

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC ON THURSDAY 30 JANUARY 2014, 10:00AM, BOARDROOM, TRUST HEADQUARTERS, BELLRINGER ROAD, TRENTHAM LAKES SOUTH, STOKE ON TRENT, ST4 8HH

	AGENDA	
1.	APOLOGIES FOR ABSENCE To NOTE any apologies for absence	Note
2.	DECLARATION OF INTEREST RELATING TO AGENDA ITEMS	Note
3.	DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS	Note
4.	MINUTES OF THE OPEN AGENDA – 28 NOVEMBER 2013 To APPROVE the minutes of the meeting held on 28 November 2013	Approve Enclosure 4
5.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES To CONSIDER any matters arising from the minutes	Note Enclosure 5
6.	CHAIR'S REPORT To RECEIVE a verbal report from the Chair	Note
7.	CHIEF EXECUTIVE'S REPORT To RECEIVE a report from the Chief Executive	Note Enclosure 7
	TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strat	egic Goal)
8.	SPOTLIGHT ON EXCELLENCE To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair	Verbal
9.	PRESENTATION FROM THE PSYCHOSIS RECOVERY ACUTE HOME TREATMENT TEAM To RECEIVE a presentation from the team on their service from Simon Wilson, Clinical Lead, Jackie Bailey, Senior Practitioner and Wesley Machin, Senior Practitioner	Verbal

10.	QUALITY COMMITTEE REPORT To RECEIVE the Quality Committee report from, Deputy Chair of the Quality Committee from the meeting held on 21 January 2014	Assurance Enclosure 10
	TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)	
11.	FINANCE REPORT – Month 9 (2013/14) To RECEIVE the month 9 financial position from Mr. K Lappin, Director of Finance	Assurance Enclosure 11
12.	ASSURANCE REPORT FROM THE FINANCE & ACTIVITY COMMITTEE CHAIR To RECEIVE the Finance & Activity Committee Assurance report from the Chair, Mr. T Gadsby from the meeting held on 23 January 2014	Assurance Enclosure 12
13.	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 9 To RECEIVE the month 9 Performance Report from Mr. K Lappin, Director of Finance	Assurance Enclosure 13
14.	SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY To APPROVE the Self Certifications for the TDA from Mr. K. Lappin, Director of Finance	Assurance Enclosure 14
15.	TRANSACTIONS PROCESS – UPDATE To RECEIVE and update from Mr. K Lappin, Director of Finance on the Transactions Process	Assurance Enclosure 15
16.	AUDIT COMMITTEE REPORT To RECEIVE the Audit Committee report from the meeting held on 15 January 2014 the from Deputy Chair of the Quality Committee, Mrs. B Johnson	Assurance Enclosure 16
17.	DECLARATION OF INTERESTS To RECEIVE an update on the Register of Interests from the Trust Secretary, Mrs. S Storey	Note Enclosure 17
18.	REGISTER OF SEALED DOCUMENTS To RECEIVE an update on the Register of Sealed documents from the Trust Secretary, Mrs. S Storey	Note Enclosure 18
19.	CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2012/13 To APPROVE the Charitable Funds Annual Report and Accounts 2012/13 presented by Mr. K Lappin, Director of Finance	Assurance Enclosure 19
	TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic C	Goal)
20.	PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT To RECEIVE the People and Culture Development Committee report from the	Assurance Enclosure 20

	meetings held on the 16 December 2013 and 13 January 2014 from Mr. P. O'Hagan, Committee Chair	
21.	LEARNING & DEVELOPMENT APPROACHES FOR SUPPORT WORKERS To RECEIVE the Learning & Development approaches for Support Workers from Mrs. C Donovan, Director of Leadership & Workforce	Note Enclosure 21
22.	IMPROVING WORKFORCE SAFETY To RECEIVE a report on the initiatives to improve workforce safety from Mrs. C Donovan, Director of Leadership & Workforce	Note Enclosure 22
23.	To DISCUSS any Other Business	
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
24.	To ANSWER questions from the public on items listed on the agenda	
	DATE AND TIME OF THE NEXT MEETING	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 27 February 2014 at 10:00am.	
25.	MOTION TO EXCLUDE THE PUBLIC To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)	
	THE REMAINDER OF THE MEETING WILL BE IN PRIVATE	

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

DECLARATIONS OF INTEREST	Note
DECLARATIONS OF ANY OTHER BUSINESS	Note
SERIOUS INCIDENTS	Assurance
SAFE STAFFING & HR REPORT	Assurance
TRANSACTION PROCESS UPDATE	Assurance
ANY OTHER BUSINESS	

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 28 November 2013 At 10:00am in the Boardroom, Trust Headquarters, Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman: Mr K Jarrold

Chairman

Directors:

Mr P O'Hagan Ms F Myers Mrs J Griffin Non Executive Director Chief Executive Vice Chair

Dr D Sheppard Dr B Adevemo Mr K Lappin GP Associate Director Medical Director Interim Director of Finance

Mrs C Donovan

Mr T Gadsby Ms B Johnson Director of Leadership & Workforce Non Executive Director Non Executive Director

Mr R Carder Non Executive Director

In attendance:

Mrs S Storey Mrs K Walker Ms J Harvey Trust Secretary / Head of Corporate and Staff Side Representative Secretariat Manager

Legal Affairs

Edward Myers Unit: RAID Team:

Mrs A Roberts Dr G El-Nimr Ms T Mottram Head of Communication/ Engagement Ms J Wilshaw Ms K Merriman Ms P Boulton Ms K Clark

Ms J Farrar

Mr P Milgate Mr Onudu Mr J Gould

Staff Nurse - CHCT Keele University - observing Health-watch

The meeting commenced at 10:08am.

386/13	Apologies for Absence	Action
	Apologies were received from Dr Tattum – GP Associate Director and Mr Andy Rogers – Director of Operations.	

390/13	Matters arising	
	October 2013 were approved as a correct record.	
	The minutes of the open agenda of the meeting held on 31	
389/13	Minutes of the Open Agenda – 31 October 2013	
	There were no declarations of any other business	
388/13	Declarations of interest relating to any other business	
	There were no declarations of interest.	
387/13	Declaration of Interest relating to agenda items	
207/42	Declaration of Interest relating to a good items	
	The Chair proposed that Peter O'Hagan should take up the role of Vice Chair following the departure of Judith Griffin at the end of December 2013. This was agreed.	
	The Chair reported that this is the last Board meeting for Judith Griffin – Non Executive Director and thanked Judith for her invaluable contribution to the Trust as Non Executive Director, Vice Chair and Chair of the Quality Committee over the last 2 years.	
	The Chair welcomed Roger Carder and Jenny Harvey to the meeting following their absence through ill health.	

	The Board reviewed the action monitoring schedule and	
	agreed the following:	
	 256/13 – Board visit to Chebsey. The visit is arranged for 5 December 2013. This action is completed and can be removed. 	
	 259/13 (a) – Quality Governance Framework. This action is completed and can be removed. 	
	 260/13 – Clinical Strategy, Access to Rural Services information to be send to National Clinical Director for Rural Services and Remote Case. This action is completed and can be removed. 	
	 262/13 (a) – Acquired Brain Injury outline business case. Ms Myers reported that a further version of this document will be submitted to the January Finance & Activity Committee and onto the January Board. 	
	 262/13 (b) – Tier 4 outline business case. Ms Myers reported that a national review of CAMHS is currently taking place and due to be completed by the end of January 2014. Discussions are taking place with the lead regional commissioner. It was agreed to keep this action on the schedule. 	
	 263/14 – Terms of Reference Finance Committee. This action is completed and can be removed. 	
	 264/13 – Performance Report. It was agreed to change the target date to January 2014 for this action. The action relates to the data capture process. 	
	 266/13 – Outline Business Case. This item is on the closed agenda. Completed can be removed. 	
391/13	Chair's report	
331/13	onan o report	
	The Chair noted that there were issues two he would like to	

	diaguas	
	discuss.	
	1). Transaction. The Chair stated that the next few weeks will be a critical time for the Trust as the Outline Business Case will be submitted to the Trust Development Authority. It is vital that the Trust has support from the local commissioners for the transaction and the Outline Business Case.	
	2). Government response to Francis. The Chair reported that the Government response does not just relate to Francis but also the Keogh, Berwick and Cavendish reports. The Chair suggested that the Government's response would be an excellent framework for the work of the Board over the next 16 months. Staffing levels are extremely important.	
	The Chair requested that Ms Myers gives thought to how best to update the Board.	Ms Myers
	Mrs Griffin commented that she fully supports the Governments response to Francis. However, the main focus is on acute services. Acute services can learn from mental health services.	
	Ms Myers reported that the key themes from all of the reports are being brought into one overarching document. A meeting took place with University Hospital of North Staffordshire on 27 November 2013 to discuss integrated care, the Board will be kept up to date on the discussions being taken forward in relation to this.	Ms Myers
	Received	
392/13	Chief Executive's Report	
	·	
	The Chief Executive updated the Board on activities since the last meeting.	
	Transaction Ms Myers reported that from this month onwards there will be a separate update report on the transaction and that the update is later on the agenda.	
	Contract negotiations Trust Directors have met with host commissioners in respect to addressing the £700k gap for the 2013/14 settlement. Key actions include that two task and finish groups have held a series of meetings to progress actions for review in early December. Whilst good progress has been made the groups	

have not identified the full £700k. A meeting to enact the risk share is to be held in December.

Government response to the Mid Staffordshire inquiry.

Ms Myers stated that the Trust is taking the key recommendations forward. In relation to staffing levels a review is being done in the Trust led by the Deputy Director of Nursing and the Clinical Directors.

The Trust has had some benchmarking information through in the last couple of weeks. This information will need to be triangulated with the staffing review. The output from the staffing review will be presented to the January 2014 Quality Committee and January Trust Board.

The Board will receive update reports on a quarterly basis regarding the Government response to Francis and actions the Trust has taken.

New Chief Executive of NHS England

Ms Myers reported on the appointment of Simon Stevens as the new Chief Executive of NHS England. Simon will take over from Sir David Nicholson on 1 April 2014.

HEWM Nominations

Ms Myers stated that following the update at last month's Board the Trust won two awards they were:-

- NHS Partnership/ System Leader of the Year Andy Oakes, Non Psychosis Service Line Manager.
- NHS Quality Champion/ Innovator of the Year Jacquie Shenton, Team Manager, Learning Disability Services.

Two of our nominations were also runners up in their categories, these were:-

- NHS Community Leader of the year Sarah Mountford, Community Learning Disability Team Manager.
- NHS Emerging Leader of the Year Laura Dean, Staff Nurse, Old Age Psychiatry Services.

NSCHT and Police Pilot

Ms Myers reported that the Trust is currently part of a pilot scheme to provide Community Psychiatric Nurses (CPN's) to support police officers in a new scheme across Stoke on Trent and North Staffordshire.

	The project will run for 9 months initially and will see CPN's work with police officers to assess individuals before they are admitted to the Section 136 suite. Individuals may be mentally unwell, causing distress or are a risk to themselves or others safety. The service will run 7 days a week from 2pm to 2am and has been set up in response to concerns from the police in relation to inappropriate referrals to the Section 136 suite.	
	An update will be submitted to the Board in 3 months time.	
	HR Distinction Awards Ms Myers informed the Board that Trust's HR team has been shortlisted for a prestigious HR Distinction Award in the 'Distinction in Change Management' category up against companies such as Unilever, Hastings Direct, L&Q, News UK and Wiltshire Council.	
	The awards ceremony will be held on 4 February 2014.	
	Mrs Griffin asked how the pilot scheme with the police is being funded?	
	Ms Myers responded that this is through a tripartite formal agreement with the police.	
	The Chair stated that staffing is of crucial importance, especially with the increased acuity of patients and how the Trust responds to this.	
	Descriped	
	Received	
393/13	Spotlight on Excellence Awards	
	1. Individual Award. Tina Mottram, Centre Manager, Edward Myers Unit, Substance Misuse Service Line	
	The Chair presented the individual spotlight award to Tina Mottram, Team Leader at the Edward Myers Unit.	
	For the past 13 years Tina has dedicated her working time into the substance misuse clinical arena and is the Centre Manager on the Edward Myers Unit. Tina's current management responsibilities oversee the Edward Myers Inpatient Unit, the Intoxication Observation Unit, the Edward Myers specialist Community Clinic and the North Staffordshire Alcohol Liaison Team.	

	Tina is a manager who strives to improve services for clients, working tirelessly - challenging practice and improving standards, which is reflected in the consistent excellent feedback from the service users who are treated within the services under Tina's management. Tina is the ultimate role model who leads her team by example. Through Tina's work in evolving the New Beginnings Substance Misuse service group, it is clear that Tina has embedded the fundamental belief of valuing people as individuals alongside exceeding expectations to drive the Service user Group into the healthy position it attains today.	
	2. Team Award. Rapid, Assessment, Interface and Discharge Team [RAID], Neuropsychiatry and Psychiatry of Old Age Service Line	
	This month's team spotlight award and presentation is from the Neuropsychiatry and Psychiatry of Old Age Service Line, for the RAID Team (Rapid Assessment, Interface and Discharge Team).	
	The Team formed in 2011, when the CPNs working at University Hospital of North Staffordshire (UHNS) and the Psychiatric Liaison Team from Combined Healthcare came together. Additional funding was obtained quarter on quarter from Commissioners and the team embraced a new way of working with UHNS, developing partnerships to support people with mental health problems who are in an acute hospital setting.	
	Received	
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394/13	Clinical presentation – RAID Team	
	The Board received a presentation on the work of the RAID team from Dr El-Nimr, Kath Clark, Jackie Wilshaw and Julie Farrar.	
	Ms Myers reported that the feedback from the UHNS was very positive in support of the impact the RAID team has had in UHNS. The cohort of patients the team works with can have very challenging behaviour and UHNS valued the input the RAID team have had in supporting these patients.	
	Dr Sheppard commented that the presentation was very powerful and the Trust should be selling this service to commissioners. It is not just about physical health it is about mental health and other factors. Alcohol is a big factor linking back to general practice.	

Mrs Clark responded that the Trust does have strategy meetings with commissioners, the local lead GP for Stoke was present at the last meeting and is aware of the work the team does. There is a pathway to work with patients who have alcohol issues. Mrs Wilshaw informed the Board that the team are writing to all GP's about the service. Mrs Griffin suggested that it may be useful for the team to provide a similar presentation to the Board of UHNS. It is an important service which helps other parts of the NHS to deliver/ achieve. Ms Harvey declared an interest at this point in the meeting as a user of the service following a recent inpatient stay at UHNS. Her stay in hospital was lengthy and complicated, the RAID team were key to getting her discharged from hospital and back to work. Ms Harvey felt that the work this team undertake is fantastic. The Chair thanked Ms Harvey for sharing her personal experiences with the Board. Dr El-Nimr commented that the impact of RAID has greater potential for future nursing of physical and mental health. In Birmingham they are looking at the whole RAID culture. Mr Gadsby asked about the level of support to patients is this more low level support or higher level support and do the staff at UHNS require training to deal with the lower level support needs of the patients, so that the RAID team can focus on the higher level support to patients? Mrs Wilshaw responded that training is being provided to the ward staff at UHNS to support them, staff are taught to look at their behaviour towards the patients and to re-emphasise the word culture. The Chair thanked the team for the excellent presentation. The Health Service at long last is waking up to the fact that people are people with a close connection between physical and mental health. Received There was a break at 11:15am. The meeting resumed at 11:25am. 395/13 Summary of the Quality Committee meeting held on 19

November 2013	
Mrs Griffin, Non-Executive Director/ Vice Chair, provided the Board with a summary report from the meeting held on 19 November 2013	
Terms of Reference The committee considered the terms of reference which required annual review, the changes mainly related to the change of the risk management arrangements.	
The Board approved the terms of reference, with a review date of 31 March 2015.	
Quality Governance Assurance Framework (QGAF) Mrs Griffin reported that Sue Cordon, External Assessor from KPMG was in attendance at the November meeting to observe as part of the independent assessment of the Trust's compliance with the QGAF. Focus groups and interview will take place during December and a report will be submitted to the January committee.	
NHS Review of Complaints Mrs Griffin reported that the committee received an update on the management of complaints. The Complaints Manager post has been in post since October 201 3	
A root and branch review of the complaints process is being carried out by the Deputy Director of Nursing, Head of Corporate & Legal Affairs and Complaints Manager to review the processes the Trust uses to manage complaints. This review will also take into account the recent independent report by the Rt. Hon Ann Clwyd MP and Professor Tricia Hart who have called for a revolution in the way in which the NHS handles complaints.	
The complaints team has re-introduced the satisfaction questionnaires for people to comment on what worked well and what can be improved about the way their complaint was handled.	
The outputs from the review will be reported into the January committee and fed into the Board accordingly.	
Policies The committee approved a number of policies for a period of 3 years unless stated otherwise, these were:-	
Listening and Responding Policy (PALS and Complaints) 4.26 extend until the 31 January 2014	

- while review of the complaints process is undertaken
- Prevent Policy new policy in response to the Department of Health's counter terrorism strategy
- Domestic Abuse Policy new standalone policy as part of the Department of Health's Domestic Violence Strategy
- Safeguarding Children Policy Statement (4.1)review of existing policy and procedure
- Preventing Harm to Children from significant others
 (4.1a) review of existing policy
- Safeguarding Adults Interagency Procedure (1.12a &1.12b) extend for period of 3 months while multiagency review is ongoing
- Outbreak Policy IC12 review of existing policy
- Linen and Laundry Policy IC13 review of existing policy
- MRSA Policy IC11 review of existing policy
- Claims Handling 4.08 review of existing policy
- Transport Policy following internal audit new policy required to formalise local processes and procedures
- Dual Diagnosis 1.44 extend existing policy for 3 months while work is ongoing to revise current arrangements
- Procedure for \$136 1.68a extend for 3 months while multiagency review is ongoing

Community Mental Health survey

The committee received information on the results of the survey, at the start of the year a questionnaire was sent out to 850 people who receive community mental health services. Responses were received from 286 service users, which is a response rate of 35%. DN we should say something about the main themes from the survey

Prone restraint

The committee received a report on the use of restraint which responds to the publication of the MIND report in June 2013 which expressed concern about the use of prone restraint. The Trust will continue to monitor and report to the committee on quarterly basis the use of restraint.

The Chair thanked Mrs Griffin for her contribution as Chair of the Quality Committee, Non Executive Director and Vice Chair of the Trust.

Received

396/13	Terms of Reference for the Quality Committee	
	The Board approved the terms of reference up to 31 March	
	2015.	
	Approved	
397/13	Financial Performance – Month 7	
	Mr Lappin, Interim Director of Finance, presented this report and highlighted the headline performance as follows;	
	Headline performance is:	
	A retained deficit of £0.604m, giving a favourable variance against plan of £181k	
	 A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m) 	
	A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2	
	QIPP/CIP plans in place for the target of £3.5m, with additional schemes under development	
	Capital expenditure of £0.1m to date and forecast expenditure remains in line with our revised limit of £1.64m	
	A cash balance of £7.5m at the end of October.	
	The overall Trust position is relatively healthy assuming that the £700k risk share issue is resolved. In relation to the central reserves of £2.8m, £2.1m has now been allocated in month £400k has gone to clinical areas. The target remains to distribute all central reserves by December.	
	Mrs Johnson raised a query on Section 4 of the report regarding CIPs and staff vacancies.	
	Mrs Donovan responded that there are some vacancies in the establishment for example some vacancies are being held at Chebsey as the service is due to transfer in June 2014.	
	Mr O' Hagan reported that this is being picked up at the People & Culture Development Committee, together with the bank and overtime costs.	

	Me Myore stated that as part of the staffing review the bank	
	Ms Myers stated that as part of the staffing review the bank and overtime costs are also being reviewed and the Trust is considering moving a proportion of bank spend into	
	substantive staffing posts.	
	Mr Lappin informed the Board that at the present time the Trust has not yet secured the Quarter 1 CQUIN payment (£300k). This is being discussed with the Local Area Team and also the Trust Development Authority. The Trust is in direct discussions with the Clinical Commissioning Group regarding the £700k risk share, Chebsey and non-payment of the quarter 1 CQUIN.	
	Received	
	- Notified	
398/13	Assurance Report - Finance and Activity Committee Report - 21 November 2013	
	Mr Gadsby, Non-Executive Director, presented the Finance and Activity Committee assurance report to the Board from the meeting held on 21 November 2013.	
	The committee considered a briefing paper on the key options for the Trust regarding the sale of the Bucknall site. Further detail relating to this is on the closed agenda later today.	
	The committee reviewed a paper on the purchase of the Assessment & Treatment Centre and the Telford Unit from South Staffordshire Housing Association. It was agreed by the committee that no further expenditure will take place until the commissioning intentions have been confirmed.	
	The committee received the financial position and noted that workforce plans are on target.	
	The committee reviewed a quarterly update report on the Health Informatics Services which provided information on the management of change process.	
	Mrs Griffin asked if the committee looks at the Trusts activity for example the number of patients the Trust sees under the contract?	
	Mr Gadsby responded that currently the main focus is on finance. However, the committee does receive a detailed PLICs report.	
	It was agreed that activity will be added as an agenda item for the next meeting.	Mr Gadsby/ Mr Lappin
	Received	
	Vereinen	

399/13	Performance Report – Month 7 2013/14	
	M. L. C. Division of Fire and A. L. C.	
	Mr Lappin, Interim Director of Finance, presented this report which provides the Board with a summary of performance to the end of Month 7.	
	The Trust is not reporting any indicators as red at month 7 and 4 indicators from 133 are amber.	
	Ms Myers reported on the work taking place within the divisions in relation to the % of service users on CPA and with a review date in the next 12 months.	
	Work is also ongoing in the divisions regarding the readmission rates, further drill down information is being sought to differentiate between transfers out to UHNS and actual readmissions. A report on this issue will be submitted to the Board in January 2014	
	The Chair commented that overall Trust performance is very good on both performance and finance. It was agreed that a message will be sent out to all staff from the Chair and Chief Executive.	Chair/ Chief Executive
	Received	
400/13	NHS Trust Development Authority	
	Mr Lappin, presented for approval the monthly NDTA self certification document which declared compliance with all requirements.	
	Approved	
401/13	Progress Report on Transaction	
	Mr Lappin, Interim Director of Finance, presented this report which details the progress that has been made during November and key actions for December.	
	Member of the project board have met with the Trust Development Agency and Local Area Team to go through the process. A meeting is arranged with commissioners regarding a letter of support from them for the process.	
	Received	
	71000700	
402/13	Audit Committee Report	

	Mr O'Hagan, Non-Executive Director, presented the summary report from the People and Culture Development Committee meeting which took place on 11 November 2013. The group considered the following policies which had been reviewed and agreed at JNCC:	
404/13	Approved People and Culture Development	
	The Board approved the terms of reference up to 31 March 2015.	
403/13	Received Remuneration Committee Terms of Reference	
	Mrs Storey confirmed that the Quality Committee (the approving body) have reviewed and approved the Transport Policy. The committee reviewed and approved the Trust's revised Standing Orders and Standing Financial Instructions. The Board agreed to ratify these documents with a review date of 31 March 2015. The committee received a report on the Trust's Charitable Funds Accounts, these have now been presented to and approved by the Charitable Funds Committee.	Mrs Storey
	Mrs Johnson, Non-Executive Director, presented this report which provides a summary of the recent meeting of the Audit Committee held on 12 November 2013. The committee reviewed the new Transport Policy ahead of this being presented to the Quality Committee.	

The committee recommended that the Trust Board ratify these revised policies for a period of 3 years.

The committee also noted that the **Work Related Stress Policy** had also had some minor updates made to include more practical tools and a flow chart for staff to show actions at a glance. It was acknowledged that this strengthened the policy and was accepted by the Committee.

Staff Counselling service report and annual report

The committee received the above two reports and noted that this is an invaluable service for staff. The service is very highly regarded, not just for work related staff issues but also for staff to discuss personal issues.

Proposal for the introduction of an effective team leaders programme for Combined Healthcare

The committee discussed the proposals in detail and agreed in principle with the proposals.

Proposal to develop learning and development approaches for support workers

The committee welcomed the proposal and accepted the recommendation for the committee to support the delivery of the outcomes through senior endorsement and awareness training.

Mini Staff Survey - Quarter 2 2013-14

The Board noted that the results from the survey will be discussed at the next Board of Directors.

NHS Protect Statistics

The committee noted that the annual publication of the NHS protect statistics will be published shortly and that while the Trust is still high in the numbers being reported, with the initiatives in place the Trust should start to see a reduction during 2013/14.

Mr O'Hagan informed the Board that the next meeting of the committee is scheduled for 16 December and is taking the form of Dragons Den style presentations from the divisions.

Mrs Johnson asked if there is service user involvement at the committee?

Mrs Donovan responded that this is being considered.

