

## MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 30 APRIL 2015,  
10:00AM, BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,  
BELLRINGER ROAD, TRENTAM LAKES SOUTH,  
STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	<b>APOLOGIES FOR ABSENCE</b> <i>To NOTE any apologies for absence</i>	Note
2.	<b>DECLARATION OF INTEREST RELATING TO AGENDA ITEMS</b>	Note
3.	<b>DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS</b>	Note
4.	<b>MINUTES OF THE OPEN AGENDA – 26 MARCH 2015</b> <i>To APPROVE the minutes of the meeting held on 26 March 2015</i>	Approve Enclosure 2
5.	<b>ACTION MONITORING SCHEDULE &amp; MATTERS ARISING FROM THE MINUTES</b> <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 3
6.	<b>CHAIR'S REPORT</b> <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	<b>CHIEF EXECUTIVE'S REPORT</b> <i>To RECEIVE a report from the Chief Executive</i>	Note Enclosure 4
TO DELIVER HIGH QUALITY PERSON CENTRED MODELS OF CARE (Strategic Goal)		
8.	<b>SPOTLIGHT ON EXCELLENCE</b> <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	<b>PRESENTATION FROM PRIORITY REFERRAL TEAM – CHILDREN AND YOUNG PEOPLE'S DIVISION</b> <i>To RECEIVE an introduction to the team led By Mrs. J Barton, Clinical Director</i>	Verbal
10.	<b>STAFF RETIREMENTS</b> <i>To EXPRESS our gratitude and recognise staff who are retiring. To be introduced and presented by the Chair</i>	Verbal

11.	<b>QUALITY COMMITTEE REPORT</b> <i>To RECEIVE the Quality Committee assurance report from the meeting held on 21 April 2015 from Mr. P Sullivan, Chair of the Quality Committee</i>	Assurance Enclosure 5
12.	<b>NURSE STAFFING MONTHLY REPORT – March 2015</b> <i>To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Mr. M Dinwiddy, Interim Director of Nursing &amp; Quality</i>	Assurance Enclosure 6 <i>To Follow</i>
<b>TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)</b>		
13.	<b>FINANCE REPORT – Month 12 (2014/15)</b> <i>To RECEIVE for discussion the month 12 financial position from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 7
14.	<b>ASSURANCE REPORT FROM THE FINANCE &amp; PERFORMANCE COMMITTEE CHAIR</b> <i>To RECEIVE the Finance &amp; Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby from the meeting held on 23 April 2015</i>	Assurance Enclosure 8
15.	<b>TDA ACCOUNTABILITY FRAMEWORK 2015/16</b> <i>To RECEIVE the TDA Accountability Framework 2015/16 from Ms A Harrison, Interim Director of Finance</i>	Note Enclosure 9
16.	<b>PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 12</b> <i>To RECEIVE the month 12 Performance Report from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 10
17.	<b>SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY</b> <i>To APPROVE the Self Certifications for the TDA from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 11
18.	<b>ASSURANCE REPORT FROM THE AUDIT COMMITTEE</b> <i>To RECEIVE for assurance the Audit Committee report from the meeting held on the 16 April 2015 from Mr. D Rogers, Committee Chair</i>	Approve Enclosure 12
<b>TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)</b>		
19.	<b>PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT</b> <i>To RECEIVE the People and Culture Development Committee assurance report from the meetings held on the 23 March 2015 from Mr. P O'Hagan, Committee Chair and the 20 April 2015 meeting from Mr. P. Sullivan, Acting Committee Chair</i>	Assurance Enclosure 13
20.	<b>STAFF SURVEY ACTION PLAN</b> <i>To RECEIVE the Staff Survey Action Plan from Mr P Draycott, Director of Leadership &amp; Workforce</i>	Assurance Enclosure 14

21.	To <b>DISCUSS</b> any Other Business	
<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		
22.	To <b>ANSWER</b> questions from the public on items listed on the agenda	
<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 04 June 2015 at 10:00am.</i>	
23.	<b>MOTION TO EXCLUDE THE PUBLIC</b> <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
<b>THE REMAINDER OF THE MEETING WILL BE IN PRIVATE</b>		

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

	<b>DECLARATIONS OF INTEREST</b>	Note
	<b>DECLARATIONS OF ANY OTHER BUSINESS</b>	Note
	<b>SERIOUS INCIDENTS</b>	Assurance
	<b>CEO UPDATE</b>	Note
	<b>LEADERSHIP &amp; WORKFORCE UPDATE</b>	Note
	<b>ANNUAL OBJECTIVES AND ANNUAL PLAN INCLUDING BUILDING THE NHS ON THE FIVE YEAR FORWARD VIEW</b>	
	<b>ANY OTHER BUSINESS</b>	

## TRUST BOARD

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

**Present:**

**Chairman:**

Mr K Jarrold  
Chairman

Mr P O'Hagan  
Vice Chair

**Directors:**

Mrs C Donovan  
Chief Executive

Mr D Rogers  
Non-Executive Director

Dr B Adeyemo  
Medical Director

Mr P Sullivan  
Non-Executive Director

Ms B Johnson  
Non-Executive Director

Ms A Harrison  
Interim Director of Finance

Mr P Draycott  
Director of Leadership & Workforce

Dr K Tattum  
GP Associate member

Mr A Hughes  
Interim Director of Strategy and Development

Mr M Dinwiddy  
Interim Director of Nursing and  
Quality

Mr A Rogers  
Director of Operations

Mr T Gadsby  
Non-Executive Director

Dr D Sheppard  
GP Associate member

**In attendance:**

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

Mrs J Scotcher  
Executive PA

Mrs A Roberts  
Head of Communications

**Team Spotlight:**  
Stoke Heath Prison Substance  
Misuse Team  
Janine Burgess  
Dr Watts

**Individual spotlight**

Julie Richardson – Recovery and  
Resettlement Team Manager  
Supported by Don Walsh

**Members of the public:**

Hilda Johnson  
North Staffs User Group

The meeting commenced at 10:00am.

441/2015	Apologies for Absence	Action
442/2015	Apologies were received from Ms Harvey, Staff Side	

	<p>Representative – UNISON.</p> <p>The Chair noted that this was Dr Sheppard's final meeting and thanked him for all his support in the last 4 years. His help and advice has been invaluable and very much appreciated. At present, we are looking to recruit a successor and the board will be informed of developments in due course.</p>	
442/2015	<p><b>Declaration of Interest relating to agenda items</b></p> <p>There were no declarations of interest relating to agenda items.</p>	
443/2015	<p><b>Declarations of interest relating to any other business</b></p> <p>There were no declarations of interest</p>	
444/2015	<p><b>Minutes of the Open Agenda –26 February 2015</b></p> <p>The minutes of the open session of the meeting held on 26 February 2015 were approved as a correct record with the exception of page 1 ; Apologies for Absence – should read Dr Sheppard not Mr Sheppard.</p>	
445/2015	<p><b>Matters arising</b></p> <p>The Board reviewed the action monitoring schedule and agreed the following:-</p> <p><b>287/14 KPMG Review of the Trust's Quality Governance Arrangements and Action Plan</b> - Mrs Donovan clarified Board to ward visits need to be embedded and strengthened. It was further noted there will be a Quality dashboard for the 6 new directorates.  <b>Mr Dinwiddy confirmed this is now complete – remove from schedule</b></p> <p><b>408/15 Chief Executive's Report – Patient Safety Campaign</b> – A report will be presented to the Quality Committee and the Trust Board in March 2015  <b>On today's agenda</b></p> <p><b>408/15 – Chief Executive's Report – Compliments Corner (Weekly newsletter)</b> Mrs Donovan further suggested adding a link to her BLOG and Mrs Roberts agreed to action this  <b>Completed – remove from schedule</b></p> <p><b>416/15 – Performance and Quality Management Framework (PQMF) Month 10</b> - Mr Sullivan drew attention to; <b>Admission of under 18 to an acute adult bed</b>; and questioned whether by admitting someone under</p>	

	<p>18 (days away from going into ward) are we actually breaching guidance? Secondly, is nursing someone on Ward 1 at Harplands, but still nursed by Darwin staff a breach?</p> <p>Mr Rogers confirmed that this was the best clinical option in terms of meeting the patient's needs at the time and he would look into this in respect of Mr Sullivan's comments.</p> <p><b><i>Mr A Rogers did conclude that this was not an SI because the young person was not on the main ward and was supported by CAMHS staff – remove from schedule</i></b></p> <p><b><i>416/15 Performance and Quality Management Framework (PQMF) _Month 10</i></b> - The Chair noted that the Trust needs to be aware of the new Mental Health targets for next year. Mrs Donovan confirmed that this will be in the performance report for next month's Trust Board.</p> <p><b><i>On today's agenda – remove from schedule</i></b></p>	
<b>446/2015</b>	<p><b>Chair's Report</b></p> <p>The Chair began by sharing two thoughts about standards and staffing.</p> <p>The Chair commented that the Board will know that for the last three months, he has been involved in supporting a member of his family who has been receiving mental health services for more than 20 years and for whom he is the main carer.</p> <p>He has therefore been thinking carefully about the standards that any of us might wish to see in the services that we receive.</p> <p>The Chair stated that he had come across an article in the Health Service Journal by Neil Churchill the Director of Patient Experience at NHS England.</p> <p>Neil quotes 8 standards from a document produced by the National Quality Board and the Chair wanted to share them with the Board. The standards are expressed in the first person as though spoken by a service user.</p> <ul style="list-style-type: none"> <li>• I am an active partner in my care.</li> <li>• I am treated as an individual, my needs, values and preferences respected.</li> <li>• I am able to access services when I need them and my care is coordinated.</li> <li>• The people providing my care recognise that I am the expert on me.</li> <li>• Communication is tailored to me and delivered with care</li> </ul>	

	<p>and compassion.</p> <ul style="list-style-type: none"> <li>• I have access to the information I need.</li> <li>• I have access to the support I need, including emotional support.</li> <li>• The environment in which I receive care is clean, comfortable and dignified.</li> </ul> <p>The Chair commented that this is exactly how he feels about the services he would like to receive and that he would like to see delivered for the person he cared for. He hoped that we can use these standards in our work.</p> <p>The second thought is about staffing. He noted that all of us who made the ward visits on the day of our last Board valued the opportunity to meet front line staff and to hear directly from them.</p> <p>The overwhelming theme was staffing in all its aspects;</p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Numbers</li> <li>• Mix of qualified and support workers</li> <li>• Mix of permanent, bank and agency</li> <li>• Recruitment, selection, deployment and retention</li> <li>• Staff engagement, satisfaction and morale</li> </ul> <p>This is a very high priority for us.</p> <p>The link between the two is clear. Only by doing everything we can to improve the staffing position can we deliver the standards.</p> <p>Standards and staffing – service user experience and staff experience – the one dependent on the other.</p> <p>The Chair further noted that in the mid-80s, he had the great good fortune to get to know Sir Roy Griffiths brought in by Mrs Thatcher from Sainsbury's to sort out the NHS. He noted that he was initially very suspicious of this private sector boss and what he would do to the Chair's beloved NHS. He soon learned that Roy Griffiths was deeply committed to the NHS, he was from a mining family in this area and had been educated at Newcastle under Lyme Grammar School.</p> <p>The Chair noted that he had never forgotten his central message ; <i>'get the relationship with the staff right and they will get the relationship with the patients' right'</i>.</p>	
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	<p>We can see from today's agenda that we have some way to go in heeding his advice. However, we can also see that we understand his message and are working hard to deliver it.</p> <p><b><i>Received</i></b></p>	
447/2015	<p><b>Chief Executive's Report</b></p> <p>Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in February 2015 and draws the Board's attention to any other issues of significance or interest.</p> <p><b>NHS Change Day</b> On 11 March 2015, the Trust participated in NHS Change Day. The Board met with staff at Harplands Hospital, where stands showcased some of the Trust's great services and celebrated some of the changes that can make big differences to patient care. The Trust Board members visited a range of wards and clinical areas. The day proved to be very positive with a welcomed approach, supporting staff being the main theme.</p> <p><b>Quality Assurance Programme Board</b> The Trust has set up a Quality Assurance Programme Board to continue to drive quality improvement across the organisation and to help prepare for its forthcoming Care Quality Commission (CQC) inspection. It was noted that this is not just a 'ticking boxes' exercise, it will also identify where teams need additional support and development or need strengthening.</p> <p><b>Ongoing Contract Negotiations and Parity of Esteem</b> The Trust is currently in negotiations with Stoke and North Staffordshire Clinical Commissioning Groups. The Trust is also pleased and welcomes the national Parity of Esteem requirements.</p> <p><b>Partnership with new group supporting mental health needs of armed forces veterans</b> The Trust has joined forces with the newly formed North Staffs Veterans, whose mission is to support the recovery of ex-service personnel affected by PTSD (Post Traumatic Stress Disorder). Mr Martin Donlon, CPN (Greenfield's Centre), with support from Steve Clews, is leading the service and it has already had a positive impact with service users.</p> <p><b>Appointments</b> With regard to appointments made recently ;</p>	



	<ul style="list-style-type: none"> <li>• Dr Okolo has been appointed Associate Medical Director</li> <li>• Jane Munton-Davies – Head of Neuro and Old Age Psychiatry Directorate. She is currently a Senior Manager in Social Care with Stoke-on-Trent City Council. This will enable Kath Clark to take up her new role as Head of Directorate for Children and Young People.</li> </ul> <p><b>Dear Caroline – email address</b></p> <p>Mrs Donovan noted that she had briefed Board members at the last meeting in relation to the ‘Dear Caroline’ website, encouraging people to raise concerns.– We are developing this and helping to change culture, to date 13 emails have been received which have been about a variety of subjects. A report will be submitted to the Trust Board on actions taken.</p> <p><b>Brain and Behaviour Conference</b></p> <p>On 12 March 2015, The Brain and Behaviour Conference took place and Mrs Donovan had the privilege to open the event. This was a national conference with approx 200 people in attendance. Well done to Dr El-Nimr who led the conference and there were some very insightful stories from service users and carers. The conference enabled our Trust to be recognised for excellence in Neuropsychiatry and for staff to learn from others, continuing to share good practice.</p> <p><b>Staff Survey</b></p> <p>The Staff Survey is on today’s agenda for discussion. Overall the results are disappointing and we are taking action to address this.</p> <p><b>Listening into Action</b></p> <p>The Trust will be running a ‘Pass it on’ event on 27 March 2015 for all the pioneering teams taking part in the Listening into Action initiative. All staff are very welcome to attend it is anticipated that approx 130 people will be in attendance.</p> <p><b>Stoke Health and Wellbeing Board</b></p> <p>It was noted that we have been invited to attend the Stoke Health and Wellbeing Board for the first time this month. This will help providers and commissioners to further work together in partnership</p> <p><b>Local Medical Committee (LMC)</b></p> <p>At the March LMC meeting, Dr Adeyemo, Medical Director shared with GP colleagues that, in response to feedback from GPs regarding the ease of contacting the Access team, the Trust has introduced a dedicated telephone number specific to GPs. This had received very positive feedback from LMC members and our continued engagement is of great importance</p>	
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	<p>to the Trust.</p> <p>Mr Sullivan commented that he was pleased to see the establishment of the Quality Assurance Board, however he commented that there should be some definition with the Terms of Reference to ensure there is no duplication with the work of the Quality Committee, as this may be an issue with the CQC.</p> <p>The Chair commented that there was a difference between the two groups ;  Quality Committee – deals with assurance of quality  Quality Assurance Board – is focusing on delivery of quality improvement</p> <p>The Chair also noted that the Quality Assurance Board was ensuring the Trust was taking the right approach and we are preparing with good leadership.</p> <p>Dr Tattum commented on the North Staffs Veterans, how do we access this service? Mrs Donovan stated that this would be highlighted in the GP newsletter</p> <p>The Chair raised his frustrations with the national policy of Parity of esteem because people are not doing what they said they would do..</p> <p>The Chair also noted the North Staffs Veterans and their important role, at long last we are recognising the needs of people who defend our country, who take huge risks both physically and mentally.</p> <p>Furthermore, the Chair commented that he was pleased with the recent appointments made and the ‘ Dear Caroline’ website.</p> <p>The Chair noted that Staff survey was disappointing, however the Trust is continuing with crucial initiatives to improve the position on this.</p> <p>Finally, the Health and Wellbeing board representation for our Trust will prove very beneficial.</p> <p><b><i>Received</i></b></p>	Mr Draycott
448/2015	<p><b>Spotlight Awards - March 2015</b>  <b>Individual Spotlight Award –</b>  <b>Julie Richardson, Recovery and Resettlement Team Manager</b>  <b>AMH Community Directorate</b></p> <p>Julie’s role involves managing the Support Time and Recovery</p>	

	<p>Workers Team and the functional management of Hillcrest, which requires close collaboration with our partners, Brighter Futures. Julie has also had a key role in developing and delivering the Certificate in Community Mental Health for Trust staff, third sector employees and service users. This has not only resulted in participants achieving a recognised qualification but has led to service users accessing training, which has led to them gaining employment within the service.</p> <p>In addition to this, her response to a major incident relating to a significant fire at Hillcrest must be acknowledged. Her leadership during this has been recognised as being exemplary. She followed procedures in a manner which was calm, controlled and efficient, supporting her staff team to evacuate the building and organising in partnership with police and fire colleagues a safe haven for service users while the fire was dealt with.</p> <p>Julie demonstrates many of the Trust values – her partnership approach reflects our 'working together for better lives' value which in turn impacts on 'providing high quality and innovative care.' By helping people to establish their own recovery journeys she truly 'values people as individuals' and her exemplary leadership in response to the fire incident is one example of how she 'exceeds expectations'.</p> <p><b>Team Spotlight Award and Presentation</b>  <b>Stoke Heath Prison Substance Misuse Team – Substance Misuse Directorate</b></p> <p>The Stoke Heath Prison Substance Misuse Team is part of the Substance Misuse Directorate. The team was formed when Combined Healthcare took over the clinical element of substance misuse services at the prison in April 2014 in partnership with Rapt (Rehabilitation for Addicted Prisoners Trust). It is the first prison based substance misuse service within the Trust. The service was established by transferring staff from the existing provider as well as recruiting new members to the team. The team is comprised of 4 nurses, ably led by Janine Burgess, and is supported by medical staff from the Substance Misuse Directorate.</p> <p>In establishing the team and the service they have had to overcome a number of issues relating to working within the prison setting yet still able to demonstrate the Trust Values by being part of an innovative service (with the setting up of the partnership and introducing new practices and protocols), working in an integrated way with RAPt and the prison staff, and above all, showing prisoners that they are valued as individuals and that recovery is achievable.</p>	
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	<p>Dr Watts delivered the presentation, it was noted there are 5 distinct teams within the Substance Misuse Directorate.</p> <p>The Board also noted the 3 tenders which have recently been submitted ;</p> <ul style="list-style-type: none"> <li>• Community Inpatient and Recovery services in Stoke on Trent</li> <li>• Healthy Living Staffordshire</li> </ul> <p>Stoke Heath Prison is located near to Market Drayton and this can cause recruitment issues at times.</p> <p>Janine Burgess then gave a patient story about 'Robert' as an example of best practice.</p> <p>Dr Sheppard commended the team and wished them well with their bid for tenders. He queried what was in place prior to this service? Dr Watts stated that (CRI) Crime Reduction Initiatives were running the services and we formed partnership with them. Previously, there had been Doctors coming in from Birmingham.</p> <p>Mr A Rogers also congratulated the team and recalled the tenders that have been successful over the last 15 months. He paid tribute to Dr Watts and the team for all their efforts, which sometimes had been a battle for the infrastructure and support even through the implementation stages.</p> <p>Mr A Rogers asked Janine Burgess where she had originally come from? Janine stated that she had been employed by the Trust but was TUPED over to Birmingham and Solihull but then came back to work at Stoke Heath.</p> <p>Mr Sullivan queried the approximate numbers of clients. Janine clarified that the current population is 718 prisoners, 75 (clinical) on opiate substitution, not including referrals waiting to be triaged and 288 (psychosocial) not including referrals waiting to be triaged.</p> <p>Mr D Rogers queried what happens on release, does the work continue in the residential wider community? Janine stated that the team link in with various agencies so that it is planned process ie rehousing and unemployment. Dr Watts clarified that all released prisoners also have a Probation Officer assigned to them.</p> <p>Mr O'Hagan congratulated the team and commended them for creating best value based partnerships.</p>	
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	<p>Mr Draycott commented that there is real learning for wider teams from the Substance Misuse staff and how they have managed to change process and empower with the right staff.</p> <p>Mrs Donovan thanked Dr Watts and his team and also reiterated Mr A Rogers' points that against all odds and at difficult times, the team have not only moved into a complete new setting, but also forged new partnerships, leading the way for others.</p> <p>The Chair thanked the team for their hard work; this was most encouraging, as prison should be a place of rehabilitation.</p>	
<b>449/2015</b>	<p><b>Staff Retirements</b></p> <p>Mrs Donovan recognised 3 staff who are retiring this month as follows :</p> <p><b>Lorna Joyce Brown (not in attendance)</b> Lorna is due to retire on 25 April 2015 Lorna is a Senior Children's Community Learning Disability Nurse, a post she has held for over 22 years. Her entire nursing career has been spent caring for and supporting people with a Learning Disability, adults and children and their families.</p> <p><b>David Jones – (not in attendance)</b> David has worked with the Trust since the 1980's and started working at St Edwards Hospital at Cheddleton. He has worked in elderly care (St Edwards), respite care (Garden Villa, St Edwards site), LymeBrook Resource Centre, Ward 90 Acute mental health nursing based at City General and ended his career working at Kidsgrove as a Primary Community Psychiatric Nurse and finally at Biddulph with North Staffs Combined Healthcare amalgamation with the IAPT team/South Staffs partnership and Brighter Futures.</p> <p><b>Dr Rosanna McCauley (in attendance)</b> Dr Rosanna McCauley is retiring after working in the Trust for 25 years, principally in the field of substance misuse.</p> <p>During this time, despite considerable changes in services she has provided continuity of care to many people seeking help, often seeing them through very difficult life experiences and encouraging them not to give up.</p> <p>Her work in developing and maintaining the Pregnant Drug Use Service exemplified this and stands as an effective model of collaborative care across the health economy. She also will be missed for the care and support given to many doctors and nurses, particularly trainees, in the Unit.</p>	

	<p>The Chair commented that he was really pleased that the Board are recognising retirements and we are privileged to have staff with such long service. He further noted that in many other areas of the country this is not achieved. The service people have given over many years is crucial and it is important for service users to be able to relate to the same people over time.</p> <p>Thanks to all Noted</p>	
<b>450/2015</b>	<p><b>Quality Committee Summary held on 17 March 2015</b></p> <p>Mr Sullivan, Non-Executive Director, presented the summary of the Quality Committee held on 17 March 2015 for assurance purposes.</p> <p>The following policies were approved ;</p> <ul style="list-style-type: none"> <li>• Procedure for the assessment of qualified nurse competence in the administration of medicine 1.48 – incorporate in the Medicines Management Policy 1.03</li> <li>• Medication monitoring clinical guidance notes 1.49 – incorporate in the Medicines Management Policy 1.03</li> <li>• Guidelines for the management of patients who require a hospital setting 1.66 – append to the Admission, Discharge &amp; Transfer policy 1.17</li> <li>• Solo working policy 5.34 – policy superseded by new Lone Worker Policy 5.41</li> <li>• Research &amp; Development policy and strategy 1.52 &amp; 1.52a – extend to end of April 2015, review nearing completion</li> <li>• Policy on policies – approve for 3 years</li> <li>• Health &amp; Safety audit procedure 5.20 – approve for 3 years</li> <li>• Health Records Management &amp; Standards - extend until end of March 2016 (new code of Practice being introduced in September 2015)</li> </ul> <p><b><i>Ratified</i></b></p> <p>The Quality Committee reviewed a range of items both for information and assurance purposes, these included; the Quality Impact Assessment (QIA) update of Cost Improvement Schemes which will be discussed at next month's meeting for review of the year-end position of CIP and quality in the last 12 months.</p> <p>The Quality Committee received individual directorate reports on Quality Metrics and risks to Quality services.</p>	

	<p>In addition, reports on;</p> <ul style="list-style-type: none"> <li>• Board to Team visits</li> <li>• Sign up to Safety Campaign – Listen, Learn, Act</li> <li>• Director of Quality Report</li> <li>• Methodology on Safe Staffing</li> </ul> <p>Members of the committee scrutinised the monthly nurse staffing report.</p> <p>Proposals for the Adult Mental Health ward redesign were received, this is also on today's agenda.</p> <p>The Quality Committee received each of the domain reports for assurance purposes in respect of; Patient Safety, Clinical Effectiveness, Organisational safety and efficiency, Customer focus.</p> <p>Further scrutiny with the revisiting of the Improvement Workforce Safety – Violence against staff statistics 2013/14 report. In terms of incidents, clearly very positive and there has been a reduction plus a continued reduction with the use of restraint.</p> <p>Mrs B Johnson queried what is the new process for the new Board to team visits?</p> <p>Mr Sullivan confirmed that from his understanding the programme has been revised with regard to areas and wards, with the Executive lead producing a report and feedback to Quality Committee on the main issues and any recommendations..</p> <p>Mr O'Hagan raised the Directorate Performance reports and commented that waiting list information, referrals and bed occupancy rates were not yet visible. Mr Sullivan also commented that this is a frustration shared by the whole board, however the Quality Dashboard being prepared will provide that.</p> <p>Mrs Donovan confirmed that this is being progressed with NHS Elect and Ms Harrison and should be implemented by Q1 by directorate and by team. However, the Board need to be mindful of duplication within committees and sub committees.</p>	
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	<p>The Chair noted that the Quality Dashboard should certainly come to all members of the Board and all sub committees to review in the context of the Terms of Reference for each committee.</p> <p>As requested by the CEO for North Staffs User Group, Mrs H Johnson queried was there further information regarding the Adult Mental Health – Proposed Ward Design, item 10 on page 3 of the summary. Mr A Rogers stated that fundamentally, we are asking the Board to consider a wider consultation with commissioners and service users to review how we use the wards and the proposals to be considered. The consultation would include North Staffs User Group.</p> <p><b><i>Received</i></b></p>	
<b>451/2015</b>	<p><b>Safe staffing Monthly report</b></p> <p>Mr Dinwiddy, Director of Nursing and Quality, presented the assurance report which outlines the monthly performance of the Trust in relation to planned vs actual nursing staffing levels during the data collection period (1 – 28 February 2015) in line with the National Quality Board expectation.</p> <p>The Board noted the following;</p> <ul style="list-style-type: none"> <li>• The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for February was 101.15% being a total fill rate of 93.8% for registered nurses and 108.5% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</li> <li>• During the current data collection period 1 - 28 February 284 shifts were not able to be filled as planned</li> <li>• Actions noted to be underway to recruit to vacant and fixed term posts.</li> </ul> <p>It is more detailed report as requested with greater emphasis on narrative by each service area.</p> <p>Board members reviewed Appendix A.</p> <p>Mr Dinwiddy clarified that the report is a national requirement and to be mindful that the figures are based on Band 6 and below to Band 1, they do not include ward managers, occupational therapists, speech and language therapists or activity workers.</p>	



	<p>Mr Dinwiddy further clarified that the Trust has been able to maintain safe staffing and we have made some adjustments to make sure safety is maintained. There have been difficulties with Wards 2, 7 and Assessment and Treatment, and action has been taken to improve the situation.</p> <p>This process provides us with an additional prompt and opportunity to understand emerging issues In future, we will have a more detailed report including metrics to give greater assurance.</p> <p>Mr Sullivan made some observations that bank and agency are still too high, he also noted that some minor planned escorts did not take place and some staff supervision had not taken place. However, he was pleased to see the recruitment update which should help resolve some of these issues.</p> <p>Mr Sullivan also noted that the report states that Ward 6 is a mix of functional and organic patients, from his understanding this was just organic and was this an appropriate clinical mix?</p> <p>Dr Adeyemo stated that the need is mainly organic, however it depends on the clinical presentation, diagnosis, and individual needs which would determine where a patient may be best supported. This was reassuring to Mr Sullivan.</p> <p>Mrs Johnson mentioned the last Board of Directors' session, where discussion around recruitment of students was discussed and how that is progressing. ?</p> <p>Mr Draycott confirmed that plans are in place for conditional offers for all students who are due to finish their training at Keele.</p> <p>The Chair also agreed with Mr Sullivan's concerns regarding reducing bank and agency staff, however he welcomed the greater degree of detail which is giving the Board more awareness.</p> <p>Mrs H Johnson also commented that the report was much better and easier to follow, we can see where the problems have been. She further noted that Ward 2 should be congratulated for all their hard work as they have encountered staffing issues in particular, where staff have been asked to cover Ward 4. In addition, they only had one Activity Worker but recruitment of an additional Activity Worker is planned.</p> <p>The Board were also made aware of a recent interim visit conducted by Healthwatch on Ward 4, which had been very positive, a report to follow.</p>	
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	<p>The Chair thanked Mrs H Johnson for her feedback.</p> <p>Mr Dinwiddy noted that Rachel Nicolaou, Ward Manager, Ward 2, has made a tremendous effort to maintain staffing levels and the Board should note all her efforts and the quality of her leadership.</p> <p>Dr Sheppard commented that he had recently attended a Board to ward visit on 12 March 2015 with Dr Adeyemo and remarked on the superb work with the staff on Ward 4.</p> <p>The Chair raised some concerns in respect of the staffing of community teams and that it would be helpful to have some visibility and assurance of staffing in this area. Mr Dinwiddy commented that there is a national issue on how we measure the workload of mental health teams and he assured the Board that this is being reviewed in conjunction with the West Midlands cohort.</p> <p>Mrs Donovan requested that for the next Trust Board the Community Teams be included in respect of the level of vacancies. Mr A Rogers noted that there are some recognisable caseload tools, which we are giving priority to and Mr Dinwiddy confirmed 'Caseloads' are one of the 6 big ticket items.</p> <p>Mrs H Johnson noted difficulties with cover at both the Greenfields and Sutherland Centres; due to a member of staff being absent. She noted that the complexity of caseloads should be considered, Mr Oakes is aware of this and is taking action.</p> <p>The Chair noted that he agreed with Mr Sullivan's comments and welcome the degree of narrative in the report. It was helpful but still an area of focus with more work to do.</p> <p><b><i>Received</i></b></p>	Mr Dinwiddy
452/2015	<p><b>Risk Management Committee summary held on 11 March 2015</b></p> <p>Mrs B Johnson, Chair/Non-Executive Director, presented the summary of the Risk Management Committee held on 11 March 2015.</p> <p>At the Risk Management Committee it was agreed to extend the current Terms of Reference from the date of the meeting for a further 4 months, in order to take account of the work ongoing with the Good Governance Institute..</p>	

	<p>It was further noted that Mrs Donovan had taken on the responsibility as the Executive Lead and Mrs Wrench is the Lead Manager for Risk.</p> <p>Discussions took place regarding risk planning and mapping risks. Other risks were being identified and built into the Internal Audit plan.</p> <p>The Risk Management Committee noted 2 risks which have been reduced and would be removed from the Principal Risk Register;</p> <ul style="list-style-type: none"> <li>• 131 Significant financial impact in 2014/15 as a result of future model of LD Services</li> <li>• 130 Work undertaken in the roof spaces at Harplands may lead to potential disruption in clinical areas and or harm to patients and staff</li> </ul> <p>Mr Sullivan raised the discussion held at the Risk Management Committee regarding an incident with a gentlemen from South London, this had further been discussed at the Quality Committee and was there a report available yet? Mr A Rogers confirmed that a joint briefing with the police with outcomes was being completed.</p> <p>Mr O'Hagan further commented that it was encouraging that there is more integration in terms of managing risks against organisational objectives.</p> <p><b><i>Received</i></b></p>	<b>Mr A Rogers</b>
<b>453/2015</b>	<p><b>Sign up to Safety Campaign</b></p> <p>Mr Dinwiddy, Interim Director of Nursing and Quality, presented this report which provides information on the five Sign up to Safety Pledges.. The Trust have committed to the Sign up to Safety campaign to support the Trust Quality agenda in reducing further avoidable harm and to pledge our strategy to deliver high quality, safe care.</p> <p><b><i>Received</i></b></p>	
<b>454/2015</b>	<p><b>Financial Performance – Month 11</b></p> <p>Ms A Harrison, Interim Director of Finance, presented this report and highlighted the headline performance for the period to the end of February 2015 as follows</p>	

	<p>Headline performance is:</p> <ul style="list-style-type: none"> <li>• A retained surplus of £0.078m, giving a favourable variance against plan of £0.01m.</li> <li>• A year-end forecast that indicates an achievement of a retained surplus of £0.268m (£0.734m surplus at adjusted financial performance level), representing a breakeven against Plan</li> <li>• A year to date Continuity of Service Risk Rating of 3, with a year-end forecast rating of 3</li> <li>• CIP target of £4.08m, with a forecast delivery</li> <li>• Gross capital expenditure of £0.124m to date and a forecast net negative capital expenditure of £0.055m relating to the sale of former LD properties</li> <li>• A cash balance of £7.96m at the end of February 2015.</li> </ul> <p>Ms Harrison asked the Board to note the recommendations in particular;</p> <ul style="list-style-type: none"> <li>• Financial performance to-date is on plan</li> <li>• Significant underspend with capital expenditure; however there is a robust plan for 2015/16</li> <li>• Both debtors and creditors have increased</li> </ul> <p><b><i>Received</i></b></p>	
455/2015	<p><b>Assurance Report - Finance and Performance Committee Report – 19 March 2015</b></p> <p>Mr Gadsby, Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 19 March 2015.</p> <p>Mr Gadsby confirmed that the Trust would meet its financial objectives this year, as stated by Ms Harrison previously.</p> <p>The Finance and Performance Committee received ; Month 11 report on CIP, the paper highlighted the requirement to deliver £4.8 m with plans in place to deliver.</p> <p>Debit and credit situation was also reviewed, together with the current position with the contract negotiations for 2015/16.</p> <p>Financial risk and ratings were reviewed and considered whether they were appropriate. Performance aspects were also reviewed.</p>	

	<p>The proposed sale of Bucknall Hospital was debated and will be discussed in the Closed session today.</p> <p>The Board is asked to approve the Section 75 contract with Staffordshire County Council and apply the official seal to the contract.</p> <p>The Board noted the good financial position and Mr Gadsby noted that Mr Blaise and the Finance Team had made an important contribution by their continual good performance and stability.</p> <p>Debate took place amongst the Board regarding the Trust's unusual position compared with other Trusts. The Board noted that generally Mental Health Trusts do not face the same scale of financial pressures as Acute Trusts..</p> <p>Mr D Rogers and Mr O'Hagan also commended the Finance Team. Mr Rogers stated that if you have a team with confidence within itself, it will be robust in its negotiations and that sets the scene.</p> <p>The Chair summarised and stated that in order to make the best use of resources people need to be able to access resources easily, it is all about culture and devolution and what people feel empowered to do</p> <p>Mrs Donovan gave credit to Ms Harrison and the other Executive Directors for ensuring our financial processes are working and maturing.</p> <p><b><i>Received</i></b></p>	
456/2015	<p><b>Performance and Quality Management Framework Report (PQMF) Month 11</b></p> <p>Ms Harrison, Interim Director of Finance, presented this report. The report provides the Board with a summary of performance to the end of Month 11.</p> <p>It was noted there is a range of 96 metrics in place to monitor performance, quality and outcomes. At month 11 of the 96 metrics 60 metrics were rated as Green, 3 rated as Amber, 5 rated as red and 28 unrated due to the absence of targets which are monitored to identify and respond to trends.</p> <p>Ms Harrison noted that the report has now been expanded to include RAID.</p>	

