

## MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 31 MARCH 2016,  
10:00AM, BOARDROOM, TRUST HEADQUARTERS,  
 BELLRINGER ROAD, TRENTAM LAKES SOUTH,  
 STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	<b>APOLOGIES FOR ABSENCE</b> <i>To NOTE any apologies for absence</i>	Note
2.	<b>DECLARATION OF INTEREST RELATING TO AGENDA ITEMS</b>	Note
3.	<b>DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS</b>	Note
4.	<b>MINUTES OF THE OPEN AGENDA – 25 FEBRUARY 2016</b> <i>To APPROVE the minutes of the meeting held on 25 February 2016</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>	<b>Verbal</b>
9.	<b>STAFF RETIREMENTS</b> <i>To EXPRESS our gratitude and recognize staff who are retiring To be introduced and presented by the Chair</i>	<b>Verbal</b>
10.	<b>PRESENTATION FROM SPOTLIGHT TEAM</b> <i>Presentation from the Central Referral Hub, Children and Young People's Directorate</i>	<b>Verbal</b>

11.	<b>ASSURANCE REPORT FROM THE QUALITY COMMITTEE REPORT</b> <i>To RECEIVE the Quality Committee assurance report from the meeting held on 15 March 2016 from Mr. P Sullivan, Chair of the Quality Committee</i>	Assurance Enclosure 5
12.	<b>NURSE STAFFING SIX MONTHLY REPORT – JULY – DECEMBER 2015</b> <i>To DISCUSS and APPROVE the assurance report on the six monthly staffing report from Ms. M. Nelligan, Director of Nursing &amp; Quality</i>	Assurance Enclosure 6
13.	<b>NURSE STAFFING MONTHLY REPORT –February 2016</b> <i>To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Ms. M. Nelligan, Director of Nursing &amp; Quality</i>	Assurance Enclosure 7
14.	<b>SERVICE USER AND CARER COUNCIL</b> <i>To RECEIVE a verbal update from Mr A Cotterill, Chair of the Service User and Care Council</i>	<b>Verbal</b>
<b>TO BE ONE OF THE MOST EFFICIENT PROVIDERS (Strategic Goal)</b>		
15.	<b>FINANCE REPORT – Month 11 (2015/16)</b> <i>To RECEIVE for discussion the month 11 financial position from Ms. S Robinson, Director of Finance</i>	Assurance Enclosure 8
16.	<b>ASSURANCE REPORT FROM THE FINANCE &amp; PERFORMANCE COMMITTEE CHAIR</b> <i>To RECEIVE the Finance &amp; Performance Committee Assurance report from the Committee Vice Chair, Mr. D Rogers from the meeting held on 24 March 2016</i>	Assurance <b>Verbal</b>
17.	<b>PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 11</b> <i>To RECEIVE the month 11 Performance Report from Ms. S Robinson, Director of Finance</i>	Assurance Enclosure 9 To follow
18.	<b>OPENING BUDGETS 2016/17</b> <i>To APPROVE the budget setting for 2016/17 from Ms. S Robinson , Director of Finance</i>	Assurance Presentation
<b>TO BE A DYNAMIC ORGANISATION DRIVEN BY INNOVATION (Strategic Goal)</b>		
19.	<b>ASSURANCE REPORT FROM THE PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT</b> <i>To RECEIVE the People and Culture Development Committee assurance report from the meeting held on the 21 March 2016 from Mr. P. O'Hagan, Chair of the People and Culture Development Committee Report</i>	Assurance Enclosure 10
20.	<b>NHS STAFF SURVEY RESULTS 2015</b> <i>To RECEIVE the NHS Staff Survey Results from Mr. P Draycott, Director of Leadership &amp; Workforce</i>	Assurance Enclosure 11

21.	<b>To <i>DISCUSS</i> any Other Business</b>	
<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		
22.	<i>To ANSWER questions from the public on items listed on the agenda</i>	
<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 12 May 2016 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>BUSINESS PLAN UPDATE</b>	Approve
	<b>LEADERSHIP &amp; WORKFORCE REPORT AND SERVICE REVIEW</b>	Assurance
	<b>ANY OTHER BUSINESS</b>	

## TRUST BOARD

**Minutes of the open section of the North Staffordshire Combined  
Healthcare NHS Trust Board meeting held on Thursday, 25 February 2016  
At 10:00am in the Boardroom, Trust Headquarters, Lawton House  
Bellringer Road, Trentham, Stoke on Trent, ST4 8HH**

**Present:**

**Chairman:** Mr K Jarrold  
Chairman

**Directors:**

Mrs C Donovan  
Chief Executive

Mr D Rogers  
Non-Executive Director

Dr B Adeyemo  
Medical Director

Mr P Sullivan  
Non-Executive Director

Dr K Tattum  
GP Associate Director

Ms A Harrison  
Interim Director of Finance

Mr P Draycott  
Executive Director of Leadership  
& Workforce

Ms M Nelligan  
Executive Director of Nursing and Quality

Mr T Gadsby  
Non-Executive Director

Mr A Rogers  
Director of Operations

Mr A Cotterill  
Chair – Service User and Carer Council

Mr T Thornber  
Director of Strategy and Development

**In attendance:**

Mrs L Wrench  
Associate Director of Governance

Mrs J Scotcher  
Executive PA

**Individual Spotlight**

Chris Fieldhouse,  
Consultant Nurse Adult Inpatient  
Directorate

Mr M Fletcher  
Communications

**Team Spotlight:**  
Executive PA Team delivered by  
Jo Lloyd, Corporate Governance  
Manager  
Mandy Brown  
Pippa Hill  
Gaynor Pearce  
Justine Scotcher  
Pat Smith  
Lisa Wilkinson

**Staff Retirements**

Val Deacon  
Carl Wooliscroft  
Lonia Regan

**Members of the public:**

Hilda Johnson - North Staffs User Group  
Dr Salahudeen  
Dr Iliescu  
Dr Theegaile

The meeting commenced at 10:00am.

291/2016	Apologies for Absence	Action
	Apologies were received from Mr O' Hagan, Non-Executive Director and Ms Harvey, Staff Side UNISON representative.	

	<p>The Chair gave a warm welcome to Mr Cotterill, Chair of the Service User and Patient Council, this was his first meeting of the Board.</p> <p>It was also noted that Dr Laws, GP Associate Director, is not present today and is unwell, the Board send him their best wishes.</p>	
<b>292/2016</b>	<p><b>Declaration of Interest relating to agenda items</b></p> <p>There were no declarations of interest relating to agenda items.</p>	
<b>293/2016</b>	<p><b>Declarations of interest relating to any other business</b></p> <p>There were no declarations of interest.</p>	
<b>294/2016</b>	<p><b>Minutes of the Open Agenda – 28 January 2016</b></p> <p>The minutes of the open session of the meeting held on 28 January 2016 were approved as a correct record</p>	
<b>295/2016</b>	<p><b>Matters arising</b></p> <p>The Board reviewed the action monitoring schedule and agreed the following:-</p> <p><b>218/15 - Safe Staffing Monthly Report</b> - The Board will be aware of a staffing review in line with national quality expectations, the dates have been set before Christmas for Wards 1, 2, 3, Rehab and CAMHS. The findings of the review will be reported to the Board in January 2016, with a view to address the other wards, Learning Disabilities and Older people going forward.</p> <p><b>Deferred – Ms Nelligan confirmed that a six month review is underway but not yet complete, this will be presented to the Trust Board in March 2016</b></p> <p><b>258/16 - Safe Staffing Monthly Report</b> - Ms Nelligan clarified that the March report to the Board will be an in-depth report which will include the staffing review, together with information about our vacancies, recruitment and bank staff.</p> <p><b>See 218/15 above – remove from schedule</b></p> <p><b>258/16 - Safe Staffing Monthly Report</b> - Mrs Donovan requested that in respect of the issues for staff not being able to take their breaks, could we monitor that and report as an incident. Ms Nelligan to take forward.</p> <p><b>See 218/15 above – remove from schedule</b></p>	

	<p><b>261/16 - Finance and Performance Assurance Report - 21 January 2016 - Cost Improvement Programme</b> – there is a need to continue to deliver 2015/16 schemes and to now focus on developing PIDs for 2016/17 saving schemes. A report will be submitted to February's Finance and Performance Committee in terms of projected position in 2016/17. Mr O'Hagan reminded the Board of Section 106. Ms Harrison is taking this forward.  <b>Completed – remove from schedule</b></p> <p><b>262/16 - Business Development Committee Assurance Report - 5 January 2016</b> - Mr Gadsby commented that we need to update all Terms of Reference in respect of our committees. Mrs Wrench noted that this work would be reviewed for the February Trust Board.  <b>On today's agenda – remove from schedule</b></p>	
296/2016	<p><b>Chair's Report</b></p> <p>At a time of considerable change in the local leadership of the NHS, the Chair wanted to share some thoughts about the behaviours that are needed from leaders and managers if the local NHS is to succeed in making progress with the formidable issues facing the local health service and if it is to serve service users and carers better.</p> <p>The Chair said that he did not want to talk about experience or technical competence – although both are very important, but to talk about behaviour. As the Board are aware the Chair is hoping to write about leadership and management and the contribution that he hopes to make is to help people to think about behaviour.</p> <p>What behaviours do we need - here and now in our local health and social care community?</p> <p>The local NHS needs leaders, who show the way, and managers, who take responsibility for the use of resources, who behave with;</p> <ol style="list-style-type: none"> <li>1. Realism – we need to see the world as it is and not as we would wish it to be. This is a time of extraordinary financial pressure resulting from 6 years of little or no real terms growth. That is our reality.</li> <li>2. Responsibility – when we sign up to senior roles in the NHS, particularly of Chief Executives in their role as Accountable Officers, we need to take responsibility for our own organisations and for delivering good performance and financial balance. There is no point in expecting the</li> </ol>	

	<p>Staffordshire Transformation programme to solve the problems of individual organisations. That is the job of the people who have agreed to run them.</p> <ol style="list-style-type: none"> <li>3. Respect – leaders and managers need to behave with respect. Most of all respect for service users and carers but also for front line staff and for all their colleagues. Respect requires listening – really listening to what people have to say, listening to where the words come from.</li> <li>4. Responsiveness – respect is not enough, listening is not enough. When we have learnt to listen then we need to respond. We need to make the changes that can be made within available resources.</li> <li>5. Resilience and resolve –We need the determination to get things done and the ability to get up and try again when they don't work out.</li> <li>6. Reflection – leaders and managers need to find the time and energy for reflection. What has worked and what has not worked, who is doing this better than we are? Don Berwick reminds us that "improvement begins with change and change begins with curiosity"</li> <li>7. Reliability – leaders and managers need to be reliable and consistent. They need to do what they say they will do or explain why they were not able to do it. Reliability is the basis for Trust and nothing is more important than Trust.</li> <li>8. Recognition. We need to recognise the achievements of others and to be willing to follow the lead shown by others. We do not always have to be the one who leads or the one who gets the credit. We should never take credit for other people's achievements.</li> <li>9. Risk – leaders and managers need to be willing to take risks. Of course risks need to be carefully considered but they need to be taken. How much recovery would there be in the lives of service users if they were not allowed to take risks? As George Bernard Shaw said "A life spent making mistakes is not only more honourable but more useful than a life spent doing nothing".</li> <li>10. Reason and rationality – we should base our decisions on values and evidence as well as on self-interest and opinion. Leaders and managers need to be able to explain what they have done and why they have done it in a way that persuades people, in a way that leads to convincement of all those involved .</li> </ol>	
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	<p>As The Staffordshire Transformation Programme begins a new phase, the Chair hoped that it will think not only about people and process but also about behaviour.</p> <p><b>Received</b></p>	
297/2016	<p><b>Chief Executive's Report</b></p> <p>Mrs Donovan, Chief Executive, presented the report which provides an update on the activities undertaken since the last meeting in January 2016 and draws the Board's attention to any other issues of significance or interest.</p> <p><b>Quality Assurance</b></p> <p>The Trust has now agreed the Quality Summit to be held on 16 March 2016. Following this the report will be published nationally. It was further noted that the Trust is still working with the CQC to finalise a number of inaccuracies, which we are hoping to resolve shortly. All services are making good progress and we are continuing to make improvements.</p> <p><b>Appointments</b></p> <p>Natalie Larvin has been appointed as the Head of Directorate Adult Inpatient Services due to commence 1 April 2016, she comes from Cheshire and Wirral Partnership NHS Foundation Trust and has extensive experience as a senior clinician.</p> <p>Dr Mark Williams has also been appointed as the Clinical Director for Primary Care, he has great experience as a local GP and will support our vision to work more closely with primary care.</p> <p>The interviews for the new Chairman will take place tomorrow, 26 February 2016.</p> <p><b>Pride</b></p> <p>An event was held the previous evening for the viewing of the Pride film. This was in celebration of supporting equality and inclusion and to ensure we are responsive as we can be, to our communities. The showing took place at the Potteries Museum and Art Gallery in Hanley, with special thanks to the Chair, Mr Jarrold and Ms Harvey, Staff side UNISON representative for opening the event.</p> <p><b>Memory Services</b></p> <p>The City Community Mental Health Team (CMHT) and Memory services are relocating to Marrow House from their current location at Abbots House at the end of this month. This is part of working more closely with social care colleagues and improving the facilities for patients and staff.</p>	



	<p><b>Digital by Choice</b> There has been good progress made with Digital by Choice, the Trust now has Clinical leads engaged from all Directorates and supporting the design of a test version of our new Electronic patient records (EPR). It is anticipated that this will be implemented early 2017.</p> <p><b>Flu</b> The Trust continues to focus on offering the flu vaccine to all staff.</p> <p><b>Time to Talk</b> The Trust celebrated Time to Talk on 4 February 2016, this was to help break the silence by encouraging as many of us as possible to take time out to have a conversation with friends, family and colleagues about mental health.</p> <p><b>Lord Carter report</b> The Trust has received the Lord Carter report following his review into productivity and efficiency. The report does not focus on mental health, however there are areas for improvement indicated for the Trust which will be integrated into our 5 year plan; these being improving costs for workforce, pharmacy, estates and procurement management.</p> <p><b>Health Education England (HEE) Consultation</b> HEE has launched a consultation seeking views on the scope and design of a new nursing support role to work alongside care assistants and registered nurses to deliver hands on care. Ms Nelligan, Director of Nursing and Quality is leading on this on behalf of the Trust.</p> <p><b>CQC Consultation on 2016-21 Strategy</b> The CQC has launched the final stage of their consultation on 2016-21 Strategy, this is due to close on 14 March 2016. The Trust encourages people to engage and respond accordingly; <a href="http://www.cqc.org.uk/2016strategyconsultation">www.cqc.org.uk/2016strategyconsultation</a>.</p> <p><b>The Five Year Forward View for Mental Health</b> The Five Year Forward View for Mental Health was published on 15 February 2016, produced by a mental health taskforce established by NHS England, led by Paul Farmer, Chief Executive, MIND.</p> <p>The Trust welcomes the report which provides higher priority for investment in mental health. We will be working through the detail in partnership with our commissioners and expect to see increased investment in mental health services.</p>	
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	<p>The Chair thanked Mrs Donovan for her update and stated that he was intrigued by Health Education England (HEE) in respect of the new nursing support role and would like to see our draft response for the Board, this is a moment of some significance. Ms Nelligan confirmed this would be presented on 9 March 2016 at the Board of Directors session prior to submitted on 11 March 2016.</p> <p><b><i>Received</i></b></p>	Ms Nelligan
298/2016	<p><b>Spotlight Individual</b>  <b>Chris Fieldhouse, Consultant Nurse, Harplands Hospital</b>  <b>Adult Inpatient Directorate</b></p> <p>Chris Fieldhouse is a Dual Diagnosis Consultant Nurse, and Nurse Prescriber, who has demonstrated a good example of what can be achieved as teams start to work with, and develop practice in Dual Diagnosis.</p> <p>This joined up approach, addresses the inter-relationship between mental health and supporting people with substance misuse, who often fall between services. This ensures a consistency of approach, reduces stigma and discrimination and improves the service user experience.</p> <p>Chris works with teams and individuals to develop their knowledge, skills and understanding of the key issues which impact on individuals who experience difficulties relating to mental ill health and dual diagnosis. This inclusive and sometimes assertive and highly flexible approach reduces the stigma often encountered by individuals and ensures that evidenced based interventions are unique to each person, encapsulating the principles of a Safe, Personalised, Accessible and Responsive service.</p> <p><u>Patient Comment</u>  'My advice to others in my situation is this: you never think it will happen to you but it can. It does get better, you can recover but it needs to come from you and be your way, appointments and clinics wouldn't work for me. I wouldn't have gone because it made me feel ill and like I had to go. I needed to feel like I had some control, change can't be made for you; it needs to come from within. You need to be motivated and committed to make a change. I didn't want where my future was heading, I still feel shameful of when I was ill, my motivation is to stay well and to stay out of prison. I have engaged with support and it helps, my future is different now and I want to keep it this way'.</p> <p>Mrs H Johnson, North Staffs Users Group, commented that she was really pleased to see that Chris had been given this award today, that it is well deserved and he is extremely patient focused.</p>	

299/2016	<p><b>Staff Retirements</b></p> <p>Mrs Donovan recognised 3 staff who are retiring this month as follows,</p> <p><b>Carl Wooliscroft</b></p> <p>Carl retires this year after contributing to the psychological treatment of clients for the Trust since 2000. The Psychotherapy Department and the Adult Clinical Psychology department as was then, merged and became Psychological Services. At all stages of his career Carl has played a leading role in moving services forward to the benefit of service users and he will be missed by all who know him.</p> <p>As a result of this, Carl has worked offering psychotherapy in a wide range of settings offering psychotherapy to clients and supervision to colleagues going back to St Edwards Hospital before it closed, GP practices and latterly Harplands Hospital, Lymebrook CMHT and the Stoke IAPT service where he also offered EMDR to help clients with a trauma background.</p> <p>Carl has co-run a reflective practice group and taught on the local psychiatry course which has meant that he has contributed to the skills and development of many of the Doctors currently employed by our Trust and the service provided to clients.</p> <p>We wish Carl a very happy retirement after a long service to the people of Staffordshire. Carl will be missed by service users and staff for his outspoken passion to always provide the best treatment and quality of services.</p> <p>Ms Dutton, Vice Chair, Service User and Patient Council, commented on her perspective as a service user in that Carl is very calm and patient and this makes a significant difference.</p> <p>Dr Adeyemo also echoed Ms Dutton's remarks and commented on his contribution of training to the medical trainees and that she could recall him during her training and that she was supervised by him.</p> <p><b>Valerie Deacon</b></p> <p>Val started to work for the Trust as a Cadet Nurse at St Edwards Hospital in 1977. She then trained as a State Enrolled Nurse and worked on wards and in the Intensive Therapy Unit, before going on to complete her conversion course to become a registered mental health nurse in 1992.</p>	
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	<p>Following this, she moved from St Edwards to the City General site to work on the 90's block, where Val loved to work and had a great experience and time. Val moved from ward 91 to ward 2 at the Harlands in the year 2000.</p> <p>After a few years on ward 2 she was given a project to work on with 2 other members of staff from the acute wards working on improving care planning before moving into the Crisis Resolution team as a senior practitioner and most recently, Val took the opportunity in 2015 to move to the Access Team as a senior practitioner mainly working night shifts.</p> <p>Val has worked over the years with great commitment to the NHS and has developed her skills as a mental health nurse and has acted as a role model to junior staff.</p> <p>Val will be truly missed, not just from the Access Team but also within the Trust. Although she will continue to work as a member of the Bank staff.</p> <p>Dr Adeyemo recalled working with Val on the 90's block and her valuable contribution to her training and thanked her personally for all her support.</p> <p><b>Lonía Regan</b></p> <p>Lonía has been employed within the NHS over 30 years and has remained throughout that time dedicated to her duties.</p> <p>She initially started on a ward setting then moved into a District Nursing Team until 1994, when she started her employed with Combined Healthcare.</p> <p>Throughout the last 20 years she has supported older people out in the community and her visits are very appreciated in particular by those who see few people on a week by week basis.</p> <p>She tries to ensure that should an individual voice that something will promote their well-being she will go out of her way to meet that need. Her knowledge of community based facilities allows her to do this and it will be missed not only by the team, but by the individuals she has supported over the years.</p> <p>She is a very committed individual and always strives to do the very best for the individuals she supports out in the community. She is a reliable, hardworking and empathetic member of staff. Her support and confidence building skills will be greatly missed.</p>	
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	<p>Dr Adeyemo again remarked that she had worked with Lonia and how wonderful she was with patients going the extra mile, keeping them in their own homes and supporting people personally.</p> <p>The Chair commented on the length of service of all 3 staff and thanked them for their dedication and quality of care provided and that is what is so important to this Trust.</p>	
<b>300/2016</b>	<p><b>Team Spotlight Award and Presentation</b>  <b>Executive PA Team</b>  <b>Corporate Directorate</b></p> <p>The Team consists of 6 Executive PAs and a Team Leader (Corporate Governance Manager) who is responsible for delivery of the corporate support function for the Board of Combined.</p> <p>The team consistently rise to the challenges set, whether that be working across the Executive Team to ensure that support is available to all or picking up additional pieces of work that add support to the work of the Trust.</p> <p>The team have been selected for recognition of the excellent work they do, for going above and beyond what is expected of them (often working flexibly to meet demands), for the quality of the work that they produce and for helping to keep the Executive Team functioning effectively.</p> <p>The team act as a first port of call from a diverse range of people including, but not exclusively, service users and carers, staff, partner organisations, MPs, counsellors and members of the public as a whole. They provide the full range of personal assistant services to the Executive Team and between them support the Board and all of the committees of the Board.</p> <p>This is done in the context of a very dynamic and changing work environment where priorities can conflict and alter the course of the Executive Team and their work.</p> <p>The team are really adept at recognising the importance of valuing all as individuals. They have a real customer focus and there are numerous occasions and examples of people who have been in contact with the team and say how well they have been looked after or supported.</p> <p>Whilst the team do not provide care directly they are very aware of their role in supporting the organisation.</p>	

	<p>Where they do provide high quality is in the service they provide to the Executives. They often go the extra mile to ensure that things are done properly and completed in the right way.</p> <p>They often exceed expectations within their roles by giving discretionary effort – thinking creatively and finding solutions to support the Trust.</p> <p>Mrs H Johnson commented on how pleased she was to see an administration team receive this award and to recognise that without the PAs the Executive Team could not function. She particularly, remarked on her contact with Pat Smith as her help and support has always been invaluable.</p> <p>Mrs B Johnson also thanked the PAs for supporting the Non-Executive Directors.</p> <p>Mr Sullivan asked the team what would help them or what changes could be made to benefit the team.</p> <p>Mandy Brown stated that it was crucial to have a dedicated one to one time with your director and this often does not happen or is cancelled.</p> <p>Gaynor Pearce stated that the team would benefit from proactively moving towards more digital/electronic ways of working ie reducing the printing of committee papers.</p> <p>Mrs Donovan stated that this is being progressed and that it is the intention to use more technology for committees in the near future.</p> <p>Mr Thornber noted that Janette Charlton, who is not present today is also an Executive Personal Assistant and provides support for his team.</p> <p>The Chair congratulated the Executive PA Team and thanked them for all their support.</p>	
<b>301/2016</b>	<p><b>Quality Committee Summary held on 19 January 2016</b></p> <p>Mr Sullivan, Chair of the Quality Committee/Non-Executive Director, presented the summary of the Quality Committee held on 16 February 2016 for assurance purposes.</p> <p>The Quality Committee have recommended the following policies for approval :</p> <ul style="list-style-type: none"> <li>• 1.42 NICE and National Confidential Enquiries (for 12 months)</li> </ul>	

	<ul style="list-style-type: none"> <li>• 1.52a and 1.52b Research Policy and Strategy (until 30 June 2016)</li> <li>• 1.71 Multi Agency Public Protection Arrangements MAPPA (until 30 June 2016)</li> </ul> <p><b><i>Ratified</i></b></p> <p>The Quality Committee received the following reports in terms of areas of assurance and information ;</p> <ul style="list-style-type: none"> <li>• <b><i>Safeguarding Reports Q3 details</i></b> – reviewed themes and trends</li> <li>• <b><i>Adult Safeguarding Self-Assessment</i></b> – received</li> <li>• <b><i>Annual reports for Adult and Children Safeguarding 2015</i></b> – received</li> <li>• <b><i>Eliminating Mixed Sex Accommodation Q3 progress against 2015/16 action plan</i></b> – received and reviewed</li> <li>• <b><i>Q2 2015/16 submission paper for CQUIN goal 4 : embedding a safety culture</i></b> – received and reviewed</li> <li>• <b><i>Update on Section 136 North Locality 2014/15 report and update on action plan</i></b> – ‘North’ being Stoke-on-Trent. There are still some challenges when two people are assessed at the same time.</li> <li>• <b><i>Review of deaths of people with a Learning Disabilities</i></b> Update received and Mr Sullivan noted that it is important for the Board to understand that the Trust has reviewed performance and only identified a small number. Since then we have undertaken a further review for assurance. He further added that the Trust is to be commended in respect of the work which has been carried out.</li> </ul> <p>Dr Tattum queried how many deaths had there been in LD?.</p> <p>Mr Sullivan confirmed there were 34 people who all died of natural causes. Ms Nelligan gave further assurance that following discussion at Board previously, recommendations and the process is being strengthened and this has been dedicated work which the Quality Committee as Mr Sullivan had previously mentioned.</p>	
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	<ul style="list-style-type: none"> <li>• <b>Quality Account 2015/16 Project Plan</b> – assured plan in place</li> <li>• <b>Adult Community Mental Health Survey Action Plan</b> – received</li> <li>• <b>Nurse staffing report</b> – opportunity to scrutinise</li> <li>• <b>Balanced scorecard</b> – received</li> <li>• <b>Directorate reports</b> – received</li> </ul> <p>In terms of information the Quality Committee received;</p> <ul style="list-style-type: none"> <li>• <b>Director of Quality Report</b> - received</li> <li>• <b>National Confidential inquiry into Suicide and Homicide by people with Mental Illness (NCISH)</b> – received</li> <li>• <b>Effectiveness Review</b> – Quality Committee members considered its effectiveness in respect to meeting its Terms of Reference and reporting to the Trust Board. It was agreed to move to bi-monthly meetings and this would enable a more structured agenda and time for actions to move forward effectively. Mr Gadsby also noted the timings of the meetings need to be considered in respect of the Quality Account approval.</li> </ul> <p><b>Received</b></p>	
302/2016	<p><b>Safe Staffing Monthly report</b></p> <p>Ms M Nelligan, Executive Director of Nursing and Quality, presented the assurance report. This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (January 2016) in line with the National Quality Board expectation.</p> <p>During January the Trust achieve staffing levels as follows:</p> <ul style="list-style-type: none"> <li>• 93.5% for registered staff (days)</li> <li>• 92.1% for care staff (days)</li> <li>• 103.2% for registered staff (nights)</li> <li>• 99.6% for care staff (nights)</li> </ul>	