The Chair commented that this is a good report and he is pleased that the Trust is engaging with Michael West in the

	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 30 January 2014, at 10:00am, in the Boardroom, Trust HQ.	
	Healthcare Trust Board will be held on Thursday, 30 January	
	The next nublic meeting of the North Staffordshire Combined	
407/13	Date and time of next meeting	
	There was no other business to be discussed.	
	Any other business	
	Any other business	
	The Chair thanked Mr Milgate for his comments.	
	Mr Milgate, Staff Nurse, Edward Myers Unit commented that he has observed the Board today as part of a leadership programme. From observing the meeting today the Board seems supportive of the staff but he felt that message does not always filter down to ward level and the staff on the wards.	
406/13	Questions from the public	
	Received	
	Mrs Donovan agreed to consider the team for an award nomination.	Mrs Donovan
	The Chair drew the Boards attention to the powerful comments from staff regarding the service on page 15 of the report and asked if the Counselling Service has been nominated for an award? The involvement and number of volunteers in this service is fantastic.	
	Ms Harvey re-iterated the importance of this vital service for staff, there is more which can be done to encourage staff to use the service before they reach crisis point.	
	Mrs Donovan presented the Staff Counselling Service Annual Report for 2012/13. For the year 2012/13, 44% of people were referred into the service for personal reasons and 55% were referred for work related reasons.	
405/13	Staff Counselling Service Annual Report 2012/13	
	Received	
	Team Leaders programme. The Health Care Support Worker report is a significant piece of work.	

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.	

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The meet	ing closed at 12:20pm.		
Signed: _		Date	
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Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
		Acquired Brain Injury outline business case to be reviewed to further refine the			
31-Oct-13	262/13	financial calculations and the preferred location.	Mr Lappin/ Mr Rogers	30-Jan-14	verbal update at meeting
		Tier 4 Outline business case - further work required to move this onto the next			
31-Oct-13	262/13	stage.	Mr Lappin/ Mr Rogers	30-Jan-14	verbal update at meeting
		Performance Report - re-admissions to be considered in terms of how re-			
		admisisons are treated/ counted to be explored further and reported back in due	Mr Lappin/ Mr Rogers/Dr		
31-Oct-13	264/13	course.	Adeyemo	30-Jan-14	verbal update at meeting
		Board to review and drill down on the performance information on a quarterly			
31-Oct-13	264/13		Board members	on-going	
		Government response to Francis - CEO to give thought as to how best to keep			
28-Nov-13	391/13 (a)		Ms Myers	30-Jan-14	
		Meeting with UHNS to discuss integrated care, Board to be kept up to date on the			
28-Nov-13	391/13 (b)	-	Ms Myers	on-going	
		Activity/ PLICs to be added to the next agenda for the Finance & Activity			
28-Nov-13	398/13	Committee	Mr Gadsby/ Mr Lappin	30-Jan-14	completed
		Message to be sent out to all staff with regard to the Trusts good performance			
28-Nov-13	399/13	and finances.	Mr Jarrold/ Ms Myers	30-Jan-14	completed
		Consideration to be given in relation to the Trusts Staff Counselling team being			
28-Nov-13	406/13	nominated for an award.	Mrs Donovan	30-Jan-14	completed



REPORT TO: Open Trust Board

Date of Meeting:	Thursday 30 January 2014
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Ms F Myers
Author of Report: Name: Date: Email:	Fiona Myers, Chief Executive Fiona Myers 21 January 2014 fiona.myers@northstaffs.nhs.uk
Purpose / Intent of Report:	For Information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to:	 Customer Focus Strategy Clinical Strategy IM and T Strategy
How does this impact on patients or the public?	 Governance Strategy Innovation Strategy Workforce Strategy Financial Strategy Estates Strategy
Relationship with Annual Objectives:	To ensure safe provision of clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	N/A
Recommendations:	To receive this report for information

North Staffordshire Combined Healthcare Trust

Chief Executives Report to the Board of Directors 30 January 2014

1. PURPOSE OF THE REPORT

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

2. CLOSING THE GAP - DEPARTMENT OF HEALTH PUBLICATION

On 20 January 2014, the Department of Health published <u>Closing the Gap: Priorities for essential change in mental health</u> which sets out its priorities for bridging the gap between its long-term ambitions for mental health and shorter-term actions. The Government's <u>strategy was set out in 2011</u>, <u>No health without mental health</u>, followed by its <u>2012 implementation framework and suicide</u> <u>prevention strategy</u>. These earlier papers had a long-term population focus. The DH report "seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems". <u>Closing the Gap</u> covers 25 areas where the most immediate change and improvement is expected.

The 25 priorities set out under four key themes are a restatement by the Government of its commitment to the provision of high quality mental health services, placed on a par with acute services. We will continue to work with commissioners, local authorities and other stakeholders to ensure that North Staffordshire Combined Healthcare NHS Trust is involved in the effective delivery of this strategy.

3. NHS ENGLAND PUBLISHES CCG FUNDING ALLOCATIONS FOR NEXT TWO YEARS FOLLOWING ADOPTION OF NEW FORMULA

On 18 January 2014, NHS England published the funding allocations that Clinical Commissioning Groups will receive over the next two years (2014/15 and 2015/16). More information can be found here http://www.england.nhs.uk/wp-content/uploads/2013/12/allocation-supporting.pdf

It follows the decision by the NHS England Board to adopt a new funding formula for local health commissioners that will more accurately reflect population changes and include a specific deprivation measure.

Funding for NHS commissioners will rise from £96bn to £100bn over the next two years, so despite wider public sector budget cuts the NHS is being protected from inflation at a time of austerity. Changes to the way in which funding levels for local health services are worked out will help ensure that funding matches the needs of local populations, following an extensive review into funding allocations. The new funding formula for local health commissioning is based on more accurate, detailed data and including a deprivation measure specifically aimed at tackling health inequalities.

The CCG Programme Budge	t Allocations 2014/15	& 2015/ for	local services are:

	2013/14	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16
	CCG Programme Budget Baseline Allocation	CCG Programme Budget Allocation	Total growth on prior year	CCG Programme Budget Allocation	Total growth on prior year	Better Care Fund Additional Allocation	Total Allocation	Total Transfer to Better Care Fund
	£000	£000	%	£000	%	£000	£000	£000
NHS North Staffordshire CCG	248,601	253,921	2.14%	258,238	1.70%	4,120	262,358	13,399
NHS Stoke on Trent CCG	340,293	347,575	2.14%	353,484	1.70%	6,258	359,742	18,960

All Clinical Commissioning Groups (CCGs), that plan and fund local health services, will receive a funding increase matching inflation in the next two years (2014/15 and 2015/16), the most underfunded areas, and those with fast-growing populations, will receive even more.

The new guidance will ask commissioners to prepare both two year operational plans and five year strategic plans. We will be working closely with North Staffordshire and Stoke on Trent local commissioners to develop these plans.

4. WELCOME TO OUR NEWLY APPOINTED BOARD MEMBERS

We are delighted to announce the appointment of Mr Patrick Sullivan as a Non-Executive Director of our Trust Board

Patrick, who lives in Leek, is a mental health nurse who trained locally but has worked in services across Cheshire, Derbyshire and Lancashire. He has over thirty years' experience in the NHS, working in a range of clinical and senior management roles. He was, until May 2012, the Executive Director of Nursing at Lancashire Care NHS Foundation Trust. This is one of the largest non-acute trusts in the country proving mental health and community health services to a population of over 1.4 million people. Committed to the NHS and the local area, Patrick is currently a Mental Health Act Commissioner for the Care Quality Commission and sits on Mental Health Review Tribunals as a specialist lay member.

We also welcome two Executive Directors to our Trust Board – Kieran Lappin, Director of Finance and Karen Wilson, Director of Nursing and Quality.

Kieran has been carrying out the role on an interim basis since July 2013 and took up the role substantively from Monday 23 December 2013. Kieran has 35 years NHS experience and has held four previous executive director Board posts, including Deputy Chief Executive of Wye Valley NHS Trust (Hereford Hospitals) for six years. He is a qualified accountant and also has a health MBA from Keele University.

Karen Wilson, a registered general and mental health nurse, takes up the post of Director of Nursing and Quality on Monday 3 February 2014. Karen has held a number of senior roles in organisations providing mental health and learning disabilities care, including Chief Executive of Calderstones Partnership NHS Foundation Trust and Executive Director of Nursing and Care at Mersey Care NHS Trust. Karen qualified as a Registered General Nurse (RGN) in 1983 and as a registered mental health nurse five years later.

I'm pleased to welcome Patrick, Kieran and Karen to the Board as we continue to deliver high quality, safe services responsibly, within the tight financial budgets available in North Staffordshire.

5. FLU

The seasonal influenza vaccine campaign commenced on 1 October 2013 and is due to continue to 31 January 2014. The Trust has achieved an overall uptake of 43%, up to 31 December 2013.

Although the Trust is unlikely to meet the Department of Health target of 75% of staff to receive the flu vaccination by the end of January 2014, the figure is a huge improvement on previous years' uptake of 34% (2012/13), 27% (2011/12) and 15% (2010/11). We would like to say 'thank you' to all those who have taken the opportunity to have the vaccination.

Vaccination clinics continue to be held throughout January and we are encouraging staff to take up the option of a free flu jab.

6. SUCCESSFUL SUBSTANCE MISUSE STOKE HEALTH PRISON TENDER BID

In September 2013 NSCHT's Substance Misuse Services alongside tender partners Rehabilitation for Addicted Prisoners Trust (RAPt) tendered for new work for the provision of Integrated Prison Based Substance Misuse Services at Her Majesty's Prisons Young Offenders Institutions Stoke Heath for Shropshire Council.

I am delighted to announce that the joint tender bid has been successful. The Trust's Substance Misuse Services responsibility will be to deliver the clinical element of the integrated model, which will involve medical and nursing provision. The new service will commence on the 1st April, 2014 and will run for the initial two years with the option to extend for up to a further two years.

This is excellent news for the Substance Misuse Service, which is now looking forward to working closely with Rehabilitation for Addicted Prisoners Trust (RAPt) to improve the integrated substance misuse services in Her Majesty's Prisons Young Offenders Institute Stoke Heath.

7. THE INTOXICATION OBSERVATION UNIT INITIATIVE SUPPORTS 1000 PATIENTS INTO SERVICE

In December, the Intoxication Observation Unit (IOU) at the Edward Myers Unit saw its 1000 patient - people who have been diverted from A&E who were not in need of emergency services but were too intoxicated to be allowed to go home. That's 1000 people who have been offered support and advice on substance and alcohol usage.

Following the initial success of the pilot scheme it was then extended to enable West Midlands Ambulance Service to directly refer to IOU which has significantly reduced the impact on the A&E, saving money and valuable time in the busy department.

As well as reducing admissions to A&E, the service has:

- Reduced admissions to the Clinical Decisions Unit (CDU) and length of stay in A&E.
- Improved referrals to other supporting agencies 604 people who were offered support took it forward (60%).
- Provided successful recovery journeys.

8. CHILDREN AND YOUNG PEOPLE'S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PROJECT

North Staffs CONNECT CAMHS and First Steps has been successful in a bid for the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Project. This is a service transformation project for Child and Adolescent Mental Health Services (CAMHS) that aims to improve shared working practice between therapists and children, young people and their families.

CYP IAPT is delivered by learning collaboratives made up of higher education institutes working with local area CAMHS partnerships of statutory and third sector providers and commissioners. There are five learning collaboratives: we are supported by the North West collaborative, based in Salford.

The programme focuses on extending training to staff and service managers in CAMHS and embedding evidence based practice across services, making sure that the whole services, not just the trainee therapists, use session-by-session outcome monitoring to inform clinical practice and to gain feedback from clients.

Participation of children and young people is important to help steer the project and the NSCHT Team is committed to working with them locally, listening to their wishes and preferences. An operational group has been established that involves young people and they are in the process of changing the name of the project from CYP IAPT to a name that resonates with younger people and encourages them to access services.

9. REACH AWARDS

We have had an overwhelming response to our request for REACH nominees – our Staff Awards which stands for Recognising Excellence and Achievement in Combined Healthcare. I would like to thank those colleagues who took the time to put forward a nomination for the REACH Awards 2014.

Staff nominate colleagues or teams who they think deserves to be recognised for their work, their attitude and personal approach or for outstanding achievements. Service users and carers also nominate staff for a 'Service Users and Carers Award' to recognise outstanding contributions made for the needs of service users and carers, with evidence of a real commitment to patient care.

We received in excess of 230 nominations this year which is the highest level yet. The category with the most nominations is the Service User and Carer category, which has had in excess of 70 nominations - a fabulous achievement.

Judging will take place in late January, with finalists selected to attend the awards ceremony at the Moat House Hotel in March notified by Monday 10 February. Congratulations and 'Good Luck' to all our nominees.

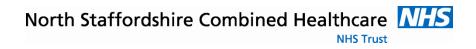
10. GALA BALL RAISES £1213.75 AS A THANK YOU TO LYMBROOK CENTRE

Lymebrook Mental Health Resource Centre has received a donation of £1213.75 from *FuturefineST* which was raised at a themed gala ball at the Britannia Stadium.

FuturefineST is an organisation that represents young professionals in North Staffordshire, providing a networking, career development and social forum. Lymebrook were nominated as FuturefineST's designated recipient after one of their members received exceptional treatment from the Lymebrook centre; the donation was given as a thank you for the care they received.

Staff and managers at the centre are thrilled with the donation and will be contacting FuturefineST to thank them for their kind support. Staff and volunteers will be meeting to discuss how the donation can be best used to support the centre's service users in the future.

Fiona Myers Chief Executive 21 January 2014



REPORT TO: Trust Board

Date of Meeting:	30 January 2014				
Title of Report:	Summary of the Quality Committee meeting held on the 21 January 2014				
Presented by:	Ms T Gadsby , Acting Chair of Quality Committee				
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 22 January 2014 sandraj.storey@northstaffs.nhs.uk				
Purpose / Intent of Report:	For decision / assurance				
Executive Summary:	This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 19 November 2013. The full papers are available as required to Trust Board members				
	The fair papers are available as required to Trust Board members				
Which Strategy Priority does this relate to: How does this impact on patients or the public?	 Customer Focus Strategy Clinical Strategy - Governance Strategy 				
Relationship with Annual Objectives:	Ensure provision of safe clinical services				
Risk / Legal Implications:	N/A				
Resource Implications:	N/A				
Equality and Diversity Implications:	N/A				
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.				
Recommendations:	 To note the contents of the report Ratify the policies highlighted in the report 				

Key points from the Quality Committee held on the 21 January 2014 to raise at the Trust Board meeting on the 30 January 2014

1. Welcome and Introductions

Mr Tony Gadsby, Non Executive Director acted as the interim chair for this committee meeting. It was noted that Mr Patrick Sullivan, newly appointed Non Executive Director will join the committee from February 2014 and will take over responsibility as the Chair of the committee.

2. <u>Director of Quality Report</u>

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

• Ten year mortality gap for people with mental illness – NHS England have called on those who are commissioning services to help close the mortality gap that sees people with mental illness have life expectancies about 10 years shorter than the population as a whole. Targeted cancer screening, regular checks for cardiovascular and physical health and smoking cessation programmes should all be improved is their message, to put mental health services on an equal footing with those tackling physical health.

Action already being taken at the Trust is to monitor physical health assessments as part of the Trust's performance management framework (key performance indicators). A project to improve physical healthcare has been prioritised as a national Commissioning for Quality and Innovations Scheme (CQUIN) for 2014/15 and the Trust is currently in discussion with commissioners as to what this will be for the Trust.

• G8 dementia summit in December 2013 pledged significant increase in research funding. Among the announcements the G8 has committed to identify a cure or a disease-modifying therapy for dementia by 2025. Within the Trust there have been significant developments in terms of the amount of research into Dementia undertaken in the last few years. This is in part down to a stable infrastructure within the Trust's Research & Development Team. Recently research 'cafes' and road-shows have been held within memory clinics to promote staff, patient and carer engagement in research with further events planned in the future. The Trust is also currently considering feasibility for its first Phase II Dementia Clinical Trial.

• 2014/15 CQUIN Guidance for National CQUIN Schemes

In December 2013, the national guidance for the 2014/15 national CQUIN programme was published. There are four national CQUIN goals for 2014/15:

Friends and Family Test - where commissioners will be empowered to incentivise high performing providers (the Trust currently reports results for inpatient discharges and has plans to roll this out for community services. This places the Trust in a strong position with regards to this national CQUIN as we are already ahead in terms of progress and implementation)

- ➤ Improvement against the NHS Safety Thermometer, particularly pressure ulcers (The Trust is currently in discussion with commissioners who agree that this CQUIN provides little benefit to our service users as our prevalnace of pressure ulcers is already very low. Similarly with the safety thermometer CQUIN given the work already in place to reduce the risk of falls resulting in harm. As such a proposal will be put forward to suggest replacing these with an initiative of more benefit to our service users.
- ➤ Improving dementia and delirium care (action by the Trust as noted earlier in the report)
- ➤ Improving diagnosis in mental health where providers will be rewarded for better assessing and treating mental health and physical needs of their service users.

3. Quality Governance Assurance Framework (QGAF)

At the October 2013 meeting of the committee, members considered the self assessment undertaken against Monitors Quality Governance Assurance Framework. This was subsequently reviewed by the Board of Directors at its meeting on the 13 November 2013 which noted an improved position against the framework that had been undertaken the previous year.

Mrs Storey noted that it was intended that Sue Corden, External Assessor from KPMG would conduct her independent assessment of the Trust's compliance rating with the QGAF during the month of January 2014, which would involve focus groups and interviews with Trust Board and committee members as part of the assessment process. Due to unforeseen circumstances the assessor has asked to defer the assessment to March 2014 with the plan that the findings are reported to the Quality Committee in April 2014. This will not deflect from any of the work that is ongoing by the Trust. All agreed that the Trust remains focused on maintaining quality going forwards and will continue to ensure full compliance with the quality framework.

4. Policy Review

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

- Workplace Transport (5.10) and Vehicle Driver (5.12) policies to be rescind as replaced by the new Transport Policy recently ratified by the Trust Board.
- Listening and Responding Policy (PALS and Complaints) 4.26 extend until the 28 February 2014 while review of the complaints process is ongoing.
- Safeguarding Adults Interagency Procedure (1.12a &1.12b) extend until 31 March 2014 while multiagency review is ongoing.
- Psychiatric Intensive Care Unit (PICU) (1.53) rescind policy as no longer provided by the Trust
- Patient Group Directions (1.26)
- IT Asset Management Policy (7.16)
- Health & Safety Policy (5.00)

- Waste Policy (5.06)
- First Aid at Work Policy (5.08)
- Environment Policy (5.09)
- Risk Markers Policy (5.18)
- Safe use of phones (5.23)
- Central Alert System (5.36)
- Adrenalin (1.26b) rescind as not used and cannot give without a Patient Group Directive

All policies to be approved for 3 years unless advised otherwise.

5. <u>Divisional reports</u>

The committee reviewed reports from the three Clinical Directors, which included a range of information including incidents, complaints, and risks since the last report to the committee. Of note was the increase in demand and pressure on services, particularly in relation to Child and Adolescent Mental Health Services. The Clinical Director also raised concerns about sickness and staffing levels which was having an impact on the service. While locum cover is now in place to provide additional support, members asked for further detail to understand any ongoing issues to determine how best to provide more support to the division. This will also be discussed outside of the committee at divisional meetings and the Senior Management Team Meetings, with Executive support, to ensure any immediate remedial action is taken, as appropriate.

Committee members also discussed the presentation of the reports which varied in terms of information being provided by each division. It was agreed that this was an area for ongoing development and members welcomed input from the new Chair of the committee as well as the new Director of Nursing & Quality, Karen Wilson, who will join the Trust in February 2014.

6. Safe Staffing Review

The committee received the Safe Staffing Review report from Mr Laing which outlined the findings and process undertaken to review the nurse staffing establishment at the Harplands Hospital. It also provided an initial analysis of the inpatient staffing levels (wards 1-7) the data for which was gathered in July and August 2013. All of the data has been reviewed by the clinical teams during September and October 2013 in order to provide triangulation and scrutiny of the information provided. It was agreed that this was an iterative process and interim measures would be taken to ensure there are no risks to the quality of services. This paper will be discussed in more detail by the wider Board at its meeting on the 30 January 2014.

7. PALS & Complaints Quarter 3 report 2013/14

Committee members discussed the information provided in the report covering the period October 2013 to December 2013. It was agreed that the report from PALS should provide more detailed information in respect to compliments by teams. The ongoing review of the complaints process, which would encompass PALS was noted, and that this is an area that

is being reviewed to ensure a range of intelligence is analysed within the performance reports. The next report to the committee will also provide information from the analysis of the complaint satisfaction questionnaires recently received.

8. Month 9 report on Quality Risks

Committee members considered the principal risk report for quality risks at Month 9, noting the risk treatment plans that are in place. It was agreed that while this particular report related to the Trust's principal risks, it was agreed that it would be helpful to draw out in this summary the divisional risks that are either emerging or require escalation (such as the increasing demand and pressure on services that would be considered following receipt of more detailed information from the divisions).

9. Performance Quality Management Framework Report (PQMF) month 9

Committee members reviewed the month 9 report and were assured that performance against the Monitor compliance framework and key national targets, are all on target. A range of 133 metrics are in place to monitor performance. There were no areas reported as significantly under-reporting (red) and 4 were assessed as under-performing (amber) at the end of December 2013. The committee discussed the mitigating action plans in place to improve performance for these particular metrics and assurance in respect to the final year end position.

10. CQC Overarching Action Plan for MHA visits

The committee discussed progress against the action plan and agreed that this would be presented to the committee again in February 2014.

11. CQC Community Mental Health Survey Action Plan 2012-13

Committee members discussed the action plan following the survey and progress that has been made. It was agreed that the committee will review this again in April 2014 to monitor progress made with a view to signing off the plan as complete.

12. Domain Updates

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

➤ Patient safety — which included approving the revised Clinical Safety Improvement Group Terms of Reference and a brief on the workforce seasonal influenza campaign with information on how we compare well to other Trusts.

The committee also noted two areas on red as of November 2013. One related to a vacancy for a clinical governance lead in the Children and Young Person's division which has affected attendance at Safeguarding meetings. This is now being covered on an interim basis while longer term arrangements are agreed.

The other area related to the new safeguarding incident system and the teething problems being experienced in extracting reports. The team are managing this by running the old system alongside the new system while the issues are being addressed.

- ➤ Clinical effectiveness which included updates against CQUIN targets, data quality initiatives and progress against the Research & Development programme of work.
- ➤ Organisational safety and efficiency which included information on the analysis of incidents, progress against the Information Governance Toolkit and the quality assurance process for Cost Improvement Schemes.
- ➤ Customer focus which included further information of the Root and Branch review of complaints, updates against CQUIN targets, reports from the Care Programme Approach development group, and Trust membership monitoring report for January 2014.

13. Ward 1 incident – progress against action plan

The committee discussed the action plan and were assured against the progress made. It was agreed that the outstanding actions would be amalgamated into the overarching CQC action plan to make the actions easier to manage and to avoid duplication.

14. Next meeting: 18 February 2014, 2.00pm

On behalf of the Acting Committee Chair, Mr Tony Gadsby

Sandra Storey
Trust Secretary / Head of Corporate and Legal Affairs
22 January 2014



REPORT TO THE TRUST BOARD (OPEN)

Date of Meeting:	30 January 2014			
Title of Report:	Financial Performance – Month 9			
Presented by:	Kieran Lappin, Executive Director of Finance			
Author of Report: Name: Date: Email:	Andy Turnock – Interim Assistant Director of Finance 20 January 2014 andrew.turnock@northstaffs.nhs.uk			
Purpose / Intent of Report:	Financial Performance monitoring for information			
Executive Summary:	The attached report summarises financial performance for the period to the end of December 2013.			
	Headline performance is:			
	 A retained deficit of £0.460m, giving a favourable variance against plan of £191k 			
	 A year-end forecast that shows a breakeven position against the submitted plan (adjusted financial performance deficit of breakeven and a retained deficit of £0.422m) 			
	 A year to date Financial Risk Rating (FRR) of 2, with a year-end forecast rating of 2 			
	CIP plans in place for the target of £3.5m, with additional schemes under development			
	 Capital expenditure of £0.1m to date and forecast expenditure of £1.14m against the revised limit of £1.64m 			
	 A cash balance of £4.6m at the end of December. 			
Which Strategy Priority does this relate to:	Financial Strategy			
How does this impact on patients or the public?	Not directly as a result of this report			
Relationship with Annual Objectives:	Delivery of financial plan			
Risk / Legal Implications:	Not directly as a result of this report			
Resource Implications:	Not directly as a result of this report			
Equality and Diversity Implications:	Not directly as a result of this report			

Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan				
Recommendations:	The Board is asked to:				
	 note that financial performance to date is on plan, with a favourable variance reported of £0.2m 				
	 note the work on-going to monitor and validate CIP delivery 				
	 note the cash position as at 31 December 2013 of £4.6m 				
	 note the year to date Financial Risk Rating of 2 reported and also the forecast rating of 2 				
	 note the capital expenditure position as at 31 December 2013 is currently behind plan and there is a forecast undershoot against the CRL 				

		FINA	NCIA	L OVE	RVIEW
Income & E	xpendit	ure - Retain	ed Sur	plus / (Def	icit)
000	Plan	Actual	Var	%	RAG
ΓD Surplus /	-651	-460	191	-29.3	G
Peficit) OT Surplus / Peficit)	-422	-422	0	0.0	G
enoit)					
Cost Improvement					
n	Plan	Schemes	Gap	%	RAG
ΓD	2.52	2.88	0.36	14.41	G
т	3.50	3.50	0.00	0.00	G
	Fina	ncial Risk F	Rating		
		YTD		Forecast	
Financial Risk Rating		2		2	
etrics:		YTD		Forecast	
EBITDA Achieved		5		4	
BITDA Margin		2		2	
Net return after financing				2	
E Surplus Marg quidity	lin	2		3	
ty		4		3	

1. Financial Position

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

At the end of Month 9, the Trusts budgeted plan was a retained deficit of £0.651m (£0.336m at adjusted financial performance level). The reported retained position is a deficit of £0.460m, giving a favourable variance of £191k from plan.