	<p>The Board noted that the IAPT position on monthly basis has deteriorated slightly from 84% to 83%. Dr Fazal-Short is taking action in this area to improve the position. NHS England review has agreed there is a shortfall of funding. Unless commissioners agree to fund, the IAPT target it is unlikely to be achieved, negotiations are continuing. Given the timing it will be difficult to hit April/May target.</p> <p>New national metrics are live from 2016/17.</p> <p>Early intervention and psychosis metric is another one of the national mental health targets – more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks – current performance at 28%</p> <p>The Chair noted that the new targets for 2016 are a real challenge.</p> <p>Mrs Donovan noted that the Trust cannot deliver without extra funding and in order to achieve current targets alone, there is still a gap.</p> <p>Some discussion took place regarding lack of investment. Mr Sullivan noted that some posts may have been taken out of that service historically and impact of previous CIPs on the team may be a factor.</p> <p>Mr Sullivan stressed the importance of Early Intervention and it is a crucial service.</p> <p>Dr Adeyemo commented that in respect of Early Intervention metric, it is not about the difficulty of Early Interventions but about the NICE aspect.</p> <p>Dr Tattum noted that the numbers continue to rise in respect to referrals to IAPT.</p> <p><b><i>Received</i></b></p>	
<b>457/2015</b>	<p><b>Self-Certifications for the NHS Trust Development Agency</b></p> <p>Mrs Harrison, Interim Director of Finance, presented the executive summary on behalf of the author, Mr Sargeant, Head of Performance and Information. The summary indicates that the Executive Team have reviewed, with one change from last month's position of compliance to report</p> <p>Declarations include ;</p> <ul style="list-style-type: none"> <li>• Fit proper directors</li> </ul>	

	<ul style="list-style-type: none"> <li>• Registration with CQC</li> <li>• Provision of integrated care</li> <li>• Effective arrangements for monitoring and continually improving the quality of healthcare</li> <li>• Compliance with TDA Accountability framework</li> </ul> <p>Based on February 2015 data, the Trust is declaring compliance with all but one of these conditions – Ensuring ongoing compliance with the Care Quality Commission’s Registration requirements. This reflects the fact that the Trust is currently non-compliant with one of the 16 outcomes (outcome 13 – staffing) for 2 teams at its Trust Headquarters’ registered location following a recent inspection by the CQC.</p> <p>An action plan to address this has been developed</p> <p><b><i>Received</i></b></p>	
<b>458/2015</b>	<p><b>Opening Budgets 2015-16</b></p> <p>Ms A Harrison, Interim Director of Finance, presented this report to provide the Board with the Trust’s opening revenue budgets as well as a progress report on the capital programme for 2015/16.</p> <p>Ms Harrison commented that this but may be subject to change, but the Board will be notified accordingly.</p> <p><b><i>Received</i></b></p>	
<b>459/2015</b>	<p><b>People and Culture Development Committee Report</b></p> <p>Mr O’Hagan, Non-Executive Director, gave a verbal update. from the People and Culture Development Committee meeting which took place on 23 March 2015.</p> <p>The committee reviewed the;</p> <ul style="list-style-type: none"> <li>• Performance of each directorate;</li> <li>• Staff sickness issues which are stress related;</li> <li>• Board approval for Staff Sickness Policy;</li> <li>• Workforce risks.</li> </ul> <p>The majority of the meeting was spent on the results of the Staff Survey and Performance Development Reviews (PDRs)</p>	

	<p>In respect of the Staff Survey results, which are very disappointing, we have to reflect this is work in progress and are there any actual surprises. Mr O'Hagan also commented that he was anticipating the results of the Friends and Family Test; early indications are at 60%. He further noted that the Trust has been and is continuing to go through changes.</p> <p>In respect of PDRs, action is being led by the PCD to look at the way in which this is managed and how best this could be improved.</p> <p>Other items discussed were emotional labour, what links into Listening into Action and the improvements with the Aston Team scores.</p> <p><b><i>Received</i></b></p>	
<b>460/2015</b>	<p><b>Staff Survey 2014 – Detailed Analysis and Action Proposal</b></p> <p>Mr. Draycott, Director of Leadership and Workforce, presented this report which outlines the findings from 2014 Staff Survey in some detail. A briefer report on the initial findings went to the Closed Session of Trust Board in February (due to the national embargo on sharing data being in place at the time papers were submitted for that meeting)</p> <p>Mr Draycott noted the overall results are disappointing; however it would be beneficial to have some context into this. This is the Trust's 10<sup>th</sup> Annual Staff Survey and took place during September – November 2014.</p> <p>The Trust received 40% response and there was some debate why 60% of staff have not taken the opportunity to share their views. .</p> <p>It was noted that the timing of the Staff Survey was the same time period as the launch of Listening into Action events which was well attended with 400 staff engaging with the big conversations, which may account for the low response rate if some staff felt they had shared their views as part of the LIA initiative.</p> <p>Areas that are disappointing are quality and staff motivation.</p> <p>There is more work to further analyze scores to understand groups of staff, so that we can support teams and work more effectively. A number of actions have come out of PCD to take forward including;</p>	



	<ul style="list-style-type: none"> <li>• Strengthening Leadership at all levels</li> <li>• Getting basics right</li> <li>• Staffing numbers.</li> <li>• Clinical supervision</li> <li>• Re-defining ways of PDR</li> <li>• Directorates taking ownership</li> <li>• Teams taking ownership</li> <li>• Execs role to play in leading some of this</li> <li>• Use of patient stories</li> <li>• Feeding back Patient Experience</li> <li>• Celebration of success within teams</li> <li>• 40% return is below average – should there be a dedicated time to complete and encourage everyone to do so.</li> </ul> <p>Mr Sullivan reflected on this and supported Mr Draycott in this analysis. He commented that this has made the Trust discuss the issues more widely to enable genuine commitment to work out the reasons for the findings and that there is some value to this process.</p> <p>Mr O'Hagan commented that it is about stewardship and that the organisation does care about people we work with and can do something about it, we recognise the culture.</p> <p>Dr Tattum stated that the report has many anomalies; in that staff have been in service for 30 years but then staff are saying nobody listens. Why 60% have not responded? What do they actually think? The view is skewed also with a high number of non-clinical staff responding.</p> <p>Mr Hughes commented that Execs had discussed this at length and it was suggested that what we see next year maybe the change in activity and culture. The LiA and Aston may not show us a benefit until a few years' time.</p> <p>Mr Draycott stated that a bigger response from LiA had been received and further update to come in next few months May/June time.</p>	
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	<p>Mrs H Johnson stated the results were not surprising to her and that staff do not have the time to complete. There needs to be some quick wins for staff to demonstrate management are listening.</p> <p>The Chair summarised and stated the results were disappointing. However, it should be noted that the Board has worked hard to make changes in leadership of the Trust from 2014, LiA, Management of Change, Aston and that it does take time to realise those changes, we hope to see some improvements in 2016, although we appreciate it is a journey</p> <p><b><i>Received</i></b></p>	
<b>461/2015</b>	<p><b>Any other business</b></p> <p>Mrs H Johnson, raised concerns that Stoke commissioners have withdrawn funding for advocacy provided by Assist, which affects patients at Harplands Hospital. This may cause problems for Assist and staff on the wards. Mrs Johnson confirmed she had communicated this to other organisations and this was very disappointing, in particular with the lack of communication. No change known at present with the Staffordshire provision</p> <p>Mrs H Johnson also raised her concerns that some patients were not getting Parity of Esteem and she would send information from Assist to the Executive Group.</p>	Mrs H Johnson
<b>462/2015</b>	<p><b>Date and time of next meeting</b></p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 30 April 2015 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
<b>463/2015</b>	<p><b>* Motion to Exclude the Public</b></p> <p>The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.</p>	

The meeting closed at 12.50pm.

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

Date \_\_\_\_\_

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

Trust Board - Action monitoring schedule (Open)					
<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
26-Mar-15	451/2015	<b>Safe Staffing Monthly Report</b> - Mrs Donovan requested that for the next Trust Board the Community Teams be included in respect of the level of vacancies. Mr A Rogers noted that there are some recognisable caseload tools, which we are giving priority to and Mr Dinwiddy confirmed 'Caseloads' are one of the 6 big ticket items.	Mr Dinwiddy	30-Apr-15	On agenda - community teams will now be included in the report
26-Mar-15	452/2015	<b>Risk Management Committee Summary - 11 March 2015</b> -Mr Sullivan raised the discussion held at the Risk Management Committee regarding an incident with a gentlemen from South London, this had further been discussed at the Quality Committee and was there a report available yet? Mr A Rogers confirmed that a joint briefing with the police with outcomes was being be completed. .	Mr A Rogers	04-Jun-15	A report will be presented to the Quality Committee in May 2015 and will subsequently be reported to the Trust Board in June 2015.
26-Mar-15	460/2015	<b>Staff Survey 2014</b> - Mr Draycott stated that a further update to come in next few months May/June time.	Mr P Draycott	04-Jun-15	The PCD Cte discussed the developing action plan on 20/04/2015. Included on April Trust Board agenda as part of the summary from the Cte and is also a separate agenda item. Further updates will also be reported to the Trust Board as work progresses.

**REPORT TO: Open Trust Board**

<b>Date of Meeting:</b>	Thursday 30 April 2015
<b>Title of Report:</b>	Chief Executive's Report to the Trust Board
<b>Presented by:</b>	Mrs Caroline Donovan
<b>Author of Report:</b> <b>Name:</b> <b>Date:</b> <b>Email:</b>	Caroline Donovan, Chief Executive Caroline Donovan 23 April 2015 <a href="mailto:Caroline.donovan@northstaffs.nhs.uk">Caroline.donovan@northstaffs.nhs.uk</a>
<b>Purpose / Intent of Report:</b>	<ul style="list-style-type: none"> <li>• For Information</li> </ul>
<b>Executive Summary:</b>	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
<b>Which Strategy Priority does this relate to:</b>  <b>How does this impact on patients or the public?</b>	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• <del>IM and T Strategy</del></li> <li>• Governance Strategy</li> <li>• <del>Innovation Strategy</del></li> <li>• <del>Workforce Strategy</del></li> <li>• <del>Financial Strategy</del></li> <li>• <del>Estates Strategy</del></li> </ul>
<b>Relationship with Annual Objectives:</b>	To ensure safe provision of clinical services
<b>Risk / Legal Implications:</b>	N/A
<b>Resource Implications:</b>	N/A
<b>Equality and Diversity Implications:</b>	N/A
<b>Relationship with Assurance Framework [Risk, Control and Assurance]</b>	N/A
<b>Recommendations:</b>	To receive this report for information

## North Staffordshire Combined Healthcare Trust

### Chief Executive's Report to the Board of Directors 30 April 2015

#### 1. PURPOSE OF THE REPORT

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

#### LOCAL UPDATE

#### 2. PASS IT ON EVENT

I was delighted to be part of an event in April that shared learning from our Listening into Action (LiA) programme.

LiA is a national programme that works with participating NHS trusts to remove the barriers that can get in the way of providing the best care to people who use services and their families/carers and emboldens staff to help make a genuine difference.

As part of the Trust's LiA programme, a total of 15 staff-led teams were each tasked with tackling an area identified through staff consultation as a priority for action. Over the past 20 weeks, the teams have worked hard to deliver meaningful change and their achievements were shared at the event. Some of the successes have included:

- The development of a more consistent approach for all those using Trust services at the point of access; for example through the introduction of a 24/7 Access service providing for all crisis and urgent response for those aged 16 and over
- Introducing a more streamlined and speedier recruitment process for new employees at the Trust
- Improving how staff learn lessons from incidents and complaints to ensure they can be better avoided in future
- Addressing instances where technology can be improved through a dedicated digital hit squad
- Renaming the Section 136 Suite at Harplands Hospital as the Place of Safety and making improvements to the service to enhance the service user experience
- Involving North Staffordshire's Young Person's Council in the design of a poster raising awareness of did not attend (DNA) appointments within the Children and Adolescent Mental Health Service (CAHMS). The CAHMS team has also acquired funding to develop an interactive website
- Ensuring that every locality GP in Stoke-on-Trent and North Staffordshire has a link to a named Consultant within the Trust's Community Mental Health Teams (CMHTs)

The day also included a series of discussions on the next set of improvement programmes put forward for action by LiA teams - including enhancing awareness within the Trust of the issues faced by people who have a hearing impairment; further embedding and spreading of a stress tool developed in the acute services; improving the transition between Trust

services for service users; and introducing a smarter and more flexible way of managing caseloads for clinical staff.

What was evident at the Pass it On event was just how much care and commitment there has been by staff to make real and meaningful changes. It was a very energetic, creative and exciting event to be part of and each and every person who has been part of the Listening into Action process deserves huge thanks for the incredible hard work they have put in.

Staff have come forward with ideas for change to improve the way we do things at the Trust. The focus of all this is to deliver even better care to our service users, so it is important to maintain the energy and momentum that has built up.

### **3. CQC QUALITY ASSURANCE**

As part of its quality assurance programme, which I updated the Board on in March, and to ensure a more robust approach in line with the CQC's fundamental standards, the Trust has developed a "six big ticket programme".

These are six key areas of improvement on which the Board is focussing.

Each area is sponsored by an Executive Director with a person responsible to ensure delivery using a structured project approach. The idea is that a short plan will be developed with a small number of key actions that will have an impact within the organisation over a six-month period.

The improvement programmes will be led as part of the Listening into Action programme. The six areas are as follows:

- Improving staff supervision
- Caseload management systems
- Reducing ligatures and improving safety in inpatient environments
- Transitions between services
- Improving bed management systems
- Mental Health Act & record keeping

These areas will provide us with a real opportunity to ensure consistency across directorates and to enhance patient care. The date for our CQC Comprehensive Inspection has been confirmed for 7<sup>th</sup> – 11<sup>th</sup> September 2015.

### **4. AIMS ACCREDITATION**

I am delighted to report that the high standard of care for those using the Trust's rehabilitation and recovery units has been recognised with a national accreditation.

Florence House, based at the Sutherland Centre in Longton, and Summers View in Tunstall have each achieved Accreditation for Inpatient Mental Health Services (AIMS).

Run in partnership between the British Psychological Society, the College of Occupational Therapists and the Royal College of Nursing, AIMS identifies and acknowledges inpatient mental health facilities that have high standards of organisation and care. Both Florence House and Summers View have been accredited for three years.

The formal process involved a wide range of stakeholders, including staff from various professional backgrounds, service users and their carers and partner organisations. They assessed the units on general standards, including policies, protocols and staffing related issues, timely and purposeful admission, safety, environment and facilities as well as therapies and activities.

An action plan to further develop the service, which takes into account recommendation from the AIMS team, has been developed and will be implemented to ensure both units are well placed to achieve reaccréditation in three years' time.

## **5. ASTON TEAM DEVELOPMENT CQUIN**

The Trust is fully committed to improving team performance, recognising the wealth of research evidence which demonstrates that this contributes to positive service user outcomes, staff wellbeing and productivity. The Aston team development programme was introduced into the Trust in 2014, backed up by 11 years of evidence taken from over 80 NHS organisations.

The approach uses a diagnostic tool (the ART+) which measure sustainable team effectiveness in the areas of team structure, processes and behaviours. The Aston approach also provides a number of simple to use, evidence based tools which have been tested at all levels of the NHS in the UK.

At the time we launched the programme, it was also agreed with commissioners that there would be a CQUIN set around the Aston programme; using pre and post intervention measures there would be a requirement to achieve an increase in '*teamness*' scores by at least 50% across a range of teams in the first cohorts of the programme.

On Friday 17 April, the Aston CQUIN was signed off by our commissioners. I am delighted that 84% of teams demonstrated an improvement. We continue to roll out the Aston programme across all teams in the organisation. I would like to pass on my thanks to all the teams involved for their hard work in backing this approach, which is linked closely to the staff survey questions on team working.

## **6. BUSINESS STRATEGY AND DEVELOPMENT**

We submitted our draft one-year business plan to the NHS Trust Development Authority by the agreed deadline of 7 April. The plan sets out how we will deliver safe, high quality services over 2015/16. The final plan will be submitted in May.

We also continue to develop our five-year plan, setting out our direction of travel for the organisation as a sustainable key partner in the local health economy.

## **7. 2015/16 CONTRACT**

The contract for 2015/16 has been agreed with our commissioners. Negotiations have been ongoing to secure additional funding for mental health, which nationally has been identified and given to CCGs.

I am really pleased to report that we have agreed additional funding for a number of areas, with one of these being funding to enhance staffing. We are committed to ensuring the right number of staff with the right skill mix are in place and we need to continually develop our strategies to plan ahead for change.

One of the main challenges we have seen over the early part of this year is that extra staffing has been needed for in-patient areas due to increased acuity, which has mainly been provided by temporary bank staff. We will be starting a targeted recruitment process very shortly to provide improved stability, particularly in inpatient areas.

## **8. APPOINTMENTS**

I'm pleased to announce that we have an agreement in principle to work with Stoke on Trent City Council (SOTCC) to develop a joint management structure across the Council and Trust learning disability services. Amanda Lovatt, Strategic Manager Learning Disability at Stoke-on-Trent City Council and Dr Matt Johnson, LD Clinical Director, are currently working through the detail of when and how this new exciting partnership will begin.

This new way of working signals the importance of integration which can only be of benefit for our service users and carers.

Steve Blaise has been appointed as our Deputy Director of Finance, following national advert. Steve has been acting into the role since the departure of the previous Deputy Director.

Lesley Whittaker has taken up the post of Interim Complaints Manager. She is based at Harplands Hospital and can be contacted via 0300 12315353 Extension 2031 or Mobex 66029. Whilst covering the post, Lesley will continue to deliver Learning Lessons.

## **9. HEALTH EDUCATION WEST MIDLANDS' MENTAL HEALTH INSTITUTE**

I'm also delighted to share with you that I have been appointed as the Chair of the Health Education West Midlands' Mental Health Institute Local Education and Training Council (LETC), following the current Chair, Rachel Newson's retirement in May. The Institute is responsible for delivering innovation and the development of the mental health workforce across the West Midlands.



## **10. FOCUS ON NUTRITION AND HYDRATION**

The importance of good nutrition and hydration in the delivery of high quality healthcare was the focus of a national awareness campaign supported by the Trust at the end of March.

Nutrition and Hydration Week shines a spotlight on the value of nutritious food and drink as an essential part of our health and wellbeing. Trust staff held a series of awareness-raising events at Harplands Hospital to celebrate the week, including tea parties for patients and service users and a hydration quiz.

Furthermore, the Dietetics team was on hand at the main reception to answer questions from the public about nutrition and hydration.

It follows the Trust's Health and Wellbeing event held as part of NHS Change Day on 11th March which featured a series of stands promoting healthy living, including one run by the Dietetics team providing information on good nutrition. In addition, a taster session of patient meals was provided by Trust partner Carillion.

The Trust's commitment to providing high quality nutrition and hydration to those using its services was reflected in its most recent Patient Led Assessment Care Environment (PLACE) report, which rates the quality of non-clinical services provided at NHS inpatient sites, and recorded a 97.12% score for food and hydration compared to the national average of 88.79%.

## **11. CHANGE OF NAME OF SECTION 136 SUITE AT HARPLANDS TO PLACE OF SAFETY**

The Section 136 Suite located at Harplands Hospital has been formally renamed as the Place of Safety. The name of the facility has been changed to reassure those using the service that they are in a place of safety and also emphasise the commitment from the Trust towards those using it in the future.

The name change is based on feedback from service users and staff consultation and forms part of the ongoing work the Trust is doing alongside key stakeholders to continually enhance the experience of service users who use the Place of Safety.

In addition to the name change, the physical environment has been enhanced, to provide a better experience for those using the service. A TV and radio have been added to the room, responding to feedback that people needed stimulation when spending longer periods in the suite. Softer furnishings have also been introduced, to provide a calmer, more welcoming experience.

The Place of Safety receives people detained under Section 136 of the Mental Health Act 1983 by the police. Under Section 136, a police officer has the power to detain someone in a public place who is believed to be experiencing mental disorder and requiring immediate care or control. Whilst at the Place of Safety, the service user is assessed by a Doctor and an Approved Mental Health Professional (AMHP) to establish the support they need.

## **12. CAR PARKING AT HARPLANDS HOSPITAL**

In order to make best use of the car parking facilities at Harplands Hospital, we will, during May, introduce Automatic Number Plate Recognition cameras on the site.

The aim is to ensure the parking spaces on the Harplands site, including those around Edward Myers Unit, Telford Unit, Hazelhurst Unit and the Assessment and Treatment Unit are appropriately accessed by staff and people using North Staffordshire Combined Healthcare NHS Trust mental health, learning disability and substance misuse services.

As we do not charge staff or patients for parking on the Harplands site, we have seen occasions where people have used the site to avoid paying parking charges on other car parks in the area. This is not acceptable, as it impacts on the availability of spaces available to NSCHT staff and service users.

All staff will be asked to register their car number plate details so that they are recognised on the system. Patients, service users and those visiting inpatient relatives or friends, will be asked to register their number plate details on arrival via prominent touch screens, available in all reception areas, which will allow them to access to complimentary parking.

Prominent signage around the site will make it clear that unauthorised visitors parking on the Harplands Hospital site will be potentially liable for a Parking Charge Notice.

## **13. HEALTHCARE PEOPLE MANAGEMENT ASSOCIATION AWARDS**

I'm pleased to share with you that we have been shortlisted for two national awards in the Healthcare People Management Association (HPMA) Awards. The HPMA Excellence Awards 2015 recognise and reward outstanding work in healthcare human resource management.

We have been shortlisted in two categories:

- Category 6: Bevan Brittan award for HR's contribution to organisational change and / or turnaround – highlighting the work done to support the change management process relating to the closure of Chebsey Close *and*
- Category 8: The Aston OD award for team based working – sharing the excellent team working programme we have introduced over the past 12 months.

Thank you to all those staff who have been involved in the work undertaken.

## **14. REACH AWARDS**

The Trust's annual Recognising Excellence and Achievement in Combined Healthcare (REACH) awards will be held on Wednesday 9 September 2015.

Every year, the Trust holds the ceremony to congratulate individuals and teams for making an outstanding contribution above and beyond their jobs and for 'going the extra mile' in their roles. The evening ceremony is held in front of an invited audience including partner organisations, service users and carers, nominators and sponsors.

## NATIONAL UPDATES

- [Care Act](#) launch
- [Toolkit to support NHS commissioners to reduce poor experience of in-patient care](#) launched
- Royal College of Nursing report [Frontline First: The fragile frontline](#)
- [Building the NHS of the Five Year Forward View](#)

Caroline Donovan  
Chief Executive  
Thursday 30 April 2015

REPORT TO: **Open Trust Board**

Date of Meeting:	29 April 2015
Title of Report:	Summary of the Quality Committee meeting held on the 21 April 2015
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary, Head of Corporate and Legal Affairs 23 April sandraj.storey@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For decision / assurance</li> </ul>
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Quality Committee meeting held on the 21 April 2015.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy -</li> <li>Governance Strategy</li> </ul>
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Quality Committee has an integral relationship with Improving Quality/ Registration.
Recommendations:	<ul style="list-style-type: none"> <li>To note the contents of the report</li> <li>Ratify the policies highlighted in the report</li> </ul>

**Key points from the Quality Committee meeting held on 21 April 2015 for the Trust Board meeting on the 30 April 2015**

**1. Introduction**

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

**2. Director of Quality Report**

The Director of Quality Report was received with notable items as follows:

- **New Confidential Enquiry Report** – This report summarises the findings of a report published in March 2015. The report focuses on in-patient suicides during the period January 2006 – December 2012. Key findings from the report relate to the observation of patients, in particular the observation component of a care plan should not be stand-alone; time with a patient is an opportunity for engagement within a comprehensive risk management plan. Action has been taken locally to consider the report findings and learning for the Trust.
- **Impact following raised level of referrals seeking dementia diagnosis** – Following the Phase 2 consultation in 2012 the Community Services of (Neuro and Old Age Psychiatry)NOAP have been at the forefront of working within an environment of managing the increased demands from primary care and both CCG's.

This has been a success story in being a deliverer of one of the highest diagnosis rates of any trust in the UK with the City Memory services. With the recent increase in the rates for the County it has demonstrated that investment in our teams does get results. Now the City CCG is investing in a new Dementia Primary Care Liaison Service to support GP's reviewing clients at their own practice and enhancing secondary care interface.

- **Major new taskforce launched to chart roadmap for services and priorities over next five years – NHS England Press Release** – Simon Stevens has launched a new taskforce to forge change as public opinion is shifting in favour of dramatically improved mental health services. As signalled in the NHS Five Year Forward View, a new Taskforce is being established to develop a new five year strategy for mental health, for people of all ages across England. Working alongside Public Health England, Health Education England, NHS Trust Development Authority, Monitor, the CQC and expert partners, they will build on the progress made so far including the new access and waiting times targets announced last autumn, as well as work done by the Children and Young People's Mental Health Taskforce.

**3. Policy Review**

The committee received a policy progress report noting the status of policies that require review by the committee. Members discussed the position and noted the progress being made though further work needed. There was also a forward view of policies up to January 2016 which highlighted a number of policies requiring review in the autumn. A further report will be presented to the May meeting to give further assurance on progress being made in the review and update of policies, where appropriate.

The committee also received information on policies that had been reviewed and made recommendations for withdrawal, extension or approval. The recommendations were supported by the committee for ratification of the policies by the Trust Board for a period of 3 years or to be extended or withdrawn as follows:

- **4.37 External Placements – withdraw as local procedure not a policy**
- **IC19 CDIFF**
- **Volunteer Policy**
- **4.19 Equality Scheme – withdraw, replaced by Equality Delivery System**
- **1.04 Complementary Therapies**
- **Interpretation and Translation Services 7.12 – withdraw, incorporated in information on the Staff Information Desk**
- **MHA12 Section 17 Leave Procedure**
- **R05 Restricted Access and Locked Doors – extend until 30 June 2015**
- **1.03 Medicines Management Policy**
- **1.34 Pulse Oximetry Guidelines**
- **1.70 Managing Allegations of Abuse**
- **4.22 Children Visiting mental health and LD settings**

#### **4. Patient Stories and Representation at the Quality Committee**

The committee discussed the importance of hearing patient stories and how this could be reintroduced to the committee. Mr Dinwiddy will bring a paper to the next meeting of the committee setting out proposals for this taking forward this important piece of work.

Members also discussed patient representation at the committee and it was agreed that it would be appropriate for this to be raised at the meeting of the Patient Council in order to agree how best this can be taken forward.

#### **5. Quality Impact Assessment of Cost Improvement Schemes (CIPs)**

The Committee received an update on the 2015/16 schemes from the Medical and Nursing Directors which will be presented to the Finance & Performance Committee in due course. It was noted that to date no issues have been raised. Quality measures are in place which indicate schemes have not had a detrimental effect on quality of service. The Directorates will continue to closely monitor the metrics to ensure that they remain positive.

The Committee had asked for further information to seek assurance retrospectively on the 2014/15 schemes. The Medical and Nursing Directors presented a paper on the 2014/15 major CIP schemes which noted that there was no negative impact on quality reported for any of the schemes either in general measures such as complaints and incidents or specific measures relating to the individual schemes.

Members welcomed this information and the assurance that the committee could give to the Trust Board in this regard.

#### **6. Nurse Staffing Performance monthly report – March 2015**

The committee received the nursing staff performance on a shift by shift basis for the month of March 2015.

Reports are prepared to give assurance on the delivery of safe nurse staffing levels. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. The Trust wide performance (%planned vs actual) staffing numbers for registered nurses for March was 96.25% in comparison 93.8% in February 2015.

The committee were advised that information was still being collected and analysed and more detail would be circulated to committee members in order to provide context and assurance regarding safe staffing levels.

#### **7. Quality Metrics from the Performance Quality Management Framework Report (PQMF) month 12**

The committee reviewed the quality metrics being extracted from the wider PQMF. As noted previously, the role of the committee is to consider the impact of metrics where targets are not being met. The following areas were discussed: Improving Access to Psychological Therapies (IAPT), physical health CQUIN, minimum data set, preventing category 2, 3 and 4 avoidable pressure ulcers, number of patients 16/17 year olds admitted to adult psychiatric wards and early intervention.

#### **8. Eliminating Mixed Sex Accommodation Action Plan Q4 2014/15**

The revised operating framework made it clear that NHS organisations are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. It was noted that the Trust is compliant and a declaration confirming compliance for 2014/15 will be noted on the Trust's website.

#### **9. Infection Prevention and Control (IPC) Action Plan update**

The committee received for information and assurance a report which set out the Trust's objectives and priorities in minimising the risk of infection for the period April 2014 – March 2015. This noted the work to sustain and strengthen the Trust's position in achieving full compliance with statute and other key national documents.

#### **10. Quality Account 2014/15**

By 30<sup>th</sup> June 2015, all organisations are required to develop and publish a Quality Account which if designed well will assure commissioners, patients and the public that trust boards are regularly scrutinising each and every one of their services. The committee received the first draft of the Quality Account for review and comment. The project plan had been presented to the Audit Committee on 16 April 2015, and members were assured that the project plan is on target to ensure the document is completed by the publication deadline.

#### **11. Risks to Quality of Services – M12**

Committee members considered the report for quality risks, noting the risk treatment plans in place. Of note was the continuing high risk relating to a lack of investment in mental health services as member of a challenged health & social care economy and actions to respond to this.

Since the last report risks have been mapped to the new annual objectives and 5 year

objectives and trend arrows have been included. Risks being carried forward to the new financial year were agreed and assurance was given that there is increased ownership and visibility at the Risk Review Group and Senior Leadership Team meetings.

**12. Summary of the National Confidential Inquiry (referred to in the Director of Quality Report)**

This report summarises the study background, key findings and messages for mental health trusts. Committee members were advised that a review of the findings has been undertaken for any learning and action for the Trust. A thematic review with a detailed analysis and any emerging themes and trends will be reported to the next meeting of the committee.

**13. Commissioner led process – change in the delivery of current model of day hospital services**

The committee received a briefing on proposals that had been presented to the Stoke Overview and Scrutiny Committee (OSC). The OSC supported the proposal to alter the way day hospital interventions are currently provided. Consequently there will be a move from the current provision to provide additional community resources, which will support an integrated approach to day provision with Social Care and the voluntary sector, thus enabling individuals to receive care as close to home as possible.

**14. Directorate Performance Reports**

The Committee received the monthly performance reports from each of the Directorates including information on key risks, serious incidents and complaints. It was noted that the work on the clinical dashboards is nearing completion and this support the committee's work in giving assurance to the Trust board regarding directorate performance. The dashboards will reduce the narrative in the reports and at a glance give a visual indicator by use of statistical process control, each directorate performance and trajectory for improvement.

**15. CQC Quality Assurance Programme Update**

The paper summarised the new Quality Assurance Programme that has been undertaken and progress in terms of achievements to date, key priority actions, recent inspection activity and an update in terms of the Trust's registration. The paper also included an information update around CQC publications and national mental health inspections.

It was noted that the date for the Trust's inspection by the CQC had been confirmed for the 7<sup>th</sup> – 11<sup>th</sup> September 2015. It was acknowledged that the Trust already has a quality assurance programme in place and that this will help with the Trust's preparedness for the inspection. Members confirmed their full support for the plans and welcomed monthly updates.

**16. CQC Inspection Follow up Response Report**

The Trust provided an action plan following a visit to the Home Treatment Team and Older People's Community Mental Health Team in December 2014 by the CQC. The action plan outlined the action it intended to take in relation to the Regulation and this was submitted to the CQC in February 2015. A further response was provided broken down by two teams and the committee received this report for information purposes.

**17. Domain Updates**

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



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

The committee also took a “deep dive” into the Patient Safety domain to gain a further understanding and assurance of the work being undertaken and issues being raised. Of note was the work of the Clinical Safety Improvement Group, continued high cleanliness scores following patient led assessment visits, learning lessons bulletin which now includes learning from incidents as well as complaints. It was noted that the adults and children safeguarding groups are undertaking a review of their terms and reference and that the capacity of the name doctor for child protection has been addressed. The committee will undertake a drill down of the clinical effectiveness domain at its next meeting. This will include areas such as research and development, mental health law, medicines management and CQUIN.

**18. Next meeting: 19 May 2015**

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

Sandra Storey

Trust Secretary / Head of Corporate and Legal Affairs

22 April 2015

Report to: Quality Committee

Enclosure 6

Date of Meeting:	21 <sup>st</sup> April 2015
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Mark Dinwiddy; Interim Director of Nursing & Quality
Author of Report:	Jackie Wilshaw, Senior Nurse,
Date:	13 <sup>th</sup> April 2015
E-mail:	
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Assurance</li> </ul>
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1<sup>st</sup> – 31<sup>st</sup> March 2015) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> <li><i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i></li> <li><i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</i></li> <li><i>Evaluates risks associated with staffing issues</i></li> <li><i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i></li> <li><i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i></li> <li><i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i></li> </ul> <ul style="list-style-type: none"> <li>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for March was 98.4%: being a total fill rate of 96.25% for registered nurses and 100.5% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</li> </ul> <p>The Board is asked to: Receive the monthly nurse staffing report</p>
Which Strategy Priority does this relate to?	<ul style="list-style-type: none"> <li>Customer Focus Strategy</li> <li>Clinical Strategy</li> <li>Governance Strategy</li> <li>Workforce Strategy</li> <li>Financial Strategy</li> </ul>
How does this impact on patients or the public?	
Relationship with Annual Objectives	Supports the delivery of the Trust’s Annual Objectives and the delivery of high quality care
Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to

	ensuring that the Trust complies with National Policy direction
Resource Implications:	Further assessment of the use of bank and agency staff is planned to inform a review of baseline establishments against the current level of acuity

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

### **Purpose**

This paper provides the monthly ward nurse staffing data which details the Trust's performance for March 2015.

### **Current Performance**

Where shifts have not been filled as planned, the variance can sometimes be minimal (i.e. less than 1-2 hours per shift) and where the figure is higher than this the staffing levels have remained at safe levels

The fill rate (ie actual numbers of staff deployed vs numbers planned) on the wards in March was 98.4%, this being a total fill rate of 96.25% for Registered Nurses and 100.5% for HCSWs. This demonstrates that the wards are continuing to use additional staff via the bank, excess hours and overtime to meet fluctuating patient acuity.

