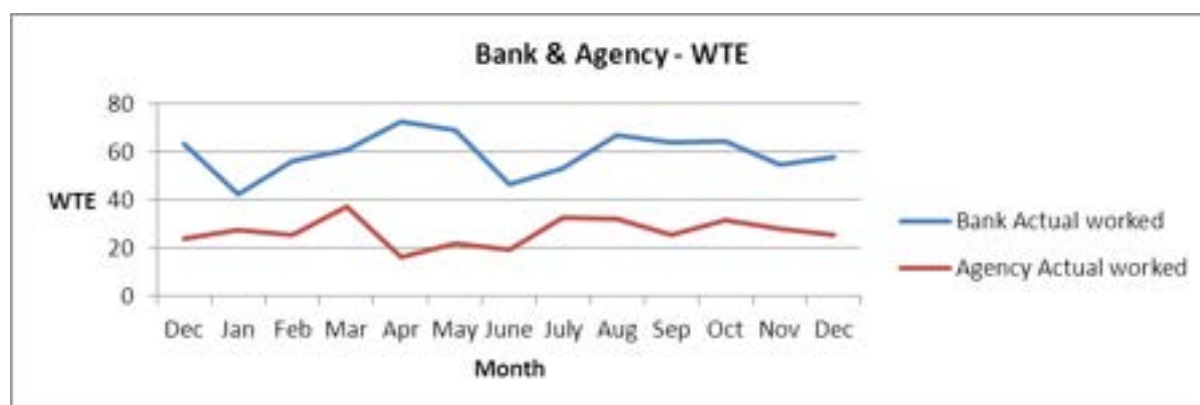
Graph 1 below shows the whole time equivalent (wte) numbers for the last 12 months, incorporating Bank and Agency usage<sup>1</sup>. Graph 2 shows the usage of Bank and Agency staff in isolation. Table 3 shows the data being represented by the graphs.

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

**Graph 1: WTE Analysis**



**Graph 2: WTE Analysis**



**Table 3: WTE Analysis**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Bank Actual worked	42.18	56.12	60.74	72.68	69.09	46.28	52.86	66.99	63.72	64.51	54.59	57.71
Actual worked excluding Bank	1256.31	1256.21	1260.30	1244.73	1255.17	1237.35	1257.55	1249.38	1233.55	1226.74	1227.37	1230.73
<b>Actual worked including Bank</b>	<b>1298.49</b>	<b>1312.33</b>	<b>1321.04</b>	<b>1317.41</b>	<b>1324.26</b>	<b>1283.63</b>	<b>1310.41</b>	<b>1316.37</b>	<b>1297.27</b>	<b>1291.25</b>	<b>1281.96</b>	<b>1288.44</b>
Agency	27.62	25.42	37.21	16.21	21.71	19.05	32.68	32.10	25.29	31.59	27.75	25.26
<b>Total Actual worked inc Bank &amp; Agency</b>	<b>1326.11</b>	<b>1337.75</b>	<b>1358.25</b>	<b>1333.62</b>	<b>1345.97</b>	<b>1302.68</b>	<b>1343.09</b>	<b>1348.47</b>	<b>1322.56</b>	<b>1322.84</b>	<b>1309.71</b>	<b>1313.70</b>
Budget	1417.48	1410.78	1410.90	1384.91	1390.09	1367.02	1363.04	1375.82	1383.61	1337.46	1333.66	1335.72

December's bank usage had increased due to vacancies in LDNOAP being held due to the planned ward closure as well as the impact of the delay in the transfer of clients from Chebsey.

## **1.4 Forecast Year End Performance**

Following the finalisation of the month 9 position, a worked up forecast outturn has been undertaken which supports the required retained surplus. The required retained surplus is now £0.290m (£0.756m at adjusted financial performance level) which is an increase of £0.022m compared to Plan. This revised surplus at adjusted financial performance level represents 1% of the Trusts anticipated turnover. This outturn position is dependent on achieving the cost improvement programme. The Trust's forecast position will be shared with the NTDA as part of their financial monitoring regime.

The Trust is forecast to over perform against its clinical and non-clinical income budgets. In terms of clinical income, there is a slight over performance of £0.5m. This is a result of an over performance of circa £0.3m which is predominately the anticipated Out of Area Treatments (OATs) and Non Contract Activity (NCA). However, the local CCGs have communicated that they are planning to withhold the £0.45m non-recurring support for the repatriation of clients to the Trust. The forecast outturn assumes £0.25m of the £0.45m not being forthcoming in respect of this. Non-clinical income is forecast to over achieve by circa £0.3m due to an increase in services provided and recharges to other NHS bodies, including property and pay recharges.

## **1.5 Cost Improvement Programme**

The target for the year is £4.08m which is approximately 6% of clinical income. This takes into account the requirement to deliver the 1% surplus referred to above, plus hold a 0.5% contingency of £0.367m.

As at month 9, the Trust is reporting a position of £2.6m CIP delivery against a plan of £2.92m. It should be noted that the year to date performance has been supported by the addition of a number of non-recurring CIP schemes.

## **2. Summary of Financial Position**

A Statement of Financial Position is shown in Appendix A, page 9.

### **2.1 Fixed Assets**

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

### **2.2 Cash**

As at 31 December 2014, the Trust's cash position was £6.8m which represents an increase during the month of £0.7m. This comprises an increase in debtors of £0.3m, an increase in trade creditors of £0.7m, the utilisation of provisions of £0.1m, capital receipts of £0.2m and an improvement in the operational position of £0.2m. A monthly cash flow forecast is shown in Appendix A page 10.

### **2.3 Debtors**

Trade & Other Receivables balances have increased during the month by £0.3m. This movement relates to an increase in NHS debtors of £0.1m and other debtors of £0.5m, as well as a decrease in local authority debtors of £0.2m and prepayments of £0.1m.

Within the overall value, £3.0m relates to invoiced debt. Invoiced debt is summarised by age in Appendix A, page 11, along with the analysis of the stage of recovery.

### **2.4 Creditors**

There has been an increase in the month of creditors totalling £0.6m. This movement is due to an increase in accruals and deferred income of £0.5m, NHS creditors of £0.3m and local authority creditors of £0.2m, as well as a decrease in trade creditors of £0.2m. In addition, there has been a utilisation of provisions of £0.1m in respect of redundancies associated with the closure of Chebsey and other management of change<sup>2</sup>.

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

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

## **3. Capital Expenditure and Programme**

The Trust's permitted capital spend in 2014/15 is £2.64m; this is the combination of the Trust's £1.5m Capital Resource Limit (CRL) and its planned asset sales of £1.14m. The gross capital expenditure for the year as at 31 December 2014 is £0.087m which represents an under spend against the profiled gross capital expenditure (excluding envisage proceeds from sales) shown in the Plan submitted to the NTDA.

The Trust continues to monitor the delivery of the planned schemes against the CRL and as communicated previously, the forecast net capital expenditure for the year

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<sup>2</sup> The values explaining the increase in creditors does not equate to the £0.6m increase due to roundings.



has been revised to £0.545m (£1.345m expenditure less £0.8m capital receipts). This represents an under shoot of £0.955m against the CRL for the year, which is allowed. This under shoot will continue to be reported to the NTDA as part of their month 9 financial monitoring returns.

Appendix A, page 12 shows the expenditure to date and the forecast outturn.

#### 4. Risk Rating

From the 1 April 2014, the Trust has been monitored using the Continuity of Service Risk Rating which replaced the previously used Financial Risk Rating.

As reported in the Operating Plan, the Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 9 this is calculated as 3 which is in line with the rating of 3 planned at this stage in the year. The forecast outturn rating is also 3, in line with the planned rating previously mentioned. Appendix A, page 13 shows the separate metrics and the outputs in detail.

#### 5. Closure of Chebsey Close

The Board has been updated on an on-going basis upon the closure and associated risks and other issues. The year to date trading account is detailed in Table 4 below and confirms that the service is in operational surplus. As the facility has now been closed there is no further income anticipated for this service. It should be noted that some residual costs will continue to be incurred until all staffing issues have been resolved.

**Table 4: Chebsey Close Trading Account**

Detail	£'000
<b>Income</b>	
Clinical Income	
North Staffs & Stoke-on-Trent CCG	651.4
East Staffs CCG	183.9
Staffs & Surrounds CCG	172.1
Cannock CCG	172.1
Telford & Wrekin	106.9
Total income	1,286.4
<b>Expenditure</b>	
Pay	-1,026.6
Non-pay	-52.7
Total expenditure	-1,079.3
<b>Net Position Surplus / (Deficit)</b>	<b>207.1</b>

## 6. Recommendations

The Board is asked to:

- *note that financial performance to date is largely on plan, with a small favourable variance of £0.005m reported*
- *note the cash position of the Trust as at 31st December 2014 of £6.8m*
- *note the gross capital expenditure position as at 31st December 2014 is an under spend against plan and there is a forecast undershoot of £0.955m against the CRL for the year of £1.5m*
- *note the year to date Continuity of Service Risk Rating of 3 and also the forecast rating of 3*

## Appendix A – Page: 1

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

	Full Year Budget £000	< < < Actual £000	Current Month Budget £000	> > > Variance £000	< < < Actual £000	Year to Date Budget £000	> > > Variance £000	< < < Actual £000	Forecast Outturn Budget £000	> > > Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	66,080	5,624	5,596	28	48,307	47,941	366	66,224	66,179	45
Other Operating Revenue	8,952	749	696	53	6,485	6,235	250	9,344	9,037	307
	75,033	6,373	6,291	82	54,792	54,176	616	75,568	75,217	352
<b>Expenses:</b>										
<i>Pay</i>										
Medical	-6,715	-540	-577	37	-4,551	-5,029	478	-6,163	-6,695	532
Nursing	-25,900	-2,051	-2,117	65	-19,078	-19,515	436	-25,338	-25,927	588
Other clinical	-13,156	-1,044	-1,130	86	-9,067	-9,753	686	-12,374	-13,261	887
Non-clinical	-9,113	-689	-762	73	-6,300	-6,783	484	-8,454	-9,107	653
Non-NHS	-413	-153	-29	-123	-1,235	-312	-923	-1,676	-413	-1,263
Cost Improvement	22	0	1	-1	0	18	-18	0	22	-22
	-55,275	-4,477	-4,614	137	-40,231	-41,374	1,143	-54,005	-55,381	1,376
<i>Non Pay</i>										
Drugs & clinical supplies	-1,908	-249	-167	-82	-1,468	-1,406	-63	-2,145	-1,908	-237
Establishment costs	-1,956	-134	-170	36	-1,040	-1,450	410	-1,445	-1,961	515
Premises costs	-2,347	-383	-305	-78	-2,068	-1,780	-288	-2,843	-2,348	-495
Private Finance Initiative	-3,823	-320	-319	-2	-2,903	-2,867	-36	-3,875	-3,823	-52
Other (including unallocated CIP)	-4,949	-485	-355	-130	-5,033	-3,232	-1,801	-7,308	-5,004	-2,303
Central Funds	-1,383	0	0	0	0	0	0	-535	-1,401	866
	-16,366	-1,571	-1,315	-256	-12,513	-10,735	-1,778	-18,151	-16,444	-1,707
<b>EBITDA *</b>	<b>3,392</b>	<b>324</b>	<b>362</b>	<b>-37</b>	<b>2,047</b>	<b>2,067</b>	<b>-19</b>	<b>3,412</b>	<b>3,392</b>	<b>20</b>
Depreciation (excludes IFRIC 12 impact and donated income)	-884	-54	-75	21	-645	-666	20	-884	-884	0
Investment Revenue	11	1	1	0	12	8	4	13	11	2
Other Gains & (Losses)	162	85	85	0	135	135	0	162	162	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,400	-117	-117	0	-1,050	-1,050	0	-1,400	-1,400	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-547	10	10	0	-410	-410	0	-547	-547	0
<b>Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **</b>	<b>734</b>	<b>251</b>	<b>267</b>	<b>-16</b>	<b>89</b>	<b>84</b>	<b>5</b>	<b>756</b>	<b>734</b>	<b>22</b>
IFRIC 12 Expenditure ***	-466	-38	-38	0	-347	-347	0	-466	-466	0
<b>Retained Surplus / (Deficit) for the Year excluding Impairment</b>	<b>268</b>	<b>213</b>	<b>229</b>	<b>-16</b>	<b>-258</b>	<b>-263</b>	<b>5</b>	<b>290</b>	<b>268</b>	<b>22</b>
Fixed Asset Impairment ****	0	0	0	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit) for the Year</b>	<b>268</b>	<b>213</b>	<b>229</b>	<b>-16</b>	<b>-258</b>	<b>-263</b>	<b>5</b>	<b>290</b>	<b>268</b>	<b>22</b>

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

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

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

## Appendix A – Page: 2

### Statement of Comprehensive Income including Forecast Outturn – AMH Community

Adult Mental Health - Community		Annual Budget £000	< < Actual £000	Current Month Budget £000	> > Variance £000	< < Actual £000	Year to Date Budget £000	> > Variance £000	< < Actual £000	Forecast Outturn Budget £000	> > Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	2,022	153	167	-14	1,425	1,447	-22	1,983	2,022	-39	
	2,022	153	167	-14	1,425	1,447	-22	1,983	2,022	-39	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-1,711	-135	-141	6	-1,192	-1,273	82	-1,613	-1,711	98	
Nursing	-5,545	-448	-466	18	-4,037	-4,128	91	-5,381	-5,519	138	
Other clinical	-6,202	-496	-542	47	-4,347	-4,549	202	-5,976	-6,202	226	
Non-clinical	-962	-79	-80	1	-732	-713	-19	-969	-957	-12	
Non-NHS	-116	-2	-4	1	-118	-80	-38	-136	-116	-20	
Cost improvement	0	0	0	0	0	0	0	0	0	0	
	-14,535	-1,160	-1,234	73	-10,426	-10,743	317	-14,075	-14,505	430	
<u>Non Pay</u>											
Drugs & clinical supplies	-575	-60	-48	-12	-471	-431	-40	-629	-575	-54	
Establishment costs	-612	-45	-54	10	-342	-452	110	-491	-611	120	
Premises costs	-506	-63	-46	-17	-445	-380	-65	-574	-506	-68	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	-1,403	-95	300	-395	-1,641	-1,062	-579	-2,024	-1,434	-590	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-3,096	-262	152	-414	-2,898	-2,325	-573	-3,718	-3,126	-592	
<b>EBITDA *</b>	<b>-15,609</b>	<b>-1,270</b>	<b>-915</b>	<b>-355</b>	<b>-11,899</b>	<b>-11,621</b>	<b>-278</b>	<b>-15,810</b>	<b>-15,609</b>	<b>-201</b>	