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

• CIP targets have, as previously reported, been allocated to Divisions and Trust wide areas in accordance with the agreed 2013-14 CIP programme¹.

It was anticipated that all of the negative CIP budgets would be allocated to budgets within divisions and directorates by the end of December 2013, however this has not materialised although some progress has been made. Work remains ongoing to transact the budget adjustments accordingly and resolve some of the technical issues which have not allowed this to be undertaken within the timeframe previously communicated.

 As previously reported, £1.8m of funding held centrally for cost pressures had been allocated to divisions / directorates. During the current month, further budget allocations totalling £0.1m have been made.

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

Table 1: Statement of Comprehensive Income

Detail	Full Year Annual	Cı	urrent Mon £000	nth	Year to Date £000		
	Budget £000	Budget	Actual	Variance	Budget	Actual	Variance
Income	86,419	7,144	7,119	-25	63,603	63,684	80
Pay	-57,119	-4,739	-4,591	148	-42,877	-41,607	1,270
Non pay	-26,066	-2,015	-2,162	-146	-18,636	-19,913	-1,277
EBITDA	3,233	390	366	-24	2,090	2,163	73
Other Costs	-3,233	-270	-226	44	-2,426	-2,309	118
Adjusted Financial Performance	0	120	140	20	-336	-145	191
IFRIC 12 Expenditure	-422	-35	-35	0	-315	-315	0
Retained Surplus / (Deficit) prior to Impairment	-422	85	105	20	-651	-460	191
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	-422	85	105	20	-651	-460	191

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

Included in Table 1 is the associated income and expenditure for hosted services. Table 2 below shows a revised SOCI excluding the income and expenditure of these

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

services. It is notable that including these items Trust income is almost £86m and excluding hosted services reduces to just below £72m.

Table 2: Statement of Comprehensive Income excluding Hosted Services

Detail	Full Year Annual	Cı	urrent Mor £000	nth	Year to Date £000				
	Budget £000	Budget	Actual	Variance	Budget	Actual	Variance		
Income	72,491	6,052	6,030	-22	53,044	53,101	57		
Pay	-53,961	-4,531	-4,379	151	-40,429	-39,148	1,282		
Non pay	-15,298	-1,130	-1,285	-154	-10,525	-11,790	-1,265		
EBITDA	3,233	390	366	-24	2,090	2,163	73		
Other Costs	-3,233	-270	-226	44	-2,426	-2,309	118		
Adjusted Financial Performance	0	120	140	20	-336	-145	191		
IFRIC 12 Expenditure	-422	-35	-35	0	-315	-315	0		
Retained Surplus / (Deficit) prior to Impairment	-422	85	105	20	-651	-460	191		
Fixed Asset Impairment	0	0	0	0	0	0	0		
Retained Surplus / (Deficit)	-422	85	105	20	-651	-460	191		

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

Table 3: Hosted Services Income Breakdown

Hosted Services Income	Full Year	Cı	urrent Mor	nth	Year to Date				
	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000		
IT Shared Service	965	3	3	0	965	965	0		
Estates Shared Service	1,229	102	106	4	819	826	7		
CLRN/PCRN/WMSRN	11,734	986	979	-7	8,775	8,793	17		
Total income	13,927	1,092	1,089	-3	10,559	10,583	24		

1.2 Workforce Analysis

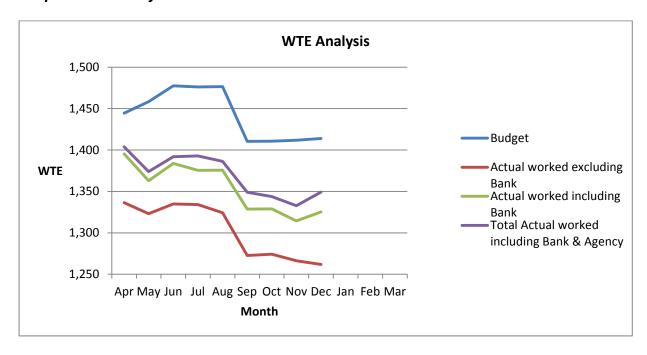
Graph 1 below shows the whole time equivalent (wte) numbers for the first 9 months of the financial year, incorporating Bank and Agency usage². Graph 2 shows the usage of Bank and Agency staff in isolation. Table 4 shows the data being represented by the graphs.

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

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

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

Graph 1: WTE Anaylsis



Graph 2: Bank & Agency WTE

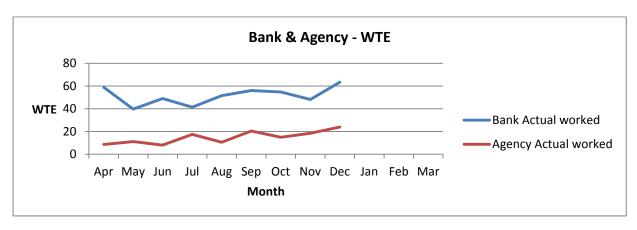


Table 4: WTE Analysis

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

1.3 Forecast Year End Performance

Following the finalisation of the month 9 position, a worked up forecast outturn has been undertaken which supports the anticipated retained deficit of £0.422m (breakeven at adjusted financial performance level) in line with the Plan submission. This forecast position will be shared with the NTDA as part of their financial monitoring regime.

Since the last Committee, the Trust has secured an additional £0.3m of funding from the local CCG's, of which £0.2m is the support relating to the residual 'gap' of £0.7m, and £0.1m is from their transformation fund allocation to support the costs associated with the Trust's 'transaction' process.

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

Key risks contained in the above assessment include:

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

1.4 QIPP/Cost Improvement Programme

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

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

 Over achievement on a year to date basis in respect of the Phase 2 Model of Care scheme of circa £0.3m. Productivity and Review of Community Services within Adult Mental Health is over performing on a year to date basis by circa £0.2m.

2 Summary of Financial Position

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

2.1 Fixed Assets

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

2.2 Cash

As at 31 December 2013, the Trust's cash position was £4.6m which represents a decrease during the month of £0.2m. This mainly comprises a decrease in debtors of £0.3m, a decrease in creditors of £0.7m, and the improvement in the operational position of £0.1m. A monthly cash flow forecast is shown in Appendix A, page 7.

2.3 Debtors

Trade & Other Receivables balances have decreased during the month by £0.3m. This movement relates to the decrease in NHS debtors of £0.3m, other debtors of £0.1m and prepayments of £0.1m. Local authority debtors have increased by £0.2m.

Within the overall value, £2m relates to invoiced debt and the balance represents accruals. Invoiced debt is summarised by age in Appendix A, page 8 along with the analysis of the stage of recovery.

2.4 Creditors

There has been a decrease in creditors in the month of £0.7m. This decrease was due to the reduction in accruals and deferred income of £0.7m and Local Authority creditors of £0.2m. There were also increases in NHS creditors of £0.1m and other creditors of £0.1m.

2.5 Non-Current Liabilities

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

3. Capital Expenditure

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

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

4. Financial Risk Rating

The Trust's month 9 Financial Risk Rating, based on the Monitor FRR calculation is a 2 overall. The calculated rating is 3 but when applying the overriding rules this is reduced to 2 as there are two metrics scored as 2. Appendix A, page 10 shows further detail.

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

A new rating process is currently being proposed for implementation during 2013-14 that will focus on only two financial metrics, liquidity and debt service coverage.

5. External Reporting

The Trust has recently reported the latest financial position to the NTDA via the Trust Financial Management System (TFMS) return which was submitted on 20th January 2014. This return shows the 'Adjusted Financial Performance' forecast outturn of breakeven as well as other financial performance information comparable with that contained within this report.

6. Recommendations

The Committee is asked to:

• note that financial performance to date is relatively on plan, with a favourable variance reported of £0.2m

- note the work on-going to monitor and validate CIP delivery
- note the cash position as at 31 December 2013 of £4.6m
- note the year to date Financial Risk Rating of 2 reported and also the forecast rating of 2
- note the capital expenditure position at Month 9 is currently behind plan and there is forecast undershoot against the CRL.

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year					,					
	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income:									}		
Revenue from Patient Care Activities	65,920	5,534	5,531	3	47,984	48,017	-33	66,119	66,220	-101	
Other Operating Revenue	20,499	1,585	1,613	-28	15,700	15,587	113	20,700	20,600	100	
	86,419	7,119	7,144	-25	63,684	63,603	80	86,819	86,821	-1	
Expenses:									{		
<u>Pay</u>						}			}		
Medical	-6,541	-493	-551	58	-4,453	-4,895	443	-5,988	-6,484	496	
Nursing	-26,569	-2,246	-2,159	-87	-19,698	-19,866	168	-26,395	-26,399	4	
Other clinical	-12,966	-978	-1,103	124	-8,909	-9,666	757	-11,984	-12,909	925	
Non-clinical	-10,391	-731	-789	57	-7,612	-8,028	416	-9,886	-10,411	524	
Non-NHS	-733	-143	-60	-83	-935	-481	-454	-1,376	-718	-658	
Cost Improvement	80	0	-78	78	0	60	-60	0	80	-80	
	-57,119	-4,591	-4,739	148	-41,607	-42,877	1,270	-55,630	-56,841	1,212	
Non Pay	07,110	4,001	4,700	140	41,007	42,077	1,270	00,000	30,041	1,212	
Drugs & clinical supplies	-1,614	-130	-134	4	-1,146	-1,211	66	-1,548	-1,595	47	
Establishment costs	-2,275	-159	-189	31	-1,503	-1,691	188	-2,039	-2,263	225	
Premises costs	-2,273 -2,778	-199	-189	-10	-1,505	-1,091	-142	-2,039	-2,203	-41	
Private Finance Initiative	-2,778	-312	-299	-10 -13	-2,806	-1,934	35	-2,617	-3,829	102	
Other	-3,829 -16,876	-1,362	-1,359	-13	-12,383	-12,208	-174	-3,727 -16,883	-16,924	41	
CIP / QIPP	1,753	-1,302	154	_	-12,363	1,250	-1,250	-10,003	1,388	-1,388	
		0	0	-154 0	0	1,250	-1,250	_	1		
Central Funds	-447	- ·					0	-1,061	-747	-315	
	-26,066	-2,162	-2,015	-146	-19,913	-18,636	-1,277	-28,075	-26,746	-1,329	
EBITDA *	3,233	366	390	-24	2,163	2,090	73	3,115	3,233	-118	
Depreciation (excludes IFRIC 12 impact and donated											
income)	-1,186	-90	-99	9	-810	-891	81	-1,115	-1,186	71	
Investment Revenue	11	1	1	0	10	8	2	12	11	1	
Other Gains & (Losses)	0	0	0	0	0	0	0	0	0	0	
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0	
Finance Costs	-1,440	-120	-120	0	-1,080	-1,080	0	-1,440	-1,440	0	
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0	
Dividends Payable on PDC	-618	-17	-52	35	-429	-464	35	-572	-618	46	
Zinaonao i ajazio eni Ze	0.0			33	.20	{		0.1	1.0	.0	
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **	0	140	120	20	-145	-336	191	0	0	0	
IFRIC 12 Expenditure ***	-422	-35	-35	0	-315	-315	0	-422	-422	0	
Retained Surplus / (Deficit) for the Year	-422	105	85	20	-460	-651	191	-422	-422	0	

^{*} EBITDA - earnings before interest, tax, depreciation and amortisation

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

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

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Statement of Comprehensive Income including Forecast Outturn - Adult Mental Health

Adult Mental Health	Annual	< < <	Current Month	>>>	< < <	Year to Date	>>>	< < < F0	recast Outtur	n >>>
	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
	0003	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	2,040	106	175	-69	1,466	1,474	-8	2,012	2,040	-28
	2,040	106	175	-69	1,466	1,474	-8	2,012	2,040	-28
Expenses:										
<u>Pay</u>										
Medical	-2,555	-206	-214	8	-1,758	-1,913	155	-2,430	-2,555	125
Nursing	-13,066	-1,096	-1,049	-46	-9,723	-9,731	8	-13,103	-13,068	-35
Other clinical	-6,513	-519	-541	22	-4,566	-4,850	284	-6,150	-6,513	363
Non-clinical	-1,437	-121	-121	-1	-1,102	-1,075	-28	-1,466	-1,436	-30
Non-NHS	-55	-17	-4	-13	-97	-41	-56	-152	-55	-97
Costimprovement	32	0	-82	82	0	24	-24	0	32	-32
	-23,594	-1,959	-2,011	52	-17,247	-17,586	340	-23,301	-23,595	294
Non Pay										
Drugs & clinical supplies	-1,076	-85	-89	5	-791	-807	16	-1,057	-1,076	19
Establishment costs	-895	-45	-75	30	-478	-673	195	-648	-895	247
Premises costs	-639	-22	-51	29	-479	-491	11	-626	-638	12
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-2,378	-176	-189	13	-1,844	-1,768	-76	-2,347	-2,379	32
CIP / QIPP	565	0	77	-77	0	339	-339	0	565	-565
Central Funds	0	0	0	0	0	0	0	0	0	0
	-4,423	-327	-328	1	-3,592	-3,400	-192	-4,678	-4,423	-255
EBITDA *	-25,977	-2,181	-2,164	-16	-19,372	-19,512	140	-25,967	-25,978	11

^{*} EBITDA - earnings before interest, tax, depreciation and amortisation

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

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

Children's Services	Annual	< < <	Current Month	>>>	< < <	Year to Date	>>>	< < < F0	recast Outtui	rn >>>
	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income:										
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0
Other Operating Revenue	1,284	117	107	10	964	963	2	1,288	1,284	4
	1,284	117	107	10	964	963	2	1,288	1,284	4
Expenses:										}
<u>Pay</u>										
Medical	-678	-46	-60	14	-391	-498	108	-529	-678	149
Nursing	-2,187	-187	-168	-19	-1,642	-1,637	-5	-2,194	-2,187	-7
Other clinical	-2,515	-199	-230	31	-1,763	-1,870	108	-2,339	-2,514	175
Non-clinical	-500	-34	-42	8	-348	-374	25	-459	-500	41
Non-NHS	-132	-36	-5	-31	-231	-47	-185	-393	-132	-261
Costimprovement	0	0	0	0	0	0	0	0	0	0
	-6,011	-501	-505	4	-4,375	-4,426	51	-5,914	-6,011	97
Non Pay										
Drugs & clinical supplies	-43	-8	-4	-5	-76	-32	-43	-102	-43	-59
Establishment costs	-194	-13	-17	4	-129	-144	15	-183	-194	11
Premises costs	-258	-21	-22	0	-179	-193	13	-242	-257	15
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0
Other	-135	-10	-11	1	-92	-104	12	-122	-136	14
CIP / QIPP	184	0	28	-28	0	101	-101	0	184	-184
Central Funds	0	0	0	0	0	0	0	0	0	0
	-446	-53	-25	-28	-476	-372	-104	-649	-446	-203
EBITDA *	-5,174	-436	-423	-14	-3,887	-3,836	-51	-5,275	-5,173	-102

^{*} EBITDA - earnings before interest, tax, depreciation and amortisation

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

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

Learning Disabilities, Neuropsychiatry and Older	Annual	< < <	Current Month	>>>	< < <	Year to Date	>>>	< < < Forecast Outturn > > >			
Peoples Psychiatry	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income:											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	
Other Operating Revenue	376	42	31	11	376	284	92	490	376	114	
	376	42	31	11	376	284	92	490	376	114	
Expenses:			1							{	
<u>Pay</u>											
Medical	-1,296	-104	-107	4	-908	-965	57	-1,226	-1,239	12	
Nursing	-10,670	-853	-883	30	-7,788	-7,989	201	-10,436	-10,462	26	
Other clinical	-2,395	-157	-207	50	-1,544	-1,784	240	-2,069	-2,340	270	
Non-clinical	-800	-65	-66	1	-581	-598	17	-777	-800	23	
Non-NHS	-15	-1	-1	1	-14	-11	-4	-22	-1	-21	
Costimprovement	48	0	4	-4	0	36	-36	0	48	-48	
	-15,128	-1,179	-1,261	82	-10,837	-11,312	475	-14,530	-14,793	263	
Non Pay											
Drugs & clinical supplies	-472	-37	-39	3	-283	-354	72	-378	-452	75	
Establishment costs	-455	-34	-38	4	-272	-337	66	-377	-445	68	
Premises costs	-262	-16	-19	2	-224	-200	-24	-302	-262	-40	
Private Finance Initiative	0	0	0	0	0	0	0	0	0	0	
Other	-214	-15	-18	3	-136	-159	23	-199	-214	15	
CIP / QIPP	475	0	50	-50	0	327	-327	0	111	-111	
Central Funds	0	0	0	0	0	0	0	0	0	0	
	-928	-102	-64	-39	-914	-724	-190	-1,255	-1,262	7	
EBITDA *	-15,680	-1,239	-1,294	55	-11,375	-11,752	377	-15,295	-15,679	383	

^{*} EBITDA - earnings before interest, tax, depreciation and amortisation

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

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Statement of Comprehensive Income including Forecast Outturn – Corporate Directorates

Corporate Directorates	Annual	< < <	Current Month	>>>	< < <	Year to Date	>>>	< < < Forecast Outturn >>>			
	Budget	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income:											
Revenue from Patient Care Activities	0	0	0	0	0	0	0	0	0	0	
Other Operating Revenue	16,799	1,320	1,301	19	12,893	12,866	27	16,910	16,901	10	
	16,799	1,320	1,301	19	12,893	12,866	27	16,910	16,901	10	
Expenses:											
<u>Pay</u>											
Medical	-2,013	-138	-170	32	-1,396	-1,518	123	-1,803	-2,013	210	
Nursing	-646	-111	-58	-53	-545	-508	-37	-662	-682	20	
Other clinical	-1,543	-104	-125	21	-1,036	-1,162	126	-1,426	-1,543	117	
Non-clinical	-7,654	-511	-560	49	-5,580	-5,981	401	-7,184	-7,675	490	
Non-NHS	-531	-89	-49	-39	-592	-382	-210	-810	-531	-279	
Costimprovement	0	0	0	0	0	0	0	0	0	0	
	-12,386	-952	-962	10	-9,149	-9,552	404	-11,885	-12,443	558	
Non Pay											
Drugs & clinical supplies	-24	0	-2	2	3	-18	21	-11	-24	12	
Establishment costs	-730	-67	-60	-8	-624	-537	-87	-831	-730	-101	
Premises costs	-1,619	-140	-98	-42	-1,193	-1,051	-142	-1,647	-1,619	-27	
Private Finance Initiative	-3,829	-312	-299	-13	-2,806	-2,841	35	-3,727	-3,829	102	
Other	-14,149	-1,161	-1,141	-20	-10,311	-10,178	-134	-14,215	-14,195	-20	
CIP / QIPP	528	0	-1	1	0	484	-484	0	529	-529	
Central Funds	-447	0	0	0	0	0	0	-1,061	-747	-315	
	-20,270	-1,680	-1,599	-80	-14,932	-14,140	-791	-21,493	-20,615	-878	
EBITDA *	-15,857	-1,312	-1,260	-52	-11,187	-10,827	-360	-16,467	-16,157	-310	

^{*} EBITDA - earnings before interest, tax, depreciation and amortisation

Statement of Financial Position – including forecast

	Period End Date	•			FOT
Detail	31/03/2013	31/10/2013	31/11/2013	31/12/2013	31/03/2014
	£000	£000	£000	£000	£000
NON-CURRENT ASSETS:					
Property, Plant and Equipment	35,850	35,104	34,981	34,870	35,503
Intangible Assets	159	138	138	123	111
Trade and Other Receivables	0	0	0	0	0
TOTAL NON-CURRENT ASSETS	36,009	35,242	35,119	34,993	35,614
CURRENT ASSETS:					
Inventories	84	89	89	92	84
Trade and Other Receivables	3,951	5,202	5,444	5,148	3,561
Cash and cash equivalents	4,564	7,502	4,794	4,599	3,993
SUB TOTAL CURRENT ASSETS	8,599	12,793	10,327	9,839	7,638
Non-current assets held for sale	0	0	0	0	0
TOTAL ASSETS	44,608	48,035	45,446	44,832	43,252
CURRENT LIABILITIES:					
NHS Trade Payables	-739	-869	-641	-764	-705
Non-NHS Trade Payables	-5,886	-10,195	-7,832	-7,027	-6,143
Borrowings	-395	-395	-395	-395	-360
Provisions for Liabilities and Charges	-811	-633	-629	-625	-1,154
TOTAL CURRENT LIABILITIES	-7,831	-12,092	-9,497	-8,811	-8,362
NET CURRENT ASSETS/(LIABILITIES)	768	701	830	1,028	-724
TOTAL ASSETS LESS CURRENT LIABILITIES	36,777	35,943	35,949	36,021	34,890
NON-CURRENT LIABILITIES					
Borrowings	-13,703	-13,473	-13,440	-13,407	-13,342
Trade & Other Payables	-20	-20	-20	-20	-20
Provisions for Liabilities and Charges	-1,207	-1,207	-1,207	-1,207	-115
TOTAL NON- CURRENT LIABILITIES	-14,930	-14,700	-14,667	-14,634	-13,477
TOTAL ASSETS EMPLOYED	21,847	21,243	21,282	21,387	21,413
FINANCED BY TAXPAYERS EQUITY:					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	349	-255	-216	-111	-85
Revaluation Reserve	13,520	13,520	13,520	13,520	13,520
Other reserves	-20	-20	-20	-20	-20
TOTAL TAXPAYERS EQUITY	21,847	21,243	21,282	21,387	21,413

Cash-flow Forecast

	Actual	Forecast	Forecast	Forecast	2013/2014								
Statement of Cash Flows (CF)	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Full Year
	£000s	£000s	£000s	£000s									
Cash Flows from Operating Activities													
Operating Surplus / (Deficit)	-29	-8	89	32	26	111	368	209	240	170	188	182	1,578
Depreciation and Amortisation	134	116	125	124	126	112	138	125	125	136	138	138	1,537
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-123	-120	-117	-120	-120	-120	-120	-120	-120	-120	-120	-120	-1,440
Dividend Paid	0	0	0	0	0	-309	0	0	0	0	0	-132	-441
Inflow / (Outflow) prior to Working Capital	-18	-12	97	36	32	-206	386	214	245	186	206	68	1,234
(Increase) / Decrease in Inventories	-5	9	-12	20	-11	-8	2	0	-3	9	-9	8	0
(Increase) / Decrease in Trade and Other Receivables	-247	-412	-489	-840	943	533	-751	-242	296	628	384	456	259
Increase / (Decrease) in Trade and Other Payables	2,314	-1,896	-1,323	4,434	-1,386	-617	2,877	-2,643	-697	5	-232	-633	203
Provisions (Utilised) / Arising	-4	-51	-41	-48	-16	-23	5	-4	-4	0	-1	-562	-749
Inflow / (Outflow) from Working Capital	2,058	-2,350	-1,865	3,566	-470	-115	2,133	-2,889	-408	642	142	-731	-287
Net Cash Inflow / (Outflow) from Operating Activities	2,040	-2,362	-1,768	3,602	-438	-321	2,519	-2,675	-163	828	348	-663	947
Cash Flows from Investing Activities													
Interest Received	1	1	1	1	1	1	1	1	1	1	1	1	12
(Payments) for Property, Plant and Equipment	-37	-30	-25	0	-1	-12	-5	-1	0	-242	-357	-424	-1,134
Net Cash Inflow / (Outflow) from Investing Activities	-36	-29	-24	1	0	-11	-4	0	1	-241	-356	-423	-1,122
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	2,004	-2,391	-1,792	3,603	-438	-332	2,515	-2,675	-162	587	-8	-1,086	-175
Cash Flows from Financing Activities													
Capital Element of Payments in Respect of Finance Leases PFI	-31	-31	-37	-33	-33	-33	-33	-33	-33	-33	-33	-33	-396
Net Cash Inflow/(Outflow) from Financing Activities	-31	-31	-37	-33	-33	-33	-33	-33	-33	-33	-33	-33	-396
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	1,973	-2,422	-1,829	3,570	-471	-365	2,482	-2,708	-195	554	-41	-1,119	-571
Cash and Cash Equivalents (and Bank Overdraft) at YTD	6,537	4,115	2,286	5,856	5,385	5,020	7,502	4,794	4,599	5,153	5,112	3,993	

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	646	371	326	112	84	1,539
Local Authorities	268	0	7	15	15	305
Other Debtors	82	5	21	34	71	213
Total	996	376	354	161	170	2,057

Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
Analysed by Orean Connot Stage	£'000	£'000	£'000	£'000	£'000	£'000
No formal dispute received - full payment anticipated	996	371	326	112	70	1,875
Routine credit control processes activated	0	5	28	49	69	151
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	0
Escalated to Management / Solicitors	0	0	0	0	31	31
Total	996	376	354	161	170	2,057

Capital Programme and Expenditure

Site	Detail	2013/14 Scheme Value	Year to Date	FOT	
	<u>.</u>	£000	£000	£000	
Schemes Committed					
Service Redesign					
Darwin	Tier 4 Development	500	2	2	
Summers View	2 x 1 bed unit extension & refurbishment	0	6	6	
Harplands	Phase 1 & 2 Ward 6 upgrades	0	19	19	
AT&T purchase	Property purchase	479	0	479	
Total for Service Redesign schemes		979	27	506	
Bucknall Relocation					
New Corporate base	New corporate base	0	38	38	
Total for Bucknall Relocation schemes		0	38	38	
Maintenance of Infrastructure					
Lymebrook	Minor upgrade	0	9	8	
Backlog Maintenance	Various	150	0	150	
Other	Other	150	0	150	
Total for Maintenance of Infrastructure sche	emes	300	9	308	
Other Schemes					
Other equipment purchases - IT	Various	100	10	95	
Various	Wireless installation	0	27	27	
Various	Various	150	0	7	
Other equipment purchases - other	Other	111	ŭ	111	
Total for Other Schemes		361	37	240	
Not Yet Committed					
Harplands	Lifecycle	0	0	50	
Total Expenditure		1,640	111	1,142	
Disposals					
None scheduled			0		
Net Expenditure		1,640	111	1,142	

Capital Allocations	£000
Initial CRL (per SHA Plan submission)	2,140
Revisions to Plan:	
Reduction in anticpated capital expenditure	-500
Final CRL	1,640
Value of Schemes as at 31/12/13	1,142
Potential (Over) / Undershoot against CRL	-498

Financial Risk Rating

Financial Risk Rating

Metric	Year to Date	Rating	Weighted Rating	Forecast Outturn	Rating	Weighted Rating
EBITDA Achieved (% of plan)	103%	5	0.5	96%	4	0.4
EBITDA Margin (%)	3.4%	2	0.5	3.6%	2	0.5
Net Return after Financing (%)	-1.4%	2	0.4	-1.0%	2	0.4
I&E surplus margin net of dividend (%)	-0.7%	2	0.4	-0.5%	2	0.4
Liquidity ratio (days) *	29	4	1	22	3	0.75

Application of overriding rules (see table below)		
Two financial criteria scored as '2' = FRR limited to 2	yes	yes
One financial criteria scored as '2' = FRR limited to 3	yes	yes
One financial criteria scored as '1' = FRR limited to 2		
Two financial criteria scored as '1' = FRR limited to 1		

Overall Financial Risk Rating

2

Rating Table

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

Overriding Rules

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

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

Description of Risk Rating

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



REPORT TO: Board – Open Section

Date of Meeting:	30 January 2014
Title of Report:	Finance and Activity Committee Report – Committee Meeting 23 January 2014
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Steve Blaise, Interim Deputy Director of Finance 23 January 2014 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	 For Decision Performance monitoring For Information
Executive Summary:	The attached report provides a summary of the Committee meeting held on the 23 January 2014 and provides assurance to the Board over; • the level of review and challenge provided by the Committee of financial and other reporting and forecasting
Which Strategy Priority does this relate to: How does this impact on patients or the public?	 Customer Focus Strategy IM and T Strategy Governance Strategy Workforce Strategy Financial Strategy Helps ensure appropriate resources are directed to and protected for appropriate patient care services.
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	 To note the contents of the report and take assurance from the review and challenge evidenced in the Committee. Agree with the recommendation to stay with the NHS LA insurance scheme for 2014/15



Assurance Report to the Trust Board - Thursday, 30th January 2014

Finance and Activity (F & A) Committee Report to the Trust Board - Open Session – 30th January 2014

This paper details the issues discussed at the Finance and Activity Committee Meeting on 23rd January 2014.

The meeting was quorate, approved the minutes from the meeting on the 21st November 2013 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update for month 9 (December 2013) 2013/14.

The income and expenditure position to Month 9 was ahead of plan at a deficit of £0.460m against a plan deficit of £0.651m, a favourable variance of £0.191m. The paper also reported that the detailed year end forecast, undertaken at Month 9, indicates achievement of the planned position of £0.422m deficit which equates to a breakeven position at adjusted performance level.

The Committee recognised the continued strong financial performance of the Trust and noted that, since the last committee meeting, the Trust had secured an additional £0.3m of funding. £0.2M of this is from local Commissioners linked to the residual commissioning gap discussions and a further £0.1m resulted from a bid to NHS England for transformation funding to support the Trusts transaction process.

The Capital Resource Limit (CRL) for 2013/14 is currently £1.64m. The capital expenditure for the year at 31 December 2013 is £0.1m which is an underspend against the profiled capital expenditure shown in the Plan submitted to the NTDA. It was noted that the Trust Executives are aware that the Trust is now forecasting a year end capital underspend in 2013/14 of £0.5m against the CRL. It was noted that the Trust financial regime allows Trusts underspend against its CRL (but not overspend).

The Trust cash balance at the end of December was £4.6m, which is £0.2m lower than the position at the end of November.

The Committee received a separate briefing paper on the progress made in setting the 2014/15 revenue budgets and highlighted some of the issues considered and the principles being applied. It was noted that the paper had previously been agreed by the Trusts Senior Management Team (SMT) and Executive Team. Further updates will be provided to the February and March meetings.

The Committee received a separate briefing paper relating to the work undertaken to date by the two task-to-finish groups that have been established to resolve the £0.7m commissioning gap and the subsequent risk share proposals made by the Local CCG's. The Committee noted that the proposal had been considered by the Trusts Board and agreed with three specific



caveats, which included support to resolve the exit cost issues associated with the Chebsey closure.

The Committee also received the Month 9 Cost Improvement Programme (CIP) report which forecast a CIP delivery of £3.6m against a 2013/14 target of £3.5m, an excess of £0.1m. The Committee noted that the report is currently showing the delivery of recurrent savings of £3.2m and £0.3m non-recurrent. The Committee noted the excellent performance, in respect of 2013/14 CIP delivery, by a number of the Trusts clinical divisions.

The Committee received reports on the progress being made to implement the Patient Level Information Costing System (PLiCs) and the current risks inherent within the Trusts contracts. The Committee noted the indicative over performance against the Specialised Services – Children's Inpatients (Darwin) contract but also noted the underperformance against a number of Associate clinical contracts. It was noted that this underperformance would likely result in a reduced value for these contracts in 2014/15.

Other Reports and Updates

A paper was received updating the Committee on the Trust's workforce plan and its implications such as Management of Change programmes and potential redundancy costs. The report showed a net workforce reduction at 31 December 2013 of 44 WTE's. (A reduction of 7 from within clinical Divisions, a reduction 59 from Non Divisional services and a growth of 22 within clinical Divisions). It was also noted further reduction of 9.5 WTE'S is forecast from schemes in progress.

The Committee noted that the Management of Change consultation linked to the Chebsey closure is due to commence in February 2014 with an anticipated closure date of 2014. The Committee further noted the considerable work undertaken so far to mitigate potential redundancy consequences.

The Committee received a paper relating to the Trusts 2014/15 contribution to NHS Litigation Authority (NHS LA) insurance scheme. It was noted that there is a 15% increase in the required contribution compared to the 2013/14 value. This increase resulted from both a general national rise in contributions and from a rise in the Trusts claims history. A 10% reduction is applied to recognise the Trusts accreditation against the NHS LA Risk Management Standards Level 1.

The Committee recognised the benefits of being in a risk pooling scheme and approved the recommendation to continue within the NHS LA insurance scheme.

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

Recommendation

1. The Finance and Activity committee requests that the Trust Board agrees its recommendation for the Trust to stay within the NHS LA Insurance Scheme for 2014/15.

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



REPORT TO TRUST BOARD

Date of Meeting:	30 th January 2014
Title of Report:	Performance Report – Month 9 2013/14
Presented by:	Fiona Myers, Chief Executive
r recented by:	Kieran Lappin, Interim Director of Finance
Author of Report:	Trician Eappin, interim Birodor or i marioc
Name:	Kevin Daley, Performance Development Manager
ivanie.	22 nd January 2014
Date:	Kevin.Daley@northstaffs.nhs.uk
Email:	Nevin. Daicy@northstalls.fills.uk
Purpose / Intent of Report:	Performance Monitoring
Turpose / Interit of Report.	This report provides the Board with a summary of performance to the
Executive Summary:	end of Month 9 (December 2013)
	Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target.
	A range of 133 metrics is in place to monitor performance, quality and outcomes.
	The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives.
	There were no areas reported as significantly under-performing (red) and 4 assessed as under-performing (amber) at end of December 2013.
	The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.
Which Strategy Priority does this relate to:	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	Not directly as a result of this report
Implications:	Thot directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework

Recommendations:	The Board are asked to
	 consider and discuss reported performance with particular emphasis on areas of underperformance
	 note the considerable number of metrics reported on target (green)
	to confirm sufficient detail and assurance is provided



1 Introduction to Performance Management Report

The report includes Monitor targets, trends and revised RAG rating

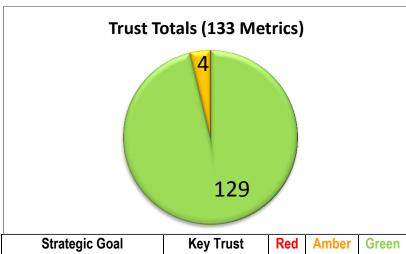
- An Executive Summary (this report)
- Overall performance of metrics with targets (App A)

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

2 Executive Summary – Exception Reporting

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

At month 9 there are no metrics rated as Red and 4 metrics rated as Amber.



Strategic Goal	Key Trust	Red	Amber	Green
	Objective			
	Monitor	0	0	0
SG1	KTO 1	0	0	46
Clinical Effectiveness	KTO 2	0	0	7
	KTO 3	0	0	6
SG2	KTO 4	0	0	35
Partnership working	KTO 5	0	0	1
_	KTO 6	0	1	0
SG3	KTO 7	0	0	10
Engage with communities				
SG4	KTO 8	0	3	5
Innovation	KTO 9	0	0	2
	KTO 10	0	0	3
SG5	KTO 11	0	0	12
Efficient provider	KTO 12	0	0	2
	Total	0	4	129

2.1 Monitor Compliance Framework

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

PI	Area	Target	Dec	YTD	Forecast Year End	Data Quality	АМН	LD	СҮР
1	Number of FT members	7900	8307	8307	G	G	n/a	n/a	n/a
2	Compliance with the essential standards	100%	100%	100%	G	G	n/a	n/a	n/a
3	Compliance with NHSLA RM standards	Level 1	Level 1	Level 1	G	G	n/a	n/a	n/a
4	AMH Patients on CPA had formal review in the last 12 months	95%	95.6%	95.6%	G	G	95.6%	n/a	n/a
5	CPA 7 Day Follow Up	95%	100%	99%	G	G	100%	n/a	n/a
6	New psychosis by El Services	45	4	54	G	G	4	n/a	n/a
7	Cases of MRSA	0	0	0	G	G	0	0	0
8	Cases of CDiff	0	0	1	G	G	0	0	0
9	Access to healthcare for people with a LD	100%	100%	100%	G	G	100%	100%	n/a
10	Delayed Transfer of care	<7.5%	4.0%	3.55%	G	G	2.37%	7.09%	n/a
11	CR Gate kept Admissions (ACUTE)	95%	100%	99%	G	G	100%	n/a	n/a
12	Data completeness of MHMDS	99%	99%	99%	G	G	n/a	n/a	n/a
13a	CPA: - employment status recorded	50%	99%	99%	G	G	n/a	n/a	n/a
13b	Completeness - CPA: - accommodation status recorded	50%	98%	98%	G	G	n/a	n/a	n/a
13c	Completeness - CPA: - HoNOS	50%	97%	97%	G	G	n/a	n/a	n/a

3 Exception Reports

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

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

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

Of the 46 metrics all are currently within accepted limits at month 9

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

Of the 7 metrics all are currently within accepted limits at month 9

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

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

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

Of the 35 metrics all are currently within accepted limits at month 9

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

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

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

All metrics are currently within accepted limits at month 9 except for the below metric

KPI	Metric	Exec	Op	Target	M9_Q3 Perf	YTD	Forecast Outturn	Perf	Comment
04.1	Readmission Rates	Dir of Ops	BMs	<5%	GREEN 4%	AMBER 6%	GREEN	V	Month 9 – Quarter 3 - Of 300 Eligible discharges 12 were readmitted within 28 days = 4%. YTD - Of 919 Eligible discharges 56 were readmitted within 28 days 6.09% All readmissions YTD have been reviewed and validated. Weekly reports are sent to service leads where readmissions occur.

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

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

Of the 10 metrics all are currently within accepted limits at month 9

SG4 To be a dynamic organisation driven by innovation

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

Of the 8 metrics all are currently within accepted limits at month 9 with the exception of the below metrics

KPI	Metric	Exec	Ор	Target	M9 Perf	YTD	Forecast Outturn	Perf	Comment
O8.6	Percentage of staff compliant with mandatory training	WF Dir	CD	95%	AMBER 90%	AMBER 90%	AMBER	⇔	Same as month 8 Month 9 AMH = 91% LDNAOP = 89% CYP = 93% Corporate = 88%

	appropriate to their role								Work on-going with teams to ensure that all staff attend statutory & mandatory training and maintain their compliance
O8.6	Annual appraisal and personal development plan M&D Non Consultant (Middle Grades)	WF Dir	CD	90%	AMBER 82%	AMBER 82%	AMBER	7	82% @ M9 from 90% @ M8 (9 of 11 SAS grade doctors have had a medical appraisal in line with Trust process in the 12 months to 31.12.13. One doctor has just returned from maternity leave and one doctor is under supervision to rectify this situation.)
O8.6	Revalidation Rate M&D Consultants	WF Dir	CD	100%	AMBER 86%	AMBER 86%	AMBER	7	86% @ M9 from 100% @ M8 (6 recommendations made, one deferment, no overdue recommendations)

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

The 2 metrics are currently within accepted limits at month 9

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

The 3 metrics are currently within accepted limits at month 9

SG5 To be one of the most efficient providers

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

Of the 12 metrics all are currently within accepted limits at month 9

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

Of the 2 metrics both are currently within accepted limits at month 9

4 Benchmarking - Risk Ratings

Monitor publishes quarterly risk ratings for finance (FRR) and governance (GRR) ratings for Foundation Trusts; Ratings as at January 2014 taken from Monitor website 09/01/14 for local Trusts are set out in the table below:

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

Financial risk rating

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

Governance risk rating

Red - Likely or actual significant breach of terms of authorisation

Amber-red - Material concerns surrounding terms of authorisation

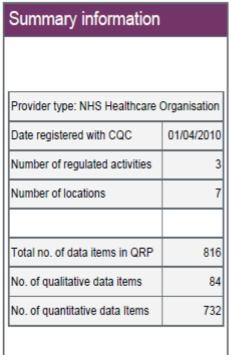
Amber-green - Limited concerns surrounding terms of authorisation

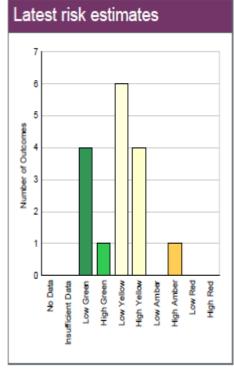
Green - No material concerns

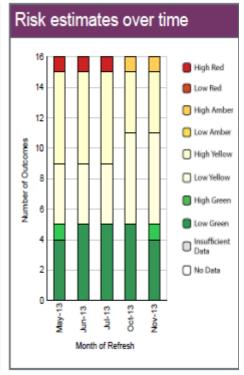
5 Quality and Risk Profile (QaRP)

Executive Summary

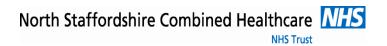
At the end of November 2013 the overall position remains good, as follows:







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



Enclosure 14

REPORT TO TRUST BOARD

Date of Meeting:	30 January 2014
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Kieran Lappin, Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 20 January 2014 glen.sargeant@northstaffs.nhs.uk
Purpose / Intent of Report:	Information and approval
Executive Summary:	This report presents the monthly NTDA self-certification documents for Board approval. These self-certification declarations form part of the NTDA Oversight and Escalation Process and have now fully replaced the previous PMR (Provider Management Regime) return. Based on December 2013 data, the Trust is declaring compliance with all requirements.
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.
Relationship with Annual Objectives:	To manage delivery of the milestones towards achieving FT status, in preparation for the proposed acquisition transaction.
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	None
Recommendations:	The Board is asked to :

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

NHS TRUST DEVELOPMENT AUTHORITY

CONTACT INFORMATION:

NHS TRUSTS:



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

Enter Your Name:				
Enter Your Email Address				
Full Telephone Number:			Tel Extension:	
SELF-CERTIFIC	ATION DETA	ILS:		
•••				
Select Your Trust:				
Submission Date:		Reportir	ng Year:	
Select the Month	April	May	June	
	July	August	September	
	October	November	December	
			March	

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

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

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



Comment where non-compliant or

	at risk of non-compliance
. Condition G4 it and proper persons as Governors and Directors.	
	Timescale for compliance:
e. Condition G5 laving regard to monitor Guidance.	
	Timescale for compliance:
c. Condition G7 Registration with the Care Quality Commission.	
	Timescale for compliance:
	Comment where non-compliant or at risk of non-compliance
. Condition G8	

selection criteria.

|--|

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

5. Condition P1 Recording of information.		
	Timescale for compliance:	
6. Condition P2 Provision of information.		
	Timescale for compliance:	
7. Condition P3 Assurance report on submissions to Monitor.		
	Timescale for compliance:	
8. Condition P4 Compliance with the National Tariff.		
	Timescale for compliance:	
	Comment where non- at risk of non-complia	
9. Condition P5 Constructive engagement concerning local tariff modifications.		
	Timescale for compliance:	

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

10. Condition C1 The right of patients to make choices.		
	Timescale for compliance:	
11. Condition C2 Competition oversight.		
	Timescale for compliance:	
12. Condition IC1 Provision of integrated care.		
	Timescale for compliance:	

NHS TRUST DEVELOPMENT AUTHORITY



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

CONTACT INFO	RMATION:			
•••				
Enter Your Name:				
Enter Your Email Address				
Full Telephone Number:			Tel Extension:	
Select Your Trust:				
Submission Date:		Reportir	ng Year:	
Select the Month	April	May	June	
	July	August	September	
	October	November	December	

BOARD STATEMENTS:



CLINICAL QUALITY FINANCE GOVERNANCE

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

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

BOARD STATEMENTS:



For CLINICAL QUALITY, that

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

1. CLINICAL QUALITY

Indicate compliance

Timescale for compliance:

RESPONSE:

Comment where noncompliant or at risk of noncompliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

BOARD STATEMENTS:

•••

Commission's registration requirer		o ensure origoning to	omphance with the	Care Quality
2. CLINICAL QUALITY Indicate compliance.				
Timescale for compliance:				
RESPONSE:				
Comment where non- compliant or at risk of non- compliance				
BOARD STATEMENTS				
•••				
For CLINICAL QUALITY, that				
3. The board is satisfied that proce care on behalf of the trust have m	esses and procedures ar et the relevant registrat	e in place to ensure ion and revalidation	all medical practit requirements.	ioners providing
3. CLINICAL QUALITY Indicate compliance.				
Timescale for compliance:				
RESPONSE:				
Comment where non- compliant or at risk of non- compliance				

For FINANCE, that

4. The board is satisfied that t date accounting standards in f		nain a going concern, as	defined by the most up to
4. FINANCE Indicate compliance.			
Timescale for compliance:			
RESPONSE:			
Comment where non- compliant or at risk of non- compliance			
BOARD STATEMEN	ITS:		
For GOVERNANCE, that			
5. The board will ensure that t and shows regard to the NHS	the trust remains at all times. Constitution at all times.	compliant with the NTD	A accountability framework
5. GOVERNANCE Indicate compliance.			
Timescale for compliance:			
RESPONSE:			
Comment where non- compliant or at risk of non- compliance			

BOARD STATEMENTS:



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

6. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non-	

BOARD STATEMENTS:



For GOVERNANCE, that

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

7. GOVERNANCE Indicate compliance. Timescale for compliance: RESPONSE: Comment where non-



8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
8. GOVERNANCE Indicate compliance.
Timescale for compliance:
RESPONSE:
Comment where non- compliant or at risk of non- compliance
BOARD STATEMENTS:
For GOVERNANCE, that
9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).
9. GOVERNANCE Indicate compliance.
Timescale for compliance:

RESPONSE

Comment where noncompliant or at risk of noncompliance



targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.
10. GOVERNANCE Indicate compliance.
Timescale for compliance:
RESPONSE:
Comment where non- compliant or at risk of non- compliance
BOARD STATEMENTS:

For GOVERNANCE, that

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

11. GOVERNANCE

Indicate compliance

Timescale for compliance:

RESPONSE:

Comment where noncompliant or at risk of noncompliance



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

12. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non-	

BOARD STATEMENTS:



For GOVERNANCE, that

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

13. GOVERNANCE Indicate compliance. Timescale for compliance: RESPONSE: Comment where non-



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

14. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	

Comment where noncompliant or at risk of noncompliance

North Staffordshire Combined Healthcare NHS Trust

REPORT TO: Trust Board

Date of Meeting:	30 th January, 2014
Title of Report:	Update on the Transactions Process
Presented by:	Mr K Lappin, Director of Finance
Author of Report:	Mr K Lappin
Name:	Director of Finance
Date:	23 rd January, 2014
Email:	Kieran.lappin@northstaffs.nhs.uk
Purpose / Intent of Report:	For Information
Executive Summary:	The attached document provides information on progress against the transaction progress. The key action is that on the 22nd January 2014 our host CCGs held a Mental Health Clinical Summit. The event was well attended by our clinicians and senior managers. Its focus was on aligning our Clinical Strategy with their Commissioning Intentions. A key issue was a need to further integrate services across the whole Health Economy. The constructive discussions at the Summit will inform a joint paper that is being prepared on the Strategic Direction; they will also inform the next steps of the Transaction process.
Which Strategy Priority does this relate to:	Cuts across all strategies
How does this impact on patients or the public?	Part of process to retain sustainable clinical services
Relationship with Annual Objectives:	Principal Objectives / Annual objectives: PO7, PO8, PO9, PO10, PO11
Risk / Legal Implications:	Project advisers includes legal firm.
Resource Implications:	Part of process to secure a sustainable financial position
Equality and Diversity Implications:	N/A
Relationship with	N/A
Assurance	
Framework [Risk, Control	
and Assurance]	
Recommendations:	Receive for information purposes

North Staffs CHT NHS Trust - Transition Project Project Summary Report



Project Name:	NSCHT Transaction Project	Report Date:	22-Jan-14	Period From:	10-Dec-13
SRO:	Kathryn Singh (TDA) - Chair	Stage:	Gateway 2	Period To:	22-Jan-14
NSCHT CEO:	Fiona Myers - Vice Chair	Distribution:	Board Membershi	р	
Project Director:	Kieran Lappin	NSCHT Prj Mgr:	Dave Kerrison		

Objective:

As North Staffordshire Combined Healthcare NHS Trust (NSCHT) is unsustainable in its current form, it is now following the new NHS Trust Development Authority (TDA) transactions process to achieve sustainability, working with local health partners to plan for the future.

Project Summary:

A transaction may take different forms but always involves a transfer in the ownership of assets and liabilities and a business/service from one organisation to another. In the NHS, transactions can take the form of mergers between NHS Trusts or acquisitions (by a Foundation Trust or an NHS Trust), or a management/operating contract. In all cases where a transaction involves an NHS Trust, the NHS TDA holds the role of Vendor for the transaction, while they continue to work with the Trust to provide oversight and support. NSCHT are working with local health partners and colleagues in the NHS TDA to agree a strategic direction of travel for the Trust during 2013/15 that ensures that we can continue to deliver high quality care within the financially challenged environment we find ourselves in. The Trust are in discussions with commissioners and key stakeholders to ensure that the direction of travel for the Trust is the right one for our service users and their families, enabling them to continue to receive the high quality of care they expect from our Trust.

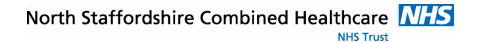
Activities During this Reporting Per	riod:	
Transaction Meetings:	Documents:	Communications:
Project Team Mtgs	Documents Reviewed/Updated:	•
Mtg with Commissioners	Project Initiation Document (PID)	•
	 Memorandum of Understanding (MoU) 	•
	Project Plan	•
	RISK & ISSUE Log development	•
Other Meetings:	AOB:	Other:
•	 New Confidentiality Undertaking 	PMO Admin
•	Wi-Fi - Guest Account Set-up	Updating Project Action & RISK Log
•	Email/Document Protocol	Updating other Project documents
•	 PMO Accommodation Review 	 Preparing Project Meeting documentation
•	•	
Activities During Next Reporting Pe	riod:	
Transaction Meetings:	Documents:	Communications:
Next Project Team Mtg - 29/01/14	• PID	Communicate current position
•	• MoU	•
	 Outline Business Case Development 	•
	Project Plan	
Other Meetings:	AOB:	Other:
Clinical Summit - 22/01/14	Arrange Stakeholder Workshop (March -	Preparing Project Meeting documentation
CCG, LA, LAT Mtg TBC	TBC)	

Summary Narrative:

On the 22nd January 2014 our host CCGs held a Mental Health Clinical Summit. The event was well attended by our clinicians and senior managers. Its focus was on aligning our Clinical Strategy with their Commissioning Intentions. A key issue was a need to further integrate services across the whole Health Economy. The constructive discussions at the Summit will inform a joint paper that is being prepared on the Strategic Direction; they will also inform the next steps of the Transaction process.