In response to requests from the Board and indeed the TDA this report captures for the first time data about vacancies, sickness, mandatory training and PDR

We remain vigilant to the fact that these reported data are predicated upon hourly calculations of shift patterns and that in order to provide the Board with ongoing refinement and assurance, work is progressing with Ward Managers and Matrons to ensure parity of data collection across inpatient areas.

The forthcoming six monthly safe staffing report (Due in May 2014) will provide the Board with a detailed list of metrics that have been agreed with managers to provide additional evidence to support delivery of safe staffing.

### **Reports by clinical team**

It should be noted that since the introduction of these reports a year ago, the Ward Managers are not included in the staffing figures detailed in appendix A. This is because Unify request that rostered staff are included in the reports

## **Ward 1**

### **Vacancy rate**

The ward is currently carrying a vacancy rate of 3.0 WTE Band 5 vacancies and 2.0 WTE HCSW positions.

A recruitment drive has commenced trust wide to ensure that the vacancies are filled.

### **Sickness/Absence**

March sickness level reported at 6.98%, 0.38 increase from February

The ward lost a total of 41 shifts through staff sickness, Sickness within this month has been due to injuries sustained by two staff members as a result of violent incidents. Both staff members are due to return in April

### **PDR and mandatory training status**

The ward reported a mandatory training position of 74%, an increase of 1% from February and a PDR position of 93%, an increase from 74% in February

### **Points to note**

Incident reporting has increased in March in comparison to the previous two months. Additional staffing has been required over the planned shifts due to level 3 observation requirements and the additional staffing required to support this.

Analysis of incident data for March in comparison to February notes that incidents increased from 50 incidents in February to 64 incidents, violent incidents have increased from 11 in February to 13 in March. Despite the increase in violent incidents, overall harm has reduced in March with two incidents report as causing minor injury and one moderate harm.

## **Ward 2**

### **Vacancy rate**

Ward 2 currently has 1.0 WTE Band 5 and 1.0 WTE Band 3 vacancy. The ward have experienced additional staffing pressures from a combination of sick leave, maternity leave, backfill for ward 4 and temporary full time cover of the duty senior nurse rota. This pressure on staffing is being addressed via recruitment to fixed term positions on ward 4 and review of the duty senior nurse rota including a change in ownership of completion of the DSN rota to ensure equity across the inpatient ward areas.

A recruitment drive has commenced trust wide to ensure that the vacancies are filled.

### **Sickness/Absence**

March sickness is reported at 6.92%, an increase of 0.99% from February.

A Band 3 HCSW is due to return on a staged return to work in April. The ward activity worker remains on sick leave. This is reported to have had impact on the scope and quality of activities that have been available

### **PDR and mandatory training status**

The ward reported a mandatory training position of 78%, a reduction of 5% from February and a PDR position of 84.6%, a slight reduction of 0.4% in February

### **Points to note**

The established staffing rota of 5/5/3 has noted that 12 shifts have been below this establishment. The ward manager in exercising professional judgement, reports that the ward activity has required this level of staffing. In mitigation, the ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member

Of particular note, the admission of a 17 year old male requiring an urgent admission, and in the absence of a suitable Tier 4 bed nationally, the requirement to admit to ward 2 was the most clinically appropriate intervention requiring an uplift in the staffing ratio to 6/6/4 to ensure a constant level of observation given the underage admission.

Discussion with the ward manager has established that shortfalls have had a minor effect on ability for release of staff for training and that some patient escorts have been rescheduled. Improvements have been reported in undertaking caseload management/caseload supervision.

It is anticipated that the Band 6 currently undertaking full time DSN duties will be resolved with a return to the ward duties planned. The DSN rota has experienced a number of shortfalls as a result of sickness, staff moves and new recruitment. Four additional staff are being inducted in to the DSN role resulting in increased capacity within the next 2 months.

### **WARD 3**

#### **Vacancy rate**

The ward has 1.8 WTE Band 5 and 1.8 WTE Band 3 positions vacant of which 1 Band 5 post has been interviewed and a conditional offer of employment offered.

Further interviews are taking place on 5<sup>th</sup> and 6<sup>th</sup> May when it is anticipated that the HCSW posts will be recruited to.

### **Sickness/Absence**

March sickness level reported at 8.86%, a reduction of almost 2% from February  
The ward lost a total of 41 shifts through staff sickness,  
In part, the sickness resulted from an outbreak of norovirus in late February that affected 5 staff and ran in to march reporting figures.

### **PDR and mandatory training status**

The ward reported a mandatory training position of 75%, an increase of 3% from February and a PDR position had reached 100% completion in February from 74% in February

### **Points to note**

The shortfall in qualified staff was due to vacancies and maternity leave. Interviews have since taken place (April) and new staff have been appointed.

There continues to be a significant number of people requiring high (L3) observations, hence the higher than planned number of HCSW staff utilised throughout the month.

## **WARD 4**

### **Vacancy rate**

Staffing for ward 4 remains challenging with previously reported reasons being addressed by the recruitment drive to recruit to 10 fixed term registered and non-registered staff positions.

### **Sickness/Absence**

No current sickness/absence reported

### **PDR and mandatory training status**

The ward has 3 staff identified on the team establishment due to opening of the ward under mutual aid arrangement. As a result of this, a unique team database for the recording of PDR and mandatory training had not been established at the time of this report however performance is reported for temporary staffing (bank) separately.

### **Points to note**

There are currently 3 people on level 3 observations and so the team have been attempting to accommodate this extra demand on staffing by uplift in the staffing establishment. There is no reported impact on the quality of care delivered

### **WARD 5**

#### **Vacancy rate**

Ward 5 currently has a 1.0 Band 5 WTE vacancy.  
This will be included in the current recruitment drive

#### **Sickness/absence**

Sickness is recorded at 4.33%, a marginal increase of 0.13%

#### **PDR and mandatory training**

Mandatory training for the ward currently stands at 85% and PDR at 96.4%

### **Points to note**

There have been a number of people admitted with Post Traumatic Amnesia in recent weeks which demands higher than usual levels for physical and emotional care.. The number of qualified staff on duty has not always been achieved due to the secondment of a qualified nurse to ward 4; however the team are confident that this has not impacted on the quality of the care provided due to the team response to this temporary arrangement. The ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member

### **WARD 6**

#### **Vacancy rate**

Ward 6 currently has a 1.0 wte Band 5 Staff Nurse vacancy.

#### **Sickness/absence**

The current rate of sickness is 6.89%, a significant reduction from 12.37% in February

#### **PDR and mandatory training**

Mandatory training currently stands at 77%, an increase of 2% from February



### **Points to note**

The ward is currently working on a shift pattern 6, 6, 4 which has largely been accomplished through the ward establishment however there have been occasions when bank staff have been required but have not been available. There have been several shifts where a HCSW has been on redeployed to support patients admitted to RSUH due to the nature of the illness and impacted on the complement of staff on ward 6, Acuity is high due to the mix of functional and organic patients; with a complex and demanding mix of physical and emotional support required.

### **WARD 7**

#### **Vacancy rate**

Ward 7 currently has a 1.0 WTE Band 5 Staff Nurse vacancy.

#### **Sickness/absence**

Sickness rate currently reported at 3.46%, a reduction of 0.44% from February

#### **PDR and mandatory training**

Mandatory training is currently reported at 83% and PDR at 88% with no change in either figure from February

### **Points to note**

The ward was unable to consistently achieve its agreed level of 2 qualified nurses on duty during the day shifts due to staff nurse vacancies, sickness and annual leave . The ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member.

### **Telford Unit**

#### **Vacancy rate**

The unit currently have no vacancies

#### **Sickness/absence**

The unit reported a sickness rate of 18.13%, an increase of almost 5% from February.

The unit, at the time of this report sickness of the Deputy Unit Manager and a Health Care Support Worker. One staff member is returning to work next week and one staff member remains on certificated sick leave

### **PDR and mandatory training**

Mandatory training was reported at 98%, an increase of 6% from February and PDR stands at 100%

### **Points to note**

Sickness/absence has increased to 18.13% in March with significant impact on availability of registered nurse cover, second registered nurse cover and meeting shift establishment of 4/4/2 and the requirement to temporarily increase the shift establishment to 4/4/3 and a mid-shift due to an increase in acuity and observation level.

### **Assessment and Treatment Unit**

#### **Vacancy rate**

A&T do not have any current vacancies

#### **Sickness/absence**

The unit reported a sickness rate of 4.30%, a slight reduction from 4.36% in February.

The unit report one registered nurse on long term sick leave and one staff nurse currently taking maternity leave.

### **PDR and mandatory training**

Mandatory training is recorded at 95%, the same position as February and PDR at 96.4%, a slight increase from February

### **Points to note**

There has been a requirement to Increase staffing required to maintain high level observations over the agreed establishment of 5/5/3 , with staffing required rising to as high as 5/6/5

Due to high levels of sickness at the Telford Unit, this has directly impacted on registered nurse cover. Temporary staffing from bank and agency has been utilised where available.

Incident forms have been submitted detailing some impact relating to availability to escort off unit recreational activities

### **EDWARD MYERS UNIT**

#### **Vacancy rate**

EMC currently have 1.0 wte Band 5 vacancy

Additionally, the current Band 7 Unit Manager is seconded to a community post band 8A with no current backfill arrangement

### **Sickness/absence**

The March sickness rate is reported at 8.12 %, an increase from 2.52% in February

1 Band 5 staff nurse off on long term planned sickness for surgery.

1 Band 5 had unplanned sickness

### **PDR and mandatory training**

The March mandatory training figure is reported at 91%, a slight decrease from February and PDR stands at 100%

### **Points to note**

Shortfalls for qualified staff have been managed via bank shifts or excess hours by ward based registered staff

The unit have 3 Health Care Support Worker posts allocated to the IOU having been given substantive contracts in the middle of March thus leaving a number of shortfalls in shift cover that have not fully been covered due to unavailability of bank staff.

Movement of staff from the IOU to support areas of the hospital in urgent circumstances has amounted to 17 shifts however, it should be noted that on 13 occasions, there was no admission to the IOU but it is noted that there were 4 shifts where an IOU patient had been admitted. The Director of Nursing has reinforced the importance of the need to retain IOU staff where the unit is occupied and thus the patient is subject to close monitoring

## **DARWIN CENTRE**

### **Vacancy rate**

The Darwin Centre currently has a 3.0 wte Band 5 Staff Nurse vacancies.

### **Sickness/absence**

The March sickness rate is reported at 3.55%, an increase of 3% from February.

### **PDR and mandatory training**

Mandatory training for March is reported at 88%, a decrease of 3% from February and PDR reported at 97.22%, a slight increase from February

### **Points to note**

The planned skill mix has not been achieved on occasions due to qualified staff sickness and also having staff redeployed to cover other areas (8 shifts). It has not been possible to backfill due to lack of bank staff availability but staff did attempt to cover the Unit through the accumulation of time owing and the cancellation of a planned away day.

Two vacant posts have been recruited to with imminent start dates and a third conditional offer has been made to the remaining vacancy.

### **DRAGON SQUARE**

#### **Vacancy rate**

Dragon Square does not have any current vacancies.

#### **Sickness/absence**

The sickness rate for March was reported at 4.04%, an increase from 0.35% in February. There are no particular themes to note.

#### **PDR and mandatory training**

PDR for March was reported at 86% and mandatory training at 72%, an increase from 70% in February

### **Points to note**

The figures for Dragon Square reflect the closure of the night service for 3 days; the Unit continued to open during the day but the apparent under fill on nights is not a shortage but simply an adjustment to reflect the closure period.

### **SUMMER'S VIEW**

#### **Vacancy rate**

Summers View does not have any current vacancies.

#### **Sickness/absence**

The March sickness rate is reported at 10.36%, a reduction from 12.38% in February

#### **PDR and mandatory training**

The March mandatory training rate is reported at 82%, a reduction from 88% reported in February and the PDR rate of 100%

### **Points to note**

Staffing the unit has been challenging in March due to long term and short term sickness, the effect of this relates to changes to planned off ward activities however, planned on unit activities have been delivered.

## **FLORENCE HOUSE**

### **Vacancy rate**

Florence House does not have any current vacancies.

### **Sickness/absence**

The March sickness rate is reported at 4.98%, a significant reduction of almost 9% from February

### **PDR and mandatory training**

Mandatory training was reported at 84%, an increase of 3% from February and PDR rate stands at 100%

### **Points to note**

There are no significant points to note from Florence House

### **Planned actions for future reporting.**

It is essential that reported safer staffing data is supported by ward manager quality reports detailing any challenges arising from under fill rates, registered to non- registered nurse ratio with clear actions detailed within this report to mitigate any impact on quality and safety.

In order to ensure the delivery of this, the Deputy Director of Nursing will meet with all Ward/Unit Managers to discuss development of a standardised template for monthly reporting of quantitative and qualitative data.

Review all inpatient area duty rotas to review skill mix, time out, clinical leadership to ensure effective and efficient use of resources

#### **Sickness % for Inpatient wards**

Organisation	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ward 1	12.48%	15.48%	10.96%	10.11%	6.66%	6.98%
Ward 2	7.30%	8.02%	6.72%	6.90%	5.93%	6.92%
Ward 3	7.68%	8.99%	15.96%	14.04%	10.79%	8.86%
Ward 4	10.27%	9.87%	4.62%	0.00%	0.00%	1.64%
Ward 5	5.36%	0.77%	5.77%	4.54%	4.20%	4.33%
Ward 6	1.63%	9.05%	12.80%	11.03%	12.37%	6.89%
Ward 7	1.59%	5.51%	8.73%	1.71%	3.88%	3.46%
Florence House	9.46%	6.06%	7.56%	8.33%	13.84%	4.98%
Summers View	14.87%	13.32%	16.62%	14.97%	12.83%	10.36%
Darwin Centre	0.67%	5.77%	2.74%	1.79%	0.55%	3.55%
Assessment & Treatment	5.90%	8.02%	8.80%	8.46%	4.36%	4.30%
Teford Unit	7.65%	5.61%	5.97%	8.11%	13.18%	18.13%
Edward Myers	4.00%	5.77%	1.21%	0.21%	2.52%	8.12%

#### **Statutory and mandatory training % for inpatient wards**

Organisation	Feb-15	Mar-15
Ward 1	73%	74%
Ward 2	83%	78%
Ward 3	72%	75%
Ward 5	85%	85%
Ward 6	75%	77%
Ward 7	83%	83%
Florence House	81%	84%
Summers View	88%	82%
Darwin Centre	91%	88%
Assessment & Treatment	95%	95%
Teford Unit	92%	98%
Edward Myers	92%	91%

**PDR % rate for inpatient wards**

Organisation	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ward 1	36%	76%	82%	79%	74%	93.33%
Ward 2	21%	70%	82%	85%	85%	84.62%
Ward 3	4%	78%	93%	93%	100%	100.00%
Ward 4	6%	94%	100%	50%	67%	66.67%
Ward 5	0%	100%	100%	100%	100%	96.43%
Ward 6	0%	83%	100%	97%	100%	94.12%
Ward 7	0%	90%	91%	91%	88%	88.00%
Florence House	6%	95%	91%	82%	77%	100.00%
Summers View	0%	95%	96%	91%	95%	100.00%
Darwin Centre	81%	100%	100%	100%	97%	97.22%
Assessment & Treatment	76%	89%	96%	93%	96%	96.43%
Telford Unit Rehab	7%	95%	100%	100%	100%	100.00%
Edward Myers	0%	94%	100%	100%	100%	100.00%

**Recommendations to the Board**

The Board is asked to:

- Receive and accept the actions in relation to ward areas.
- Receive the monthly report on nurse staffing levels.
- Agree to the recommendations outlined in the National Quality Board Staffing Review

Appendix A

**March 2015** (inc last 3 months for comparison)

Ward	Performance (% planned vs actual) staffing numbers ( March 2015)		Performance (% planned vs actual) staffing numbers ( February 2015)		Performance (% planned vs actual) staffing numbers (January 2015)	
	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)
Ward 1	106	82	107.3	99	105.95	161.2
Ward 2	95.12	131.5	87.5	136.3	90.55	100
Ward 3	94.5	159	98.7	143.75	95.1	127.2
Ward 4	98	82.4	91.6	119.5	74.9	106.8
Ward 5	101.4	99	96.75	155	94.5	177.65
Ward 6	104.5	87	101.8	93.5	107.5	93.5
Ward 7	90	93	88.8	100	100.5	111.4
Assessment & Treatment	71.65	113.3	77.5	112	101.35	110.8
Telford Unit	80	89.75	80	87.5	98.45	110.15
Edward Myers	99.5	80.8	100.5	82.5	102.5	98.25
Darwin Centre	97.5	99.1	92	123	94.15	114.9
Summers View	104	102.5	96	87	86.15	113.8
Florence House	111	89.25	91.5	89	100.5	92.85
Dragon Square	94.3	93	103.5	91.5	104.85	92.2
<b>TRUST AVERAGE/ TOTAL</b>	<b>96.25%</b>	<b>100.5%</b>	<b>93.8%</b>	<b>108.5%</b>	<b>96.92%</b>	<b>107.9%</b>



## REPORT TO THE TRUST BOARD (OPEN)

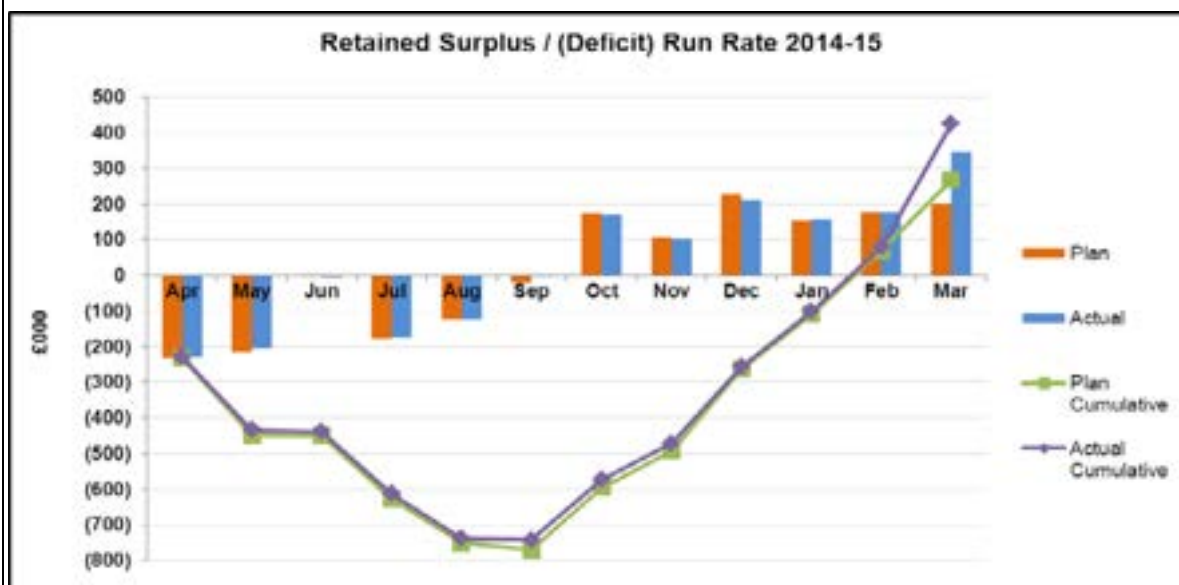
Date of Meeting:	30 April 2015
Title of Report:	Financial Performance – Month 12
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 22 April 2015 <a href="mailto:andrew.turnock@northstaffs.nhs.uk">andrew.turnock@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Financial Performance monitoring for information
Executive Summary:	<p>The attached report contains the financial position to 31 March 2015 (Month 12).</p> <p>The Trusts financial performance is a retained surplus of £0.425m and £0.768m surplus at 'adjusted financial performance'. This performance is a favourable variance against Plan and delivers the Trust's statutory duty for the year.</p> <p>The Trust is reporting an achievement in full against the CIP plan of £4.08m.</p> <p>The cash balance as at 31 March 2015 was £6.8m.</p> <p>The net capital expenditure is a negative £0.741m, which represents an undershoot of £2.241m against the CRL of £1.5m.</p> <p>The Continuity of service Risk Rating is reported as 3 in line with the plan.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<p>Financial Strategy</p> <p>Not directly as a result of this report</p>
Relationship with Annual Objectives:	Delivery of financial plan
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report

Relationship with Assurance Framework [Risk, Control and Assurance]	Monitoring delivery of the financial plan
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <i>note the financial performance to be submitted to the Department of Health is a retained surplus of £0.425m</i></li> <li>• <i>note the 'adjusted financial performance' of £0.768m surplus delivers the statutory duty for the year</i></li> <li>• <i>note the achievement of CIP in full against the target of £4.08m</i></li> <li>• <i>note the cash position of the Trust as at 31 March 2015 of £6.8m</i></li> <li>• <i>note the capital expenditure position of an undershoot against the Trust's Capital Resource Limit, resulting in the delivery of the management responsibility against this target</i></li> <li>• <i>Note that the Trust has achieved an overall risk rating of 3, in line with Plan.</i></li> </ul>

## FINANCIAL OVERVIEW as at 31 March 2015

Income & Expenditure - Surplus / (Deficit)					
£000	Plan	Actual	Var	%	RAG
Adj Financial Perf Surplus	734	768	34	(5)	G
Retained Surplus	268	425	157	59	G

Capital Expenditure					
£000	Plan	Actual	Var	%	RAG
Net capital exp	1,500	(741)	(2,241)	(149)	G
Gross capital exp	2,640	137	(2,503)	(95)	G



Cost Improvement					
£m	Plan	Actual	Var	%	RAG
Outturn - Rec	3.72	2.86	(0.9)	(23)	
Outturn - N-rec	0.36	1.22	0.9	239	
Outturn - Total	4.08	4.08	0.00	0	G

Cash Balances					
£m	Plan	Actual	Var	%	RAG
Final Balance	4.5	6.8	2.3	53	G

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

Notes	
<b>Income:</b>	Clinical income over achieved by circa £0.3m, predominately due to the over performance of out of area placements and non contract activity.
<b>Expenditure:</b>	Cost pressures were managed, the majority on a non-recurring basis.
	Some provisions provided for previously were utilised, the majority within the amount provided for. Further provisions have been identified and provided for in the income and expenditure position above.

## 1. Financial Position

### 1.1 Introduction

As detailed in the Operating Plan, the Trust was planning to make a retained surplus of £0.268m in 2014/15 (£0.734m surplus at 'adjusted financial performance' level).

This report details the Trust's performance against the Plan for the 2014-15 financial year.

### 1.2 Year End Income & Expenditure (I&E) Performance

For the financial year 2014-15, the Trust is reporting a retained surplus of £0.425 m (£0.768m surplus at 'adjusted financial performance'). This performance is a favourable variance against Plan and delivers the Trust's statutory duty for the year. The 'adjusted financial performance' position also delivers a 1% surplus based on the Trusts income. This position is reflected in the draft Annual Accounts which (at the time of writing this report) is to be submitted to the Department of Health and the Trusts external auditors<sup>1</sup> at noon on 23 April 2015<sup>2</sup>.

Table 1 below shows the Trust's financial position in the Statement of Comprehensive Income (SOCi).

A more detailed SOCi is shown in Appendix A, page 1.

**Table 1: Statement of Comprehensive Income**

Detail	Plan	Outturn	Variance
	£000	£000	£000
Income	75,141.2	75,501.9	360.7
Expenditure	(71,817.9)	(72,180.0)	(362.1)
<b>EBITDA</b>	<b>3,323.2</b>	<b>3,321.9</b>	<b>(1.4)</b>
Depreciation & Interest	(2,589.2)	(2,554.3)	35.0
<b>Adjusted Financial Performance Surplus / (Deficit)</b>	<b>734.0</b>	<b>767.6</b>	<b>33.6</b>
IFRIC12 Expenditure	(466.0)	(509.0)	(43.0)
<b>Retained Surplus / (Deficit) prior to Impairment</b>	<b>268.0</b>	<b>258.6</b>	<b>(9.4)</b>
Fixed Asset Impairment	0.0	166.2	166.2
<b>Retained Surplus / (Deficit)</b>	<b>268.0</b>	<b>424.8</b>	<b>156.8</b>

<sup>1</sup> KPMG

<sup>2</sup> National deadline

### **1.3 Cost Improvement Programme**

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

At the end of the financial year, the Trust is reporting an achievement in full against the target referred to above. It should be noted that this performance has been supported by the addition of a number of non-recurring CIP schemes.

### **1.4 Statement of Financial Position**

Appendix A, page 2 shows the Statement Financial Position of the Trust as at 31 March 2015.

The Trust's cash position was £6.8m. This position leaves the Trust with a healthy cash position moving into the new financial year.

Appendix A, page 3 shows the cashflow for the year.

### **1.5 Capital Expenditure**

The CRL for 2014-15 was £1.5m. The gross capital expenditure for the year was £0.137m. In addition, disposals of £0.878m reduced the charge against CRL to a negative £0.741m which represents an undershoot against the CRL of £2.241m. This is permissible, and delivers the management responsibility against this target.

Appendix A, page 4 shows the capital performance in more detail.

### **1.6 Continuity of Services Risk Rating**

The Trusts overall risk rating is calculated as a 3, in line with the planned rating<sup>3</sup>.

Appendix A, page 5 shows the separate metrics and the outputs in detail.

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<sup>3</sup> The Plan overall rating is rounded up to the nearest whole number.

## 2. Recommendations

The Board is asked to:

- *note the financial performance to be submitted to the Department of Health is a retained surplus of £0.425m*
- *note the 'adjusted financial performance' of £0.768m surplus delivers the statutory duty for the year*
- *note the achievement of CIP in full against the target of £4.08m*
- *note the cash position of the Trust as at 31 March 2015 of £6.8m*
- *note the capital expenditure position of an undershoot against the Trust's Capital Resource Limit, resulting in the delivery of the management responsibility against this target*
- *Note that the Trust has achieved an overall risk rating of 3, in line with Plan.*

## Appendix A – Page: 1

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

	Full Year Budget £000	< < < Actual £000	Current Month Budget £000	> > > Variance £000	< < < Actual £000	Final Outturn Budget £000	> > > Variance £000
<b>Income:</b>							
Revenue from Patient Care Activities	66,485	6,972	7,103	-131	66,785	66,485	300
Other Operating Revenue	8,656	666	787	-121	8,716	8,656	60
	75,141	7,638	7,890	-252	75,502	75,141	361
<b>Expenses:</b>							
<i>Pay</i>							
Medical	-6,777	-456	-570	115	-6,002	-6,777	775
Nursing	-26,024	-2,264	-2,338	74	-25,514	-26,024	511
Other clinical	-13,408	-1,067	-1,176	109	-12,251	-13,408	1,157
Non-clinical	-9,049	-702	-740	39	-8,375	-9,049	674
Non-NHS	-510	-256	-68	-188	-1,821	-510	-1,311
Cost Improvement	22	0	1	-1	0	22	-22
	-55,746	-4,745	-4,892	147	-53,963	-55,746	1,783
<i>Non Pay</i>							
Drugs & clinical supplies	-1,903	-328	-166	-162	-2,084	-1,903	-182
Establishment costs	-1,990	-205	-187	-18	-1,487	-1,990	503
Premises costs	-2,565	-751	-414	-337	-3,484	-2,565	-919
Private Finance Initiative	-3,823	-331	-319	-12	-3,873	-3,823	-50
Other (including unallocated CIP)	-4,830	-811	-477	-333	-7,288	-4,830	-2,458
Central Funds	-960	0	-1,160	1,160	0	-960	960
	-16,072	-2,426	-2,723	298	-18,217	-16,072	-2,145
<b>EBITDA *</b>	<b>3,323</b>	<b>467</b>	<b>274</b>	<b>193</b>	<b>3,322</b>	<b>3,323</b>	<b>-1</b>
Depreciation (excludes IFRIC 12 impact and donated income)	-884	-62	-71	8	-833	-884	51
Investment Revenue	11	-44	1	-45	-29	11	-40
Other Gains & (Losses)	231	0	0	0	231	231	0
Local Government Pension Scheme	0	0	0	0	0	0	0
Finance Costs	-1,400	-117	-117	0	-1,400	-1,400	0
Unwinding of Discounts	0	0	0	0	0	0	0
Dividends Payable on PDC	-547	-21	-46	25	-522	-547	25
<b>Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **</b>	<b>734</b>	<b>223</b>	<b>42</b>	<b>181</b>	<b>768</b>	<b>734</b>	<b>34</b>
IFRIC 12 Expenditure ***	-466	-42	-42	0	-509	-466	-43
<b>Retained Surplus / (Deficit) for the Year excluding Impairment</b>	<b>268</b>	<b>181</b>	<b>0</b>	<b>181</b>	<b>259</b>	<b>268</b>	<b>-9</b>
Fixed Asset Impairment ****	0	166	0	166	166	0	166
<b>Retained Surplus / (Deficit) for the Year</b>	<b>268</b>	<b>347</b>	<b>0</b>	<b>347</b>	<b>425</b>	<b>268</b>	<b>157</b>

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

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

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

\*\*\*\* Technical adjustment associated with the revaluing of the Trust's land & buildings to a fair value.

## Appendix A – Page: 2

### Statement of Financial Position – including forecast

Detail	Period End Date				Outturn 31/03/2015 £000
	31/03/2014 £000	31/12/2014 £000	31/01/2015	28/02/2015	
<b>NON-CURRENT ASSETS:</b>					
Property, Plant and Equipment	33,834	32,971	32,862	32,137	30,862
Intangible Assets	109	66	66	66	53
Trade and Other Receivables	52	52	52	52	0
<b>TOTAL NON-CURRENT ASSETS</b>	<b>33,995</b>	<b>33,089</b>	<b>32,980</b>	<b>32,255</b>	<b>30,915</b>
<b>CURRENT ASSETS:</b>					
Inventories	98	97	96	104	86
Trade and Other Receivables	3,525	5,118	4,369	5,659	3,041
Cash and cash equivalents	5,445	6,772	7,825	7,960	6,805
<b>SUB TOTAL CURRENT ASSETS</b>	<b>9,068</b>	<b>11,988</b>	<b>12,290</b>	<b>13,723</b>	<b>9,932</b>
Non-current assets held for sale	1,148	683	488	270	2,520
<b>TOTAL ASSETS</b>	<b>44,211</b>	<b>45,760</b>	<b>45,759</b>	<b>46,248</b>	<b>43,367</b>
<b>CURRENT LIABILITIES:</b>					
NHS Trade Payables	-929	-798	-678	-449	-908
Non-NHS Trade Payables	-4,880	-8,148	-8,181	-8,782	-4,354
Borrowings	-360	-360	-360	-360	-351
Provisions for Liabilities and Charges	-2,502	-1,442	-1,402	-1,995	-1,682
<b>TOTAL CURRENT LIABILITIES</b>	<b>-8,671</b>	<b>-10,749</b>	<b>-10,621</b>	<b>-11,586</b>	<b>-7,295</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>1,545</b>	<b>1,922</b>	<b>2,157</b>	<b>2,407</b>	<b>5,157</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>35,540</b>	<b>35,011</b>	<b>35,138</b>	<b>34,662</b>	<b>36,072</b>
<b>NON-CURRENT LIABILITIES</b>					
Borrowings	-13,343	-13,073	-13,043	-13,013	-12,992
Trade & Other Payables	0	0	0	0	-558
Provisions for Liabilities and Charges	-401	-400	-400	-400	-604
<b>TOTAL NON- CURRENT LIABILITIES</b>	<b>-13,744</b>	<b>-13,473</b>	<b>-13,443</b>	<b>-13,413</b>	<b>-14,154</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>21,796</b>	<b>21,538</b>	<b>21,695</b>	<b>21,249</b>	<b>21,918</b>
<b>FINANCED BY TAXPAYERS EQUITY:</b>					
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998
Retained Earnings	150	-108	49	228	814
Revaluation Reserve	13,596	13,596	13,596	12,971	13,664
Other reserves	52	52	52	52	-558
<b>TOTAL TAXPAYERS EQUITY</b>	<b>21,796</b>	<b>21,538</b>	<b>21,695</b>	<b>21,249</b>	<b>21,918</b>



## Appendix A – Page: 3

### Cash-flow Forecast

Statement of Cash Flows (CF)	Actual Apr 14 £000	Actual May 14 £000	Actual Jun 14 £000	Actual Jul 14 £000	Actual Aug 14 £000	Actual Sep 14 £000	Actual Oct 14 £000	Actual Nov 14 £000	Actual Dec 14 £000	Actual Jan 15 £000	Actual Feb 15 £000	Actual Mar 15 £000	2014/2015 Full Year £000
<b>Cash Flows from Operating Activities</b>													
Operating Surplus / (Deficit)	-62	-36	162	-56	44	164	336	271	232	290	271	530	2,146
Depreciation and Amortisation	123	123	85	125	107	99	126	113	92	133	112	104	1,342
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	-166	-166
Interest Paid	-117	-117	-117	-117	-116	-117	-116	-117	-117	-117	-117	-115	-1,400
Dividend Paid	0	0	0	0	0	-294	0	0	0	0	0	-231	-525
<b>Inflow / (Outflow) prior to Working Capital</b>	<b>-56</b>	<b>-30</b>	<b>130</b>	<b>-48</b>	<b>35</b>	<b>-148</b>	<b>346</b>	<b>267</b>	<b>207</b>	<b>306</b>	<b>266</b>	<b>122</b>	<b>1,397</b>
(Increase) / Decrease in Inventories	13	-7	0	11	-7	-7	3	-4	-1	1	-8	18	12
(Increase) / Decrease in Trade and Other Receivables	-754	239	-370	-632	-41	-3,955	4,560	-310	-331	749	-1,290	2,687	552
Increase / (Decrease) in Trade and Other Payables	599	778	-555	924	243	4,627	-4,757	428	735	-131	328	-3,802	-583
Provisions (Utilised) / Arising	-23	-13	-66	-35	11	-60	-683	-109	-82	-40	593	-645	-1,152
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	0	0	0	0	535	535
<b>Inflow / (Outflow) from Working Capital</b>	<b>-165</b>	<b>997</b>	<b>-991</b>	<b>268</b>	<b>206</b>	<b>605</b>	<b>-877</b>	<b>5</b>	<b>321</b>	<b>579</b>	<b>-377</b>	<b>-1,207</b>	<b>-636</b>
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>-221</b>	<b>967</b>	<b>-861</b>	<b>220</b>	<b>241</b>	<b>457</b>	<b>-531</b>	<b>272</b>	<b>528</b>	<b>885</b>	<b>-111</b>	<b>-1,085</b>	<b>761</b>
<b>Cash Flows from Investing Activities</b>													
Interest Received	1	2	1	1	1	2	1	1	2	1	2	2	17
(Payments) for Property, Plant and Equipment	-11	0	-5	0	-1	0	-5	-6	-59	-25	-12	-42	-166
Proceeds of disposal of assets held for sale (PPE)	0	0	0	310	0	0	0	0	290	222	286	0	1,108
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>-10</b>	<b>2</b>	<b>-4</b>	<b>311</b>	<b>0</b>	<b>2</b>	<b>-4</b>	<b>-5</b>	<b>233</b>	<b>198</b>	<b>276</b>	<b>-40</b>	<b>959</b>
<b>NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING</b>	<b>-231</b>	<b>969</b>	<b>-865</b>	<b>531</b>	<b>241</b>	<b>459</b>	<b>-535</b>	<b>267</b>	<b>761</b>	<b>1,083</b>	<b>165</b>	<b>-1,125</b>	<b>1,720</b>
<b>Cash Flows from Financing Activities</b>													
Capital Element of Payments in Respect of Finance Leases PFI	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-30	-360
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-30</b>	<b>-360</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>-261</b>	<b>939</b>	<b>-895</b>	<b>501</b>	<b>211</b>	<b>429</b>	<b>-565</b>	<b>237</b>	<b>731</b>	<b>1,053</b>	<b>135</b>	<b>-1,155</b>	<b>1,360</b>
<b>Cash and Cash Equivalents (and Bank Overdraft)</b>	<b>5,184</b>	<b>6,123</b>	<b>5,228</b>	<b>5,729</b>	<b>5,940</b>	<b>6,369</b>	<b>5,804</b>	<b>6,041</b>	<b>6,772</b>	<b>7,825</b>	<b>7,960</b>	<b>6,805</b>	