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

## Appendix A – Page: 3

### Statement of Comprehensive Income including Forecast Outturn – AMH Inpatient

Adult Mental Health - Inpatient		Annual Budget £000	< < Current Month > > >			< < Year to Date > > >			< < Forecast Outturn > > >		
		£000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	10	5	1	4	20	8	13	23	10	13	
	10	5	1	4	20	8	13	23	10	13	
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-538	-47	-47	-1	-405	-398	-7	-546	-538	-8	
Nursing	-5,752	-518	-490	-28	-4,648	-4,305	-343	-6,198	-5,751	-447	
Other clinical	-584	-42	-41	-1	-378	-430	52	-504	-584	80	
Non-clinical	-206	-17	-17	1	-142	-153	11	-194	-206	12	
Non-NHS	-3	7	0	7	-49	-2	-47	-28	-3	-25	
Cost improvement	22	0	1	-1	0	18	-18	0	22	-22	
	-7,060	-617	-594	-23	-5,622	-5,270	-352	-7,470	-7,060	-410	
<u>Non Pay</u>											
Drugs & clinical supplies	-307	-32	-26	-7	-261	-230	-31	-348	-307	-41	
Establishment costs	-115	-9	-8	-1	-65	-86	20	-90	-115	25	
Premises costs	-43	-5	-3	-2	-31	-33	2	-46	-43	-3	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	296	-7	299	-305	-69	181	-251	-83	296	-379	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-169	-53	262	-315	-426	-167	-259	-567	-169	-398	
<b>EBITDA *</b>	<b>-7,219</b>	<b>-665</b>	<b>-332</b>	<b>-334</b>	<b>-6,028</b>	<b>-5,430</b>	<b>-598</b>	<b>-8,014</b>	<b>-7,219</b>	<b>-795</b>	

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

## Appendix A – Page: 4

### Statement of Comprehensive Income including Forecast Outturn – AMH Substance Misuse

Substance Misuse	Annual Budget £000	< < Current Month > > >			< < Year to Date > > >			< < Forecast Outturn > > >		
		Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	343	27	26	1	285	266	19	366	343	23
	343	27	26	1	285	266	19	366	343	23
<b>Expenses:</b>										
<u>Pay</u>										
Medical	-616	-50	-57	7	-405	-446	41	-554	-616	62
Nursing	-2,010	-158	-178	19	-1,366	-1,477	110	-1,842	-2,011	169
Other clinical	0	0	0	0	0	0	0	0	0	0
Non-clinical	-176	-15	-16	1	-106	-129	22	-151	-176	25
Non-NHS	-84	-11	-9	-2	-113	-57	-56	-146	-84	-62
Cost improvement	0	0	0	0	0	0	0	0	0	0
	-2,886	-234	-260	26	-1,990	-2,108	118	-2,693	-2,887	194
<u>Non Pay</u>										
Drugs & clinical supplies	0	0	0	0	-1	0	0	-770	-563	-207
Establishment costs	-126	1	-12	14	-52	-89	38	-48	-126	78
Premises costs	-6	-6	0	-6	-15	-5	-10	-16	-6	-10
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-623	-140	-68	-72	-552	-420	-133	-151	-60	-91
Central Funds	0	0	0	0	0	0	0	0	0	0
	-755	-144	-80	-64	-619	-514	-105	-984	-755	-230
<b>EBITDA *</b>	<b>-3,298</b>	<b>-351</b>	<b>-314</b>	<b>-37</b>	<b>-2,325</b>	<b>-2,356</b>	<b>32</b>	<b>-3,311</b>	<b>-3,299</b>	<b>-13</b>

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

## Appendix A – Page: 5

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

Children's Services		Annual Budget £000	< < Current Month > > >			< < Year to Date > > >			< < Forecast Outturn > > >		
		£000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	1,341	109	119	-10	996	1,061	-65	1,341	1,341	0	0
	1,341	109	119	-10	996	1,061	-65	1,341	1,341	0	0
<b>Expenses:</b>											
<u>Pay</u>											
Medical	-708	-51	-59	8	-439	-531	92	-589	-708	119	119
Nursing	-2,264	-174	-187	14	-1,611	-1,702	91	-2,134	-2,265	131	131
Other clinical	-2,446	-197	-211	14	-1,776	-1,851	75	-2,359	-2,446	87	87
Non-clinical	-481	-33	-40	7	-296	-362	65	-413	-481	68	68
Non-NHS	-100	-47	-10	-37	-448	-89	-359	-605	-100	-505	-505
Cost improvement	0	0	0	0	0	0	0	0	0	0	0
	-5,999	-502	-507	5	-4,571	-4,535	-36	-6,100	-6,000	-100	-100
<u>Non Pay</u>											
Drugs & clinical supplies	-43	-15	-4	-11	-99	-32	-67	-135	-43	-92	-92
Establishment costs	-213	-13	-19	6	-112	-166	54	-157	-213	56	56
Premises costs	-298	-21	-26	5	-211	-233	22	-316	-298	-18	-18
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	0
Other	249	-8	24	-32	-76	179	-255	-92	249	-341	-341
Central Funds	0	0	0	0	0	0	0	0	0	0	0
	-305	-57	-24	-33	-499	-253	-246	-700	-305	-395	-395
<b>EBITDA *</b>	<b>-4,964</b>	<b>-450</b>	<b>-413</b>	<b>-37</b>	<b>-4,073</b>	<b>-3,726</b>	<b>-347</b>	<b>-5,459</b>	<b>-4,964</b>	<b>-495</b>	<b>-495</b>

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

## Appendix A – Page: 6

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

Neuropsychiatry and Older Peoples Psychiatry		Annual Budget £000	< < < Current Month > > > Actual Budget Variance £000 £000 £000	< < < Year to Date > > > Actual Budget Variance £000 £000 £000	< < < Forecast Outturn > > > Actual Budget Variance £000 £000 £000
<b>Income:</b>					
Revenue from Patient Care Activities	0	0	0	0	0
Other Operating Revenue	393	43	50	304	423
	393	43	50	304	423
<b>Expenses:</b>					
<u>Pay</u>					
Medical	-927	-79	-77	-727	-969
Nursing	-6,317	-508	-523	-4,500	-6,050
Other clinical	-1,435	-122	-118	-921	-1,242
Non-clinical	-500	-32	-39	-369	-511
Non-NHS	-15	-11	-1	-59	-77
Cost improvement	0	0	0	0	0
	-9,194	-751	-758	-6,576	-8,849
<u>Non Pay</u>					
Drugs & clinical supplies	-370	-9	-31	-163	-211
Establishment costs	-276	-18	-23	-154	-211
Premises costs	-79	-9	-7	-98	-143
Private Finance Initiative	0	0	0	0	0
Other	603	-6	53	-40	-53
Central Funds	0	0	0	0	0
	-123	-43	-7	-455	-619
<b>EBITDA *</b>	<b>-8,924</b>	<b>-751</b>	<b>-715</b>	<b>-6,726</b>	<b>-9,046</b>

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



## Appendix A – Page: 7

### Statement of Comprehensive Income including Forecast Outturn – Learning Disabilities

Learning Disabilities	Annual Budget £000	< < Current Month > > >			< < Year to Date > > >			< < Forecast Outturn > > >		
		Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	25	9	2	7	38	19	20	65	25	40
	25	9	2	7	38	19	20	65	25	40
<b>Expenses:</b>										
<u>Pay</u>										
Medical	-351	-29	-33	4	-246	-252	6	-344	-351	7
Nursing	-3,526	-207	-234	27	-2,574	-2,832	259	-3,251	-3,527	276
Other clinical	-979	-70	-98	28	-521	-687	166	-792	-979	186
Non-clinical	-263	-15	-21	6	-188	-199	11	-267	-263	-4
Non-NHS	0	0	0	0	0	0	0	0	0	0
Cost improvement	0	0	0	0	0	0	0	0	0	0
	-5,119	-321	-386	65	-3,529	-3,970	441	-4,654	-5,120	467
<u>Non Pay</u>										
Drugs & clinical supplies	-43	-3	-3	0	-28	-33	5	-40	-43	3
Establishment costs	-110	-7	-10	3	-72	-81	9	-99	-110	11
Premises costs	-89	-17	-7	-11	-91	-69	-23	-121	-89	-33
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-36	-7	2	-9	-73	-34	-39	-99	-36	-63
Central Funds	0	0	0	0	0	0	0	0	0	0
	-278	-34	-18	-17	-264	-217	-48	-359	-278	-82
<b>EBITDA *</b>	<b>-5,373</b>	<b>-346</b>	<b>-402</b>	<b>56</b>	<b>-3,755</b>	<b>-4,168</b>	<b>414</b>	<b>-4,948</b>	<b>-5,373</b>	<b>425</b>

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

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

Corporate Directorates	Annual Budget £000	< < Current Month > >			< < Year to Date > >			< < Forecast Outturn > >		
		Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	4,819	404	331	73	3,416	3,138	278	5,143	4,904	240
	4,819	404	331	73	3,416	3,138	278	5,143	4,904	240
<b>Expenses:</b>										
<u>Pay</u>										
Medical	-1,863	-148	-163	15	-1,137	-1,433	297	-1,548	-1,844	296
Nursing	-486	-39	-40	1	-342	-348	6	-481	-459	-22
Other clinical	-1,511	-117	-118	1	-1,125	-1,156	31	-1,500	-1,616	115
Non-clinical	-6,524	-499	-550	50	-4,465	-4,849	384	-5,950	-6,524	574
Non-NHS	-96	-88	-5	-83	-449	-74	-375	-684	-96	-588
Cost improvement	0	0	0	0	0	0	0	0	0	0
	-10,480	-891	-875	-16	-7,518	-7,860	342	-10,163	-10,539	376
<u>Non Pay</u>										
Drugs & clinical supplies	-570	-131	-56	-74	-446	-402	-44	-12	-7	-5
Establishment costs	-503	-43	-44	1	-243	-369	126	-349	-503	154
Premises costs	-1,326	-262	-216	-46	-1,177	-1,001	-175	-1,626	-1,327	-299
Private Finance Initiative	-3,823	-320	-319	-2	-2,903	-2,867	-36	-3,875	-3,823	-52
Other	-4,034	-223	-965	742	-2,582	-2,537	-45	-4,805	-4,623	-183
Central Funds	-1,383	0	0	0	0	0	0	-531	-1,401	870
	-11,639	-979	-1,599	621	-7,351	-7,176	-175	-11,199	-11,683	484
<b>EBITDA *</b>	<b>-17,301</b>	<b>-1,466</b>	<b>-2,143</b>	<b>677</b>	<b>-11,453</b>	<b>-11,898</b>	<b>445</b>	<b>-16,218</b>	<b>-17,318</b>	<b>1,100</b>

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

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### Statement of Financial Position – including forecast

Detail	Period End Date				FOT
	31/03/2014	31/10/2014	31/11/2014	31/12/2014	31/03/2015
	£000	£000	£000	£000	£000
<b>NON-CURRENT ASSETS:</b>					
Property, Plant and Equipment	33,834	33,097	32,989	32,971	30,997
Intangible Assets	109	80	80	66	66
Trade and Other Receivables	52	52	52	52	52
<b>TOTAL NON-CURRENT ASSETS</b>	<b>33,995</b>	<b>33,229</b>	<b>33,121</b>	<b>33,089</b>	<b>31,115</b>
<b>CURRENT ASSETS:</b>					
Inventories	98	92	96	97	84
Trade and Other Receivables	3,525	4,478	4,787	5,118	3,627
Cash and cash equivalents	5,445	5,804	6,041	6,772	5,561
<b>SUB TOTAL CURRENT ASSETS</b>	<b>9,068</b>	<b>10,374</b>	<b>10,924</b>	<b>11,988</b>	<b>9,272</b>
Non-current assets held for sale	1,148	888	888	683	2,520
<b>TOTAL ASSETS</b>	<b>44,211</b>	<b>44,490</b>	<b>44,934</b>	<b>45,760</b>	<b>42,907</b>
<b>CURRENT LIABILITIES:</b>					
NHS Trade Payables	-929	-571	-518	-798	-754
Non-NHS Trade Payables	-4,880	-7,169	-7,703	-8,148	-5,940
Borrowings	-360	-360	-360	-360	-351
Provisions for Liabilities and Charges	-2,502	-1,634	-1,525	-1,442	-1,008
<b>TOTAL CURRENT LIABILITIES</b>	<b>-8,671</b>	<b>-9,734</b>	<b>-10,105</b>	<b>-10,749</b>	<b>-8,053</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>1,545</b>	<b>1,528</b>	<b>1,707</b>	<b>1,922</b>	<b>3,739</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>35,540</b>	<b>34,756</b>	<b>34,828</b>	<b>35,011</b>	<b>34,854</b>
<b>NON-CURRENT LIABILITIES</b>					
Borrowings	-13,343	-13,133	-13,103	-13,073	-12,993
Trade & Other Payables	0	0	0	0	0
Provisions for Liabilities and Charges	-401	-400	-400	-400	-400
<b>TOTAL NON- CURRENT LIABILITIES</b>	<b>-13,744</b>	<b>-13,533</b>	<b>-13,503</b>	<b>-13,473</b>	<b>-13,393</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>21,796</b>	<b>21,223</b>	<b>21,325</b>	<b>21,538</b>	<b>21,461</b>
<b>FINANCED BY TAXPAYERS EQUITY:</b>					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	150	-423	-321	-108	638
Revaluation Reserve	13,596	13,596	13,596	13,596	12,773
Other reserves	52	52	52	52	52
<b>TOTAL TAXPAYERS EQUITY</b>	<b>21,796</b>	<b>21,223</b>	<b>21,325</b>	<b>21,538</b>	<b>21,461</b>