	<p>The report is detailed with a ward by ward breakdown which is completed by the Ward Managers and identifies issues and solutions. The report contains a breakdown in terms of impact on patient safety, patient experience and staff experience. All incidents were recorded as no harm incidents and relate to insufficient staff to meet activity on a shift due to sickness, increase in acuity and inability to cover with temporary staffing.</p> <p>There were a total of 10 occasions when activities were cancelled, 2 have been rearranged and this is being monitored.</p> <p>There were a total of 74 staff breaks recorded as not taken due to unfilled shifts coupled with high levels of acuity and activity.</p> <p>It was noted that some staff have covered across services either for full or part shifts.</p> <p>In summary, we are maintaining safe staffing levels on all wards, however there is still more we need to do in terms of recruitment and speeding up the process.</p> <p>The Trust is developing our own pool of bank staff, as we move away from agency use. There is a requirement to be more robust in terms of bank staff usage. The report in March will contain more detail in terms of recruitment and gaps identified. The report will also incorporate the kind of issues we want to see in the monthly report going forward.</p> <p>Mr Draycott confirmed that there is an in-house recruitment programme taking place on 3 April 2016. The Trust is also reviewing notice periods and extending notice periods, in line with our local providers, to allow more time to fill the vacancies. In addition a review of use agency staff.</p> <p>Mrs Donovan requested that the distribution of days and nights on Ward 1 does not look correct. Ms Nelligan agreed to check. Ms Nelligan confirmed that our overall performance is better for night shifts.</p> <p>Mr Sullivan made an observation that the report states there has been no impact on patient safety, however on Ward 7 there is an increase in falls. Ms Nelligan noted this comment and stated that the report is open and transparent and going forward there will be a more rounded picture for visibility.</p> <p>Mrs B Johnson suggested that it may be beneficial to have a bank facility established for Activity Workers. Ms Nelligan agreed to explore this proposal. Dr Adeyemo clarified that although each ward has a dedicated Activity Worker, they do work across all wards. She also noted the care of the multi-disciplinary team is</p>	<p>Ms Nelligan</p> <p>Ms Nelligan</p>
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	<p>crucial and not just activity.</p> <p>Ms Nelligan stated that moving forward there would be greater emphasis on looking at all staff groups and for the monthly report this forms part of the national reporting for nurses. The report in March will make recommendations in terms of other professional groups.</p> <p>The Chair noted the report was detailed and informative, however he raised his concerns in respect of staff welfare because of staff not taking their breaks. This can lead to stress and sickness making them feel under pressure to come to work. The Trust needs to monitor this carefully.</p> <p>Mrs H Johnson noted that bed occupancy on acute wards seems to have improved and reported from her experience that staff are not as stressed as in January 2016.</p> <p>The Chair thanked Mrs H Johnson for her comments and assurance.</p> <p>Mr A Rogers noted that in respect of Ward 1 occupancy levels, we have very rarely sent patients out of area. There are plans in place to help with the pressure and he noted the PICU Business Case has now been approved which will help.</p> <p>Mr A Rogers further noted that there may be capacity for college students to work as Activity Workers and this is being explored further.</p> <p>Mrs Donovan also raised concerns with occupancy levels on the adult acute wards and in comparison to benchmarking data this is high. Mr A Rogers is undertaking a piece of work with the new Head of Directorate and commissioners, in order to collect data on how many service users are being sent out of area.</p> <p>The Chair thanked the Board for their scrutiny of this report. <b><i>Received</i></b></p>	Mr A Rogers
303/2016	<p><b>NHS Trust Development Authority (NDTA) Monthly Self Certifications</b></p> <p>Mrs Harrison, Chief Executive presented this paper which confirms that the monthly NDTA self-certification documents are no longer required. It was noted that the measures are reported to other committees and will still be monitored through different channels.</p> <p><b><i>Received</i></b></p>	

304/2016	<p><b>Summary of Board to Team visits undertaken in Q2 and Q3 – 2015/16</b></p> <p>Ms Nelligan, Executive Director of Nursing and Quality, presented this report and which provides a summary of Board to Team visits undertaken in Q2 and 3 2015/16.</p> <p>Ms Nelligan reported that the rationale behind this report is to continue the Board's engagement with staff and service users, to see the quality of our services and gain feedback.</p> <p>In terms of feedback, there has been positive comments in relation to the environment, staff engagement and service users. In particular, people feeling value with the investment in IT and Wi-Fi access and the integration of psychology personnel into MDT working.</p> <p>The report described some frustrations with the recruitment delays, however these are being progressed through Listening into Action.</p> <p>It was also noted that actions identified during the Board to Team (B2T) visits have been addressed and fed back accordingly to the team and through the CEO blog.</p> <p>In future, the Trust will be reporting at Q4, and then will replace these visits with assurance visits aligned with our CQC Action Plan to ensure improvements and priorities are made. The process will be similar to the B2T with a rota and formal action plan with a quarterly report on themes. This will be received by the Quality Committee and the Trust Board.</p> <p>Mr D Rogers noted that this seems like a step in the right direction and previously on visits it has been rather confusing whether they are announced or unannounced. It is also reassuring to have clarity about the process and assurance with the ability to follow up comments. It will also have the right balance embedding the CQC Action plan.</p> <p>Mr Gadsby also noted that consideration should be made with the roll out of the next programme to inform staff of visits accordingly, as previously staff are not aware of the reason for visiting.</p> <p>The Chair noted the good progress and the emphasis of the issue of staff being informed is really critical. He further added that staff have a realistic approach and that it is important to be honest with them about what we can and can't do.</p> <p>Mrs B Johnson stated that the visits are also an opportunity to feedback to staff and to show how appreciative the Board are for the work they do.</p>	
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	<p>Mrs H Johnson welcomed these visits and this helps the Board make decisions better as they understand the services and any concerns that are raised.</p> <p><b><i>Received</i></b></p>	
<b>305/2016</b>	<p><b>Monthly Finance Reporting Suite – January 2016</b></p> <p>Ms Harrison, Interim Director of Finance, presented this report which contains the financial position to 31 January 2016.</p> <p>The Trusts financial performance is a retained deficit of £0.144m against a planned deficit of £0.227m, a favourable variance of £0.083m.</p> <p>The in-year cost improvement target is £2.658m with a year to date performance of £0.04m behind plan.</p> <p>The cash balance as at 31 January 2016 was £6.4m.</p> <p>The net capital expenditure is £0.434m which is behind the Plan of £0.575m, an under spend of £0.141m.</p> <p>The Continuity of Service risk rating is reported as 3 in line with the plan. The Board were made aware that due to the improved position, the stretched target may increase.</p> <p>Ms Harrison noted that there are two areas that the Trust is not quite as successful ;</p> <ul style="list-style-type: none"> <li>• Underspend on capital</li> <li>• Our Cost Improvement Programme (CIP) will be achieved. There is a large non-recurrent portion, but this has been factored into 2016/17.</li> </ul> <p>Mr Sullivan noted on page 2, second paragraph in respect of NDTA's financial position may require rewording. Mr Gadsby noted that this is giving assurance, openness and transparency and that it is no surprise they continue to request further surplus.</p> <p><b><i>Received</i></b></p>	
<b>306/2016</b>	<p><b>Finance and Performance Committee Assurance Report –18 February 2016</b></p> <p>Mr Gadsby, Chair of the Finance and Performance Committee/Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 18 February 2016.</p>	

	<p>Mr Gadsby reiterated Ms Harrison's comments in that the Trust Board should take a high level of assurance that we will achieve targets this year.</p> <p>He also reiterated that the Cost Improvement Programme (CIP) non-recurrent is higher than we would like at 24% tracking. The TDA have been notified.</p> <p>The Finance and Performance Committee discussed the £350k capital revenue swop and were comfortable with this.</p> <p>In respect of 2015/16 Annual Accounts, Mr Gadsby noted there are some timing issues with the Trust Board agreement to approve the accounts and therefore requested that the Board delegate this responsibility formally to the Audit Committee on 31 May 2016. The Board agreed this delegated authority.</p> <p>The Finance and Performance Committee reviewed the key risks and these were unchanged. A discussion on Committee Effectiveness took place and members were content with the current process for the Committee Effectiveness Review.</p> <p>Some debate took place regarding Cost Improvement Programme (CIP) and the financial pressures in some areas.</p> <p>The Chair stated that the Trust is in a good position financially, however we should be mindful of two issues. The Cost Improvement Programme and the reliance on non-recurrent is not desirable and we need to consider how we deal with that. Also given the environment in which we work in, the Trust is going to be under pressure.</p> <p><b><i>Received</i></b></p>	
307/2016	<p><b>Performance and Quality Management Framework Report (PQMF) Month 10</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 10.</p> <p>At month 10 there are 3 metrics rated as red and 6 rated as amber. All targets are in general an improvement</p> <p>Mr A Rogers noted that there are two national access targets and there have been improvements and as this was an exception report these have been removed.</p>	

	<p><b>IAPT service</b> In this month, against a 50% target we have achieved 63.2%. Dr Fazal-Short and Stephanie Woodall have made improvements in this area.</p> <p><b>Early intervention</b> Against the target for first episode of psychosis at 50%, we have achieved 54%. It was noted that significant work has been undertaken with Simon Wilson and his team.</p> <p>Ms Harrison also noted that we are going to include additional metrics not nationally mandated, but will provide a more rounded picture of internal targets.</p> <p>Mr Draycott discussed the <b>Vacancy Rate – Staff in post vs budgeted establishment (rated red)</b> under Workforce. There has been an increase in establishment which has contributed to this position which relates to Ward 4. There are also a number of vacancies out to recruitment, however some of these have been difficult to fill. There is a plan for a further recruitment campaign.</p> <p>In respect of <b>Nursing Agency Usage – total spend against total nursing paybill (rated red)</b> The agency spend reflects both some of the challenges with recruitment and services whereby we have actively utilised temporary staff to support services. This is a priority and is being addressed.</p> <p>Mrs H Johnson noted that staffing levels have improved at the Harplands Hospital, however she raised concerns with staffing in the community teams. Some of the longer term sickness is having an impact.</p> <p>The Chair thanked Mrs H Johnson for her comments and the performance report was good overall, however we do need to monitor these going forward to ensure that performance is moving in the right direction.</p> <p><b>Received</b></p>	
308/2016	<p><b>Audit Committee Assurance Report – 18 February 2016</b></p> <p>Mr D Rogers, Chair/Non-Executive Director presented the assurance report from the Audit Committee held on 18 February 2016.</p> <p>Mr D Rogers thanked Ms Lloyd, the new Corporate Governance Manager, for the informative summary produced. Ms Lloyd attended the meeting on behalf of Mrs Wrench.</p>	

	<p>The main area that the Trust has been working on recently is the Board Assurance Framework (BAF) and this was received by the Audit Committee for information and update at Q3. The document is far more effective and relevant and is well on course.</p> <p>The Audit Committee also received the External Audit plan and Internal Audit progress report. The Audit committee is mindful of the CQC report which will be embedded into the Internal Audit plan moving forward.</p> <p>The committee also received new guidance for rules in respect of appointing our External Auditors. Trusts will have more choice from 2017/18 enabling them to choose their own external auditors.</p> <p><b><i>Received</i></b></p>	
309/2016	<p><b>Committee Effectiveness Update</b></p> <p>Mrs Wrench, Associate Director of Governance, presented this report to provide an update as to progress made with Committee Effectiveness Review with particular reference to a review of frequency of the Trust Board, Board of Directors and sub-committee meetings of the Board.</p> <p>The process began last year in March 2015, the Good Governance Institute published their report on the managerial leadership of governance within our organisation. Since then, the Trust has reviewed the current structure to look at how this can be streamlined to reduce duplication. Other examples were considered including Christies presented by Mr Thornber and Cheshire and Wirral Partnership Trust presented by Ms Nelligan. Following this it was proposed that there may be scope for reducing the frequency of meetings and each Executive lead was tasked to take the proposals to the committees during February 2016 and to also consider membership and Terms of Reference.</p> <p><b>Quality Committee</b></p> <p>Members discussed that the business of the committee should focus more on the quality plan and quality metrics. The domain reports are merged into one report, a bi-monthly cycle of business and the Committee will retain the role of the Non-Executive as the Chair.</p> <p><b>Finance and Performance</b></p> <p>Members realised the benefit of moving to bi-monthly meetings, however some concerns were raised with bi-monthly assurance for example assurance with CIP. Mr Gadsby noted that the new Director of Finance may have a different view and the committee would retain monthly meetings during the first quarter with a further review with new DOF.</p>	

	<p><b>People and Culture Development</b> The committee already has a rotational cycle of business with alternate business and development agendas. It has a flexible agenda and does not have any specific requirements for monthly meetings.</p> <p><b>Business Development Committee</b> The committee did not meet in February 2016 and already operates on a bi-monthly cycle. There may be times when items need sanctioning or investment sign off in between meetings. An investment and capital report will feed into this meeting.</p> <p><b>Audit Committee</b> A review of the Audit Committee will be completed during March 2016 and will be based on the Audit Committee Handbook recommendations.</p> <p>Other aspects need to be considered during March 2016, including the new Strategic objectives and how other meetings feed into the committee ie Senior Leadership Team, Executive Team and Risk Review Group.</p> <p>Some debate took place regarding the formal Trust Board and Board of Directors sessions being bi-monthly and whether this would be sufficient for assurance purposes, in particular Mr Gadsby stated that Board of Directors' sessions helped to keep Non-Executive Directors suitably informed.</p> <p>The Chair noted the important issues of the Terms of Reference and that is really important for Non-Executive Directors to be clear about the role of each committee and eliminate any overlaps. In summary there is general support for the direction of travel but with the desire to have more knowledge of the Terms of Reference and to ensure the whole Board are aware of formal issues.</p> <p>Mrs Wrench to provide a further update to come back in March/April 2016.</p> <p><b>Received</b></p>	Mrs Wrench
310/2016	<p><b>People and Culture Development Committee Assurance Report – 22 February 2016</b></p> <p>Mr Sullivan, Non-Executive Director presented the assurance report on behalf of Mr O'Hagan, from the People and Culture Development Committee held on 22 February 2016.</p> <p>The committee approved the following policies ;</p> <ul style="list-style-type: none"> <li>• Serious Placement Issues Policy</li> </ul>	



	<ul style="list-style-type: none"> <li>• Induction Policy – extended for a 3 month extension</li> </ul> <p>In respect of assurance the following reports were received ;</p> <ul style="list-style-type: none"> <li>• <b>Workforce Service line Performance from each directorate</b> – received and reviewed</li> <li>• <b>Agency Rules and Usage</b> – received</li> <li>• <b>Staff Survey results</b> – on today's closed session</li> <li>• <b>Draft Workforce Plan</b> – received</li> <li>• <b>NHS Protect Staff Assault</b> - a downward trend was noted</li> <li>• <b>Committee Effectiveness</b> – debate took place</li> </ul> <p>Mr Gadsby asked about the Dragons Den pitches and whether decisions had been made. Mr Sullivan stated all individuals will be notified by the end of the month and successful schemes will be discussed at the next People and Culture Development Committee.</p> <p><b>Received</b></p>	
311/2016	<p><b>Overview of the report from the Independent Mental Health Taskforce NHS England February 2016 (Five Year Forward view)</b></p> <p>Mr Thornber, Director of Strategy and Planning, presented this report commissioned by the Five Year Forward View and identifies key recommendations for NHS England and Department of Health to take forward which will significantly influence the One Year Operating Plan and 5 year Integrated Business Plan refresh.</p> <p>The headlines were noted as follows:</p> <ul style="list-style-type: none"> <li>• Focuses on what service users' and patients' experiencing every type of mental ill health need</li> <li>• Detailed scale of what interventions are required</li> <li>• Stoke population and spend noted at the lower end</li> <li>• Describes our Strategy and Findings</li> <li>• Access and capacity of treating more people</li> <li>• Parity of esteem</li> <li>• Working closely with our health communities</li> <li>• Reinforces our Strategic intentions</li> <li>• Aligning pathways that sit outside the block contract</li> <li>• Financial and regulatory challenges</li> <li>• Scale of investment</li> <li>• Pointing out new ways of contracting rather than block contracts</li> </ul> <p>Dr Adeyemo commented that on review of the report, given the lack of investment for dementia, the Trust has the best diagnostic rates in West Midlands and we strive to do our best.</p>	

	<p>Furthermore, when funding becomes available it seems to go to Trusts who have under achieved and we are not rewarded.</p> <p>The Chair also commented that this was disappointing and that the Trust continues to challenge commissioners. Mrs H Johnson stressed that North Staffs Users Group will support the Trust in this area.</p> <p>Mrs Donovan noted the funding issues with IAPT services and the Trust has been underfunded in this area, but has still managed to perform. .</p> <p>Dr Tattum commented that the Trust has achieved remarkable results and the quality of care is way above average. One of the factors which is recognisable is the good will and the longevity of staff, there are always people willing to go the extra mile and it is very important that the Board continues to recognise this.</p> <p>The Chair thanked members for their comments and raised disappointment in respect of the high number of recommendations within the Taskforce report. It is much easier to manage a small number of recommendations and a large number of recommendations can sometimes lead to them being ignored.</p> <p><b><i>Received</i></b></p>	
<b>312/2016</b>	<p><b>Any other business</b></p> <p><b>NHS Funding</b></p> <p>Mrs H Johnson raised her frustrations about the NHS cuts over the last 5 years and the fact there is no new money.</p> <p><b>Junior Doctors Industrial Action</b></p> <p>Mr Draycott raised the forthcoming Junior Doctors Industrial Action scheduled over a 48 hour period at 8am on 9 March 2016. On 10 March 2016 there is a Continuing Professional Development (CPD) session so this will reduce impact on patient care.</p>	Mr Draycott
<b>313/2016</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, 31 March 2016 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
<b>314/2016</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 12.30 pm

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

Date \_\_\_\_\_

### Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)					
Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
26-Nov-15	218/2015	<b>Safe Staffing Monthly report</b> - The Board will be aware of a staffing review in line with national quality expectations, the dates have been set before Christmas for Wards 1, 2, 3, Rehab and CAMHS. The findings of the review will be reported to the Board in January 2016, with a view to address the other wards, Learning Disabilities and Older people going forward.	Ms Nelligan	31-Mar-16	Deferred- Ms Nelligan confirmed that a six month review is underway but not yet complete, this will be presented to the Trust Board in March 2016.
25-Feb-16	297/2016	<b>CEO Update</b> - The Chair thanked Mrs Donovan for her update and stated that he was intrigued by Health Education England (HEE) in respect of the new nursing support role and would like to see our draft response for the Board, this is a moment of some significance. Ms Nelligan confirmed this would be presented on 9 March 2016 at the Board of Directors session prior to submitted on 11 March 2016.	Ms Nelligan	09-Mar-16	Complete
25-Feb-16	302/2016	<b>Safe staffing Monthly report</b> - The Trust is developing our own bank, as we move away from agency use. There is a requirement to be more robust in terms of bank usage. The report in March will have more detail in terms of recruitment and gaps identified. The report will also incorporate going forward, what kind of issues we want to see in the monthly report.	Ms Nelligan	31-Mar-16	
25-Feb-16	302/2016	<b>Safe Staffing Monthly report</b> - Mrs B Johnson suggested that it may be beneficial to have a bank set up for Activity Workers. Ms Nelligan agreed to explore this proposal.	Ms Nelligan	31-Mar-16	
25-Feb-16	302/2106	<b>Safe Staffing Monthly report</b> - Mrs Donovan also raised concerns with occupancy levels on the adult acute wards and in comparison to benchmarking data this is high. Mr A Rogers is undertaking a piece of work with the new Head of Directorate and commissioners, in order to collect data on how many service users are being sent out of area.	Mr A Rogers	31-Mar-16	
25-Feb-16	309/2016	<b>Committee Effectiveness Update</b> - Mrs Wrench to do a further report to come back in March and April 2016.	Mrs Wrench	31-Mar-16	
25-Feb-16	312/2016	<b>Any other business - Junior Doctors Industrial Action-</b> Mr Draycott raised the forthcoming Junior Doctors Industrial Action scheduled over a 48 hour period at 8am on 9 March 2016. On 10 March 2016 there is a Continuing Professional Development (CPD) session so this will reduce impact on patient care.	Mr Draycott	ASAP	

**REPORT TO: Trust Board**

**Enclosure 4**

Date of Meeting:	Thursday 31 March 2016
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Chief Executive Caroline Donovan 22 March 2016 <a href="mailto:Caroline.donovan@northstaffs.nhs.uk">Caroline.donovan@northstaffs.nhs.uk</a>
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> <li>• Quality Committee</li> <li>• Finance and Performance Committee</li> <li>• Audit Committee</li> <li>• People and Culture Development Committee</li> <li>• Charitable Funds Committee</li> <li>• Business Development and Investment Committee</li> </ul>
Purpose / Intent of Report:	<b>For information</b>
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• IM &amp; T Strategy</li> <li>• Governance Strategy</li> <li>• Innovation Strategy</li> <li>• Workforce Strategy</li> <li>• Financial Strategy</li> <li>• Estates Strategy</li> </ul>
Relationship with Annual Objectives:	<b>n/a</b>
Risk / Legal Implications:	<b>n/a</b>
Resource Implications:	<b>n/a</b>
Equality and Diversity Implications:	<b>n/a</b>
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> <li>1. Focusing on quality and safety</li> <li>2. Consistently meeting standards</li> <li>3. Protecting our core services</li> <li>4. Growing our specialised services</li> <li>5. Innovating in the delivery of care</li> <li>6. Developing academic partnerships and education and training initiatives</li> <li>7. Being an employer of choice</li> <li>8. Hosting a successful CQC inspection</li> <li>9. Becoming digital by choice</li> <li>10. Reviewing and rationalising our estate</li> <li>11. Devolving accountability through local decision making that is clinically led assuring governance arrangements.</li> <li>12. Delivering our financial plan</li> </ol>
Recommendations:	<b>To receive this report for information</b>

## **North Staffordshire Combined Healthcare NHS Trust**

Chief Executive's Report to the Board of Directors  
31 March 2016

### **PURPOSE OF THE REPORT**

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

### **LOCAL UPDATE**

#### **1. CARE QUALITY COMMISSION (CQC)**

The Trust welcomed the process of our Care Quality Commission (CQC) inspection, which was carried out in September 2015 and was broadly reflective of the journey of improvement we are on.

We have been given an overall rating of 'Requires Improvement' which is in line with the majority of mental health trusts assessed by the CQC in England and is a fair reflection of our services six months ago at the time of the inspection.

Our services were rated as 'Good' in respect of Caring and 'Requires Improvement' in the four other domains of Safety, Responsiveness, Well Led and Effectiveness.

The journey of improvement we are on was reflected by the CQC, who praised the considerable progress Combined has made since the inspection in terms of addressing the actions in the report and added that we "can be proud of the caring culture within the staff group. We saw consistent evidence of people who use Trust services being treated with dignity, kindness and respect".

For our 11 'core' services, four were rated as 'Good', five as 'Requires Improvement' and two as 'Inadequate'.

We are delighted that all of our Older People's services and our Learning Disability services were rated as being 'Good', with Learning Disability Community services rated as 'Outstanding' in terms of being Responsive.

The need for greater investment in the Trust's CAMHS Community services to enable more clinical staff to be employed was highlighted as a significant issue as to why the service was rated as 'Inadequate', as was the need for improved practice across community teams.

CAMHS Community staff have stepped up to the challenge to deliver the required improvements which was found by a recent external audit by KPMG of the service which gave it a 'green' rating. Recruitment for more clinical staff is also underway after we successfully secured significant extra funding from commissioners.

We are disappointed with the CQC's rating of 'Inadequate' for our Crisis services, which is comprised of the Access team, Home Treatment service, RAID and the Place of Safety.

The Access team sees 100% of people who are in a crisis within four hours and has been positively reviewed by the local Clinical Commissioning Groups (CCGs) and Healthwatch Stoke-on-Trent; RAID assesses people within one hour of entering Royal Stoke University Hospital's A&E; and the Place of Safety has seen an 85% decrease in people being detained in police custody under Section 136 of the Mental Health Act. Home Treatment has also made considerable progress since the inspection.

The Quality Summit held on 16<sup>th</sup> March and attended by the CQC, TDA, NHS England, Health Education West Midlands, North Staffs and Stoke CCG's and Healthwatch Staffordshire and Healthwatch Stoke on Trent, was very positive in recognising the progress the Trust have made since the inspection. We will continue to share progress with the TDA, CCGs and CQC in our regular meetings.

Looking ahead, we will seek to achieve a rating of 'Good' by September 2016 and ultimately seek to become 'Outstanding'.

A link to the CQC report can be found on the Care Quality Commission page on our website...

## **2. DAVID ROGERS APPOINTED AS NEW TRUST CHAIR & RETIREMENT OF KEN JARROLD CBE**

I was delighted with the appointment of David Rogers as our new Chair of the Trust following a rigorous recruitment process led by the NHS Trust Development Authority, which saw a total of 11 people apply for the position.

David joined us as a non-executive director in 2014. He worked as an accountant for 18 years and has spent the past 25 years working as a non-executive chairman for a number of companies assisting in the development of their strategic policies.

Over the last decade he has been increasingly involved in the public sector, formulating and chairing the Stoke and Staffordshire Strategic Partnership, which was charged with bringing together the full range of public service providers, and the private and voluntary sectors across the sub-region and generating aspirational strategic longer term plans.

David's skills, knowledge and experience, within both the public and private sector, have been invaluable during his time as a non-executive director with the Trust and I very much look forward to continuing to work with him in his new position.

David commences his duties as Chair from 1 April and takes over from Ken Jarrold CBE, who has given over four years of dedicated service and has calmly and skilfully steered us through very rocky waters and significant change, a journey described by Ken as one of healing, renewal and recovery.

The impact Ken has had on the Trust cannot be overestimated and I can speak for everyone in the Trust when I say that he will be greatly missed. I would personally like to thank Ken for his guidance and wisdom and wish him all the very best for the future.

### **3. NHS STAFF SURVEY**

Compared to last year's Staff Survey, Combined has improved in a majority of areas. Of the 32 key findings that make up the Staff Survey, the Trust recorded average or above average performance in 26 (81.25%) of them compared with other mental health trusts nationally.

The improving results follow a series of processes launched by the Trust to improve staff engagement, including Listening into Action, my weekly CEO Blog, and team visits by members of the Executive team for informal Q&A sessions.

The Dear Caroline website has provided an anonymous way for staff to raise any concerns they may have about service quality directly with me. These are acted upon and the actions taken are shared with staff.

While this is a big step forwards, we understand that much more still needs to be done to get to where we want to be and we are already taking action to address a number of areas which the Staff Survey has identified for improvement.

I am also pleased to report Combined is in the top quartile of mental health and learning disability trusts nationally for our overall Staff Survey results. The findings have been published by Optimise, the company behind the national Listening into Action programme, and are based on 20 of the Picker Institute's key findings from the survey. There is a detailed analysis and action plan of the findings in a later agenda item on today's Board meeting.

### **4. TOGETHER WE'RE BETTER PROGRAMME**

The 'Together we're better' programme has recently reviewed its progress to date and has subsequently made revisions to its governance arrangements and work streams. These changes ensure that both the transformation projects better reflect local priorities, and that all levels of the programme have enhanced membership and involvement from key stakeholders.

A new chair John Macdonald, chair of UHNM has been appointed and an interim programme Director Penny Harris Interim Director at Redditch and Bromsgrove CCG. The Health and Care Transformation Board with provider, CCG and Local Authority senior leadership, will steer the programme going forward

The programme team will be responsible for leading the development of Sustainability and Transformation Plans (STPs). These plans will enable all our local organisations to share understanding of where we are now in terms of our priorities for change, as well as helping us develop our collective ambition for 2020 and the concrete transformation steps needed to get us there.

Combined are active in all elements of the together we're better programme, focusing on the work stream projects to ensure care in the future better promotes parity of esteem. We are also playing key roles in progressing the workforce and digital solutions that will enable sustainable local services of the future

## **5. LISTENING INTO ACTION**

We are counting down to the next Listening into Action Pass it On event, which is being held at Port Vale Football Club on Friday 6 May. The event will showcase the changes made to our services by the 14 teams that make up the third wave of our LiA journey.