Throughout this reporting period the PMO have been maintaining all of the Transaction Project related documentation including: Project Action Plan, PID, MoU, Risk & Issue Logs. A document was created and subsequently approved by the Transaction Project Director detailing the approval to close all previous versions of the Project Initiation Document and Memorandum of Understanding; these documents will now be re-created using the CHT format and letterhead. A Stakeholder Workshop is to be arranged for March. The Project Team mtgs are to be held every two weeks and supplemented with a weekly internal team Mtg each Friday morning. Representation from both CHT PMO and Comms will be in attendance and chaired by the Transaction Project Director. In addition, the Trust PMO has been set up as Wi-Fi Sponsors so they can provide Guest connectivity to the Trusts Wi-Fi. The next steps now need to be determined; as a consequence a number of meetings will take place over the coming weeks to determine the direction of travel and any associated information will be communicated to all accordingly.

Gateway Progre	ess:				
Initiation	Gateway 1	Gateway 2	Gateway 3	Gateway 4	Finances - Costs to-date:
Completed	In-Progress	Pending	Pending	Pending	TBC



REPORT TO: Open Trust Board

Date of Meeting:	30 January 2014
Title of Report:	Audit Committee Report
Presented by:	Mrs Bridget Johnson Acting Chair of Audit Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs/ Sandra Storey 20 January 2014 sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	For Information & Performance Monitoring
Executive Summary:	This report provides a summary of the recent meeting of the Audit Committee held on 15 January 2014.
	Trust Board members are reminded that the full minutes and papers are available for inspection from the Trust Secretary / Head of Corporate and Legal Affairs.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Governance StrategyFinance StrategyCustomer Focus
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Assurance Framework provides the Board with evidence to support the Statement of Internal Control.
Recommendations:	The Board is asked to Receive and note the contents of this report Approve the revised Patient's Property Procedure.

Audit Committee Report to the Trust Board of the meeting held on 15 January 2014

1. Progress Report – Audit Recommendations

Mr Lappin, Director of Finance presented this report which gave details of the reports and subsequent actions received since the last meeting, in addition to progress made in addressing overdue actions.

Since the last report in October 2013, 11 audit reports have been finalised. To date the Trust has 30 outstanding actions with 21 of those within their due date. 23 of these actions are new recommendations with priority of those actions ranging from high, medium to low.

Committee members discussed the detail around a number of the recommendations and scrutinised the evidence being given in order to give full assurance to the Trust Board. While committee members were assured following previous discussions that there are processes in place in respect of the closure of audit recommendations, it was agreed that the position statements in the report against some of the actions needed further detail to provide more information to the committee about the progress being made.

In some cases it became clear that actions had actually been completed but had been left as ongoing because of additional work that the leads felt would be helpful to undertake in order to make processes or procedures more robust. In addition, further assurance was required in respect of some of overdue actions from the contract management audit. The Director of Finance will provide an updated report in advance of the next meeting of the committee.

2. Healthcare Quality Standards Assurance Report

Mr Lappin presented the report on compliance with Healthcare Quality Standards. The purpose of the report was to provide the committee with assurance that processes to assess and monitor compliance in relation to healthcare quality standards, as defined by the Health and Social Care Act 2008, are operating effectively.

It was noted that Level 1 (Essential Standard Team Visits) have been completed for all teams and the process re-started on the 2 January 2014. Level 2 (Team Self-Assessment and Annual Declaration of Compliance) has been completed and is scheduled to be repeated in July 2014. Concerns were raised by committee members in respect to the time taken to complete this Level last year and assurance was given that this would be completed in a timely manner this year. Level 2 (Corporate Self-Assessment and Annual Declaration of Compliance) has been delayed due to key staff changes and the departure of the Trust's dedicated Registration Manager. However, the process will still be completed ahead of the year-end for 2013-14.

It was also noted that monitoring and reporting processes are being delivered as scheduled and clinical champions are supporting the majority of visits. Baker Tilly (internal auditors) undertook an audit of the Trust's compliance process in December 2013. Once the report is completed the findings will be presented to the committee.

3. Protocol for the Management and Review of Audit Recommendations

Following some minor amendments being made this protocol was approved by the committee.

4. Baker Tilly Internal Audit Progress Report - January 2014

Mrs Hire, Auditor, provided the committee with a paper summarising the progress made against the internal audit plan for 2013-14. Mrs Hire reassured the committee that she felt confident that the audit programme remained on target.

The reports considered by the committee:

- Contract Management opinion: Red (recommendations are being addressed)
- Risk Review Group opinion: Advisory
- Governance Reporting Structures and Information Flows opinion: Green
- Local processes for asset management opinion: Green
- Local processes for cash management opinion: Green
- Trust's local processes within the area of payroll opinion: Amber/Green
- Cost Improvement Processes Quality Impact Assessment Process Opinion: Advisory.

The committee also discussed the audits in progress that will be completed by the end of March 2014. Work is also underway in respect to meetings with key personnel to discuss and agree key priority areas for 2014/15 Audit Plan.

5. Local Counter Fraud Service (LCFS) Progress Report

On behalf of the LCGS team, Mrs Hire presented their progress report against the work plan agreed at the committee in May 2013. The report provided key findings from the work undertaken and status update of ongoing reactive and proactive work by the team. It was noted that there appeared to be one management action outstanding, however it was believed that this had been completed and would be clarified for the next report. Overall, there was assurance that the work plan is progressing well and is on target for completion by year end.

6. KPMG - External Auditors

In the absence of Mr Stanyer from KPMG, Mr Blaise that he had spoken with external auditors who confirmed that they are satisfied with the Trust's performance and no issues have been raised. A meeting has been arranged with auditors to discuss the year end arrangements, such as the annual review of accounts.

7. Patient's Property Procedure

Mr Blaise advised that following an audit the Patient's Property Procedure had been revised to include a paragraph that makes clear how income should

be managed when received at ward or department level. The committee approved this change to the policy.

8. Charitable Funds Consolidation

Mr Blaise presented his paper which asked the committee to confirm that it does not confirm the charitable funds that it holds as being 'material' with the intention therefore to include limited disclosures within the Trust's 2013-14 Annual Accounts. Members considered the criteria for when NHS Charities are considered to be material to an NHS account. Given the fund total committee members agreed that it was not appropriate to consider this balance as material and will therefore make limited disclosures in the Trust's Annual Accounts for 2013-14.

9. Segmental Reporting

The Department of Health's Financial Reporting Manual (FREM) and International Financial Reporting Standards (IFRS) require organisations to disclose information regarding their operating segments in accordance with reporting standard IFRS 8. The recommendation by Mr Blaise to report one "provision of healthcare" segment with the 2013-14 Financial Statements was approved by the committee.

10. Single Tender Waiver Report

Mr Blaise presented a report detailing the single tender waivers that have been authorised since the last report to the committee in September 2013. It was noted that the number of single tender waivers requests had decreased There have been a number of initiatives in respect to procurement, particularly in respect to framework arrangements and consolidation of contracts, resulting in a much improved position.

11. Quality Committee

Committee members received the summary reports from the meeting held on the 19 November 2013.

12. Finance and Activity Committee

Committee members received the summary report from the meeting held on the 21 November 2013.

13. People and Culture Development Committee

Committee members received the summary report from the meeting held on the 11 November 2013.

14. Next meeting

13 March 2014, 1.00 pm.

On behalf of the Acting Committee Chair, Bridget Johnson

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

20 January 2014



REPORT TO: OPEN TRUST BOARD

Date of Meeting:	30 January 2014	
Title of Report:	Register of Declared Interests	
Presented by:	Sandra Storey, Head of Corporate & Legal Affairs	
Author of Report: Name:	Kate Walker	
Date: Email:	20 January 2014 Kate.walker@northstaffs.nhs.uk	
Purpose / Intent of Report:	 For Decision Performance monitoring For Information √ 	
Executive Summary:	Attached is the Register of Directors declared interests as at 17 January 2014.	
Which Strategy Priority does this relate to: How does this impact on patients or the public?	 Customer Focus Strategy Clinical Strategy IM and T Strategy Governance Strategy Innovation Strategy Workforce Strategy Financial Strategy Estates Strategy 	
Relationship with Annual Objectives:		
Risk / Legal Implications:		
Resource Implications:		
Equality and Diversity Implications:		
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 17 January 2014

NAME OF DIRECTOR INTEREST DECLARED

K Jarrold	NHS Retirement Fellowship		
<u>Chairman</u>	Patron		
	The Dearden Partnership LLP Partner		
	University of Durham Honorary Professor		
	Chairman Government Pharmacy Programme Board Ministerial Appointment		
T Gadsby	Lions Club International (LCI)		
Non Executive Director	Lions Clubs International, British Isles & Ireland National Executive Officer.		
	Lions MD105 Lifeskills Ltd Chairman Lions MD105 Conventions Ltd Director		
	MedicAlert Foundation Trustee and Deputy Chairman		
P O'Hagan Non Executive Director	ICT4Change Ltd Head of Imagineering		
	Angel Solutions Ltd Non-Executive Director		
	St Mary's Voluntary Aided Catholic Primary School Chair of Governors		
	Cleary M AC Director		
R Carder Non Executive Director	Carder Consulting Limited Director		
P Sullivan Non Executive Director	Care Quality Commission Mental Health Act Commissioner		
	Health, Education and Social Care Chamber (Mental Health) Fee-paid Specialist Lay Member of the First-tier Tribunal		
	Open University Associate Lecturer		
B Johnson Non Executive Director	Moorlands Housing (part of Your Housing Group) Chair		

	Your Housing Group Operating Board Member Ascent Housing LLP, a partnership between Staffordshire Moorlands District Council and Your Housing, Non Executive Director
F Myers Chief Executive	No interests declared
Dr B Adeyemo Medical Director	No interests declared
K Lappin Executive Director of Finance	No interests declared
C Donovan Executive Director of Leadership & Workforce	No interests declared

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. These are held centrally by the Trust and is available upon request.

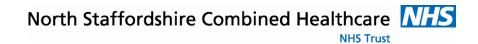
REGISTER OF ACCEPTANCE OF THE CODE OF CONDUCT AND CODE OF ACCOUNTABILITY IN THE NHS

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:

 $\frac{http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAn}{dGuidance/DH_4116281}$



REPORT TO: TRUST BOARD - OPEN

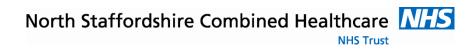
Date of Meeting:	30 January 2014
Title of Report:	Register of documents subject to the Trust's Official Seal
Presented by:	Sandra Storey, Trust Secretary
Author of Report: Name: Date: Email: Purpose / Intent of Report:	Kate Walker, Secretariat Manager 20 January 2014 Kate.walker@northstaffs.nhs.uk ■ For Decision ■ Performance monitoring ■ For Information - √
Executive Summary:	The attached table provides a report on the use of the common seal of the Trust in the period from 1 June 2013 to 31 December 2013.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	 Customer Focus Strategy Clinical Strategy IM and T Strategy Governance Strategy Innovation Strategy Workforce Strategy Financial Strategy Estates Strategy
Relationship with Annual Objectives:	The Standing Orders require that a report on the Register of Sealing shall be made to the Board at least half yearly.
Risk / Legal Implications:	Section 8 of the Standing Orders governs the sealing of documents and the Register of Sealing.
Resource Implications:	
Equality and Diversity Implications:	
Relationship with Assurance Framework [Risk, Control and Assurance]	
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 June 2013 to 31 December 2013

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

SEAL REF	DATE OF SEAL	DETAILS OF DOCUMENT SUBJECT TO THE OFFICIAL SEAL	VALUE IF KNOWN	MINUTE REF
CHS 38/13	12 June 2013	Hope Centre Lease – car park	£22,647 per annum	152/13



REPORT TO: Open Trust Board meeting

Date of Meeting:	30 January 2014
Date of Meeting.	00 bandary 2014
Title of Report:	Presentation of the Trusts 2012/13 Charitable Funds Accounts and
The of Reports	Annual Report
Presented by:	Kieran Lappin, Director of Finance
	- 1.00.00. 2.00.00. 0.1
Author of Report:	
Name:	Steve Blaise, Interim Deputy Director of Finance
Date:	1 st November 2013
Email:	Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	For Approval
Executive Summary:	The Trust Finance team have prepared the attached Charitable Funds Accounts and Annual Report in line with 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). The Accounts and Report have been subjected to scrutiny and review by the Trusts External Auditors, were reviewed by the Trust's Audit Committee at its meeting on the 12 November 2013, and approved by the Trusts Charitable Funds Committee on 22 November 2013. The Accounts and report were also reviewed and approved by the Board of Directors and its meeting on the 11 December 2013.
Which Strategy Priority does this	Finance
relate to:	Governance
	Customer Focus
How does this impact on patients or	
the public?	
Relationship with Annual	
Objectives:	N/A
Risk / Legal Implications:	I N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance	
Framework [Risk, Control and	
Assurance]	
	The Trust Board is asked to approve the Trusts Charitable Fund
Recommendations:	Accounts and Report 2012-13.



Charitable Funds Annual Report 2012/13

Registered as a Charity
No: 1057104

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Introduction

The Trustee present their annual report together with the audited accounts of the Trust for the year ended 31st March 2013 and this is formulated in accordance with the principles of the Accounting and Reporting by Charities: Statement of Recommended Practice – SORP 2005.

Adherence to the SORP ensures full compliance with the relevant regulations as well as satisfying the overriding requirement for charity accounts to show a true and fair view.

The aim of this report is to provide a link between the charity objectives and strategies as set out by the Trustee for the activities carried out during the year, detailing the year and measuring how successful they have been in achieving the charity objectives.



Structure, Governance and Management

GOVERNING DOCUMENT

North Staffordshire Combined Healthcare NHS Trust (NSCHT) has administered Charitable Funds since its creation on 1 April 1994. Prior to this date both administration and legal title was with North Staffordshire HA.

The Charitable funds were registered with the Charity Commission under the requirements contained within the 1993 Charities Act. The funds were registered as an "Umbrella Charity".

The funds are held for any charitable purpose or purposes relating the NHS, relating to services provided by the Staffordshire & Stoke on Trent Partnership NHS Trust & North Staffs Combined Healthcare NHS Trust.

TRUSTEE ARRANGMENTS

The North Staffordshire Combined Healthcare NHS Trust is the Corporate Trustee of the charity. The Directors who served the NSCHT during the year to 31st March 2013 are listed on page 14.

Trustees are automatically appointed on becoming a Board member of NSCHT.

Appointments to the Trust Board are governed by the Trust's Standing Orders with the Chairman and members being appointed by the NHS Appointments Commission.

As part of their induction programme, new Executive Directors of NSCHT are made aware of the responsibilities as Trustee.

The Trustee did not undertake any specific training with the reporting year although the induction arrangements for all Board members include details on their responsibilities as Charitable Funds Trustees.

The one going training requirements of fund Trustee's is to be considered by the Charitable Funds Committee at it's Nov 2013 meeting, with a commitment to address any training issues by the end of the 2013/14 reporting year.

Neither the Corporate Trustee nor the directors of the Corporate Trustee are remunerated.

PROFESSIONAL ADVISORS DURING 2012/13

Charity Registered Address:

North Staffordshire Combined Healthcare NHS Trust

Trust Head Quarters Bellringer Road Trentham Lakes South Stoke on Trent Staffordshire ST4 8HH

Charity Bankers:

Co-operative Bank PLC Business Centre Festival Way Festival Park Stoke on Trent Staffordshire ST1 5UA

Investment Advisors:

Brewin Dolphin 15 Trinity Street Hanley Stoke on Trent Staffordshire ST1 5PH

Charity Auditors:

KPMG LLP One Snowhill Snow Hill Queensway Birmingham B4 6GH

STRUCTURE OF CHARITY

The Trustees have delegated day-to-day management of the charitable funds to a charitable funds committee and membership is listed on page 14 of this report.

Since the registration of funds, a number of NHS reorganizations have taken place, both nationally and within the local health economy. Initially, provision of certain services were transferred to four newly formed PCTs in North Staffordshire. Following the introduction of 'commissioning a patient lead NHS' this reduced to two PCTs – North Staffordshire and Stoke on Trent PCT.

More recently in Sept 2011, as part of the 'Transfer of Community Services (TCS)' initiative, provider services transferred from the PCTs to a new community Trust.

The new community Trust - 'Staffordshire & Stoke on Trent Partnership NHS Trust' has taken over the provision of certain services from the PCT's, but the charitable funds relating to those services have remained under the Trusteeship of NSCHT.

MANAGEMENT OF CHARITABLE FUNDS

Being Trustee incorporated as a body, the Trust Board has established a Charitable Funds Committee to oversee the operation of the charitable funds on behalf of the Trust and Staffordshire & Stoke on Trent Partnership NHS Trust.

This committee has responsibility to monitor and control the management of charitable funds and provides advice to the Trust Board. It also also provides support, guidance and encouragement in the utilization of income and expenditure, ensuring best practice is followed in the conduct of all its affairs.

RISKS

The risks to which the charity are exposed have been identified and considered.

The charity benefits from the independent reviews undertaken by both internal and external audit, reports from which are presented to the Trustee.

Internal audit reviewed the systems established to mitigate those risks, and based on the testing carried out by them; reasonable assurance can be given that the controls in place over the operation of the charitable funds function are adequate and effective. Audit testing did not reveal any significant or material financial or other losses; however, it highlighted some weaknesses, and made a number of recommendations.

The action points from such reports are applied and monitored on behalf of the Charity by accountants within the Trust finance department.

All funds are checked before a payment is made to ensure that there is money available to meet the expenditure and statements are sent to Fund Holders on a monthly basis. The charitable funds continue to be administered by the Staffordshire Shared Business Services.

All expenditure is committed against funds by the appointed Fund Holders and this expenditure is applied in line with objectives of the charity. This expenditure is then authorized according to the Trust's Standing Financial Instructions, Standing Orders and Charitable Fund Procedures that also comply with Charity Law.

Any risks relating to the charitable funds would be considered within the corporate trustee risk register. The risk register is review quarterly, the last review relating to 2012/13 was at April 2013 Trust Board.

Objectives and Activities

OBJECTIVES

The charity has NHS Wide Objectives as follows:

The Trustee shall hold funds for any charitable purposes relating to the NHS wholly of mainly for the services provided at North Staffordshire Combined Healthcare NHS Trust.

The Trustee has approved a guidance document for holders and users of Charitable Funds which contains more explicit advice on the definition of charitable purposes and allowable expenditure. This document also helps focus the objectives of the Charity as it identifies typical areas in which Charitable funds can be used to enhance the patient and staff experience.

Fund managers formulate and monitor their own expenditure plans to achieve the objectives set the Charitable Funds Committee for this year. The Charity regularly assesses the designations of its unrestricted funds and there is high level discussion of income and expenditure at each charitable funds committee meeting.

ACTIVITIES

Both community Trusts - provide health and care services in the community including Community Hospitals, Health and Resource Centres, Schools, Prisons and your own home.

North Staffordshire Combined Healthcare NHS Trust provide Mental Health and Learning Disability Services.

Staffordshire and Stoke on Trent Partnership NHS Trust provide Elderly Care, Primary and Social Care. Elderly Care – The Elderly Care service provide health care for the elderly. Services include acute patient care, rehabilitation/intermediate care, respite care, palliative care, day hospitals and long stay care.

Learning Disabilities - The Learning Disabilities service provides a range of community based specialist services to meet the needs of people with learning disabilities and their families. Services include residential and respite care, specialist education and day activities, short term treatment and assessment and specialist services for people with mental impairment.

Mental Health - The Mental Health service aims to provide high quality, easily accessible service to those with a mental illness. These comprehensive services are offered in hospital and community based settings, these include adult acute, rehab, elderly care, substance misuse, child and adolescent, psychiatry, neuropsychiatry, community nursing and clinical psychology services.

Umbrella Charity - The Trust's Umbrella charity is a fund which is Trust wide and as such its monies have been donated for the general purpose of the Trust. Within the umbrella, there are a number of earmarked funds covering Trust wide staff initiative including more specific community funds including those relating to Primary Care services.

OBJECTIVES AND ACTIVITIES FOR THE PUBLIC BENEFIT

The charity has the following objects:

The Trustee shall hold funds for any Charitable purposes relating to the NHS wholly of mainly for the services provided at Staffordshire & Stoke on Trent Partnership NHS Trust and North Staffordshire Combined Healthcare NHS Trust

Charitable funds received by the Charity are accepted and held and administered as funds and property held on Trust for purposes relating to the health service in accordance with the requirements of the Charities Act 2011, the Charities (accounts and reports) regulations 2008 and the Charities SORP (revised 2005).

The Trustee confirm that they have complied with the duty included in section 4 of the Charities Act 2006 to have due regard to public benefit guidance provided by the Charity Commission when reviewing aims and objectives, when planning future activities and in setting the grant making policy for the year.

The Charity carries out these objects by funding activities that benefit NHS patients of North Staffordshire and Stoke on Trent or the staff that deliver patient care to those patients. Primarily, these activities improve the health of patients and the patient and public experience.

Funding activities also improve the skills of staff, improve working conditions and improve staff morale by providing equipment, services and facilities not normally provided by or in addition to the normal NHS provision.

Funding activities also improve the motivation of staff, by improving staff facilities and by providing services that improve the staff wellbeing.

FUTURE PLANS

The Trustee will continue to regularly review spending plans to reflect the changing needs of the NHS service within North Staffordshire and Stoke on Trent. The objective is to enhance facilities for patient care, ensuring that both service needs and the objectives of the Charitable Fund are met.

The use of charitable funds is being encouraged to further enhance the improvement to patient care and well being.

It is the aim that charitable funds will be utilized in future years, in order to enhance the level of care experienced by our patients.

Forecast expenditure plans will continue to be monitored, by the Charitable Funds Committee, on a rolling basis. The aim being to ensure that funds are used in furtherance of the charitable purpose and are applied appropriately within a reasonable time.

Investment current and future objectives

The primary objective of the Trustee is to generate an income to support the delivery of local healthcare services and support the development of patient facilities and environment, staff and staff facilities.

Achievements and Performance

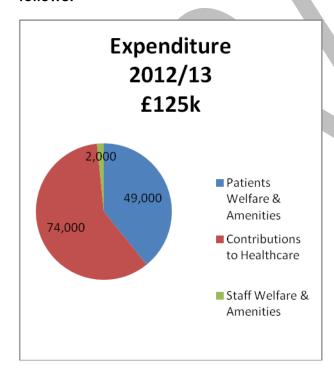
EXPENDITURE

During the year, the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff, and subsequently for the public benefit.

In general, funds are used to purchase varied additional goods and services that the NHS is sometimes unable to provide.

Payments made in the year on activities to support the charities objectives totaled £125,000. Much of this expenditure was spent in different locations across the Trust and Staffordshire and Stoke on Trent Partnership NHS Trust.

This expenditure is summarized as follows:



<u>Activity</u>	
	Expenditure
	£
Medical Equipment	52,780
Furniture & Fittings - Patients	25,128
Therapy / Craft items	9,750
Building / Garden	6,553
Administration	6,195
Misc - other	5,639
Patient's holidays / outings	5,387
Furniture & Fittings - Other	2,923
Misc - patients	2,748
Christmas - Patients	2,285
Mattresses / Pads	1,614
Computer Equipment	1,421
Toys / Games	1,315
Christmas - Staff	1,102
Course fees / travel	572
Catering	222
Books / Newspapers / Subs	105
Misc - staff	76
Total Expenditure 2012/13	125,815

The table opposite shows in more detail, expenditure by type and how the funds were spent in 2012/13.

EXPENDITURE

Examples of some of the areas, where funds have been utilized for patient, staff and the public benefit are shown in more detail in the table opposite.

PATIENTS WELFARE AND AMENITIES

A range of equipment and services were purchased benefitting patients welfare and amenities. Items purchased include therapy equipment, art and music workshops, furniture for patient areas, patient trips and holidays.

CONTRIBUTIONS TO HEALTHCARE

In addition, purchases were made contributing to NHS funding, these purchases have benefited and enhanced various services across the Charity. Items purchased include posture chairs, patient monitors and stimulators, garden furniture, beds, mattresses, computer equipment and mini bus lease.

STAFF WELFARE AND AMENITIES

Staff have also benefitted from the charity.