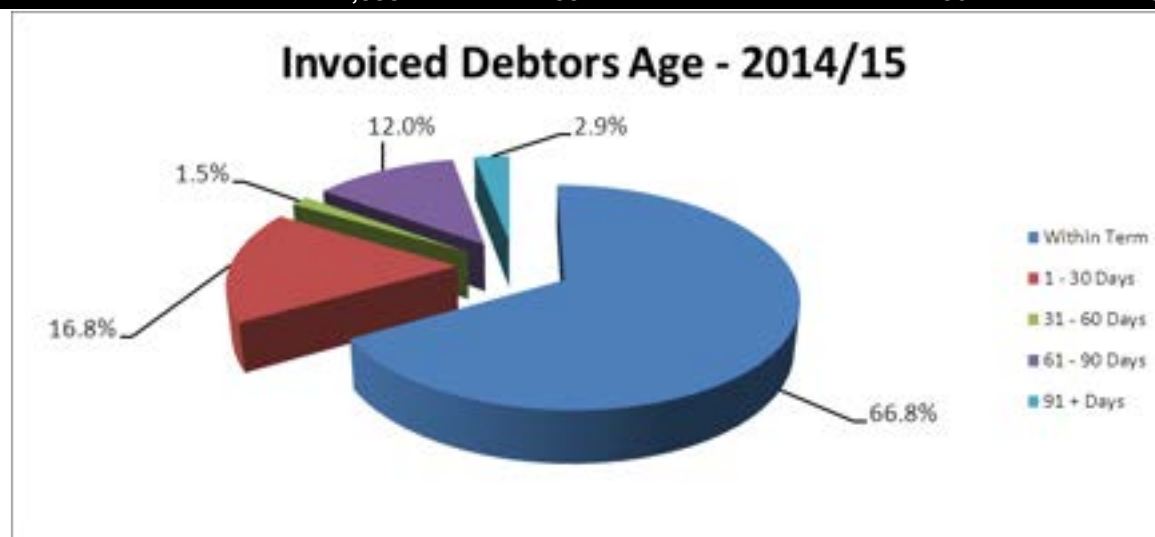
## Appendix A – Page: 10

### Cash-flow Forecast

Statement of Cash Flows (CF)	Actual Apr 14 £000	Actual May 14 £000	Actual Jun 14 £000	Actual Jul 14 £000	Actual Aug 14 £000	Actual Sep 14 £000	Actual Oct 14 £000	Actual Nov 14 £000	Actual Dec 14 £000	Forecast Jan 15 £000	Forecast Feb 15 £000	Forecast Mar 15 £000	2014/2015 Full Year £000
<b>Cash Flows from Operating Activities</b>													
Operating Surplus / (Deficit)	-62	-36	162	-56	44	164	336	271	232	323	340	344	2,062
Depreciation and Amortisation	123	123	85	125	107	99	126	113	92	119	119	119	1,350
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-117	-117	-117	-117	-116	-117	-116	-117	-117	-117	-117	-115	-1,400
Dividend Paid	0	0	0	0	0	-294	0	0	0	0	0	-253	-547
<b>Inflow / (Outflow) prior to Working Capital</b>	<b>-56</b>	<b>-30</b>	<b>130</b>	<b>-48</b>	<b>35</b>	<b>-148</b>	<b>346</b>	<b>267</b>	<b>207</b>	<b>325</b>	<b>342</b>	<b>95</b>	<b>1,465</b>
(Increase) / Decrease in Inventories	13	-7	0	11	-7	-7	3	-4	-1	-2	6	9	14
(Increase) / Decrease in Trade and Other Receivables	-754	239	-370	-632	-41	-3,955	4,560	-310	-331	915	435	346	102
Increase / (Decrease) in Trade and Other Payables	599	778	-555	924	243	4,627	-4,757	428	820	-1,556	-644	-184	723
Provisions (Utilised) / Arising	-23	-13	-66	-35	11	-60	-683	-109	-82	0	-76	-358	-1,494
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Inflow / (Outflow) from Working Capital</b>	<b>-165</b>	<b>997</b>	<b>-991</b>	<b>268</b>	<b>206</b>	<b>605</b>	<b>-877</b>	<b>5</b>	<b>406</b>	<b>-643</b>	<b>-279</b>	<b>-187</b>	<b>-655</b>
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>-221</b>	<b>967</b>	<b>-861</b>	<b>220</b>	<b>241</b>	<b>457</b>	<b>-531</b>	<b>272</b>	<b>613</b>	<b>-318</b>	<b>63</b>	<b>-92</b>	<b>810</b>
<b>Cash Flows from Investing Activities</b>													
Interest Received	1	2	1	1	1	2	1	1	2	1	0	0	13
(Payments) for Property, Plant and Equipment	-11	0	-5	0	-1	0	-5	-6	-59	-274	-364	-620	-1,345
Proceeds of disposal of assets held for sale (PPE)	0	0	0	310	0	0	0	0	205	222	260	0	997
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>-10</b>	<b>2</b>	<b>-4</b>	<b>311</b>	<b>0</b>	<b>2</b>	<b>-4</b>	<b>-5</b>	<b>148</b>	<b>-51</b>	<b>-104</b>	<b>-620</b>	<b>-335</b>
<b>NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING</b>	<b>-231</b>	<b>969</b>	<b>-865</b>	<b>531</b>	<b>241</b>	<b>459</b>	<b>-535</b>	<b>267</b>	<b>761</b>	<b>-369</b>	<b>-41</b>	<b>-712</b>	<b>475</b>
<b>Cash Flows from Financing Activities</b>													
Capital Element of Payments in Respect of Finance Leases PFI	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-29	-359
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-29</b>	<b>-359</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>-261</b>	<b>939</b>	<b>-895</b>	<b>501</b>	<b>211</b>	<b>429</b>	<b>-565</b>	<b>237</b>	<b>731</b>	<b>-399</b>	<b>-71</b>	<b>-741</b>	<b>116</b>
<b>Cash and Cash Equivalents (and Bank Overdraft) at YTD</b>	<b>5,184</b>	<b>6,123</b>	<b>5,228</b>	<b>5,729</b>	<b>5,940</b>	<b>6,369</b>	<b>5,804</b>	<b>6,041</b>	<b>6,772</b>	<b>6,373</b>	<b>6,302</b>	<b>5,561</b>	

## Aged Debtor Analysis

Analysed as	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
NHS	228	378	44	211	3	864
Local Authorities	403	18	0	25	37	483
Other Debtors	1,367	106	0	125	48	1,646
<b>Total</b>	<b>1,998</b>	<b>502</b>	<b>44</b>	<b>361</b>	<b>88</b>	<b>2,993</b>



Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
No formal dispute received - full payment anticipated	1,998	502	44	211	3	2,758
Routine credit control processes activated	0	0	0	150	77	227
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	0
Escalated to Management / Solicitors	0	0	0	0	8	8
<b>Total</b>	<b>1,998</b>	<b>502</b>	<b>44</b>	<b>361</b>	<b>88</b>	<b>2,993</b>

## Capital Programme and Expenditure

Site	Detail	2014/15 Original Scheme Value £000	Year to Date £000	Forecast Outturn £000
<b><u>Schemes Committed</u></b>				
<b><u>Developments</u></b>				
Ward 4 Upgrade		750	7	50
Acquired Brain Injury		150	0	10
Ward Upgrade		400	9	50
AT & T and Telford Unit		250	5	605
Tackling Green Issues		100	0	10
Victoria Surgery & other minor schemes		190	41	50
<b>Total for Service Redesign schemes</b>		<b>1,840</b>	<b>62</b>	<b>775</b>
<b><u>Maintenance of Infrastructure</u></b>				
Other	Other	200	12	20
<b>Total for Maintenance of Infrastructure schemes</b>		<b>200</b>	<b>12</b>	<b>20</b>
<b><u>Other Schemes</u></b>				
Other equipment purchases - IT	Various	100	0	250
Various	Various	400	0	0
Estate rationalisation - Childrens		0	0	20
Harplands - Ward 4/5		0	0	85
Harplands - Ed Myers	Additional beds	0	13	40
Parking		0	0	10
Harplands feasibility scheme		0	0	15
Electronic Patient Status Display		0	0	80
<b>Total for Other Schemes</b>		<b>500</b>	<b>13</b>	<b>500</b>
<b><u>Not Yet Committed</u></b>				
Harplands	Lifecycle	100	0	50
<b>Total Expenditure</b>		<b>2,640</b>	<b>87</b>	<b>1,345</b>
<b><u>Disposals</u></b>				
Sale of former Learning Disability properties		-1,140	-465	-800
<b>Net Expenditure</b>		<b>1,500</b>	<b>-378</b>	<b>545</b>
<b>Capital Allocations</b>				<b>£000</b>
Initial CRL (per NTDA Plan submission)				<b>1,500</b>
<b><u>Revisions to Plan:</u></b>				
None				-
Final CRL				<b>1,500</b>
Value of Schemes as at 31/12/14				<b>545</b>
<b>Potential (Over) / Undershoot against CRL</b>				<b>955</b>

Continuity of Service Risk Rating

Continuity of Services Risk Ratings	Current Month Metrics			Forecast Outturn Metrics		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
<b>Liquidity Ratio (days)</b>						
Working Capital Balance	-11	937	948	-90	1,135	1,225
Annual Operating Expenses	52,257	51,752	-505	69,514	70,806	1,292
Liquidity Ratio Days	-0.06	4.98	5.04	-0.47	5.85	6.32
<b>Liquidity Ratio Metric</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>
<b>Capital Servicing Capacity (times)</b>						
Revenue Available for Debt Service	2,325	2,059	-266	3,715	3,425	-290
Annual Debt Service	1,796	1,730	-66	2,389	2,306	-83
Capital Servicing Capacity (times)	1.3	1.2	-0.1	1.6	1.5	-0.1
<b>Capital Servicing Capacity metric</b>	<b>2</b>	<b>1</b>	<b>-1</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>Continuity of Services Rating for Trust</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>

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

REPORT TO: Trust Board – Open Section

Enclosure 12

Date of Meeting:	29 January 2015
Title of Report:	Finance and Performance Committee Report – Committee Meeting 22 January 2015
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Steve Blaise 22 January 2015 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>• For Decision ✓</li> <li>• Performance monitoring ✓</li> <li>• For Information ✓</li> </ul>
Executive Summary:	The attached report provides a summary of the Committee meeting held on the 22 January 2015 and provides assurance to the Board over the level of review and challenge provided by the Committee of financial and other reporting as well as forecasting.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• IM and T Strategy ✓</li> <li>• Governance Strategy ✓</li> <li>• Workforce Strategy ✓</li> <li>• Financial Strategy ✓</li> </ul> <p>Helps ensure appropriate resources are directed to and protected for appropriate patient care services.</p>
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the report and take assurance from the review and challenge evidenced in the Committee.</li> </ul>



## **Assurance Report to the Trust Board – Thursday, 29 January 2015**

### **Finance & Performance (F&P) Committee Report to the Trust Board – 22 January 2015**

This paper details the issues discussed at the Finance and Performance Committee meeting on 22 January 2015.

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

The Committee received the financial update for month 9 (December 2014) 2014/15.

The income and expenditure position to Month 9 was slightly ahead of plan at a deficit of £0.258m against a plan deficit of £0.263m, a favourable variance of £0.005m. The paper also reported that the year-end forecast of £0.290m equating to a £0.756m surplus at adjusted financial performance level. This forecast position is a £0.022m favourable variance against plan.

The Trust's cash balance at the end of December was £6.8m, which is £3.2m more than plan at this stage of the year.

As previously reported, the capital programme position remains significantly behind plan and the Trust is now forecasting an under spend of £0.955m in 2014/15. The Trust continues to monitor its year end capital spend forecast.

The Trusts Continuity of Service Risk Rating at month 9 was an overall rating of 3 against a planned year to date level of 3. The Trusts liquidity metric remains high (level 4) but the Trusts deficit at 31 December reduces the Capital Servicing Capacity to level 1. This rises by the end of year to level 2 as the Trust moves back into surplus. This maintains the year end forecast overall rating of level 3.

The Committee received the Month 9 Cost Improvement Programme (CIP) 2014/15 report which incorporated elements of the Workforce paper linked to CIP schemes. The paper highlighted the requirement to deliver £4.08m of CIP with plans in place to deliver this requirement.

The paper also showed a year to date position of £2.6m delivery against the plan of £2.9m although it was noted that a significant element of that year to date delivery was on non-recurring schemes. In addition, it was explained that the forecast delivery was predicated on the achievement of schemes scheduled for the last 3 months of the year.

The report also included details of the CIP schemes that are being developed for the for 2015/16 financial year totalling £3.6m.

## **Other Reports and Updates**

The Committee received additional reports and verbal updates as follows:

- **Contract Information.** The report highlighted the risks inherent within the Trust contract portfolio as well as reporting the current and potential over performance in respect of OATS/NCA's and associate contracts.
- **Payment by Results (PbR).** A paper scheduling the actions that had been determined at the PbR Working Group was provided for information and assurance to the Committee that ongoing work was being undertaken to prepare the Trust for PbR.
- **Performance Quality Management Framework.** This report provided the Month 9 performance against TDA metrics and key national targets. The Committee noted that nearly all the national targets are being met and discussed in some detail the targets currently rated red and amber.
- **A verbal update was provided on the Trusts current position in respect of the negotiation and signing of the Trusts Non Clinical Service Level Agreements.**
- **Budget Setting 2015/16.** This report briefed the Committee on the key principles applied to the budget setting process for the next financial year as well as the progress made to date.
- **Key Risks to the Current Year Financial Plan.** A schedule was provided which described the key risks to the delivery of the 2014/15 financial plan. The committee discussed the risk ratings to determine the appropriateness of those risks and made amendments where appropriate.
- **Tender Update.** The report highlighted the Trust's current tender activity. It was noted that the majority of the potential tenders related to the Substance Misuse Service.

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

Tony Gadsby – Chair of Finance and Performance Committee

22 January 2015

### REPORT TO TRUST BOARD

Date of Meeting:	29 <sup>th</sup> January 2015
Title of Report:	Performance Report – Month 9 2014/15
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager
Date:	22 <sup>nd</sup> January 2015
Email:	<a href="mailto:Kevin.Daley@northstaffs.nhs.uk">Kevin.Daley@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 9 (December 2014)</p> <p>A range of 122 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. Month 9 performance against these KPIs has been reviewed by the Finance &amp; Performance Committee prior to being presented to the Trust Board.</p> <p>At month 9 of the 122 metrics 45 metrics were rated as Green, 7 rated as Amber, 4 rated as Red and 66 Unrated due to the absence of targets which are monitored to identify and respond to trends.</p> <p>The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to:	Governance Strategy
How does this impact on patients or the public?	The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	<p>The Board are asked to</p> <ul style="list-style-type: none"> <li>consider and discuss reported performance with particular emphasis on areas of underperformance</li> <li>note the considerable number of metrics reported on target (green)</li> </ul>

	<ul style="list-style-type: none"><li>• to confirm sufficient detail and assurance is provided</li></ul>
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## PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

<b>Date of meeting:</b>	29 <sup>th</sup> January 2015
<b>Report title:</b>	<b>Performance &amp; Quality Management Framework Performance Report – Month 9 2014/15</b>
<b>Executive Lead:</b>	Interim Director of Finance
<b>Prepared by:</b>	Kevin Daley, Performance Development Manager
<b>Presented by:</b>	Glen Sargeant, Head of Performance & Information

### 1 Introduction to Performance Management Report

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

- An Executive Summary (this report)

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

### 2 Executive Summary – Exception Reporting

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

At month 9 there are 4 rated as Red, 7 rated as Amber, 45 metrics rated as Green and 66 Unrated due to the absence of targets which are monitored to identify and respond to trends.