Each of the teams have held their Big Conversations with staff, partners, service users and carers and are working hard to deliver real change.

Our LiA Sponsor Group continues to meet fortnightly to support progress and provide the support they need ahead of the Pass it On event

## **6. NUTRITION AND HYDRATION WEEK 2016**

Our staff were very active in supporting the national Nutrition and Hydration Week, which took place between the 14th and 20<sup>th</sup> March.

Nutrition and Hydration Week highlights the value of nutritious food and drink as an essential part of health and wellbeing.

In celebration of the week, staff held a series of events involving patients, service users, carers and visitors, including tea parties at Florence House and Ward 7 at Harplands.

Harplands also hosted a hydration quiz, fruit and veg competition and a testing of new meal choices provided by Carillion that will be included on our menus from next month. In addition, Ward 1 staff promoted awareness of the sugar content in various drinks, while Ward 6 made fruit and veg smoothies for their patients and visitors.

Thank you to all our staff for getting involved and for continuing to promote this important aspect of wellbeing.

## **7. DIGITAL BY CHOICE**

A team of Trust practitioners and project staff visited Norfolk & Suffolk NHS Foundation NHS Trust to see how it has deployed the Lorenzo system as its Electronic Patient Record (EPR).

The visit was extremely useful as it underlined how strong our infrastructure is in terms of being ready to implement Lorenzo.

The visiting team also reported that our ambitions for using Lorenzo are greater than any similar provider that has used the system. Not only do we want to use more of the functions Lorenzo has to offer we, unlike other Trusts, are not simply trying to replicate paper records in an electronic system.



Our ambition is to use Lorenzo to manage information that better informs how we deliver services and develop practice in new ways that improves the quality of care and reduces the administration burden on staff wherever possible.

The second stage of our EPR business case has been submitted to the Health & Social Care Information Centre (HSCIC), with the final business case due to be submitted to HSCIC by 5 May with the intention of going live with Lorenzo early in 2017.

We have also started a digital project to support people to access our services through a wider range of methods. Member of the Access Service commenced this journey with a workshop on Monday 21<sup>st</sup> March and we will formally launch the project with our partners from CSC and the Director of Digital Technology from NHS England in May.

#### **8. REGIONAL MENTAL HEALTH MEDICAL DIRECTORS FORUM**

Our Medical Director, Dr Buki Adeyemo, has taken up role of Chair of the West Midlands Mental Health Medical Directors Group. The forum advises and liaises with the West Midlands Division Executive Committee and directs the Committee on issues of medical management and coordinates the awareness of, and local response to, strategic initiatives from the Department of Health and/or the Royal College of Psychiatrists.

#### **9. DIVERSITY AND INCLUSION**

We are seeking to engage with patients, service users, carers and local communities to gather feedback about their experiences of using our services.

This is being done in the form of a new survey, which is being distributed online and through hard copies located at Trust reception areas.

The results of the survey will be used to support our Equality Delivery System assessment, which will be published later in the spring, and to help us to identify priority areas for development in 2016/17.

We will continue to develop our means of consulting with our service users, carers and our local populations throughout the year.

#### **10. CAP ON AGENCY EXPENDITURE FOR STAFF**

NHS Improvement has contacted trusts throughout the country to announce there will be a cap on the amount of money that can be spent during 2016/17 on agency and locum staffing.

The all-staff agency ceilings will replace the nursing agency ceilings from 1 April and will apply to all NHS trusts. We have been informed that the agency expenditure cap for Combined for 2016/17 will be £2.068m.

The ceilings have been calculated to drive a further significant reduction in agency expenditure in 2016/17 beyond what has already been achieved across the country. This means we have to reduce our expenditure from 5.15% to 3% this is in part being supported by the recruitment campaign that is being launched in early April to recruit RMN's to the Trust. We are also tightening processes for agency usage to meet new requirements.

#### **11. JUNIOR DOCTORS INDUSTRIAL ACTION**

I would like to thank staff for their support during the recent 2 day emergency cover only action on the 9<sup>th</sup> and 10<sup>th</sup> March. The BMA has announced further action planned for

- 8am on Wednesday 6 April to 8am on Friday 8 April – emergency cover only
- 8am on Tuesday 26 April to 8am on Thursday 28 April – where there will be no junior doctor cover from 8am – 5pm each day

We will again be taking steps to ensure seamless continuation of service from key emergency, critical and priority clinical and support services and we will be developing contingency plans jointly with staff side.

We will continue to work closely with our Junior Doctors, and their consultants, to ensure the impact within the Trust is as minimal as possible.

#### **12. SAFER STAFFING**

The Board will note the work in relation to safer staffing is on the agenda which outlines the focused work we are doing around recruitment and retention and I welcome this. In addition to the improvements that are planned to maximise and develop our internal Bank, the shortage of registered nurses is a national issue and I welcome the work the teams are doing with our local Universities moving forward.

#### **13. COMPLAINTS**

We have completed a review of our complaints handling and have identified areas for improvement set out in our action plan. These were discussed at Quality Committee and the report highlights the work we are going to do with Healthwatch in improving our response to complaints and the assurances that we have moving forward. We are also enhancing our PALS service and will be delivering education to staff on customer care and complaints handling which will be delivered by Healthwatch.

#### **14. ONE YEAR PLAN**

Overall the plan was well received by the TDA and considered to be one of the better plans summary feedback included:

- The strong credible plan sets out a clear vision and plan for operational delivery in 16/17, which draws on the Trusts own 5 year strategy, local transformation programmes and national priorities including the 5 Year Forward View.

- The Trust's commitment to quality improvement is well reflected in the plan.
- The Trust has a strong record of financial delivery and is planning for a £0.9m surplus. The Trust should consider any opportunities to further improve this position.
- Although the format and style of the plan meets the requirements set out in the guidance the Trust should work to reduce its overall length for future iterations in line with guidance.

## **15. PAN STAFFORDSHIRE PLAN**

The Case for Change paper is on the agenda for today's Board. A meeting is scheduled for 6<sup>th</sup> April for the Directors of Strategy and Development to discuss the Case for Change in further detail.

**Caroline Donovan**

Chief Executive

Thursday 31 March 2016

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

Date of Meeting:	31 March 2016
Title of Report:	Summary of the Quality Committee meeting held on the 15 March 2016
Presented by:	Mr Patrick Sullivan, Chair of Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Associate Director of Medical and Clinical Effectiveness 19 March 2016 <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 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 15 March 2016.</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 as highlighted in the report</li> </ul>

**Key points from the Quality Committee meeting held on 15 March 2016 for the Trust Board meeting on the 31 March 2016**

**1. Introduction**

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

**2. Director of Quality Report**

The committee received the Director of Quality Report under the SPAR qualities priorities with notable items as follows:

**Safe**

- **New Language requirements come into force for European trained nurses and midwives** - From January 2016 nurses wishing to register with the NMC will need to complete an English language competency assessment. Responsibility for ensuring compliance with language checks remain with NHS organisations, though the NMC will work with employers to develop workable procedures to implement the new rules.

**Personalised**

- **Clinicians and sharing patient information – the EU has spoken**  
February 2016 EU data protection reforms provide clarification to health organisations as to who they can share data with. This will help with joining up care and support the Government's aim of creating integrated care pathways for patients. The new law will come into force in 2018 allowing time for organisations to adapt to the changes.
- **Deprivation of Liberty - national developments** - several appeals have been heard as to whether or not conditions of a Conditional Discharge or Community Treatment Order can be seen as a deprivation of liberty. These cases are important as it has the potential to impact upon how the Mental Health Act is used in the future. More information will be shared as these cases develop.

**Accessible**

- **Court of Protection introduces transparency pilot scheme** – the public and media will gain access to the majority of hearings for the first time to effectively reverse the existing default position of private hearings, thereby ensuring more transparency in the hearing of complex and sensitive cases.

**Recovery Focused**

- **Liability for care when the patient already needs care** – a recent case has raised the importance of the need to distinguish between qualitative and quantitative changes in the need for individual care and how this is managed across health and social care settings going forward.

**3. Policy Review**

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

- 7.17 Health Records Management and Standards Policy – for 3 years
- 7.22 Registration Authority Policy – for 12 months

#### **4. Quality Impact Assessment of Cost Improvement Schemes (CIP)**

The committee received the CIP position statement as at 14 March 2016. A final report will be shared with the Quality Committee and Finance Committee in due course. The framework is currently being refreshed which includes strengthening the Project Initiating Document and this will be presented to the Quality Committee in April 16 for formal approval.

#### **5. Nurse Staffing Performance monthly report – February 2016**

The committee received the nursing staff performance on a shift by shift basis for the month of February 2016. During this period the Trust achieved staffing levels of 103.08% for registered staff and 99.00% for care staff on night and day shifts. Where 100% was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Manager supporting clinical duties. It was noted that the nursing team are working hard to deliver safe staffing on the wards which continues to be a challenge as a result of vacancies. A recruitment programme is in place and Matrons are supporting ward managers with recruitment. The six-month safer staffing report is currently being finalised and will be presented to the next meeting of the committee.

#### **6. Serious Incidents report Q3 2015/16**

The report noted that in comparison to the same period in 2014/15 there was a 10% decrease in serious incidents and the trend line over the longer period continues to demonstrate a downward trend. It was noted that reporting of duty of candour requirements will be made more explicit in future reports. There will be a thematic review undertaken to identify any themes and trends for inclusion in the next report to the committee.

#### **7. PALS and Complaints report Q3 2015/16**

The Committee received a report that provided an overview of patient and care experience through compliments, complaints and PALS enquiries received by the Trust. There has been a rise in the number of compliments received during this reporting period and a decrease in the number of complaints and PALS contacts in comparison to the previous quarter. This information also now forms part of the Trust's learning lessons sessions and training continues to be rolled out to staff to ensure best practice in how they listen and respond to the service user and carer experience.

#### **8. Complaint Handling Improvement Programme and Action Plan**

The committee received a detailed report following a review of the trust's complaint processes and procedures. The review considered the existing processes for responding to complaints and considered what enhancements could be made in order to improve the complainant's experience, gain more assurance on the learning and action, and ensure more timely responses. The committee were assured about the programme of work in place, actions completed to date and the positive impact the enhanced complaint resolution process is already having. Progress will continue to be monitored and reported to the Quality Committee. Sandra Storey was acknowledged for the support and advice given to the complaints department.

#### **9. Information Governance Group – Terms of Reference**

The refreshed terms of reference were approved by the committee.

## **10. Quality Committee - Terms of Reference and Cycle of Business**

The committee reviewed and approved the terms of reference and cycle of business that had been updated following the committee effectiveness review and its sub groups reporting arrangements. The cycle of business will be kept under review following the committee moving to bi-monthly meetings and reporting from April 2016.

## **11. Letter to Trust CEO from Quality Surveillance Group – February 2016**

Following the Quality Surveillance Group meeting on 22 February 2016, the TDA have reported that the Trust is rated as amber, with enhanced surveillance as a result of some of the issues identified following CQC visit. There has been an acknowledgement of the action plan that demonstrates improvement made since then.

## **12. Directorate Performance Reports**

Members discussed in detail the risks that were identified and assurances received. Of notes across all directorates were issues relating to recruitment and mitigating plans in place to help address these. Notable highlights for each directorate were:

- **Adult Mental Health Community** - work relating to enhancing the Crisis Pathway is well underway and will be completed mid-April 2016.
- **Adult Mental Health In-patient** – review of other Psychiatric Intensive Care Units (PICUs) to ensure best practice in the development of a local PICU.
- **Children and Young People** – audit of action plans given positive review and external assurance by KPMG.
- **Learning Disabilities** – all teams actively engaging with the principles of the Trust's Digital Strategy and moving over from paper based records to electronic recording.
- **Neuro and Old Age Psychiatry** – busy time with new projects and pilots, an example CPN now working with Leek GP practices for an initial pilot to develop pathways and processes in alignment with population based services.
- **Substance Misuse** – two Staff Nurses working on the Ward and One Recovery West are working alongside the Trust's research team for 2 days per week on specific substance misuse research.

## **13. Risk to Quality of Services - February 2016**

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

## **14. CQC Quality Assurance Update**

The committee received an update on the progress and position following the CQC comprehensive inspection in September 2015.

## **15. Intelligent Monitoring Report – February 2016, Care Quality Commission**

It was noted that the CQC has developed a model for monitoring a range of key indicators about Trust's that provide mental health services. Alongside other information about the Trust, these indicators will be used to raise questions about the quality of care provided and their analysis reported in an Intelligent Monitoring Report. The Committee received the Trust's February Intelligent Monitoring Report. Of the 72 applicable indicators, 71 were found to have no evidence of risk, and the one risk identified has been discussed by the Senior Leadership Team.

It was also noted that the CQC has now published the technical guidance on how they measure the indicators and this is being shared with the Trust's performance team.

#### **16. Nursing Associate Role**

The committee were informed that a consultation run from January to March 2016 by Health Education England seeking views on the proposals for the introduction of a new intermediate care role in England. Provisionally called Nursing Associates, the proposal describes a vision that the role will work alongside both Registered Nurses and Care Staff with a focus on direct care. The Royal College of Nursing is in consultation with its membership before releasing a final position with a view that the role must not become a substitute for the Registered Nurse role.

#### **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**

#### **18. Next meeting: 26 April 2016**

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



**REPORT TO: TRUST BOARD**

Enclosure 6

Date of Meeting:	<b>31 March 2016</b>
Title of Report:	Safer Staffing Six Monthly Review - July - December 2015 Report
Presented by:	Carol Sylvester, Deputy Director of Nursing & Quality
Author of Report: Name: Date: Email:	Carol Sylvester, Deputy Director of Nursing & Quality 10 March 2016 <a href="mailto:Carol.Sylvester@northstaffs.nhs.uk">Carol.Sylvester@northstaffs.nhs.uk</a>
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> <li>• Quality Committee ✓</li> <li>• Finance and Performance Committee</li> <li>• Audit Committee</li> <li>• People and Culture Development Committee</li> <li>• Charitable Funds Committee</li> <li>• Business Development and Investment Committee</li> </ul>
Purpose / Intent of Report:	For Assurance
Executive Summary:	This report sets out the key recommendations from the six monthly review of ward nursing staffing establishment completed in February 2016 in line with NHS England and National Quality Board (NQB) requirements.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• Governance Strategy</li> <li>• Workforce Strategy</li> <li>• Financial Strategy</li> </ul>
Relationship with Annual Objectives:	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care.
Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.

Resource Implications:	Recruitment to vacant posts in progress.
Equality and Diversity Implications:	None
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> <li>1. Focusing on quality and safety</li> <li>2. Consistently meeting standards</li> <li>3. Protecting our core services</li> <li>4. Growing our specialised services</li> <li>5. Innovating in the delivery of care</li> <li>6. Developing academic partnerships and education and training initiatives</li> <li>7. Being an employer of choice</li> <li>8. Hosting a successful CQC inspection</li> <li>9. Becoming digital by choice</li> <li>10. Reviewing and rationalising our estate</li> <li>11. Devolving accountability through local decision making that is clinically led assuring governance arrangements.</li> <li>12. Delivering our financial plan</li> </ol>
Recommendations:	To consider the report and agree recommendations.

#### Version Control Distribution

Version	Names/Groups	Date Issued
1	Paul Draycott, Ann Harrison, Andy Rogers	21.03.16
2	Executive Team and CEO	22.03.16
3	Trust Board	31.03.16

## **1 Introduction**

This report details the findings of the Six Monthly Review of Ward Nursing Staffing Establishment, covering July - December 2015, in line with NHS England and the National Quality Board (NQB) requirements.

### **1.1 Background to the Ward Nurse Staffing Establishment Review**

In June 2014, the first ward nurse staffing establishment review was undertaken by the then Deputy Director of Nursing. A summary report with recommendations was presented to the Board in 2014. Further reviews and summary reports have been undertaken in January and July 2015 and presented to the Board accordingly.

In order to comply with NHS England and NQB requirements, monthly safer staffing reports are reviewed by the Board and the Trust performance team and are then published on the Trust and NHS Choices websites.

An in-depth review of ward staffing levels was undertaken in November 2015 to January 2016 led by the Executive Director of Nursing & Quality and Deputy Director of Nursing. This report summarises the findings and recommendations of this review. The areas covered within the review include both qualitative and quantitative data and the review methodology follows the Telford Model which is a recognised consultative approach based on professional judgement. To ensure the robustness of this approach and to prevent bias quantitative data from a number of sources was used to aid triangulation. The data examined for each ward included:

- Current ward nursing and MDT establishment
- Rosters
- Skill mix ratios
- Temporary staffing arrangements
- Sickness
- Vacancies
- Incidents

The review team met with Ward Managers, Modern Matron and members of the multi-disciplinary team. The review included a discussion on a range of factors impacting on nursing and the ability to deliver high quality care. Based on the review meetings and the quantitative data gathered, the review team challenged the ward representatives on areas of practice, staffing and leadership to inform the reviews, conclusions and recommendations.

### **1.2 National Context to Safer Staffing Levels**

The NQB state that papers to the Board relating to ward nurse staffing establishments should cover the following points:

- Difference between current establishment and recommendations following the use of evidence based tools;
- What allowances have been made in establishment for planned and unplanned leave (headroom);
- Demonstrate the use of evidence based tools where appropriate;
- Details of any element of supervisory allowances that is included in the establishment for the lead Ward Manager;
- Evidence of triangulation between the use of tools and professional judgement and scrutiny;

- The skill mix ratio before the review and the recommendations made after the review;
- Details of any plans to finance any additional staffing required;
- The differences between the current staff in post and current establishment and details how the gap has been covered and resourced;
- Details of workforce metrics, for example data on vacancies, sickness, absence, turnover and use of temporary staffing;
- Information against key quality and outcome measures for example data on safety thermometer, serious incidents, complaints and patient satisfaction;

Furthermore the review papers should make clear recommendations to the Board which should be considered and discussed at the public Board meeting monthly and reviewed 6 monthly. This data will be part of the CQC Intelligence Monitoring of NHS Providers.

The NQB requirements arose from the considerable discussion that has taken place regarding the impact nursing staffing levels have on the quality of patient care. Francis (2013), Berwick (2013) and Keogh (2013) highlight the negative impact on patient outcomes where staffing levels are not sufficient. Recent high profile cases include Mid-Staffordshire NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust. Furthermore in 2005 Lankshear published a systematic review of international research that looked at the relationship between nurse staffing and patient outcomes and found that *'higher nurse staffing and richer skill mix (especially of registered nurses) are associated with improved patient outcomes'*. Additionally Kane's (2007) systematic review found that the studies examined evidenced that *'the studies show an association between increased RN staffing and lower rate of ..... adverse patient events'*.

It is recognised that staff shortages have an impact on patients and staff and compromise care directly and indirectly. Recurrent shortages of staff impact on the well-being of staff leading to higher sickness and greater dependency on Bank reducing continuity of care and impacting on substantive workload. Rafferty (2007) found that poorer nurse staffing levels resulted in higher burn-out rates and job dissatisfaction amongst nurses. This has an impact on the quality of care delivered to patients and ability to provide care within the current resources.

Patients have a right to be cared for by the appropriately qualified and experienced staff in a safe environment. The National Quality Board (2013) published guidance sets out the expectations for all Trust Boards to "take full responsibility for the quality of care provided to patients and as a key to quality take a full and collaborative responsibility for nursing and care staffing, care and capabilities".

These responsibilities include:

- monitoring staffing capacity and capability via regular and frequent reports on the actual staff on duty shift by shift basis versus planned staffing levels.
- examining trends and review in the context of key quality and outcome measures.
- giving the Director of Nursing & Quality the authority to oversee nurse staffing levels.
- ensuring that the organisation is open and honest if they identify potential unsafe staffing levels and take steps to maintain patient safety.
- enabling staff working within structured teams are able to practice effectively through the supporting infrastructure of the organisation such as the use of IT, deployment of ward clerks, housekeepers and supportive line management.

- ensuring staffing establishments take into account the need for nurses and care staff time to undertake continuous professional development and fulfil mentorship and supervisory roles.

Additionally Commissioners will actively seek assurances from Boards with regards to the staffing establishment and the competency and skills of the workforce.

It is recognised that the right number and skill mix of staff alone will not, in itself, ensure high quality patient care is delivered. This also depends on a range of factors such as leadership; management; culture of a team and on the ward; level of educational training to staff. Therefore these issues have also been explored as part of the review and the findings will need to be considered and addressed to ensure that additional resources deployed are managed and implemented effectively. The Ward Managers Task & Finish Group will oversee this work led by the Deputy Director of Nursing.

It has been found that the more positive the experience of staff within a Trust the better the outcomes for patients in the organisation. Staff engagement has many significant associations with patient satisfaction, mortality and infection rates. The proportion of staff working in well-structured teams receiving well-structured appraisals and experience supportive leadership from Line Managers are all linked to patient mortality (NQB 2013).

It is also acknowledged that being listened to, respected and treated with the compassion and dignity they deserve has a huge impact on the patients experience of care and contributes to higher quality of care, therefore it is vital that leaders and Managers at every level create supportive caring cultures in teams and within our organisation as a whole.

The accepted definition of quality in the NHS comprises of three components:

- safe care;
- clinically effective care and;
- care that provides a positive experience for patients

It is this definition that underpins this review and this report.

### **1.3 Combined Healthcare Current Staffing Arrangements**

Ward staffing currently consists of substantive staff hours supplemented by overtime, Bank staff and Agency that are used to backfill shortfalls in substantive staff availability due to sickness, vacancies and secondments. In addition overtime, Bank and Agency staff are required to meet the additional needs of complex patients and support peak in workflows.

Staffing establishments need to be set to meet the needs of patients and staff. That is, nurses must have the capacity to increase time spent with service users to provide direct care, they must have the capacity to fulfil indirect care requirements, care planning, record keeping and they must be able to undertake supervision and education and take breaks.

From 1 November 2015 the Trust commenced an enhanced monthly report and monitoring of quantitative and qualitative data for ward staffing.

A weekly summary of planned versus actual staffing is further enhanced by the Ward Manager narrative outlining the potential impact on safety, quality and mitigating actions taken (Appendix A) is captured by all wards. These summaries are reviewed by the Modern Matrons and signed off prior to review by the Deputy Director of Nursing and submission to Unify.

This protocol supports Ward Managers and provides assurance that that data is captured in a standardised way.

#### **1.4 Skill Mix and Registered Nurse to Patient Ratio**

The Royal College of Nursing (RCN, 2010) suggests a registered to non-registered nursing ratio of 60:40, additionally the Safer Staffing Alliance (2013), believes RN-to-patient levels should never fall below 1:8 during the day. However in areas of higher acuity, where there is a higher number of staff per patient, then it may be appropriate for the RN-to-patient ratio to be lower. For example if a Unit with 16 beds requires 8 staff on days it may be that the ward needs 4 RN's and 4 HCSW's per day shift. This would give a registered to non-registered ratio of 50:50, the RN-to-patient ratio would be 1:4 and the overall staff to patient ratio would be 1:2 – therefore if professional judgement indicates that this is the most appropriate skill mix then the 50:50 ratio would be acceptable in these circumstances.

The uplifted establishment previously agreed 50:50 split in 2015. This would ensure that wards have the minimum daytime RN to bed ratio of 1:8 would be met at all times. Although not all wards would achieve the 60:40 RN to HCSW ratio the overall staffing levels on those wards would be sufficient.

The next six monthly review will look at the ratio of Registered Nurse to care staff on nights.

## **2. Safe Staffing Levels - National Quality Board Reporting**

### **2.1 Overview of the Trust Response**

In response to the national requirements (NQB), the Trust has an established system for capturing and reporting nursing staffing levels on a monthly basis and this data is submitted to UNIFY on the required format.

To date, no national thresholds have been set in relation to mental health and learning disabilities ward staffing level compliance. Work is taking place within the Midlands on developing staffing tools for safer staffing is attended by the Deputy Director of Nursing. However the Director of Nursing from MerseyCare is leading a national project commissioned by the TDA relating to nurse staffing levels within Mental Health and Learning Disability services and will report the findings to the TDA and the National Directors of Nursing in September 2016.

Currently Trusts are expected to show month on month improvements in relation to planned and actual staffing levels.

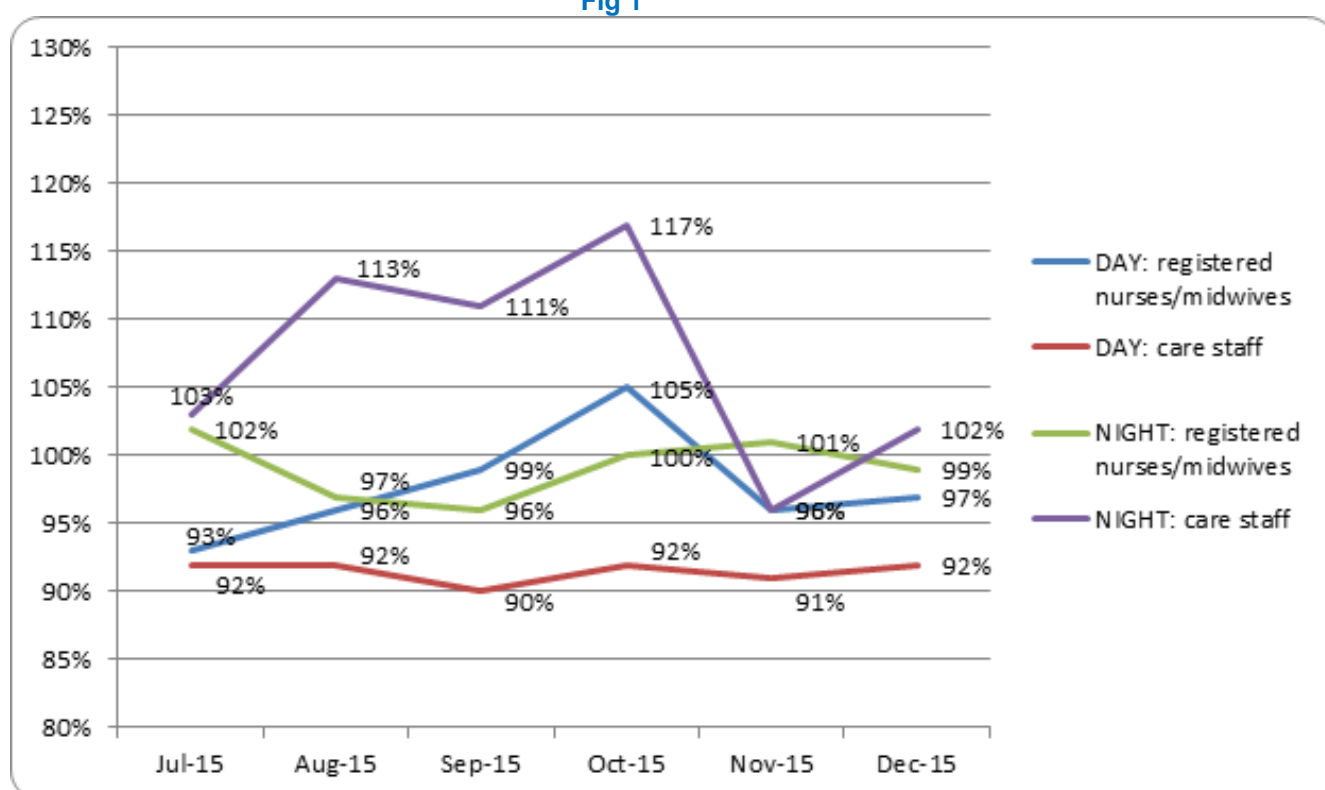
In order to maintain safe staffing levels, Ward Managers plan for adequate staffing levels based on patient acuity on a shift by shift basis supported by Modern Matrons. If, however, the required levels are not achieved, staff will follow an escalation procedure to source additional staffing set out in (Appendix B). This was introduced in November 2015.