## Appendix A – Page: 4

### Capital Programme and Expenditure

Site	Detail	2014/15 Original Scheme Value £000	Outturn £000
<b><u>Schemes Committed</u></b>			
<b><u>Developments</u></b>			
Ward 4 Upgrade		750	8
Acquired Brain Injury		150	2
Ward Upgrade		400	6
AT & T and Telford Unit		250	5
Tackling Green Issues		100	0
Victoria Surgery & other minor schemes		190	41
<b>Total for Service Redesign schemes</b>		<b>1,840</b>	<b>62</b>
<b><u>Maintenance of Infrastructure</u></b>			
Other	Other	200	35
<b>Total for Maintenance of Infrastructure schemes</b>		<b>200</b>	<b>35</b>
<b><u>Other Schemes</u></b>			
Other equipment purchases - IT	Various	100	0
Various	Various	400	21
Estate rationalisation - Childrens		0	0
Harplands - Ward 4/5		0	0
Harplands - Ed Myers	Additional beds	0	17
Parking		0	2
Harplands feasibility scheme		0	0
Electronic Patient Status Display		0	0
<b>Total for Other Schemes</b>		<b>500</b>	<b>40</b>
<b><u>Not Yet Committed</u></b>			
Harplands	Lifecycle	100	0
<b>Total Expenditure</b>		<b>2,640</b>	<b>137</b>
<b><u>Disposals</u></b>			
Sale of former Learning Disability properties		-1,140	-878
<b>Net Expenditure</b>		<b>1,500</b>	<b>-741</b>
<b>Capital Allocations</b>			<b>£000</b>
Initial CRL (per NTDA Plan submission)			<b>1,500</b>
<b><u>Revisions to Plan:</u></b>			
None			-
<b>Final CRL</b>			<b>1,500</b>
<b>Value of Schemes Outturn as at 31/03/15</b>			<b>-741</b>
<b>Potential (Over) / Undershoot against CRL</b>			<b>2,241</b>

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### Continuity of Service Risk Rating

Forecast Outturn Metrics			
Continuity of Services Risk Ratings	Plan	Forecast	Variance
	£000s	£000s	£000s
<b>Liquidity Ratio (days)</b>			
Working Capital Balance	-90	2,551	2,641
Annual Operating Expenses	69,514	72,107	2,593
Liquidity Ratio Days	-0.5	12.74	13.20
<b>Liquidity Ratio Metric</b>	<b>3.0</b>	<b>4.0</b>	<b>1.0</b>
<b>Capital Servicing Capacity (times)</b>			
Revenue Available for Debt Service	3,715	3,338	-377
Annual Debt Service	2,389	2,328	-61
Capital Servicing Capacity (times)	1.6	1.4	-0.1
<b>Capital Servicing Capacity metric</b>	<b>2.0</b>	<b>2.0</b>	<b>0.0</b>
<b>Continuity of Services Rating for Trust</b>	<b>2.5</b>	<b>3.0</b>	<b>0.5</b>

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

REPORT TO: Trust Board – Open Section

Date of Meeting:	30 April 2015
Title of Report:	Finance and Performance Committee Report – Committee Meeting 23 April 2015
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Steve Blaise 23 April 2015 Steve.blaise@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>• For Decision ✓</li> <li>• Performance monitoring ✓</li> <li>• For Information ✓</li> </ul>
Executive Summary:	The attached report provides a summary of the Committee meeting held on the 23 April 2015 and provides assurance to the Board over the level of review and challenge provided by the Committee of financial and other reporting as well as forecasting.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• IM and T Strategy ✓</li> <li>• Governance Strategy ✓</li> <li>• Workforce Strategy ✓</li> <li>• Financial Strategy ✓</li> </ul> <p>Helps ensure appropriate resources are directed to and protected for appropriate patient care services.</p>
Relationship with Annual Objectives:	Supports achievement of financial targets, the monitoring of CQUIN requirements and the delivery of efficiency programmes
Risk / Legal Implications:	Principle risk register reviewed via committee and reported separately to the Board
Resource Implications:	
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.
Recommendations:	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the report and take assurance from the review and challenge evidenced in the Committee.</li> </ul>

## **Assurance Report to the Trust Board – Thursday, 30 April 2015**

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

This paper details the issues discussed at the Finance and Performance Committee meeting on 23rd April 2015.

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The meeting was quorate, approved the minutes from the meeting on the 19 March 2015 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update paper for 2014/15 month 12 (March 2015).

This paper showed a draft adjusted retained surplus for 2014/15 of £0.756m against a plan surplus of £0.734m, a favourable variance of £0.022m. It was verbally reported that a few minor adjustments, received after production of the Committee paper, increased this adjusted retained surplus to £0.768m, which is £0.036m ahead of plan. It was noted that this financial performance delivered the Trusts statutory breakeven performance and also delivered a 1% surplus based on the Trusts income level in 2014/15.

The Trusts capital programme position was significantly behind plan all year and the final under spend for 2014/15 was £2.24m. The Committee noted this performance and requested that additional monthly performance reports are presented to the Committee during 2015/16 to allow additional monitoring on the Trusts capital programme.

The Trust's cash balance at the end of the 2014/15 financial year was £6.805m, which is £2.3m more than plan, mainly as a result of the capital programme underspend mentioned above.

The Trusts Continuity of Service Risk Rating at month 12 was an overall rating of 3. The Trusts liquidity metric remained high at level 4, but the level of the Trusts surplus at year end resulted in the Capital Servicing Capacity remaining at level 2. The combined overall continuity risk rating for 2014/15 is therefore level 3, which is line with the Trusts plan.

The Committee received the Month 12 Cost Improvement Programme (CIP) 2014/15 report which incorporated elements of the Workforce paper linked to CIP schemes. The paper highlighted the Trust had delivered its 2014/15 CIP target of £4.08m, although the committee noted that a significant element of that delivery was on non-recurring schemes.

The Committee also received an update on the Trusts proposed 2015/16 CIP schemes.

## Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- **Contract Negotiations.** The Committee received a verbal update from the Director of Finance on the 2015/16 finalised offer agreed with the local health economy CCG's and the issues arising as a consequence of that settlement.
- **Quarter 4 Workforce Report.** This report provided the Committee with an update regarding the 2014/15 CIP/Re-design, growth, and disinvestment workforce schemes and the actual delivery against plan.
- **A report detailing the progress being made in implementing the Trusts Patient Level Costing (PLiC's) project plan.**
- **Performance Management Framework.** This report provided the Month 12 (March) performance against TDA metrics and key national targets. The Committee noted that nearly all the national targets are being met and discussed in some detail the targets currently rated red and amber.
- **The Director of Finance presented a summarised version of the key metrics included within the Trusts 5 year Long Term Financial Model (LTFM) and Integrated Business Plan.** This summary included the 5 year income assumptions, major development proposals, efficiency target assumptions, forecast outturn, capital investment totals, Risk Ratings and cash balance assumptions.
- **A paper highlighting the 2014/15 Clinical Contract which noted the indicative over performance against the Stoke and North Staffs contracts and the over performance of the Child Tier 4 contract and Out of Area Treatment contracts.**
- **Key Risks to finance and performance.** A schedule was provided which described the key risks appertaining to the 2014/15 financial plan. The committee noted those risks to be carried forward to the first quarter of 2015/16, discussed the risk ratings of those risks and made amendments where appropriate.

The committee would like to congratulate all members of staff for their contributions towards the achievement of our financial targets in what is a challenging local and national environment.

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

Tony Gadsby – Chair of Finance and Performance Committee

23 April 2015

Encl 9

REPORT TO TRUST BOARD

Date of Meeting:	30 April 2015
Title of Report:	TDA Accountability Framework 2015/16
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 24 April 2015 <a href="mailto:glen.sargeant@northstaffs.nhs.uk">glen.sargeant@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Information
Executive Summary:	<p>Each year the Trust Development Authority (TDA) provides Trust Boards with a formal Accountability Framework as guidance and support for the delivery of high quality patient care.</p> <p>The Trust aligns its planning and reporting frameworks to take this document into account.</p> <p>A copy of the TDA Accountability Framework 2015/16 is attached for information purposes.</p>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> <li>Governance Strategy</li> </ul> <p>Successful delivery of the Annual Objectives impacts across all eight enabling strategies.</p>
How does this impact on patients or the public?	Not directly as a result of this report
Relationship with Annual Objectives:	All
Risk / Legal Implications:	Not directly as a result of this report
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework [Risk, Control and Assurance]	The process to monitor and manage delivery of these objectives supports the Assurance Framework.
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>Note the TDA Accountability Framework 2015/16.</li> </ul>

# Delivering for Patients: the 2015/16 Accountability Framework for NHS trust boards



## Foreword



The last year has been one of the most challenging years that NHS trusts in England have known. I expect that as we move into 2015/16, the level of challenge will at least remain constant. We continue

to be focused on the quality agenda at a time of challenging financial constraints and increasing scrutiny of the NHS. Key to meeting the challenge of improvement with limited resources and more time in the spotlight is resilience. *The Accountability Framework for NHS Trust Boards* sets out how the NHS TDA will support NHS trusts to meet this challenge.

Simply, this *Accountability Framework* is the one place for all of the key policies and processes which govern the relationship between NHS trusts and the NHS TDA. This sits alongside other key documents, such as the planning guidance and the NHS Five Year Forward View. It covers the NHS TDA's oversight and escalation mechanisms and the development and support offer for NHS trusts. It also sets out the pathway for foundation trust authorisation, the gateways for an organisation going through some kind of transaction and the process for assessing capital investment.

The NHS in England has changed significantly since the Health and Social Care Act 2012 came into force. Over the last year new organisations have stabilised and new relationships and processes have begun to mature. This is reflected with this year's refresh of last year's *Accountability Framework*. This also reflects the positive feedback we have had about the way in which we work. You will however notice key improvements to the development offer for NHS trusts. These changes, including professional skills development and an intensive, long-term transformation programme, build resilience and skills within senior leaders in the NHS trust sector to better deal with the challenges that the year ahead will undoubtedly bring.

There have been some minor changes to the foundation trust pipeline process in the *Accountability Framework* to reflect the implementation of the new *Well-led Framework* for NHS providers and the move to a system of independent financial review to replace historic due diligence. We have already seen six NHS trusts become authorised by Monitor as foundation trusts in 14/15 and we anticipate we will see more achieve foundation trust status in 15/16.

The core aim underpinning the *Accountability Framework* remains the same: to support NHS trusts to progress towards delivering high quality care to patients, consistently and sustainably. Our commitment to this is reflected throughout this document and all of our work with NHS trusts.

We expect that the next year will be another one of change for the system. We cannot predict the outcome of the general election, but we do know that the NHS is set to continue to be under considerable scrutiny and that the funding of the NHS is going to be

a key issue for the next Government. We are also working towards meeting the recommendations of the Dalton Review and expect to be in a position to publish an indication of our assessment of the long term sustainability of NHS trusts in the Summer of 2015.

The last year saw the publication of the *NHS Five Year Forward View* by NHS England, jointly with the NHS TDA, Public Health England, Monitor, Health Education England and the Care Quality Commission. This will be a key document for any future Government making decisions about spending on and configuration of healthcare in England. It is a hugely important document for the future of the NHS this is reflected throughout the *Accountability Framework*.

We have also seen the publication of Sir Robert Francis' *Freedom to Speak Up* review, the reports into the activities of Jimmy Savile and the report into the University Hospitals of Morecambe Bay NHS Foundation Trust. All of these publications have significant recommendations for the NHS trust sector to respond to and these are reflected in this updated *Accountability Framework*.

The next 12 months are going to be crucial for the NHS trust sector. We must continue to provide high quality care for patients, while delivering sustainability in a financially challenging environment and responding to political change. All of this while working with other organisations locally, regionally and nationally to plan for the next five years of healthcare delivery. This is why it is so important that we continue to focus on the development and resilience in NHS trusts.

**Bob Alexander**  
Chief Executive Designate

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# introduction

## The context for NHS trusts

1.1 As set out in *Delivering in a Challenging Environment: refreshed plans for 2015/16 – the planning guidance for NHS trust boards* – the challenge for NHS trusts to deliver high quality, sustainable care for their patients in the context of high demand and limited public sector resources is considerable.

- There are clearer expectations regarding the quality of care that trusts provide; the inspection regime led by the **Chief Inspector of Hospitals** is well-established, closely scrutinising the quality of NHS services, with the recent NICE guidance on nurse staffing levels and regular publishing of ward-level information raising expectations of providers. The report from the independent **Morecambe Bay Investigation** underlines the danger for patients when organisations lose sight of the standard of care that they provide and Sir Robert Francis' **Freedom to Speak Up** report highlights the importance of organisations empowering staff to voice any concerns that they have.
- Changes to the **business rules for 15/16** in addition to ongoing efficiency requirements have the potential to make balancing quality, delivery and finance tougher for providers than in previous years. Implementation of **Better Care Fund** plans comes into effect from April 2015 with an aim to improve the integration of health and social care and reducing the activity carried out in hospitals.

- The **NHS Five Year Forward View** sets out the scale of the challenge for the whole system over the coming years, but also ways in which this challenge will be met. Commissioners and providers will be supported by the national bodies with the implementation of new high value care models. NHS TDA, Monitor and NHS England will also work together to support improvement in some of the most challenged local health economies through the new 'success regime'.

1.2 In such an environment it is more important than ever that the ways in which the NHS TDA supports trusts to meet these challenges, and holds them to account for doing so are clear. The Planning Guidance sets out how trusts must plan for a challenging year ahead, and some of the ways in which the NHS TDA can support them in doing so. This *Accountability Framework* serves to reiterate the role of the NHS TDA, the relationship that we have with NHS trusts and some of the key processes which underpin this.

## The role of the NHS TDA

- 1.3 There has been much change to the health and care system in the two years since the establishment of the NHS TDA, but the goal of NHS trusts and all NHS providers remains the same: to provide high quality, sustainable services to patients. As a result, the role of the NHS TDA remains unchanged: to oversee and hold to account NHS trusts across all aspects of their business, while providing them with support to improve services and ultimately achieve a sustainable organisational form.
- 1.4 In order to carry out this role effectively, much effort has been made over the past 12 months to improve the way that the system works at a national and regional level, with the NHS TDA working closely with NHS England and Monitor in particular to deliver a coherent oversight system and ensure a consistent approach to strategic issues at a regional level. An increasing amount of work, such as resilience planning and the assurance of business plans, is being done through these tripartite arrangements.
- 1.5 The principles underpinning our work with trusts have remained unchanged since we published our first *Accountability Framework* and are worth re-iterating:
  - **Every interaction we undertake has an impact on the quality of care patients receive** – our focus on quality improvement remains central to the work of the NHS TDA;
  - **One model, one approach** – the NHS TDA is a national organisation and the approach set out in the *Accountability Framework* will be applied consistently to NHS trusts across England and across all sectors of care;
  - **Clear local accountability for delivery** – the accountability for all aspects of NHS trust business remains with the board of the trust, held to account and supported by the NHS TDA;
  - **Openness and transparency** – being open and candid publicly about the quality of care remains central to the NHS TDA's approach;
  - **Making better care as easy to achieve as possible** – working with partners to create the right environment for change remains a central challenge both locally and nationally;
  - **Working supportively and respectfully** – the NHS TDA recognises the very significant challenges faced by NHS trust boards and therefore aims to work supportively and respectfully at all times;
  - **An integrated approach to business** – the NHS TDA remains committed to aligning all the different aspects of its business with NHS trusts through a single set of processes, as set out in this *Accountability Framework*.

## Approach to the 2015/16 Accountability Framework

- 1.6 Given the extent of change during 2013/14, most notably the response to Sir Robert Francis' report on Mid Staffordshire NHS Foundation Trust and the introduction of the Chief Inspector of Hospitals, the *Accountability Framework for 2014/15* was significantly re-worked.
- 1.7 Whilst there has been a degree of change in the health and care system during 2014/15, it has not been necessary for the *Accountability Framework* to be significantly re-written for the coming year. Wherever possible, the NHS TDA has sought to provide NHS trusts with a degree of consistency, both in terms of the relationships between our organisations and in the standards that trusts are required to meet for their patients. Trusts will therefore be familiar with much of the content which remains unchanged from last year. There are, however, a small number of important changes about which trusts should be aware:
- The development offer from NHS TDA has been increased in order to provide a more comprehensive and structured approach to building capacity and capability in the NHS trust sector;
  - There are a number of new indicators of quality which are being introduced to the oversight process. The primary aim in doing so is to enable a more rounded view of the quality of services they are providing. This is particularly true for non-acute trusts for which there have historically been fewer metrics. A number of indicators have also been removed, for example, where data is not routinely collected;
  - The introduction of the *Well-led Framework* as the tool that the NHS TDA, Monitor and CQC will use to define, develop and assess the management, leadership and governance of NHS providers.
- 1.8 The structure of the *Accountability Framework* also remains unchanged:
- Chapter 2 explains the **oversight** process. This includes the way in which the NHS TDA measures and scores the quality and sustainability of services and how the NHS TDA holds trusts to account for delivering the required standards. It also covers expectations of trusts in terms of senior appointments, the handling of whistleblowing cases and information governance;
  - Chapter 3 sets out a new **development** offer from the NHS TDA to NHS trusts. Whilst there is rightly a strong focus on delivering for patients today, the NHS TDA is bolstering the ways in which it supports NHS trusts to deliver in the longer-term. The development chapter sets out the work planned to develop capacity and capability in areas such as change and improvement management and professional leadership;
  - Chapter 4 contains details of the **approvals processes** around foundation trust applications, transactions and capital development. Developments of note include the introduction of the *Well-led Framework* for use by trusts in their development and the FT approvals process.
- 1.9 Where indicated supplementary material will also be published on the NHS TDA website.



- 2.1 The Oversight model describes how the NHS TDA will work with NHS trusts on a day-to-day basis within a clear and unambiguous framework. It describes the expectations we have of NHS trusts to deliver high quality services for the communities that they serve. It sets out how we will measure progress, how we will judge performance, how we will intervene where it is necessary to do so, and other rules and policies which will govern our day-to-day relationship with NHS trusts.
- 2.2 The NHS TDA will ensure that it takes an integrated approach to oversight and escalation, coordinating specialist input across quality, finance and performance. Typically this will be include regular integrated delivery meetings to hold trust executive teams to account for progress implementing operating and strategic plans and to agree support. Where it is right and proper to do so the NHS TDA will work in close cooperation with other arms-length bodies (ALBs) and other partners to ensure that there is a system-wide approach to performance, oversight and escalation.

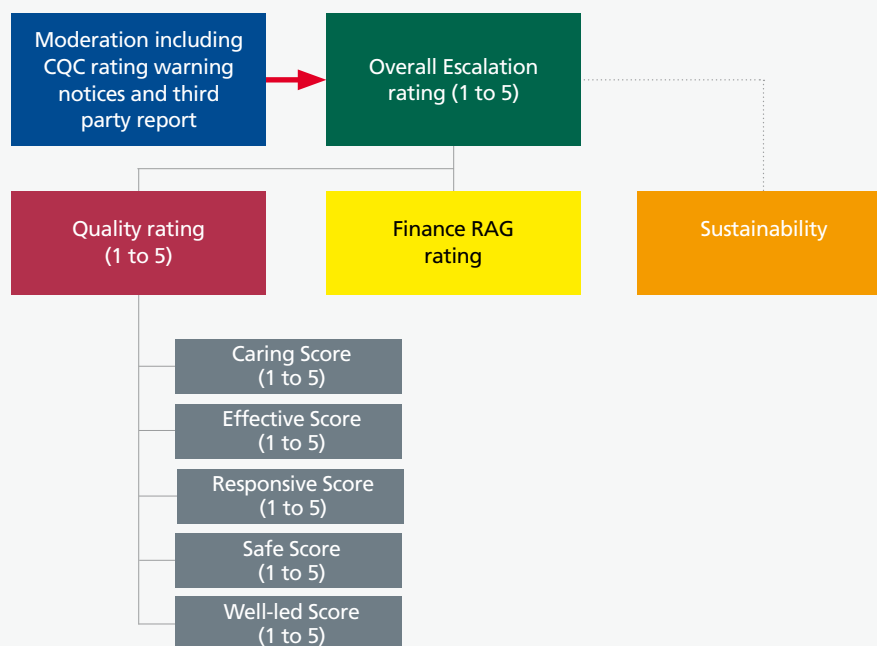
- 2.3 The overall NHS TDA approach to Oversight remains consistent for 2015/16, with a clear focus on quality, delivery and sustainability. In holding organisations to account we will act in accordance with the principles set out in the Introduction to this Framework and in particular, we will always seek to be:
- Proportionate and consistent;
  - Open and transparent;
  - Respectful and supportive.
- 2.4 For the sake of clarity and consistency, it is critical that we set out the nature of our oversight relationship with trusts. It is important to reiterate that our role in ensuring that patients receive a standard of care consistent with their rights – as set out in the NHS Constitution – requires a proactive approach. The NHS TDA will not wait for concerns to become apparent through monthly reporting, but will build effective relationships with trusts to ensure that any issues can be identified and addressed as quickly as possible.
- 2.5 The next sections sets out an overview of the Oversight Model for 2015/16, covering:
- Measurement of progress on quality, finance and sustainability;
  - Escalation and intervention;
  - Other areas of oversight.



## Measurement of progress on quality, finance and sustainability

- 2.6 The overall approach to measuring and tracking NHS trust performance remains consistent with last year's *Accountability Framework*. There are a number of domains each with an associated set of indicators. Performance against these indicators will determine a score for each domain. These domain scores in turn contribute towards an overall Escalation rating for each NHS trust.
- 2.7 Figure 1 sets out an overview of the key elements of the Oversight model.

Figure 1: Key elements of the Oversight model



- 2.8 Whilst the Oversight and Escalation model will remain closely aligned with the CQC's *Intelligent Monitoring* system, there are a number of differences that reflect the different roles of the two organisations. As the regulator and final arbiter of quality, the CQC model is based on a broad and comprehensive set of indicators which are used to highlight where a trust is an outlier compared to its peers. In order to be effective in its oversight and performance management of trusts, the NHS TDA needs a narrower set of metrics, all of which can be updated frequently so that changes in performance can be identified and addressed promptly. The NHS TDA also has a role in ensuring that trusts deliver on commitments made to patients in the NHS Constitution, such as maximum waiting times, and must be able to monitor whether trusts are meeting these standards.
- 2.9 The Quality and Finance ratings will primarily be rules-based using a set of thresholds for each indicator. The scores will be aggregated to the overall domain level according to performance against each indicator, individual indicator weightings and business rules. The sustainability score will not directly feed the escalation score but will be a factor in its determination. In addition and consistent with our current approach, the overall escalation score will be subject to a moderation process led by the Directors of Delivery and Development supported by Portfolio Directors, Business and Quality Directors to determine the level of risk and appropriate level of intervention for each organisation. The results of the rules-based scores will be supplemented with softer intelligence from a range of third party reports including CQC warning notices. Consideration will also be given to any future risks faced by trusts.
- 2.10 Escalation scores will be refreshed on a monthly basis using routinely published information available information. This will ensure that all the supporting data and analysis are able to be shared openly, consistent with our commitment to transparency. A timetable setting out the monthly business rhythm for the oversight process will be made available on the NHS TDA website.
- 2.11 The NHS TDA will publish the overall results of the moderated process on a monthly basis. Alongside this the data supporting the indicators will also be made available alongside a metadata file that will outline the construction of the indicators and the criteria for assessment.

- 2.12 The NHS TDA will take a proactive approach to managing the quality of services delivered by trusts. Whilst the oversight model will be based on published data, where there are concerns regarding the performance of a trust, NHS TDA staff may require more frequent information relating to a limited number of key metrics.
- 2.13 Further detail on the main domain headings of Quality, Finance and Sustainability is set out below.

### Quality

- 2.14 For 2015/16, we will continue in our use of the five domains used by CQC in their regime for assessing the quality of services: Caring, Effective, Responsive, Safe and Well-led.
- 2.15 There is no intention for Oversight to attempt to replicate the CQC risk ratings, rather Oversight will align with CQC where possible. In developing this list of indicators we have also taken into consideration:
- NHS Constitution standards;
  - Measures used by Monitor in their Risk Assessment Framework;
  - Measures required to be published in NHS trust Quality Accounts, reflecting the NHS Outcomes Framework measurements;
  - Measures for which data is routinely available;
  - Measures which are part of the current Oversight and Escalation and are considered worth retaining.
- 2.16 Figure 2 details the indicators that will be used in each of the five domain areas. The indicators are subjected to an internal testing and validation process to ensure each indicator is fit for purpose. It is possible that not all of the indicators listed will be included in the final suite of indicators.
- 2.17 An assessment will be made against each indicator, usually on a monthly basis depending on the regularity of information being available. Using pre-defined scoring methodologies, an overall domain score will be calculated. These five domain scores will then be used to calculate an overall score for Quality.

- 2.18 The review of indicators for inclusion in 2015/16 has resulted in a net change of seven additional indicators being identified for consideration. These are highlighted in Figure 2. Despite the increase in the number of indicators there is no increase in burden on NHS trusts. There has been a deliberate attempt to ensure a more even distribution of indicators across the care sectors. Further work will continue during the year to develop additional indicators for community trusts following a programme of testing and piloting. This work will ensure that there is a more meaningful suite of indicators for the assessment of non-acute NHS trusts.

### Finance

- 2.19 The underpinning business plan that supports an NHS trust's sustainability is as important as the delivery of high quality services as it helps ensure that effective care can be delivered well into the future.
- 2.20 As in last year, NHS trusts will be monitored against two financial categories:
- In-year financial delivery;
  - *Monitor Risk Assessment Framework* – Continuity of Service.
- 2.21 Delivery against these categories will be RAG rated using agreed thresholds but only the RAG rating for in-year delivery will be used in the assessment of the overall escalation score. The final plan submitted by trusts in May 2015 will comprise a key element of the in-year monitoring process and trusts should expect their progress to be measured against it.
- 2.22 The indicators that make up the in-year financial delivery domain remain the same following the review in 2014/15. The liquidity measure has been updated to reflect the latest funding arrangements. The overall financial RAG ratings have been set so that any trust with a forecast deficit or a significant deterioration in surplus will be red rated overall.
- 2.23 Documentation will be available via the NHS TDA website, including detailed indicator descriptions and clarification of how the individual indicator RAG ratings and overall in-year financial delivery RAG rating is calculated.



## Sustainability

- 2.24 The ultimate goal of the NHS TDA is to support organisations to deliver high quality services that are clinically and financially sustainable, and thereby become foundation trusts or implement a suitable alternative solution. The five year plans submitted by trusts in June 2014, following publication of *Securing Sustainability – planning guidance for trust boards 2014/15 to 2018/19*, are critical to this work.
- 2.25 The NHS TDA is continuing to work through the five-year plans of NHS trusts to understand their likely trajectory towards a sustainable organisational form. As part of this work, we are working with NHS England to ensure that there is clear triangulation between commissioner and provider plans.
- 2.26 This work has allowed the NHS TDA to decide on six broad segmentation groups, as follows:
- i. Organisations with a clear and credible plan for reaching foundation trust status and a timeline of less than two years for doing so (category A1);
  - ii. Organisations with a clear and credible plan for reaching foundation trust status and a timeline of less than four years for doing so (category A2);
  - iii. Organisations with the potential to reach foundation trust status but which currently lack a clear and credible plan and timeline for doing so. Our intention is that this would be a small, time-limited group which can be targeted for intensive development support (category A3);
  - iv. Organisations that cannot reach foundation trust status in their current form and where acquisition by another organisation is likely to be the best route to sustainability (category B1);
  - v. Organisations that cannot reach foundation trust status in their current form and where a franchise, management contract or other innovative organisational form is likely to be the best route to sustainability (category B2);
  - vi. Organisations where further work is needed to determine the best route to sustainability (category C).
- 2.27 In segmenting the sector in this way, our intention is to bring clearer strategic direction to our work with individual organisations and with the sector as a whole. Each group will have distinct development and support needs and this approach therefore allows the NHS TDA to target its efforts more specifically to the issues facing particular groups of trusts, and to share learning more easily. Segmentation categories will be confirmed upon completion of the 2015/16 planning process. Our intention is then to publish the results of the segmentation process in the Summer of 2015.

Figure 2.0: Proposed indicators

## Domain

## Responsiveness

## RESPONSIVENESS

Indicator name
Referral to Treatment Admitted
Referral to Treatment Non Admitted
Referral to Treatment Incomplete
Referral to Treatment Incomplete 52+ Week Waiters
Diagnostic waiting times
A&E All Types Monthly Performance
12 hour Trolley waits
Two Week Wait Standard
Breast Symptom Two Week Wait Standard
31 Day Standard
31 Day Subsequent Drug Standard
31 Day Subsequent Radiotherapy Standard
31 Day Subsequent Surgery Standard
62 Day Standard
62 Day Screening Standard
Urgent Ops Cancelled for 2nd time (Number)

\* Proposed new indicator

Indicator name
Proportion of patients not treated within 28 days of last minute cancellation
Delayed Transfers of Care*
Category A8 Red 1 calls
Category A8 Red 2 calls
Category A19 calls
The proportion of those on Care Programme Approach for at least 12 months who have had a CPA review within the last 12 months
The proportion of those on Care Programme Approach (CPA) who have had a HoNOS assessment in the last 12 months
Admissions to inpatient services who had access to Crisis Resolution
IAPT % of people treated within 18 weeks of referral*
IAPT % of people treated within six weeks of referral*
IAPT Operational recovery indicator (in development)*
% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral*
% of acute trusts with an effective model of liaison psychiatry (all ages, appropriate to the size, acuity and specialty of the hospital)*
Provider outpatient cancellation rate*

Figure 2.1: Proposed indicators

## Domain

## Effective

Indicator name
Hospital Standardised Mortality Ratio (DFI)
Hospital Standardised Mortality Ratio – Weekend
Summary Hospital Mortality Indicator (HSCIC)
Crude mortality rate (non-elective ordinary admissions only)
Emergency re-admissions within 30 days following an elective or emergency spell at the trust
Emergency re-admissions within seven days following an elective or emergency spell at the trust*
Emergency re-admissions within 14 days following an elective or emergency spell at the trust*
Emergency re-admissions within 28 days following an elective or emergency spell at the trust*
% clients in settled accommodation*
% clients in employment*
Suicides and undetermined injury / people in contact with services*
ROSC in Utstein group*
Stroke 60 mins*
Stroke Care*
STeMI 150 mins*
Percentage Mental health re-admissions of less than seven days out of total admissions*
CPA follow up within seven days of discharge

\* Proposed new indicator

Figure 2.2: Proposed indicators

## Domain

## Caring

Indicator name
Staff FFT Percentage Recommended – Care*
Staff FFT Percentage Not Recommended – Care*
Inpatient Scores from Friends and Family Test – % positive*
Inpatient Scores from Friends and Family Test – % negative*
A&E Scores from Friends and Family Test – % positive*
A&E Scores from Friends and Family Test – % negative*
FFT – Daycases*
FFT – A&E departments, Walk-in Centres (WiCs) and Minor Injury Units (MIUs)*
FFT – Mental Health*
FFT – Community*
FFT – Ambulance (see and treat) and patient transport*
FFT composite*
Written Complaints – rate
Mixed Sex Accommodation Breaches

Figure 2.3: Proposed indicators

## Domain

## Safe

SAFE

Indicator name
Clostridium Difficile – variance from plan
Clostridium Difficile – incidence rate
MRSA bacteraemias
Never events – count*
Never events – incidence rate
Never events – time since last event*
Never events – repeat events*
Serious Incidents rate
Medication errors causing serious harm
Proportion of reported patient safety incidents that are harmful
Composite of patient safety (MyNHS)*
Potential under-reporting of patient safety incidents

\* Proposed new indicator

Indicator name
Potential under-reporting of patient safety incidents resulting in death or severe harm
Consistency of reporting to the National Reporting and Learning System (NRLS)*
NHS Staff Survey – KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective*
CAS alerts outstanding
CAS alerts outstanding – time to closure*
VTE Risk Assessment
Percentage of Harm Free Care
Percentage of new Harms*
Admissions to adult facilities of patients who are under 16 years of age
Emergency c-section rate*
Mental health Abscounds/AWOL – rate*
Mental health Abscounds/AWOL – time since last*

Figure 2.4: Proposed indicators

## Domain

## Well-led

WELL-LED

Indicator name
Temporary staff spend on nurse and medical staffing
Composite risk rating of ESR items relating to staff sickness rates*
Individual elements of Composite risk rating of ESR items relating to staff sickness rates
Composite risk rating of ESR items relating to staff registration*
Individual elements of Composite risk rating of ESR items relating to staff sickness rates
Composite risk rating of ESR items relating to staff turnover*
Individual elements of Composite risk rating of ESR items relating to staff turnover
Composite risk rating of ESR items relating to staff stability*
Individual elements of Composite risk rating of ESR items relating to staff stability
Composite risk rating of ESR items relating to staff support/ supervision*
Individual elements of Composite risk rating of ESR items relating to staff support/ supervision*
Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy*
Individual elements of Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy*
Staff sickness
Staff turnover

\* Proposed new indicator

Indicator name
Staff FFT response rate*
Inpatient FFT response rate
A&E FFT response rate
Daycases FFT response rates*
FFT – A&E departments, Walk-in Centres (WiCs) and Minor Injury Units (MIUs) response rate*
FFT – Mental Health response rate*
FFT – Community response rate*
FFT – Ambulance (see and treat) and patient transport response rate*
Composite FFT response rate*
Staff FFT response rate*
Staff FFT Percentage Recommended – Work*
Staff FFT Percentage Not Recommended – Work*
Overall safe staffing fill rate*
Safe staffing fill rate – wards with <80% fill rate*
Safe staffing fill rate – fill rate variance*

Figure 2.5: Proposed indicators

Domain

Finance

FINANCE

Indicator name
Bottom line I&E position – Forecast compared to plan
Bottom line I&E position – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Forecast compared to plan
Forecast underlying surplus/deficit compared to plan
Forecast year end charge to capital resource limit
Is the trust forecasting a funding requirement for liquidity purposes?