SITE - FUND	DESCRIPTION / ITEM	VALUE
Haywood General	18 Micro Neuromuscular Stimulators. 1 Calypso Bath Lift. 7 Functional Electrical Stimulation Panels. Art work panels for Haywood Walk In Centre & Hydrotherapy Unit.	16,233
Springfield Unit	58 Patient chairs.	10,904
Haywood Various	Art & Music Workshops for patients.	9,450
Leek Moorlands Patients	4 Patient Vital Sign Monitors 2 Patient infusion Pumps.	8,796
Haywood Broadfields Patients	2 Adult Posture Chairs, 2 Supporting Aids 1 Electric Wheelchair.	7,550
Dragon Square Childrens Respite	Annual rental of lease vehicle & fuel.	5,970
Mental Health General	5 Chairs & 2 two- seater settees for Acute Ward 2.	3,901
Bradwell Patients	Cardiograph & Trolley.	3,558
Leek Moorlands General	2 Electric Profiling beds for Cottage Ward.	2,709
Cheadle Patients	Adult Posture Chair.	1,950

INCOME

This is made up of voluntary, investment and fund raising income. Total income received amounts to £86,000.

Voluntary Income

£42,000 - Donations £22,000 - Legacies

Fund raising and other activities £4,000

Investment income

£18,000 - Dividends

Donations from the general public made to wards, specifically given to thank the nursing/clinical staff, are used in ways to benefit staff, such as training and the enhancement of facilities or amenities, which in turn has a positive impact on the care delivered.

This financial year the charity received two legacies.

£2,000 - Cheadle Patients fund £20,000 - Haywood General fund

The legacy conditions were specific in what the money was to be utilized for and/or which hospital/ward should benefit. This has resulted in the legacies being classified as 'restricted funds' and therefore indentified as such in the Annual Accounts contained in this report.

Investment Income

The Trust has an ethical obligation to ensure that any investments made from a charitable source are with companies whose products or services are not harmful to health.

The current investment portfolio consists of Sterling British Government (SBG) securities and other Sterling Fixed Interest (SFI) securities to minimize the impact of a volatile stock market.

The dividends received during the financial year from the charities investment portfolio amounted to £18,000. FINANCIAL REVIEW

During 2012-13, the Charitable funds have benefitted greatly from public donations of £42,000 and legacies of £22,000. Fund raising activities by staff and families also generated £4,000. Total incoming resources from these activities amounted to £68,000.

With the addition of dividends received during the year totaling £18,000, the total income for 2012-13 amounted to £86,000.

Fund balances at 31 March 2013 stood at £407,000 (£452,000 at 31 March 2012). In the main this decrease in funds held has resulted from investment in the purchase of medical equipment and equipment to improve the patient environment. In terms of cash held, there has been a decrease of £19,000 from £70,000 to £51,000.

RESERVES

The Trustees have established a reserves policy as part to their plans to provide support to North Staffordshire Combined Healthcare NHS Trust and Staffordshire and Stoke on Trent Partnership NHS Trust for patient and staff benefit.

It is the policy of the charity to maintain unrestricted funds, which are the free reserves of the charity, at a level which equates to approximately 18 months management, administration and support costs and to respond to emergency application for grants which may arise from time to time. It is the policy not to accumulate general reserves above this level but to spend donations promptly on the purpose for which they were received; however funds could be accumulated for very specific purposes.

Reserves required for 2012-13 was calculated at £50,000 based on 18 months

management, administration and support costs.

INVESTMENTS

The Trustee operates an investment pooling scheme via investment advisors Brewin Dolphin.

Attitude to Risk

Trustees have a duty to manage the risks their charity faces. During the financial year 2005-06, in an attempt to guard against stock market volatility, the committee resolved to withdraw from all equity holdings and instructed Brewin Dolphin to invest solely in fixed interest securities. As a result, the recent market conditions in respect of stocks and shares do not impact on the majority of investments currently held.

An analysis of the movements of the fixed asset investments is shown in the Annual Accounts contained in this report.

All fund investments are held within the UK and the portfolio is managed on a 'Cautious' to 'Lower Risk' basis.

Investment Performance

The portfolio generates an approximate gross income of £17,000, which equates to a yield of 4.2%.

Summary

The Trustees wish to take this opportunity to express their gratitude to the donors, for their generosity and express their thanks to all who contributed to the work of the Charity during the year.

Service users have benefitted greatly from the generosity of family, friends, staff and the wider community who have made donations.

The Trustee has not imposed any designations to the unrestricted funds

opposite and therefore consider them to be freely available to be expended on any of the Charity's activities.

Summarised Fund Balances held at 31 March 2013			
Unrestricte	ed Res	tricted	Total
	£'000	£'000	£'000
Name of Fund			
Bradwell Hospital	4		4
Bucknall Hospital	10	4	14
City General Hospital	0		0
Cheadle Hospital	12		12
Haywood Hospital	76	26	102
Leek Moorlands Hospital	35		35
Longton Hospital	6		6
Stallington Hospital (Learning Disability)	12	36	48
Stanfields Hospital (transferred to Haywood)	53		53
St Edwards Hospital (Mental Health Services)	59		59
Trust Wide Umbrella	52	22	74
Westcliffe Hospital	0		0
	319	88	407

Financial Accounts 2012/13

The statement of Financial Activities is a summary of all the transactions in the year.

			2012-13	2011-12
	Unrestricted	Restricted	Total	Tota
	Funds	Funds	Funds	Funds
	£000	£000	£000	£000
Incoming resources				
Voluntary Income				
Donations	33	9	42	42
Legacies	17	5	22	1
Sub-Total Voluntary Income	50	14	64	43
Investment income	14	4	18	23
Other incoming resources	3	1	4	16
Total incoming resources	67	19	86	82
-				
Resources expended				
Charitable Activities	97	28	125	217
Governance Costs Investment Management	16	4	20	20
costs	2	1	3	3
Total resources expended	115	33	148	240
Net incoming/(outgoing) resources				
before transfers	(48)	(14)	(62)	(158)
Net incoming/(outgoing)				/4.53
resources	(48)	(14)	(62)	(158)
Gains/(losses) on revaluation & disposal				
of investment assets	10	7	17	42
Net movement in funds	(38)	(7)	(45)	(116)
Fund balances brought forward at				
31 March 2011	357	95	452	568
Fund balances carried				
forward at 31 March 2013	319	88	407	452

Financial Accounts 2012/13

The balance sheet gives an update on the total value of Charitable funds as at 31 March 2013.

	2012-13	2011-12
	Total at	Total a
	31 March	31 March
	£000	£000
Fixed Assets		
Investments	403	489
Total Fixed Assets	403	489
Current Assets		•
Debtors	11	18
Cash at bank and in hand Total current Assets	51	70
Total current Assets	62	88
Creditors: Amounts falling due within one year	58	125
Net Current Assets/ (Liabilities)	4	(37
Total Assets Less Current Liabilities	407	452
Total Net Assets	407	452
Funds of the Charity		
Restricted	319	357
Unrestricted	88	9:
		_
Total Funds	407	452

Fund Position

The Charity's financial position at the balance sheet date is considered to be satisfactory in the context of future plans. On a fund by fund basis, assets are readily available and

adequate to fulfill the needs of the Charity, and that there are sufficient liquid resources to meet immediate requirements.

Directors of the Corporate Trustee 2012/13

Name	Title	Period
Mr K Jarrold	Chairman	
Ms F Myers	Chief Executive	
Mrs P Donovan	Executive Director of Finance	
Mr D Pearson	Executive Director of Nursing	(to 31 May 2012)
Mr S Gregory	Executive Director of Nursing	(to 20 December 2012)
Dr O Adeyemo	Medical Director	,
Mrs C Donovan	Executive Director of Workforce	(from 26 April 2012)
Mr A Gadsby	Non Executive Director	
Mrs J Griffin	Non Executive Director	
Mr F Worth	Non Executive Director	(to 1 August 2012)
Mr N Hoare	Non Executive Director	(to 16 November 2012)
Ms J Perks	Non Executive Director	(to 1 August 2012)
Mr P O'Hagan	Non Executive Director	(from 16 August 2012)
Mr R Carder	Non Executive Director	(from 16 August 2012)

Committee Members 2012/13

Patricia Donovan – Executive Director of Finance

North Staffordshire Combined Healthcare NHS Trust

Jonathan Tringham – Executive Director of Finance & Resources

Staffordshire and Stoke on Trent Partnership NHS Trust

Antony Gadsby - Non Executive

North Staffordshire Combined Healthcare NHS Trust

Nicholas Hoare - Non Executive (Part Year)

North Staffordshire Combined Healthcare NHS Trust

Steve Blaise – Assistant Director of Finance

North Staffordshire Combined Healthcare NHS Trust

Sandra Storey – Trust Board Secretary

North Staffordshire Combined Healthcare NHS Trust

Alison Maguire - Financial Accountant

North Staffordshire Combined Healthcare NHS Trust

Enclosure 2

STATEMENT OF TRUSTEES' RESPONSIBILITIES IN RESPECT OF THE TRUSTEES' REPORT AND THE FINANCIAL STATEMENTS

Under charity law, the trustees are responsible for preparing the Trustees' Annual Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period.

In preparing these financial statements, generally accepted accounting practice entails that the trustees:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the recommendations of the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements:
- state whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The trustees are required to act in accordance with the trust deed of the charity, within the framework of trust law. They are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustees to ensure that, where any statements of accounts are prepared by them under section 42(1) of the Charities Act 1993, those statements of accounts comply with the requirements of regulations under that provision.

They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

By Order of the Corporate Trustee	
Signed:	
Chairman*	Date2013
Corporate Trustee	Date2013

^{*}the Board may authorise another trustee to sign in place of the Chairman.

Auditors Report

to be inserted

Statement of Financial Activities for the year ended 31 March 2013

Incoming resources	Notes	Unrestricted Funds £000	Restricted Funds £000	2012-13 Total Funds £000	2011-12 Total Funds £000
Voluntary Income					
Donations		33	9	42	42
Legacies		17	5	22	1
Sub-Total Voluntary Income		50	14	64	43
Investment income	6.3	14	4	18	23
Other incoming resources	2	3	1	4	16
Total incoming resources		67	19	86	82
Resources expended					
Charitable Activities	3.1	97	28	125	217
Governance Costs	3.1	16	4	20	20
Investment Management costs	3.2	2	1	3	3
Total resources expended	4	115	33	148	240
·					
Sub total: Net incoming/(outgoing) resources					
before transfers		(48)	(14)	(62)	(158)
Net incoming/(outgoing) resources		(48)	(14)	(62)	(158)
Gains/(losses) on revaluation and disposal		4.0	_		
of investment assets		10	7	17	42
Net movement in funds	5	(38)	(7)	(45)	(116)
Fund balances brought forward at					
31 March 2011		357	95	452	568
Fund balances carried					
forward at 31 March 2013		319	88	407	452

The notes at pages 6 to 12 form part of this account.

Balance Sheet as at 31 March 2013

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2013 £000	Total at 31 March 2012 £000
Fixed Assets					
Investments	6	316	87	403	489
Total Fixed Assets		316	87	403	489
Current Assets					
Debtors	7	9	2	11	18
Cash at bank and in hand		40	11	51	70
Total Current Assets		49	13	62	88
Liabilities					
Creditors: Amounts falling due					
within one year	8	46	12	58	125
Net Current Assets/(Liabilities)		3	1	4	(37)
Total Assets less Current Liabilities	6	319	88	407	452
Total Net Assets		319	88	407	452
Funds of the Charity	9				
Unrestricted	,	319		319	357
Restricted		317	88	88	95
Total Funds		319	88	407	452

The notes at pages 6 to 12 form part of this account.

Signed:	 Signed:	
Date:	 Date:	

Notes to the Account

Accounting Policies

1

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

- a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
 - i) entitlement arises when a particular resource is receivable or the charity's right becomes legally enforceable;
 - ii) certainty when there is reasonable certainty that the incoming resource will be received;
 - iii) measurement when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Gifts in kind

- Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.
- ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

c) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of generating funds

The cost of generating funds are the costs associated with generating income for the funds held on trust. This will include the transaction costs incurred by the Charity's investment brokers.

b) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.

c) Allocation of overhead and support costs

These are recharges of appropriate proportions of staff and relevant non-pay costs incurred by Finance staff of North Staffordshire Combined Healthcare NHS Trust and the North Staffordshire Finance And Registration Shared Service hosted by Stoke-on-Trent Primary Care Trust. These costs are allocated and/or apportioned between Governance Costs and Charitable Activities. The cost attributable to Charitable activities is apportioned across those activities using the apportionment basis as set out in Note 3.3. Where necessary, apportionments of staffing costs are done by reference to the proportion of time spent on each area.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are classified as designated funds. The major funds held within these categories are disclosed in note 9.

1.5 Investment Fixed Assets

Investment fixed assets are shown at market value.

- Property assets are not depreciated but are shown at market valuation. Valuations are carried out by a professional valuer annually. The last such valuation was at 5 April 2012. Between valuations trustees make a best estimate of market value. Valuation gains and losses are recorded in the Statement of Financial Activities with the balance sheet reflecting the revalued amounts.
- ii Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div.
- iii Other investment fixed assets are included at the best estimate of market value in accordance of the Investment Provider.

1.6 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.7 Taxation

North Staffordshire Combined Healthcare Trust Umbrella Charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore meet the definition of a charitable trust for UK income tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income of capital gains received within categories covered by Part 10 Income Tax Act 2007 or Section 256 of the Taxation of Chargeables Gains Act 1992, the extent that such income or gains are applied exclusively to charitable purposes.

1.8 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds in order that investments can be held across the Umbrella and Subsidiary Charities.

Unrestricted : Combined Healthcare General

The Scheme was registered with the Charity Commission on 16/03/98.

1.9 Post Balance Sheet Events & Prior Year Adjustments

There are no post balance sheet events.

There has been no change to the accounts of prior years.

Details of other	2		Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
material incoming			£000	£000	£000	£000
resources		Other material incoming resources Fund Raising Other	2 1	1 0	3 1	7 9
		Total other incoming resources	3	1	4	16
Details of Resources Expended -	3 3.1		Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
Other		Charitable Expenditure	£000	£000	£000	£000
		Patients welfare and amenities Staff welfare and amenities Contributions to NHS	38 2 57 97	11 0 17 ————————————————————————————————	49 2 74 125	95 22 100 217
Analysis of Governance Costs	3.2		Unrestricted Funds £000	Restricted Funds £000	Total to 31 March 2013	Total to 31 March 2012
		Salaries Audit fee	10 6	2 2	12 8	12 8
			16	4	20	20

Allocation of Support Costs 3.3

Once allocation and/ or apportionment of support costs has been made to Governance Costs, the balance is apportioned across Charitable Activities using the same apportionment method.

Allocation and apportionment to Governance Costs	Total £000	Allocated to Governance £000	Residual for Apportionment £000	
Administration Internal and External Audit	18 8	12 8	6 0	Allocated on time Governance
Total	26	20	6	
Apportionment Across Charitable Activities	Patients welfare Welfare	Staff	Contributions to NHS	Total
	£000	£000	£000	
Direct Costs	43	2	68	113
Allocation Support Costs	6	0	6	12
Total Including Support	49	2	74	125

Analysis of Total Resources Expended	4	Costs of Generating Funds	Activities for	Management and Administration	Total 2013	Total 2012
		£000	£000	£000	£000	£000
		Audit fee 0 Other 3		8 17	8 140	8 232
		3	120	25	148	240
		* Investment management costs				
Changes in Resources Available	5		Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
for Charity Use			£000	£000	£000	£000
030		Net movement in funds for the year Net movement in funds available	(38)	(7)	(45)	(116)
		for future activities	(38)	(7)	(45)	(116)
Analysis of Fixed Asset Investments	6 6.1	Fixed Asset Investments:	Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
investments			£000	£000	£000	£000
		Market value at 31 March Less: Disposals at carrying value Add: Acquisitions at cost Net gain / (loss) on revaluation	387 (230) 150 9	102 (63) 41 7	489 (293) 191 16	529 (285) 203 42
		Market value at 31 March *	316	87	403	489
		Historic cost at 31 March	387	102	489	529
		* The Trust does not hold any single inves				
		The Trust does not floid any single inves	unent that is gre	sater triair 576 of the		
	6.2	Market value at 31 March :	Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
			£000	£000	£000	£000
		Investments listed on Stock Exchange	316	87	403	489
			316	87	403	489
Analysis of gross income from investments	6.3	Total gross income	Unrestricted Funds	Restricted Funds	Total to 31 March 2013	Total to 31 March 2012
mvestillents			£000	£000	£000	£000
		Investments listed on Stock Exchange	14	4	18	23
			14	4	18	23

Analysis of Debtors	7			Un	restricted Funds £000	Restricted Funds £000	Total at 31 March 2013 £000	Total at 31 March 2012 £000
		Amounts falling due within one Accrued income	e year:		9	2	11	18
		Total debtors falling due within	n one year		9	2	11	18
		Total debtors		_	9	2	11	18
Analysis of Creditors	8	Amounts falling due within one	e year:	Un	restricted Funds £000	Restricted Funds £000	Total at 31 March 2013 £000	Total at 31 March 2012 £000
		Trade creditors Accruals			43	12 0	55 3	99 26
		Total creditors falling due withi	in one year	_	46	12	58	125
		Total creditors		_	46	12	58	125
Details of material funds	9	Name of Fund	Opening Balance £'000		ncoming esources £'000	Outgoing Resources £'000	Transfers £'000	Closing Balance £'000
		Bradwell Hospital Bucknall Hospital City General Hospital Cheadle Hospital Haywood Hospital Leek Moorlands Hospital Longton Hospital Stallington Hospital (Learning Disability "Stanfields Hospital" (transferred to Haywood) St Edwards Hospital (Mental Health Services) Trust Wide Umbrella Westcliffe Hospital	452	8 14 11 8 129 41 10 52 48 65	3 0 0 7 24 8 1 2 8 10 40 0	7 0 11 3 51 14 5 6 3 16 32 0	0 0 0 0 0 0 0 0	4 14 0 12 102 35 6 48 53 59 74 0

Connected 10 Organisations

Name, nature of connection,	201	12-13	201	1-12	
description of activities	Turnover of	Net Profit/	Turnover of	Net Profit/	
undertaken and details	Connected	(Loss) for the	Connected	(Loss) for the	
of any qualifications	Organisation	Connected	Organisation	Connected	
expressed by their auditors		Organisation		Organisation	
	£	£	£	£	
North Staffordshire Combined Healthcare NHS Trust. Trustees/Board Members Joint management / operational arrangements	79,487,000	434,000	83,063,000	(7,776,000)	

Related party transactions

11 Related party transactions

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the North Staffordshire Combined Healthcare Charitable Trust

The charitable trust has made revenue and capital payments to purchase goods and services on behalf of the North Staffordshire Combined Healthcare NHS Trust where the Trustees (whose names are listed below) are also members of the Trust Board. The audited accounts of the NHS Trust are available under separate cover by contacting the Director of Finance at the following address:

Bucknall Hospital Eaves Lane Stoke on Trent ST2 8LD

The charitable trust has also made payments to purchase goods and services on behalf of the Stoke-on-Trent and North Staffordshire Primary Care Trusts (PCTs) in relation to funds held in respect of services formerly operated by North Staffordshire Combined Healthcare NHS Trust but subsequently transferred to the Primary Care Trusts. The charitable trust has only made payments to these organisations on occasions where the goods and services have been charged directly to the PCT in error.

Directors of the Corporate Trustee 2012-13

Mr K Jarrold	Chairman
Ms F Myers	Chief Executive
Mrs P Donovan	Director of Finance
Mr D Pearson MBE	Director of Nursing
(to 31 May 2012)	
Mr S Gregory	Director of Nursing
(to 20th Dec 2012)	
Mrs C Donovan	Director of Workforce
(from 26 April 2012)	
Dr O Adeyemo	Medical Director
Mr F Worth	Non Executive Director
(to 1 Aug 12)	
Mr N Hoare	Non Executive Director
(to 16 Nov 12)	
Ms J Perks	Non Executive Director
(to 1 Aug 12)	
Mr A Gadsby	Non Executive Director
Mrs J Griffin	Non Executive Director
Mr P O'Hagan	Non Executive Director
(from 16 Aug 12)	
Mr R Carder	Non Executive Director



REPORT TO: Trust Board

Date of Meeting:	30 January 2014
Title of Report:	People and Culture Development Committee Report
Presented by:	Mr Peter O'Hagan Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs Paul Draycott, Associate Director of Organisational Development
	21 January 2014 Sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	For information / assurance
Executive Summary:	This report provides a summary of the meetings of the People and Culture Development Committee that took place on the 11 16 December 2013 and 13 January 2014.
	The December 2013 meeting was designed to promote innovation and development across the Service Lines and Corporate Services.
	The January 2014 was a business meeting particularly focusing on performance of the service lines and divisions against workforce metrics
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Workforce StrategyGovernance StrategyCustomer Focus
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee in respect to terms of reference
Recommendations:	To receive for information and assurance purposes.

PCD Dragon's Den – 16th December 2013

The meeting of the People and Culture Development Committee held on the 16th December 2013 was a "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.

Touch Pad Satisfaction - Services for Children and Young People

Matt Johnson gave the service innovation pitch on behalf of Rob Deller and two service lines.

"Tablets make you better quicker" was the theory behind the pitch that would look to use computer tablets to improve the MH services by enabling the service to work smarter and in line with the national agenda. Computer tablets would be used within the new children's IAPT service to measure the effectiveness of sessions; this would be tested at the end of every session and the feedback worked upon with the family at the subsequent session.

The new system would enable the service to achieve national agendas, maximise session outcomes by tailoring the session to the client in building on the feedback areas, and provide an openness and honesty. Whilst the feedback could be recorded on paper this produced an unwelcome time lag, required manual input and as the computer tablet information was instantly uploaded this saved time overall.

Rumour Has It! - Neuropsychiatry and Old Age Psychiatry

Kath Clark and Jackie Wilshaw presented their pitch to the Dragons. They stated that the four main streams of gossip around the Trust came from the following sources:

- Chinese Whispers
- Water Cooler moments
- Burning Bush moments
- Rumour through the grapevine

In order to address this issue they had come up with a low cost humour based activity to encourage staff participation, to provide a two-way staff and management critical information share point. This would take the form of a Rumour-Board placed in all wards and departments as a focal point for staff. Accompanying that board would be a "Have you Heard" box, staff members would complete an information request in the form a speech bubble, place it into the box, and then management would respond accordingly with the correct information. It was hoped that this would quash inaccurate rumours before they started to gather momentum.

Improving the Patient Experience - At a Glance - Psychosis Recovery

The pitch was delivered by Jane Clement and Vicky Finney. The acute wards and acute home treatment team was looking for investment into electronic patient status display boards to replace the existing manual whiteboards used to record patient information in the Nursing/Team office. The investment would primarily offer nurses and ward/department managers' real-time information shared across the network (CHIPS) with a drag and drop

functionality creating and maintaining patient status information. This is turn would result in more time to care, more efficient bed management and an improvement in the patient journey experience.

The current whiteboard system relied on manual updating and information could be easily and inadvertently removed, the current system also failed to consistently highlight risk markers.

The electronic system would provide alerts for consent to treatment, renewals and expiry dates for sections; risk markers, alerts via colour RAG rating systems; alerts for risk assessment reviews; record delayed discharges; provide an audit trail of information and this in turn would increase staff morale. The electronic system would also transfer patient data between wards in readiness for the arrival of the patient on their new ward. There was potential was for the electronic system to be used across the whole of the Trust including the community teams. The system was being used successfully in other MH trusts, and staff that had seen the system working were motivated to make it a success for the Trust. Board implementation would ensure that staff were subsequently released for an average of 20 minutes per staff member, per shift, per day and that this time would be released to enable direct time to care.

'Perpetuum Mobile' - Learning Disability Services

Faye Pemberton delivered the pitch. "Perpetuum Mobile" is Latin for a composition where a large part of the piece is intended to be repeated a number of times without the "motion" of the melody being halted. She informed the Dragons that service provision felt similar to this, it often felt chaotic, with no time to stop and analyse improved ways of working. Having spoken to families/service users/agencies it was evident that there was no time to plan, and as prevention was key to service provision, a new support and enablement way of working would aim to address the issues with the introduction of a new model of working.

The team was happy with the new model and staff would rotate every 6 months to support the throughput of clients. With the right staffing it was felt that the "only way is up"!

The service required a Project Manager (PM) to deliver the new model, and with a PM in place it was anticipated that the new model would be active within 3-4 months.

Virtual Innovation Hub - Research and Development team

This pitch was delivered by Laurie Wrench, with assistance from Sue Wood and Sue Molesworth. They introduced their pitch as a new concept that would require a commitment for resources, and for it to be launched in the Innovation Week in 2014.

Unilever, Amazon and Google already employed innovators to keep their businesses at the fore-front of new ways of working. The Dragons were introduced to a new Trust proposed model for an innovation hub that would be based within the R&D, CESU and Clinical Audit department, with Board level support. This would ensure that new ideas and concepts could be signposted to resources, and help to build an expert Trust community of ideas, enthusiasm, guides, mentors and innovators. Partners in the form of Universities, Public Health, Voluntary services etc. would form an important part of the innovation address book. It was envisaged that the hub would harness the skills of Trust staff.

Practically Perfect Potteries People Partnership (Give P's a chance) – Organisational Development Team

Delivered by Paul Draycott, Lesley Faux and Carol Bain from the OD team, it was a light-hearted pitch to develop ways of improving community engagement and team spirit. Their "fairy story" highlighted how the Trust had moved away from engaging with the community, and how this linked with the Innovation Hub idea.