Should Ward Managers be unsuccessful in filling the required staffing, the Ward Manager/Shift Lead will review and evaluate work of the nursing team and put in place plans to mitigate harm to patients. Considerations will include reviewing the daily workload, prioritising patient interventions and review of non-direct care.

The Trust's performance from July 2015 to December 2015 with respect to national reporting of safe staffing levels is included in Table I below:

The figures demonstrate that the Trust has achieved an overall Registered Nurse (RN) and Care staffing levels of above 90% across days and nights over the review period. It should be noted that these are the Trust averages and that ward by ward averages will vary. Where individual ward fill rates have fallen below 90%, the main reasons have been identified as vacant posts, unexpected rises in acuity increase in level 3 and 4 observations and short term sickness.

Fig 1



## **2 Themes arising from Monthly Staffing Reports to Board of Directors**

Monthly staffing reports to the Board of Directors highlight a number of recurring themes relating to the challenges faced by ward teams to ensure that safe staffing levels are maintained. The following headings constitute a summary of the recurrent themes:

### **2.1 Increased Acuity**

The six month review has confirmed that bed occupancy does not, in isolation, provide an indication of patient activity or acuity and subsequent the staffing required. Whilst bed occupancy has been below the target 85% in some wards, patient dependency and complexity has been significantly high. High acuity was noted across the range of in-patient services, in particular wards 1, 5, 6 and Darwin. This is discussed with further detail in section 5.1.

### **2.2 Place of Safety**

Whilst there has been a decrease in the number of referrals to Section 136 detention since the implementation of the Street Triage initiative, referral to the suite requires the allocation of a Nurse to undertake 1:1 observations whilst assessment is facilitated and completed. The Place of Safety does not have an allocated establishment (drawing from Ward 1) and thus is reliant on the rostering of temporary staff for unplanned activity. This is appropriate and supports a suitably experienced Registered Nurse to complete the patient assessment.

### **2.3 Overfill of Planned night RN hours**

With the exception of Wards 1, 2 and 3, rostering of night staff historically has been based on funding of 1 Registered Nurse per ward in line with budgeted establishment. Any rostering of registered staff in excess of 1 RN will thus result in an overfill reflected within the monthly safer staffing returns. Additional RN cover on nights is required on some wards to provide continuity of care, support, on-going care planning, medicines management, patient admission and ensuring facilitation of adequate staff breaks. Therefore, revised establishments for some wards, where required to include the use of twilight shifts is needed.

### **2.4 Nursing Staff Working Unplanned Hours**

Improved processes to monitor and report qualitative information commenced in November 2015 and we are therefore capturing and reporting information to analyse patterns of working, increased hours, triangulating data with sickness monitoring, incident form submission, PDR and training compliance rates. This data is now included in monthly safer staffing reporting. This has indicated that Nurses are working unplanned hours including unpaid meal breaks, this time is given back in lieu and taken at a date agreed by the Ward Manager and the member of staff. This protocol is outlined in Appendix A.

### **2.5 Ward Managers and MDT Supporting Safe Staffing Levels**

Ward Managers have recorded the increased frequency in which they are required to deliver direct patient care impacting upon their supervisory status and leadership/management responsibilities. The main reason being attributed to unfilled vacant posts.



## 2.6 Impact on Patient Activities

Improved monitoring to capture quantitative data relating to cancelled, shortened or rearranged activities, in addition to patient feedback, commenced in November 2015. From the data recorded in November and December, cancellation of patient activity is rare, predominantly due to the recruitment of Activity Workers in almost all in-patient areas and in particular for acute wards an extra post to cover leave is in place. This is being considered also in NOAP. This is an area of potential 7 day development discussed by a number of Ward Managers as part of the review.

## 2.7 Impact on Training and Development

Improved data capture will allow for better analysis for the next six month review. Data captured from November and December illustrates that few training days have been cancelled or rescheduled with every effort made to backfill where required. It is anticipated that with successful recruitment to vacant posts this will improve.

## 2.8 Diluted Skill Mix

Monthly Board reports have identified the use of care staff to backfill Registered Nurses due to unavailability of Registered Nursing of both substantive and temporary staff. There have also been a number of occasions of Registered Nurse backfilling for care staff. This has predominantly occurred due to challenges in Registered Nurse recruitment but additionally where short-term sickness has occurred.

## 2.9 Staffing Incident Reporting

Where concerns relate to the achievement of safe staffing levels, actual against planned, incident forms have been completed detailing the reasons for the shortfall, actual or potential impact on harm and mitigating actions taken to address the concerns. A total of 39 incident forms were completed during the period July-December 2015. Incident forms predominantly relate to shortfall on shifts where sickness has occurred at short notice. A small number of incident forms detail difficulties in planning rosters due to vacant posts. **All incidents reported resulted in no harm to patients.**

Table 2 below illustrates a monthly breakdown of submitted incident forms by ward.

Ward	July	August	September	October	November	December	Total
1		1			3	2	6
2	2	3					5
3	1	3			1		5
6		1	1	1	1	1	5
7						1	1
A&T		1		1	5		7
Telford						1	1
EMC	2	1	2			1	6
Darwin			1			1	2
S`View	1						1
Total	6	10	4	2	10	7	39

Each incident is reviewed by the Modern Matron and reported to the Head of Directorate. In addition the Head of Patient Safety and Deputy Director of Nursing also review the incident prior to the submission of the monthly safer staffing reports to the Board.

## 2.10 Use of Temporary Staffing

Bank staff are utilised to provide cover for vacancy, increase in activity and acuity to ensure safe levels of staffing are achieved. They are an essential and valued part of the staffing team. Ward Managers continue to block book bank staff to backfill vacancies to ensure continuity of care. Recruitment to the Bank is also underway as well as discussions regarding strengthening the co-ordination of this service internally. The aim of this work is to build our Bank staff to support increased activity and reduce our use and reliance on Agency moving forward.

Where Bank staff are unavailable, Agency staff have been utilised via the agreed agency framework. Additionally, the Trust has secured fixed term contracts for a number of agency staff to back-fill vacant posts. The use of agency is monitored via the HR Team and the Director of Leadership & Workforce reports the Trust's performance monthly to the TDA.

Table 3 below illustrates a breakdown of budgeted establishment versus temporary staffing by ward for the period July to December 2015 inclusive. The average budgeted WTE per month and the actual WTE used including Bank is illustrated. The data identifies that Ward 5 and Summers View have utilised the highest number of temporary staff based on the clinical need. The review recommends an uplift in both establishments, Ward 5 to meet clinical need and acuity and Summers View to reflect a 24% uplift in headroom.

**Table 3**

Ward	Budget WTE	Actual WTE including Bank	Variance
1	31.85	31.21	0.64
2	28.22	26.71	1.51
3	27.44	(28.51)	1.07
4	21.22	(21.26)	0.04
5	24.10	(28.51)	4.41
6	28.26	(30.85)	2.59
7	22.59	(23.68)	1.09
A&T	19.40	(24.36)	4.96
Telford	18.06	(19.93)	1.87
EMC	20.07	19.07	1.00
Darwin	26.13	25.39	0.74
Florence H	16.98	16.27	0.71
Summers View	17.40	(21.51)	4.11
Dragon Square	16.27	16.19	0.08

Assessment & Treatment and Telford LD Services have required additional resources funded by the Commissioners to support service users with complex needs.

Table 4 below provides a summary of monthly sickness by ward and month with a summary average for the period July to December 2015. The table illustrates sickness rates by RAG rating against the target of 4.95%.

Temporary staffing has been utilised to provide backfill for sickness where planned staffing levels have been insufficient to meet patient need.

**Table 4**

Sickness Data July - December 2015 (Target 4.95%)							
							Average
Ward	July	August	September	October	November	December	
1	10.68%	10.68%	14.19%	6.41%	6.41%	1.07%	8.24%
2	11.89%	11.89%	7.41%	11.65%	16.96%	10.19%	11.6%
3	14.44%	14.44%	13.24%	8.82%	3.92%	0.23%	9.1%
4	1.62%	1.62%	1.89%	0.00%	2.12%	1.70%	1.49%
5	6.42%	6.42%	10.84%	12.66%	6.42%	6.59%	8.2%
6	8.47%	8.47%	12.51%	6.90%	9.39%	11.35%	9.5%
7	4.83%	4.83%	3.56%	3.38%	1.65%	1.42%	3.2%
Florence	2.60%	2.60%	1.67%	4.31%	7.14%	12.13%	5.07%
S`View	16.58%	16.58%	12.57%	10.77%	9.88%	8.84%	10.90%
Darwin	1.18%	1.18%	2.68%	2.54%	3.20%	1.89%	2.10%
D`Square	4.52%	4.52%	6.15%	3.22%	3.36%	7.65%	4.90%
A&T	7.88%	7.88%	0.86%	1.27%	2.56%	9.83%	4.4%
Telford	8.58%	8.58%	4.49%	1.26%	3.21%	0.79%	4.3%
EMC	2.13%	2.13%	0.16%	4.00%	0.60%	3.10%	2.02%

As the sickness figures are for teams they do fluctuate markedly with 1 or 2 staff being absent. The figures above are for July to December 2015 and there has been a number of improvements since these figures were produced across many of the areas. Long term sickness absence which is being effectively managed on A&T, Summers View and Florence House have been a significant factor in these teams. Overall the picture for Adult In-patient wards is of currently sickness reducing month on month.

Table 5 below illustrates a breakdown of temporary staffing costs by ward, by month for Registered and non-Registered staffing costs. Summary costs are inclusive of Bank and Agency.

Ward 4 has the biggest planned spend on temporary and agency costs whereby Agency is block booked to support the specific needs of patients. This includes both adult and Mental Health Registered Nurses.

It is essential to reduce any Agency use and this will be achieved by the recruitment to vacant posts and the development of our internal Bank. In the meantime, it is an essential part of our staffing arrangements. In November 2015 a main vendor Medacs was appointed to co-ordinate our Agency requirements.

**Table 5**

Ward	July	August	September	October	November	December	Total Spend by Ward
<b>1</b>	15,489	16,118	41,315	46,300	32,213	15,611	<b>167,046</b>
<b>2</b>	16,843	15,653	17,571	50,029	35,177	16,610	<b>151,883</b>
<b>3</b>	22,401	28,514	28,311	28,202	24,199	22,435	<b>154,062</b>
<b>4</b>	49,750	62,720	128,687	54,731	43,150	62,579	<b>401,627</b>
<b>5</b>	13,640	15,173	12,948	15,465	9,596	11,621	<b>78,443</b>
<b>6</b>	13,343	13,158	13,023	21,125	24,706	31,211	<b>116,156</b>
<b>7</b>	4,410	4,588	5,550	7,079	6,330	6,297	<b>34,254</b>
<b>A&amp;T</b>	7,802	9,072	7,126	10,294	9,433	13,177	<b>56,904</b>
<b>Telford</b>	4,912	4,899	6,215	10,852	12,353	23,938	<b>63,169</b>
<b>EMC</b>	6,591	2,192	6,220	5,185	4,723	2,368	<b>27,279</b>
<b>Darwin</b>	7,131	3,379	6,452	2,600	5,262	6,573	<b>30,921</b>
<b>Florence</b>	2,129	8,864	9,839	2,358	11,909	728	<b>35,827</b>
<b>S`View</b>	19,995	21,961	20,210	27,510	15,213	16,456	<b>121,345</b>
<b>Dragon</b>	1,329	2,168	2,114	1,173	261	839	<b>7,884</b>
<b>Total Spend by Month</b>	<b>185,765</b>	<b>208,459</b>	<b>305,581</b>	<b>282,903</b>	<b>234,525</b>	<b>230,443</b>	<b>Overall Spend - 1,447,676</b>

### 3 Vacancies and Progress of Nurse Recruitment

The biggest challenge to safer staffing levels has been the level of vacancies. The table below illustrates the current position summarising Registered Nurse and Care Staff vacancies inclusive of all in-patient areas.

**Table 6**

Ward	RN Vacancies	HCSW Vacancies	Recruitment Position
1	4.93	0.67	<p><b>Registered Nurse</b> A total of 13.6 registered nurses have been recruited and appointments due to commence employment between March and June 2016.</p> <p>A trust wide rolling programme of recruitment is ongoing to remaining vacant RN posts.</p> <p><b>Health Care Support Worker</b> A total of 12.6 HCSW posts have been recruited to and appointments due to commence employment between March and July 2016. Additional HCSW vacancies will be filled as part of the management of change programme due to complete March 2016 in LD in-patient services</p>
2	3.46	4.67	
3	5.45	4.30	
4	0.33	10.27	
5	1.95	(1.63)	
6	3.50	0.12	
7	0.40	(0.03)	
A&T	2.57	(6.43)	
Telford	1.30	0.97	
Edward Myers	1.00	(0.08)	
Darwin	1.55	2.61	
Florence House	3.80	0.00	
Summers View	1.20	1.00	
Dragon Square	0.00	0.85	
<b>TOTAL</b>	<b>31.44</b>	<b>17.3</b>	

The Trust has developed a number of initiatives with the aim of attracting, recruiting and retaining Registered Nurses. As previously reported to Board we have now provided conditional offers of employment to second year student nurses.

We are working with CMS Advertising to deliver a broader recruitment campaign utilising targeted print, social and transmitted media. This will include the RCN Mental Healthfocus in early April, the Guardian Mental Health week in May, broader radio advertising, text messaging to access information and use of Twitter, Facebook and Linked In.

We are planning to pilot five Return to Practice posts within the Trust to provide Nurses with the opportunity to be paid as a HCSW and undertaking a course to re-register as a Nurse. Additionally we are also working with HEE and UHNM to support Healthcare Support Workers access Registered Nurse training via the Open University.

Additionally, we are in the planning phase of an assertive and highly visible presence at the Keele University Recruitment Fayre in April and will continue to strengthen the relationship with Keele to address the challenges of Registered Nurse posts and to ensure the training and education experience to help prepare students for the future. We need to do this with Staffordshire University.

To supplement the above we are finalising recruitment and retention incentives that we can offer staff to differentiate us from other organisations. The offer will include financial support, introduce a friend scheme, enhanced preceptorship and robust continuing professional development. We are also focusing on some of the other benefits of working at the Trust in terms of having access to paid time off for local charity work, free access to the gym and our improving approach to staff engagement. We will also be selling Stoke-on-Trent and North Staffordshire as a great place to live and work and are getting support from the local Tourist Information team to help us.

We continue to review recruitment processes to ensure they are effective and streamlined including reduced length of time from known vacancy to advertisement recruitment and have identified steps within the process that can be improved for efficiency. This will be further enhanced by the introduction of our “in-house” recruitment team from the 1 April 2016 which will allow us to be more focused and responsive.

Finally, we will also continue a rolling programme of recruitment responsive to our current turnover rate of 1.5 RN and 0.8 HCSW posts per month. This will ensure an on-going process of replacement to meet service requirements.

#### **4. Six Monthly Ward Nurse Staffing review Findings**

##### **Findings from interviews with Ward Manager, Modern Matron & MDTs**

The review meetings held with the Ward teams consistently reflect the commitment of staff to delivering safe, high quality care. Ward Managers were realistic in respect of the current economic climate and the management of resources. Acknowledgement that recruitment challenges were evident at national as well as local level was apparent, however, there was positive feedback that Adult Acute In-patient establishments had been reviewed based on the consistently high occupancy and acuity levels.

The review examined a typical working week to identify peaks in patient activity and additional duties such as ward reviews, community team meetings and ECT. Thus identifying areas within the day where additional nursing staff were required. Good practice was identified in the development of the MDT with input from Psychology and Occupational Therapy. In addition support roles such as Housekeepers and Ward Clerks were noted to enhance the patient experience and outcomes were noted.

Moreover, with headroom 24% built in to revised ward establishments in 2015, Ward Managers are able to effectively plan a roster work within budget and this is expected to further improve roster effectiveness with the recruitment to vacant posts. This is described in detail in Section 5.1 below.

The review meetings held with Ward Managers and Modern Matrons highlighted a number of themes summarised below:

##### **4.1 Increase in Acuity and Dependency**

The review team noted that the acuity levels within clinical areas have increased due to a number of issues, these are detailed below.

Wards 1, 2 and 3 received an uplift in funded establishment in 2015 in respect of over occupancy and acuity. Funded establishments for these wards are appropriate to service need and function.

Ward 4 has completed the business model, for a Shared Care ward with an agreed budgeted establishment and the Trust is in discussion with Commissioners about the long-term continuation of this ward.

#### **4.2 Lack of a Psychiatric Intensive Care Unit (PICU)**

Patients assessed as requiring a PICU setting, either following admission to Ward 1 or following assessment in the community rely on sourcing an out of area PICU bed. When this is not available patients remain on Ward 1. Supporting patients with this level of risk and acuity has resulted in the requirement to support a small number of patients on a 3:1 basis. This requires additional temporary staffing and the appropriate discussion with Commissioners for additional funding to support individual patients needs. The development of the newly commissioned PICU will support patients needs locally.

#### **4.3 Lack of a Dedicated Seclusion Facility**

Supporting patients with complex needs requiring a level of segregation for safety of self and others in line with the Mental Health Act has required “two staff” utilising bedroom areas as a facility in the absence of dedicated seclusion. This dedicated facility will be operational by the end of March on Ward 1. However, seclusion will not be used on other wards with the exception of the refurbished Learning Disability ward and the soon to be developed PICU. This is in line with the Mental Health Act Code of Practice.

#### **4.4 Increase in Admission of Young People with Eating Disorders**

Young People Tier 4 services report an increase in young people with an eating disorder some of whom require facilitated naso-gastric feeding requiring a MAPA intervention team of 3 staff three times daily. Thus the ward required additional staffing to ensure best practice and person centred care is delivered on these occasions.

#### **4.5 Older People`s Wards Increase in Complex Physical Health Care Needs**

The review team noted that there were significant complexities in relation to older people who had additional physical health needs requiring significant nursing support to address activities of daily living and to support people with challenging behaviour, particularly Ward 5 requires an uplift in establishment based on acuity.

#### **4.6 Place of Safety**

The review noted challenges in the provision of staffing arrangements for a place of safety provision. A person detained under Section 136 requires a minimum of level 3 or level 4 observations dependent on the needs and risks presented. A total of 156 detentions were made during the review period, an increase of 57 from the same period 2014. Following review and uplift of Adult In-patient establishment in 2015, a rota system for the place of safety cover will further be enhanced upon recruitment to vacant posts.

#### **4.7 ECT**

ECT clinics are carried out twice weekly. Individuals attending ECT are predominantly adult and older person in-patient. Patient referrals are variable week on week. The review team noted that the suite is staffed by a substantive part time nurse, however, backfill for annual leave and study leave from adult in-patient wards is required as this has an impact on routine ward staffing. Additionally, each patient attending treatment is required to have an Escort Nurse to observe and escort patients post recovery. Additional rostering of staff across the Adult Acute wards and Ward 7 is required weekly to support this function.

#### **4.8 Duty Senior Nurse Role**

This role is undertaken by a lead Band 7 practitioner over 5 shifts per week with additional Duty Senior Nurse (DSN) cover provided by Ward Managers and Deputy Ward Managers during weekdays. Deputy Ward Managers provide cover for night and weekend shifts.

The DSN undertakes a Site Co-ordinator function with an overview of site wide staffing. A review of time out for Ward and Deputy Ward Managers to cover the DSN role concluded in the funding of a 2 Band 6 DSN posts in September 2015. One post has been successfully appointed in March 2016 with re-advertisement of the second post underway. The appointments to this role will facilitate a reduction in RN time out from wards and will strengthen the leadership role and cover for times of additional activity.

#### **4.9 Cross Cover**

The Trust has a Staffing Escalation Policy in place to support effective allocation of resources to deliver safe care. The DSN undertakes a function of site co-ordination including cross cover arrangements where needed. The review team noted the impact of cross cover arrangements. On two occasions, staff from the Edward Myers Centre were moved to acute and older person's wards, having a direct impact on the staffing of the Intoxication Observation Unit (IOU). Cross covering wards does not support team working, continuity of care and impact on staffing morale when used to excess. Improved monitoring of cross cover activity has been captured commencing in November 2015. Moving forward, this will provide a baseline to assess cross cover activity and to identify specific trends and monitor its reduction.

#### **4.10 Role of The Nurse Practitioner**

This review established that Nurse Practitioners in Wards 1, 2 and 3 are undertaking the responsibilities of Associate Doctor and therefore would not be providing a Registered Nurse specific role. They do, where required, support the Ward Manager. This role is valued by the team and significantly supports ward medical staff. Therefore, the Nurse Practitioner role will not be factored into the registered nurse monthly safer staffing reporting from 1 April 2016.

### **5. Recommended Staffing Levels**

#### **5.1 Headroom**

When setting ward establishments it is essential to include headroom (NQB, 2013). Headroom is the collective term for planned and unplanned staff absence from the allocated roster of staff, for example, annual leave, study leave and short term sickness. The Trust has an agreed level of headroom set at 24%.



This review recommends the inclusion of 24% headroom within all in-patient establishments. The review highlighted barriers to effective rostering where headroom is not built in to the establishment and the budget, with reliance on temporary staffing to backfill leave, study and short term sickness. Ward Managers highlighted high usage of temporary staffing to backfill vacant posts and absences.

Wards 1, 2, 3, 4, Darwin A&T and Telford have the agreed 24% headroom built in to the current establishment following the establishment review. For Wards 4 and A&T Telford the headroom has been built in as part of the service development.

The review identified that Wards 6, 7, EMC, Summers View and Dragon Square do not have 24% headroom built in to the budgeted establishment. This has a direct impact on the ability to undertake effective rostering, allowing an appropriate level of leave and training without the use of temporary staffing to backfill even where wards have no or minimal vacancy. This results in the ward budget being overspent.

A summary of the required establishments based on agreed shift pattern with 24% headroom calculated, can be seen in Appendix B.

## **5.2 Recommendations following 6 Monthly Staffing Review**

The Telford Model approach to this 6 month review concurred with the review recommendations made by the previous Deputy Director of Nursing in 2014 using an adaptation of the Keith Hurst Tool. In addition this review recommends the following:-

Uplift in staffing to increase the staffing establishment on Ward 5 is clinically justified. The review noted that the patient level of acuity, complexity, and physical health need has required additional use of temporary staffing consistently above the establishment and this is supported by the Modern Matron and Head of Directorate. Additionally, although not included in the shift pattern, the Ward Manager undertakes a Best Interest Assessor (BIA) role requiring additional time out from the ward.

- Ward 6 received an uplift in establishment in 2015 but requires a small increase to deliver 24% headroom.
- Florence House and Darwin Centre have a small over funding on establishment currently used to support a secondment post and will be reviewed again in six months.
- Assessment and Treatment and Telford are currently undergoing a Management of Change process in respect of service redesign and reduction in in-patient beds with enhanced community services. Staffing will be reviewed once the service model has been finalised.
- Wards 6, 7, Summers View and Dragon Square do not have a 24% funded headroom element built in to the establishment. Effective rostering to the agreed staffing level and shift pattern will require additional of 24% headroom to allow for annual leave, study leave, short term sickness (Units currently show underspent in respect of this).

- The review of Dragon Square concluded that additional Support Services Assistant (domestic) staff is required to address the current arrangement of care staff predominantly responsible for cleaning the unit apart from school holiday period and this will be considered by the staff team by review of skill mix.
- A revised skill mix review will be undertaken in the next six months to identify where additional Registered Nurses are required on nights, this will include the use of twilight shifts. This will enhance the contribution to the delivery of high quality care, ensure that staff are available for clinical activities and cover for breaks.
- As a matter of urgency recruitment to the Band 7 Lead Duty Senior Nurse role and Band 6 Duty Senior Nurse role is required to further reduce the time out for Ward Manager and Deputy Ward Managers to cover this role, thus providing increased visibility and leadership at ward level should be implemented as soon as possible.
- Due to the nature of Dragon Square Short Break/Respite Unit, there is no requirement to include the Unit in monthly reporting in accordance with national guidance, however we will continue to include it in six month reviews.

Appendix B provides a summary table detailing recommended uplift in staffing.

Table 7 below provides a summary of the recommended uplift for the 24% headroom and the uplift for establishment for Ward 5.

**Recommended adjustments from this review are summarised below:**

**Table 7**

Recommended WTE adjustments							
Ward	Current funded establishment	Current Shift Pattern	Revised shift pattern	Revised funded establishment to include 24% headroom)	Uplift req'd	Band 5	Band 2/3
Ward 1	30.96	6.5/6/4	N/A	30.96	N/A	N/A	N/A
Ward 2	30.09	6/6/4	N/A	30.96	N/A	N/A	N/A
Ward 3	30.09	6/6/4	N/A	30.96	N/A	N/A	N/A
Ward 4	34.10	6/7/5	N/A	34.10	N/A	N/A	N/A
Ward 5	23.80	5/5/3	6/6/4	30.09	6.29	3.00	3.29
Ward 6	28.80	6/6/4	6/6/4	30.09	1.29	1.29	0.0
Ward 7	22.70	5/5/3	5/5/3	26.62	3.92	3.92	0.0
EMC	19.90	4/4/3	4/4/3	20.80	0.90	0.0	0.9
A&T	16.20	MoC	6/6/4	30.09 (3.91)	N/A	N/A	N/A
Telford	17.80	MoC	As A&T	As A&T	N/A	N/A	N/A
Darwin	28.30	6/6/3	6/6/3	27.78 (0.52)	N/A	N/A	N/A
Florence	16.06	3/3/2	3/3/2	15.05 (1.55)	N/A	N/A	N/A
S`View	17.20	4/4/3	4/4/3	20.80	3.60	1.60	2.0
D`Square	16.20	4/4/2	4/4/2	18.52	2.25	1.00	1.25
<b>TOTAL</b>					<b>18.25</b>	<b>10.81</b>	<b>7.44</b>

## **6. Summary and Recommendations**

This report sets out the key recommendations from the 6 monthly ward staffing review completed in February 2016. The report also contains a review of the Trust's compliance and performance in relation to the NQB standards on safer staffing levels within NSCHT. The leadership and clinical practice recommendations will be taken forward by the Ward Managers Task & Finish Group led by the Deputy Director of Nursing.

The Board is asked to consider the contents of the report and;

1. To consider the staffing establishment review recommendations, set out in section 5.2 (Table 7) in relation to the staffing levels and skill mix on the wards.
2. To note the Trust compliance in meeting the NQB requirements for safer staffing reporting.
3. To note the work required prior to the next 6 months which is to review the establishments in relation to Headroom and Registered Nurse cover on nights.
4. To note the plans for recruitment and retention of in-patient staff.
5. The Deputy Director of Nursing to work with the Finance Team to identify the resources required to meet the recommendations of this review.

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Rafferty AM, Clarke SP, Coles J, Ball J, James P, McKee M and Aiken LH (2007) Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records, International Journal of Nursing Studies, 44(2), pp.175-182.

RCN (2010) Guidance in safe nursing staffing levels in the UK. RCN London

### Ward Daily Staffing Escalation Procedure

Planned ward staffing levels can be affected by a variety of factors such as sickness, carers leave, increased service user dependency/acuity or increased observation levels. In the event that ward staffing levels fall below the planned requirement the following escalation procedure should be followed to minimise any adverse impact on patient care and staff well-being.