Month 9			
Red	Amber	Green	Unrated
4	7	45	66

### 3 Exception Reports

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

KPI	Metric	Exec Lead	Target	Month 9 Performance	YTD Performance	Forecast Outturn	Trend	Commentary
	Readmission rate (28 days) For all inpatient settings	Dir of Ops	7.5%	AMBER 10%	AMBER 9%	AMBER	↓	M9 figures are: 9 confirmed readmissions from 90 discharges = 10% YTD 69 confirmed readmissions from 769 discharges = 8.97% M8 figures were: 12 confirmed readmissions from 98 discharges = 12.2%. YTD 60 confirmed readmissions from 679 discharges = 8.83%
	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Dir of Ops	90%	RED 83%	RED 83%	GREEN	↗	Please note that the latest data from HSCIC website is the provisional figures for <b>October 2014</b> which indicates <b>83% compliance and 84% final position for September</b> . Trust reported 81% at month 8 which was the provisional position for <b>September 2014</b> .  The Trust is above the national average ( <b>72%</b> ) compliance levels at <b>83%</b> and in the top cohort of Trusts in terms of data completeness. The Trust is rated as Green using HSCIC data validity measures.  Work ongoing within the teams to ensure that all relevant data fields are populated with valid coding which should show improvement in the reported activity for subsequent months.
PHQ13_05	National KPI 4 (PHQ13_01) The number of people who have entered (i.e. received) psychological therapies during the reporting	Dir of Nursing	Target 3073 YTD @ M9 385 = M9 Target	RED 270	RED 2345	AMBER	↓	<b>270 @ M9 from 337 @ M8</b> <b>M9 target = 385 M9 actual = 270</b> <b>YTD target @ M9 = 3073 YTD actual @ M9 = 2345</b> Review of service with providers, commissioners and National IAPT support team has resulted in action plan as follows- <ul style="list-style-type: none"> <li>• Increase number of self-referrals and engagement groups through marketing strategy</li> <li>• Increase admin support to free capacity of therapists</li> <li>• Increase the number of service users who attend for</li> </ul>

	quarter							4 to 5 therapy sessions <ul style="list-style-type: none"> <li>• Increase number of older adults uptake of service</li> <li>• Set trajectories based on capacity to meet performance targets reduction in 15% DNA rate to 7% and reaching 50% of service users reporting recovery</li> </ul>
KPI	Metric	Exec Lead	Target	Month 9 Performance	YTD Performance	Forecast Outturn	Trend	Commentary
PHQ13_05	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (PHQ16_01 / PHQ16_02	Dir of Nursing	Target to M9 10.9%	RED 0.96%	RED 8.3%	RED	↘	0.96% in month 9 from 1.20% in month 8 This service is provided in partnership with Changes and Mind Q1 target = 3.3% Q2 target = 3.5% Q3 target = 4.1% YTD target 10.9% @ M9 YTD performance = 8.3% @ M9 Actual M9 performance = 0.96% against M9 target of 1.4%  Review of service with providers, commissioners and National IAPT support team has resulted in action plan as follows- <ul style="list-style-type: none"> <li>• Increase number of self-referrals and engagement groups through marketing strategy</li> <li>• Increase admin support to free capacity of therapists</li> <li>• Increase the number of service users who attend for 4 to 5 therapy sessions</li> <li>• Increase number of older adults uptake of service</li> <li>• Set trajectories based on capacity to meet performance targets reduction in 15% DNA rate to 7% and reaching 50% of service users reporting recovery</li> </ul>

KPI	Metric	Exec Lead	Target	Month 9 Performance	YTD Performance	Forecast Outturn	Trend	Commentary
	National PHQ13_06 The number of people who are moving to recovery (KPI6). Divided by the number of people who have completed treatment (KPI5) minus the number of people who have completed treatment that were not at caseness at initial assessment (KPI6B)	Dir of Nursing	50%	<b>RED</b> 35%	<b>RED</b> 35%	<b>AMBER</b>		<p><b>35% @ month 9 from 32% @ month 8</b></p> <p>Review of service with providers, commissioners and National IAPT support team has resulted in action plan as follows-</p> <ul style="list-style-type: none"> <li>• Increase number of self-referrals and engagement groups through marketing strategy</li> <li>• Increase admin support to free capacity of therapists</li> <li>• Increase the number of service users who attend for 4 to 5 therapy sessions</li> <li>• Increase number of older adults uptake of service</li> <li>• Set trajectories based on capacity to meet performance targets reduction in 15% DNA rate to 7% and reaching 50% of service users reporting recovery</li> </ul>
CQUIN GOAL 2	Nationally mandated Physical Health CQUIN	Dir of Nursing		<b>AMBER</b>	<b>AMBER</b>	<b>RED</b>		<p>Sample identified by the Royal College of Psychiatrists and initial data collection undertaken. Final data due for submission 15/1/15. Due to the high percentage targets set for this CQUIN, there is some concern around full achievement at Q4. Re-audit scheduled to take place in Q4. Working Group liaising with Care Coordinators to try to improve achievement against targets. Due to the high percentage targets set for this CQUIN, there is some concern</p>



								around full achievement at Q4.
KPI	Metric	Exec Lead	Target	Month 9 Performance	YTD Performance	Forecast Outturn	Trend	Commentary
CQUIN GOAL 3	Medication Safety Thermometer:	Dir of Nursing		AMBER	AMBER	GREEN	↔	Data was not submitted by Ward 2 for November by the required deadline. Data collection was subsequently undertaken on a smaller number of patients than is usual and this data was entered online. As this data will not be available in time for the submission to Commissioners on 16 January, there is a risk to achievement at Q3 as Ward 2 is one of the required wards for full monthly submissions. The CQUIN lead and Clinical Audit Department are currently reviewing possible options to address this.
CQUIN GOAL 4	AIMS for Inpatient Rehabilitation Units	Dir of Nursing		AMBER	AMBER	GREEN	↔	<p>Feedback received from RCPsych rated three Type 1 standards as “not met”. All Type 1 standards need to be met in accordance with CQUIN requirements. The Working Group has responded to the RCPsych and a briefing paper has been prepared for Dr Adeyemo outlining the risk to achievement of this CQUIN. The CQUIN leads will produce some narrative for submission to Commissioners with the feedback from RCPsych at Q3.</p> <p>KEY MILESTONES (ACTIVITIES)</p> <p>All Q2 targets deferred to Q3 to enable Commissioners visited service areas to review patient information and actions taken as a result of feedback from service users and carers on 16 December 2014. Awaiting clarification from Commissioners around evidence required for PDR indicator.</p>

KPI	Metric	Exec Lead	Target	Month 9 Performance	YTD Performance	Forecast Outturn	Trend	Commentary
CQUIN GOAL 5	Listening and Responding to Feedback Closing the Loop	Dir of Nursing		AMBER	AMBER	GREEN	↔	All Q2 targets deferred to Q3 to enable Commissioners visited service areas to review patient information and actions taken as a result of feedback from service users and carers on 16 December 2014. Awaiting clarification from Commissioners around evidence required for PDR indicator.
O8.6	Percentage of staff compliant with mandatory training appropriate to their role	WF Dir	95%	AMBER 88%	AMBER 88%	AMBER	↓	<b>88% @ month 9 from 89% @ month 8</b> Month 9 breakdown Corporate Services = 89% AMH Community = 90% AMH In Patient = 83% Substance Misuse = 92% CAMHS = 91% Learning Disabilities = 86% NOAP = 85%  <b>Trust is proactively taking action with teams to ensure that all staff attend statutory &amp; mandatory training and maintain their compliance.</b>
4C 5.53	DBS Compliance Rate - ALL	WF Dir	90%	AMBER 88%	AMBER 88%	GREEN	↗	<b>88% @ month 9 from 86% @ month 8</b> Month 9 breakdown Trust Total = 88.43% AMH Community = 97.33% AMH In Patient = 97.30% Substance Misuse Service = 46.67% Children and Young People = 97.73% Learning Disabilities = 100.00% Neuropsychiatry and Old age Psychiatry = 100.00% Bank = 80.00% Corporate = 100.00% Month 9 Substance Misuse compliance adversely affected by Tupe arrangements for One Recovery staff. Other areas of underperformance are being addressed via management reports which are being circulated to teams in order to identify

								actions required to bring performance back on track
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#### 4 Risk Ratings

The NHS Trust Development Authority measures Trust performance in five categories as follows:

At month 9 we have maintained our rating of Level 4 (out of 1 to 5), where 5 is the best category a Trust can be put in.

#### 5 Recommendations

The Board is asked to:

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

Enclosure 14

## REPORT TO TRUST BOARD

Date of Meeting:	29 January 2015
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 20 January 2015 <a href="mailto:glen.sargeant@northstaffs.nhs.uk">glen.sargeant@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted, with no changes from last month's position of compliance and no exceptions to report.</p> <p>Declarations include:</p> <ul style="list-style-type: none"> <li>• Fit &amp; proper directors</li> <li>• Registration with CQC</li> <li>• Provision of integrated care</li> <li>• Effective arrangements for monitoring and continually improving the quality of healthcare</li> <li>• Compliance with TDA Accountability Framework</li> </ul> <p>In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process.</p> <p>Based on December 2014 data, the Trust is declaring compliance with all requirements.</p>
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.
Relationship with Annual Objectives:	5: Robust plans delivering quality and sustainable services
Risk / Legal Implications:	None

Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the wider framework
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>• Approve the submission for December 2014 data declaring compliance with all requirements. This is to be sent to the NTDA on or before the last working day of January 2015.</li> </ul>

REPORT TO: **Open Trust Board**

Date of Meeting:	29 January 2015
Title of Report:	Audit Committee Report
Presented by:	Mr David Rogers Chair of Audit Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs/ Sandra Storey 15 January 2015 <a href="mailto:sandraj.storey@northstaffs.nhs.uk">sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Information &amp; Performance Monitoring</li> </ul>
Executive Summary:	<p>This report provides a summary of the recent meeting of the Audit Committee held on 15 January 2015</p> <p>Trust Board members are reminded that the full minutes and papers are available for inspection from the Trust Secretary / Head of Corporate and Legal Affairs.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> <li>Finance Strategy</li> <li>Customer Focus</li> </ul>
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Assurance Framework provides the Board with evidence to support the Statement of Internal Control.
Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>Take assurance from the contents of this report</li> </ul>

## **Summary of the 15 January 2015 Audit Committee meeting for the 29 January Trust Board meeting**

### **1. Implementation of Audit Recommendations – Performance Management Report**

On behalf of Mrs Harrison, Mr Blaise provided the committee with a position statement in relation to audits completed to date, progress against the implementation of existing audit recommendations and current progress of new audit recommendations.

It was noted that much progress had been made in completing outstanding audit recommendations. 12 audit reports have been finalised since the September 2014 Audit Committee. There were 49 new recommendations following those reports, 25 of which have already been implemented. To date the Trust has 24 audit recommendations not completed though they are within the due date.

Auditors remarked that this is a much improved position for the Trust with a small number of recommendations outstanding at the time of the report. The Trust Board can take assurance from this work.

### **2. 2014/15 Assurance Framework – mid-year review**

Mrs Storey presented a report on the Trust's Assurance Framework that has been in operation across the Trust in 2014/15. All NHS Trusts are required to maintain an Assurance Framework so that it can give assurance to the Board that there is an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities. The Assurance Framework is also a key component that informs the Trust's Annual Governance Statement.

It was noted that the Audit Committee had received reports previously on the maintenance of the Assurance Framework and that it had in effect looked behind the framework to provide assurance to the Trust Board that this process is still valid and suitable for the Board's requirements.

As the Assurance Framework is a 'live' process, the report highlighted that the process is therefore constantly reviewed and refreshed so that it can manage emerging issues with clear action being taken to seek additional controls and assurances where required.

In terms of external scrutiny of the process, it was noted that an independent audit of the Assurance Framework was undertaken in February 2014 by Baker Tilly which sought to validate the design and application of the Assurance Framework, as well as key controls and assurances, in relation to its ongoing development and maintenance. The audit gave a positive opinion and concluded that the Trust has a robust Assurance Framework which maps registration outcomes, principal risks, key controls and assurances, including information on action being taken to address gaps in control or assurance.

It was noted that the Trust is working closely with the Good Governance Institute to review current arrangements. Baker Tilly noted that while their annual audit of the Assurance Framework is mandatory, they will scale back their audit to reduce the risk of any unnecessary duplication. In the meantime, the committee satisfied itself that

there has been an effective Assurance Framework in place so for 2014/15 and can therefore give assurance to the Trust Board in this regard.

### **3. Information Governance Disclosures April 2014 – September 2014**

All Trusts are expected to report on lapses of data security. Mrs Storey provided the committee with a summary of the incidents of data loss or confidentiality breach for the period 1 April 2014 to 30 March 2014 and actions taken to address them. The information had been collated and analysed following the Department of Health's checklist for the reporting, managing and investigating information governance breaches. The summary concluded that there were no breaches beyond level 1 that would be deemed as a significant control issue and would require referral to the Information Commissioner.

It was noted that while numbers are low some of the incidents indicate that staff need to be more vigilant when handling confidential information. Trust staff are required to complete Information Governance Training on an annual basis (which includes the management of confidential information) and compliance is also monitored through the IG toolkit. It was noted that work is ongoing to ensure that the Trust maintains its good performance by achieving level 2 at year end.

The auditors welcomed this scrutiny of incidents and noted that it provides further assurance to them that the Trust takes the security of information seriously. The evidence to support compliance with the IG toolkit is currently subject of an audit by Baker Tilly, the outputs of which will help inform the Trust's Annual Governance Statement and Annual Report.

### **4. Audit Committee Review of Effectiveness – December 2014**

Mrs Storey presented a report to the committee to assist members in conducting a review of its effectiveness. Members noted that committee had been acting in accordance with its terms of reference and the NHS Audit Committee Handbook. A cycle of business is ordered around the committee's terms of reference and an annual work plan is produced.

From the discussion and information provided, members concluded that the committee is effective and is discharging its duties. Reports are made following each meeting to the Trust Board as well as an Annual Report summarising the work completed by the committee to provide information and assurance to the Trust Board. The committee will continue to review its effectiveness and will do so again at the time of the committee's annual report in May 2015.

The committee also discussed how the other Board committees are reviewing their effectiveness. It was noted that this would be part of their terms of reference and each of the committees review these annually alongside giving assurance to the board that they are discharging their duties appropriately. Mrs Storey advised that she would bring a high level summary of this work to the next meeting of the committee to give full assurance in this regard.

### **5. Internal Audit Progress Report**

Mr Palethorpe provided the committee with an update on the progress being made against their internal audit plan 2014/15. Auditors have continued to meet with key officers to ensure that their plan reflects the key risks of the Trust. It was noted that they have also met with the Executive Team to discuss the delivery of the remaining reviews as detailed within the agreed audit plan for 2014/15. A meeting has taken place on the 8 January 2015 with the Chief Executive and Interim Director of Finance to determine what reviews are required in quarter 4 taking into account any internal



work being undertaken within the Trust. This meeting has also included consideration and development of the Internal Audit Plan for 2015/16.

#### **6. LCFS Progress Report – Consultant Job Plans**

Mr Ball noted that the team had conducted a local proactive exercise in the area of Consultant Job Planning. This piece of work was agreed following the receipt of an anonymous letter which briefly detailed concerns relating to Consultants delivering private work in NHS time.

It was noted that this work is currently in progress. A random selection of 10 Consultant job plans have been reviewed and this work will then be concluded by holding a number of line management meetings to discuss the processes used in the Trust to monitor job plan completion. The outputs of which will be reported to the next meeting of the Audit Committee.

#### **7. KPMG External Audit Progress report – verbal update**

Mr Crawley updated the committee on how they are progressing against the agreed audit plan for 2014/15. It was noted that national guidance has just been received in respect to the audit of Trust Annual Accounts including information on what will happen when the Audit Commission ceases at the end of March 2015. It is expected that Quality Accounts will still require auditing, the details of which are yet to be confirmed.

Mr Crawley made reference to their paper entitled “What needs to be done” which relates to involving families and communities and working with them to improve value, safety and quality, and potentially to reduce costs. This will be circulated to committee members for review and consideration in terms of how the Trust may wish to take this forward in line with their terms of reference.

#### **8. Segmental Reporting**

The Department of Health’s Financial Reporting Manual (FREM) and International Reporting Standards (IFRS) require organisations to disclose information regarding their operating segments in accordance with reporting standards IFRS8. The committee reviewed the report prepared by Mr Blaise and supported the reporting of the one “provision of healthcare” segment within the 2014/15 Financial Statements.