The idea was to bring back a sense of community, to engage with individuals and teams to help the teams flourish with ideas and innovation – this in turn would help staff to feel valued and would break down barriers. Michael West's research over the last 10 years had demonstrated that staff engagement was the biggest indicator to influencer of staff.

It was suggested that ideas should be generated from staff but some of the thoughts were in an anniversary year (5/10/15 years of service) staff members would be released to support a charitable organisation, encouraging a sense of partnership. Teams could look at projects they would like to support with schools, young enterprise etc. Past Trust events in the form of quiz nights had generated a sense of community, "It's a Knockout" competition would provide family involvement and engagement, and staff could also come up with suitable suggestions.

The concept gave opportunities for staff at all levels, and it was hoped that it would enrich the working environment, and bring a sense of pride and togetherness.

Sharing what we do well for the wellbeing of our staff - Non-Psychosis

Andy Oakes delivered the pitch assisted by Annie Roberts. They reflected on the excellent work of Growthpoint and the Jam Factory and how these initiatives were generating a sense of worthwhile, and gave something valuable back to service users. Great staff are often weighed down by NHS politics and it would be beneficial for staff from the different services to visit the different options on offer, and get to meet the staff and service users involved. This could provide the stimulus to remind staff of the reasons they came into the service, and the interaction could result in something tangible in terms of energy and the impetus to deliver a service that makes a difference.

The idea was to share the learning, this could be on film, filmed via a Sensecam, or in the form of stories recounted back from other people and then shared at staff sessions. The filming would require editing, but this could be done in conjunction with the service users from the observatory.

Total Recall - Old Age Psychiatry

Lisa Sharrock delivered her pitch to the Dragons, with assistance from Liz Kay and Sue Molesworth. The pitch was for investment in an exciting opportunity to develop digiotherapy to address the issues of neuro-degenerative disease erasing peoples' memories.

The UK was in the grip of a crisis with 750,000 dementia sufferers, and this number was expected to double within 30 years. Dementia services were not proactively delivering a service that addressed early diagnosis, and the consequence of this was increased spending. The Dementia Challenge was launched in 2012, and technology will play a large part of this.

The service was looking to purchase 3 Sensecams and no-one was currently using these as an intervention technique. The Sensecams would be used with patients with mild cognitive problems/early dementia.

The Sensecam had been devised by Microsoft, it used a fish-eye lense with inbuilt GPS, light and motion sensors and could store large amounts of data. It had already been piloted and over 100 papers had been written on the device.

The device could be used on patients with Alzheimers, Dementia or mild cognitive issues. A recent trial at Addenbrookes Hospital had shown fantastic results, and subjects were able to recall memories 3 months on from the trial.

By using the Sensecam in conjunction with Flo (Florence – the text messaging service for patients), the benefits were expected to be tremendous. It was often the simplest ideas that were the most effective. Lisa Kay and her team had piloted Flo with 8 patients who received 2 texts per day to measure their mood and well-being. Sue Molesworth had interviewed all the participants, for one patient it had helped to reduce their cigarette consumption, and another had viewed Flo as a friend. As the data was self-generating there were no ethical issues to overcome.

Bees - Staff Side

Colin Burgess delivered the pitch. His analogy with bees was that the bee population was declining as were nurses; they worked within a complex environment and there was a two-way communication system. He identified blockages within the Trust's communication system with some issues being reported but were then either watered-down or forgotten about.

He said that staff needed to feel empowered and listened to, and that this could be rectified by enlisting staff-side representatives to engage with the Board. The Board needed to be: accessible; acknowledge issues; consultative; promote equality; considerate; honest; prepared and equal.

The BEES acronym as a Basic, Executive, Engagement Strategy which would give HONEY – Honest, Open, Nurturing, Engaging Yield.

He put forward a few suggestions to support this. The introduction of a "Management Thermometer" would reflect how staff thought the management were performing and "Adopt a Nurse" for one hour a week/month by every Executive and senior management was another idea to readdress the communication issues.

Outcome

The outcome of the process was agreed as follows

- 1. It was agreed to fund the "Total Recall" proposal for three Sensecams
- 2. The three technology based proposals (Touch Pad Satisfaction, Improving the Patient Experience At a Glance and Total Recall) will work with Staffordshire University to explore the potentially innovative ways that we can take these forward
- 3. The Virtual Innovation Hub is taken forward and that Laurie and the team pull together the expertise to develop the plans to make it reality

- 4. The three staff engagement related projects (Virtual Innovation Hub, Give P's a Chance! And Sharing what we do well for the wellbeing of our staff) will work together to explore common themes and propose actions to take these forward
- 5. The issues raised in Bees be explored at JNCC and appropriate proposals are identified from that discussion

These will be monitored through PCD.

Prepared by Paul Draycott, Associate Director of Organisational Development

People and Culture Development Committee Summary Report to January 2014 Trust Board of the meeting held on 13 January 2014

1. Patient Level Information Costing System (PLICS)

The committee received a presentation from the finance team on PLICS, which is a key component in the support of service line management.

The Department of Health has been encouraging organisations to implement PLICS for a number of years in order to improve the quality of cost data. However, the prime reason for organisations to implement PLICS is to get a better understanding of their cost drivers. Good costing information is key to the day to day management and is key to informing decision making that improves the quality and cost effectiveness of services.

Mr Ghaut, Project Manager detailed the progress that has been made to implement the PLICS project plan and progress in developing the PLICS system. The aim is that all services are fully and properly costed. Those using PLICS were asked to think more about the outcomes they want from this system. By taking ownership this can help to influence decisions and develop the system so it is fit for purpose.

Key next steps will be to:

- Embed clinical engagement
- Roll out of the model
- Improve quality of model and acknowledgement of the data quality issues in the wider information system that require addressing
- Link to Earned Autonomy
- Align with ESR
- Income
- Use for Data Returns

This will be further embedded through:

- Engagement with Clinical Directors, Business Managers Service Line Manager Leads
- Communication
- Detail benefits to date
- Champions
- Develop Business Intelligence screens
- Link to Service Line Management

2. Workforce Service Line Performance - October 2013

Members reviewed each of the service lines in respect to performance around key workforce indicators. All presented reports which included information in respect to sickness levels and compliance with statutory and mandatory training. Performance in Service Lines on Mandatory training continues to improve. In some areas teams experienced some intermittent sickness and there were a number of reasons for this. This is an area which continues to be closely monitored and supported by HR colleagues. Members also discussed at length how vacancies are being managed and given the variance in some areas between the actual and reported number of vacancies, this will looked into further by the service lines and divisions in readiness for next month's report.

3. Medical Appraisal and Revalidation Mid-Year Review and Action Plan

Dr Adeyemo presented the second formal report on medical appraisal and revalidation since the introduction of regulation in December 2012. The mid-year review provided information from the evaluation of medical appraisals earlier this year that was not available at the time of the previous (end of year) report.

Of note is that the Trust is fully compliant with all its medical appraisal and revalidation requirements and was recognised as 'green' in the latest Organisational Readiness Self Assessment (ORSA) process by NHS England. The action plan is also progressing well to oversee the ongoing management, governance and quality development work in relation to the process.

4. Shropshire and Staffordshire LETC Leadership Priorities October 2013 - Compassionate Leadership Bid

The committee noted for their information that the Shropshire and Staffordshire LETC had agreed to indentify 50k as a specific leadership initiative to develop collaborative leadership around compassionate care cultures in healthcare. Mrs Donovan advised that this will incorporate and build on priorities for leadership under the wider LETC outcomes report.

5. Trust Strategic Training Plans for 2014/15

Mr Draycott presented the strategic training plan for 2014/15 for approval by the committee. As part of the annual training needs analysis, senior managers, trainers and specialists within the Trust were invited to submit strategic training projects. These are training projects that cross a number of teams and service lines and that clearly link to business priorities.

The committee approved the projects that scored 21 or above and the delivery of their outcomes. This will be kept under review by the committee.

6. Keogh, Berwick, Cavendish, Francis Recommendations Mr Draycott provided a verbal report to the committee on the progress being made in response to the themes and actions from the various reports and inquiries. The Francis recommendations were already arranged by theme in an action plan and progress was being made to encompass the actions and themes, where appropriate, from the other reports. Clear timescales would be included and regular reports on the actions being undertaken, specifically by the People and Culture Development Committee. The full report will be presented to the next committee meeting with actions being monitored in accordance with its cycle of business.

7. Electronic Staff Record (ESR) Business Intelligence Bid

Mr Draycott presented a report which described the need to launch and embed an ESR business intelligence solution with the Trust. ESR is the electronic workforce solution for the NHS which provides a range of tools that facilitates effective workforce management and planning and enabling improved quality, efficiency and assurance of compliance against essential workforce standards.

The free ESR BI module offers a further range of reports, dashboards and credible live data. However, it was noted that this requires an effective launch and embedding to ensure that it is used to its full potential. The committee supported the investment of a band 5 project manager for a period

of one year in order that they lead the launch of the ESR BI module across the Trust and train staff to use the system effectively. Progress will be monitored by the committee.

8. Violence against Staff statistics 2012-13

Miss Sylvester presented a report to the committee summarising the statistical and trend detail for patient assaults against staff for the period April 2012 to March 2013.

Miss Sylvester noted that the annual publication of the NHS protect statistics will be published shortly. It was noted that the figures submitted to NHS Protect for 2011/12 were a lower figure than the actual number of incidents reported in the Trust for assaults against staff. Increased awareness of extracting data from the reporting system has ensured that the 2012/13 data will reflect the exact number of incidents reported. The 2012/13 submitted data is likely to thus reflect a higher overall figure of total staff assaults than 2011/12. Miss Sylvester highlighted that indications for 2013/14 staff assaults reflects a marked decrease year to date and we anticipate the trend continuing.

It was further noted that while we are still high in the numbers being reported, with the initiatives in place we should start to see a reduction during 2013/14. Publication of the NHS Protect national staff assault figures reflects that there has been a national increase of 5.8% from 59, 744 reported staff assaults in 2011/12 to 63,199 staff assaults in 2012/13. The Trust have, by contrast, noted a reduction in staff assaults in 2012/13 when taking the actual Trust reported incidents and anticipate that, based on the reporting at month 8 2013/14, the trajectory is a further reduction on the 2012/13 figure.

9. Supervision Policy

Mr Laing provided the committee with a verbal update on progress being made to develop the Trust's Supervision Policy. Work had recently been completed on the policy with the view that this is reviewed by Karen Wilson, the new Director of Nursing and Quality, when she commences in post on 3 February 2014.

10. Safe Staffing Review

Mr Laing provided the committee with an update on the safe staffing review since his last report to the committee. It was noted that the review, which had involved local staff, was now complete and that this had provided an analysis of the inpatient staffing levels (wards 1-7), the data for which had been gathered in July and August 2013. Mr Laing informed the committee that he was preparing a paper noting that the review represents the best professional methodology available at the time which will be repeated across all in patient areas in March 2014. Mr Laing noted that a presentation would be made to the Trust Board at their next meeting with the view that following discussion the respective committees would progress the work thereafter.

11. Groups reporting into the Committee

- Staff Involvement and Engagement Group minutes
- Equality & Diversity Group quarterly meeting next month
- Education and Learning Group minutes
- Professional Leaders Advisory Group revision of Terms of Reference

12. People and Culture Development Committee Risks

The committee received the month 9 report identifying the key risks relating

to workforce and organisational development. The report identified the source of each risk, its risk rating and an update on progress against the mitigating actions. The committee welcomed this discussion and future discussions on how this informs and assures the Risk Review Group and Trust's Risk Management Committee.

13. Next meeting

17 February 2014, 9.00 am

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

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

North Staffordshire Combined Healthcare NHS Trust

REPORT TO: Trust Board

Date of Meeting:	30 January 2014
Title of Report:	Proposal for the development of learning and development for support workers (including health and social care support workers, STR workers, Physio and OT techs and pharmacy assistants)
Presented by:	Caroline Donovan
Author of Report:	Beverley Dawson
Name:	Training Manager
Date:	16 th October 2013
Email:	Beverley.dawson@northstaffs.nhs.uk
Purpose / Intent of Report:	To describe the need for and the planned development and implementation
	of a support worker learning strategy within Combined Healthcare
F " 0	It is proposed that:
Executive Summary:	 the Trust develop learning and development approaches for support workers which will include a number of components some of which will be universally available and others will be targeted.
	· · · · · · · · · · · · · · · · · · ·
	 This will be supported by a workforce planning, recruitment and buddying process for support staff which contributes to the delivery of strategic goals, ensures basic standards of practice are in place and maximises compassionate and productive support work in care settings. Following a number of focus groups with managers and clinicians a focus group of support workers is engaged in the operational aspects and rollout of this approach
	Learning and development for support staff includes a locally developed programme for all support staff, focussed on themes outlined in the minimum standards and code of practice for support workers 2013. This part of the programme includes a 'code of conduct' and passport of competence achievement along with the opportunity to learn in different teams encouraging the growth of a flexible workforce
	 Locally determined skills development for support workers is co- ordinated through the education team and delivered through the clinical skills leaders. This is underpinned by a separate strategic business proposal to secure a clinical educator post to manage and co-ordinate clinical education delivery. This will be complimented through our involvement with the regional 'skills enhancement in rural communities' (SERC) project which should provide local access to a mobile skills development facility.
	 For identified staff groups, identified through the support worker review and PDR processes, access to certificated learning appropriate to their specialist clinical area are provided (for example: City and Guilds Level 3 Certificate).
	The education and learning provision specified for each band of support worker is reviewed against the competency frameworks currently being developed through the support worker review project.
	Specialist assistant practitioner roles are considered as part of future workforce planning decisions and that the lead in time to prepare staff for these roles is included in all model of care proposals.
	Through our involvement in the values based recruitment (VBR) project the inclusion of VBR processes and nationally approved tools becomes part of the normal practice when recruiting support staff for the future
	 In addition to corporate induction newly appointed support workers have access to a robust local induction and a period of supported practice

	similar to the preceptorship period offered to newly qualified staff.
Which Strategy Priority does this relate to:	Workforce Strategy
How does this impact on patients or the public?	The quality of care at the clinical interface is largely delivered by our clinical support workforce. This proposal sets out a strategy that will impact on the way in which support staff are prepared for their caring role.
Relationship with Annual Objectives:	Supports governance through effective education, learning and training
Risk / Legal Implications:	none
Resource Implications:	Funding has been identified for this year and the project will need further support next year from education budget
Equality and Diversity Implications:	none
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	It is recommended that the board members receive this report and add their support to all of the recommendations of this proposal and delivery of the outcomes through senior endorsement and awareness raising.

Programme For The Development Of Learning and Development For Support Workers

Including Health and Social Care Support Workers, STR Workers, Physio and OT Techs and Pharmacy Assistants.

10/16/2013 Combined Healthcare Dawsob filed at Word/HCSW/thirddraft

Executive Summary

It is proposed that the Trust develop learning and development approaches for support workers which will include a number of components some of which will be universally available and others will be targeted. This will be supported by a workforce planning, recruitment and buddying process for support staff which contributes to the delivery of strategic goals, ensures basic standards of practice are in place and maximises compassionate and productive support work in care settings.

- Following a number of focus groups with managers and clinicians it is proposed that a focus group of support workers is engaged in the operational aspects and rollout of this approach
- It is proposed that learning and development for support staff includes a locally developed programme for all support staff, focussed on themes outlined in the minimum standards and code of practice for support workers 2013.
- It is proposed that this part of the programme includes a locally developed 'code of conduct' and passport of competence achievement along with the opportunity to learn in different teams encouraging the growth of a flexible workforce
- It is proposed that locally determined skills development for support workers is co-ordinated through the education team and delivered through the clinical skills leaders. This is underpinned by a separate strategic business proposal (Author Emma Collins) to secure a clinical educator post to manage and co-ordinate clinical education delivery
- This will be complimented through our involvement with the regional 'skills enhancement in rural communities' (SERC) project which should provide local access to a mobile skills development facility.
- It is proposed that for identified staff groups, identified through the support worker review process, access to certificated learning appropriate to their specialist clinical area are provided (for example: City and Guilds Level 3 Certificate)
- It is proposed that the education and learning provision specified for each band of support
 worker is reviewed against the competency frameworks currently being developed through
 the support worker review project.
- It is proposed that specialist assistant practitioner roles are considered as part of future workforce planning decisions and that the lead in time to prepare staff for these roles is included in all model of care proposals
- It is proposed that through our involvement in the values based recruitment (VBR) project the inclusion of VBR processes and nationally approved tools becomes part of the normal practice when recruiting support staff for the future
- It is proposed that in addition to corporate induction newly appointed support workers have access to a robust local induction and a period of supported practice similar to the preceptorship period offered to newly qualified staff.

Detail underpinning the proposal

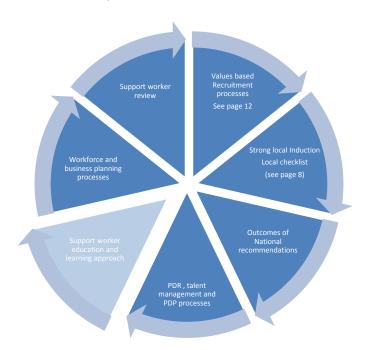
This report covers the development of training and development options for clinical support staff working within Combined Healthcare. Clinical support staff are defined as all staff who have patient contact and do not have a professional qualification; it includes bank staff.

Drivers For Investment

- The recommendations of the Francis, Cavendish and Berwick Reports each make recommendations about the education and training of support staff
- Lack of a formal education and learning approach for support workers within the Trust
- As part of the support worker review to provide clarity about the role competencies associated with bands 2,3,4 clinical support roles and the learning associated with these

Current Position

Combined Healthcare employs 344 staff who fall within this definition. A more detailed analysis of the staff roles is given at Appendix 2. A wide range of role titles are in use and smaller groups are likely to have specific learning needs related to their speciality. This proposal attempts to be flexible enough to account for this diversity.



The support worker education and learning approach does not stand alone; it is part of a cyclic business planning process as illustrated above.

- effective workforce and business planning determine the number of support staff required to meet current and anticipated service needs within the budget available
- The support worker review ensures that skill mix is appropriate to meet governance and service user requirements

- Values based recruitment will ensure that staff are recruited based on their values and attitudes in addition to skills, knowledge and qualifications
- National recommendations will inform minimum standards of education and learning recommended for support workers
- The PDR process includes a discussion about talent potential and will result in a PDP identifying the continuing learning needs on an annual basis

Combined Healthcare does not currently have a formalised programme education and development for the support staff that it employs. All are covered by mandatory training and some groups of staff will have local arrangements for continuing development but at present there is no standard of core learning across the organisation for this group.

Contextual factors

Francis¹ makes several recommendations in relation to training for support workers. The recommendations related to registration of support workers are not included as part of this proposal, but as part of our preparation for the future, provide part of the context in which these proposals are made.

The Francis recommendations relating to a code of conduct applicable to healthcare support workers and education and training in accordance with common national minimum training standards do form part of this proposal. These documents were published in July 2013 and the main themes are summarised in appendix 1 ^{11,12}. The proposal below takes these themes as a starting point for the design of the support worker learning and development approach.

The Cavendish Review², commissioned following the Francis enquiry to ensure that unregistered staff in the NHS and social care treat patients and clients with care and compassion includes training and supervision within its remit and is another important source of information in planning the support worker learning and development approach.

Cavendish comments that "the public expects workers to be competent. It also expects – and deserves – workers to be kind, capable and able to communicate clearly". However, the report findings indicate that although healthcare support workers spend more time at the bedside than nurses they often feel undervalued and have no compulsory or consistent training. Social care staff similarly have no consistent training and like their healthcare counterparts are taking on more complex tasks.

This is disappointing given that in 2005 Skills for Care introduced induction standards which include first aid, moving and handling, infection prevention, dementia awareness, nutrition/hydration and dignity and recommended that all support workers should complete training in these areas before working unsupervised. Cavendish did not find evidence that this recommendation was universally applied and following the Francis enquiry the CQC have been charged with conducting a thematic probe into how well support workers are prepared for their caring role.

For the future, one of the major recommendations of the Cavendish review is that support staff will undertake a "Certificate in Fundamental Care" developed by HEE and the NMC providing common training standards and a 'golden thread of values and competences'. It is suggested that this certificate would build on the national minimum training standards mentioned above. We have a

great opportunity therefore to prepare our existing workforce in the same areas that will form part of the basic education for new support worker recruits in the future. We should remain mindful of developments in relation to the Certificate in Fundamental Care as they are published and cross match the training that we are offering with developments in this programme.

The recently published Don Berwick Report "A Promise to Learn – A Commitment to Act" states that "the most important change in the NHS would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end". The report goes on to recommend an ethic of learning, with mastery of quality and patient safety practices as part of initial preparation and lifelong education for all health care professionals. These principles are importantly applied to our support workforce where direct care forms a highly significant proportion of their daily work. In developing this proposal every attempt has been made to include the contextual factors listed above into our planning.

The approach described will also take advantage of blended learning delivery methods including classroom based sessions, practice based learning (PBL) mentoring and e-learning. Potentially we could also work with neighbouring organisations to benefit from collective learning opportunities if our involvement in the development of a local recovery college^{1*} is successful.

The Trust supports the concept of the skills escalator and through the PDR process may identify staff who have the potential and ambition to enter clinical training programmes. This requires a closely co-ordinated approach with the regional commissioning of pre-registration courses. This is currently co-ordinated by the education team and will need to continue.

Whilst supporting individuals to meet their potential the Trust does not offer or suggest that there is an automatic right of progression to a higher band on the completion of training and development options described .

Combined Healthcare has a strong history of working with service users to support a return to employment. These proposals support a continuation of this work.

The diagram overleaf outlines the proposal – this is not a linear route through which all support workers would be expected to travel. Some elements are identified as core standards and would apply to all support workers but others are specified in certain circumstances only as described in the remainder of the report.

^{*}Recovery College Definition two sets of expertise, professional and lived experience come together in a non-stigmatising college environment to provide courses designed to contribute towards wellbeing and recovery. People who share experiences of mental health or physical health challenges teach on the courses with the intention of inspiring hope and embodying principles of recovery. The courses are designed to put people back in control of their life, helping each person to identify goals and ambitions whilst giving the confidence, skills and support to access opportunities. They are open to adults who have personal experience of mental health challenges, care about people with mental health challenges or are a member of staff in mental health services.

Widening Access

Modern Apprenticeships / Work experience

Foundation Level Learning

Based on national standards, and focussing on compassionate care

Target group: All support workers in the Trust. Matches competencies required at band 2 and pre-requisite for advanced level learning.

Aim: To provide a standard baseline of knowledge for support workers

Modality: Blended learning approach - co-ordinated centrally through training team with support from local areas

Monitoring Coverage: Attendance Statistics on OLM

Monitoring Application: Supervision / caseload management meetings with line manager

Skills Development

Based on locally agreed skill requirements

Target Group: All new staff and all existing staff identified as having skills gaps as part of the SERC project. Prerequisite for advanced level learning

Aim: Clinical standards assurance tailored to clinical areas

Modality: Practice based learning - Co-ordinated through the education team. Training delivered at departmental level by clinical skills leaders or support worker mentors.

Monitoring Coverage: Attendance statistics on OLM

Monitoring Application: Clinical skills champions assessment in practice

Advanced Level Learning

Based on selected validated programmes.

Target Group: Clinical support staff working at bands 3 and 4. Candidates will be identified through;

A. Workforce planning - required for specified roles

B. PDR - potential to move onto skills escalator

Aim: Development of more advanced skills to meet business need and/or offer individual progression

Modality: In-house or external provisions of validated ptrogrammes leading to recognised qualification

Monitoring Coverage: Attendance and qualification on course

Monitoring Application: Annual PDR and regular review meetings with line manager

Skills Escalator

Entry to pre-reg clinical education - for staff who have potential and ambition to continue career pathway

Figure 1: Outline of learning and development components proposed for support staff.

Foundation level learning for support workers within the Trust

In response to the needs described by the Francis recommendations, the Cavendish review and the Berwick report it is proposed that a foundation level learning component is available for all support workers across the Trust. This will build on the common national minimum training standards mentioned above but will not repeat training already covered in corporate induction and mandatory training. It will build instead on the delivery of compassionate care in relation to these themes. It will also include themes around the mastery of quality and patient safety practices appropriate to the role of support workers. This component will be carefully matched against existing initiatives such as Back to Essentials and will capitalise on existing training that may be available in this respect.

Cavendish's observations of the way in which training is provided is critical of programmes that focus on care as a series of skills to be ticked off and promotes a values based approach which involves caring, compassion and the ability to adapt to the client's needs. The Cavendish report provides good practice examples such as the use of observation and videoing of caring in action and award winning learning materials such as 'Barbara's Story'³ which tracks the experiences of a woman living with dementia as she attends a hospital visit. When planning our learning and development approach it is vital that caring in action runs as a thread through all of the learning activities we present, and that any skills development components of the approach are embedded in practice and take a service user centred approach. Additionally materials such as the RCN e-learning materials first steps⁴ and accountability and delegation for health care assistants⁵, and the e-learning for healthcare packages on the nurses role in dementia care⁶ and compassion in practice⁷ materials could form a component of this programme.