**1a) Consider if the shortage can be accommodated within existing resources/skill mix:**

Consider current bed status, service user acuity/dependency and clinical/therapeutic observation levels as well as planned escorts, expected admissions and any additional activity such as ECT, off-site 1:1's etc

**1b) Consider if non-priority work can be postponed:**

Review daily workload within the team, consider what workload could be postponed to another day and consider what the short and long term impact of this would be.

**1c) Identify the risks related to not accessing additional member of staff:**

Consider what the risks would be of not being fully staffed – for example will staff be able to take their breaks? Will all planned service user activities be able to take place? What other impact(s) might there be? If risk assessment indicates the requirement to source replacement staff then proceed to step 2.

**2) Attempt to source an additional member of staff be sourced within the locality:**

Review the in-patient staffing levels across the locality and where possible move staff between wards to address the shortages. When doing this the factors outlined in points 1 and 2 need to be considered for all wards within the locality. If no staff sourced proceed to step 3.

**3) Offer additional hours to substantive staff where appropriate (NOT overtime):**

Part time staff can be offered additional hours as long as their weekly total hours do not exceed 37.5. If no staff sourced proceed to step 4.

**4) Submit a request for Bank Staff/Duty Nurse:**

Submit a request electronically for bank via email or fax. If temporary staffing cannot source bank staff of same grade consider requesting staff of alternate grade. If no staff sourced proceed to step 5.

**5) Contact other localities to request assistance in providing a member of staff:**

Other localities will need to consider point 1 in making their decision. If no staff sourced proceed to step 6.

**6) Consider requesting agency via Bank Staff/Duty Nurse:**

Risk assess using agency staff - consider the number of substantive staff on duty and the planned workload for the day – if bank already on duty and/or complex workload planned then should overtime be considered instead? Either request agency via Bank or proceed to step 7.

- 7) **Consider offering overtime to substantive staff:**  
If no staff sourced via overtime reconsider sourcing agency staff via Bank Staff/Duty Nurse.
- 8) **If there still a staffing shortfall the ward Business Continuity Plan should be implemented including escalation of situation to senior management team:**  
A decision should then be made as to whether a) an incident form should be completed and b) if the risk should be documented on the risk register. A comment must be entered on the weekly staffing submission form indicating the reasons for the shortfall, the impact (consider points 2 and 3) and the actions taken to address the shortfall.

Planned hours = what was needed										Actual hours = what we had													
Ward Name:										Week commencing:													
Day of the Week	Ward manager		Day shift (including twilights)						Night shifts (must be over midnight)						Additional unplanned hours (that arise after commencement of shift)								
	Planned Hours	Actual Hours	Planned Hours		Actual Hours		Variance Code		Planned Hours		Actual Hours		Variance Code		Planned Hours		Actual Hours		Variance Code				
			Registered	Unregistered	Registered	Unregistered	Variance 1	Variance 2	Registered	Unregistered	Registered	Unregistered	Variance 1	Variance 2	Registered	Unregistered	Registered	Unregistered	Variance 1	Variance 2			
Monday															0	0							
Tuesday															0	0							
Wednesday															0	0							
Thursday															0	0							
Friday															0	0							
Saturday															0	0							
Sunday															0	0							
Were the nurse staffing levels displayed on every shift?								If not, on how many occasions were the staffing levels NOT displayed?															
Was the name of the nurse in charge displayed on every shift?								If not, on how many occasions was the name of the nurse in charge NOT displayed?															

Issues leading to staffing gaps		
Issues	WTE	Comment
Vacancies		<i>identify role and clarify if being recruited to or not (if not enter reason)</i>
Temporary redeployment		<i>identify role eg redeployed to xxx ward to cover xxx post</i>
Maternity leave		<i>identify role</i>
Long term sick		<i>identify role</i>
Impact on patient safety		
Incidents		<i>Enter brief details of any incidents that are <b>directly related to staffing levels</b></i>
Complaints		<i>Enter brief details of any complaints that <b>directly relate to staffing levels</b></i>

Impact on patient experience									
No. of occasions patient activities were cancelled due to nurse staffing levels		No. of sessions rearranged		Total no. of activity hours cancelled due to staffing levels and not re-arranged		No. of occasions patient activities shortened due to nurse staffing levels		Total no. of hours lost	
Identify any other patient experience issues related to staffing levels and what was done to mitigate against these e.g support from MCT, WM etc									
Impact on staff experience									
Staff activities cancelled directly due to nurse staffing levels:									
No. of occasions nurses had no break		No. of occasions nurses breaks were shortened		Total no. of break hours not taken		No. of following cancelled:			
						Mandatory training			
						Supervision			
						Appraisals			
Impact of shortages in nurse staffing:									
No. of occasions staff worked unplanned hours				Total no. of additional unplanned hours					
No. of occasions staff cross covered other wards				No. of hours staff cross covered other wards					
No. of occasions the MDT had to support nurse staffing levels				No. of hours the MDT had to support nurse staffing levels					
No. of occasions a vacant RN shift was backfilled by a CSW				No. of occasions a vacant CSW shift was backfilled by an RN					



Please identify any shifts where safe staffing levels were not achieved and what action was taken:

Variance Codes			
Variance is the reason planned staffing was not met in budgeted establishment			
Variance	Code	Variance	Code
Increased observations	1	Out of area patients	2
Unplanned annual leave	3	Transport problems	4
Vacancy secondment	5	Operational need	6
Compassionate leave	7	Staff member did not arrive	8
Maternity/paternity leave	9	Staff sent home unfit for duty	10
High acuity/dependency	11	Study leave	12
HR issues	13	Patient escort	14
Support patient activity	15	Staff supernumerary induction	16
Escort - clinical emergency	17	Short term sickness	18
Long term sickness	19	Unplanned carers leave	20

## Appendix B - Results of nurse staffing review July - December 2015

	Adult Mental Health						Children & Young People	
	Ward 1	Ward 2	Ward 3	Florence House	Summer view	EMU inc IOU	Darwin Centre	Dragon Square
1.1. Number of Beds	15	22	22	8	10	14 + 2	15	6
1.2. Bed Occupancy Rate –including home leave (October 2013 – March 2014) Target 85%	97.1	102.5	100	98	90.5	83.6	76.5	75%
1.3 Current nursing establishment by WTE (excluding ward managers)	31.2	30.5	30.5	16.6	17.2	19.9	28.3	16.27
Performance against national guidance/ bed to nursing staff ratio (based on average staff on duty in the day during data collection period)								
2.1 RCN “No more than 7 patient’s per registered nurse”	4.71	7.3	7.3	4.3	4.9	7.4	5.1	
2.2. RCN “No more than 3.8 patients per member of nursing staff”	2.4	3.7	3.7	2.7	2.5	4.0	2.5	
Quality Performance								
3.1. Registered Nurse: HCSW ratio of no less than 50:50	51:49	50:50	50:50	62:38	51:49	54:46	49:51	43:57
3.2. Sickness Absence Rate (October 2013 – March 2014) - target 4.95%	8.24	11.6	9.1	5.07	10.90	2.02	2.10	4.90
3.3. Total Clinical Incidents (October 2013 – March 2014)	277	128	129	35	47	78	92	18
3.4. Staff Assaults (October 2013 – March 2014)	27	9	4	2	2	1	3	6
3.5. Patient Falls	4	1	0	0	1	21	0	0
Findings of review								
4.1. Acuity Tool (Telford Model) recommended establishment (WTE)	30.96	30.09	30.09	15.05	20.8	20.8	27.78	18.52
4.2. Final recommended nursing shift pattern after professional judgement	6.5/6/4	6/6/4	6/6/4	3/3/2	4/4/3	4/4/3	6/6/3	4/4/2
4.3. Nurse staffing establishment required to deploy shifts@24% T-out	30.96	30.09	30.09	15.05	20.8	20.8	27.78	18.52
<b>4.4. Total Variance relating to Current Nursing Establishment (WTE)</b>	+0.24	+0.31	+0.31	+1.55	-3.6	-0.9	+0.52	-2.25

A - Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “-General adult wards should not have more than 18 beds on any one ward.

B - Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “- bed occupancy rates should be no higher than 85%”.

## Appendix B - Results of nurse staffing review July - December 2015

	Learning Disability & Old Age Psychiatry					
	Ward 4	Ward 5	Ward 6	Ward 7	**A&T	**Telford
1.1. Number of Beds <sup>A</sup>	15	15	15	20	4	6
1.2. Bed Occupancy Rate –including home leave (October 2013 – March 2014)	94.8	91.3	95.8	94.8	77.1	80
1.3 Current nursing establishment by WTE (excluding ward managers)	21.5	23.8	28.8	22.7	16.2	17.8
Performance against national guidance/ bed to nursing staff ratio (based on average staff on duty in the day during data collection period)						
2.1 RCN “No more than 7 patient’s per registered nurse”	8.0	5.3	5.8	9.1	1.5	
2.2. RCN “No more than 3.8 patients per member of nursing staff”	2.3	2.5	2.5	4.0	0.67	
Quality Performance						
3.1. Registered Nurse: HCSW ratio of no less than 50:50	29:71	47:53	43:57	44:56	44:56	35:65
3.2. Sickness Absence Rate (October 2013 – March 2014) - target 4.95%	1.49	8.2	9.5	3.2	4.4	4.3
3.3. Total Clinical Incidents (October 2013 – March 2014)	89	77	171	82	91	120
3.4. Staff Assaults (October 2013 – March 2014)	10	10	18	2	6	10
3.5. Patient Falls	45	11	38	39	7	9
Findings of review						
4.1. Acuity Tool (Telford Model) recommended establishment (WTE)	34.1	30.09	30.09	26.62	30.09	
4.2. Final recommended nursing shift pattern after professional judgement	6/7/5	6/6/4	6/6/4	5/5/3	6/6/4	
4.3. Nurse staffing establishment required to deploy shifts@24% T-out (adjusted to reflect bed occupancy)	34.1	30.09	30.09	26.62	30.09	
<b>4.4. Total Variance relating to Current Nursing Establishment (WTE)</b>	-12.6	-6.29	-1.29	-3.92	+3.91	

\*\*Telford Unit and A&T merging April 2016 thus recommended establishment reflected based on service redesign

Enclosure 7

**REPORT TO: TRUST BOARD**

Date of Meeting:	<b>31 March 2016</b>
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Carol Sylvester Deputy Director of Nursing
Author of Report: Name: Date: Email:	Carol Sylvester, Deputy Director of Nursing 21 March 2016 <a href="mailto:Carol.Sylvester@northstaffs.nhs.uk">Carol.Sylvester@northstaffs.nhs.uk</a>
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> <li>• Quality Committee ✓</li> <li>• Finance and Performance Committee</li> <li>• Audit Committee</li> <li>• People and Culture Development Committee</li> <li>• Charitable Funds Committee</li> <li>• Business Development and Investment Committee</li> </ul>
Purpose / Intent of Report:	For Assurance
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to actual vs planned nurse staffing levels during the data collection period (1-29 February 2016) 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>
	<p>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for February was 101.0% being a total fill rate of 103.08% for Registered Nurses and 99.0% for HCSWs for day and night. The position reflects that Ward Managers are effectively deploying additional staff to meet increasing patient needs as necessary.</p>

	Revision of the methodology for reporting planned shifts has been undertaken as planned and introduced for November reporting.
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• Governance Strategy</li> <li>• Workforce Strategy</li> <li>• Financial Strategy</li> </ul>
Relationship with Annual Objectives:	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care.
Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.
Resource Implications:	Recruitment to vacant posts in progress.
Equality and Diversity Implications:	None
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> <li>1. Focusing on quality and safety</li> <li>2. Consistently meeting standards</li> <li>3. Protecting our core services</li> <li>4. Growing our specialised services</li> <li>5. Innovating in the delivery of care</li> <li>6. Developing academic partnerships and education and training initiatives</li> <li>7. Being an employer of choice</li> <li>8. Hosting a successful CQC inspection</li> <li>9. Becoming digital by choice</li> <li>10. Reviewing and rationalising our estate</li> <li>11. Devolving accountability through local decision making that is clinically led assuring governance arrangements.</li> <li>12. Delivering our financial plan</li> </ol>
Recommendations:	To receive the report for assurance and information.

## Version Control

### Distribution

Version	Names/Groups	Date Issued
1	Quality Committee	15.03.16
2	Executive Team	22.03.16
3	Trust Board	31.03.16

<b>Report subject:</b>	<b>Ward Daily Staffing Levels – February 2016</b>
<b>Report to:</b>	<b>Trust Board</b>
<b>Action required:</b>	<b>Information and Assurance</b>
<b>Date of meeting:</b>	<b>Tuesday 31 March 2016</b>
<b>Prepared by:</b>	<b>Carol Sylvester, Deputy Director of Nursing</b>
<b>Presented by:</b>	<b>Maria Nelligan, Executive Director of Nursing &amp; Quality</b>

## **1 Summary**

This report details the ward daily staffing levels during the month of February 2016 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support workers (Care) to Unify (Appendix 1).

## **2 Background**

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

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

## **3 Trust Performance**

During February 2016 the Trust achieved staffing levels of 103.08% for registered staff and 99.00% for care staff on night and day shifts. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Manager supporting clinical duties. Details and summary from Ward Managers are set out below.

Ward			Performance (% planned vs actual)				Ward Manager Summary	Bed Occupancy % (including home leave)	Sickness
			Day %		Total %				
	R/N	Care	R/N	Care					
1	70.4	92.9	81.65	207.8	132.4	170.1	Three Band 5 vacancies and 1 Band 3 secondment in recruitment. Planned day shifts for Registered Nurse cover unmet on every occasion due to vacancies and Bank unavailability. Ward Manager and MDT has provided cover as needed. Support from Activity Worker assisted in delivery of safe care. Additional RN night duty rostered for Place of Safety show over fill rate.	106 ↓	6.31 ↑
2	98.1	99.9	99.0	109.5	93.8	101.6	Vacancy continues with 3.6 Band 5 and 3.6 Band 3 vacancy. Long term sickness being actively managed for 2 staff. Planned shifts predominantly met however, staff have cross covered other in-patient wards on 14 occasions, 96 hours in total.	103 ↓	7.67 ↑

Ward			Performance (% planned vs actual)				Ward Manager Summary	Bed Occupancy % (including home leave)	Sickness
	Day %		Total %	Night %		Total %			
	R/N	Care		R/N	Care				
3	94.7	106.5	100.6	103.4	112.5	105.6	Vacancies continue with 6.8 Band 5 posts, one of which has been recruited to with a commencement date. Care staff have covered Registered Nurse shifts on 4 occasions. Overfill on night shifts due to increase in acuity as a result of increased observation levels, high occupancy and activity.	107 ↔	5.80 ↑
4	110	84.9	97.4	86.2	112	99.1	Recruitment to 3 Band 5 vacancies in progress. Ward Manager reports overall improvement in fill rates on day and night shifts. Planned night shifts for 2 Registered Nurses not achieved due to vacancies and care staff have covered RN shift to maintain safe care.	76 ↓	3.89 ↓



Ward			Performance (% planned vs actual)				Ward Manager Summary	Bed Occupancy % (including home leave)	Sickness
	R/N	Care	R/N	Care					
5	88.6	108	98.3	102.6	101.4	102	Day Registered Nurse shifts under filled following agreed secondment of Band 6 to RAID team. Care staff booked to maintain staffing. Band 6 vacancy interviews arranged for early March. Ward Manager has provided clinical shift support as required.	91 ↓	7.26 ↓
6	111.7	109	110.3	134.4	126.7	130.5	A total of 3.8 Band 5 vacancies Recruitment and backfill currently being arranged for vacancies and secondments. Overfill on day and night shifts is due to an increase in acuity and activity at week 3 which resulted in increase in levels of observation. RN shifts booked were HCSWs unavailability.	97 ↓	8.22 ↑
7	69.4	81.6	75.5	82.7	100	91.3	Under fill on day shifts for Registered Nurse and care staff due to baseline establishment unable to meet a 5/5/3 shift pattern. Ward Manager continues to provide clinical cover along with members of the wider MDT directly contributing to patient care (O/T, Activity Worker).	94 ↓	.14 ↑

Ward			Performance (% planned vs actual)				Ward Manager Summary	Bed Occupancy % (including home leave)	Sickness
	R/N	Care	R/N	Care					
A&T	89.2	81.9	85.5	100	93.8	96.9	A&T and Telford continue to support across both units as required to provide safe care. Overall occupancy reducing in line with planned bed reduction however, high observation levels (level 4) for 2 patients has caused some underfill on day and night shifts.	70 ↓	6.07 ↓
Telford	86.0	88.7	87.3	100	97.4	98.7	See above.	67 ↓	12.08 ↑
EMC	94.0	72.9	83.4	103.0	101.9	102.4	Currently carrying vacancies at 1 Band 5 and 1 Band 3, 2 staff on maternity leave and 2 staff on long term sick. Difficulties experienced in Bank staff availability to cover planned shifts and staff movement to provide cross cover during the month resulted in cancellation of scheduled activities and staff breaks.	77 ↑	8.38 ↓

Ward			Performance (% planned vs actual)				Ward Manager Summary		Bed Occupancy % (including home leave)	Sickness
			Total %	Night %						
	R/N	Care		R/N	Care					
Darwin	98.1	90.5	94.3	100	94.5	98.6	Vacancies currently reported at 1.8 Band 5, 1.7 Band 3 and 1 wte Activity Worker in addition to 1 Band 5 and 1 Band 3 secondment. Increase in activity in week 2 resulting in high observation levels.		90 ↑	5.54 ↑
Summ View	89.3	85.9	87.6	96.6	103.5	100.0	Long term sickness predominant reason for under fill of Registered Nurse and care staff day shifts. No impact on patient safety, experience or staff well-being reported. Bank/agency shifts offered but unable to be fully covered this month.		100 ↑	7.89 ↑
Flor House	90.3	76.3	83.3	100.0	100.0	100.0	Long term sickness, Band 5 and Band 2, secondment, Band 2 and vacancy at Band 5 creating under fill of day shifts. Ward Manager has provided cover as required.		96 ↑	5.30 ↓
Dragon Square	100	100	100	100	75.00	87.5	No issues reported. Staffing adjusted in response to patient need and reduced occupancy.		69 ↑	0.00 ↓
TOTAL	92.5	92.2	91.7	113.6	105.2	107.3				

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

## 5 Issues leading to Staffing Gaps

Challenges in recruitment to vacant Registered Nurse posts continue to contribute to variance between planned and actual staffing levels.

Planning is in progress to attend Keele University Recruitment event on 13 April with conditional offers of employment for Keele student nurses being offered. Trust-wide recruitment drive is on-going with some vacant positions filled and awaiting start dates however challenges remain in filling all posts.

Planned day shifts have proved difficult to cover by use of additional hours both bank and agency due to unavailability, night shifts have been successfully covered where required.

Increases in acuity during the month in wards 1, 3, 5, 6 and the Darwin Unit in particular resulted in short term planned staffing increases not being fully covered with temporary staff compounded by the vacant positions.

A total of 29 Registered Nurse shifts have been covered by care staff.

## **6 Impact on Patient Safety**

A total of 26 incident forms were submitted during February relating to staffing shortfall. Of the 26 reported incidents, 16 related to in-patient wards. Assessment and Treatment reported 8 incidents, all of which were graded no harm and relate to shortfall in planned staffing levels due to short term sickness, carer and compassionate leave. Two incident reports were submitted by the Edward Myers Centre one of which resulted in inability to accept IOU transfer. Three incidents were reported by ward 5 due to short term sickness and inability to secure bank shifts, 1 form submitted by ward 7 relating to inability to cover increased acuity and 1 incident form from Summers View.

## **7 Impact on Patient Experience**

A total of 11 activity sessions in ward 6, EMC and Darwin that could not be re-scheduled, 6 planned activities were shortened and 3 rescheduled. No complaint or PALS reports related to poor experience linked to staffing levels was received. Following discussion at the February Board, the Director of Nursing & Quality has met with Modern Matrons to discuss cover for Activity Workers. Currently there is one extra Activity Workers for acute wards and this approach is being looked at in NOAP.

## **8 Impact on Staff Experience**

A total of 105 staff breaks have been shortened or not taken across wards 1, 2, 3, 6, EMC, Darwin, Florence House and relate to day and night shifts. The Director of Nursing & Quality has discussed this with the Modern Matrons to confirm time is given back in lieu as soon as possible following the shift.

A total of 23 shifts of cross cover have been facilitated to ensure safer staffing across inpatient wards ranging from break cover to full shift cover.

A total of 3 planned mandatory training sessions and 1 planned supervision session have been rearranged to maintain safe levels of staffing.

Additional Registered Nurse cover booked on Ward 1 night shift has supported the Duty Senior Nurse, facilitate breaks across the site where there is one Registered Nurse rostered on duty.

## **9 Summary**

Action taken to address staffing shortfall. Recruitment is progressing and Bank and Agency staff are given fixed shifts to support staffing levels and continuity of patient care.

## Unify return February 2016

***MN/PS/saferstaffingfebTB31.03.16FINAL***



# **REPORT TO TRUST BOARD (OPEN)**

Date of Meeting:	31 March 2016
Title of Report:	Monthly Finance Reporting Suite – February 2016
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Steve Blaise 24 March 2016 <a href="mailto:Steve.blaise@northstaffs.nhs.uk">Steve.blaise@northstaffs.nhs.uk</a>
Committee Approval/Received prior to Trust Board:	Finance and Performance Committee
Purpose / Intent of Report:	Performance monitoring
Executive Summary:	<p>The attached report contains the financial position to 29 February 2016</p> <p>The Trusts financial performance is a retained surplus of £0.120m against a planned deficit of £0.001m, a favourable variance of £0.121m.</p> <p>The in-year cost improvement target is £2.658m with a year to date performance of £0.05m behind plan.</p> <p>The cash balance as at 29 February 2016 was £6.3m.</p> <p>The net capital expenditure is £0.468m which is behind the Plan of £0.985m, an under spend of £0.517m.</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:	Financial Strategy
How does this impact on patients or the public?	
Relationship with Annual Objectives:	Financial Reporting
Risk / Legal Implications:	n/a
Resource Implications:	As above
Equality and Diversity	n/a



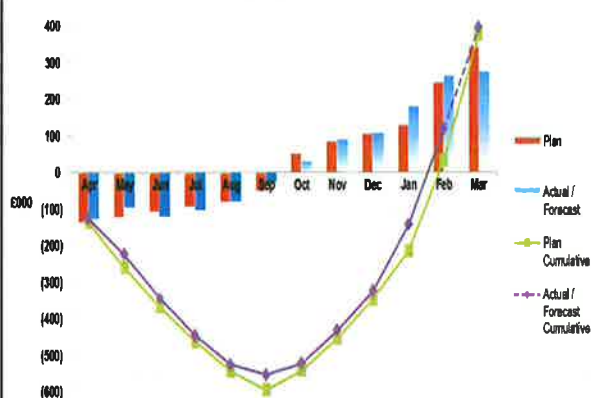
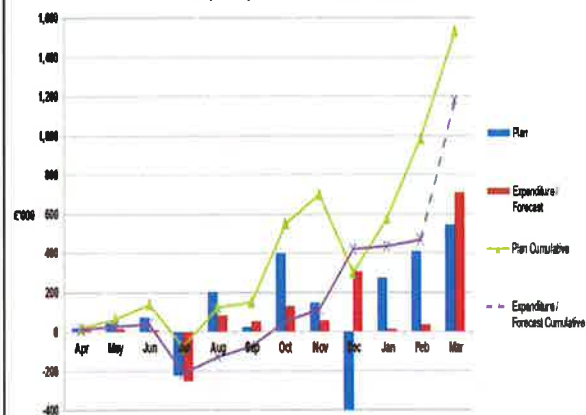
Implications:	
Relationship with the Board Assurance Framework	Delivering our financial plan
Recommendations:	<p><b><i>The Board is asked to:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>note that the financial performance to date is on plan, with a favourable variance reported of £0.121m</i></b></li> <li>• <b><i>note the cash position of the Trust as at 29 February 2016 of £6.3m</i></b></li> <li>• <b><i>note the net capital expenditure position as at 29 February 2016 is an under spend against Plan of £0.517m</i></b></li> <li>• <b><i>note the year to date Continuity of Service risk rating of 3</i></b></li> </ul>

**FINANCIAL OVERVIEW as at 29 February 2015****Income & Expenditure - Retained Surplus / (Deficit)**

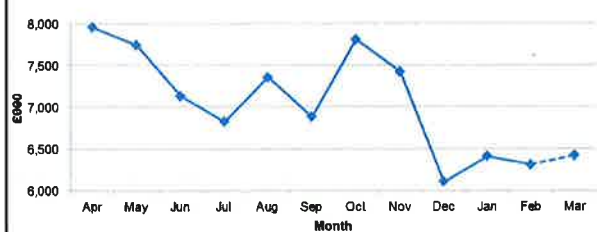
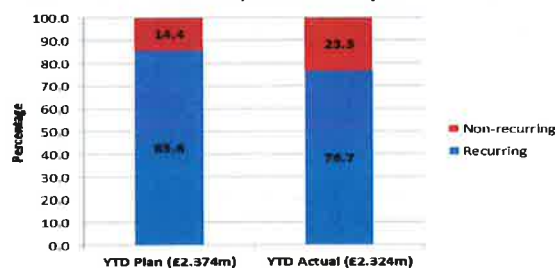
£000	Plan	Actual	Var	RAG
YTD	(1)	120	121	G
Forecast	377	727	350	G

**Net Capital Expenditure**

£000	Plan	Actual	Var	%	RAG
YTD	985	468	(517)	(52)	A
Forecast	1,530	1,178	(352)	(23)	G

**Retained Surplus / (Deficit) Run Rate 2015-16****Net Capital Expenditure - Plan / Forecast 2015-16****Cash Balances**

£m	Plan	Actual	Var	%	RAG
YTD	6.5	6.3	(0.2)	(3)	G

**Cash Balances - Actual / Forecast****CIP Year to Date Plan and Actual - Recurrent / Non-recurrent Split****Notes****Risks:**

Non achievement of income targets

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

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

Under performance against activity targets

**Assumptions:**

Clinical income targets for the main clinical contracts are achieved.

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

**Continuity of Service Risk Rating**

	YTD Plan	YTD Act	FOT
Overall Risk Rating	3	3	3
<b>Metrics:</b>			
Liquidity Ratio	4	4	4
Capital Servicing Capacity	2	2	2

## **1. Financial Position**

### **1.1 Introduction**

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

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

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

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

### **1.2 Income & Expenditure (I&E) Performance at Month 11**

At the end of Month 11, the Trusts budgeted plan was a retained deficit of £0.001m (£0.438m surplus at adjusted financial performance level). The reported retained position is a surplus of £0.120m (£0.559m surplus at adjusted level), giving a favourable variance of £0.121m against plan.

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

**Table 1: Statement of Comprehensive Income**

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	77,736	6,519	6,825	307	69,664	70,472	808
Pay	(57,956)	(4,899)	(4,762)	137	(53,121)	(51,253)	1,868
Non pay	(16,280)	(1,121)	(1,527)	(406)	(13,544)	(16,111)	(2,567)
<b>EBITDA</b>	<b>3,500</b>	<b>499</b>	<b>536</b>	<b>38</b>	<b>2,999</b>	<b>3,108</b>	<b>109</b>
Other Costs	(2,750)	(230)	(229)	0	(2,561)	(2,549)	12
<b>Adjusted Financial Performance</b>	<b>750</b>	<b>269</b>	<b>307</b>	<b>38</b>	<b>438</b>	<b>559</b>	<b>121</b>
IFRIC 12 Expenditure	(523)	(43)	(43)	0	(439)	(439)	0
<b>Retained Surplus / (Deficit) prior to Impairment</b>	<b>227</b>	<b>226</b>	<b>264</b>	<b>38</b>	<b>(1)</b>	<b>120</b>	<b>121</b>
Fixed Asset Impairment	0	0	0	0	0	0	0
<b>Retained Surplus / (Deficit)</b>	<b>227</b>	<b>226</b>	<b>264</b>	<b>38</b>	<b>(1)</b>	<b>120</b>	<b>121</b>

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

Also contained within non-pay, specific budgets have been set and held centrally.