#### **9. Charitable Funds Consolidation**

Mr Blaise presented a paper to the committee setting out the Department of Health guidance on the consolidation of Charitable Funds financial accounts into the Trust Annual Accounts. The committee considered the paper setting out the guidance and the Trust’s Charitable Funds balance as at 31 March 2014. It was agreed that the Trust should not consider this balance to be material and therefore supported the proposal to limit the disclosure (relating to its charity) within the Trust’s 2014/15 Annual Accounts.

#### **10. Cost Improvement Plan (CIP) – assurance on process**

On behalf of Mrs Harrison, Mr Rogers and Mr Blaise updated the committee on work to date. It was noted that the process has been redefined and is being monitored by the Finance and Performance Committee. This will be closely monitored and further assurances on the management of the process will be reported to the Audit Committee in due course. No immediate issues or concerns were raised at this time.

#### **11. Review of the Business of other Board Committees**

The committee received the following summary business reports:

- *Quality Committee* – 18 November 2014 meeting;
- *Finance & Performance Committee* – 20 November 2014 meeting;
- *People and Culture Development Committee* – 17 November 2014 meeting.

Members agreed that they will use the opportunity at the next meeting of the Audit Committee to undertake more of a drill down into the summary reports.

## **12. Cycle of Business and frequency of meetings**

Mrs Storey made reference to the NHS Audit Committee Handbook in respect to how frequently Audit Committee's should meet. Given the extent of the work of Audit Committees, the handbook notes that it is unlikely that they would be unable to fulfil all their responsibilities in fewer than 5 meetings per annum. It was agreed that this benchmark felt appropriate for the Trust's Audit Committee and dates would be planned accordingly and by exception, as required. It was also agreed that private discussions were not required with internal and external auditors prior to every committee meeting and would therefore reduce accordingly.

On behalf of the Committee Chair Mr David Rogers  
 Sandra Storey  
 Trust Secretary / Head of Corporate and Legal Affairs  
15 January 2015

REPORT TO: **TRUST BOARD**

Date of Meeting:	29 January 2015
Title of Report:	Register of Declared Interests
Presented by:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs
Author of Report: Name: Date: Email:	Sandra Storey  31 December 2014 <a href="mailto:sandraj.storey@northstaffs.nhs.uk">sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Information</li> </ul>
Executive Summary:	<p>Attached is the Register of Directors declared interests as at 31 December 2014.</p> <p>It is the duty of the Trust Board to review the declarations of its Directors at least every 6 months. Action should also be taken to exclude Trust Board members from proceeding of the Trust Board on account of pecuniary interest.</p> <p>In accordance with Trust policy action is taken, where appropriate, to address any private interests which conflicts with carrying out NHS duties.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> <li>Financial Strategy</li> </ul>
Relationship with Annual Objectives:	The register is being presented in accordance with the Trust's policies on Standards of Business Conduct, Standing Financial Instructions and Standing Orders
Risk / Legal Implications:	The Trust has policies in place to help ensure staff are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The NHS Code of Accountability requires Board members to declare interests which are relevant and material to the NHS Board of which they are a member.
Recommendations:	The Board is asked to review the contents of the register and confirm that it is an accurate record.

**NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST**

**REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS**

**As at 31 December 2014**

**NAME OF DIRECTOR**

**INTEREST DECLARED**

<p><b>K Jarrold</b> <u>Chairman</u></p>	<p><b>NHS Retirement Fellowship</b> Patron</p> <p><b>The Dearden Partnership LLP</b> Partner</p> <p><b>University of Durham</b> Honorary Professor</p> <p><b>Chairman Government Pharmacy Programme Board</b> Ministerial Appointment</p> <p><b>Member of the Labour Party</b></p>
<p><b>P O'Hagan</b> <u>Non Executive Director / Vice Chair</u></p>	<p><b>ICT4Change Ltd</b> Head of Imagineering</p> <p><b>Angel Solutions Ltd</b> Non-Executive Director</p> <p><b>Cleary MAC</b> Director</p>
<p><b>T Gadsby</b> <u>Non Executive Director</u></p>	<p><b>Lions Club International (LCI)</b></p> <p>Lions Clubs International, British Isles &amp; Ireland National Executive Officer</p> <p>Lions MD105 Lifeskills Ltd, Chairman Lions MD105 Conventions Ltd, Director</p> <p><b>MedicAlert Foundation, British Isles and Ireland</b> Chairman of Trustee Board</p>
<p><b>D Rogers</b> <u>Non Executive Director</u></p>	<p><b>Crystal Care Solutions Limited</b> Chairman</p> <p><b>Railway Vehicle Engineering (Holdings) Limited</b> Finance Director</p> <p><b>NREC Europe Limited</b> Finance Director</p> <p><b>CWind Limited CTruck Boats Limited</b> Consultant</p>
<p><b>P Sullivan</b> <u>Non Executive Director</u></p>	<p><b>Care Quality Commission</b> Mental Health Act Commissioner</p> <p><b>Health, Education and Social Care Chamber (Mental Health)</b></p>

	<p>Fee-paid Specialist Lay Member of the First-tier Tribunal</p> <p><b>Her Majesty's Prison Drake Hall</b> Member of Independent Monitoring Board</p>
<p><b>B Johnson</b> <u>Non Executive Director</u></p>	<p><b>Moorlands Housing (part of Your Housing Group)</b> Chair</p> <p><b>Your Housing Group</b> Operating Board Member</p> <p><b>Ascent Housing LLP, a partnership between Staffordshire Moorlands District Council and Your Housing,</b> Non Executive Director</p>
<p><b>C Donovan</b> <u>Chief Executive</u></p>	<p><b>No interests declared</b></p>
<p><b>Dr B Adeyemo</b> <u>Executive Medical Director</u></p>	<p><b>No interests declared</b></p>
<p><b>A Harrison</b> <u>Interim Executive Director of Finance</u></p>	<p><b>Winross Hacker Young Consulting Limited trading as Foursight Limited</b> Director Public Sector Financial Management Consultancy, providing financial support to the public sector</p> <p><b>UHY Hacker Young (Birmingham) LLP</b> Partner Accountants and Tax Advisers. Accountants to the private sector.</p>
<p><b>P Draycott</b> <u>Director of Leadership &amp; Workforce (non-voting)</u></p>	<p><b>Trustee of Impact AAS</b> Charitable organisation providing alcohol and addictions services for the people of Shropshire and Staffordshire.</p> <p><b>Paul Draycott Development</b> Sole Trader – no active development</p>
<p><b>M Dinwiddy</b> <u>Interim Director of Nursing &amp; Quality</u></p>	<p><b>No interests declared</b></p>
<p><b>A Hughes</b> <u>Interim Director of Strategy and Development</u></p>	<p><b>Meant</b> Managing Consultant Planning and Project Management Consultancy including work for South Staffordshire and Shropshire Foundation Trust Project Director Inpatient and Community Estate Modernisation Programme</p> <p><b>Warwick Medical School, University of Warwick</b> Clinical Tutor</p> <p><b>Burton Hospitals NHS Foundation Trust</b> Non Executive Director</p> <p><b>Teenage Cancer Trust</b> Trustee</p>

<b>A Rogers</b> <u>Director of Operations (non-voting)</u>	<b>No interests declared</b>
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The register is only of those direct interests of Board members personally however, the Trust policy does require 'any' interests to be declared, which include those of spouses, etc. Where declared, these are held centrally by the Trust and this is available on request from the Trust Secretary, Sandra Storey.

### **REGISTER OF ACCEPTANCE OF THE CODE OF CONDUCT AND CODE OF ACCOUNTABILITY IN THE NHS**

In November 2007, the Trust Board requested that a formal register of acceptance of the Code of Conduct and Code of Accountability in the NHS is established.

All Directors have provided a signed declaration of their acceptance of the Code of Conduct and Code of Accountability in the NHS to the Trust Secretary

The Code of Conduct and Code of Accountability in the NHS can be viewed on the Department of Health website at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4116281](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281)

REPORT TO: **TRUST BOARD – OPEN**

Date of Meeting:	29 January 2015
Title of Report:	Register of documents subject to the Trust's Official Seal
Presented by:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs
Author of Report: Name: Date: Email:	Justine Scotcher 31 December 2014 <a href="mailto:Justinel.scotcher@northstaffs.nhs.uk">Justinel.scotcher@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>• For Decision</li> <li>• Performance monitoring</li> <li>• For Information - ✓</li> </ul>
Executive Summary:	The attached table provides a report on the use of the common seal of the Trust in the period from 1 January 2014 to 31 December 2014.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Governance</li> </ul>
Relationship with Annual Objectives:	The Standing Orders require that a report on the Register of Sealing shall be made to the Board at least 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 and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Complies with the Standing Orders
Recommendations:	The Board should receive this report on the use of the common seal.

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 2014 to 31 December 2014

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

<b><u>SEAL REF</u></b>	<b><u>DATE OF SEAL</u></b>	<b><u>DETAILS OF DOCUMENT SUBJECT TO THE OFFICIAL SEAL</u></b>	<b><u>VALUE IF KNOWN</u></b>	<b><u>MINUTE REF</u></b>
CHS 39/13	5 February 2014	Ashtenne Industrial Fund No 1 and No 2	£22,000	12/2014
CHS 40/14	2 July 2014	Sale of Fox Hollow	£310,000	225/2013
CHS 41/14	8 October 2014	Sale of Eversley House	£290,000	225/2013



REPORT TO: **Trust Board**

Date of Meeting:	29 January 2015
Title of Report:	People and Culture Development Committee Report
Presented by:	Mr Peter O'Hagan Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs  21 January 2015 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For information / assurance</li> </ul>
Executive Summary:	<p>This report provides a summary of the meetings of the People and Culture Development Committee that took place on the 15 December 2014 and 19 January 2015.</p> <p>The report highlights key points discussed and agreed outcomes.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Workforce Strategy</li> <li>Governance Strategy</li> <li>Customer Focus</li> <li>Clinical</li> </ul>
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee is working in according with its Terms of Reference
Recommendations:	<ul style="list-style-type: none"> <li>To receive for information and assurance purposes.</li> <li>Ratify policies identified in the report</li> </ul>

## **Summary to Trust Board of the People and Culture Development Committee meetings held on the 15 December 2014 and 19 January 2015**

15 December 2014 meeting:

The meeting of the People and Culture Development Committee held on the 15<sup>th</sup> December 2014 was a further “Dragon’s Den” based session. It was designed to promote innovation and development across the Service Lines and Corporate Services.

The following provides details of the presentations and ideas generated by the process:

### **Service User Input**

Mrs Jane Clewes presented the pitch suggesting that it became Trust policy to involve service users in staff recruitment and selection. The scheme would be part of the Trust’s service user involvement activities (as required by the Department of Health – DoH). The Francis report had noted the suggestion of a Compassion Tsar, and she felt that service users in particular had the ability to be compassionate, innovative and decisive with regard to what the Trust required.

Mrs Clewes was suggesting a change in the Recruitment & Selection (R&S) policy to:

- Ensure service user input in recruitment
- Review the policy and build in service user involvement requirements
- Liaise with service users via North Staffs User Group (this group was the first of its kind in the country, had no bias, and was well established). NSUG would then recruit a pool of service users via an interview process; the successful candidates would then participate in R&S training, and undertake the same level of training as Trust volunteers
- Decide on the voting power of the service user representative prior to the recruitment process
- A pilot to review effectiveness and highlight any areas for improvement
- Review and roll out if successful
- Reinforcement of initiative message – DoH policy, improves quality, service provision, focuses on clinical outcomes, and discuss what, how and why it will improve things for the service user
- As a knock-on effect, improves relationship with organisation and may provide other areas for review – it is also empowering
- Service users feel it is difficult to speak up – this is a means of building relationships and provide therapeutic partnerships.

Mr O’Hagan commented that he found the pitch very persuasive. Mrs Donovan commented that she had found the pitch to be brilliant and exactly what the Trust needed strategically. She was wholly supportive of the initiative as the Trust had been trying to get service users involvement embedded into R&S. Mr Sullivan commented that the initiative was a very important one, he had seen it successfully implemented in a number of other Trusts, and it was effective. He stressed however, that if service users are going to be involved then they should be financially rewarded for their input otherwise the inequity could lead to power imbalance issues.

Mr Hughes queried how the Trust could ensure that service users were genuinely representative of all service users. It was noted that with an organisation such as NSUG they engaged in lots of consultation resulting in an awareness of lots of issues and by providing a pool resource this could help to provide freshness.

Mr Forrester commented that it could be seen as tokenistic if not done properly, which can then become uncomfortable at times. However colleagues in the south of the county were using service users to effectively evaluate the learning disability service.

Mr Draycott stated that Mrs Clewes had presented a succinct and compelling argument. The Listening into Action (LiA) team were currently looking at R&S and he felt it timely to review service user input as part of the LiA process.

Mrs Clark stated that she was reviewing R&S involvement with LiA and would take the initiative forward.

Mr O'Hagan commented that he felt some training and support would be required, however he did not feel that service user input was currently only tokenism, his concern was one of parity.

### **Gatekeeping Streamlining**

Mrs Clewes presented the pitch suggesting that an adjustment of the care pathway/remits of the Rapid Assessment, Interface and Discharge (RAID) Team, and Home Treatment Teams are revisited in relation to each other.

The pitch was delivered in the form of a humorous puppet show. Mrs Clewes felt that since working in the RAID team it was evident that there was a great saving to be made by reducing form filling and duplication in respect to this. Mrs Clewes also stated that it would help to reduce anxiety and distress in patients often required to recall distressing events several times over at lengthy appointments and assessments.

Mr O'Hagan stated that he thought the pitch was absolutely stunning, and from peoples' reactions was obviously true. Mrs Clewes commented that the costs saved from reducing the duplication could potentially employ another member of staff.

Mrs Donovan commented that she thought the pitch was "just brilliant" and that she would remember it forever. It had delivered a really important message in the best way; however gatekeeping streamlining had come out as one of the LiA themes and was being picked up through this process to start and address issues such as efficiency and productivity.

Mr Sullivan commented that this required review to reduce the number of assessments. Mr O'Hagan commented that the delivery of the pitches was touching and engaging and that he would like to see similar at Plenary. Dr Adeyemo commented that the pitch had been very good and had illustrated that the teams needed to work together to ensure the right outcome for the patient at that point in time.

In summary, it was agreed that the LiA were reviewing one single assessment and the big theme about trusting each other's assessment; this would now be linked with the Access, Raid and Crisis Teams to ensure a consistent approach across the teams.

Mrs Clewes will participate in the Access Team Development session and will work with Mrs Sue Wood in further development of this work.

### **Added Value and Best Skills Matches for Generic Work**

Mrs Clewes presented the pitch proposal to review posts within the Trust which are generic for any clinician to undertake. It was queried why that was not already going on in the Trust and it was confirmed that it was. Mrs Donovan stated that the Trust should be undertaking skills based recruitment. Mr O'Hagan stated that it appeared to be all about perception and that the idea was not dynamic. LiA was challenging the organisation to do things differently, but this did not mean that the organisation could not be challenged.