## Escalation and intervention

- 2.28 The measurement and monitoring process described above will continue to place each NHS trust in one of five oversight categories, based on their scoring against the various oversight domains, relevant views of third parties such as the CQC and the judgement of the NHS TDA. Table 1 sets out the five escalation levels that will apply, including the characteristics of organisations at each level of escalation, the nature of likely interventions and the support available to trusts to help them to improve.
- 2.29 This aims to provide more clarity for NHS trusts about what it means to be at each level of escalation, and to ensure greater consistency in our approach to intervening and support NHS trusts. The table also clarifies that escalation level 1 and the “special measures” designation are one and the same thing.
- 2.30 Trust boards should be clear that they at all times remain responsible for ensuring that effective governance and assurance arrangements are in place within their organisations. The purpose of the oversight model is to provide assurance regarding trusts’ performance to the NHS TDA and does not change the overall accountability of trust boards.
- 2.31 The special measures process will apply to NHS trusts which have serious failures in their quality of care and/or financial performance, along with concerns that the trust’s existing leadership cannot make the necessary improvements without intensive oversight and support. Special measures can be triggered by the NHS TDA following a recommendation from the Chief Inspector of Hospitals, or whenever the TDA judges it is necessary. Organisations placed in special measures because of concerns about the quality of care will require a successful re-inspection by the Chief Inspector in order to exit special measures.
- 2.32 Organisations in special measures will be subject to a set of specific interventions designed to rapidly improve the quality of care. The NHS TDA will intensify its engagement with and oversight of the NHS trust, and trusts will be held to account through board-to-board meetings. While the interventions and support brought to bear during the special measures process will reflect the circumstances and needs of the trust, there are a small number of interventions which will apply to every provider placed in special measures. These are:
- The development of a clear, published **Improvement Plan** to address the issues raised, with clear timescales for improvement;
  - The appointment of an **Improvement Director** who will act on behalf of the NHS TDA. They will work with NHS trusts and their partners to support improvement and to monitor progress against the action plan;
  - The appointment of a **partner organisation** to provide support and expertise in improvement. Partner organisations will be selected on the basis of their strength in relevant areas of weakness in the NHS trust;
  - **The capability of the trust’s leadership will be reviewed** and changes to the management of the organisation could be made, if needed, to ensure that the board and executive team is best placed to make the required improvements;
  - Trusts will receive practical support through financial resourcing as well as expert specialist expert advice and support.
- 2.33 As Table 1 below sets out, these and other measures can also be used by the NHS TDA for trusts at levels 2 and 3 of escalation. While trusts in special measures will be subject to all of the processes set out above, the deployment of interventions at lower levels of escalation will reflect the particular needs and circumstances of the trust.
- 2.34 Special measures will be a time-limited period, the expectation being that trusts – with the support of the NHS TDA – will make the necessary improvements within 12 months. From this year, a similar approach will be taken to trusts in escalation levels 2 and 3: trusts will be expected to develop and execute a time-limited improvement plan that will enable them to return to escalation level 4 or 5. Once a trust achieves escalation level 5 it is anticipated that its foundation trust application or transaction will be completed within 12 months.
- 2.35 At all levels of escalation, the NHS TDA can consider supplementing the interventions below with additional processes, for example reviews of particular services areas or financial systems. In addition, the NHS TDA will explore during 2014/15 a reduction in the autonomy of NHS trusts at high levels of escalation, particularly on financial matters.
- 2.36 In its approach to escalation and intervention, the NHS TDA will always seek to balance hard-edged intervention with the provision of appropriate support and development. This is clear in the table below and more detail on support available for NHS trusts, including support targeted at challenged organisations, is set out in Chapter 3.

Table 1: NHS TDA Oversight categories for 2015/16

	Name	Characteristics of a trust in this category	Intervention	Support	Usual Route for Accountability
1	Special Measures	The organisation has significant delivery issues, including clinical and / or financial challenges; the clinical concerns may be serious and / or the in-year financial challenges may be greater than planned; the NHS TDA has limited confidence in the board's current capacity to deliver improvement without additional external support and challenge.	Trust would be subject to <b>all</b> of the following: <ul style="list-style-type: none"> <li>Improvement plan;</li> <li>Capability review;</li> <li>Board-to-board meetings;</li> <li>Potential loss of autonomy;</li> <li>Further reviews as needed.</li> </ul>	Support focussed on rapid quality improvement and /or financial turnaround. Support <b>will</b> include: <ul style="list-style-type: none"> <li>Improvement director;</li> <li>Partnering with high performer.</li> </ul>	Through board-to-board meetings.
2	Intervention	The organisation has significant delivery issues, including clinical and / or financial challenges; the NHS TDA has concerns about the board's capacity to deliver improvement and is therefore keeping progress under close review, with the potential to deploy external interventions.	Trust required to produce an Improvement Plan and <b>may</b> be subject to: <ul style="list-style-type: none"> <li>Capability review;</li> <li>Board-to-board meetings;</li> <li>Potential loss of autonomy;</li> <li>Further reviews as needed.</li> </ul>	Support focussed on rapid quality improvement and /or financial turnaround. Support <b>can</b> include: <ul style="list-style-type: none"> <li>Improvement director;</li> <li>Partnering with high performer.</li> </ul>	Through NHS TDA director of delivery and development (with possibility of board-to-board meetings).
3	Intervention	The organisation has some delivery issues, including clinical and / or financial challenges; the NHS TDA has confidence in the board's capacity to deliver improvement and continue its journey to sustainability.	Interventions likely to be focussed on supporting improvement in particular areas, but broader intervention can be deployed.	Support focussed on improvement on specific issues and early development of foundation trust application.	Through NHS TDA portfolio director or development director.
4	Standard Oversight	The organisation has limited or no delivery issues; the NHS TDA has confidence in the board's capacity to deliver any improvements needed and make significant progress towards sustainability.	No interventions likely at this level of escalation, but standard NHS TDA oversight processes continue.	Support focussed on movement through the foundation trust application or alternative sustainability plan.	Through NHS TDA Delivery and Development team.
5	Standard Oversight	The organisation has developed a sound FT application and received a 'Good' or 'Outstanding' rating from the CIH; the NHS TDA has confidence in the board's capacity and expects a sustainable solution to be delivered quickly.	No interventions likely at this level of escalation; standard oversight processes continue but frequency may reduce.	Support focussed on finalising foundation trust application or alternative sustainability plan.	Through NHS TDA Delivery and Development team.



**Other areas of NHS TDA oversight of NHS trusts**

2.37 In addition to the core measurement, scoring and escalation processes set out above, there are two other areas where the NHS TDA has oversight of NHS trusts:

- Human Resources
- Information governance

**Human Resources**

2.38 The NHS TDA has an important relationship with trusts in relation to certain workforce and human resources issues.

*Chair and non-executive appointments*

2.39 The NHS TDA has responsibility on behalf of the Secretary of State for making Chair and Non-Executive appointments to NHS trusts, including the application of the the Fit and Proper Persons Regulations.

2.40 The Fit and Proper Person Regulations (FPPR) were introduced under the Health and Social Care Act 2008 (regulated Activities) Regulation 2014 and require those appointed as a director of a service provider to:

- Be of good character;
- Have the qualifications, competence, skills and experience necessary for the role;
- Be capable of by reason of their health of properly performing their tasks;
- Not have been responsible for, been privy to, contributed to or facilitated any misconduct or mismanagement; and
- Not be prohibited from holding the office.

2.41 In addition those appointed cannot be deemed to be 'unfit'. The NHS TDA is responsible for ensuring that all chairs and non-executive directors of NHS trusts meet the fitness test and do not meet any of the 'unfit' criteria.

2.42 In addition to the appointment of Chairs and Non-Executives, the NHS TDA has responsibility for ensuring the availability of appropriate training and support and for the suspension and dismissal of Chairs and Non-Executives when this is required. Policies relating to these processes are available on the NHS TDA website. More detail on development and support for chairs and non-executives is set out in Chapter 3.

*Executive Appointments, remuneration and severance*

2.43 The NHS TDA also has a key role in oversight of executive appointment, remuneration and severance decisions. The key elements of this are as follows:

- A senior member of NHS TDA staff must be invited to act as an external assessor when NHS trusts make director appointments of more than three months duration. Senior NHS TDA staff act as external assessors on selection panels for NHS trust executive board members. NHS trusts are asked to confirm to NHS TDA that the successful candidate has passed the Fit and Proper Persons Regulations test prior to confirmation of appointment;
- If a CEO or Executive director is planning to resign and take their pension benefits when they reach pensionable age and then return to work, approval from the NHS TDA is sought before any re-appointment is authorised by the trust;
- The NHS TDA will agree annual performance assessments for NHS trust chief executives;
- The NHS TDA has a role in ensuring senior pay levels are proportionate and may from time to time request pay data from trusts in order to respond to DH and wider government pay queries. Anonymised pay data will be shared with NHS trusts on request. The NHS TDA must agree remuneration rates for senior appointments made by NHS ambulance trusts and community providers and any subsequent performance related pay;
- The NHS TDA must agree any "off payroll" senior appointments, including any appointments to roles with significant financial responsibility, whether interim or substantive;
- The NHS TDA must approve proposed severance arrangements for any directors in NHS trusts and for any non-contractual severance arrangements at any grade. Contractual terminations for non-director staff in excess of £100k also require NHS TDA Remuneration Committee approval.

2.44 Full guidance and templates for submitting cases are available on a secure section of the NHS TDA website. Access details can be requested from [ntda.executivehr@nhs.net](mailto:ntda.executivehr@nhs.net)

*Whistleblowing*

2.45 The NHS TDA is a prescribed body under the Public Interest Disclosure (Prescribed Persons) Order 2014/2018. We are committed to treating all concerns raised with us with fairness and transparency and in line with legislation. To do this, we work closely with the CQC and NHS trusts as necessary. NHS TDA may contact NHS trusts for information related to disclosure cases received.

## Information Governance

- 2.46 Each NHS trust must provide details of data breaches in both their annual governance statement and in their annual report. NHS trusts are expected to log and summarise any such data security breaches or lapses including the advice of the Caldicott Guardian and any issues that are significant enough to warrant reporting to the Information Commissioner.
- 2.47 NHS trusts should also detail how they will manage and mitigate risks in this area and how they measure compliance beyond the requirements of the Information Governance toolkit including compliance with the revised Caldicott principles.
- 2.48 All NHS trusts should demonstrate audit of their information sharing practices in adult NHS services against the NICE clinical guidance.

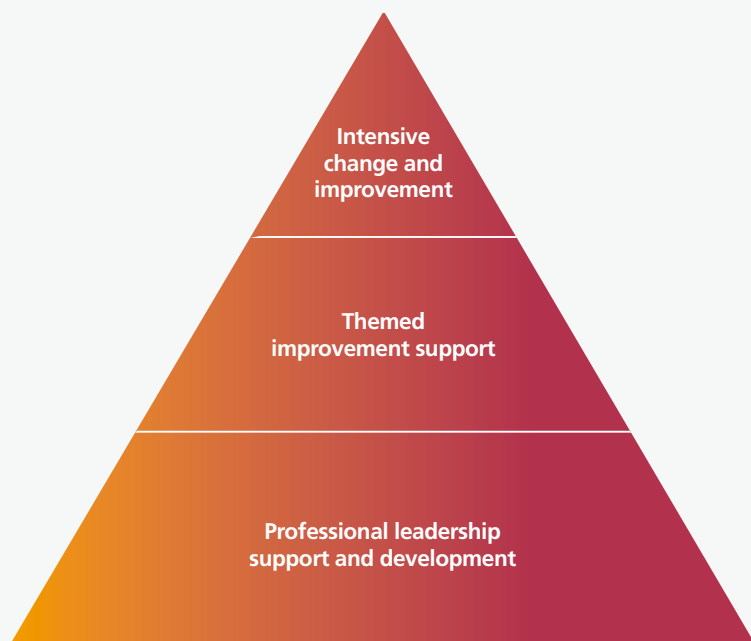


### A focus on development

- 3.1 Managing immediate issues around quality, performance or finance means it can be difficult to carve out the time and space to focus on the underpinning changes that need to be made to generate more lasting improvements over the medium to long term: the greater the pressures around immediate delivery for any organisation the less opportunity there is to focus on the underlying issues that led to those pressures in the first place.
- 3.2 Neither the NHS TDA nor NHS provider organisations should apologise for focusing on dealing with immediate pressures when they arise – the commitment to deliver for patients today must always be a priority for every NHS provider.
- 3.3 However, since its inception, the NHS TDA has focussed a key part of its everyday work on supporting NHS provider organisations both to overcome local issues and challenges but also to share best practice and enable NHS trusts to learn from high performing organisations, encouraging adoption and spread.
- 3.4 Over the last 12 months, in recognition of the impact and importance of that support, the NHS TDA has seen a significant increase in its overall budget, which has enabled both an expansion in the support we are able to provide to NHS trusts, but also to explore how they might also benefit from more medium to long term development support.
- 3.5 The unique advantage of the NHS TDA is its dual focus on both delivery and development – not only working alongside organisations to support them to adopt best practice over the medium to long term, but also working with them to overcome day-to-day issues they face.
- 3.6 Building on that unique relationship, the NHS TDA will, throughout 2015/16, move to adopt a more structured approach to development and support. Our aim is to provide three core levels of support to NHS organisations and their leaders:
  - **A professional leadership and development programme** for chairs and their boards, medical directors, nurse directors, finance directors, communications and strategy directors and COOs;
  - **A range of medium-term support programmes**, to be delivered over 12-18 months to support cohorts of NHS trusts, to address key underlying issues, for example, improving flow, modernising the emergency care pathway and service integration; and
  - **A partnership programme**, running over 3-5 years, to create partnerships between a small number of NHS trusts and successful improvement organisations to support trusts to fundamentally improve their management systems and processes to become sustainably more efficient and effective in the long term.

- 3.7 This approach, illustrated in Figure 3, will ensure that professional leadership development and support is available to all trust provider organisations, with more targeted and focussed support being made available to those organisations where the NHS TDA believes the greatest impact can be made.

**Figure 3: A structured approach to development and support**



Well-led framework assessment and development work

### Professional leadership development programmes

- 3.8 Each directorate in the NHS TDA is responsible not only for supporting professional leads in NHS trusts to assure plans for delivery and to tackle day-to-day issues but is also responsible for creating development opportunities for the professions they lead.
- 3.9 In the *2014/15 Accountability Framework*, the NHS TDA set out four key areas which should underpin each professional leadership development programme:
- Capability and capacity building;
  - Connecting with senior leaders;
  - Day-to-day support and guidance for leaders; and
  - Strategic and operational reviews.
- 3.10 Throughout the year, and linked with the internal expansion programme, the NHS TDA has developed a range of different offers for a number of the key leadership professions, many of which are now already up and running.

**Board development**

- 3.11 In addition to managing the application and selection process for all non-executive appointments across trusts the NHS TDA has co-designed and funded a programme of development events delivered by NHS Providers (formerly the FTN) to Board members of aspirant trusts – a programme in which NHS TDA staff take an active part.

**Table 2: Board development**

Capability and capacity building	Connecting with senior leaders	Day-to-day support and guidance for leaders	Strategic and operational reviews
NHS TDA appointments team manage the application process for all NED appointments in trusts.	Regular networking opportunities at events including speakers from recent authorisations.	Chair Networking sessions – regional, informal meeting and establishing a list of ‘buddy trust chair to chair mentoring.	NHS TDA and Trust Board to Board(s).
‘Board Challenge’ learning events – training NEDs on board governance.  Quality Governance learning events with NHS TDA MD as a regular speaker at events.	Access to senior leaders and speakers from regulators and assessors.	Series of hot topic events aimed at identifying areas that are concerning regulators, assessors and trusts including sessions for Chairs of audit committees.	NHS TDA undertakes a number of Trust Board Governance reviews: Board Governance Assessment framework and Quality Governance Assessment Framework – both of which will become part of the <i>Well-Led Framework</i> .  In addition to the above the NHS TDA Trust Board undertakes Capability Reviews of the special measure trusts.
‘Better Value’ membership workshops to support wider public accountability aimed at improving public and staff engagement and understanding the ‘Well-led’ framework – ensuring good public accountability through membership and the council of governors.	Leadership and ‘change’ sessions for Chairs delivered by business transformation consultant. Additional sessions planned for 2015.	Journey to FT – an update. Following the recent authorisations this was an opportunity for all FT leads to learn from NHS TDA, Monitor and the trusts.	

**Clinical executives**

- 3.12 The NHS TDA has a joint clinical directorate, recognising that the quality challenge is rarely defined strictly within professional boundaries; to this end we deliver a number of joint events with medical and nursing directors, from patient experience to never events to infection, prevention and control as well as specific events tailored to each professional group. With the expansion of the clinical team and in particular the appointment of regional Medical and Nurse Directors, there is the opportunity to build on this over the coming year to support Clinical executives to have the best chance of success in what are extremely demanding roles.

**Medical development**

- 3.13 Alongside the broad quality challenge of improving services for patients within the financial envelope, there are particular issues faced by Medical Directors up and down the country:
- the introduction of Medical Revalidation;
  - the unprecedented transparency brought by consultant level data;
  - the introduction of a professional duty of candour;
  - preparing for the introduction of seven day services;
  - the leadership expected from Medical Directors for clinical service changes in often a very difficult political environment.
- 3.14 What we are clear on is the best way to meet these challenges as a group of clinical leaders is to support each other and share ideas/challenges. That is a key part of what we aim to facilitate.

**Table 3: Medical development**

Capability and capacity building	Connecting with senior leaders	Day-to-day support and guidance for leaders	Strategic and operational reviews
Learning events for Medical Directors less than 12 months in post with the aim of creating an enduring network as well as identifying mentors where helpful.	The NHS TDA has appointed four regional associate MDs to enhance the support to trusts including planned quarterly meetings with Medical Directors in each region.	Strong Medical leadership team with the NHS TDA Medical Director, Deputy Medical Director and Regional Medical Directors providing day to day support and guidance to Medical Directors including the preparation and response to CIH inspections.	Support with mortality governance reviews to improve mortality surveillance and improvement.
The selection & appointment of new medical directors and support with interim leaders where needed.	A bi-monthly clinical bulletin to all Medical and Nurse Directors providing information, signposting to national issues and sharing good practice.	The broader Regional Clinical Quality teams, led by Clinical Quality Directors and with the input of dedicated leads on workforce and on infection, prevention and control, provide support across the NHS TDA's core functions of oversight, approvals and development	The NHS TDA's head of Medicine's Optimisation (MO) supports Chief Pharmacists to review their approach to MO, using the NHS TDA's MO assessment framework.
Bespoke support for trusts in special measures and for those preparing for CIH visits. Additional learning events for trusts on CIH and CQC visits.	Annual planning and engagement events for Medical and Nurse Directors to offer support and engagement on the planning guidance.	Support and input of national leads on patient experience, workforce planning and medicines optimisation.	Support with the management and governance of clinical harm reviews when they are identified.
Thematic improvement events planned including the creation of a best practice forum for Mortality governance.	Tailored support and learning events on Monitor's <i>Quality Governance Framework</i> , working with NHS Providers and Monitor.	Working with system wide partners such as the GMC and the Royal Colleges and to support and influence policy and help Medical Directors navigate the system.	

## Nursing development

3.15 Alongside the broad quality challenge of improving services for patients within the financial envelope, there are particular issues faced by Nurse Directors up and down the country:

- the introduction of Nurse Revalidation;
- the unprecedented transparency brought by the safe staffing agenda;
- the challenges of recruitment and retention of nurses in the current environment;
- the introduction of a professional duty of candour.

Table 4: Nursing development

Capability and capacity building	Connecting with senior leaders	Day-to-day support and guidance for leaders	Strategic and operational reviews
The selection and appointment of new nursing directors and support with interim leaders where needed.	Four regional nurse directors have been recruited to the NHS TDA team to allow for closer working and enhanced support to trusts including planned quarterly meetings with nurse directors in each region.	Strong Nurse leadership team with the NHS TDA Director of Nursing, Deputy Director of Nursing and Regional Nurse Directors providing day to day support and guidance to Nurse Directors including the preparation and response to CIH inspections.	The NHS TDA Clinical team have supported Nurse Directors and their teams to undertake staffing reviews of their establishments as part of the response to the NQB Guidance on Nursing and Midwifery staffing as well as facilitated peer support and spread good practice around mitigation guidance.
Bespoke support for trusts in special measures and preparation for CIH visits. Learning events on CIH and CQC visits.	A bi-monthly clinical bulletin to all medical and nurse directors in trusts providing information, signposting to national issues and sharing good practice.	The broader Regional Clinical Quality teams, led by Clinical Quality Directors and with the input of dedicated leads on workforce and on infection, prevention and control, provide support across the NHS TDA's core functions of oversight, approvals and development.	NHS TDA's regional HCAI leads support nurse directors through targeted infection and prevention control visits in partnership with CCGs NHSE and PHE.
We have developed a 'next generation' programme, with the NHS Leadership Academy, designed to identify and support a cohort of senior Nurses who are deemed to be almost ready for Nurse Director posts to help them make that successful transition.	Annual planning and engagement events to offer support and engagement on the planning guidance.	Support and input of national leads on patient experience, workforce planning and medicines optimisation.	The NHS TDA's head of patient experience supports nurse directors and their teams to review their approach to patient experience using the patient experience assessment framework, developed by the NHS TDA.
Work with first time Nurse Directors to consider any bespoke support, eg facilitating mentors and the establishment of a learning set for experienced Nurse Directors.	Tailored support and learning events across the sector planned for the forthcoming year including on improving complaints handling in the light of the PHSO's new vision and on preparing for nurse revalidation.	Working with system wide partners including the NMC and Royal Colleges to support and influence policy and assist nurse directors to navigate the system.	

## Communications and strategy development

- 3.16 Every organisation has development needs and for NHS trusts the extremely challenging environment that they face means that those development needs are likely to be both far ranging and critical to the success of the trust. A clear and well thought out strategy will help achieve the vision, principles and values of the NHS by sustaining safe, effective patient care. It is also essential that that strategy and the values that underpin it are coherently communicated to patients, staff, communities and partner organisations to maintain confidence in the provision of care and services to those who come into contact with the trusts.

Table 5: Communications and strategy development

Capability and capacity building	Connecting with senior leaders	Day-to-day support and guidance for leaders	Strategic and operational reviews
The establishment of a strategy director's network supported by a series of regional workshops in 2014. This programme will continue in 2015-16.	A mentoring programme for trust communications teams has been developed by the NHS TDA. Experienced mentors have been selected from a range of organisations across the NHS to provide support and development opportunities for the future leaders across communications and engagement teams in trusts.	The NHS TDA has four dedicated regional communications advisors supported by the head of communications and the director of communications providing support and advice on all aspects of effective media handling and wider patient and stakeholder engagement. In addition the NHS TDA's head of communications development is responsible for identifying and supporting the wider development needs of teams in trusts.	A number of boards have requested a 'deep dive' review of the communication and engagement provision in their organisations. This has identified strengths and weaknesses and allowed trust boards to ensure they take a robust approach to good communication and engagement across the patient, staff & stakeholder groups in addition to providing complete assurance of the quality of services and care across their organisations.
Joint events with partner organisations (Monitor & NHSE) covering key strategic priorities.			
A training workshop programme has been developed to support communication and engagement leads on all aspects of communications including marketing, patient engagement, corporate social responsibility, stakeholder relations, branding and media relations.			
NHS TDA support in identifying and providing future learning opportunities leading to the award of an academic qualification in healthcare communication and engagement is in development.			



**Finance**

- 3.17 The combination of a tighter financial environment and rising expectations create a real and ever present challenge for trust boards. As we approach a new financial year, NHS trust boards will need to have an even sharper focus on the long-term than has previously been required to ensure they can deliver sustainable high quality services for the patients and communities they serve.

**Table 6: Finance development**

Capability and capacity building	Connecting with senior leaders	Day-to-day support and guidance for leaders	Strategic and operational reviews
The NHS TDA supports all finance director appointments in trusts and identifies interim leaders to support trusts.			
Working in partnership with the healthcare financial management association (HfMA), the NHS TDA provides practical resource, insightful thought, leadership, personal growth and CPD in addition to access to an influential support network.	A rolling programme of monthly meetings with the NHS TDA director of finance (FD) and trust FDs.	Finance 'clinics' are held in trusts and accessible to all providing an opportunity for advice and guidance.	Formal observations of trust finance committees, audit committees and board meetings.
NHS TDA benchmarking tool to assist trusts with application reference costs.	1:1 meetings to discuss structures, recovery plans and give general support and advice.	Each trust is assigned a Business Director to both support them in managing day to day financial pressures but also to help them develop more robust medium to long-term financial plans.	Stress testing of financial recovery plans to confirm level of operational engagement and ownership.
A series of 2015/16 planning sessions aimed at deputy directors of finance to support the development of resilient plans.	Team meetings to undertake a review of long term financial model.		
Fortnightly monitoring calls to discuss financial recovery plans.	Monthly calls between NHS TDA's deputy FD and trusts to review the YTD position and identify risks.		
Support with capacity and demand planning.			
Support and advice on budgets.			
Support and advice on service level reporting and reference costs – reconciliation.			

**Chief Operating Officer and HR/OD development**

- 3.18 The role of Chief Operating Officers in NHS providers is a pivotal one – their leadership in supporting the smooth running of an NHS trust is essential to every organisation's potential to succeed. Over the coming months, the NHS TDA will design a professional leadership programme for COOs, with targeted support to enable them both to connect better as a leadership group but also to share and learn from best practice. We will also do the same for HR/Organisational Development leads in NHS trusts.

**Workforce Assurance**

- 3.19 The ability to undertake effective workforce planning and monitoring next year will, to a large degree, define our success both individually and collectively as a trust sector. We know that in this year the environment around safe staffing has changed dramatically – with in-year pressures on provider organisations to attract, in particular, new nursing staff – something which has led to greater reliance on agency staffing and has led to a number of NHS trusts looking overseas for new staff.
- 3.20 Throughout 2015/16, additional pressures will be faced by NHS trusts who look to respond to additional commissioning intentions such as making progress on the standards that underpin the national shift to seven day working. We are clear about our expectations of organisations in relation to workforce planning for 2015/16 – a robust and affordable workforce plan to deliver safe services, triangulated with finance and activity plans, signed off by the Board and monitored closely in-year with a range of key performance metrics.
- 3.21 We are committed to supporting organisations with this process, starting with the planning cycle but continuing into our oversight throughout the year through:
- Ensuring our support and challenge on workforce is co-ordinated across the NHS TDA's workforce and finance teams to ensure a single view is provided;
  - The development of a 'triangulation tool' to assist the planning process. Trusts will provide their workforce and finance planning returns through a single spreadsheet tool which is provided as part of the suite of finance planning materials and will allow trusts and the NHS TDA to perform a series of triangulation tests to identify how well finance, activity and workforce are aligned;

- A new 'benchmarking tool' for NHS trusts to assist in-year analysis of delivery of key workforce metrics against peer groups at trust level. It will enable organisations to both track their plan delivery in-year and to compare their performance across a range of workforce, finance, activity and quality metrics, to their peers. This tool builds on and replaces the previous workforce assurance tool and trusts can begin using it from the start of the financial year. We expect all organisations to use this and it will form the basis of the monthly in-year conversations between the NHS TDA and trusts through established oversight mechanisms such as Integrated Delivery Meetings (IDM);
- Enhancing our day to day support on workforce issues. We are working with cohorts of trusts to support them to better manage workforce pressures through a series of events and workshops. These will be both sector specific to acknowledge the particular challenges faced by different trust types but also across broader common themes such as getting the most out of the Electronic Staff record. These events will be supported by the new regional workforce team employed by the NHS TDA to support NHS trust front-line staff.

**Themed improvement support programmes**

- 3.22 Many of the more fundamental issues facing NHS trusts cannot be fixed overnight, and indeed, many problems require a broader local systems solution not just changes and improvements in provider organisations.
- 3.23 Over the last year, as well as supporting NHS trusts to develop and deliver their five year plans, the NHS TDA has been working with NHS trusts to identify what their key development needs are.
- 3.24 This approach – having a national overview of the development needs of NHS trusts – enables the NHS TDA, for the first time, to bring organisations from different parts of the country together to tackle key underlying issues across a range of different providers that, if supported to improve, could see significant improvement in efficiency and effectiveness over the medium term.
- 3.25 Those issues range from, on the clinical side, improving flow through hospitals, modernising the emergency care pathway and developing more effective ways of managing clinical staffing, through to more operational issues such as improved estates management, more effective procurement and enhanced staff engagement and communication.

- 3.26 During 2015/16 the NHS TDA will identify a number of key areas to support cohorts of NHS trusts with a more detailed programme of development and support. The NHS TDA will use experts within and work with those who have a track record in the area chosen. These programmes will be run in conjunction with the NHS TDA teams to ensure the programmes make a difference to patients.

### Intensive, long-term support

- 3.27 Creating opportunities for professional leadership development and themed programmes of support will help a number of organisations to learn from best practice and each other to address particular issues that they face.
- 3.28 However, to secure organisation-wide improvement in a sustainable way, some NHS trusts are going to need much more intensive support to deliver a more fundamental step-change in the way they operate to help them change their operating model and improve the culture in which they work.
- 3.29 There are, globally, examples where this has been achieved, for example:
- **Virginia Mason Hospital** in Seattle, USA, has, over the last decade, developed the Virginia Mason Production System – a system-wide programme to change the way healthcare is delivered to improve patient safety and quality as well as becoming more efficient and effective. Based on the basic tenets of the Toyota Production System and lean methodology, the hospital has successfully delivered significant improvements in patient care, patient safety and efficiency since introducing the system in the early 2000s.
  - **The Institute for Healthcare Improvement** has developed an approach to supporting healthcare providers to address affordability and sustainability through quality improvement, and is globally recognised for the work it has done on healthcare improvement science
- 3.30 A range of other organisations, such as UNIPART, Geisinger, and AMEOS, have also developed approaches to support healthcare providers to more fundamentally change their management systems and processes to become more efficient and effective over time.

- 3.31 In recognising the scale of the challenge that some organisations face and also in acknowledging that large-scale sustainable change cannot be achieved overnight, the NHS TDA will partner five NHS trusts with a leading-edge health improvement organisation for five years.
- 3.32 All NHS trusts will be invited to put themselves forward to be a part of the programme, and a selection process, which will focus on the suitability both of the organisation and of the leadership team to embrace new ways of working.
- 3.33 While the successful organisations may, during the time of the programme, go on to achieve foundation trust status, it will be important in order to realise the full benefits of this approach that they continue to be able to participate in the programme until its conclusion.
- 3.34 A higher ambition for the programme will be in developing a management approach that delivers large-scale, whole-hospital improvements that can be shared across other NHS organisations.

### Well-led assessments

- 3.35 In addition to creating these specific development opportunities for NHS trusts, the NHS TDA is keen to shift its own day-to-day interactions with trusts onto a more developmental footing. This is a difficult task in the current very challenging operational environment, but is critical if we are to understand and enable the long-term improvements which are needed across the sector.
- 3.36 To support this, the NHS TDA published along with Monitor and the CQC earlier in 2014/15 an aligned *Well-led Framework*, providing a single shared approach to assessing provider leadership. The NHS TDA is now working to develop an assessment process for understanding how well NHS trusts are performing against the framework. By doing this work ourselves, we hope both to gain a deeper understanding of the issues facing our trusts and to help the NHS TDA's own staff to work in a more developmental way.



- 4.1 The aspiration of the NHS TDA remains a simple one: to support NHS trusts to deliver high quality, sustainable services for the patients and communities they serve. The provision of services that are clinically and financially sustainable remains the basis for becoming a foundation trust and the NHS TDA will support NHS trusts to achieve foundation status or to find a suitable alternative solution.
- 4.2 The operational plans which NHS trusts are developing for submission in May 2015 will bring into sharp relief the challenges of achieving sustainability in the current environment. However, we also expect this element of the planning process to bring fresh impetus to the pursuit of sustainability by NHS trusts as local health economies agree new and more radical approaches to meet the challenges ahead.
- 4.3 It remains vital that as NHS trusts move towards a sustainable form – whether that is through a successful foundation trust application or through a transaction – the NHS TDA has assurance that there is a clear plan in place to maintain the delivery of sustainable, high quality services. This section of the *Accountability Framework* therefore sets out the approach to approving foundation trust applications and proposed organisational transactions.
- 4.4 To support trusts on their journey towards sustainability, the NHS TDA will retain its role in relation to capital investments and proposed disposals. Guiding principles and details of the approvals process for capital investments are set out below.