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

### 1.3 Forecast Year End Performance

Following the finalisation of the month 11 position, a worked up forecast outturn has been undertaken which supports the revised retained surplus of £0.727m (£1.250m at adjusted financial performance level). This surplus has increased from the targeted revised Plan surplus by £0.350m as a consequence of the capital to revenue transfer agreement detailed above. This outturn position is dependent on:

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

Included within the forecast is the envisaged over performance of circa £0.465m against planned clinical income but this includes the £0.350m the Trust will receive as a consequence of the capital to revenue transfer discussed in detail above. This forecast also includes an over performance in respect of NCA'S/OATS. The forecast is, however, negated by under performance of the Specialised Services contract in respect of Darwin, as detailed in previous reports, of £0.289m. In addition, the Trust is also predicting under performance on the two Local Authority DAT contracts.

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

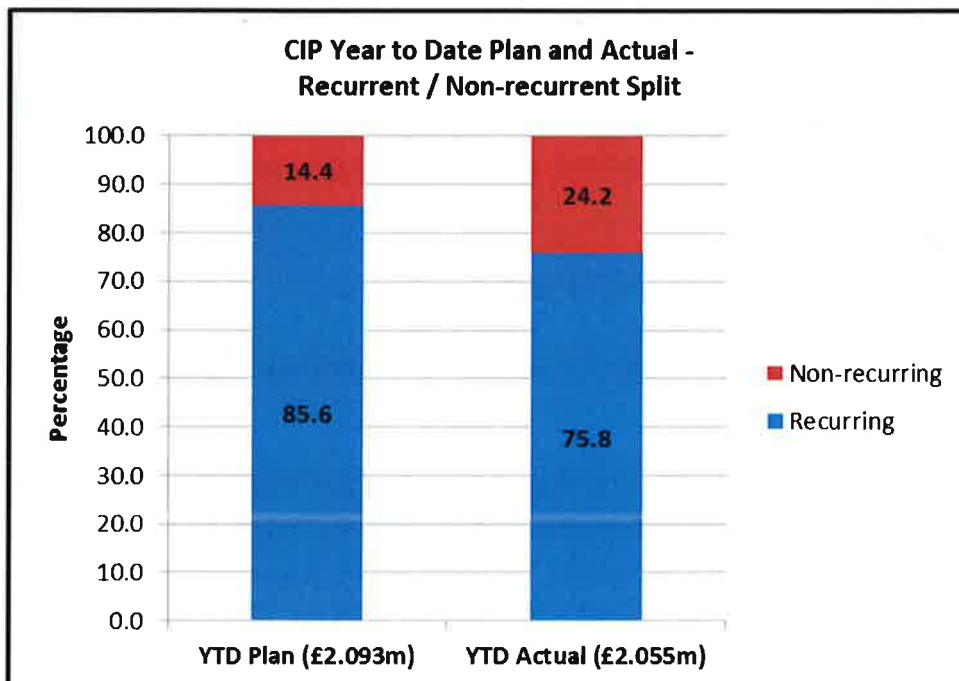
#### 1.4 Cost Improvement Programme

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

As at month 10, the performance against the planned schemes on a year to date basis is slightly behind plan, with £2.32m being achieved against the target of £2.37m.

The split of recurrent to non-recurrent externally reported savings is reported below in table 3, showing the increased non-recurrent year to date delivery at 24.2%, compared to plan at 14%. The trigger for a red RAG rating on the NTDA return is when non recurrent savings exceed 25%.

**Table 2: Recurrent Plan & Actual Savings**



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

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

### **2.1 Fixed Assets**

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

### **2.2 Cash**

As at 29 February 2016, the Trust's cash position was £6.3m which represents a decrease during the month of £0.1m. A monthly cash flow forecast is shown in Appendix A, page 3 which demonstrates the cash movements.

### **2.3 Other Working Balances**

Working balances have remained relatively static during the month. Creditors have decreased by £0.4m.

Within the overall debtors value, £3.6m relates to invoiced debt. Invoiced debt is summarised by age in Appendix A, page 4, along with the analysis of the stage of recovery.

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

The Trust's permitted capital expenditure agreed within the 2015/16 plan was £2.3m; this was the combination of the Trust's £1.53m Capital Resource Limit (CRL) and its predicted asset sales of £0.77m. This has changed as a consequence of the revised forecast outturn position and the subsequent capital to revenue transfer detailed above. This change results in a forecast of £1.180m as the combination of £1.502m expenditure and in year predicted asset sales of £0.322m.

The capital expenditure for the year as at 29 February 2016 is £0.468m, made up of £0.790m of expenditure and (£0.322m) from the disposal of the former Learning Disability property Meadow View & part of Bucknall Hospital land disposal. The original Trust capital plan predicted a further Bucknall Land related disposal receipt

in 2015/16. However, it is now known the next receipt relating this disposal will not now be received until 2016/17 with further larger receipts in the three following years.

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

#### **4. Continuity of Services Risk Rating Risk Rating**

As reported in the Plan, the Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 11, this is calculated as 3. The forecast outturn rating is also 3, in line with the planned rating previously mentioned.

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

#### **5. Recommendations**

The Board is asked to:

- ***note that the financial performance to date is predominately on plan, with a favourable variance reported of £0.121 m***
- ***note the cash position of the Trust as at 29 February 2016 of £6.3m***
- ***note the net capital expenditure position as at 29 February 2016 is an underspend against plan of £0.517m***
- ***note the year to date Continuity of Service Risk Rating of 3 and also a forecast rating of 3.***

## Appendix A – Page: 1

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

	Full Year	< < < Current Month > > >			< < < Year to Date > > >			< < < Forecast Outturn > > >		
	Budget £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000
<b>Income:</b>										
Revenue from Patient Care Activities	69,151	6,178	5,867	311	62,733	62,303	430	69,982	69,517	465
Other Operating Revenue	8,585	647	652	-5	7,739	7,361	378	8,465	8,587	-121
	77,736	6,825	6,519	307	70,472	69,664	808	78,447	78,103	344
<b>Expenses:</b>										
<u>Pay</u>										
Medical	-6,876	-443	-567	123	-5,276	-6,301	1,026	-5,759	-6,876	1,117
Nursing	-26,926	-2,185	-2,286	102	-23,596	-24,717	1,121	-25,789	-26,996	1,207
Other clinical	-13,656	-1,051	-1,157	106	-11,323	-12,473	1,150	-12,383	-13,654	1,271
Non-clinical	-9,659	-771	-812	41	-7,996	-8,825	829	-8,775	-9,659	884
Non-NHS	-839	-312	-78	-235	-3,062	-804	-2,258	-3,402	-1,036	-2,367
Cost Improvement	0	0	0	0	0	0	0	0	0	0
	-57,956	-4,762	-4,899	137	-51,253	-53,121	1,868	-56,107	-58,220	2,113
<u>Non Pay</u>										
Drugs & clinical supplies	-2,009	-135	-164	29	-1,972	-1,848	-124	-2,168	-2,010	-158
Establishment costs	-1,711	-135	-143	8	-1,453	-1,568	115	-1,599	-1,721	122
Premises costs	-2,112	-321	-162	-159	-2,813	-1,962	-851	-3,127	-2,112	-1,015
Private Finance Initiative	-3,865	-333	-322	-11	-3,652	-3,543	-110	-3,985	-3,865	-121
Other (including unallocated CIP)	-6,234	-602	-409	-194	-6,220	-5,273	-947	-6,781	-6,228	-553
Central Funds	-349	0	79	-79	0	650	-650	-719	-286	-433
	-16,280	-1,527	-1,121	-406	-16,111	-13,544	-2,567	-18,379	-16,223	-2,156
<b>EBITDA *</b>	<b>3,500</b>	<b>536</b>	<b>499</b>	<b>38</b>	<b>3,108</b>	<b>2,999</b>	<b>109</b>	<b>3,961</b>	<b>3,660</b>	<b>301</b>
Depreciation (excludes IFRIC 12 impact and donated income)	-797	-67	-67	0	-808	-771	-37	-844	-797	-47
Investment Revenue	12	1	1	0	18	11	7	16	12	4
Other Gains & (Losses)	0	0	0	0	42	0	42	42	0	42
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,364	-114	-114	0	-1,250	-1,250	0	-1,364	-1,364	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-601	-50	-50	0	-551	-551	0	-561	-611	50
<b>Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **</b>	<b>750</b>	<b>307</b>	<b>269</b>	<b>38</b>	<b>559</b>	<b>438</b>	<b>121</b>	<b>1,250</b>	<b>900</b>	<b>350</b>
IFRIC 12 Expenditure ***	-523	-43	-43	0	-439	-439	0	-523	-523	0
<b>Retained Surplus / (Deficit) for the Year</b>	<b>227</b>	<b>264</b>	<b>226</b>	<b>38</b>	<b>120</b>	<b>-1</b>	<b>121</b>	<b>727</b>	<b>377</b>	<b>350</b>

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

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

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



## Appendix A – Page: 2

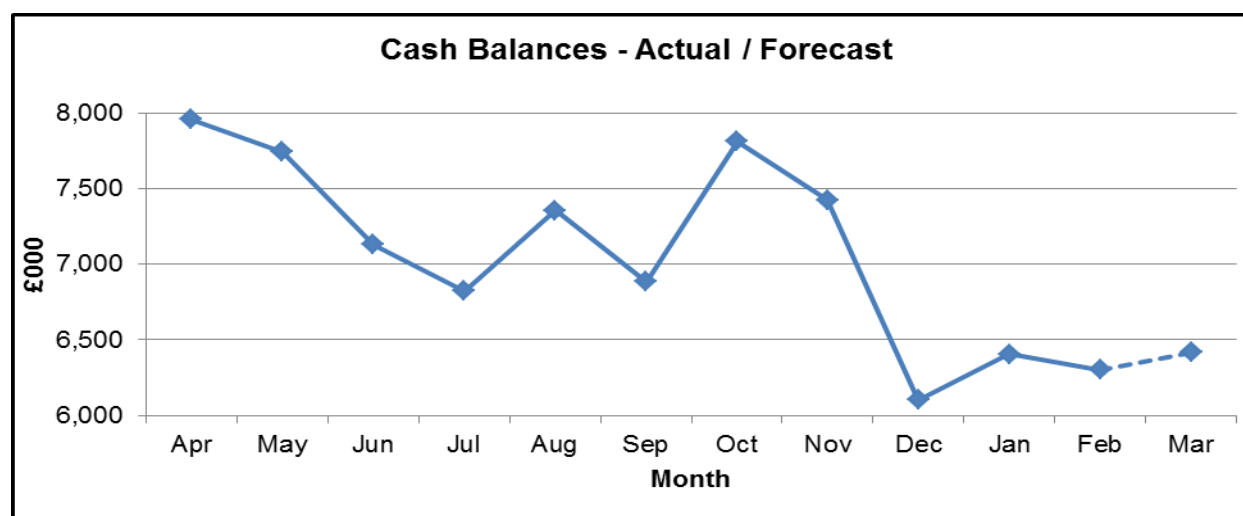
### Statement of Financial Position – including forecast

Detail	Period End Date								Forecast 31/03/2016 £000
	31/03/2015 £000	31/08/2015 £000	30/09/2015 £000	31/10/2015 £000	30/11/2015 £000	31/12/2015 £000	31/01/2016 £000	29/02/2016 £000	
<b>NON-CURRENT ASSETS:</b>									
Property, Plant and Equipment	30,863	30,466	30,397	30,415	30,441	30,607	30,512	30,435	31,177
Intangible Assets	52	40	28	28	28	22	22	22	66
Trade and Other Receivables	0	0	0	0	0	0			0
<b>TOTAL NON-CURRENT ASSETS</b>	<b>30,915</b>	<b>30,506</b>	<b>30,425</b>	<b>30,443</b>	<b>30,469</b>	<b>30,629</b>	<b>30,534</b>	<b>30,457</b>	<b>31,243</b>
<b>CURRENT ASSETS:</b>									
Inventories	86	82	75	66	81	74	78	79	86
Trade and Other Receivables	3,017	5,728	6,213	4,995	5,021	6,292	5,756	5,398	3,298
Cash and cash equivalents	6,805	7,355	6,883	7,811	7,423	6,104	6,407	6,303	6,416
<b>SUB TOTAL CURRENT ASSETS</b>	<b>9,908</b>	<b>13,165</b>	<b>13,171</b>	<b>12,872</b>	<b>12,525</b>	<b>12,470</b>	<b>12,241</b>	<b>11,780</b>	<b>9,800</b>
Non-current assets held for sale	2,520	2,250	2,250	2,250	2,198	2,198	2,198	2,199	2,005
<b>TOTAL ASSETS</b>	<b>43,343</b>	<b>45,921</b>	<b>45,846</b>	<b>45,565</b>	<b>45,192</b>	<b>45,297</b>	<b>44,973</b>	<b>44,436</b>	<b>43,048</b>
<b>CURRENT LIABILITIES:</b>									
NHS Trade Payables	-864	-772	-1,056	-930	-875	-850	-775	-884	-676
Non-NHS Trade Payables	-4,374	-7,871	-7,581	-7,511	-9,164	-7,248	-6,866	-6,347	-5,240
Borrowings	-351	-351	-351	-351	-351	-351	-351	-351	-346
Provisions for Liabilities and Charges	-1,682	-1,526	-1,515	-1,429	604	-1,364	-1,346	-1,333	-882
<b>TOTAL CURRENT LIABILITIES</b>	<b>-7,271</b>	<b>-10,520</b>	<b>-10,503</b>	<b>-10,221</b>	<b>-9,786</b>	<b>-9,813</b>	<b>-9,338</b>	<b>-8,915</b>	<b>-7,144</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>5,157</b>	<b>4,895</b>	<b>4,918</b>	<b>4,901</b>	<b>4,937</b>	<b>4,855</b>	<b>5,101</b>	<b>5,064</b>	<b>4,661</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>36,072</b>	<b>35,401</b>	<b>35,343</b>	<b>35,344</b>	<b>35,406</b>	<b>35,484</b>	<b>35,635</b>	<b>35,521</b>	<b>35,904</b>
<b>NON-CURRENT LIABILITIES</b>									
Borrowings	-12,992	-12,846	-12,817	-12,787	-12,758	-12,729	-12,699	-12,670	-12,647
Trade & Other Payables	-558	-558	-558	-558	-558	-558	-558	-558	-558
Provisions for Liabilities and Charges	-604	-604	-604	-604	-604	-604	-604	-604	-404
<b>TOTAL NON- CURRENT LIABILITIES</b>	<b>-14,154</b>	<b>-14,008</b>	<b>-13,979</b>	<b>-13,949</b>	<b>-13,920</b>	<b>-13,891</b>	<b>-13,861</b>	<b>-13,832</b>	<b>-13,609</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>21,918</b>	<b>21,393</b>	<b>21,364</b>	<b>21,395</b>	<b>21,486</b>	<b>21,593</b>	<b>21,774</b>	<b>21,689</b>	<b>22,295</b>
<b>FINANCED BY TAXPAYERS EQUITY:</b>									
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998	7,998	7,998	7,648	7,648
Retained Earnings	814	289	260	291	382	489	670	935	1,541
Revaluation Reserve	13,664	13,664	13,664	13,664	13,664	13,664	13,664	13,664	13,664
Other reserves	-558	-558	-558	-558	-558	-558	-558	-558	-558
<b>TOTAL TAXPAYERS EQUITY</b>	<b>21,918</b>	<b>21,393</b>	<b>21,364</b>	<b>21,395</b>	<b>21,486</b>	<b>21,593</b>	<b>21,774</b>	<b>21,689</b>	<b>22,295</b>

## Appendix A – Page: 3

### Cash-flow Forecast

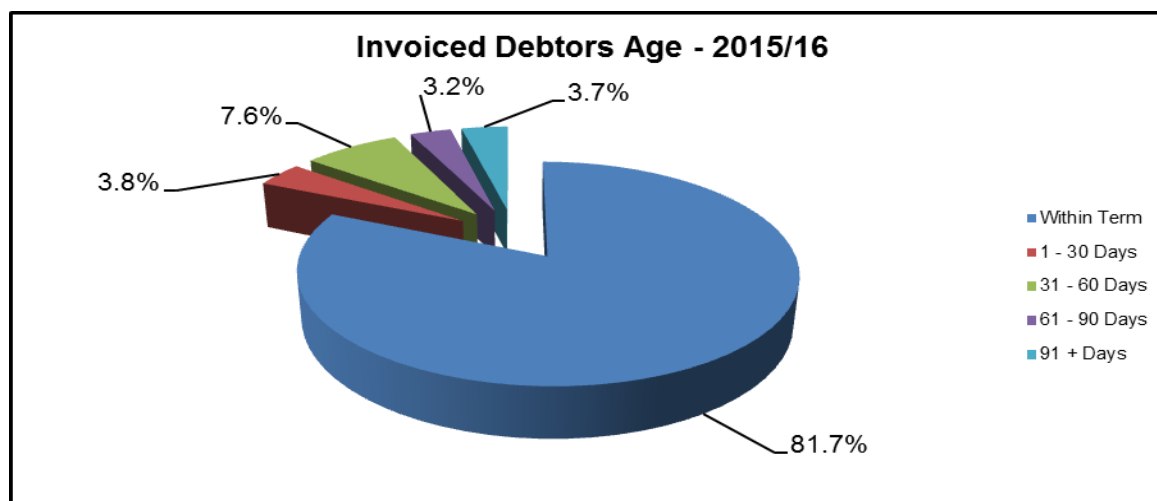
Statement of Cash Flows (CF)	Actual Apr 15 £000	Actual May 15 £000	Actual Jun 15 £000	Actual Jul 15 £000	Actual Aug 15 £000	Actual Sep 15 £000	Actual Oct 15 £000	Actual Nov 15 £000	Actual Dec 15 £000	Actual Jan 16 £000	Actual Feb 16 £000	Forecast Mar 16 £000	2015/2016 Full Year £000
<b>Cash Flows from Operating Activities</b>													
Operating Surplus / (Deficit)	35	66	42	17	82	134	193	253	270	343	426	731	2,592
Depreciation and Amortisation	113	112	117	98	110	134	112	115	114	112	110	120	1,367
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-114	-114	-114	-114	-114	-114	-114	-114	-113	-112	-113	-114	-1,364
Dividend Paid	0	0	0	0	0	-256	0	0	0	0	0	-305	-561
<b>Inflow / (Outflow) prior to Working Capital</b>	<b>34</b>	<b>64</b>	<b>45</b>	<b>1</b>	<b>78</b>	<b>-102</b>	<b>191</b>	<b>254</b>	<b>271</b>	<b>343</b>	<b>423</b>	<b>432</b>	<b>2,034</b>
(Increase) / Decrease in Inventories	0	-7	2	8	8	7	9	-16	-3	0	-1	-7	0
(Increase) / Decrease in Trade and Other Receivables	-658	-794	-1,101	-231	-73	-485	1,218	-7	-1,141	557	358	2,100	-257
Increase / (Decrease) in Trade and Other Payables	1,817	581	509	-265	650	199	-247	-514	-65	-531	-479	-1,000	655
Provisions (Utilised) / Arising	-3	-12	-31	-90	-20	-11	-86	-19	-46	-18	-13	-931	-1,280
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	0	0	0	0	280	280
<b>Inflow / (Outflow) from Working Capital</b>	<b>1,156</b>	<b>-232</b>	<b>-621</b>	<b>-578</b>	<b>565</b>	<b>-290</b>	<b>894</b>	<b>-556</b>	<b>-1,255</b>	<b>8</b>	<b>-135</b>	<b>442</b>	<b>-602</b>
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>1,190</b>	<b>-168</b>	<b>-576</b>	<b>-577</b>	<b>643</b>	<b>-392</b>	<b>1,085</b>	<b>-302</b>	<b>-984</b>	<b>351</b>	<b>288</b>	<b>874</b>	<b>1,432</b>
<b>Cash Flows from Investing Activities</b>													
Interest Received	2	2	2	1	2	2	2	1	1	2	1	0	18
(Payments) for Property, Plant and Equipment	-12	-18	-10	-18	-83	-53	-130	-110	-308	-18	-13	-732	-1,505
Proceeds of disposal of assets held for sale (PPE)	0	0	0	315	0	0	0	52	0	0	0	0	367
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>-10</b>	<b>-16</b>	<b>-8</b>	<b>298</b>	<b>-81</b>	<b>-51</b>	<b>-128</b>	<b>-57</b>	<b>-307</b>	<b>-16</b>	<b>-12</b>	<b>-732</b>	<b>-1,120</b>
<b>NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING</b>	<b>1,180</b>	<b>-184</b>	<b>-584</b>	<b>-279</b>	<b>562</b>	<b>-443</b>	<b>957</b>	<b>-359</b>	<b>-1,291</b>	<b>335</b>	<b>276</b>	<b>142</b>	<b>312</b>
<b>Cash Flows from Financing Activities</b>													
Capital Element of Payments in Respect of Finance Leases PFI	-29	-29	-29	-29	-29	-29	-29	-29	-31	-29	-30	-29	-351
PDC Repayment linked to Capital to Revenue transfer	0	0	0	0	0	0	0	0	0	0	-350	0	-350
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>-31</b>	<b>-29</b>	<b>-380</b>	<b>-29</b>	<b>-701</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>1,151</b>	<b>-213</b>	<b>-613</b>	<b>-308</b>	<b>533</b>	<b>-472</b>	<b>928</b>	<b>-388</b>	<b>-1,322</b>	<b>306</b>	<b>-104</b>	<b>113</b>	<b>-389</b>
<b>Cash and Cash Equivalents (and Bank Overdraft)</b>	<b>7,956</b>	<b>7,743</b>	<b>7,130</b>	<b>6,822</b>	<b>7,355</b>	<b>6,883</b>	<b>7,811</b>	<b>7,423</b>	<b>6,101</b>	<b>6,407</b>	<b>6,303</b>	<b>6,416</b>	



## Appendix A – Page: 4

### Aged Debtor Analysis

Analysed as	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
NHS	1,548	128	250	117	107	2,150
Local Authorities	655	7	19	0	0	681
Other Debtors	761	2	9	1	27	800
<b>Total</b>	<b>2,964</b>	<b>137</b>	<b>278</b>	<b>118</b>	<b>134</b>	<b>3,630</b>

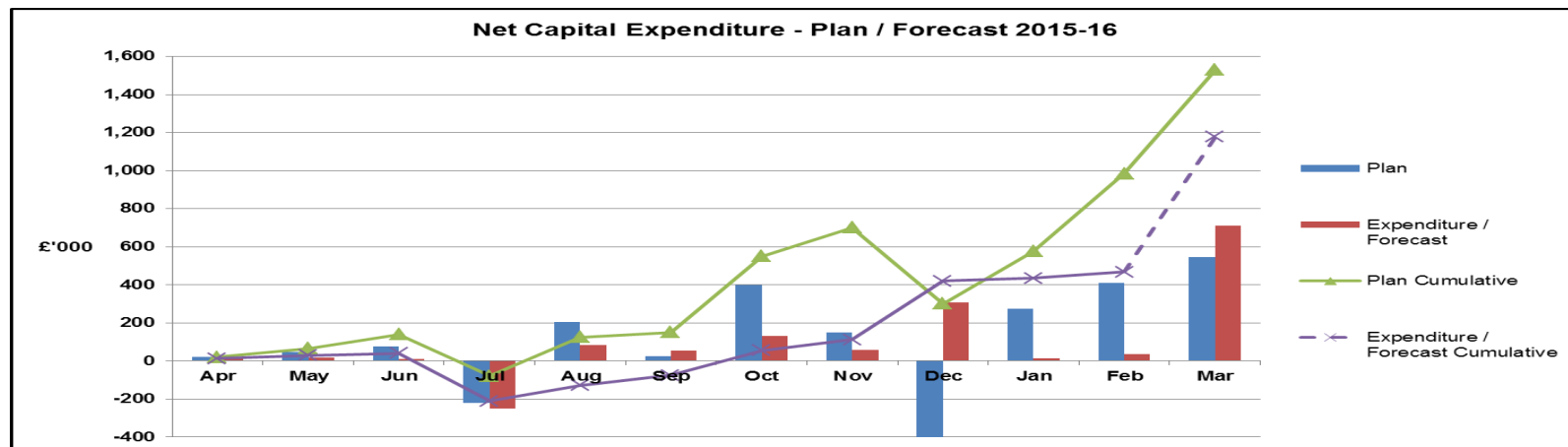


Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
No formal dispute received - full payment anticipated	2,964	137	278	118	106	3,603
Routine credit control processes activated	0	0	0	0	17	17
Resolved - Awaiting Credit Note to be issued	0	0	0	0	0	0
Escalated to Management / Solicitors	0	0	0	0	10	10
<b>Total</b>	<b>2,964</b>	<b>137</b>	<b>278</b>	<b>118</b>	<b>133</b>	<b>3,630</b>

## Appendix A – Page: 5

### Capital Programme and Expenditure

Scheme	Detail	2015/16 Original Scheme Value £000	2015/16 Revision £000	Year to Date £000	Forecast Outturn £000
Psychiatric Intensive Care Unit	awaiting business case approval	400	0	27	30
Low Secure unit with rehabilitation	awaiting business case approval	500	0	0	0
Assessment & Treatment and Telford Unit	business case approved	600	500	27	500
Dragon Square Upgrade	business case approved	250	500	503	510
Darwin Upgrade	business case approved	0	680	42	60
Information Technology	various	100	100	71	150
Equipment	various	80	80	0	30
Other		270	270	120	140
Environmental Improvements	numerous sites	100	100	0	80
<b>Total Expenditure</b>		<b>2,300</b>	<b>2,230</b>	<b>790</b>	<b>1,500</b>
<b>Disposals</b>					
Former Learning Disability property	Meadow View	-270	-270	-270	-270
Bucknall Hospital (part)	staged receipts	-500	-500	-52	-52
<b>Net Expenditure</b>		<b>1,530</b>	<b>1,460</b>	<b>468</b>	<b>1,178</b>
<b>Capital Allocations</b>					<b>£000</b>
Initial CRL (per NTDA Plan submission)					<b>1,530</b>
<b>Revisions to Plan:</b>					
Capital to revenue transfer					-350
<b>Final CRL</b>					<b>1,180</b>
<b>Value of Schemes Forecast Outturn as at 30/11/15</b>					<b>1,178</b>
<b>Potential (Over) / Undershoot against CRL</b>					<b>2</b>



# Appendix A – Page: 6

## Continuity of Service Risk Rating

Continuity of Service Risk Rating		YTD Actual £000	Forecast Plan £000      Actual £000	
Liquidity Ratio	<b>Working Capital:</b>			
	Total Current Assets	13,979	11,550	11,805
	Total Current Liabilities	-8,915	-7,661	-7,144
	Inventories	79	86	86
	Non Current Assets Held for Sale	2,199	1,750	2,005
	<b>Working Capital Balance</b>	<b>2,786</b>	<b>2,053</b>	<b>2,570</b>
	<b>Annual Operating Expenses:</b>			
	Operating Expenses	68,611	72,680	75,853
	<i>Add back:</i>			
	Depreciation & Amortisation	-1,247	-1,350	-1,367
Capital Servicing Capacity	Impairments	0	0	0
	<b>Annual Operating Expenses:</b>	<b>67,364</b>	<b>71,330</b>	<b>74,486</b>
	Liquidity Ratio (Working capital balance / Annual operating expenses)	13.9	10.4	12.6
	<b>Liquidity Ratio Metric</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>
	<b>Revenue Available for Debt Service:</b>			
	EBITDA	3,108	3,486	3,961
	Interest Receivable	-18	-16	-16
	<b>Revenue Available for Debt Service</b>	<b>3,126</b>	<b>3,502</b>	<b>3,977</b>
	<b>Annual Debt Service:</b>			
	Finance Costs (including interest on PFIs and Finance Leases)	1,250	1,364	1,364
	Dividends	551	561	561
	Capital element of payments relating to PFI, LIFT Schemes and finance leases	322	351	351
	<b>Annual Debt Service</b>	<b>2,123</b>	<b>2,276</b>	<b>2,276</b>
	Capital Servicing Capacity (times) (Revenue available for Debt Service / Annual Debt Service)	1.5	1.5	1.7
	<b>Capital Servicing Capacity metric</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>
	<b>Continuity of Service Risk Rating for the Trust</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>

### Risk Assessment Framework Parameters

#### Liquidity Ratio (days)

50% Weighting

Rating	4	3	2	1
Tolerance	0	-7	-14	<-14

#### Capital Servicing Capacity

50% Weighting

Rating	4	3	2	1
Tolerance	2.5	1.75	1.25	<1.25

## PERFORMANCE MANAGEMENT REPORT TO EXECUTIVE TEAM

<b>Date of meeting:</b>	15 March 2016 (Revised)
<b>Report title:</b>	<b>Performance &amp; Quality Management Framework Performance Report – Month 11 2015/16</b>
<b>Executive Lead:</b>	Interim Director of Finance
<b>Prepared by:</b>	Performance & Information Team
<b>Presented by:</b>	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.