Mr Rogers commented that often staff staying in one place could be good for the community, and that it was not always easy to progress; but that we were starting on the process of sending out staff to review how other organisations may be doing things so much better. Reinvention was the key.

Mr Rogers commented that it depended on the definition of static, if staff are still exposed to challenges and experience sometimes it was a benefit as long as it was the geography that was not changing.

Mr Sullivan stated that generic posts did not necessarily work, but there was a need to review each job and be clear what is required, this also linked to the first pitch to ensure the right people are in selection and recruitment processes. Mrs Wood stated that she had an issue with generic titles, staff and roles were all different, and she was proud to keep the name “nurse” in her title.

It was agreed that Mr Draycott will meet with Mrs Clewes to review the comments made during the pitch.

Mr O’Hagan stated that he had enjoyed all three of Mrs Clewes’ presentations, a lot of thought had gone into each one and the Committee greatly appreciated this, and was determined to deliver a high class service for our service users.

### **Ways to a Wellbeing Garden**

Mr Clint Walker opened the pitch and a service user and volunteer concluded the pitch.

The idea had been designed by the service user for a garden to be based at the Harplands Hospital that would promote the “Five Ways to Wellbeing” – Connect, Be Active, Take Notice, Keep Learning and Give. The idea was evidence based and would be the first of its kind in the area and would transform the unused space to the rear of the existing coffee shop into a colourful and engaging garden space for staff, patients and visitors.

Mrs Clement queried how access would be gained if the coffee shop was closed. Mr Walker stated that the rear entrance could be used, and activity workers who wanted to use it over the weekend could then access the keys from reception. It was noted that plans were being reviewed to open the café at weekends, which would increase footfall to the garden also.

Mrs Donovan wondered why the Trust was not doing something more around the café, as it offered a nice space to sit in for patients and visitors, and the option of them still being able to help themselves to a coffee. Mrs Clement to review this and the possibility of installing a roller shutter.

Mrs Donovan also commented that the Trust through the being active principal were looking to modernise the sports hall. Mrs Donovan stated that the Trust would need to think about equipping the garden for all year round use, and that Growthpoint could also be involved along with service users. Mr Draycott commented that the pitch was well evidenced and researched.

Mr Sullivan commented that the presentation had been very good and linked with the work of the Kings Fund that demonstrated the value of such projects.

Mr O’Hagan stated that green spaces had therapeutic benefits for everyone, but that this could not just be another garden, so this would be a challenge, and working with other groups may help to overcome this.

### **Save £££’s using PODs (Patients Own Drugs)**

The pitch was presented by Sara Coates a Senior Pharmacy Technician who has worked for the Trust for 30 years.

It was noted that there was a problem at times with wasted medication. If the Trust started to use the medication that the patients brought in with them on admission, then savings could be made but more importantly patients would have instant access to their medication thus reducing the potential of delays and missed doses.

Mrs Wood commented that having worked on acute wards in the past the idea was a good one. Mrs Coates stated that the pharmacy team would like to be involved in the discharge process to review required medication provision.

Mr Hughes stated that pitch had been very persuasive and he had seen it used elsewhere, it was a practical issue with a practical solution but wondered why Mrs Coates had felt that she needed to bring the pitch to the Committee in order to be given the authority to implement the solution.

Mrs Coates stated that the Trust should be aiming for this, as it was no different in principle that sending patients out with their own medication with the expectation to be able to self-medicate.

Mrs Donovan gave Mrs Coates the approval to commence working up the idea, supported by Dr Adeyemo, with the view to rolling it out in the Trust. Mrs Wrench to invite Mrs Coates to participate in the LiA innovations group to ensure all the ideas were reviewed accordingly.

Mr O'Hagan thanked all of the pitch participants and stated that the Committee would be conducting the Dragons' Den again in 2015.

### **Summary of the Committee meeting held on 19 January 2015:**

#### **1. Policy Update**

The committee reviewed the Trust's Learning and Development Policy, and Personal Relationships at Work Policy. Minor amendments were noted and the committee recommended ratification by the Trust Board.

#### **2. Workforce Directorate Performance – November 2014**

The committee received presentations from each of the directorate leads on their performance against key workforce indicators.

Members discussed in detail areas such as sickness absence across the directorates and the recurring themes and trends. Committee members discussed the importance of the health and wellbeing of staff, the various means of help and support available, and how to we assess whether all the initiatives are effective. It was agreed there was a need to further raise awareness of the support available to staff and while the stress programme of work was making progress there was still more work to do. It was noted that there would be a further drill down into what the data is telling the Trust and this would be added to the Trust's risk register in order to monitor more closely.

Statutory and mandatory compliance was noted as improving but required ongoing commitment by teams to ensure this continues. Members agreed to report this back to their various teams and reinforce the need to improve performance in this area.

#### **3. Listening Into Action (LIA)**

The committee received a progress update from Mrs Griffiths following the launch of LIA in June 2014. It was noted that there are 15 teams up and running and they are now moving into the action phase in terms of discernible wins. A positive story was told about the Section 136 place of safety provision and some immediate improvements undertaken as a result of this work.

An LIA Masterclass was held on the 16 January 2015, which was well attended. The event was designed to share outputs of the work so far and to encourage more people/teams to take part in LIA. A 'pass on event' is planned for March to share more detail of the outcomes of this work. The intention is to provide a story book setting out in chapters the transformation from listening to learning.

#### **4. Interim update on the Health Care Support Worker Learning Programme**

Mrs Thompson provided the committee with an update on progress with this programme. It was noted that there needed a financial investment in order to take this forward. In terms of practical learning for staff, this will be held more closely to clinical settings rather than being predominately class room based. It was noted that a clinical co-ordinator would be recruited with an overall lead taking responsibility for progressing this work. Mrs Dawson was thanked for all her work on this important programme.

#### **5. Patient Experience Strategy, Service User Standards and Action Plan)**

Mrs Stronach was commended for her work on refreshing the Trust's Patient Experience Strategy 2012-2015, which now included a Service User Standards appendix and refreshed action plan. It was noted that this had been presented to the Quality Committee in October 2014.

#### **6. Workforce Plan**

Miss Garside presented the draft 2015/16 workforce plans which were noted to be pivotal in the achievement of the Trust's 5 year workforce plans, and designed to improve efficiency and productivity, whilst also releasing cost savings. The Workforce Plan is a working document and as such it continues to be developed and refined as change schemes progress and in line with the NTDA submission requirements.

It was noted that to date, work has been undertaken to ensure that the workforce plans align with financial returns, including the initial modelling for the Long Term Financial Model (LTFM). Teams will continue to work together over the coming weeks/months in order to ensure full alignment of numbers, finances and phasing.

#### **7. Fit and Proper Person Test**

Miss Garside informed the committee of The Fit & Proper Persons Test (FPPT) which falls within regulation 5 of the Health & Social Care Act 2008 (Regulated Activities Regulations 2014). This sets out the criteria that a director must meet, and good character and unfit persons test.

Therefore, the burden is on the employee to ensure that the requirements are met. The Chairman will therefore be required to assess the fitness of all new directors and make a declaration to the Care Quality Commission. The report noted the process by which this will be managed and kept under review.

#### **8. Potential Industrial Action**

The Committee noted the potential industrial action that is imminent and plans in place to respond to this.

#### **9. People and Culture Development Committee – Annual Statement**

Mrs Storey noted that there is a requirement by the committee to produce an annual report to comply with its terms of reference. The committee considered the report that had been prepared which drew attention to the work that the committee has been undertaken, including reviewing its terms of reference, a review of its effectiveness, cycle of business and priority business areas. It was noted that Committee members had also undertaken a self- assessment to establish areas for improvement. This work is ongoing and will inform further development of the committee and its effectiveness.

The committee members were satisfied with the report and that they had appropriately discharged their duties in accordance with the terms of reference. The report was approved for presentation to the Trust Board.

## **10. People and Culture Committee – Terms of Reference review**

Mrs Storey presented revised terms of reference to the committee which reflected the change in clinical structure, membership and priority business areas. The committee discussed and approved the document with minor changes. The committee can give assurance to the Trust Board that the terms of reference reflect the work of the committee, particularly in respect to addressing any gaps in business and unnecessary duplication.

## **11. Workforce and OD Risks**

The committee received the workforce and OD risks for Month 9 and discussed the source of each risk, its risk rating and progress on action plans to mitigate those risks. Conversations that had taken place earlier in the meeting relating to workforce performance and mitigating actions helped to inform the updates to the register, in particular the work being undertaken to address themes and trends in respect to sickness absence. . Members of the committee will also consider any other risks that need to be added to the risk register and will bring this back to the committee as well as reporting these to the Trust's Risk Review Group.

## **12. Talent for Care Strategy Partnership Pledge**

The Talent for Care Strategy has been subject to extensive engagement and is based on views from over 4,000 support workers, 12 national organisations, four national events, over 20 focus groups and 13 Local Education and Training Boards (LETBs) and their local organisations. From the consultation, there was overwhelming support for a national framework to develop the healthcare support workforce and therefore The Talent for Care Strategic Framework, with its 10 strategic intentions.

Mr Draycott noted that Health Education England has created a draft pledge and action plan to assist local employers and their partners to develop actions and measures of success that will deliver the improved investment and development of their healthcare support workforce. The suggested actions were noted not to be prescriptive and that organisations can develop their own commitments to healthcare staff that best fit local priorities.

The committee agreed to make this Partnership Pledge on behalf of the organisation and to undertake a review of the existing workforce and development plans for this staff group.

## **13. Next meeting: 16 February 2015**

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

Sandra Storey  
Trust Secretary  
21 January 2015





REPORT TO: Trust Board (open)

Date of Meeting:	29 January 2015
Title of Report:	People and Culture Development Committee Annual Report January – December 2014
Presented by:	Mr P O'Hagan, Non Executive Director Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary/Head of Corporate and Legal Affairs 12 January 2015 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For review and approval</li> </ul>
Executive Summary:	<p>The People and Culture Development Committee should produce an annual report to the Trust Board on action taken by the committee to satisfy its Terms of Reference.</p> <p>The report draws attention to the work that the committee has undertaken, including reviewing its Terms of Reference, a review of its effectiveness, cycle of business and priority business areas. Committee members have also undertaken a self-assessment to establish any areas for improvement. This work is ongoing and will inform further development of the committee and its effectiveness.</p> <p>The People and Culture Development Committee wishes to give assurance to the Trust Board that it has discharged its duties in meeting its Terms of Reference during 2014.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> <li>Staff Involvement and Engagement Strategy</li> <li>Communications and Membership</li> </ul>
Relationship with Annual Objectives:	Governance and improving Staff Engagement
Risk / Legal Implications:	The report has been produced to comply with the Trust's Standing Orders and Terms of Reference for the committee agreed by the Trust Board
Resource Implications:	None
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	The establishment and constitution of a People and Culture Development Committee is mandated by the Standing Orders of the Trust Board. This report provides the Trust Board with assurance that the Committee has satisfied its terms of reference in this regard.
Recommendations:	<ul style="list-style-type: none"> <li>For the Trust Board to receive this annual report from the People and Culture Development Committee and to satisfy itself that they have complied with their Terms of Reference</li> </ul>

# People and Culture Development Committee of North Staffordshire Combined Healthcare NHS Trust

## Annual Report to the Trust Board covering the period January 2014 – December 2014

### **1. Purpose of the Report**

The People and Culture Development Committee (the committee) has prepared this report to the Trust Board. It provides information about actions taken by the committee to satisfy its terms of reference in the calendar year 1 January 2014 to 31 December 2014.

### **2. Background**

The establishment and constitution of a People and Culture Development Committee is mandated by the Standing Orders of the Trust Board. The functions of the committee are concerned with the arrangements for monitoring the Trust's workforce performance and associated risks, and to ensure that the Trust's People and Cultural objectives are aligned with the Trust's Integrated Business Plan.

The committee reviews and reports on progress against the Staff Involvement and Engagement Strategy, importantly establishing a vision for the organisational culture the Trust aspires to attain with regular monitoring of progress against agreed milestones.

The Committee meets once a month and has a cycle of business and forward meeting dates. The work of the committee alternates between focusing on the development of the committee followed the next month by a business meeting to concentrate on important issues such as the performance of the service lines against their workforce metrics.

### **3. Governance and Membership**

Members of the committee are appointed by the Board from amongst the directors and other senior managers from within the Trust. To be quorate there should be four members in attendance, including at least the Chair or Vice Chair. This will change going forward into 2015/2016 given the revised membership of the committee

Mr Peter O'Hagan, Non Executive Director, is the appointed Chair of the committee by the Trust Board and has held this post since the committee was first established in February 2013. Mr Patrick Sullivan, Non Executive Director, is the Vice Chair of the committee. Mr Sullivan joined the membership of the committee following the retirement of Mr Roger Carder, Non Executive Director in February 2014. The Trust Board has satisfied itself that the Non-Executive members of the committee have recent and relevant workforce experience and therefore are best placed to support the committee with other key staff in discharging its duties.

There is a wide ranging membership to the committee which includes representation from each of the service lines, Staff Side, Human Resources, Organisational Development, Trust Secretary, Communications, Staff Counselling, Patient Experience, alongside the Directors of Leadership & Workforce, Medical, Nursing & Quality. Given the importance of this membership, members are required to attend a minimum of 80% of the meetings and not to be absent for two consecutive meetings. Members also have nominated deputies who will attend meetings, as required, in their absence.

#### 4. Committee Effectiveness

There were 12 formal committee meetings held during the year January 2014 – December 2014. All committee meetings were quorate and a register of attendance is maintained.

The committee has a cycle of business which is ordered around its terms of reference. The committee reviews its cycle of business to ensure that it remains fit for purpose, making adjustments as required. This year there was a lot more focus on the development of the committee and progressing the staff involvement and engagement strategy.

At its April 2014 meeting, the committee undertook a review of its effectiveness in respect to the preceding 12 months. It was acknowledged that since the inaugural meeting a lot of work and progress had been made. Committee members took time out to focus on its achievements and resulting priorities going forward. It was agreed that over the course of the year there had been a significant shift towards becoming a development committee in support and development of its workforce. It was felt that the committee was becoming more creative, particularly around how it looked for solutions to problems.

Members felt that they were working in accordance with the agreed terms of reference for the committee and that there had been extremely good attendance as well engagement at meetings. The Chair congratulated members on the efforts made by the committee in taking forward key areas of work that had helped to empower team working. The journey and subsequent transformation over that period was considered to be “amazing”, which was duly endorsed by the Trust Board.

#### 5. Duties

High level summary reports are prepared for the Trust Board following each committee meeting, providing information and assurance that the committee meets regularly in accordance with its cycle of business. At the discretion of the Chair extraordinary meetings can be called during the year.

The committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the committee. The committee is authorised by the Board to obtain reasonable legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The minutes of the committee are formally recorded by a member of the Trust Board Secretariat Team and are available to all members of the Trust Board. On behalf of the Chair, a summary report to the Trust Board is prepared by the Trust Secretary after each meeting of the committee. The Chair of the committee, the Director of Leadership and Workforce and the Trust Secretary ensure that the report draws to the attention of the Board (or any other committee of the Board) any urgent issues that require further discussion or executive action.