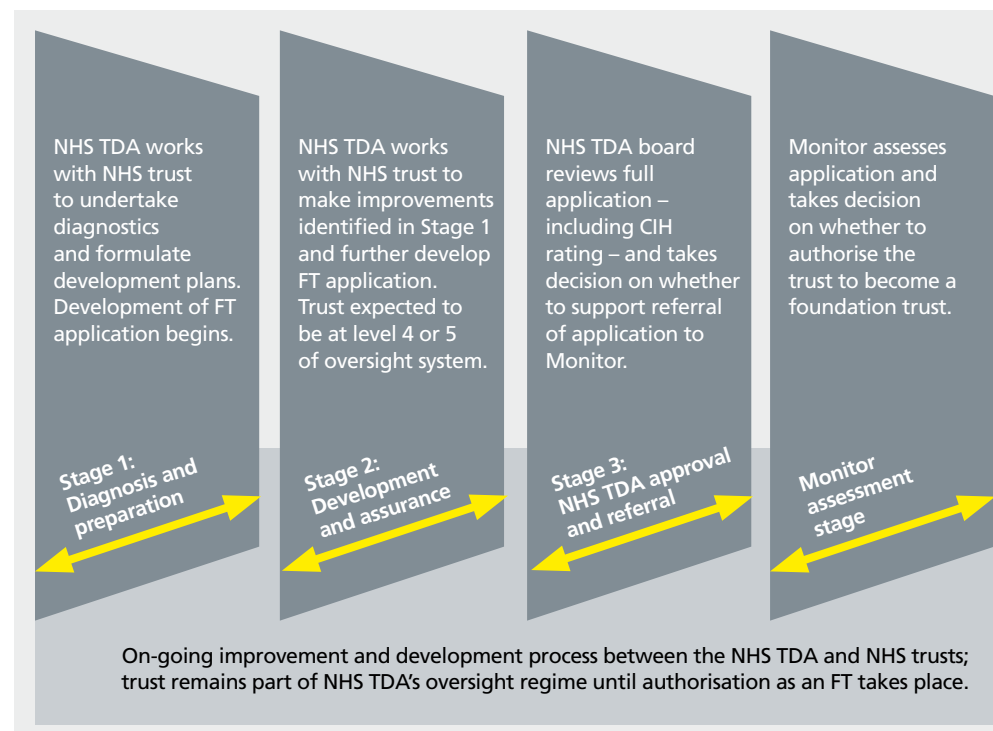
#### Changes to the foundation trust assessment process

- 4.5 The *Accountability Framework 2014/15* saw the introduction of a number of significant changes to the foundation trust assessment process, including the option to bring forward Monitor's assessment of quality governance and the embedding of public and patient engagement more thoroughly into the process.
- 4.6 The introduction of a full inspection by the Chief Inspector of Hospitals also saw a number of organisations assessed by the CQC, with six trusts ultimately becoming foundation trusts during the financial year 2014/15.
- 4.7 In 2015/16, the NHS TDA will work closely with our national partners, including Monitor and the CQC to:
  - **Implement a single *Well-led Framework*** to align the different assessments of culture, leadership and governance undertaken by the NHS TDA, Monitor and CQC. This will build on and replace the *Quality Governance Framework* and the *Board Governance Assurance Framework*. It is aligned with CQC's new inspection regime to create a single definition of a well-led organisation for NHS providers; and

- **Streamline the different aspects of financial assessment, replacing Historic Due Diligence (HDD) with an Independent Financial Review (IFR).** This will ensure that assessments occur at the most appropriate point in the process, reduce the need for repeat assessments and offer as independent and realistic an insight into the financial situation of the trust as possible.
- 4.8 Whilst the fundamental requirements for FT status as set out in *Monitor's Guide for Applicants* remain consistent – centred on high quality services; sound strategic and business planning and strong governance and leadership – we have worked to ensure that the assessment process can work in an effective way.
- 4.9 Our updated model reconfirms that:
- **NHS trusts will work with the NHS TDA to ensure they are ready for the assessment process** and are providing high quality services underpinned by a strong business plan. The NHS TDA will provide development and support for NHS trusts, alongside its routine oversight, to help them prepare for the assessment process;
  - **Trusts that meet the CQC's requirements and which receive an overall rating of 'Good' or 'Outstanding', will move forward in the application process,** culminating in consideration by the NHS TDA board. The NHS TDA board will assess the organisation's overall readiness for FT status, including its business plan, long term financial model, the consultation responses and external assurance reports. If the NHS TDA board is satisfied that the trust is ready to proceed then it will offer its support, on behalf of the Secretary of State, for the organisation to move to Monitor for assessment. The NHS TDA will aim to reach a decision on applications as soon as possible after the CQC report is published and will aim to give that approval within six weeks of publication, even where that requires the NHS TDA to hold a special board meeting. Organisations already with Monitor for assessment will receive their CQC inspection during the Monitor phase and will not be required to go back to the NHS TDA for approval;
  - **Monitor will then undertake its assessment process as set out in the *Guide for Applicants*** to determine whether the organisation should be authorised as a foundation trust. Monitor has agreed that they will normally aim to reach a decision on an application within four to six months of receiving a referral from the NHS TDA.

- 4.10 The core standards required to achieve foundation trust status are not changing but the way in which they are assessed is being streamlined. The NHS TDA will adopt a flexible approach as these new tools are being implemented, so that trusts that have recently carried out assessments using existing tools will be able to continue with their applications, provided that the necessary criteria have been met.
- 4.11 A summary of the approach to the approvals process is set out in Figure 4.

**Figure 4: Summary of revised foundation trust approvals process**



## Overview of the revised foundation trust assessment process

- 4.12 The model in Figure 5 summarises in more detail the NHS TDA process for the development and assurance of foundation trust applications. It provides NHS trusts and NHS TDA staff with a clear and transparent process that will be used to support NHS trusts to achieve the ambition providing clinically and financially sustainable services, thereby becoming foundation trusts. The process outlined is a model process and NHS TDA Delivery and Development teams have the flexibility to alter the order of the process in order to meet the local circumstances of that particular trust if appropriate.
- 4.13 The guidance should be read in conjunction with the accompanying NHS TDA supporting guidance and Monitors' *Applying for NHS Foundation Trust status: Guide for Applicants* which sets out in full the NHS foundation trust application process. In contrast, this document sets out the specific steps the NHS TDA will take to gain assurance about the clinical and financial sustainability of applications.
- 4.14 The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed to assessment by Monitor. In line with the recommendations of the Francis 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 resources. In Stage 2 of the application process and to align with Monitor's *Guide for Applicants*, the NHS TDA will calculate and assess 'shadow ratings' as outlined in Monitor's *Risk Assessment Framework*.
- 4.15 With the Chief Inspector of Hospitals being the arbiter of whether those fundamental standards are being delivered, the role of the NHS TDA in relation to quality is one of development and oversight. The approach to development set out in this *Accountability Framework* shows how the NHS TDA will work closely with trusts to support their preparations for inspection and approval. This will help to ensure that not only are services for patients safe, effective, caring, responsive and well-led but also clinically and financially sustainable.
- 4.16 The NHS TDA will follow a development, application and approval process that involves the following three stages:
- **Stage 1: Diagnosis and preparation:** This stage involves the trust and the NHS TDA establishing a baseline of the quality, safety and sustainability of the aspirant foundation trust. Baseline performance will be established in relation to quality through a NHS TDA-led desktop review; an initial self-assessment of the trust against the *Well-led Framework*; and finance through phase one of the Independent Financial Review. These baseline reviews will inform action and development plans for trusts to support continuous improvement. The preparations for public consultation will need to be strengthened in line with the response to the Francis Inquiry, to ensure that trusts are explicitly asking about the quality of the care they provide. Stage 1 culminates in the decision, agreed by the applicant and the NHS TDA, to proceed to public consultation on the application;
  - **Stage 2: Development and assurance:** This stage involves the submission of key documents to the NHS TDA and the testing and scrutiny of trust plans, systems, processes and governance. It includes a focused period of improvement and support based on the action and development plans produced in Stage 1. Stage 2 currently includes an external assessment against the new framework for well-led providers – the NHS TDA is currently conducting a pilot programme to ascertain whether this assessment will be conducted by the NHS TDA or by a third party. This stage also includes Phase 2 of the Independent Financial Review and, critically, initiating the process that will conclude with a comprehensive inspection by the Chief Inspector of Hospitals. Stage 2 culminates in the decision, following the NHS TDA readiness review, to proceed to consideration for approval by the NHS TDA board;
  - **Stage 3: Approval and referral to Monitor:** This stage involves the consideration of the application, including the results of the inspection by the Chief Inspector of Hospitals, at a formal board to board meeting followed by the NHS TDA board. Stage 3 culminates in the decision by the NHS TDA board about whether the trust is ready to undergo a detailed assessment by Monitor.
- 4.17 NHS TDA Delivery and Development teams will oversee the work on an FT application and ensure that NHS trusts have the support in place to move through the different stages of the processes.
- 4.18 Further details and templates for the development, application and approval process for FT applications are set out in supporting guidance to accompany the *Accountability Framework*. The supporting guidance and tools are posted on the NHS TDA website and updated as required to assist in the development of successful applications.
- 4.19 If NHS trusts encounter difficulties during the application process, an assessment will be made on a case-by-case basis about the elements of the assurance process that will need to be repeated.



Figure 5: Stage 1 – Diagnosis and preparation (see Appendix 1 for detail)

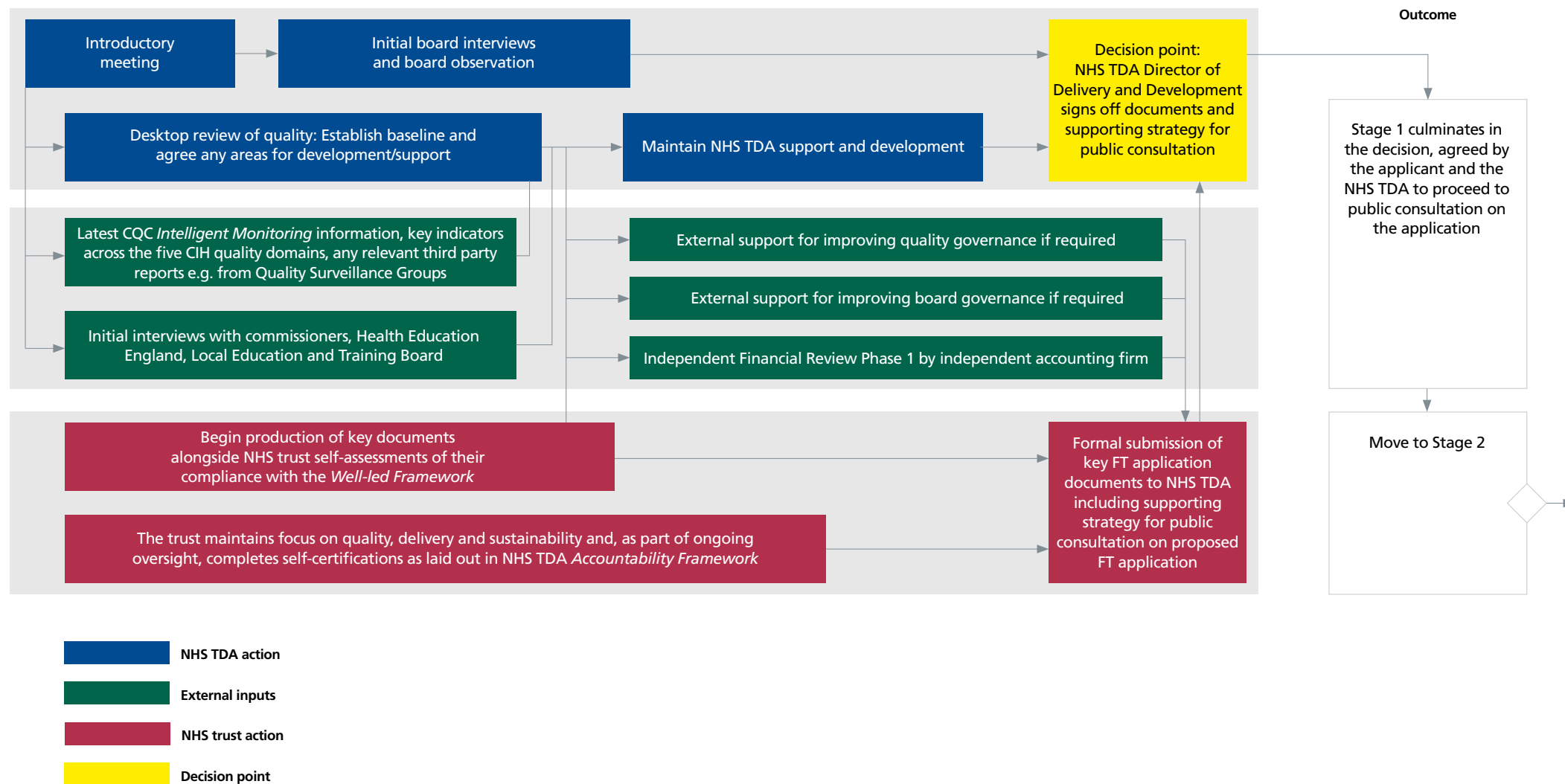


Figure 6: Stage 2 – Development and assurance (see Appendix 1 for detail)

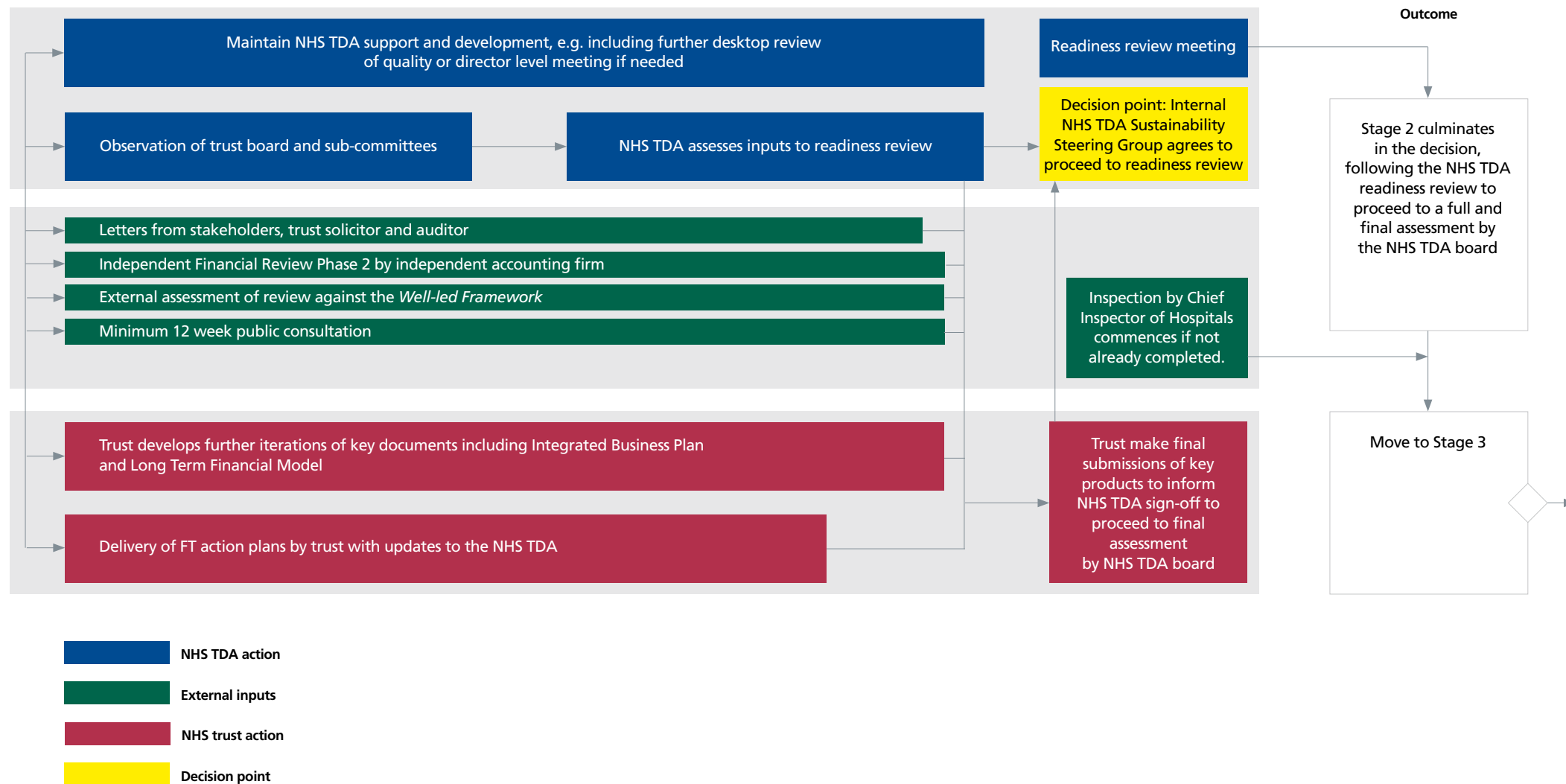
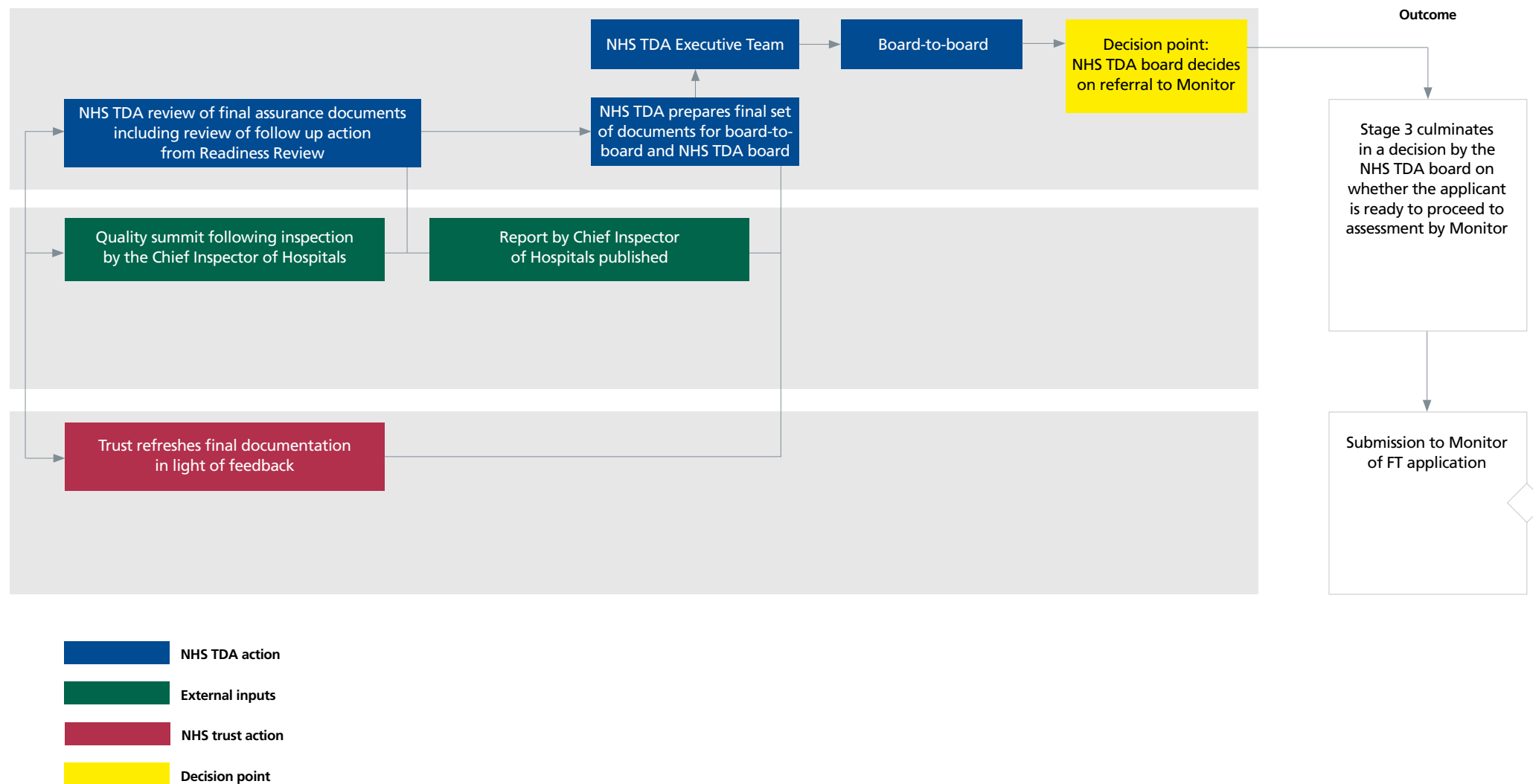




Figure 7: Stage 3 – Approval and referral to Monitor (see Appendix 1 for detail)



### Taking forward sustainable solutions: the transactions approval process

- 4.20 The NHS TDA is responsible for ensuring that all NHS trusts achieve a sustainable organisational form. Where a trust cannot achieve sustainability as a foundation trust in its current form, a range of transactions will be considered to achieve sustainability. These include those brought together under *The Dalton Review, Examining New Options for Providers of NHS Care*, published in December 2014. The Dalton Review set out a number of potential alternative forms that NHS trusts could adopt to improve sustainability and services to patients.
- 4.21 This section summarises the standardised NHS TDA process for the development and assurance of NHS trust plans to achieve high quality, safe, sustainable services through a formal arrangement, partnership or transaction.
- 4.22 A Partnership may be an informal or formal agreement between trusts or other organisations, from buddying to long term strategic alliances. Ownership will typically be retained by each partner organisation who will share resources, skills, capabilities or possibly assets. A transaction may take different forms but will always involve a transfer in the ownership of assets and liabilities and/or a business/service from one organisation to another. In the NHS many transactions have taken the form of mergers (e.g. between NHS trusts) or acquisitions (e.g. by an FT of an NHS trust).
- 4.23 The Dalton Review summarises a range of alternative organisational forms and a description of the different forms of transactions is included in the supporting guidance that accompanies this framework. Alternative organisational forms will vary widely. Any trust wishing to explore these opportunities should contact the NHS TDA at the earliest possible opportunity for advice and support. Where arrangements are expected to be formal and of a duration of more than 12 months, or potentially be considered novel and contentious, trusts will be expected to follow the same Gateway approach as set out in this framework for transactions. In every case where a transaction involves the acquisition of an NHS trust, the NHS TDA is the vendor, with responsibility for overseeing and assuring all aspects of the process.
- 4.24 This *Accountability Framework* confirms the clear set of principles that will be used to assist local teams in following best practice and achieving good value for money in the transfer of an NHS asset/business to a new owner.
- 4.25 The transaction process for NHS trusts is structured around the following four gateways, illustrated in Figure 8:
- **Gateway 1 – Entering the transactions pipeline:** This gateway is when the NHS TDA starts the transaction process, because the trust is not able to achieve foundation trust status in its current form. The Gateway 1 review will include consideration of the alternatives to pursuing a transaction within the context of the five year plan for the trust. Trusts unable to demonstrate a viable FT solution to the NHS TDA will enter the ‘transactions pipeline’.
  - **Gateway 2 – Agreeing the form of procurement:** This gateway is when the NHS TDA takes a decision about the appropriate form of procurement. An option appraisal will be carried out to assess the range of alternative procurement approaches, the transaction types will be evaluated and the strategic marketing approach of the NHS TDA will be considered in order to secure best value from the transaction. This may include issues of timing and commissioner strategy associated with significant service changes that are required.
  - **Gateway 3 – The choice of preferred solution:** This gateway is when the decision is made to proceed with a preferred solution following the procurement process. The first step is to gain approval from the NHS TDA board for the preferred partner arising from the procurement. This would be followed by the detailed development of a business case, the clinical and quality strategy, competition assessments, a Long Term Financial Model, letter of commissioner and clinical support, signed Heads of Terms including agreed funding commitments and an outline implementation plan. Once sufficient assurances are in place, the NHS TDA board will be asked to approve the completion of Gateway 3.
  - **Gateway 4 – Decision to implement the preferred solution:** After all the due diligence, legal, commercial and external reviews (including Monitor, and the Competition and Markets Authority if necessary) have been concluded, this gateway is the final decision-making step. It includes finalised contract terms or a Transaction Agreement setting out the final arrangements for implementing the transaction. This is equivalent to a ‘Full Business Case’ described in the DH Transactions Manual and culminates in the NHS TDA’s recommendation to the Secretary of State to make the legal changes necessary to finalise the transaction.

- 4.26 NHS TDA Delivery and Development teams will oversee the transactions process for NHS trusts and ensure that trusts have access to the support needed to move through the different elements of the process. The overall approach is set out in Figure 8.
- 4.27 As needed during the transaction process, Health Gateway reviews will be commissioned by the NHS TDA, tailored to the specific timetable for each transaction, to gain assurance about the robustness of the project management processes.
- 4.28 Further details of the procurement, decision-making and approval process for transactions are set out in the supporting guidance to accompany the *Accountability Framework* which will be posted on the NHS TDA website. The lessons from previous and existing transactions will continue to be used by the NHS TDA to inform and develop its approach as vendor to future transactions.
- 4.29 The NHS TDA board is clear that a transaction must only be pursued if it can be shown to improve the quality of healthcare available to patients and value for money for the taxpayer. These benefits are likely to be both in terms of improving current standards of care to patients and financial benefits.
- 4.30 Before embarking on a transaction approach, it is therefore essential that local stakeholders (especially NHS commissioning bodies) and the NHS TDA board have assurance that the transaction is the most beneficial way to improve the quality, delivery and sustainability of services for the local population.
- 4.31 While a transaction process is underway for the future, it is vital that the NHS trust board retains its focus on present-day delivery. This means driving forward improvements in the quality and safety of services, managing within the resources available and continuing to seek sustainable solutions for services. Whatever the transaction solution in the future, the trust board, staff and stakeholders need to continue to make every effort to address the underlying issues that have led to the transaction proposal. This focus on improvement now will also help to ensure the success of the transaction in the future.

Figure 8: Overview of the transactions process – Key Decision Points



## Sustainable Capital Investments

### Capital Investment: Guiding Principles

- 4.32 The NHS TDA requires NHS trusts to adhere to the Department of Health *Capital Investment Manual* in the production of capital investment business cases. In line with the the manual, the NHS TDA requires that all business cases are based upon the five-case model for business case production. Each investment proposal must therefore cover the following aspects:
- strategic;
  - economic;
  - financial;
  - commercial;
  - management.
- 4.33 The NHS TDA will require assurance that a capital investment business case has been through an appropriate level of scrutiny and governance within the NHS trust proposing the investment, before the case is submitted to the NHS TDA.
- 4.34 Detailed guidance for NHS trusts regarding the NHS capital regime, capital business case approvals and funding application process has been produced and issued to organisations. The detailed operating guidance covers:
- background and details of the NHS capital regime including technical financial guidance;
  - delegated limits for NHS trusts for capital investment business case approvals. NHS trusts have the authority to approve capital business cases within agreed thresholds before NHS TDA approval is required;
  - a summary of the expected key stage documentation and associated information requirements that NHS trusts must comply with when submitting capital business cases to the NHS TDA for approval. All NHS trusts will be required to submit a business case and a business case checklist in a prescribed format;
  - capital planning requirements.
- 4.35 Recommendations from the directors of delivery and development will be made for capital business case investment proposals put forward by NHS trusts within their portfolio to the NHS TDA approving officer or group in line with the NHS TDA approvals process.

### Capital Investment Approvals

- 4.36 The NHS TDA has the responsibility for approving all significant capital investments proposed by NHS trusts up to a limit that has been delegated to the NHS TDA by the Department of Health – a key element of helping to ensure NHS trusts are sustainable in the medium-to long term. Capital investment and disposal proposals over a value of £50m will require NHS TDA, Department of Health and HM Treasury approval for all stages of the business case.
- 4.37 When assessing investment proposals, the NHS TDA will consider whether they are consistent with the trust's clinical strategy and ensure that they clearly demonstrate a high level of engagement with the clinical staff within the organisation and the wider health economy where applicable. Capital schemes can substantially improve the way care is delivered for patients. However developments can be complex and for this reason effective clinical leadership and stakeholder engagement is key to successful delivery and realising anticipated benefits. Clinical staff and teams have a significant contribution to make, and a consistent and collaborative approach to clinical quality review of capital business cases is therefore used, as part of the wider holistic evaluation of capital investment proposals.
- 4.38 We will look closely at the quality, safety, productivity, affordability, value for money and workforce implications associated with any investment proposal, as well as ensuring that any applications help ensure the sustainability of the wider local health economy. Importantly, we will also closely examine whether the NHS trust has the resource and capacity to deliver the investment programme it is proposing within a realistic timescale.
- 4.39 Capital Investment loans will be available to NHS trusts to support capital investment. Applications for capital investment loans will need NHS TDA review and approval before they are passed on to the Independent Trust Financing Facility for final approval. Details of the NHS TDA's process for NHS trusts to access capital investment loans is set out in separate NHS TDA financing guidance.

## Stage 1: Diagnosis and preparation

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the trust will do</b>			
Undertake self-assessments and begin production of key documents in line with the <i>Applying for NHS Foundation Trust Status: Guide for Applicants</i>	<ul style="list-style-type: none"> <li>Begin production of Integrated Business Plans (IBPs) / Long-Term Financial Models (LTFMs) including initial 2-year rolling Cost Improvement Programmes (CIPs) and associated Quality Impact Assessment (QIA) reports</li> <li>Undertake self-assessments against the <i>Well-led Framework</i></li> </ul>	<ul style="list-style-type: none"> <li>Documentation and templates provided as part of the <i>Well-led Framework</i></li> <li>Standard template IBP Review and Feedback (see supporting guidance)</li> <li>Draft IBPs and LTFMs submitted to the NHS TDA</li> <li>In addition, the trust Chair, CEO and Medical and Nursing Directors will participate in a feedback meeting with the NHS TDA Delivery and Development team following review of key drafts</li> </ul>	<ul style="list-style-type: none"> <li>Completed self-assessments against the <i>Well-led Framework</i> in place</li> <li>Initial drafts of IBPs/LTFMs including initial CIP plans in place</li> <li>The trust would be expected to develop action plans where there are issues or concerns</li> </ul>
Trust commences Phase 1 of the Independent Financial Review (IFR) and prepares improvement action plan in response to IFR findings	<ul style="list-style-type: none"> <li>Phase 1 review undertaken by independent accounting firm</li> <li>The purpose and scope of IFR Phase 1 is to give the trust and the NHS TDA a diagnostic assessment of financial reporting procedures and the consequent action plan</li> </ul>		<ul style="list-style-type: none"> <li>IFR Phase 1 report</li> <li>Trust action plan developed in response and shared with the NHS TDA</li> <li>Indicative date set for Phase 2 IFR</li> </ul>
Trust prepares and submits documents and supporting strategy for public consultation on the proposed foundation trust application	<ul style="list-style-type: none"> <li>The trust's public consultation document explicitly seeks public views on the quality of its services and it is able to demonstrate to the NHS TDA how the trust has responded to feedback on the quality of its services</li> <li>Associated communications plans, including patient and public engagement and involvement strategy</li> </ul>		<ul style="list-style-type: none"> <li>Submission of final consultation documents to NHS TDA for approval</li> </ul>

## Stage 1: Diagnosis and preparation

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the NHS TDA will do</b>			
NHS TDA introductory meeting with Chair and CEO, Medical and Nurse Directors and FT director of the applicant trust as appropriate	<ul style="list-style-type: none"> <li>Discussion to include top level/key milestones that underpin the trajectory to foundation trust status</li> <li>See template for NHS TDA and trust attendance</li> </ul>	<ul style="list-style-type: none"> <li>Standard introductory meeting template (see supporting guidance)</li> </ul>	<ul style="list-style-type: none"> <li>Agreed set of detailed milestones including draft timetable and plans for IBP/LTFM submissions</li> <li>Agree any external support requirements</li> </ul>
The NHS TDA Delivery and Development and Quality teams to undertake a Desktop Review of quality	<ul style="list-style-type: none"> <li>NHS TDA clinical quality team to map the current position of the trust against the Care Quality Commission's (CQC's) five themes to identify any development needs in advance of the future Chief Inspector of Hospitals (CIH) inspection, with the input and involvement of the trust</li> </ul>	<ul style="list-style-type: none"> <li>Standard set of information required for Desktop Review</li> </ul>	<ul style="list-style-type: none"> <li>Baseline established</li> <li>Written feedback from NHS TDA to trust recording agreed key conclusions and any development needs</li> </ul>
Initial board interviews	<ul style="list-style-type: none"> <li>To be undertaken in pairs by NHS TDA team members</li> <li>Interviews conducted with voting members only</li> <li>To test the understanding of the key issues in the organisation and the ability to respond appropriately to these</li> <li>For both executive and non-executive directors, the interviews should focus on: <ul style="list-style-type: none"> <li>corporate objectives</li> <li>portfolio relevant/specific issues to role on board</li> <li>workforce strategy / assurance</li> <li>staff / clinical engagement and culture of the organisation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>NHS TDA to use standard questions in relation to each key area for interviews</li> </ul>	<ul style="list-style-type: none"> <li>Written feedback to chair covering broad themes</li> </ul>
Initial board observation	<ul style="list-style-type: none"> <li>To be undertaken in pairs or more dependent on issues</li> <li>One of the pair should have experience of working at board level</li> <li>Verbal and written feedback to chair and chief executive including actions</li> <li>NHS TDA to have reviewed papers ahead of board</li> </ul>	<ul style="list-style-type: none"> <li>Board observation template</li> </ul>	<ul style="list-style-type: none"> <li>Written feedback to chair (within 3 weeks of board) and option to follow up with verbal feedback</li> <li>External support for improving board governance if required</li> </ul>

### Stage 1: Diagnosis and preparation (continued)

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the NHS TDA will do</b>			
Initial interviews with commissioners and other purchasing organisations, e.g. local authorities and specialist commissioners (where relevant)	<ul style="list-style-type: none"> <li>Discussions to understand commissioner perspective on trust alongside commissioners' own performance</li> <li>To be undertaken by NHS TDA team with commissioner executive representation</li> <li>Commissioners who represent 25% or more of income of trust must be interviewed. Other commissioners can be interviewed in line with local requirements e.g. national centres may need interviews with a wider range of commissioners</li> </ul>	<ul style="list-style-type: none"> <li>Template for initial interviews with commissioners and other purchasing organisations – issues to be covered and feedback (see supporting guidance)</li> </ul>	<ul style="list-style-type: none"> <li>NHS TDA to have clear understanding of commissioner perspective of the trust's journey to FT status, in particular the alignment of clinical strategies and activity assumptions</li> </ul>
Decision point: NHS TDA Director of Delivery and Development signs off documents and supporting strategy for public consultation	<ul style="list-style-type: none"> <li>NHS TDA Delivery and Development Team hold a feedback meeting with trust Chair, CEO and Medical and Nursing Directors following review of draft application documents</li> <li>NHS TDA to review and sign off documentation and supporting strategy for public consultation on proposed foundation trust application</li> </ul>	<ul style="list-style-type: none"> <li>Timing of consultation to be determined in discussion with the NHS TDA</li> </ul>	<ul style="list-style-type: none"> <li>NHS TDA approval to commence consultation</li> </ul>