In month 11 there are 4 metrics rated as Red and 6 as Amber; targets for the unrated metrics will be updated once 2015/16 technical guidance is received from the TDA. Figures for exceptions against internal targets are also provided in the table below.

Exception Trend Analysis M6 – M11				
Metric Driver	Red	Amber	Green	Unrated
Exceptions – Month 6	2	1	58	23
Exceptions – Month 7	2	2	58	23
Exceptions – Month 8	2	2	58	23
Exceptions – Month 9	3	7	58	21
Exceptions – Month 10	3	6	52	21
Exceptions – Month 11	4	6	53	21
Trust (Monitoring and Internal Stretch Metrics (M11))	3	0	7	11

### 3 Exceptions - Month 11

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b><u>TRAINING:</u></b>  % staff compliant with mandatory training	Workforce Dir  Op Lead S Slater	90%*	AMBER 87%	AMBER 87%	AMBER	↘	<p><b>87% at M11 when compared to 88% at M10</b></p> <p>Month 11 breakdown;            Corporate Services = 82%            AMH Community = 87%            HTT = 86%            CYP = 86%            Learning Disabilities = 91%            NOAP = 89%            Substance Misuse = 86%</p> <p>All Directorates have action plans in place in order to improve compliance and ensure that all staff receives appropriate statutory and mandatory training. These action plans are being reviewed continuously by the Heads of Directorates and Clinical Directors and are being monitored through Directorates Performance Management Sessions.</p> <p>There has also been a move to provide access to increased e-learning packages to support access and compliance, with further packages to be made available in the near future.</p> <p>*Commissioners have advised that this target can reduce from 95% to 90%; awaiting written confirmation.</p>



Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b><u>18 WEEKS (1):</u></b>  Compliance with 18 week waits ( <b>all referrals</b> , i.e. initial and subsequent internal referrals)	Dir of Ops Op Lead Head of Dir	95%	AMBER 93%	AMBER 93%	AMBER	↔	<b>93% at M11 which remains the same from M10</b> Month 11 breakdown; HTT = 100% AMH Community = 94% Substance Misuse = 100% Learning Disabilities = 100% NOAP = 99% CYP = 86% from 87% at M10  Additional resource has been allocated to support the Children and Young People Directorate to achieve the required target. It is anticipated that improvements will not be realised until Quarter 1 2016/17.
<b><u>18 WEEKS (2):</u></b>  Compliance with 18 week wait ( <b>initial referrals only</b> )	Dir of Ops Op Lead Head of Dir	95%	AMBER 91%	AMBER 91%	AMBER	↔	<b>91% at M11 which remains the same from M10</b> Month 11 breakdown; HTT = 100% same as M10 AMH Community = 91% from 90% M10 Substance Misuse = 100% same as M10 Learning Disabilities = 100% same as M10 NOAP = 98% from 96% M10 CYP = 89%  Focus is on Adult Mental Health Community to reduce the length of waits.
<b><u>Delayed Transfers of Care:</u></b>  MH Delayed	Dir of Ops Op Lead	7.5%	RED 8.2%	RED 8.2%	RED	↗	<b>8.2% at M11 from 8.4% at M10</b> Although performance has improved when compared to last month, it remains above the 7.5% target.

Transfers of Care							The delays are predominantly due to accommodation and funding. Directorates are to drill down in month.
Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<b>CPA:</b> The proportion of those on Care Programme Approach(CPA) for at least 12 months Having formal review within 12 months	Dir of Ops Op Lead Head of Dir	95%	AMBER 94.2%	AMBER 94.2%	AMBER	↘	<b>94.2% at M11 from 94.8% at M10</b>  AMH Community = 94.2% Learning Disabilities = 95.7% NOAP = 100%  Teams have weekly reports and rectification plans have been developed ongoing focus from Head of Directorate.
<b>RAID:</b> A&E Emergency Portal referrals seen within 1 hour	Dir of Ops Op Lead D Carr	95%	AMBER 91%	AMBER 91%	AMBER	↔	<b>91% at M11 which is the same as M10</b> Given the growth of Urgent Care activity at UHNM, the service has increasingly been picking up out of area activity. The service has introduced electronic patient recording in month which has initially created a time pressure as staff familiarise themselves with the system.  Head of Directorate is reviewing on a weekly basis.
<b>RAID:</b> All other referrals seen on same day or within 24 hours	Dir of Ops Op Lead D Carr	100%*	AMBER 95%	AMBER 95%	AMBER	↗	<b>95% at M11 from 90% at M10</b> Given the growth of Urgent Care activity at UHNM, the service has increasingly been picking up out of area activity. NSCHT is currently in discussion with commissioners via the RAID steering group to agree response targets, which will be added as agreed.  *The contract target of 100% is being discussed at the Contracting Group and will be escalated to the Commissioning Board, requesting a reduction to 95% in line with the 1hr and 4hr targets.

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u><b>Nursing agency usage:</b></u> Total spend against total nursing paybill (Qualified)	Workforce Dir Op Lead	3%	RED 5.15%	RED 5.15%	RED	↗	<b>5.15% at M11 from 6.15% at M10</b> The agency spend reflects some of the challenges with recruitment. The Trust has actively utilised temporary staffing to support services, particularly in areas such as Ward 4 and CYP.  We are also actively looking to expand our Bank to reduce reliance on agency staff. The reduction will also be supported with current recruitment activities and a further recruitment campaign.
<u><b>MRSA:</b></u>  MRSA Screening	Dir of Nursing	100%	RED 90%	RED 90%	GREEN	↘	<b>90% at M11 from 100% at M10</b>  Ward 1 reported a lapse in MRSA admission screening over a three week period in February 2016. No harm has come to patients. An action plan is underway including Policy IC 11 (MRSA) being distributed and discussed with Ward staff. The Infection Prevention nurse is providing additional support including, attending handovers, and conducting a refresher training sessions for staff. An internal audit process lead by ward managers has been introduced.
<u><b>Complaints:</b></u>  Number of Complaints open beyond agreed timescale	Dir of Nursing	0	RED 13	RED 13	GREEN	↘	<b>13 at M11 from zero at M10</b>  There was a backlog of complaints which has been addressed as a matter of urgency. An important programme is in place which includes a policy review audit and is being overseen by the audit committee.

#### 4 Recommendations

- Note the contents of the report.

*The following metrics are internal stretch targets (i.e. not contracted)*

Metric	Exec/Op Lead	Target	M11 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u>Flu Vaccinations - Staff</u>	Dir of Nursing Op Lead	75%	RED 45%	RED 45%	RED	↗	<p><b>45% at M11 from 33% at M10</b></p> <p>An additional flu clinic was delivered at Harplands by UHNM. This clinic was attended by 4 staff members. Team Prevent also offered additional clinics.</p> <p>The flu vaccination clinics have now closed.</p>
<u>Clinical Supervision</u>	Workforce Dir Op Lead S Slater	90%	RED 73%	RED 73%	RED	↗	<p><b>73% at M11 from 57% at M10</b></p> <p>Month 11 breakdown;</p> <p>AMH Community = 70% from 54.8% in M10            HTT = 67% from 46.05% in M10            CYP = 85% from 72% in M10            Learning Disabilities = 81% from 70% at M10            Substance Misuse = 80% from 67% at M10            NOAP = 80% from 45.5% at M10</p> <p>The target is an internal one based on all staff engaged in clinical activity having received Clinical Supervision in the previous two months. Directorates have action plans in place to improve performance, which is now included in the weekly performance report. Progress is being improved on a monthly basis.</p>
<u>Total agency usage:</u>			RED	RED	RED	↗	

Total spend against total paybill	Workforce Dir Op Lead	3%	6.56%	6.56%			<p><b>6.56% at M11 from 7.28% M10</b></p> <p>Corporate Services 5.42% from 5.86% at M10 (0.14% Medical, 0% Clinical, 5.28% Non Clinical)</p> <p>AMH Community 5.82% from 6.33% at M10 (2.76% Medical, 0.9% Clinical, 2.15% Non Clinical)</p> <p>HTT 4.07% from 7.79% at M10 (0.59% Medical, 4.6% Clinical, 0.05% Non-Clinical)</p> <p>Children and Young People 10.89% from 9.35% at M10 (7.39% Medical, 0.4% Clinical, 3.86% Non Clinical)</p> <p>Learning Disabilities 1.95% from 0.37% at M10 (1.6% Clinical, 0.36% Non Clinical)</p> <p>Neuro and Old Age Psychiatry 8.70% from 8.49% at M10 (1.34% Medical, 7.0% Clinical, 0.34% Non Clinical)</p> <p>Substance Misuse 9.28% from 16.64% at M10 (7.66% Medical, 1.6% Clinical)</p> <p>The agency spend reflects some of the challenges with recruitment. The Trust has actively utilised temporary staffing to support services, particularly in areas such as Ward 4 and CYP.</p> <p>We are also actively looking to expand our Bank to reduce reliance on agency staff. The reduction will also be supported with current recruitment activities and a further recruitment campaign.</p> <p>The non-nursing element of the agency expenditure target is not mandatory.</p>
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**Enclosure 10**

Date of Meeting:	31 <sup>st</sup> March 2016
Title of Report:	People & Culture Development Committee Summary
Presented by:	Peter O'Hagan, Vice Chairman
Author of Report: Name: Date: Email:	Amy Garside 22 <sup>nd</sup> March 2016 Amy.garside@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> <li>• <del>Quality Committee</del></li> <li>• <del>Finance and Performance Committee</del></li> <li>• <del>Audit Committee</del></li> <li>• People and Culture Development Committee</li> <li>• <del>Charitable Funds Committee</del></li> <li>• <del>Business Development and Investment Committee</del></li> </ul>
Purpose / Intent of Report:	For information and assurance
Executive Summary:	The report summarises the key discussions held at the People and Culture Development Committee on 21 <sup>st</sup> March 2016.
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>• IM &amp; T Strategy</li> <li>• Governance Strategy</li> <li>• Innovation Strategy</li> <li>• Workforce Strategy ✓</li> <li>• Financial Strategy</li> <li>• Estates Strategy</li> </ul>
Relationship with Annual Objectives:	Workforce Objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> <li>1. Focusing on quality and safety ✓</li> <li>2. Consistently meeting standards ✓</li> <li>3. Protecting our core services ✓</li> <li>4. Growing our specialised services ✓</li> <li>5. Innovating in the delivery of care ✓</li> <li>6. Developing academic partnerships and education and training initiatives ✓</li> <li>7. Being an employer of choice ✓</li> <li>8. Hosting a successful CQC inspection ✓</li> <li>9. Becoming digital by choice ✓</li> </ol>

	10. Reviewing and rationalising our estate ✓ 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. ✓ 12. Delivering our financial plan ✓
Recommendations:	To receive the report for assurance and information purposes.

## **Summary to Trust Board of the People and Culture Development Committee:**

**21<sup>st</sup> March 2016**

### **1. Policies**

#### **1.1 Management of Change Policy**

The Committee were advised of the revised Management of Change policy which has been reviewed and revised as a result of feedback obtained via the LIA group 'No change about me, without me'. The Policy sets out the process to follow when change management is required and has increased focus on early engagement and a glossary of terms to assist with staff understanding. The Committee agreed to recommend the Policy for approval to the Trust Board.

#### **1.2 Probationary Periods Policy**

The Committee was advised that a Probationary Policy has been developed following the amendments to the Trust Contract of Employment. The Policy was discussed in detail at the last JNCC and further work is required.

The Committee therefore agreed to reconsider the policy following amendment at the next Committee.

### **2. Workforce Service Line Performance – January 2016**

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 each of the services which had decreased this month, following a similar pattern to last year. The main reason for the absence (approx. 33%) across the Trust continues to relate stress and anxiety. Discussion took place regarding the uptake of Counselling and Mrs Summerfield reported that increasing numbers of managers are contacting to arrange team sessions and a workshop entitled polishing your resilience has also proved popular.

It was noted that Statutory and Mandatory Training remains an area of concern with overall performance dipping to just below 88% in January. Directorates provided assurance that training was being booked in and managed.

The introduction of Safeguarding Training for all staff groups has resulted in a slight decrease and Corporate areas had been identified as an area of concern which has been raised with the Executive team.

It remains that a number of areas are running with significant vacancies and it was noted that work is currently underway to address the shortfall and a number of strategies are being developed to improve recruitment and retention across the Trust.

DBS compliance was also discussed as 100% compliance has not been achieved in month. Ms Garside provided assurance regarding the DBS figures and explained the discrepancies.



### **3. Workforce & OD Risks**

The committee noted two risks identified on the Trusts Risk Register against the PCD Committee, those being around high levels of vacancies and the impact on service and high sickness absence rate (stress related). Following a discussion the Committee agreed that both remain a current risk and as such should remain unchanged.

### **4. Review of Revised Terms of Reference**

The Committee discussed the proposed terms of reference.

Mr O'Hagan confirmed that he found the terms of reference interesting but poor as he felt that they didn't have a clear alignment with objectives, data and risk.

Discussed re-defining the language to focus upon how we deliver objectives as opposed to monitoring attendance. Mr O'Hagan felt that the list of duties didn't appear to align with workforce objectives.

Mr Sullivan felt that the duties were clear and what the Committee should focus on; agreed that the duties should parallel the key objectives and once complete, could then decide on the best people to serve on the Committee. Mr Draycott also agreed that clear objectives were required, however whether this needs to be specifically set out in the TOR is a discussion point.

The Committee discussed various difference models including examples from other organisations. Seemed that all members had a slightly different viewpoint

Discussion regarding the cultural component of the meeting which cannot be so neatly captured within data.

Agreed to revise the terms of reference to clearly align with objectives and bring back to next meeting.

### **5 & 6. Review of Cycle of Business and Review of Committee Effectiveness**

The Committee agreed that this item would be reviewed following revision of the Terms of Reference.

### **7. Widening Participation – Apprenticeship Levy**

Mr Draycott presented paper to the Committee for assurance. We now have a dedicated Trust Lead (Carol Bain) who will work on strategy and increasing numbers of apprentices will be an objective for next year. Detail will be worked up with SLT and monitored regularly within the Committee.

### **8. Freedom to Speak up – Action Plan**

Ms Garside presented the Action plan which has been devised following the Francis Inquiry and Freedom to Speak up review. The paper sets out the key principles of the review along with a locally developed action plan. Work has already been undertaken to develop a healthy culture of raising concerns and the action plan sets to build upon exiting work to ensure that we are meeting our requirements around ensuring people can speak up and raising concerns where appropriate.

## **9. Agency Update Month 10**

Ms Garside presented the Agency Update paper which builds on the paper presented the previous month. Agency Price Caps are due to decrease again from 1<sup>st</sup> April and the TDA/Monitor have confirmed that all Trusts must procure through approved frameworks only from 1<sup>st</sup> April and the conditions to become an approved framework will become more stringent. The Trust continues to report weekly to the TDA regarding any framework or price cap breaches.

7 A&C price cap breaches have been reported for last week – one of which was in place prior to the price cap implementation, both of which are being addressed.

## **10. Dragons Den Update**

Mr Draycott presented the report to the Committee which outlined the outcomes of January's Dragons' Den.

It was agreed that an update would be provided in September/October time.

## **11. Development Session – Staff Survey Action Plans**

Mr Draycott launched a discussion regarding the Staff Survey results and associated action plans. Each Directorate is working with their Business Partners to review the areas, targeting key areas of concern. In NOAP for example, only 3 staff members did not agree that they would like their family members to be treated in the Trust so this would not be an area requiring review at this point.

The Committee discussed that improvements have been made in most of the areas, significant e.g. teams working effectively together, bullying and harassment etc. however we will strive to improve these figures further moving forward. Committee felt encouraged by the results whilst acknowledging that there is still work to be done – key staff groups will be targeted such as social care to obtain their views.

The Committee discussed the scores for staff feeling pressurised to come into work when unwell. The Committee discussed potential rationale and discussed the impact of the sickness policy, management capability, discretion etc. Violence and Aggression was also highlighted for review – no-one aware of physical assaults on staff by staff.

Action plans will be circulated and feedback regarding themes and any comments are required to Mr Draycott by 24<sup>th</sup> March.

Action plans to return to PCD in 3 months.

## **12. Any Other Business**

Ms Burston gave an update to the Committee about the 14 LIA groups and progress made to date. Specific LIA groups will be held to explore the findings of the Staff Survey.

## **13. Next meeting: Monday 25<sup>th</sup> April 2016**

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

Amy Garside



REPORT TO: **TRUST BOARD STAFF SURVEY RESULTS 2015**

Enclosure 11

Date of Meeting:	Trust Board – 31 <sup>st</sup> March 2016
Title of Report:	Staff Survey 2015 – Detailed Analysis and Actions Proposal
Presented by:	Paul Draycott, Director of Leadership & Workforce
Author of Report: Name: Date: Email:	Liam Cairns March 2016 <a href="mailto:Liam.Cairns@northstaffs.nhs.uk">Liam.Cairns@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For information and approval</li> </ul>
Executive Summary:	<p>Results of the 2015 NHS Staff Survey were released from embargo on Tuesday 23rd February 2016. This paper serves to draw out the most significant findings for the Trust in order that our successes can be celebrated, and improvements targeted as required.</p> <p>It should be noted that due to changes within the Mental Health / Learning Disabilities Trust benchmarking group, results are no longer categorised as being within the top or bottom 20% of Trusts. This information was deemed to have little statistical significance for such small benchmarking groups and it is only the Acute Trust benchmarking Group that has retained this measure. As a result, our results this year are categorised as being above average / average / below average in comparison to mental health trusts overall. As in previous years, the Trust's results are also identified as improving, deteriorating or no change from the 2014 results.</p> <p>Overall, the results are positive. There has been an encouraging improvement in the scores in the vast majority of survey questions and key findings measures. The Trust was average or better for 26 (81.25%) of the 32 key findings measures and below average on 6 measures, representing a significant improvement on 2014. The Trust maintained or statistically significantly improved our scores in all but one survey measure in the 2015 survey.</p> <p>Key areas for development action from the 2015 survey are:-</p> <ol style="list-style-type: none"> <li>1. Pride and recommendation of the Trust to our families (staff advocacy)</li> <li>2. Staff feeling safe to raise concerns</li> <li>3. Staff health and wellbeing</li> <li>4. Presenteeism – pressure to attend work when feeling unwell</li> <li>5. Violence and Aggression towards staff</li> </ol>
Which Strategy Priority does this relate to:	<ul style="list-style-type: none"> <li><i>Improve patient experience and pathways</i></li> <li><i>Being an employer of choice</i></li> </ul>

How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Workforce Strategy</li> </ul> <p>Staff engagement is key to delivering effective services and excellent patient experience. The annual NHS Staff Survey provides an important measure of our progress against this.</p>
Relationship with Trust Annual Objectives:	<p>2016-17 Annual Objectives:-</p> <ul style="list-style-type: none"> <li>• <b>Objective 2</b> - To create a learning culture to continually improve</li> <li>• <b>Objectives 4</b> – Use our resources more intelligently and efficiently (relating to our most valuable resource – our workforce)</li> <li>• <b>Objectives 5</b> – Attract and inspire the best people to work here</li> </ul>
Risk / Legal Implications:	<p>The Trust 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 NHS Staff Survey provides an opportunity to review these factors.</p>
Resource Implications:	<p>Within existing resources</p>
Diversity and Inclusion Implications:	<p>The staff survey contains measures on:-</p> <ul style="list-style-type: none"> <li>- provision of E&amp;D training</li> <li>- provision of equal opportunities in career progression / promotion</li> <li>- incidence (or otherwise) of discrimination in the Trust as a workplace</li> </ul> <p>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.</p>
Relationship with Assurance Framework [Risk, Control and Assurance]	<p>Links with CQC, TDA and performance monitoring by commissioners</p>
Recommendations:	<p>Trust Board are asked to:-</p> <ol style="list-style-type: none"> <li>1. <b>Note</b> the detailed NSCHT results of the 2014 NHS Staff Survey</li> <li>2. <b>Note and agree</b> the conclusions and recommendations set out in this report.</li> <li>3. <b>Consider and agree</b> specific high priority actions to make maximum positive impact on the outlined priority areas</li> <li>4. <b>Identify</b> any further key areas for action across or within the Directorates and at Trust Level arising from the Staff Survey data</li> </ol>

## REPORT ON 2015 NHS STAFF SURVEY RESULTS

### 1) Background

The annual NHS Staff Survey is co-ordinated annually by NHS England and provides the most reliable source of national and local data on how staff feel about working in the NHS. The principal aim of this survey is to gather information that will help individual NHS organisations to improve the working lives of their staff and thereby help to provide better care for patients. The NHS Staff Survey is a major source of data for a range of long term studies of performance in the NHS, including the work of Aston Business School in relation to effective team working. Aston Business School have demonstrated that there is significant correlation between Trusts performing well on a range of key measures in the NHS Staff Survey and NHS performance as measured by a range of patient and staff outcomes (Aston 2011 <sup>1</sup>).

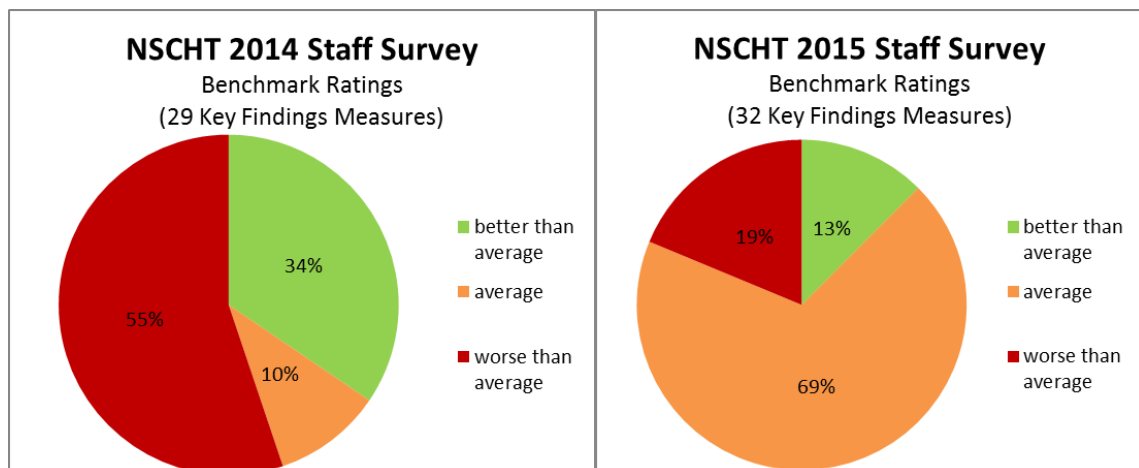
The full NHS England report on the Trust's 2015 Staff Survey results is published at:  
[http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2015\\_RLY\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2015_RLY_full.pdf)

### 2) Introduction

Results of the 2015 NHS Staff Survey were released from embargo on Tuesday 23<sup>rd</sup> February 2016. This paper serves to draw out the most significant findings for the Trust in order that our successes can be celebrated, and improvements targeted as required.

It should be noted that due to changes within the Mental Health/Learning Disabilities Trust benchmarking group, results are no longer categorised as being within the top or bottom 20% of Trusts. (This information was deemed to have little statistical significance for such small benchmarking groups and it is only the Acute Trust benchmarking Group that has retained this measure.) As a result, our results this year are categorised as being above average / average / below average in comparison to mental health trusts overall. As in previous years, the Trust's results are also identified as improving, deteriorating or no change from the 2014 results.

Overall, the 2015 results demonstrated progress. The vast majority of survey questions and key findings measures have improved. The Trust was average or better for 26 of the 32 key findings measures which is over 81% of the scores and below average on 6 measures. This represents a significant improvement on the 2014 survey (see Chart 1 over-page for comparison with 2014). The Trust maintained or statistically significantly improved our scores in all but one survey measure in the 2015 survey.



**Chart 1:** Comparison on Trust Staff Survey Results 2014-2015 by benchmark rank

**Appendix One** outlines the Trust's top and bottom ranking measures in comparison to other MH/LD trusts. The Trust was **better than average** for the benchmark group on the following measures:-

- **KF9** Effective team working
- **KF20** % staff experiencing discrimination at work in the last 12 months
- **KF21** % believing the Trust provides equal opportunities for career progression / promotion

Effective team work is an important element of staff engagement as the team is the day to day embodiment of the Trust for individual staff members. Strong team working is identified by Aston Business School as being key to organisation performance. Our improved ranking in this area over 2014 (when we ranked worse than average) supports the investment the Trust has made in the Aston Effective Teams approach in recent years as part of our staff engagement journey.

That we have fared well on the two measures relating to (lack of) discrimination and equal opportunities is reassuring as the Trust develops its diversity and inclusion strategy and approach. However, these results should be read with caution due to the low ratio of BME staff / staff with disabilities compared to white staff / staff without a disability. When ethnicity is considered, 29% of BME staff said they had experienced discrimination in the last 12 months compared to 9% of white staff. In terms of disability, 16% said they had experienced discrimination compared to 9% on non-disabled staff.

The Trust was **worse than average** on the following measures:-

- **KF1** Staff recommendation of the Trust as a place to work or receive treatment
- **KF18** % staff feeling pressure in the last 3 months to attend work when feeling unwell
- **KF19** Organisation and management interest in and action on health and wellbeing
- **KF22** % staff experiencing physical violence from patients, relatives or the public in the last 12 months
- **KF31** Staff confidence and security in reporting unsafe clinical practice

The measure on staff recommendation of the Trust to friends and family is of key importance due demonstrated links with staff advocacy and NHS performance outcomes, as

demonstrated by Professor Michael West and also since this is a key measure used to assess Trust performance nationally by NHS England and local commissioners.

Three of the measures relate to issues affecting staff health and wellbeing. This has already been identified as an area for action by staff and is currently the subject of a Listening into Action improvement programme. The measure on violence from patients is a long-standing concern and an area where the Trust has ranked less favourably on an almost annual basis.