#### 6. Key Business and Developmental Items

The following is a summary, though not exhaustive list of the key highlights from the meetings that have taken place during the year and subsequently reported to Trust Board:

***Business:***

- Development of the Staff involvement and engagement strategy including Listening into Action

- Workforce strategy
- Horizon scanning – leadership and workforce updates
- Patient Level Information Costing System (PLICS) – key component in the support of service line management
- Workforce Service Line Performance and associated key risks to workforce and organisational development
- Medical Appraisal and Revalidation, review of progress and action plan
- Trust Strategic Training Plans 2014/15
- Keogh, Berwick, Cavendish, Francis recommendations – acting on the learning
- Review of violence against staff and initiatives to support staff
- Safe staffing review
- Staff wellbeing and staff counselling reports
- Reports on progress against the Friends and Family test
- Reports from the sub groups of the committee
- Responding to the annual staff survey and review of action plan
- Staff and service user equality monitoring report
- Communication, membership and engagement updates
- Policy review
- Operations Directorate – structure review and update
- Aston Team Leaders development programme
- Health Care Support Worker development programme
- Retirement and long term service awards

#### ***Developmental sessions***

- Introduction of Dragon's Den – designed to promote innovation and development across the service lines and corporate services
- Service Line Autonomy – strengthening the focus
- Workforce requirements linked to clinical pathway work
- Further Dragon's Den and review of progress with approved bids
- Stress in the workplace and wellbeing of staff

## **7. Summary**

The committee must produce an annual report to the Trust Board on the actions it has taken to comply with its terms of reference. This annual report includes information about compliance with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings. The report also makes reference to the reporting arrangements and its membership.

The committee has been responsive to emerging issues and challenges and has dealt with a wide ranging and extensive workload during the course of the year. Consequently the committee has needed to review its effectiveness and priority business areas with a particular focus on developing the committee further to ensure that it remains fits for purpose.

As part of the ongoing review of the effectiveness of the committee, a questionnaire was sent out to all members of the committee in December 2014 designed to promote ideas and suggestions on how the committee could improve itself further. At the time of writing this report this information is currently being collated. The feedback will help the Chair to inform how the committee is development further in the coming year.

For the period January 2014 – December 2014, the view of the members of the committee is that assurance can be given to the Trust Board that the committee has fully discharged its duties.

**End of report**

Prepared by Mrs S Storey  
Trust Secretary / Head of Corporate and Legal Affairs  
On behalf of the Committee Chair, Mr P O'Hagan

**Document Change Control**

<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Description of Change</b>
1.0	12/01/15	S Storey	First draft created for committee review on 20/01/15

REPORT TO: Trust Board (open)

Date of Meeting:	29 January 2015
Title of Report:	Terms of Reference for the People and Culture Development Committee
Presented by:	Mr P O'Hagan, Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate and Legal Affairs 12 January 2015 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For approval</li> </ul>
Executive Summary:	<p>The Terms of Reference were agreed by the committee and Trust Board to be in place up to January 2015.</p> <p>The Terms of Reference have since been reviewed and updated by the committee at its meeting on the 19 January 2015.</p> <p>The Trust Board is asked to consider these Terms of Reference and ratify them accordingly.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Financial Strategy</li> <li>Governance Strategy</li> <li>HR Strategy</li> </ul>
Relationship with Annual Objectives:	Review of Terms of Reference is part of the Trust's integrated governance arrangements
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Review of Terms of Reference is part of the Trust's integrated governance arrangements and helps to inform the Trust Annual Governance Statement
Recommendations:	Review and approve Terms of Reference for the next 12 months.

## PEOPLE AND CULTURE DEVELOPMENT COMMITTEE

### TERMS OF REFERENCE

Membership	<ul style="list-style-type: none"> <li>• Non Executive Director (Chair)</li> <li>• Director of Leadership and Workforce</li> <li>• Non Executive Director</li> <li>• Medical Director</li> <li>• Director of Nursing &amp; Quality</li> <li>• Trust Secretary / Head of Corporate &amp; Legal Affairs</li> <li>• Head of Communications and Engagement</li> <li>• Associate Director of HR</li> <li>• Associate Director of OD &amp; Training</li> <li>• Head of Patient Experience (Equality &amp; Diversity Lead)</li> <li>• Chair of Professional Leaders Advisory Group</li> <li>• Service Line Managers</li> <li>• Staff Side (2 members)</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>• Six members to include Chair or Vice Chair</li> </ul>
In Attendance	<ul style="list-style-type: none"> <li>• PA to take minutes</li> </ul>
Frequency of Meetings	<ul style="list-style-type: none"> <li>• Monthly</li> </ul>
Accountability and Reporting	<ul style="list-style-type: none"> <li>• Accountable to the Trust Board</li> <li>• Assurance Report to the Trust Board after each meeting</li> <li>• Minutes of meetings available to all Trust Board members on request</li> <li>• Annual report to Trust Board on actions taken to comply with Terms of Reference</li> </ul>
Date of Approval by Trust or Quality & Governance Committee	<ul style="list-style-type: none"> <li>• By Committee 19 January 2014</li> <li>• By Trust Board 29 January 2014</li> </ul>
Review Date	<ul style="list-style-type: none"> <li>▪ By 31 January 2016</li> </ul>

# **COMMITTEE / GROUP**

## **TERMS OF REFERENCE**

### **1. Constitution**

The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the People and Culture Development Committee (The Committee). Its principal aim is to provide advice and assurance to the Trust Board on cultural development and workforce performance and on the achievement of the Workforce enabling strategy.

The Committee has no executive powers other than those specifically delegated in these terms of reference.

### **2. Membership**

The Chairman and Non-Executive members of the Committee shall be appointed by the Trust Board and the Executive members by the CEO. The Trust Board should satisfy itself that the Non-Executive member of the Committee has had recent and relevant workforce experience.

The membership of the committee is as follows: Non Executive Director (Chair), Director of Leadership and Workforce, Non Executive Director, Trust Secretary/Head of Corporate and Legal Affairs, Head of Communications and Engagement, Medical Director, Director of Nursing & Quality, Service Line Managers, Staff Side Representation, Associate Director of HR, Associate Director of OD & Training, Head of Patient Experience, Chair of Professional Leaders Advisory Group.

### **3. Quorum, Frequency of Meetings and Required Frequency of Attendance**

No business shall be transacted unless six members of the Committee are present. This must include the Chair or Vice Chair.

The Committee will meet monthly. Members of the committee are required to attend a minimum of 80% of the meetings held each year and not be absent for two consecutive meetings.

### **4. In Attendance**

Only the constituted membership is entitled to be present at a meeting of the Committee, but others may attend by invitation of the Chair or Vice-Chair. In addition, other Board members shall have the right to attend.



Other directors and officers of the Trust may also be asked to attend at the request of the Chair or Vice-Chairman.

## **5. Authority**

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

## **6. Duties**

To monitor the Trust's workforce performance and ensure that the Trust's People and Cultural objectives are aligned with the Integrated Business Plan:

- To monitor, challenge and report progress against key Human workforce metrics and associated risks;
- Scrutinise workforce plans, monitor their implementation, ensure progress and report against appropriate targets;
- Oversee the development and delivery of workforce and directorate strategy;
- Establish a vision for the organisational culture we aspire to attain and monitor progress against agreed milestones;
- Ensure our values are lived through policy and practice;
- Review and report progress of the Staff Involvement and Engagement Strategy;
- Monitor and report continuous improvement against Staff Survey performance and the Friends and Family test indicator. Where necessary review and approve appropriate mitigation strategies
- Oversee Appraisal and Revalidation processes;
- Observe and report trends in Staff Counselling referrals and approve and support actions to improve staff well being;
- Monitor and report Education and Training feedback to ensure our learning programmes from pre-registration to post graduate are fit for purpose;
- Oversee, monitor and report management of change processes;
- Monitor and report trends in Disciplinary and Grievances;
- Review and approve communications plans;
- Approve policies for ratification by the Trust Board;
- Monitor the performance of Medical Staffing in meeting service need.
- Review reports on safer staffing
- Staff and Service User equality monitoring.

## **7. Accountability and Reporting Arrangements**

The minutes of the Committee meetings shall be formally recorded by the PA to the Executive Director of Leadership and Workforce or their appointed substitute. Copies of the minutes of Committee meetings, including associated reports and action plans shall be available to all Trust Board members on request and circulated to all Clinical Directors and Business Managers.

## **8. Sub-Committees and Reporting Arrangements**

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with paragraph 4.5 of the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board. The terms of reference, including the reporting procedures of any sub-committees must be approved by the Committee and reviewed on an annual basis.

## **9. Compliance and Effectiveness**

The Committee must produce an annual report to the Trust Board on the actions taken by the Committee to comply with its terms of reference.

The annual report will include information about compliance with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings. The annual report will also include information about the reporting arrangements into the Committee from any sub-committees.

## **10. Administration**

The Committee shall be supported administratively by the PA to the Director of Leadership and Workforce whose duties in this respect will include:

- Agreement of the agenda with the Chairman and attendees and collation of papers;
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.

## **11. Requirement for Review**

The Terms of Reference will be reviewed at least annually or sooner as required, and the next review must take place before 31<sup>st</sup> January 2016.

Enclosure 21

## REPORT TO TRUST BOARD

Date of Meeting:	29 January 2015
Title of Report:	Review of progress against 2014/15 Annual Objectives – statement at 31.12.14
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 15 January 2015 <a href="mailto:glen.sargeant@northstaffs.nhs.uk">glen.sargeant@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Performance monitoring & discussion
Executive Summary:	<p>This report provides a progress report against delivery of each of the Trust's Annual Objectives for 2014/15, as at 31.12.14.</p> <p>Delivery against each of the 6 objectives is on track as at this date and work continues to ensure that this is maintained.</p>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> <li>Governance Strategy</li> </ul> <p>Successful delivery of the Annual Objectives impacts across all eight enabling strategies.</p>
How does this impact on patients or the public?	Not directly as a result of this report
Relationship with Annual Objectives:	All
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	The process to monitor and manage delivery of these objectives supports the Assurance Framework.
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>Receive this assessment of progress against delivery of the Trust's 2014/15 Annual Objectives</li> </ul>

**North Staffs Combined Healthcare NHS Trust**  
**Progress against Annual Objectives - YTD 31.12.14**

No.	Lead Director	Objective	Update statement on progress at 31 December 2014	RAG
1	Dir of Nursing & Quality	Delivery of high quality evidence-based services, with full CQC compliance achieved at year-end with mid-year review against baseline and 10% improvement of patient satisfaction rates.	<ul style="list-style-type: none"> <li>CQC Compliance Task and Finish group established with remit to prepare Trust for new style CQC inspections post April 2015. Agreed Terms of Reference and chaired by Director of Nursing and Quality</li> <li>Ongoing work stream to develop key questions and prompts against new KLOE</li> <li>Preparation ongoing to brief staff with a plan of roadshows and launch of CQC evidence folder to be maintained by each team</li> <li>External rapid review held on current preparedness against 5 CQC quality domains – identified area for action to be addressed by task and finish group</li> <li>Programme of new style inspections in development with identification of priority teams based on current old style inspection scores</li> <li>Links made with UHNM to collaborate in mock style inspection process</li> <li>Patient satisfaction rates routinely captured and reviewed as part of ongoing KPI and national CQUINS (Friends and Family Test) – results reported monthly and quarterly and shared with commissioners and published on website</li> <li>You said we did boards implemented in all inpatient areas</li> <li>Responsive action plan in development as a result of national survey findings which showed the majority of scores to be within the expected range for our Trust</li> </ul>	G
2	Medical Director	Integrated models of care evidenced by clinical strategy supported by commissioners, partners and service users with 8 clinical pathways demonstrating improvements in physical and social care integration by November 2014.	<ul style="list-style-type: none"> <li>8 clinical pathways developed with partners. First presentation to Stakeholders in June 2014 in partnership with commissioners. Pathways refined following feedback from stakeholders. Pathways agreed by commissioners with 2 of the 8 needing further work. Presented to commissioners together with integrated business plan on 13th of Jan</li> </ul>	G
3	Chief Executive	Establish baseline of stakeholder engagement by July 2014 and demonstrate a 10% improvement of meetings in perceptions of stakeholders by April 2015.	<ul style="list-style-type: none"> <li>The initial stakeholder survey findings were published in October 2014. The context for the survey was the local clinical pathways development work which commenced in March 2014.</li> <li>The close collaboration with stakeholders at this time was viewed as an opportunity for trying to gauge and better understand stakeholders' experiences of NSCHT</li> <li>A survey was developed to collect baseline data and thus establish a picture of the current situation.</li> <li>We plan to repeat the survey by the end of March 2015 to ascertain any qualitative differences between the baseline survey results and the survey results at the point of the conclusion of the clinical pathways development work.</li> <li>The findings overall were generally positive with respondents being asked a number of statements to which they could either 'agree' or 'disagree.' Out of the 14 statements asked, in 10/14 cases the predominant response was 'agree.'</li> <li>We also asked stakeholders their general opinion of the quality of their relationship with the Trust and 57% indicated that their current relationship with us was either 'good' or 'very good.'</li> <li>In response to the findings and open comments received, we developed a 'You Said, We Did, We Plan To' action plan which has been shared with our Trust Board.</li> </ul>	G
4	Director of Finance	Use technology as an enabler for high quality serviced delivery evidenced by implementation of a refreshed IT Plan and real-time patient feedback systems by September 2014.	<ul style="list-style-type: none"> <li>Director of Strategy appointed to support delivery of this objective and refresh the Trust's existing IT Plan (as the Digital by Choice Strategy).</li> <li>Series of diagnostic meetings held in 2014/15 between key staff and an external IT consultant to gain a better understanding of the issues facing staff and the potential solutions, including a full-day workshop in July 2014. Staff Plenary session also held in July 2014; approach linked to LiA (Listening into Action) programme.</li> <li>Trust has invested in a range of IT support systems e.g. Big Hand (voice dictation), electronic whiteboards etc.</li> <li>A Digital by Choice Programme Board and an IT Hit Squad have been set up to strategically manage and operationally deliver the refreshed Digital by Choice agenda. These groups are now being redesigned following the end of Phase 1 into a more appropriate format for ongoing 'business as usual' planning and delivery.</li> <li>Real-time patient feedback systems are still part of the overall strategic view, however delivery has been deferred to allow greater focus on the key digital priorities.</li> </ul>	G
5	Director of Operations	Robust plans delivering quality and sustainable services, delivery of balanced financial plan, rolling CIP programme and maintaining a TDA risk rating of 4.	<ul style="list-style-type: none"> <li>Overall financial performance including CIP programme remains on track and slightly above plan, although the recurrent/non recurrent balance of CIP delivery requires ongoing focus.</li> <li>Directorates are in the process of inputting to the forthcoming IBP and LTFM. This process includes the draft CIP programmes across the next 5 years but with a particular focus on 15/16.</li> </ul>	G
6	Director of Leadership & Workforce	Improve culture of staff engagement evidenced by improvements in family and friends score to above average for mental health trusts and improved team survey results for 50% of teams.	<ul style="list-style-type: none"> <li>Introduced and delivered Aston Team Leaders Programme to all leads across the Trust.</li> <li>Commenced and delivering LiA process (including the 10 enabling teams and 5 'enabling our staff' teams). This also included 'Big Conversations' with over 400 staff.</li> <li>Restructured the Clinical Management Structure to enable quicker decision making and greater clinical engagement.</li> <li>Developed further our Senior Team engagement through: <ul style="list-style-type: none"> <li>CEO Blog</li> <li>Team Brief on the road</li> <li>Increased Exec Team clinical visits</li> <li>Christmas and New Year Exec visits to staff</li> <li>Open Q&amp;A slot on Plenary agendas</li> </ul> </li> <li>FFT has improved in the first 2 quarters</li> <li>Initial response to Aston Team Surveys has shown 59% of teams have improved so far.</li> </ul>	G

Key to RAG ratings:	
G	On track to deliver
Y	Moderate risk to delivery
A	Significant risk to delivery
R	High risk to delivery

**Enclosure 22**

**REPORT TO: Trust Board – Open Board meeting**

Date of Meeting:	29 January 2015
Title of Report:	Remuneration & Terms of Service Committee Annual Statement 2014
Presented by:	Mr Ken Jarrold CBE Chair
Author of Report: Name: Date: Email:	Sandra Storey Trust Secretary / Head of Corporate and Legal Affairs 21 January 2015 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Information &amp; Assurance in respect to meeting the committee's terms of reference</li> </ul>
Executive Summary:	<p>The Terms of Reference for the Remuneration Committee indicate that an annual report should be produced summarising the actions it has taken during the year.</p> <p>The attached report is a overview of the role of the committee and summary of the business discussed during reporting period 2014.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> <li>Workforce Strategy</li> <li>Financial Strategy</li> </ul>
Relationship with Annual Objectives:	Governance, Workforce and Financial
Risk / Legal Implications:	The report has been produced to comply with the Committee's Terms of Reference
Resource Implications:	As noted in the report
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	This report provides the Trust Board with assurance that the Remuneration committee has satisfied its Terms of Reference.
Recommendations:	The Trust Board is asked to receive this report detailing the actions taken by the Remuneration Committee during the year 2014 and to satisfy itself that the Committee has met its Terms of Reference.