## Stage 2: Development and application

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the trust will do</b>			
Proceed to an early review of the Quality elements of the <i>Well-led Framework</i> by Monitor. Prepare response to findings	<ul style="list-style-type: none"> <li>Monitor assessment of whether or not the trust's quality governance is robust and effective, and identification of areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>The <i>Well-led Framework</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Well-led Framework</i> assessment report</li> <li>Trust action plan against findings of report</li> <li>Report and action plan submitted to NHS TDA for review and feedback</li> </ul>
Proceed to third party review of trust self-assessment against the <i>Well-led Framework</i> and prepare response to findings	<ul style="list-style-type: none"> <li>Independent view given against the <i>Well-led Framework</i></li> <li>NHS TDA to review and provide feedback on trust response to findings</li> </ul>	<ul style="list-style-type: none"> <li><i>Well-led Framework</i> processes and documentation to be used</li> </ul>	<ul style="list-style-type: none"> <li>Third party report shared with NHS TDA</li> <li>Action plan against findings of report</li> </ul>
Prepare for review by Chief Inspector of Hospitals (CIH)	<ul style="list-style-type: none"> <li>Aspirant trusts will be inspected alongside other organisations as part of the CIH's routine programme. An overall rating of 'Good' or 'Outstanding' will be required to pass to the next stage of the assessment process</li> </ul>	<ul style="list-style-type: none"> <li>CQC guidance and associated tools are available at <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></li> </ul>	<ul style="list-style-type: none"> <li>Preparations in place for inspection by the Chief Inspector of Hospitals, including a confirmed date</li> </ul>
Formal submission of key FT application documents to TDA and preparation to inform FT readiness review meeting	<p>The NHS TDA will require the following documentation to be provided by the trust one month in advance of readiness review meeting:</p> <ul style="list-style-type: none"> <li>Full draft IBP and LTFM including CIPs (with evidence of QIAs and including initial downside modelling)</li> <li>Clinical risk register</li> <li>Clinical Strategy including Quality Accounts and CQC registration profile which provides assurance that the workforce is commensurate with the delivery of high quality and safe patient care</li> <li>Integrated Workforce Strategy which is aligned to Quality and Financial plans</li> <li>Underpinning strategies: Estates, IT, Membership (including Membership report)</li> <li>Results of self-assessments and external assessments against the <i>Well-led Framework</i></li> <li>Final public consultation outcome (including Governance rationale) and associated communications plans etc as agreed by the trust board</li> <li>FT programme risk register including Board Assurance Framework</li> <li>Quality Accounts</li> <li>Media analysis identifying issues and actions plans</li> </ul>	<p>The following tools and templates are available (see supporting guidance):</p> <ul style="list-style-type: none"> <li>IBP review and feedback template</li> <li>Standard assurance report for readiness review</li> <li>Monitor guidance and associated tools, as available in <i>Applying for NHS Foundation Trust Status: Guide for Applicants</i></li> </ul>	<ul style="list-style-type: none"> <li>All documents in place for readiness review meeting</li> </ul>



## Stage 2: Development and application (continued)

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the trust will do</b>			
Following the readiness review the trust will develop further iterations of key documents	Further iterations of key documents to be submitted to NHS TDA including: <ul style="list-style-type: none"> <li>• Full draft IBP and LTFM including CIPs and associated QIAs (including downside modelling)</li> <li>• Integrated Workforce Strategy which is aligned to quality and financial plans</li> <li>• Underpinning strategies: estates, IT, membership</li> <li>• Independent third party reports: <i>Well-led Framework</i></li> <li>• FT programme risk register including Board Assurance Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor guidance and associated tools, as available in <i>Applying for NHS Foundation Trust Status: Guide for Applicants</i></li> </ul>	<ul style="list-style-type: none"> <li>• Feedback to the trust as necessary on the application document</li> </ul>
Delivery of FT action plans by the trust with updates to the NHS TDA	<ul style="list-style-type: none"> <li>• Updates on action plans including from IFR Phase 1, the <i>Well-led Framework</i>, Quality accounts and service performance</li> <li>• Compliance with CQC standards, Monitor risk ratings and Quality Indicators</li> <li>• On-going review of the development of a rolling two-year (minimum) detailed programme of CIPs and the associated QIAs</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor/Audit Commission CIP guidance to inform CIP development</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback to trust as necessary</li> <li>• Assessment of action plans to inform assurance of trust against FT programme deliverables</li> </ul>
Observe board and trust board sub-committees including finance and quality sub-committees	<ul style="list-style-type: none"> <li>• To be undertaken in pairs or more dependent on issues</li> <li>• One of the pair should have experience of working at board level or with boards</li> <li>• Verbal and written feedback to chair, CEO, medical and nurse directors including actions</li> <li>• NHS TDA to have reviewed papers ahead of board</li> </ul>	<ul style="list-style-type: none"> <li>• Board and sub-committee observation template</li> </ul>	<ul style="list-style-type: none"> <li>• Written feedback to chair (within 3 weeks of board) and option to follow up with verbal feedback</li> <li>• Results to inform board-to-board meeting and questions</li> </ul>
Interview with commissioners	<ul style="list-style-type: none"> <li>• Commissioners who represent 25% or more of income of trust must be interviewed. Other commissioners are in line with local requirements e.g. national centres may need interviews with a wider range of commissioners</li> <li>• Discussions to understand commissioner perspective on trust alongside implications for trust of commissioners' financial health</li> <li>• Discuss the commissioner support letter that is provided</li> </ul>	<ul style="list-style-type: none"> <li>• Standard interview and feedback template (see supporting guidance)</li> <li>• Draw in other NHS TDA colleagues as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Information in place to inform pack for final NHS TDA-trust board-to-board meeting</li> <li>• Results used to inform board-to-board questions</li> </ul>
NHS TDA agree to IFR Phase 2 commencing	<ul style="list-style-type: none"> <li>• NHS TDA to approve trust to commence review of the financial standing of the trust</li> <li>• NHS TDA Finance Director and Director of Delivery and Development to take the decision</li> <li>• 1:1 meetings with NEDs and chair/CEO to comment on their understanding of the trust's business strategy, drivers and risks to delivery</li> <li>• NHS TDA to meet with IFR lead partner to consider issues raised in reports and progress made</li> </ul>	<ul style="list-style-type: none"> <li>• IFR Phase 2 needs to be arranged in advance (provisional date set after IFR Phase 1)</li> </ul>	<ul style="list-style-type: none"> <li>• IFR Phase 2 report delivered</li> <li>• Action plan from trust to respond to findings of the report</li> </ul>

## Stage 2: Development and application

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the NHS TDA will do</b>			
Maintain NHS TDA support and development, e.g. including further desktop review of quality or director level meeting if needed	<ul style="list-style-type: none"> <li>NHS TDA support and development work continues as detailed during Stage 1</li> <li>If required, the NHS TDA clinical quality team will undertake a further DtR along the lines described in Stage 1</li> <li>NHS TDA MD and ND may meet with trust MD and ND for 1-2 hours to discuss progress, results from the <i>Well-led Framework</i> and to support preparations for the upcoming CIH inspection</li> <li>NHS TDA will consider if a board-to-board meeting is needed prior to inspection by the Chief Inspector of Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Standard set of information for DtR (if required)</li> </ul>	<ul style="list-style-type: none"> <li>Results of NHS TDA support and development used to inform NHS TDA assessment of readiness</li> </ul>
Readiness review meeting will be held with the trust board	<ul style="list-style-type: none"> <li>To undertake formal review of progress made since introductory meeting</li> <li>Developmental board-to-board experience for trust board</li> <li>The whole voting trust board is required at the meeting</li> <li>The readiness review meeting will include from the NHS TDA the Director of Delivery and Development, two Portfolio Directors (one from across the NHS TDA), the Clinical Quality Director and Business Support Director</li> <li>Signal move to the final assurance phase of the NHS TDA process</li> </ul>	<ul style="list-style-type: none"> <li>Standard assurance report to be completed to form basis of meeting</li> <li>Template for readiness review questions to be used</li> <li>Standard set of reports for readiness review</li> </ul>	<ul style="list-style-type: none"> <li>Review of key documents including IBP/LTFM and progress on quality improvement, and underpinning strategies</li> <li>IBP/LTFM aligned</li> <li>Demonstration of viability under downside conditions, including meeting authorisation criteria</li> <li>Quality, finance and governance integrated throughout IBPs/LTFMs</li> <li>Written feedback to trust on meeting</li> <li>Confirm the trust is ready to move to final Assurance and sign-off phase OR trust deemed not ready to move forward and action plans and escalation activities agreed</li> <li>Additional support identified</li> </ul>

## Stage 3: Approval and referral to Monitor

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the trust will do</b>			
<p>Trust makes final submissions of key products to inform NHS TDA sign-off of FT application one month before the final board-to-board meeting</p> <p>Applications are to be full and final submissions that have been through the relevant internal governance approvals process</p> <p>Incomplete or late submissions will be viewed as symptomatic of poor governance and escalated</p>	<p>Evidence to show that the trust meets Monitor's authorisation criteria should be submitted to NHS TDA, including:</p> <ul style="list-style-type: none"> <li>• IBP/LTFM and other appendices as listed in Monitor's <i>Guide for Applicants</i>. To include updated downside scenarios, detailed mitigations, workforce strategy/ plans, minimum 2 years of detailed CIP plans and associated QIAs</li> <li>• Final <i>Well-led Framework</i> and IFR Phase 2 reports as appropriate</li> <li>• Evidence of delivery against actions plans on IFR, the <i>Well-led Framework</i>, performance, and the results of public consultation (NHS TDA may ask for external assurance of evidence)</li> <li>• Assurance that the trust has a workforce fit for purpose, i.e. capable of providing high quality / safe care</li> <li>• Quality Accounts, auditor's opinion and progress with any quality action plans</li> <li>• Trusts to submit letters of stakeholder support from: Quality Surveillance Groups, LATs, Local CCGs, HWB, local Health Watch, Local HOSCs, Local Partnership Forum and other bodies as appropriate</li> <li>• Letter from trust solicitors confirming constitution in line with FT legislative requirements</li> <li>• Trust CEO letter of declaration that with regard to their duty of good faith they have disclosed all relevant information</li> <li>• Chair to confirm process and basis by which he has confirmed all directors meet 'fit and proper person test'</li> <li>• Director with responsibilities for information identified</li> <li>• Media analysis identifying issues and actions plans</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor guidance and associated tools, as available in <i>Applying for NHS Foundation Trust Status: Guide for Applicants</i></li> </ul>	<ul style="list-style-type: none"> <li>• Information in place to populate pack for final NHS TDA-trust board-to-board meeting</li> <li>• Trust answers queries from the NHS TDA</li> </ul>
All parties to participate in Quality Summit following inspection by the Chief Inspector of Hospitals	<ul style="list-style-type: none"> <li>• The Quality Summit is an opportunity for all parties to review findings and agree actions for improvement in advance of the publication of the CIH report</li> </ul>	<ul style="list-style-type: none"> <li>• CQC guidance and associated tools are available at <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></li> </ul>	<ul style="list-style-type: none"> <li>• CIH report published</li> </ul>

### Stage 3: Approval and referral to Monitor

Action	Requirements/other information	Practices/tools to be used	Output
<b>What the NHS TDA will do</b>			
NHS TDA review of final assurance documents	<ul style="list-style-type: none"> <li>Review of documentation submitted ahead of final board-to-board meeting</li> <li>Test documentation against the Monitor Guide for Applicants and triangulate with interviews with trust and stakeholders</li> <li>Full review of IFR Phase 2 report, LTFM, downside scenario, downside mitigations, and CIPs and associated QIAs</li> <li>Review of CIH report</li> </ul>		<ul style="list-style-type: none"> <li>Information in place to populate pack for final NHS TDA-trust board-to-board meeting</li> <li>Review to inform questions at the board-to-board meeting</li> </ul>
Board-to-board meeting between NHS TDA and NHS trust	<ul style="list-style-type: none"> <li>Whole voting applicant trust board required</li> <li>NHS TDA Executive to include a minimum of the relevant Director of Delivery and Development, the Medical and/or Nurse Director, a senior Finance representative and the relevant Portfolio Director</li> <li>NHS TDA Board team to agree additional tasks, information or assurance that are required prior to presentation to the NHS TDA board</li> <li>The Director of Delivery and Development along with relevant Director colleagues depending on the issues will review and approve additional submissions or assurance within an agreed timeframe</li> <li>If the issues are significant and/or likely to take many months then the NHS TDA team can agree that another board-to-board meeting will be required</li> <li>The NHS TDA Executive Team will agree whether to submit an application to the NHS TDA board for approval</li> </ul>	<ul style="list-style-type: none"> <li>Standard assurance report to be completed to form basis of meeting</li> <li>Standard template for constructing board-to-board questions to be used by NHS TDA</li> <li>Proportionate focus on areas of risk within assurance evidence needs to be made</li> <li>See supporting guidance for the board-to-board meeting standard agenda</li> </ul>	<ul style="list-style-type: none"> <li>Feedback letter to the trust</li> </ul>
NHS TDA board	<ul style="list-style-type: none"> <li>The NHS TDA board will receive in public session a short summary of the application, the review process, and any risks with a recommendation</li> <li>The NHS TDA Board will agree whether to grant approval on behalf of the Secretary of State and move an application to Monitor or whether further work is required</li> <li>All NHS trusts will need to continue to meet the NHS TDA requirements set out in the <i>Accountability Framework</i> until they become authorised as a foundation trust</li> </ul>	<ul style="list-style-type: none"> <li>Overview report to the NHS TDA Executive team and NHS TDA board covering a standard set of issues</li> <li>See supporting guidance for the standard template for approval paper to NHS TDA Executive team and NHS TDA Board</li> </ul>	<ul style="list-style-type: none"> <li>Written feedback to the trust</li> <li>Letter to Monitor</li> <li>The NHS TDA will continue to work closely with the trust to both support and monitor the action plans and progress</li> </ul>



*Trust Development Authority*



Quality. Delivery. Sustainability.

# REPORT TO TRUST BOARD

Date of Meeting:	30 <sup>th</sup> April 2015
Title of Report:	Performance Report – Month 12 2014/15
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name:	Kevin Daley, Performance Development Manager
Date:	24 <sup>th</sup> April 2015
Email:	<a href="mailto:Kevin.Daley@northstaffs.nhs.uk">Kevin.Daley@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 12 (March 2015)</p> <p>Performance against the Monitor compliance framework and key National Targets is included within the report, all indicators are on target.</p> <p>A range of 95 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. Performance against these KPIs has been reviewed by the Finance &amp; Performance Committee prior to being presented to the Trust Board.</p> <p>At month 12 of the 95 metrics 58 metrics were rated as Green, 2 rated as Amber, 7 rated as Red and 28 Unrated due to the absence of targets which are monitored to identify and respond to trends.</p> <p>The attached summary by exception expands on the areas that are underperforming and Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to:	Governance Strategy
How does this impact on patients or the public?	The Performance & Quality management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contract and Monitor's compliance framework.
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with Assurance Framework	The Performance & Quality Management Framework is a key control within the Assurance Framework
Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>consider and discuss reported performance with particular</li> </ul>

	<p>emphasis on areas of underperformance</p> <ul style="list-style-type: none"><li>• note the considerable number of metrics reported on target (green)</li><li>• to confirm sufficient detail and assurance is provided</li></ul>
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## PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

<b>Date of meeting:</b>	30 April 2015
<b>Report title:</b>	<b>Performance &amp; Quality Management Framework Performance Report – Month 12 2014/15</b>
<b>Executive Lead:</b>	Interim Director of Finance
<b>Prepared by:</b>	Kevin Daley, Performance Development Manager
<b>Presented by:</b>	Glen Sargeant, Head of Performance & Information

### 1 Introduction to Performance Management Report

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

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

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

### 2 Executive Summary – Exception Reporting

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

At month 12 there are 95 metrics with 7 rated as Red, 2 rated as Amber, 58 metrics rated as Green and 28 Unrated due to the absence of targets which are monitored to identify and respond to trends.

Month 12			
Red	Amber	Green	Unrated
7	2	58	28



### 3 Exception Reports

Metric	Exec/Op Lead	Target	M12 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b>IAPT:</b>							
- Min data set	Dir of Ops Op Lead S Woodall	90%	RED 83% (@M9)	RED 83% (@M9)	RED	↔	<b>NB/ Latest available data from HSCIC for this metric is 83% @ M9, same as M8</b> The Trust is above the national average (74%) however and is in the top cohort of Trusts in terms of data completeness, rated 'Green' using HSCIC data validity measures.
- No. entering psychological therapies		385 M12 (4228 YTD)	GREEN 624	RED  3838	RED	↗	<b>624 @ M12, up from 313 @ M11</b> NB/ Although performance has improved in M12 it is still considerably lower than the YTD target of 4228.  Action plan in place including the following: <ul style="list-style-type: none"><li>• Service performance reports implemented</li><li>• DNA procedure streamlined</li><li>• Admin booking treatment appointments to free therapists capacity</li><li>• Healthy living workshops to increase access to therapy</li></ul>
- Proportion receiving psychological therapies		1.4% M12 (15% YTD)	GREEN 2.2%	RED  12.8%	RED	↗	<b>2.2% @ M12, up from 1.1% @ M11</b> Action plan as above
- No. moving to recovery		50%	RED 36.4%	RED 36.4%	RED	↘	<b>36.4% @ M12 from 41% @ M11</b> Action Plan in place, including the following: <ul style="list-style-type: none"><li>• Increased educational workshops</li></ul>

							<ul style="list-style-type: none"> <li>• Service performance reports monitoring recovery</li> <li>• DNA / Cancellation procedure streamlined</li> <li>• Healthy living workshops to increase access to therapy</li> </ul>
Metric	Exec/Op Lead	Target	M12 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b>CQUIN:</b> Physical Health (National)	Medical Director Op Lead L Wrench	-	RED	RED	RED	↘	<p>Part A - Cardiometabolic risk factors. Due to the high % targets set for this CQUIN, there is some concern around full achievement at Q4 – total value is £42,250. There has been a notable improvement from baseline for this CQUIN. <b>(Risk based on internal figures is around £10,000 but this has not yet been confirmed by commissioners.)</b></p> <p>Part B - Communication with GPs. Re-audit scheduled to take place in Q4. Due to the high % targets set for this CQUIN, there is concern around full achievement at Q4 – total value is £22,750. <b>(Risk based on internal figures is approx £6,000 but could potentially be up to £12,000 - awaiting confirmation from commissioners.)</b></p>
<b>PRESSURE ULCERS:</b> Preventing Category 2, 3 and 4 Avoidable Pressure Ulcer:	Dir of Nursing Op Lead J Wilshaw	0	RED 1	RED 1	RED	↗	<p>This incident is remains open as an SI. Initial investigations conclude that although an assessment was completed, all appropriate interventions appear not to have been implemented.</p> <p>Since this incident the following actions have been instigated:</p> <ol style="list-style-type: none"> <li>1. Pressure care bundles will be provided for all patients deemed medium or high risk.</li> <li>2. The Ward Manager has now re-iterated to all staff of the need for appropriate first aid dressings whilst awaiting the doctor for <b>any</b> suspected blisters or ulcers.</li> <li>3. The DoN has implemented a Tissue Viability Nurse (<b>Ward Manager Janet Taylor</b>) and will be providing a tissue viability protocol by the last day of May to support the existing policy.</li> <li>4. The DoN will personally seek assurance from relevant services and provide feedback to Board.</li> </ol>

							The completed investigation may highlight further actions that we will address and learn from.
<b>U18 ADMISSION TO ADULT WARD:</b> Number of patients 16/17year olds admitted to Adult Psychiatric Wards (Monthly)	Dir of Nursing Op Lead M Hart	0	RED 1	RED 1	RED	↗	Due to the unavailability nationally of a CAMHS bed, 17 year old boy has been admitted to Ward 2, Harplands Hospital. Serious Incident 2015/11881 raised 30/04/15
Metric	Exec/Op Lead	Target	M12 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b>TRAINING:</b> % staff compliant with mandatory training	WF Dir Op Lead B Dawson	95%	AMBER 87%	AMBER 87%	AMBER	↔	<b>87% @ M12 no change from 87% @ M11</b> Month 12 breakdown Corporate Services = 89% AMH Community = 90% AMH In Patient = 81% Substance Misuse = 98% CYP = 85% Learning Disabilities = 91% NOAP = 86%
<b>MH Tribunal process:</b> - % compliant returns within 3 weeks	Medical Director Op Lead S Dawson	100%	RED 60%	RED 25%	RED	↗	<b>(6 of 9) = 60% @ M11 from (6 of 12) =50% @ M10</b> NB/ This data is only available a month in arrears. There has been a significant increase in performance from last month; a process has been developed and is in place across the Trust.

#### 4 Risk Ratings

The TDA measures Trust performance in five categories:

At month 12 we have maintained our rating of **Level 4** (out of 1 to 5), where 5 is best.

#### 5 Recommendations

The Committee are asked to:

- Review areas of underperformance as summarised in this report and identify further action required

***The following metrics are not formally monitored until 2015/16; they will be live from 2016/17:***

<b><u>IAPT:</u></b>							<b><i>NB/ Not formally monitored until 2015/16; metrics are live from 2016/17.</i></b>
- % of people referred treated within 6 weeks	Dir of Ops Op Lead: S Woodall	75%	RED 54.5%	RED 54.5%	RED	↗	54.5% @ M12 from 40.5% @ M11
- % of people referred treated within 18 weeks		95%	RED 88.8%	RED 88.8%	RED	↗	88.8% @ M12 from 84.1% @ M11
<b><u>Early Intervention:</u></b> More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks.	Dir of Ops Op Lead S Wilson	50%	RED 28%	RED 28%	RED	↔	<b><i>NB/ Not formally monitored until 2015/16; metric is live from 2016/17.</i></b>  <b>28% @ M12 same as M11</b> These figures relate to current working practice, where allocations onto caseload are through the weekly team meeting – the Operational Lead is reviewing processes and an action plan is in place to close the gap.

Appendix 1 (Enclosure 10)

REPORT TO: **Trust Board**

Date of Meeting:	30 <sup>th</sup> April 2015
Title of Report:	Update on Changes to Access & Crisis Team
Presented by:	Andy Rogers
Author of Report:	Ben Boyd/Andy Rogers
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Assurance</li> </ul>
Executive Summary:	<p>This paper updates Trust Board on changes to Access &amp; Crisis services that were piloted through non recurrent mental health resilience funding in Q4 2014/15.</p> <p>The paper evidences and identifies the following key elements:-</p> <ol style="list-style-type: none"> <li>1. Recognising that the change is newly embedded, initial data is overwhelmingly positive. This is broken down across the two services.</li> <li>2. Commissioners have now recurrently funded the change and it will therefore be continued.</li> </ol>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> <li>Clinical Strategy</li> <li>Customer Focus Strategy</li> <li>Financial Strategy</li> </ul>
How does this impact on patients or the public?	<p>Increased service capacity and response times</p> <p>Improved Service delivery</p>
Risk / Legal Implications:	Ongoing monitoring requirements and quality assurance required to ensure improvements are sustained.
Resource Implications:	Additional income and expenditure requirements
Equality and Diversity	This change is intended to improve patient experience and accessibility across the board. No E&D issues

Implications:	identified.
Recommendations:	Whilst recognising that this change is newly embedded, the Board is asked to take assurance from the early results of changes to the Access and Crisis service identified in this paper.

## **1. Background**

Funded by non recurrent Mental Health resilience funding of approximately £80k, a three month pilot redesign of the Access and Crisis service, which was presented to November Trust Board commenced on January 5<sup>th</sup> 2015. This was designed to increase capacity in the Access service and allow the Home Treatment Service to focus on its core function.

The change consisted of the following components:-

- Extending Access to operate fully from 8am to 10pm over 7 days per week
- Increase capacity for Home Treatment when demand is greatest, 8am to 11pm
- Transfer responsibility for Crisis Assessment from Home Treatment to the Access team 24/7
- Redeploy staff to operate in partnership with Brighter Futures at "Hillcrest 24/7" from 10pm to 8am providing crisis response and overnight cover for Home Treatment

The change had the following core:-

- Increased availability of Access over 7 days per week to 10pm
- Increased capacity in overnight staffing
- Support Home Treatment to provide a more significant offer of interventions for individuals who are at the point of crisis or have been admitted to hospital.
- Improved response times for crisis requests
- Reduced incidents/complaints in regards difficulty accessing crisis response out of hours
- Over a period of time facilitate a reduction in occupancy on AMH wards through reduced average length of stay

## **2. Initial Results**

Although at the point of writing there are only 2 months full data available, the initial impact of the change has been overwhelmingly positive with the following results:-

### **2.1 Access 24/7**

- 75% increase in the average number of crisis referrals seen in 4 hours per month
- 19% increase in the average monthly referrals
- 14% increase in the average monthly discharge rate
- 67% increase in the average number of 1<sup>st</sup> contacts (new assessments)
- 25% decrease in the average number of follow up contacts per month
- 55% reduction in DNAs
- 29% reduction in appointments cancelled by staff
- 7% increase in the average number of open episodes (cases) per month

### **2.2 Home Treatment**

- 97% reduction in crisis assessment activity since January
- Crisis assessments accounted for an average 14% of all contacts per month
- 10% reduction in average contacts per month since January
- Change has resulted in increased capacity for Home Treatment

### **2.3 Wards**

- Early indication of downward trend for occupancy levels
- Reduction in occupancy when patients on leave are included from 101% on average to 100%
- No change in average occupancy when patients on leave are excluded
- Significant increases in productivity; reduced use of Ward 1 HDU but increased admissions and discharges for Wards 2 & 3

### **2.4 Complaints/Serious Incidents**

- No increase in serious incidents
- No increase in complaints

Further detail is included in appendices.

## **3. Finance**

Capacity of the Access service was identified by NSCHT as one of the key funding priorities in the 15/16 contract negotiations and commissioners were requested to recurrently fund the additional capacity that was delivered as part of this redesign.

As the Board will recognise, given the wider financial challenges that the system faces both locally and nationally, this contracting round was particularly challenging. I am pleased to report though that commissioners were able to recognise the key nature of this redesign and fund the this change on a recurrent basis.

## **4. The future**

Further work is ongoing within the service to modernise and further improve the service to patients and GPs alike, including implementation of a dedicated GP telephone line and development of improved links with local police.



## Appendix 1 – Access/Crisis data

### Access Team

2014/2015	Referrals	Discharges	1st Contacts	Follow up contacts	DNA 1st contacts	DNA follow up	Tot DNA	Cancel 1st contact	Cancel follow up	Tot CANCEL	Total contacts	Open episodes
Apr	371	409	217	406	119	226	345	2	13	15	623	1025
May	338	360	238	382	122	198	320	2	15	17	620	984
Jun	327	312	264	421	162	213	375	3	16	19	685	948
Jul	352	533	286	387	64	59	123	3	12	15	673	964
Aug	360	389	255	240	44	56	100	4	5	9	495	814
Sep	355	360	209	215	84	64	148	1	11	12	424	768
Oct	462	422	308	244	31	45	76	2	11	13	552	869
Nov	376	345	258	162	84	55	139	3	11	14	420	840
Dec	362	413	212	218	129	118	247	5	8	13	430	834
Jan	412	448	389	275	85	69	154	5	9	14	664	927
Feb	464	448	447	165	7	24	31	1	4	5	612	985

### Crisis Referrals

2014/2015 seen in 4 hrs

Apr	57
May	80
Jun	75
Jul	73
Aug	67
Sep	69
Oct	65
Nov	73
Dec	57
Jan	110
Feb	127

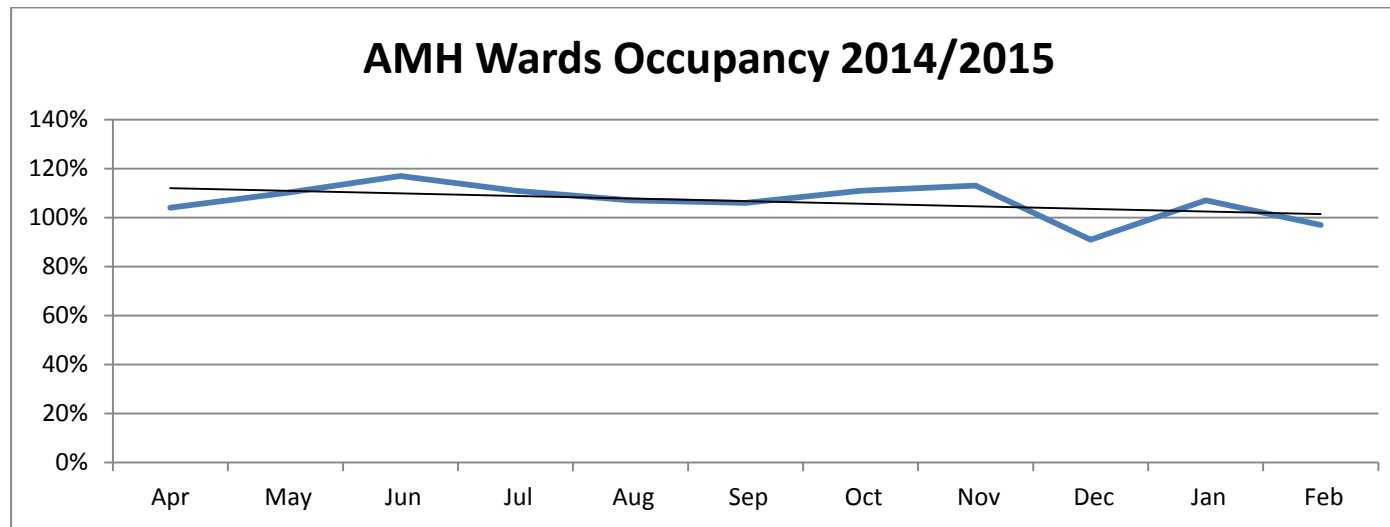
## Appendix 2 – Home Treatment/Crisis data

Home Treatment total contacts 14/15										
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1234	1370	1210	1239	1290	1146	1386	1355	1000	1182	1058

Home Treatment crisis assessment as a percentage of all contacts 14/15											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
All contacts	1234	1370	1210	1239	1290	1146	1386	1355	1000	1182	1058
Crisis assessment	129	169	179	176	170	167	192	192	170	5	0
%	10%	12%	15%	14%	13%	15%	14%	14%	17%	0.4%	0%

2014/15 Reported Home Treatment Activity																	
City	April	May	June	Q1	July	August	September	Q2	October	November	December	Q3	January	February	March	Q4	YTD
Line 5318 Number of Home Treatment Episodes	47	67	68	182	79	64	81	224	80	87	72	239	65	67		132	777
Line 5320 Number of patients receiving home treatment	42	66	64	172	77	62	79	218	77	84	71	232	61	63		124	746
Line 5321 Number of assessments made by Crisis Resolution (CR) teams	74	107	118	299	120	109	118	347	112	130	107	349	5	0		5	1000
County	April	May	June	Q1	July	August	September	Q2	October	November	December	Q3	January	February	March	Q4	YTD
Line 5318 Number of Home Treatment Episodes	36	41	39	116	36	43	33	112	58	43	48	149	48	40		88	465
Line 5320 Number of patients receiving home treatment	35	41	37	113	35	43	29	107	54	41	47	142	47	40		87	449
Line 5321 Number of assessments made by Crisis Resolution (CR) teams	55	62	61	178	56	61	49	166	80	62	63	205	0	0		0	549

### Appendix 3 – Ward Occupancy/Activity data



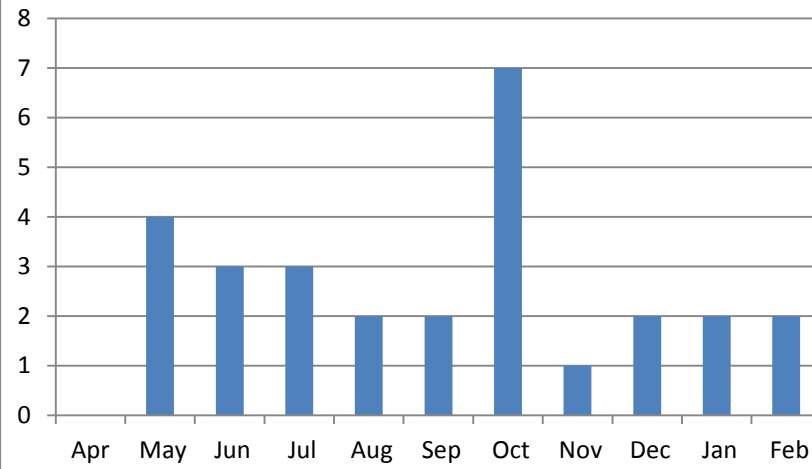
AMH Ward Activity						
	Average admissions per month before change	Average admissions per month after change	% +/-	Average discharges per month before change	Average discharges per month after change	%+/-
Ward 1	17	11	-35%	13	11	-15%
Ward 2	27	36	+33%	28	33	+18%
Ward 3	18	29	+61%	19	29	+53%

Adult Acute/Rehab Services: Inpatient Analysis 2014-15

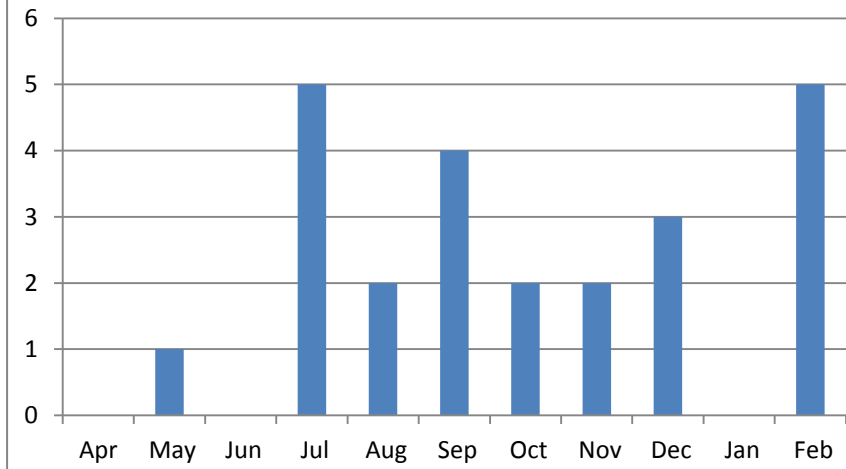
Ward	Month	OBDs (Incl HL)	OBDs (Excl HL)	OBDs (Incl HL) by Age Band >>					Average Age	Length of Stay on Ward >>						Admissions	Formal Detentions	Discharges	Readmissions	Beds (Av)	Bed Occ (Incl HL)	Bed Occ (Excl HL)
				17-18	19-24	25-44	45-64	65+		Male Av LOS (Excl HL)	Male Av LOS (Incl HL)	Female Av LOS (Excl HL)	Female Av LOS (Incl HL)	Av LOS (Excl HL)	Av LOS (Incl HL)							
Harplands Wd 1	Apr	387	353	3	65	228	91	-	35	16	17	31	36	24	27	13	12	13	4	14	92%	84%
	May	405	306	-	122	219	64	-	33	12	14	53	65	28	34	15	17	15	7	14	93%	71%
	Jun	410	357	-	87	154	168	1	37	11	13	11	15	11	13	23	19	17	4	14	98%	85%
	Jul	410	366	-	122	114	174	-	39	9	10	38	42	18	20	19	22	14	6	14	94%	84%
	Aug	415	372	-	110	147	158	-	35	7	7	8	10	7	8	16	17	14	6	14	96%	86%
	Sep	393	366	-	161	114	118	-	35	16	17	30	40	19	23	17	18	11	4	14	94%	87%
	Oct	473	404	-	157	212	104	-	35	14	17	35	37	23	26	16	14	12	2	14	109%	93%
	Nov	418	376	-	103	268	47	-	34	12	14	18	20	16	18	21	11	15	3	14	100%	90%
	Dec	373	348	-	116	203	54	-	35	8	9	9	9	8	9	12	8	7	1	14	86%	80%
	Jan	458	364	16	116	213	113	-	34	18	22	12	17	16	20	11	14	11	-	14	106%	84%
	Feb	389	379	13	88	238	50	-	33	22	22	13	17	18	20	11	7	10	7	14	99%	97%
	Mar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		4,531	3,991	32	1,247	2,110	1,141	1	35	13	14	22	26	17	19	174	159	139	44	14	97%	85%
Harplands Wd 2	Apr	676	526	13	63	308	258	34	41	10	14	-	-	10	14	20	10	23	3	22	102%	80%
	May	640	534	-	87	247	267	39	43	14	18	-	-	14	18	29	10	25	1	22	94%	78%
	Jun	724	623	-	158	230	291	45	39	26	31	-	-	26	31	26	8	29	4	22	110%	94%
	Jul	636	562	4	92	216	293	31	40	18	19	-	-	18	19	33	14	38	4	22	93%	82%
	Aug	617	574	19	126	237	202	33	39	24	26	-	-	24	26	32	20	31	4	22	90%	84%
	Sep	681	599	4	98	273	285	21	38	17	19	-	-	17	19	21	12	16	1	22	103%	91%
	Oct	712	589	12	102	378	220	-	38	17	20	-	-	17	20	26	16	34	2	22	104%	86%
	Nov	705	583	3	67	358	257	20	40	17	19	-	-	17	19	33	13	33	8	22	107%	88%
	Dec	669	518	-	103	223	314	29	39	18	20	-	-	18	20	24	11	25	4	22	98%	76%
	Jan	695	583	6	78	267	318	26	41	25	30	-	-	25	30	26	16	33	3	22	102%	85%
	Feb	542	494	4	32	323	166	17	38	9	11	-	-	9	11	46	19	33	6	22	88%	80%
	Mar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		7,297	6,185	65	1,006	3,060	2,871	295	40	18	21	-	-	18	21	316	149	320	40	22	99%	84%
Harplands Wd 3	Apr	689	572	-	85	221	353	30	45	-	-	47	52	47	52	14	16	16	3	22	104%	87%
	May	748	631	-	48	312	331	57	44	-	-	38	48	38	48	24	16	17	-	22	110%	93%
	Jun	770	687	-	57	281	381	51	44	-	-	36	41	36	41	17	21	17	3	22	117%	104%
	Jul	759	640	-	66	218	463	12	46	-	-	22	27	22	27	22	14	22	5	22	111%	94%
	Aug	733	581	-	124	163	423	23	43	-	-	31	38	31	38	14	13	20	-	22	107%	85%
	Sep	698	607	-	110	290	298	-	39	-	-	18	23	18	23	14	9	13	-	22	106%	92%
	Oct	754	651	-	141	367	246	-	38	-	-	28	32	28	32	15	14	15	2	22	111%	95%
	Nov	743	622	-	148	329	266	-	38	-	-	39	44	39	44	23	14	27	5	22	113%	94%
	Dec	618	541	-	85	246	287	-	41	-	-	23	27	23	27	21	16	22	5	22	91%	79%
	Jan	733	632	13	102	327	291	-	40	-	-	19	23	19	23	29	17	27	3	22	107%	93%
	Feb	597	521	28	135	250	184	-	39	-	-	22	25	22	25	28	19	30	6	22	97%	85%
	Mar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		7,842	6,685	41	1,101	3,004	3,523	173	42	-	-	29	34	29	34	221	169	226	32	22	107%	91%

Appendix 5 – Complaints/SI data

**AMH serious incidents 14/15 ytd**



**AMH complaints 14/15 ytd**



## REPORT TO TRUST BOARD

Date of Meeting:	30 April 2015
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant, Head of Performance and Information 17 April 2015 <a href="mailto:glen.sargeant@northstaffs.nhs.uk">glen.sargeant@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted, with one change from last month's position of compliance to report.</p> <p>Declarations include:</p> <ul style="list-style-type: none"> <li>• Fit &amp; proper directors</li> <li>• Registration with CQC</li> <li>• Provision of integrated care</li> <li>• Effective arrangements for monitoring and continually improving the quality of healthcare</li> <li>• Compliance with TDA Accountability Framework</li> </ul> <p>In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process.</p> <p>Based on March 2015 data, the Trust is declaring compliance with all requirements, following successful delivery of the action plan to address the CQC requirement (declared non-compliant last month).</p>
Which Strategy Priority does this relate to:	Clinical, Finance and Governance.
How does this impact on patients or the public?	There is no direct impact on patients or the public.