It is recommended that the foundation level learning commences with an introductory component to which all support workers are invited and which will introduces the approach and the tools that will be used to identify existing skills (online tool described later in this report) and will also familiarise participants with the teaching methods and support processes associated with the learning approach. It is recommended that a local 'code of conduct' for support workers forms part of this introductory learning and that all future learning is linked back to this code, helping to clarify role boundaries and accountabilities. The way in which the learning and development approach is 'sold' to the target audience is essential to its success, Combined Healthcare has many experienced and skilled support workers and this approach should engage with them in a lifelong learning approach rather than be seen as a negative reflection on their current level of performance.

The delivery methods will be tailored carefully to the requirements of this group and consideration of the benefits of interactive classroom based sessions will be compared with e-learning and workbook based learning in terms of educational effectiveness and cost. Feedback from clinical areas suggests that where local delivery of training is provided it should be convenient for, but outside of, the immediate clinical area to reduce the chances of postponement and interruption of training due to the immediacy of clinical demands.

It is proposed that this introductory level learning is recorded locally, in a 'competency passport' document which the learner can use to demonstrate competency if moving from one area of the Trust to another. Competency achievement should also be recorded centrally on OLM to provide workforce metrics and trends required at organisational level.

It is proposed that Combined Healthcare works with local HEI's or an organisation such as the open college to achieve validation of this programme once developed. Achievement of this component will be seen as a pre-requisite to the advanced learning component, which applies only to targeted groups of staff and is described later in the proposal.

The development of this foundation level component is supported by a bid against the strategic training budget to the value of £8,000

Skills development linked to specific clinical areas

It is envisaged that this section of the learning process will have a strong local clinical influence. It will include

- A strong local induction for new staff, ideally with dedicated time with the clinical skills lead
 for the area or a nominated mentor, providing the opportunity to assess skills gaps, provide
 training and assess competence in the workplace following the training
- Work with an appropriate person who will mentor the support worker to ensure continuing development and updating of clinical skills. This could potentially provide opportunities for band 5 practitioners (nursing, social care and allied health professionals) to develop their skills in education and supervision within the team by acting as a named mentors for support worker colleagues. It is important that where staff are identified to act as mentors to support workers they have received appropriate preparation for this role. (this aligns with a separate proposal in relation to a stepped approach to the development of mentorship skills which has been prepared by Emma Collins)
- Opportunities to gain experience in clinical areas other than one's own in order to gain a
 breadth of experience and to build a flexible workforce able to respond to requests for
 assistance in other parts of the Trust when necessary.
- A locally agreed set of skills or competencies for the clinical area which will contain core skills (eg record keeping, nutrition and hydration) and also skills specific to specialist areas (for example: child development in children's service areas)
- There may also be a need to identify skills which are specific to in-patient and community settings.

It is recommended that the delivery of training related to specific skills acquisition is co-ordinated through the education team who already provide support and development for clinical skills leaders and co-ordinate clinical training sessions for qualified staff who need to update their skills and when identified for preceptees. Delivery of clinical skills training will be through clinical skills leaders (who are clinically based) classroom based sessions, the use of workbooks and access to the mobile clinical skills facility (which it is anticipated will be available from the beginning of the new financial year as part of the Skills Enhancement in Rural Communities (SERC) project).

As part of our involvement in the SERC project we also have the opportunity to review the coverage of key clinical skills in our support worker groups using an on-line tool. Where gaps are identified or where new skills are required, a component of the learning and development approach will be the development of skills packages to meet local clinical need.

Investment in the clinical skills leaders network is required to fulfil this component of the approach. It is recommended that a clinical educator role is established to oversee the strategic and operational management of clinical skills leaders, to monitor the activity of this important group of educators and to liaise with managers at all levels to secure protected time for clinical education to take place at the clinical interface. It is proposed that this post is an established 3 day band 6 post (subject to banding approval) A proposal / business justification has been submitted separately by Emma Collins to support this.

It is also recommended that the establishment of clinical skills leaders is supported from the Executive level throughout the organisation and that this will include identification of protected time, from within the service lines for the clinical skills leads to perform their role and that these arrangements are recorded through the development of an education contract with these staff.

Advanced learning for selected groups

It is proposed that the PDR and workforce planning processes are used to determine the target group for a more advanced level of training.

- Workforce planning used to identify posts where a more advanced qualification, or
 equivalent demonstration of practice skills, was required. The support worker review will
 provide a broad notion of the future workforce requirements and development plans should
 be matched to this analysis. This is more fully described in the next section of the report.
- The PDR process (or in some circumstances, management of change process) would be used
 to identify those people who have the potential to move through the skills escalator.
 Alongside an indication of potential these people would also need to evidence experience
 and progression through the foundation and skills level of the support worker education
 approach.

The Trust has previous experience of delivering the City and Guilds Level 3 Certificate in Working in Community Mental Health^{8,9} (CCMH) for its STR workforce. This programme is accredited as part of the national Qualifications and Credit framework (QCF) providing a qualification that has currency outside of the organisation. It is proposed that this programme and others with similar currency for support workers caring for people with learning disabilities and for children and young people is introduced for targeted staff groups. At the current time we are not able to offer this full range of certificated programmes and may need to offer a mix of in-house and externally provided options.

We do have teaching expertise for delivery of the underpinning theoretical component of the CCMH programme and a proportion of the teaching materials are already prepared and would only need to be updated. Early discussions with the trainer for this programme indicates that with support from the OD and training team, she would have capacity to support one cohort of 20 delegates and with sufficient additional support from an additional trainer would be able to extend this to 2 cohorts of 20 staff. The Trust already has close links with a local accredited centre and an initial approach confirms that this centre would be willing to continue working with us in the delivery of this programme. Although the award is titled "Certificate in working in Community Mental Health Care" it is felt that the content might be sufficiently flexible to also be relevant to those working in acute mental health settings.

The indicative content of this qualification covers

- Mental well-being and mental health promotion
- Understanding mental health problems
- Understanding mental health interventions
- Understanding the legal, policy and service framework in mental health
- Understanding care and support planning and risk management in mental health
- Using effective communication to build relationships in mental health work
- Enabling mental health service users and carers to manage change
- Effective team and joint working in mental health.

It has progression routes to the following awards

- Level 3 qualifications in dementia care
- Level 3 certificate in supporting the mental health and well-being of older people

This one award does however, leave a gap in relation to those staff who work in learning disabilities and children's specialist areas and further work would need to take place in relation to the identification of similar programmes for support workers in these service lines.

Within the Learning Disabilities setting further evaluation of potential options will be carried out with senior managers and practitioners and enquiries will include skills for health competency frameworks and the national qualifications and credit framework. Keele University Professor Sue Read, who has a clinical background in learning disabilities and expertise in the development of the support workforce could provide a very useful link partner in this respect.

Competency frameworks can provide a useful aid to monitoring progress throughout the year and may form part of both the annual PDR process and the intermediary review meetings between managers and staff.

The costs associated with the delivery of the CCMH programme is estimated at £23,069 and a strategic training bid has been prepared to meet these costs. Further bids would need to be developed to cover the costs of certificated training in LD and CYP.

Links to workforce planning and skill mix developments

The Trust is currently undertaking a review of the clinical support workforce. As part of this process a list of competencies for bands 2,3, and 4 will be created to standardise expectations at each of these levels. Once agreed, they will be aligned with this proposal to ensure that appropriate education and learning interventions are available at each stage. Evidence of competency achievement at lower levels will be pre-requisite for learning at the more advanced levels. Evidence of more advanced training alone therefore, does not equate to an automatic advancement of banding and the way in which this element of the proposal is advertised and utilised within the trust should be carefully and realistically managed within service line plans and appropriate PDR conversations.

A linked theme to consider as part of the learning approach is the potential for the further development of specialist support roles across the Trust, and to review the distribution of skills in relation to current models of care and recognised benchmarking frameworks. We already have well established STR roles and OT/Physio technician roles but there could be opportunities to develop additional assistant practitioner roles as part of our workforce planning.

Assistant practitioners are at level 4 of the NHS career framework and will typically study for foundation degree or BTEC HND level qualification. They work in a broad range of areas, primarily but not exclusively, with patient contact. As models of care are designed and developed an important workforce consideration is effective skill mix and best use of resources. Several workforce planning tools and workforce advice is available within the Trust and managers should be encouraged to explore new ways of working and consider the lead in time to prepare staff for these emerging roles.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust¹⁰ have developed an inpatient assistant practitioner role aimed to increase service user access to physical healthcare, therapeutic activities and allow registered staff to focus on higher level skills. Staffordshire University provides a work based foundation degree in mental health for these staff and the Trust has piloted the use of the Scottish Executive organisational code of practice to provide a regulatory framework for practice in this role.

Costs associated with this component of the approach will need to be built into the workforce plans and model of care bids prepared by the service lines and have not been included as a part of this proposal

Recruitment Strategies

Another theme emerging from the Cavendish review is the significant role that values based recruitment followed by robust induction, buddying/ supervision and a career development framework for support workers can play in supporting the potential of the support workforce. Cavendish recommends career pathways which include education at higher certificate level with modules specific to certain care settings. Some organisations are already working in this way Eg: York Hospitals have introduced open days prior to recruitment and a more substantial induction and buddy system which has reduced turnover from 17 – 12% and reduced sickness from 8 – 5%.

It is recommended that our support worker learning approach therefore includes these components. Through our involvement with the regional values based recruitment (VBR) group we can ensure that appropriate processes and nationally approved tools are incorporated into future recruitment of support staff. We already have a well established preceptor programme for qualified staff and building on this good practice could consider the introduction of a similar period of supported practice for newly appointed support workers. Skills development during this period of time could be supported by the 'clinical skills leaders' who are ward based and have been prepared to provide education sessions at local levels to trust standards.

Costs associated with this part of the project are difficult to assess at this stage until there is more clarity about the national VBR tools. The extension of the existing preceptorship process to include newly appointed support workers has not been costed at this stage.

Timeline

Proposed timeline	Activity
October 2013	 Focus Groups on the proposal Preparation of clinical skills leaders and preparation for the introduction of the mobile skills Proposal approval sought at exec and PCD level
Oct – Dec 2013	 Development of foundation level component of the programme Sourcing of certificate level programme for Support workers in learning disabilities and children's services
Oct 2013 – Mar 2014	Preparation and recruitment to the Certificate in Community Mental Health
Feb 2014 – Feb 2016	 Introduction of the foundation level programme for support workers with continuing rollout plan to cover all staff
April 2014	 Proposed date for the introduction of the mobile clinical skills facility increasing access to skills training opportunities for support workers
Jan – June 2014	 Preparation and recruitment to the certificate level programme for learning disabilities and children's services
Timescale to be determined	Introduction of tools supporting VBR based on national recommendations.
As required	 Introduction of training to meet new roles established as part of models of care and business plans

Conclusion and Recommendation

Creation of a developmental approach for support workers is a high profile topic given the findings of the Francis Enquiry, recommendations of the Cavendish report and most recently recommendations of the Berwick report. It is a crucial component in the delivery of safe, high quality care to our service users given the high proportion of direct care that is provided by this staff group.

It is recommended therefore that the proposals described above are commenced within this financial year with a rollout plan of 2-3 years to reach all support workers with the foundation level programme and identified target groups with the certificate level training.

APPENDIX 1

National minimum Training standards for healthcare support workers and adult social care workers in England

These standards define the minimum standards and knowledge that would usually be included in a period of induction in order to provide a foundation for safe and effective practice. The themes covered by the standards are as follows

- Role Clarity
- Personal development
- Effective communication
- Equality, diversity and inclusion
- Duty of Care including complaints, incidents and difficult situations
- Safeguarding issues
- Person centred care including values, cognitive issues, active participation and choice, emotional and spiritual wellbeing
- Health, wellbeing, safety, security and stress
- Information governance
- Infection control

2013 Code of Conduct for healthcare support works and adult social care workers in England

The Code of Conduct covers the following themes

- Accountability
- Promotion of privacy, dignity, rights and health and wellbeing of service users
- Collaborative working
- Open effective communication
- Confidentiality
- Continuing professional development
- Equality, diversity and inclusion

Appendix 2 Staff Breakdown in Support Worker Categories

Division	Service Line	Role	Headcount	WTE
Adult Mental	Non Psychotic and Social			
Health Division	Care Recovery	Health Care Support Worker	19	17.09
		Social Care Support Worker	3	2.81
		Support, Time, Recovery Worker	18	15.59
		Technical Instructor	2	1.80
	No. De abatta del Castal			
	Non Psychotic and Social Care Recovery Total		42	37.30
	Psychosis and Recovery	Health Care Support Worker	67	63.15
		Support, Time, Recovery Worker	25	20.98
		Technical Instructor	2	1.89
	Psychosis and Recovery Total		94	86.02
	Substance Misuse Service	Health Care Support Worker	8	7.80
	Substance Misuse Service Total	,	8	7.80
232 Adult Mental Health				
Division Total			144	131.12
Children & Young People Division	Children with Complex Needs SLM	Health Care Support Worker	14	9.20
	Children with Complex Needs SLM Total		14	9.20

1	r	_		
	Inpatient Mental Health	Haalib Cara Cara art Warlan	12	12.64
	Services	Health Care Support Worker	13	12.64
	Inpatient Mental Health Services Total		13	12.64
Children &				
Young People Division Total			27	21.84
Learning Disabilities, Neuropsychiatry and Older	Learning Disabilities			
People Division	Service	Health Care Support Worker	80	73.79
		Helper/Assistant	4	3.43
		Technical Instructor	6	5.50
		,		
	Learning Disabilities Service Total		90	82.72
	Service rotar		30	02.72
	Neuropsychiatry and Older People Service	Health Care Support Worker	72	65.53
		Helper/Assistant	2	2.00
		Support, Time, Recovery Worker	2	2.00
		Technical Instructor	3	2.80
		Technician	1	0.81
	Neuropsychiatry and Older People Service			
Loarning	Total		80	73.14
Learning Disabilities, Neuropsychiatry and Older People Division				
Total			170	155.86
Pharmacy Assistants	Pharmacy	Dharmacy assistant	3	
Assistants	т наттнасу	Pharmacy assistant	3	
Grand Total			344	308.82

References

- Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry Executive Summary 2013
- The Cavendish Review. An independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings. July 2013
- Guys and St Thomas's NHS Trust. Barbara's Story http://www.guysandstthomas.nhs.uk/education-and- training/staff-training/Barbaras-story.aspx accessed on 31st July 2013
- 4. RCN First Steps Programme for Health Care Assistants http://rcnhca.org.uk/ Accessed on 30th July 2013
- RCN Accountability and Delegation learning materials http://www.youtube.com/watch?v=S-veLUO4ZQQ
 Accessed on 1st August 2013
- 6. E-Learning for healthcare Dementia http://www.e-lfh.org.uk/projects/dementia accessed on 1st Aug 2013
- E-learning for healthcare Compassion in Practice
 http://www.e-lfh.org.uk/projects/compassion-in-practice/open-access-sessions/
 Accessed 1st Aug 2013
- 8. Level 3 Certificate in Working in Community Mental Health care (3561-03) Qualification handbook for centres 2010
- 9. Level 3 Certificate in Working in Community Mental Health Care (3561-03) Assignment guide 2010
- 10. NHS Employers. Development of an Inpatient Assistant Practitioner Role http://www.nhsemployers.org/SharedLearning/Pages/D evelopmentofaninpatientassistantpractitionerrole.aspx accessed on 31st July 2013
- 11. Department of Health 2013 National Minimum Training Standards For Healthcare Support workers and Adult Social Care Workers in England
- 12. Department of Health 2013 Code of conduct for Healthcare Support Workers and Adult Social Care Workers in England
- 13. Don Berwick Report. National Advisory Group on the Safety of Patients in England "A promise to learn – a commitment to act. Improving the safety of patients in England Aug 2013

North Staffordshire Combined Healthcare NHS Trust

Report To: Trust Board

Title of Report: Improving Workforce Safety. Presented by: Caroline Donovan		
Author of Report: Dean Burgess, Workforce Safety Lea	ad	
Name: Date: Email: Dean Burgess 2nd January 2014		
Purpose / Intent of Report: • Performance monitoring • For Information		
Executive Summary: This report details the approach the taking in order to improve workforce identify, implement and embed initiate the number of staff assaults upon state. The report will detail; A summary of the national date NHS Protect for the period of March 31st 2013 detailing a staff in NHS settings. A summary of the Trust report figures for 2011/12 and 2012 discrepancy in the figure sully protect for the period 20 reasons for this, and the ast actions taken as a result of this. A decrease in staff assaults Trust against a backdrop increase in staff assaults acr 2012/13. The report will depercentage decrease across apperiod 2012/13, the currer 2013/14 with an anticipated on reporting at month 8. Illustration of the submitted of by Service Line reporting wincrease and decrease fror reporting period 2011/12. Illustration of the overall staff excluding the incidents report Close. This will aim to highligh number of incidents reported.	te safety and to atives to reduce aff. ata published by at April 2012 to assaults against assaults against assaults against at ted staff assault and the bmitted to NHS 11/12 and the surance of the assurance of	

	 area proportionate to the overall Trust total. Improvement methodology in workforce safety detailing the initiatives ongoing to continue to reduce staff assaults.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	 Customer Focus Strategy Clinical Strategy Governance Strategy Innovation Strategy Workforce Strategy
Relationship with Annual Objectives:	Provide safe care for people who access our service.
Risk / Legal Implications:	
Resource Implications:	
Equality and Diversity Implications:	
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	That the Committee receive the report for review and discussion.

North Staffordshire Combined Healthcare NHS Trust

Report to the Trust Board-Improving Workforce Safety and NHS Protect assaults against staff report 2012/13

Introduction: NHS Protect annually collects and collates figures for physical assaults against NHS staff from all NHS bodies across England. These figures are then published in an annual report detailing all the information collected. Prior to the publication of the annual figures, a representative sample of Health bodies are visited and audited in order to verify and validate the National figure. Individual Trust figures are then adjusted based on this accuracy measure. Thus our submitted figure of 1047 was adjusted down to 1046 by NHS Protect. The information collected is made public and used by the Department of Health to inform policy.

NHS Protect define physical assaults as:-

"The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort".

Process: Each year, around the beginning of June, the Security Management Director (SMD) and Local Security Management Specialist (LSMS) are contacted via email and advised of the need to submit the annual Violence Against Staff (VAS) return. A simple questionnaire is attached to the email to be completed by the LSMS and re-submitted by the end of June. The information required is for the previous financial year and the following information is required:-

- Total number of assaults against staff
- Declaration of total workforce, including "bank staff"
- Whether the assault is deemed to be due to "medical factors" i.e. did the assault arise due to mental illness, mental distress, learning disability or whilst being administered treatment
- Total number of criminal sanctions following an assault

The final report is made public usually around November time and is again sent to SMD's and LSMS's via email.

The Report: The data is categorised into 6 distinct service types:

- Acute sector
- Ambulance services
- Mental Health
- Primary Care Trusts
- Strategic Health Authority
- Special Hospitals

The report also cautions against comparing local data with the National figures because of:-

- Demographic/Geographic variables
- Levels of service provision for mental health, learning disability and older persons services
- Changes in service provision

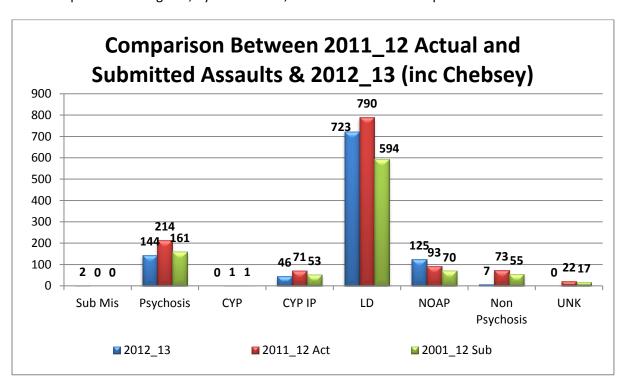
- Health body amalgamations/Acquisitions
- Embedding of reporting cultures

Discrepancy with 2011-12 Figures: The Eworks reporting system, unlike commercial systems does not automatically submit incidents categorised as requiring submission to NHS Protect. The collation of the figures was therefore reliant on a manual extract from the EWorks system. Incident forms, once reported, require Line Manger and Patient and Organisational Safety quality assurance and sign off. The extract from the system pulled incident data that had already undergone these two processes and did not include forms awaiting quality assurance. This resulted in a discrepancy between the reported figure and the actual figure of reported staff assaults for the period 2011-12. Reported figure was 951, actual figure was 1264. It would appear at first glance therefore that there has been an increase of 85 assaults when the 2012-13 figure is compared to the 2011/12 submission whereas in reality there has been a reduction of 217 incidents. Immediate action was taken to ensure that this could not reoccur.

Furthermore, the position to date for this current financial year indicates that the trend is for a further significant reduction (286 assaults reported at month 8). If this were maintained for the rest of the year it would represent a reduction of almost 60%. However, this must be cautioned against the fact that the admission of one or two complex clients to our services could trigger a marked increase in incidents.

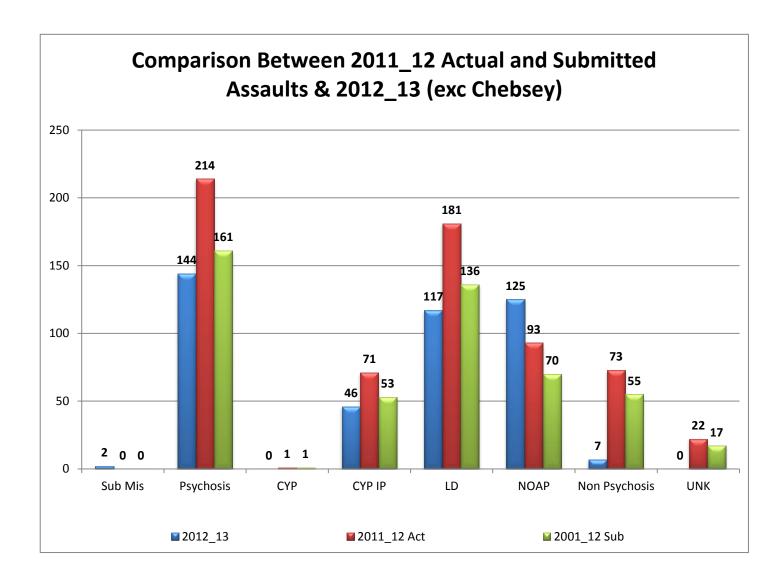
<u>Comparison Tables by Service Line of Actual Incidents and Submitted Figure for 2011-12 compared</u> to published figures for 2012-13

It has not been possible to break down the 2011-12 submitted figure by service line as this information was snap shot and as such, is now lost within system. Service Line split of submitted is therefore based on proportionate split of the 1264 (red) replicated across the 951 (green). The blue column represents the figures, by Service Line, sent to NHS Protect for period 2012-13.



As can be seen from the table above there were significant reductions in four of the Service lines when this year's figures (blue) are compared to the actual figure for 2011-12 (red). Psychosis (33%), CYP Inpatient (35%), Learning Disability (8.5%) and Non Psychosis (90%) all registered a reduction in incidents whilst in NOAP (34%) incidents have increased. There were also 2 incidents in Substance misuse compared to zero incidents in 2011-12. There were zero incidents in the "Unknown" category this time meaning all incidents were able to be attached to a particular service line.

The table below shows the same information as above but with all incidents from Chebsey Close removed from the Learning Disability service Line. This year Chebsey Bungalows accounted for 84% of all staff assaults within the Service Line compared to 77% for period 2011-12, and 57% of all assaults within the Trust, compared to 50% in 2011-12.



Strategies implemented to reduce Staff Assaults

Significant work has been done on ensuring that incidents are categorised correctly, meeting NHS Protect's definition of assault

- The Workforce Safety team have will implement a revised and improved programme of training in the management of violence reduction for staff from March 2014 based on a review of best practice guidance in violence and conflict reduction.
- Planned debrief sessions involving Staff Support and Counselling as regular events
- Local Security Management Specialist (LSMS) direct contact with staff members where police involvement is required.
- The Workforce Safety team have established a violence reduction group for in patient areas
 to ensure clinical representation and involvement to introduce further violence reduction
 initiatives and harnessing best practice. This group includes Staff Counselling and Support as
 a core group member to support ongoing development of support for the workforce arising
 from staff assaults.
- Ongoing support from Workforce Safety team to areas encountering difficulties with particularly challenging clients and a programme of regular and adhoc clinical visits including observation of restrictive physical holding in practice
- Introduction of Positive Behaviour Support (PBS) training for staff working with particularly challenging clients and supporting the inclusion of PBS as a conflict reduction initiative via the strategic training needs analysis training monies bid

Conclusion

Overall assaults have increased across the whole of the NHS by 5.8% from 59,744 in 2011-12 to 63,199 in 2012-13. At face value, due to the previously documented discrepancies with our 2011-12 VAS return, it would appear that the Trust has fared worse than the National picture by having a 9% increase in assaults (951 Reported in 2011-12 compared to 1047 reported in 2012-13). However, based on the actual figure for 2011-12, the Trust has seen a 17% fall in assaults (1264 in 2011-12 compared to 1047 in 2012-13) thus bucking the National trend.

Dean Burgess

Workforce Safety Lead