# **Remuneration and Terms of Service Committee Of North Staffordshire Combined Healthcare NHS Trust Annual Statement 2014**

**For the Trust Board meeting on the 29 January 2015**

## **1. Purpose of the Report**

In compliance with the Terms of Reference for the committee, an annual report must be provided to the Trust Board on the actions taken by the committee during the year.

## **2. Background**

In line with the requirements of the NHS Codes of Conduct and Accountability and Higgs report, a Remuneration and Terms of Service Committee has been established and constituted. The Higgs report recommends that the committee be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.

The purpose of the committee is to determine appropriate remuneration and terms of service for the Chief Executive, Executive Directors and other senior managers employed on Trust terms and conditions. The Committee receives reports with regards to the performance of the Trust's Executive Directors.

## **3. Governance, Establishment and Duties**

The committee has been constituted in line with the Trust's Standing Orders and with the requirements set out at point 2. The membership of the Committee is the Chairman of the Trust Board and all of the Non-Executive Directors. The Trust Chairman is the Chair of the Committee. In the absence of the Chair, one of the Non-Executive Directors, which would usually be the Vice Chairman, would be elected by those present to Chair the meeting. No business is transacted unless two members are present. Members should not be absent for more than 2 consecutive meetings.

The committee met its terms of reference by holding at least two meetings during the course of the year and all discussions held were quorate. In addition, email communication occurred in place of meetings to ensure timely transaction of business.

Membership has changed during the course of the year with the appointment of two new Non Executive Directors. Three Non Executive Directors also had their terms of office extended by the Trust Development Authority. The committee is supported by the Trust Secretary/Head of Corporate and Legal Affairs. The Chief Executive and Director of Leadership and Workforce attend meetings, as required.

Those in attendance are required to withdraw from those meetings for the consideration of business in which they are personally interested.

In line with the Department of Health's Manual for Accounts 2013/14, information about the remuneration of the Trust's Directors and those who influence those decisions, is noted accordingly in the Trust's Annual Report 2013/14.

#### **4. Terms of Reference**

The Terms of Reference for the committee were reviewed in December 2014 and it is anticipated they will be ratified by the Trust Board at its meeting on the 29 January 2015.

#### **5. Summary of key items of business discussed during the year**

- 5.1 Executive Team restructure and remuneration - the committee considered changes to the Executive team structure, their portfolios, performance, voting rights, and remuneration commensurate with their roles.
- 5.2 The committee considered and approved off-payroll and on-payroll arrangements.
- 5.3 The committee considered and approved the engagement and remuneration for Board members and very Senior Officers.
- 5.4 The committee considered proposals for redeployment of staff and implications for potential redundancies resulting from changes to service provision.
- 5.5 The committee considered and agreed exit packages and other departure costs.

#### **6. Conclusion**

The committee must produce an annual report to the Trust Board on the actions it has taken to comply with its terms of reference. Given the confidential nature of the business if this committee this report is high level, however, in line with the Department of Health's Manual of Accounts information about remuneration and other supporting information in respect to this, is disclosed in the Trust's Annual Report. The latest published report covers the period 2013/2014.

This summary report makes reference to its reporting arrangements and membership. For the period January 2014 – December 2014, the view is that assurance can be given to the Trust Board that the committee has discharged its duties.

On behalf of the Chair of the Committee, Mr Ken Jarrold:

Completed by

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

21 January 2015

REPORT TO: Trust Board

Date of Meeting:	29 January 2015
Title of Report:	Terms of Reference for Remuneration and Terms of Service Committee
Presented by:	Mr Ken Jarrold, Chair of the Remuneration and Terms of Service Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate and Legal Affairs 31 December 2014 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For approval</li> </ul>
Executive Summary:	<p>A review of the Terms of Reference for the committee should take place at least annually. These were last reviewed during December 2014.</p> <p>The Trust Board is asked to approve these Terms of Reference for the next 12 months.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Financial Strategy</li> <li>Governance Strategy</li> <li>HR Strategy</li> </ul>
Relationship with Annual Objectives:	Review of Terms of Reference is part of the Trust's integrated governance arrangements
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	Review of Terms of Reference is part of the Trust's integrated governance arrangements and helps to inform the Trust Annual Governance Statement
Recommendations:	Approve for the next 12 months.



# REMUNERATION AND TERMS OF SERVICE COMMITTEE

## TERMS OF REFERENCE

Membership	<ul style="list-style-type: none"><li>▪ Chair of the Trust Board</li><li>▪ Three other Non-Executive Directors</li></ul>
Quorum	<ul style="list-style-type: none"><li>▪ Two members</li></ul>
In Attendance as required	<ul style="list-style-type: none"><li>▪ Chief Executive</li><li>▪ Director of Leadership &amp; Workforce</li><li>▪ Trust Secretary/Head of Corporate and Legal Affairs</li></ul>
Frequency of Meetings	<ul style="list-style-type: none"><li>▪ At least twice per year</li></ul>
Accountability and Reporting	<ul style="list-style-type: none"><li>▪ Accountable to the Trust Board</li><li>▪ Annual report to Trust Board on actions taken to comply with terms of reference</li></ul>
Date of Approval by Trust Board	<ul style="list-style-type: none"><li>▪ 29 January 2015</li></ul>
Review Date	<ul style="list-style-type: none"><li>▪ By 31 January 2016</li></ul>

# REMUNERATION AND TERMS OF SERVICE COMMITTEE

## TERMS OF REFERENCE

### 1. Constitution

The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Remuneration & Terms of Service Committee (hereafter referred to as the Committee).

### 2. Membership

The membership of the Committee shall be the Chair of the Trust Board and three other non-executive directors appointed by the Trust Board.

The Trust Chair shall Chair the Committee. In the absence of the Chair one of the other non-executive directors will be elected by those present to Chair the meeting.

### 3. Quorum, Frequency of Meetings and Required Frequency of Attendance

No business shall be transacted unless two members are present.

The Committee shall meet at least twice per year. Meetings will be called more frequently when vacancies arise or meetings can be called at the discretion of the Chair.

Members of the Committee should attend regularly and should not be absent for more than two consecutive meetings.

### 4. In Attendance

Only the Chair and relevant members are entitled to be present at a meeting of the Committee, but others may attend by invitation of the Committee.

The Committee shall be supported administratively by the Trust Secretary/ Head of Corporate and Legal Affairs.

The Chief Executive and Director of Leadership & Workforce shall attend meetings as required.

The Director of Leadership & Workforce will attend to advise on:

- trends in pay and benefits;
- alignment of reward policies and trust objectives;
- the relevance of surveys and changes in reward practice; and
- the application and impact of external regulation on appointment, compensation, benefit and termination practice (e.g. Nolan, Trust Development Authority instruction).

Those in attendance will be excluded from meetings when their own remuneration is considered.

## **5. Authority**

The committee has been delegated responsibility to agree the remuneration arrangements for executive directors, including those directors with non-voting rights, and other senior managers employed on Trust terms and conditions provided that no single decision, or series of interrelated decisions, shall have a revenue consequence exceeding £250,000 or amount to a variation of more than 15% in the remuneration for an individual post.

The remuneration for non-executive directors is currently set by the Trust Development Authority.

The Committee is authorised to seek any information it requires from an employee of the Trust in order to perform its duties.

The Committee is authorised by the Trust Board to obtain reasonable outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. This will include reliable up-to-date information about remuneration in other comparator organisations, at the Trust's expense.

The Committee also has authority to commission reports and surveys that it considers necessary to fulfil its obligations.

## **6. Duties**

The purpose of the Committee is to determine appropriate remuneration and terms of service for the Chief Executive, Executive Directors, including those with non-voting rights, and other senior management employed on Trust terms and conditions, including:

- all aspects of salary (including any performance related elements / bonuses);
- additional non pay benefits, including pensions and cars;
- contracts of employment;
- arrangements for termination of employment and other contractual terms; and
- severance packages (severance packages must be calculated using standard guidelines any proposal to make payments outside of the current guidelines must be subject to the approval of the Trust Development Authority and/or Treasury).

The Committee shall receive reports from the Chief Executive with regard to performance of the Executive Directors.

The Committee will receive reports relating to national and local market factors including benchmarking of senior managers pay. The Committee may request reports relating to the senior management workforce to ensure the consistent application of the Trust's equality obligations.

The Committee shall advise the Trust Board on its arrangements for succession planning for both executive and non executive directors.

## **7. Accountability and Reporting Arrangements**

The minutes of Committee meetings shall be formally recorded by the Trust Secretary. Copies of the minutes of Committee meetings shall be available to all non-executive directors.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board.

## **8. Sub-Committees and Reporting Arrangements**

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with paragraph 4.5 of the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the Committee and regularly reviewed.

## **9. Compliance and Effectiveness**

The Committee must produce an annual report to the Trust Board on the actions taken by the Committee to comply with its terms of reference.

The annual report will include information about compliance with the requirement that members should attend regularly and should not be absent for more than two consecutive meetings. The annual report will also include information about the reporting arrangements into the Committee from any sub-committees.

## **10. Administration**

The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- Agreement of agenda with Chairman and attendees and collation of papers;
- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Preparing reports to the Trust Board as appropriate; and
- Advising the Committee on pertinent areas.

## **11. Requirement for Review**

The Terms of Reference will be reviewed at least annually for approval by the Trust Board and the next review must take place before 31 January 2016.

## 2015/16 Meetings Calendar

	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
<b>Trust Board</b>	29 Jan 10am Boardrm	26 Feb 10am Boardrm	26 Mar 10am Boardrm	30 Apr 10am Boardrm	x	04 June 10am Boardrm	30 Jul 10am Boardrm	x	24 Sept 10am Boardrm	29 Oct 10am Boardrm	26 Nov 10am Boardrm	x	28 Jan 10am Boardrm	25 Feb 10am Boardrm	31 Mar 10am Boardrm
<b>Quality Cte</b>	20 Jan 2pm Boardrm	17 Feb 2pm Acad Room 1	17 Mar 2pm Training Rm 16	21 April 2pm Training Rm 16	19 May 2pm Boardrm	16 June 2pm Boardrm	21 July 2pm Boardrm	X	15 Sept 2pm Boardrm	20 Oct 2pm Boardrm	17 Nov 2pm Boardrm		19 Jan 2.00 Boardrm	16 Feb 2.00 Boardrm	15 Mar 2.00 Boardrm
<b>F&amp;P Cte</b>	22 Jan 9.30 am Meeting Room 1	19 Feb 9.30 am Meeting Room 1	19 Mar 9.30 am Meeting Room 1	23 Apr 9.30am Meeting Room 1	21 May 9.30am Boardrm	18 June 9.30am A Hughes office ?	23 July 9.30 am Meeting Room 1	X	17 Sept 9.30 am Boardrm	22 Oct 9.30 am Meeting Room 1	19 Nov 9.30 am A Hughes office ?	X	21 Jan 9.30am Boardrm	18 Feb 9.30am Boardrm	24 Mar 9.30am Boardrm
<b>Audit Cte</b>	15 Jan 1pm Boardrm	x	?	16 Apr 1pm Boardrm	X	2 Jun 1pm Boardrm	X	x	17 Sep 1pm Boardrm	x	19Nov 1pm Boardrm	x		18 Feb 1pm Boardrm	
<b>People Culture Dev Cte</b>	19 Jan 9am Boardrm	16 Feb 9am Boardrm	23 Mar 9am Boardrm	20 Apr 9am Boardrm	18 May 9am Boardrm	22 Jun 9am Boardrm	20 Jul 9a Boardrm	X	21 Sep 9am Boardrm	19 Oct 9am Boardrm	16 Nov 9am Boardrm		18 Jan 9.0 Boardrm	<b>15/2 9.0 Boardr m</b>	<b>21/3 9.00 Boardrm</b>
<b>Risk Man Cte</b>	X		TBC	X		TBC	X		TBC	X		TBC			
<b>Board of Directors</b>	14 Jan 11am Boardroo m	11 Feb 11am Boardrm	11 Mar 11am Boardrm	8 Apr 11am Boardrm	13 May 11am Boardrm	10 Jun 11am Boardrm	8 Jul 11am Boardrm	12 Aug 11am Boardrm	9 Sept 11am Boardrm	14 Oct 11am Boardrm	11 Nov 11am Boardrm	9 Dec 11am Board room			

**QC = Quality Committee**

**F&P = Finance & Performance Committee**

**People and Culture Dev Cte = People and Culture Development Committee**

**Risk Man Cte = Risk Management Committee**

**Boardroom = Lawton House, Trust HQ**

**Meeting Room 1 = Lawton House, Trust HQ**

**Academic 1 = Academic Suite, Harplands Hospital**  
**Training Room 16 = Management Suite, Harplands**  
**Andrew Hughes' office = Lawton House, Trust HQ**

**Charitable Funds Committee meet at least 2 yearly – dates to be confirmed**  
**Remuneration and Terms of Service Committee meet as and when required.**

**Produced by: Trust Secretary / Head of Corporate and Legal Affairs**