Relationship with Annual Objectives:	5: Robust plans delivering quality and sustainable services
Risk / Legal Implications:	None
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the wider framework
Recommendations:	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>• Approve the submission for March 2015 data declaring compliance with all requirements. This is to be sent to the NTDA on or before the last working day of April 2015.</li> </ul>

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

Date of Meeting:	30 April 2015
Title of Report:	Audit Committee Report from meeting held on the 16 April 2015
Presented by:	Mr D Rogers Chair of Audit Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs/ Sandra Storey 22 April 2015 <a href="mailto:sandraj.storey@northstaffs.nhs.uk">sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Information &amp; Performance Monitoring</li> </ul>
Executive Summary:	<p>This report provides a summary of the recent meeting of the Audit Committee held on 16 April 2015.</p> <p>Trust Board members are reminded that the full minutes and papers are available for inspection from the Trust Secretary / Head of Corporate and Legal Affairs.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Governance Strategy</li> <li>Finance Strategy</li> <li>Customer Focus</li> </ul>
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with Assurance Framework [Risk, Control and Assurance]	The Assurance Framework provides the Board with evidence to support the Annual Governance Statement.
Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>Receive and note the contents of this report</li> </ul>



## **Summary of the 16 April 2015 Audit Committee meeting To Trust Board meeting 30 April 2015**

### **1. Draft Quality Account 2014/15 and Project Plan**

The committee receive the project plan for the management of the 2014/15 Quality Account. This has been developed to ensure that all key stages of the process required around the production of the Quality Account are delivered on time.

Members noted the draft report and were assured that the process was being managed in order to ensure a document of high standard is developed and that its meet the publication deadline of the 30 June 2015.

### **2. Principal Risk Register Assurance Report**

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

In respect to the position for 2014/15 it was noted that the Board had agreed its Annual Objectives in line with the strategic planning cycle and identified the main risks which could pose a threat to the delivery of those objectives. These risks formed the basis of the Trust's Principal Risk Register for 2014/15. These have been regularly reviewed throughout the year at the Risk Review Group taking into account any operational risks that have been escalated for review at a higher level.

In preparation for Q1 2015/16 a full review of the Register has been undertaken and risks to be carried forward have been mapped to the new Trust Annual Objectives in addition to the Five Year Objectives outlined in the Trust Integrated Business Plan.

Committee members asked for a report to the next meeting of the Audit Committee that reflects the work that has been undertaken with the Good Governance Institute around risk and how this will further strengthen the Trust's arrangements going forward.

### **3. Annual Governance Statement (AGS) 2014/15**

The committee received a first draft of the AGS prepared in accordance with TDA guidance. It is usual practice for the committee to be sighted on a first draft for review and comment ahead of the final version being approved by the committee at its June meeting alongside the Trust's Annual Accounts.

There are no significant control issues reported for the Trust in 2014/15 and the draft Head of Internal Audit opinion is that significant assurance can be given that there is generally a sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Internal Auditors commented that the draft includes expected disclosures and statements and therefore supported the document. The document will subsequently be finalised in readiness for the next meeting which will include reference to the high and significant risks being carried forward into 2015/16.

#### **4. Annual Report and Accounts 2014/15 Project Plan**

All NHS Trusts are required to produce an Annual Report in line with the Department of Health's Manual for Accounts. The committee received a position statement in respect to the production of the Annual Report, which will be presented to the Annual General Meeting in September 2015. The report also provided the committee with assurance that the Annual Report is being produced in line with the national guidelines and will be completed in line with the various milestones.

#### **5. Baker Tilly Strategy for Internal Audit Plan and Strategy 2015/16**

The purpose of the report is to provide the Trust with a Strategy for Internal Audit based upon the auditors and the Trust's understanding of the risk profile and where assurances are required. It was noted that discussions about the plan had taken place with the Executive Team using the Trust's objectives as the starting point for the development of the internal audit plan.

The committee considered the internal audit strategy and agreed with the proposals that the plan would give sufficient assurance to monitor the organisation's risk profile effectively. While the topics selected for the coming year were felt to be appropriate, it was agreed that there would be flexibility within the plan to allow for response to emerging risks and change in priority. Work was also being undertaken to link to the Trust's clinical audit programme and compliance with CQC essential standards.

The Strategy and Plan were both approved by the committee noting that there was a contingency built into the plan to help respond to any emerging issues during the year.

#### **6. Internal Audit Annual Report for 2014/15 and Supporting Compendium**

The committee were provided with an update on the progress being made against the internal audit plan for 2014/15. The Annual Report detailed the Head of Internal Audit Opinion which feeds into the Trust's Annual Governance Statement.

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. It was noted that there were a small number of compliance weaknesses that the Trust had taken into consideration in order to address gaps in control. However, this did not impact on the auditor's overall opinion in terms of internal control. The report concluded that their work had not identified any significant internal weaknesses that would require specific inclusion in the AGS.

Committee members reviewed the performance of auditors which included the timing for the issue of draft reports, final reports and response times to enquiries. It was noted that the management response times to audit reports had improved throughout the year and this progress was continuing.

#### **7. Refreshing Internal Audit Reports**

The committee received a briefing from internal auditors detailing their revised approach to delivering the Trust's internal audit services. This was undertaken to help improve report format and appearance, in addition to accountability and clarity of

agreed management actions to facilitate a smooth transition from draft to final report. Findings will still be prioritised as high, medium or low. Actions will carry the same priority level set against the finding with agreement that action taken is within the appropriate timeframe against the severity of the finding.

## **7. Local Counter Fraud Service (LCFS) Annual Plan 2015/16**

The committee received and approved the Counter Fraud work plan activities for 2015/16 which complies with the NHS Protect Standards for Providers. It was agreed that the work plan reflects the risks of the Trust, though the plan is a flexible document which allows for changes and trends, local or national, that may occur during the course of the year.

## **8. External Audit Plan and verbal update on progress - KPMG**

The committee received the plan (including fee) outlining the statutory work external auditors will complete. This specifically relates to reviewing and reporting on financial statements with a focus on providing an opinion on the Trust's accounts 2014/15. The other key audit area include the arrangements for securing economy, efficiency and effectiveness in the Trust's use of resources (the value for money (VFM) conclusion. It was noted that auditors will also complete a mandated review of the Quality Account and issue an assurance opinion on overall arrangements and specific indicators.

The results of the audit will be formally reported to the Trust at the September 2015 Audit Committee, in the usual form of the ISA 260. This will include any issues faced and their resolution, significant internal control issues and any other points identified through the process.

Mr Stanyer noted progress with regards to work to date and that no significant issues had arisen. Thanks were expressed to the finance team for their support and the timely and efficient production of information in support of the audit process to date.

## **9. Annual Accounts Process and Timetable**

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

## **10. Approval of Financial Plan**

Mrs Harrison, Interim Director of Finance informed the committee of the progress being made in producing the 1 year operating plan and 5 year integrated business plan. It was also noted that the Board are currently negotiating the current contract offer with commissioners. Assurance was also given to the committee that the work to get ready for the audit on the Annual Accounts was progressing well and all submissions would be completed by the required deadlines.

## **11. Cost Improvement Programme (CIP)**

The committee were reminded of the process in place to assess the quality impact on services in respect to proposed cost improvement programmes/schemes. Quality metrics have been established and are monitored by the Quality Committee. The

development of CIP for 2015/16 was noted to be making good progress and all future schemes were following the same robust process in terms of quality impact assessment.

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

The committee received the following summary business reports:

- *Quality Committee* meetings – 20 January 2014, 17 February & 17 March 2015;
- *Finance & Performance Committee* meetings – 22 January 2015, 19 February and 19 March 2015;
- *People and Culture Development Committee meetings* – 15 December 2014, 19 January, 16 February and 23 March 2015.

Members discussed the importance of reviewing the business of other Board committees, particularly in terms of ensuring no gaps or unnecessary duplication in business. It was agreed that at the next meeting of the committee members will use the opportunity to undertake more of a drill down into the summary reports.

## **13. Next meeting of the Audit Committee**

2 June 2015 1.30pm

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

REPORT TO: **Trust Board**

Date of Meeting:	30 April 2015
Title of Report:	People and Culture Development Committee Report
Presented by:	Mr Patrick Sullivan, Acting Chair of the People and Culture Development Committee
Author of Report: Name: Date: Email:	Sandra Storey, Trust Secretary / Head of Corporate & Legal Affairs  24 April 2015 <a href="mailto:Sandraj.storey@northstaffs.nhs.uk">Sandraj.storey@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For information / assurance</li> </ul>
Executive Summary:	<p>This report provides a summary of the meeting of the People and Culture Development Committee that took place on the 20 April 2015.</p> <p>The report highlights key points discussed and agreed outcomes.</p> <p>Attached is also the summary report of the 23 March 2015 meeting which Board members received verbally at the Trust Board meeting on 26 March 2015.</p>
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>Workforce Strategy</li> <li>Governance Strategy</li> <li>Customer Focus</li> <li>Clinical</li> </ul>
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with Assurance Framework [Risk, Control and Assurance]	Provides assurance to the Board that the committee is working in according with its Terms of Reference
Recommendations:	<ul style="list-style-type: none"> <li>To receive for information and assurance purposes.</li> <li>Ratify policies noted in the report</li> </ul>

## **Summary to Trust Board of the People and Culture Development Committee meeting held on the 20 April 2015**

### **1. Workforce Directorate Performance – February 2015**

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

Members discussed areas such as sickness absence across the services which had decreased during the reporting period.

It was noted that compliance with statutory and mandatory training still needed to improve and members discussed some of the reasons why at times there was difficulty in staff attending training. It was agreed that compliance was important and members agreed to reinforce with their teams the need to improve performance in this area.

### **2. Policy Review**

The committee reviewed the revised retirement policy, noting changes in the NHS pension scheme and entitlements to long service awards. The committee also reviewed the shared parental leave (part of the suite of maternity policies) which reflect the legislative changes effective April 2015. It was **recommended to the Trust Board that these policies should be ratified for a period of 3 years.**

### **3. Workforce & Organisational Development Risks – April 2015**

The committee received the workforce and OD risks at April 2015 and discussed the source of each risk, its risk rating and progress on action plans to mitigate those risks. It was noted that the supporting narrative would be revised to separate out the mitigating action/risk treatment plans and where recent updates had been received. Members agreed that risk 12 (safe staffing) and 330 (sickness absence) would be carried forward into 2015/16. The Committee noted score for risk 287 (staff engagement) had been revised from 8 to 12, given the recent staff survey results and work required to improve the position in this regard.

Members of the committee will also consider any other risks that need to be added to the risk register and will bring this back to the committee as well as reporting these to the Trust's Risk Review Group.

### **4. Stress Reduction Plan – one of the Trust's Development areas:**

- The committee received a presentation from Dr Ruth Chambers, Clinical Tele-Health Lead for Stoke on Trent CCG, proposing to pilot 'Flo' tele health. This would be a new support tool for staff who may be either self-reporting workplace stress or going through management of change. It was noted that the tool offers a range of work-stress programmes to which individual staff sign up to note their own stress state, help prevent deterioration and proactively manage stress symptoms.

This tool would provide a further means of offering support and assistance to staff in managing their own stress levels and encouraging behaviours that support sustained health and wellbeing. It was noted that this approach fits well with the Trust's Staff Involvement and Engagement Strategy and 'Digital by Choice Strategy'.

Funding has evolved around the FLO mobile phone testing service being used in a number of services locally, including the Trust's own vascular dementia service. It was noted that there is funding which can be allocated to a Trust project from the tele-health monies, meaning that this opportunity would come at a nil-cost at least in the first year (subject to level of take up).

The committee agreed to trial the system within a number of groups (such as Staffs Counselling Service, Team Prevent) with a review being undertaken following the first 2, 4, 6 and 12 months of using the system including participant evaluation feedback. A communication programme would also be implemented to raise awareness of the tool and details placed on the Staff Information Desk.

- The committee received a presentation from Zoe Grant, Ward Manager, Ward 1, Harplands Hospital/Acting Matron for Adult Inpatient entitled Zoe's Zokens. This is a staff stress management tool that has been in existence for some time and plan is to establish how this can be rolled out to other clinical areas, including community services. The idea is that there are three coloured tokens which staff use to score their stress levels at the end of each shift. Tokens are reviewed and individuals have the opportunity to discuss any issues that have arisen during the shift and what action can be taken to reduce any levels of stress. It was noted that staff had really embraced this system which had given the opportunity for timely feedback and changes individually or at team level to improve the working environment. Directorate representatives all agreed to take this back to their management team meetings with a view to implementing across their areas.

## **5. Violence against staff statistics 2013-14 and action plan**

The committee discussed these reports. The report provided a comparison for the last three reporting years and demonstrates considerable reductions in the number of results reported. There are many factors which can contribute to a rise or fall in violent incident figures including change in client profile, service changes / reconfiguration, environmental changes (including services moving to different sites) staff wellbeing, staffing levels and staff training. The committee also considered the action plan which included regular planned visits to high risk areas by the Workforce Safety Team to support staff and to advise on management strategies. The committee welcomed this report, which showcases the work ongoing throughout the Trust and its impact.

## **6. Benchmarking Data**

At the last meeting of the committee Health Education West Midlands (HEWM) benchmarking information was presented showing how well the Trust compares with its workforce metrics. The report also compared the AFC banding profiles and while the Trust compares well, it was noted that there was further work required locally to consider the effective use of resources with the skill mix within teams.

It was agreed that this information was helpful and would be added to the cycle of business for regular review by the committee.

#### **7. Psychiatry Workforce Review**

The committee received a paper summarising a recent Psychiatry Workforce Review undertaken by the Centre for Workforce Intelligence. The review considered trends in the profile of the Psychiatry Workforce nationally and projected that over the next 20 years a significant undersupply of Consultant Psychiatrists would be evident. The paper considered the findings of the report and makes 9 recommendations as to how the Trust can mitigate against the projected shortfall, including implementing robust workforce planning processes. The paper was welcomed and the recommendations supported, particularly the development of a medical workforce plan, which would include strategies on succession planning and retaining the current medical workforce.

#### **8. Sickness Update**

A report was presented with information designed to support and update managers and leaders in respect to absences in their areas and opportunity to address and themes and trends. The report helpfully shows details of the number of staff being managed at each stage of the process and including short and long term absence. The report provided the committee with assurance that sickness absence is monitored and provides a snapshot in time of the number of sickness absence cases within each of the services. It was also noted that training such as the People Management Programme continues to be delivered to equip new managers with the skills required. Drop in sessions or surgeries where support is also offered by the HR advisors.

#### **9. Equality Monitoring Data Analysis Report 2014**

In compliance with the Equality Act requirements, the committee received a report which provided a comprehensive review of the Trust's Equality Monitoring and Analysis for 2014. In terms of what information has been published, the equality monitoring information includes equality monitoring and analysis (Workforce 2014), equality monitoring and analysis (service user access 2014) and equality monitoring and analysis (service user experience of Trust Services 2014). The committee welcomed this comprehensive and informative report in particular how the work will be further developed and implemented throughout the Trust, particularly raising awareness and the repeating of the monitoring. Thanks were expressed to Mrs Stronach for her work in this area.

#### **10. People and Culture Committee Effectiveness**

This item was deferred to the next meeting of the committee when the Chair of the committee will be in attendance.

#### **11. Staff Survey Action Plan**

The committee received a report with the developing action plan in response to the staff survey. A number of the areas require further development into specific action with nominated leads and clear timescales. It was agreed that key to progress would be a well-thought through action plan based on a sound understanding of the issues facing and concerning staff across the organisation. Committee members considered the document and for this to be taken back and developed further within the teams. All agreed that this should be an ongoing event and not as a consequence of the survey. A review of the action plan and further progress will be brought back to the committee in either May or June 2015.



## **12. Next meeting: 18 May 2015**

On behalf of the Acting Committee Chair, Mr Patrick Sullivan and Paul Draycott, Director of Leadership & Workforce

Sandra Storey  
Trust Secretary / Head of Corporate and Legal Affairs  
24 April 2015

REPORT TO: **TRUST BOARD**

Enclosure 14

Date of Meeting:	30 April 2015
Title of Report:	Staff Survey 2014 – Action Plan
Presented by:	Paul Draycott, Director of Leadership & Workforce
Author of Report: Name: Date: Email:	Lesley Faux 24 April 2015 <a href="mailto:lesley.faux@northstaffs.nhs.uk">lesley.faux@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For information and comment/further development</li> </ul>
Executive Summary:	<p>The Trust received the results of the 2014 Staff survey in M. These were shared with an initial report on findings to Trust Board &amp; PCD in Febraury, followed by a more detailed paper outlining key areas for action in March.</p> <p>This paper consists of the developing Action Plan in response to the Staff Survey. Discussions have now taken place at Directorate Management Team level in all the Clinical Directorates around their local feedback from the survey. Each area has approached this in different ways and each has a process planned to further ‘flesh out’ their specific actions.</p> <p>A key objective for the Trust is to improve its performance in the 2015 Staff Survey, particularly in terms of its rank position against other mental health trusts. Key to this is effecting a well-thought through action plan, based on sound understanding of the issues facing and concerning staff across the organization and what will make a genuine impact on these issues for staff. These actions whilst forming part of the Staff Survey Action Plan will be consolidated into existing workstreams within the Directorates and Trust.</p> <p>This Action Plan has been reviewed at PCD and JNCC and continues to evolve at Trust level and as Directorates formulate their specific targetted local action which are still being developed in some areas.</p>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> <li>To deliver high quality, person-centred models of care</li> <li>Staff Involvement and Engagement Strategy</li> </ul>
How does this impact on patients or the public?	Staff engagement is key to delivering effective services. The staff survey provides an important measure of our progress against this.
Relationship with Annual Objectives:	<ul style="list-style-type: none"> <li>Delivery of high quality evidence based services, with full CQC compliance achieved at year end with mid-year review against baseline, and 10% improvement of patient satisfaction rates.</li> <li>Robust plans delivering quality and sustainable services delivery of balanced financial plan, rolling CIP programme and maintaining a TDA risk rating of 2.</li> </ul>

	<ul style="list-style-type: none"> <li>Improve culture of staff engagement evidenced by improvements in family and friends score to above average for mental health trusts and improved team survey results for 75% of teams.</li> </ul>
Risk / Legal Implications:	The organisation will not function as effectively as possible if staff are not engaged, working effectively in teams, receiving effective appraisals (PDR) and working in a safe environment. The annual Staff Survey provides an opportunity to review these factors.
Resource Implications:	None
Equality and Diversity Implications:	The staff survey contains measures on the provision of E&D training; in relation to the provision of equal opportunities in career progression / promotion, and in relation to the incidence (or otherwise) of discrimination in the Trust as a workplace. The Trust fairs well on the first and third of these measures, but saw its rank position worsening in relation to staff perceptions of equal opportunities in career progression/promotion since the 2013 survey.
Relationship with Assurance Framework [Risk, Control and Assurance]	Engagement of staff as a key element of assuring service quality.
Recommendations:	Members of the Trust Board are asked to gain assurance from the Action Plans at Trust and Directorate level and the progress made to date.

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Level	Priority Area for Action	Action to take place	Key Dates	Key Individuals	Progress as at 14.04.15
Trust level	1. Improve the <b>response rate</b> the Trust and see significant improvement in the response rate in lower responding areas (Adult inpatient, Substance Misuse, NOAP).	a. Consult with staff on what would help to improve response rates through focus group or similar	30/9/15	Lesley Faux	
		– June 2015 – survey launch	30/6/15	J. Clement; D. Bowyer; K. Clark	Directorates currently developing local plans
		Commence communications campaign for 2015 Staff Survey. To include Communications plan around why survey is important to complete	From June 2015 - launch of 2015 survey (to be replaced by survey live campaign once survey out)	Lesley Faux - lead OD Team. HRBPs. Heads of Directorate & CDs.	
	2. Directorates and Corporate teams to develop plans with a view to improving our comparative position in terms of increasing the proportion of measures in the 'Best 20%' and 'Better than Average' categories and reducing the proportion of measures in the 'Worse than Average' or 'Worst 20%' categories.	Directorates to undertake own work with regard to improving responses on their local priority areas - see emerging Directorate action plans below.	see sections below	Heads of Directorate & Clinical Directors	All Directorates have now identified initial key areas for action and/or plans to develop their action plan in consultation with their team leaders and staff. The emerging action plans will be further developed (specific actions, attributed to named individuals) in the May DMT meetings.
	3. Maintain and continue to develop and build upon our (a) <b>positive culture of health &amp; safety</b> , (b) a learning culture, and (c) a culture where discrimination, harassment, bullying or abuse is rare.	Specific actions to be developed in conjunction with identified leads	ongoing - review July 15	(a) Carol Sylvester; (b) Beverley Dawson; (c) Amy Garside & Lesley Faux	

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	4. Continue to invest in further development of a <b>strong patient service culture</b> whereby staff have <b>confidence in the quality of care/service</b> they are able to deliver and in which they feel <b>able to contribute to improvements at work</b> . This links closely with the need to improve staff perceptions about the organisation in order to improve staff advocacy rates of the <b>Trust as a place to work and as a place to receive treatment</b> .	This needs to be at every level of the employment relationship, from Trust level programmes such as Listening into Action, and Aston, to individual staff having a voice in shaping practice (in big or small ways) in their own teams and Directorates. Specific actions to be identified in conjunction with identified leads.	ongoing review July 15	Mark Dinwiddy & Carol Sylvester	
	5. Understanding and addressing issues around <b>staff motivation and staff engagement</b> across the Trust. Tackling root causes and sharing information openly and honestly where the Trust has limited capacity to make changes (such as around service funding issues) will be important here	Consult with staff on what would help to improve response rates through focus group or similar and share feedback for further development into practice: 'listening into action'	31/7/15	Lesley Faux	
	6. Have a strong campaign highlighting the importance of staff feeling <b>secure to raise concerns</b> and clear communication about how to report unsafe or inappropriate care or behaviour should they observe or have reason to suspect it.	(a) Make use of new materials available (including consideration of DVD) across the organisation as part of a clear campaign on supporting staff to raise concerns.	31/07/15 then ongoing campaign	Mark Dinwiddy & Carol Sylvester	
		(b) Demonstrating through our actions following incidents that we will support staff and learn lessons and not appoint blame except in cases of recklessness or ill intent.	Ongoing through investigations and 'learning lessons' communications	Mark Dinwiddy & Carol Sylvester	
	7. Turnaround the Trust's performance in relation to <b>appraisal (PDR) quality</b> of the appraisal discussion.	(a) Introduce revised PDR documentation and approach including review of cascade approach and recording mechanism	30.06/15	Lesley Faux with PCD and DMTs	

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		(b) Roll-out programme of support including training workshops, guidance and e-learning for staff and appraisers.	Ongoing review Aug 15	Lesley Faux	
	8. Seek to understand the reasons for a reduction in perceptions about <b>equal opportunities in career progression</b> and address these through the Trust recruitment approach in all Directorates. All Trust recruiting managers will need to share responsibility for addressing this matter.	(a) Hold a focus group or similar and/or confidential survey to ascertain reasons for reduction in perceptions around equal opportunities.	By end June 2015	Amy Garside and Lesley Faux	
		(b) Undertake an audit of a random sample of posts across the Trust to review process followed.	By end June 2016	Amy Garside & HR Team	
		(c) All recruiting managers to actively communicate about process followed in recruitment processes with staff in their area(s). Build this into R&S training.	By end June 2016	All recruiting managers. HR Team re training.	
	9. Continue to implement and further develop the Trust's <b>Stress Less</b> approach to tackle the causes and symptoms of excessive <b>work pressure and work-related stress</b> .	Separate detailed action plan in progress	As outlined in Stress Less Plan	Lesley Faux for info & coordination	
	10. Improve staff perceptions of the visibility of senior managers and middle managers across the organisation.	Taking more opportunities to engage in person with staff from Trust services and to engage in 2-way dialogue and gathering of feedback from staff.	ongoing review Aug 15	all senior and middle managers	
	11. Continue to seek to understand staff perceptions and preferences about what they consider to be effective <b>communications between senior managers and staff</b> and continually develop our processes in respect of this based on this feedback and understanding.	specific actions to be identified by lead.	end June 2015 then ongoing	Annie Harvey	This is already an established area for ongoing action as one of our 6 key 'strands' of our Staff Involvement and Engagement Strategy.
	12. Explore the issues of <b>effective leadership</b> across the Trust to support all of the above.	specific actions to be identified by lead.	end June 2015 then ongoing	Beverley Dawson	This is already an established area for ongoing action as one of our 6 key 'strands' of our Staff Involvement and Engagement Strategy.

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<b>AMH Inpatient Directorate</b>	This is due to be discussed at the next Directorate meeting next week 23rd. Additionally, time has been put aside in a Team Leader development session on 17th April to discuss the results and develop the Directorate response. Team leaders have been asked to do some pre work on this and discuss with teams prior to our session feedback on three questions:-	1) what are your immediate thoughts on response? 2) what would improve the response rates for our directorate for 2015? 3) Top 3 things that could be focused on in your area to achieve improved results.	Development session planned for 17.04.15. Next DMT meeting is planned for 23.04.15	Jane Clement & Dr Sgouros (Dr Okolo in absence) with DMT	Team Leader Development Session planned for 17th April at which Staff Survey is an agenda item. Participants have been asked to respond to 3 pre-event questions and will further develop the Directorate response to the survey at this meeting. Action plan to be formulated for agreement at DMT on 23rd April.
<b>AMH Community Directorate</b>	Discussed at March Directorate meeting but the detailed action planning is for our next Directorate meeting which week commencing 20th April. Key areas identified for action thus far are as follows:-		detailed action plans to follow w/c 20 April.	Andy Oakes and Directorate Management Team	Initial discussion and priority areas identified. The next Directorate meeting (w/c 20th April) will reflect further work to be carried out.
	1. Fuller engagement from staff in responding to the survey (improving response rate)		to be determined through directorate planning	Andy Oakes and Directorate Management Team	
	2. An improved response to the issue of staff being involved in decision making in their teams and across the Directorate		to be determined through directorate planning	Andy Oakes and Directorate Management Team	
	3. A fuller understanding of the wider directorate position in relation the health economy and the challenges it faces		to be determined through directorate planning	Andy Oakes and Directorate Management Team	
	Some of the actions we have already implemented are:-		to be determined through directorate planning		

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	1. H o D basing himself at each of the community team bases for a whole day on frequent/regular basis. This is on the basis of both being available to answer any questions from members of the teams but also to directly observe and respond to any of the issues which may be causing the teams to feel under stress/pressure.		1/6/15	Andy Oakes	AO has already spent the day with the Sutherland Team and is with the Greenfields and Ashcome Teams w/c 13 April.
	2. Team Managers are engaging with the process of working together to look at inconsistencies in workload/caseloads		1/6/15	Team Managers	
<b>Children &amp; Young People's Services Directorate</b>	Discussion at recent DMT meeting. Reviewed areas where CYP did well compared to the rest of the Trust and where they did not compare so well across the Trust in the monthly workforce report at CMT so managers would have an idea of the themes that may need addressing. Team Managers tasked with feeding back Directorate results in their area and developing local action/response. Major management of change ongoing across the whole directorate. Considering whether further drill down is needed in relation to key areas at team or group level (eg focus groups or bespoke short surveys) once these changes are in place.	Team Managers tasked with feeding back Directorate results in their area and developing local action/response. Specific actions still to be developed.	to be determined through directorate planning	Jo Barton and DMT	Initial discussion has taken place at DMT. Further discussion required to formulate specific action to be implemented.
<b>Learning Disabilities Directorate</b>	The Staff Survey results are an agenda item for the LD directorate meeting on 20th April 2015. Will be discussing with the Team Managers the LD results and also the 'hot spots'. Currently focusing on some important areas of work across our LD inpatient and community services as below:-		to be determined through directorate planning	Alastair Forrester (interim) and Matt Johnson with DMT	



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	1. Ensuring that all members of staff receive regular & documented operational supervision as well as the support to access clinical supervision. This will assist in providing an opportunity to discuss clinical practice and raise concerns (KF15). It also provides a time for staff to review their caseload size, complexity and the quality of their work (KF1).		1/8/15	Alastair Forrester (interim) and Matt Johnson with DMT	
	2. All LD teams (CLDT, A&T/Telford and ISS) have held development days this year (2015). During each of these we have incorporated sessions with the Staff Counselling and Support Service to explore responses to the stressors of work and how teams and individuals can be supported to address these and continue to provide a high quality service during difficult times (KF1). The development days are also an important forum for reviewing the work of the team, reflecting upon service changes and obtaining ideas concerning improvements at work (KF22)		1/9/15	Alastair Forrester (interim) and Matt Johnson with DMT	
	3. Building on the good work already undertaken around service user forums and involvement. Dedicated service user involvement / feedback project group in operation. This is being led by two community practitioners (OT and Psychologist) but also includes representatives from each of service area.		to be determined through directorate planning	Alastair Forrester (interim) and Matt Johnson with DMT	

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	4. A recent piece of work by the CLDT was the development of monthly newsletter to share with our service users. This summarises the feedback that from the past month and how the community team have responded to this. The group will also be exploring how to use 'expert by experience' feedback, developing links with a neighbouring Trust to share ideas (SSSFT), and exploring new ways (such as electronic surveys) to obtain feedback (KF29).		to be determined through directorate planning	Alastair Forrester (interim) and Matt Johnson with DMT	
	5. In process of reviewing the Trust's Directorate survey template with the LD scores to identify our relative position with the range for each of the key findings.		to be determined through directorate planning	Alastair Forrester (interim) and Matt Johnson with DMT	
<b>Neuro Psychiatry &amp; Older People's Services Directorate</b>	Concentrating on 3 main areas believed to be inter-connected and linked with the level of 'Management of Change' and alterations in services across NOAP over recent years:-	Further discussion at May Directorate Management Group meeting	1/5/15	Kath Clark & Darren Carr; with Directorate Mgt Team	Discussed at recent Directorate meeting. Action plan to be developed and agreed at May meeting.
	1. To provide all staff with clear roles , responsibilities and rewarding jobs	specific actions to be developed and agreed by above meeting	1/6/15	Kath Clark & Darren Carr; with Directorate Mgt Team	
	2. To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.	specific actions to be developed and agreed by above meeting	1/7/15	Kath Clark & Darren Carr; with Directorate Mgt Team	
	3. Staff satisfaction	specific actions to be developed and agreed by above meeting	1/8/15	Kath Clark & Darren Carr; with Directorate Mgt Team	

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<b>Substance Misuse Directorate</b>	Discussion taken place with team managers highlighting areas of relative strength and relative weakness and rank performance.		18/3/15	Darren Bowyer, Derrett Watts	
	<b>% feeling satisfied with the quality of work and patient care they are able to deliver:</b>	Ask staff in team meetings and one-to-one discussions what they feel unsatisfied about in relation to quality of work and patient care able to deliver and what suggestions they can make as to how the team can address these issues. Also, individual discussion in supervision sessions.	to be determined through directorate planning	Team managers	