Staff confidence and security in raising concerns around unsafe clinical practice remains a high priority (we ranked bottom 20% on this measure in 2014) and is highly significant in terms of both the current level of national focus on raising concerns and safer health services and in terms of our local quality priorities (SPAR – Safe-Personalised-Accessible-Recovery Focussed)

**Appendix 2** details the 5 measures that the Trust scored highest on (compared to other MH/LD trusts) and the 5 measure that the Trust performed worst against comparatively. In summary, the top and bottom 5 metrics were:-

TOP FIVE RANKING SCORES	BOTTOM FIVE RANKING SCORES
- Percentage of staff experiencing discrimination at work in last 12 months	- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell
- Percentage of staff believing that the organisation provides equal opportunities - for career progression or promotion	- Staff confidence and security in reporting unsafe clinical practice
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	- Percentage of staff experiencing physical violence from staff in last 12 months
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- Effective team working	- Staff recommendation of the organisation as a place to work or receive treatment

Clearly, several of these scores are linked. It should be expected that an organisation that reports low levels of discrimination would also be perceived to provide equal opportunities for career progression. The effective team working score is likely a direct consequence of the Aston Team Development programme, and the measure that correlate with good team working (Q5a-e) also score higher than the national average and show an improvement from the prior year.

The Trust scored well against bullying, harassment and abuse measures compared to the benchmark group and whilst clearly this is positive, any level of bullying, harassment or abuse should not be tolerated. 20% of staff reporting that they have been bullied by colleagues in the last 12 months is not acceptable.



Staff experience of physical violence in the workplace is clearly an issue, and one in which we are outliers from other organisations. From the directorate breakdown we can see that AMHI, Corporate teams, NOAP and Substance Misuse all have reports of physical violence against staff by managers. All directorates reported at least one instance of physical violence against staff from colleagues.

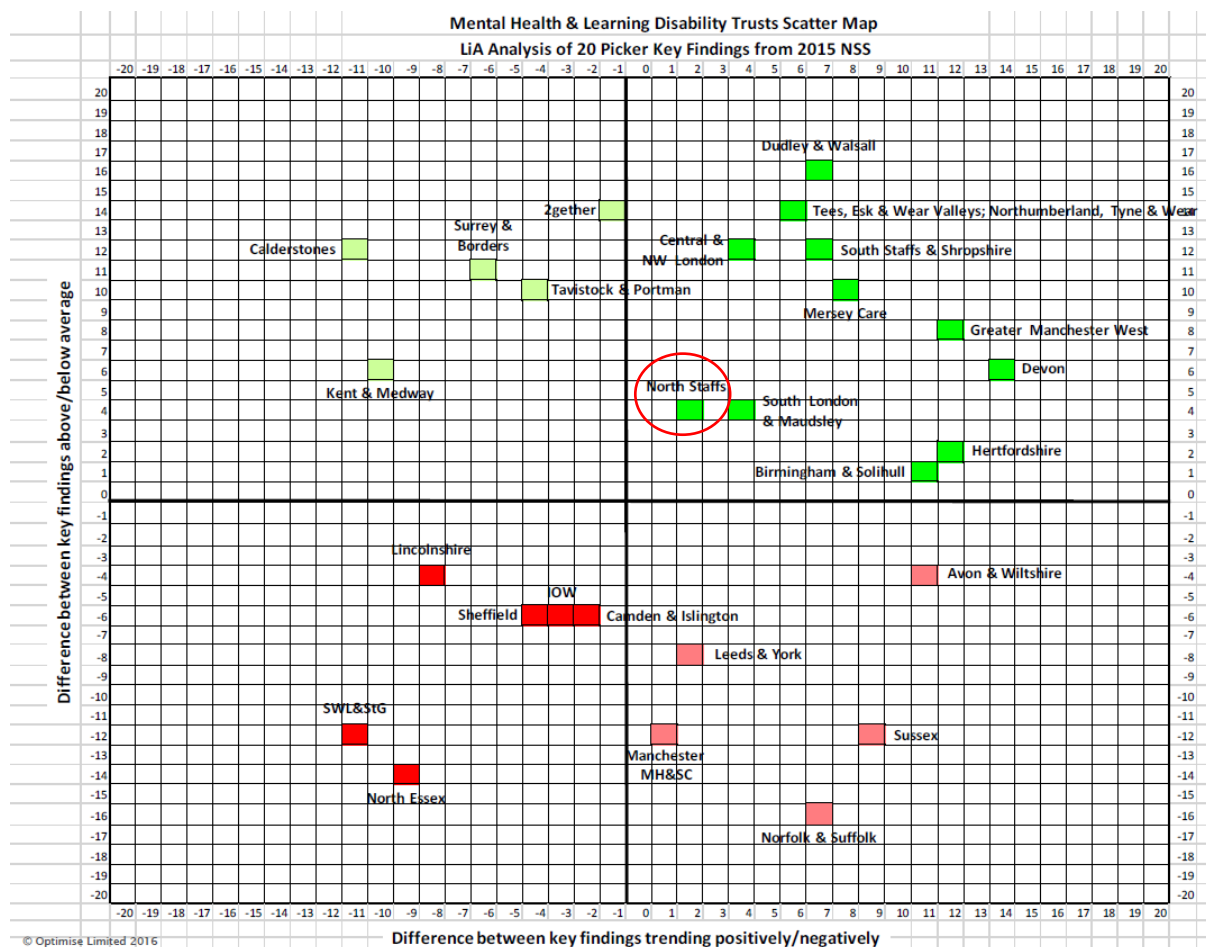
A positive statistic to note is that the in Q9c, the percentage of staff feeling unwell in the last 12 months due to work related stress has fallen by 5%, and now attains the benchmark average (40%).

### 3) Survey Data Analysis

The staff survey results are broken down by their correlation to the Staff Pledges of the NHS Constitution, and these are presented in full in **Appendix 1**. From these, the following are identified as being particularly significant either because they have improved or worsened statistically significantly, or because they are ranked as it the better or worse than average categories:

	Change since 2014 survey	Ranking, compared with all mental health in 2015
Staff recommendation of the organisation as a place to work or receive treatment	better than 2014	worse than average
Staff motivation at work	better than 2014	Average
Staff satisfaction with level of responsibility and involvement	better than 2014	Average
Effective team working	(New question)	better than average
% suffering work related stress in last 12 mths	better than 2014	Average
% feeling pressure in last 3 mths to attend work when feeling unwell	worse than 2014	worse than average
Org and management interest in and action on health/wellbeing	(New question)	worse than average
% experiencing physical violence from patients, relatives or the public in last 12 months	No change	worse than average
% experiencing physical violence from staff in last 12 months	No change	worse than average
% experiencing harassment, bullying or abuse from staff in last 12 months	No change	better than average
% able to contribute towards improvements at work	better than 2014	Average
% experiencing discrimination at work in last 12 months	No change	better than average
% believing the organisation provides equal opportunities for career progression / promotion	No change	better than average
Staff confidence and security in reporting unsafe clinical practice	No change	worse than average

Further benchmarking has taken place utilising the 20 Key Findings related to staff engagement relating to Listening into Action and are presented on the next page.



These demonstrate a positive impact on both above v below average scores and the positivity/negativity trend which puts Combined in the top right quartile as highlighted above.

#### 4) Key Themes for Development Action

On the basis of the above analysis, the findings of the 2015 Staff Survey have been summarised into the 5 key themes for action summarised below. Each theme is expanded on with a brief commentary further below.

1. Pride in the Trust and Recommendation to our Families (advocacy)
2. Staff feeling Safe to Raise Concerns
3. Staff health and wellbeing
4. Pressure to attend work when feeling unwell (presenteeism)
5. Violence and Aggression towards staff

##### Theme 1: Pride in the Trust and Recommendation to our Families (advocacy)

- **21c-d: Staff Friends and Family Test questions**

This is best measured by considering KF 1 (Staff recommendation of the organisation as a place to work or receive treatment). Both elements are combined in this factor, for which we scored 3.48 against the benchmark average of 3.66, and shows an increase of 0.18 from the prior year score – a significant improvement.

In regard to Q21c (“I would recommend my organisation as a place to work”) there are 24% of respondents disagreeing or strongly disagreeing with this statement. LD, NOAP, Substance Misuse and the Corporate Teams are for more positive in regard to this question, with AMH Inpatient, Community and CYP all giving significantly more negative responses.

In regard to Q21d (“if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”), there are 16% of respondents disagreeing or strongly disagreeing with this statement. The directorate pattern above is similarly reflected for this question.

## Theme 2: Feeling Safe to Raise Concerns

- **Q13a-c: Raising Concerns**

98% of staff have reported that they would know how to raise concerns over clinical practice, which is a good result and 2% over the Benchmark average – and an improvement of 2% over the prior year (Q13a). However only 62% of staff say they would feel secure in raising such concerns (Q13b). Despite being a 3% improvement on the prior year, this is still 8% below the average. Of equal concern is staff perception of the efficacy of raising concerns. In Q13c, only 51% of staff feel assured that the organisation would address the concern being raised. This is an increase of 1% over the prior year and 5% short of the average for the benchmark group.

On 9<sup>th</sup> March, the DH released a press statement accompanied by a league table of NHS Trusts, ranked by their ability to ‘learn from mistakes’. The Trust was positioned at 170<sup>th</sup> out of 230 trusts in the league table, with a rating of ‘significant concerns’. Whilst Q13a-c were clearly important in the calculation of the ranking, the following 4 ratings were used to calculate our ranking:

KF 30:	Fairness and effectiveness of procedures for reporting errors, near misses and incidents (Q11 & Q12). Question 12 is broken down into 4 sub-questions, and the responses are averaged out to give an overall score for KF 30. Of the 4 sub-questions, only Q12a falls below the national average: “my Trust treats staff who are involved in an error, near miss or incident fairly” which scored 45% of staff agreeing or strongly agreeing, where the national average is 48%. Overall we scored 3.72 (of 5) against the national average of 3.67. We were not red flagged on this basis.
KF 31:	Staff confidence and security in reporting unsafe clinical practice clinical practice (Q13b-c). This specific factor is discussed above. The Trust scored 3.46, where the national average was 3.63.
KF 7:	Percentage of staff able to contribute towards improvements at work (Q4a, b & d). For this metric, we scored 70% where the national average was 72%. It seems highly unlikely that we would be red flagged for this.
KF 26:	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Q15 b-c). Here, the Trust scored 20%, where the national average was 22%. Given that the ‘below average’ threshold sits at 20.8%, we will have recorded a ‘below average’ marking for this factor. However given the proximity to the ‘average’ threshold, and the minimum score awarded to a Trust (13.5%) it seems unlikely that we fell into the bottom 20% of all NHS Trusts.

The problem in attempting to assess where our red flags occurred is due to the relevant data not being released. A red flag is awarded if a Trust is in the bottom 20% for one of these Key Factors, however this information was not released to all Benchmark groups. Further, a red flag could have been awarded if a trust has any number of risk/ elevated risks in the NRLS (National Reporting and Learning System). Consequently, the Trust's position in the league table of 170 of 230, with a rating of 'significant concerns' and a staff survey measure of 3.56 is challenging to deep dive and unpick.

For comparison, SSOTP scored 3.64 with a rank of 96 and a good rating, UHNM scored 3.59 with a rank of 153 and a significant concerns rating, SSSFT scored 3.72 with a rank of 50 and a good rating.

Interestingly, South Tees Hospitals NHS Trust and Brighton & Sussex University Hospitals Trust both scored 3.56 – the same score as Combined Healthcare. However South Tees received a rating of good, with rank of 120. Brighton & Sussex received a poor rating with a rank of 201.

### **Theme 3: Staff Health and Wellbeing**

- **KF19 Health & Wellbeing**

This is measured under KF 19: organisation interest in and action on health & wellbeing. Under this factor we scored 3.57 against the average of 3.62, however this has been flagged (see analysis, below) as being one of our worst ranking areas. This data is drawn from two questions within the Staff Survey. The first is Q7f: My immediate manager takes a positive interest in my health and well-being. The Trust very closely mirrors the national average in this question, however the directorate breakdown shows that the very positive experiences being reported in NOAP and AMH Inpatient are being counterbalanced by less positive experiences in CYP and Substance Misuse.

The other question that feeds into KF 19 is Q9a: Does your organisation take positive action on health and well-being? Compared to the benchmark group, we show 3% more respondents answering 'no' to this question. As with other metrics examining organisational engagement, it is AMH Inpatient and Community and CYP that show most concern.

### **Key Theme 4: Pressure on staff to attend work when feeling unwell**

- **Q9d-g: Presenteeism**

These questions ask whether staff have felt pressure to attend work at times when they felt too unwell to carry out their duties, and where the source of this pressure came from. For Q9d (whether staff have felt pressure to attend work at times when they felt too unwell to carry out their duties), the response was that 71% of staff had experienced this in the last 3 months. This represents a deterioration from last years score by 6% and leaves the Trust 11% over the average for the benchmark group. Staff report multiple sources of this pressure (from managers, colleagues and from themselves) with 94% reporting that this pressure came from themselves.

## Theme 5: Violence and Aggression towards staff

- **Q14-15: Physical violence, bullying and harassment**
  - Q14a asks about staff experience of physical violence from patients, relatives or other members of the public. The number of respondents answering that they never experience this has fallen from 79% last year to 73% this year (79% is the average).
  - Q14b asks about staff experience of physical violence from managers in the last 12 months. Comparator data from 2014 is not available for this question. 1% of staff responding to the survey report experiencing violence from managers – one person in AMH Inpatient Directorate reports experiencing violence from managers 6-10 times in the last 12 months, and one person in NOAP reports experiencing this more than 10 times. AMHC, CYP and LD all scored zero for this question (i.e. no-one reported experiencing violence from managers).
  - Q14c asks about staff experience of violence from other colleagues in the last 12 months. The Trust scored 96% for this metric (i.e. 96% of staff have not experienced this in the last 12 months) compared to the national average of 97%. For this question, all directorates reported incidents, but AMH Inpatient was by far the outlier, with 4% of AMH Inpatient staff reporting they had experienced violence from colleagues 6-10 times, and 2% reporting that they have experienced this more than 10 times.

## 5) Survey Analysis by Staff (occupational) Group

The survey data also provides Trusts with a breakdown of the survey questions and key finding measures by staff/occupational group. It should be made clear that staff are requested to self identify which groups they belong to within the Staff Survey and therefore there is some variation away from accepted reporting groups. Most significant of these is the 'Other Scientific, Professional & Technical' group which, in ESR and general workforce planning terms would include Pharmacy, Registered Social Workers and Psychology staff, has had only 11 respondents. The 'Other Allied Health Professional' group, which would normally only apply to the small number of Art Therapists, Speech & Language Therapists and Physiotherapists, has had 113 respondents – far more than anticipated. The Social Care group in the Staff Survey has had 47 respondents. Therefore it is assumed that Psychologists (and Psychotherapists) have self identified as 'Other AHP' and that Qualified Social Workers have mapped to either 'Other AHP' or to 'Social Care Staff' groups. Judging from the number of Pharmacy staff (16) and an anticipated 50-60% return rate, it seems likely that the 11 respondents from Other Scientific, Professional & Technical will predominantly be from pharmacy.

### Specific Occupational Groups to target

The three staff groups that show the poorest engagement with the organisation are Other AHP (Psychology, Psychotherapy, Social Workers), Social Care Staff, and Pharmacy. These groups consistently score the least positive results in most data sets for the Staff Survey. There are some notable exceptions though, such as Medical & OT staff seem to be working the most overtime, and the maintenance/ ancillary group report the poorest team

working results. If only on a cost/benefit basis, it seems logical that Social Care Staff and Psychology/Psychotherapy should be the Trust's key focus for engagement when considering targeted activity in this area.

## 6) Survey Analysis at Directorate and Team Levels

The survey data additionally provides Trusts with a breakdown of the survey questions and key finding measures by Directorate. This year (for the first time for this Trust) we additionally have access to the survey data (question by question, not key findings summary) at team level.

Individual Directorates are tasked with leading their own local response and communications plan to the 2015 survey.

Individual teams will soon receive their survey results (full question data) together with their ranked position within the Trust on the Staff Engagement additional survey measure. It is proposed that lower ranking teams are 'buddied up' with higher ranking teams to gain support in developing their staff engagement approach.

Noteworthy survey feedback for the Trust directorates is summarised in the section below.

## 7) Directorate themes: specific areas for targeted Directorate action

**NOAP** scores really well overall in questions regarding leadership. Team leaders/managers support and encourage team leaders, are supportive in times of personal crisis, give clear feedback, involve staff in decision making, positively support health and wellbeing, and value staff. In all these questions, NOAP shows significantly better scores than other directorates. When the focus of the questions moves from 'your immediate manager' to 'senior managers' (in questions 8a-d) the results of these falls to levels comparable to other directorates. There are metrics where NOAP scores poorly, but these are areas that the Trust overall needs to target.

**AMHC** demonstrates some areas of concern. For question 2b ("I am enthusiastic about my job") it has the highest number of people responding 'rarely' or 'never'. 20% of respondents disagreed or strongly disagreed with the statement that they are satisfied with the quality of care they give (Q6a). This correlates with the results for Q21d, "*If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*" where AMHC scored the highest number of people disagreeing or strongly disagreeing with the statement. Overall, AMHC shows the worst record of bullying by managers (Q15b). Otherwise, the rest of the responses to the Staff Survey are broadly in line with other directorates.

**AMHI** shows the lowest score for staff receiving clear feedback on their work (Q7c), although CYP and AMHC are not significantly better in this regard. The effectiveness of communication from senior management has traditionally been an area that the Trust has struggled with, and whilst some areas have improved, this is still an area of concern in AMHI (Q8b). 44% of staff felt they disagreed or strongly disagreed with the statement that senior managers try to involve staff in decision making, however given the Management of Change process that was ongoing on Harplands inpatient areas to remove long day work patterns,



this result should probably be considered as a blip. Similarly, 40% of staff reported that managers do not act on staff feedback (Q8d), and this is probably also a result of the same recency effect. A good indicator that this could in fact be skewing results would be Q5h, where AMHI scores lowest for staff satisfaction with flexible working patterns. AMHI also shows the lowest score for action taken as a consequence of incidents being reported (Q12c), and for staff experiencing violence at work *from managers* (Q14b) and also from colleagues (Q14c). Related to this theme, 22% of respondents reported being bullied/harassed by service users/family members more than 10 times, and 4% reported being bullied/harassed by colleagues more than 10 times. Both of these scores are considerable outliers compared to other directorates. From Q17c we can see that the majority of this harassment/abuse (39%) was on grounds of gender.

In **CYP** directorate, motivation was clearly a major factor at the time the staff survey was underway and given the recent CQC inspection and early results, some of the survey responses are understandable. This perhaps explains why 27% of staff rarely or never look forward to going to work (Q2a), and why the directorate scores worst for 'time passing quickly whilst at work' (Q2c). Similarly, given what was occurring in CYP at the time, the directorate scored poorly in other engagement metrics (opportunities to show initiative, ability to make suggestions, team engagement in change and ability to make improvements happen – Q4a, b, c and d). Childrens is the directorate with the highest percentage of staff reporting that work has led to them feeling unwell through stress, and also has the highest percentage of presenteeism (Q9c and Q9d). Whilst cases of bullying/harassment/physical abuse in CYP seem to be very low from all sources, 65% of respondents (22 people) say they did not report the last time they experienced it, which is a very high number indeed (Q15d). CYP also has the highest number of staff reporting that they would not recommend the Trust as a place to work, and the second highest number reporting they would not recommend the Trust as a place to receive treatment (Q21c and 21d).

In **Corporate teams**, the first statistic that should be highlighted is that 32% of respondents reported that their role makes no difference to patient care (Q6b). Perhaps this indicates a disconnect between corporate staff and the existing Trust values. Corporate staff report the highest percentage of staff feeling pressure from their employer to come to work when feeling unwell (Q9e). On a related note, Corporate staff reported the most unpaid work being undertaken above contracted hours (10% reported 11+ hours in Q10c). The statistics for violence at work appear a little contradictory in that 3 respondents reported experiencing physical violence in the workplace from colleagues or managers (Q14b and 14c) but 14 people said that the last time they experienced physical violence at work it was reported and 4 people said they hadn't reported it (Q14d). 21% of respondents felt that the Trust did not act fairly in regard to career progression (Q17c). The cause of this was split between people feeling this was on ground of Disability (15%), Age (15%), Gender and Religion (8% each) and 'other'. 35% of corporate staff report having no learning, training or development in the last year (Q18a).

The **LD** and **Substance Misuse** Directorates were similar to NOAP in that they largely recorded well across the board (though not *quite* as high performing as NOAP) and the areas that they scored less well in were areas that the Trust as a whole performed poorly in.

**10) Current work being undertaken to address the Key themes for action**

- **Theme 1: Staff Friends & Family Test (SFFT)**

AMH Inpatient, CYP, LD, NOAP and Substance Misuse Directorates each have a SFFT action plan and champion who promotes both completion of the survey, and publicises actions taken that ought to influence a more positive outcome.

- **Theme 2: Raising Concerns**

Following the relaunch of the Raising Concerns Policy in 2014, a comprehensive Communications Plan was initiated. Furthermore, the [DearCaroline.org.uk](http://DearCaroline.org.uk) anonymous reporting tool was launched at the same time, which was a significant step towards openness and transparency in the organisation. Promotion of this (optionally) anonymous reporting vehicle and quarterly analysis and publication of the issues raised are ongoing.

- **Theme 3: Health & Wellbeing**

There is an ongoing LiA team looking at Health & Wellbeing. Much progress is being anticipated as a result of this, including developments on:

- Zero tolerance (see above)
- Staff Side Access Wellbeing Group launching on 30/03/16
- Embedding of Stress Awareness training for line managers within the organisation
- A better wellbeing page on SID is being developed
- Stress being added as a component of mandatory training day
- Improved facilities in staff rest/break areas
- Improving healthy eating options in vending machines

- **Theme 4: Presenteeism**

Currently, presenteeism is not covered in the Staff Sickness Policy, though it is included in the training delivered through the People Management Programme delivered by the HR team.

- **Theme 5: Physical violence, bullying & harassment**

The 3<sup>rd</sup> wave LiA group looking into Health & Wellbeing (see below for more detail) have been examining Zero Tolerance and how this would be best implemented in a Mental Health setting. Executive Director of Nursing Maria Nelligan has been involved in discussions regarding this. It is noted that the survey results show that patient/carer/family assaults on staff are not limited to just inpatient or nursing staff, but are also reported as impacting social care and community staff too.

The existing Trust policies on Discipline and Bullying & Harassment takes a very clear position on staff-to-staff assault, bullying and harassment however if the numbers being reporting in the staff survey are believed to be accurate, then there is on employee in NOAP and two in Adult Mental Health Inpatient that have been physically assaulted by their manager more than 10 times in the last 12 months. This is not information that has been escalated and addressed through an investigation, to the knowledge of the HR department. Non-reporting appears to be prevalent within



Psychotherapists, of whom 88% did not report their last experience of bullying/harassment – psychologists scored 77% for this metric. These are significantly the two highest areas of non-reporting of bullying/harassment. It should be noted that Social Workers and Medical Consultants also scored above 60% for this metric.

## 11) Conclusion: Taking Action

**Appendix 3** contains the proposed Trust action plan in response to the survey key themes and a template for use by Directorates in developing their local interventions.

## 12) Recommendation

Trust Board are asked to:-

- 1) **Note** the detailed NSCHT results of the 2014 NHS Staff Survey
- 2) **Note and agree** the conclusions and recommendations set out in this report.
- 3) **Consider and agree** specific high priority actions to make maximum positive impact on the outlined priority areas
- 4) **Identify** any further key areas for action across or within the Directorates and at Trust Level arising from the Staff Survey data

## Appendix 1

### Key Factors as aligned to the NHS Constitution Staff Pledges

	Change since 2014 survey	Ranking, compared with all mental health in 2015
<b>STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	✓ Increase (better than 14)	! Below (worse than) average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	--	• Average
KF3. % agreeing that their role makes a difference to patients / service users	--	• Average
KF4. Staff motivation at work	✓ Increase (better than 14)	• Average
KF5. Recognition and value of staff by managers and the organisation	--	• Average
KF8. Staff satisfaction with level of responsibility and involvement	✓ Increase (better than 14)	• Average
KF9. Effective team working	--	✓ Above (better than) average
KF14. Staff satisfaction with resourcing and support	--	• Average
<b>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.</b>		
KF10. Support from immediate managers	• No change	• Average
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	--	• Average
KF13. Quality of non-mandatory training, learning or development	--	• Average
<b>STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.</b>		
<b>Health and well-being</b>		
KF15. % of staff satisfied with the opportunities for flexible working patterns	--	• Average
* KF16. % working extra hours	• No change	• Average
* KF17. % suffering work related stress in last 12 mths	✓ Decrease (better than 14)	• Average
* KF18. % feeling pressure in last 3 mths to attend work when feeling unwell	! Increase (worse than 14)	! Above (worse than) average
KF19. Org and mgmt interest in and action on health / wellbeing	--	! Below (worse than) average

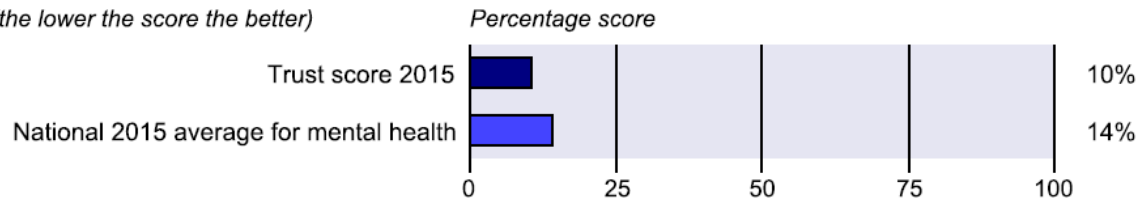
	Change since 2014 survey	Ranking, compared with all mental health in 2015
<b>Violence and harassment</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	• Average
<b>STAFF PLEDGE 4: 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.</b>		
KF6. % reporting good communication between senior management and staff	• No change	• Average
KF7. % able to contribute towards improvements at work	✓ Increase (better than 14)	• Average
<b>ADDITIONAL THEME: Equality and diversity</b>		
* KF20. % experiencing discrimination at work in last 12 mths	• No change	✓ Below (better than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Above (better than) average
<b>ADDITIONAL THEME: Errors and incidents</b>		
* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	—	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	! Below (worse than) average
<b>ADDITIONAL THEME: Patient experience measures</b>		
KF32. Effective use of patient / service user feedback	• No change	• Average

## Appendix 2 – the Trust's 5 top and bottom ranking scores in 2015

### TOP FIVE RANKING SCORES

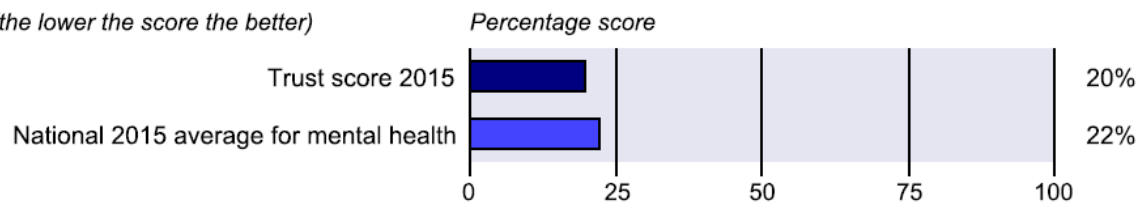
#### ✓ KF20. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



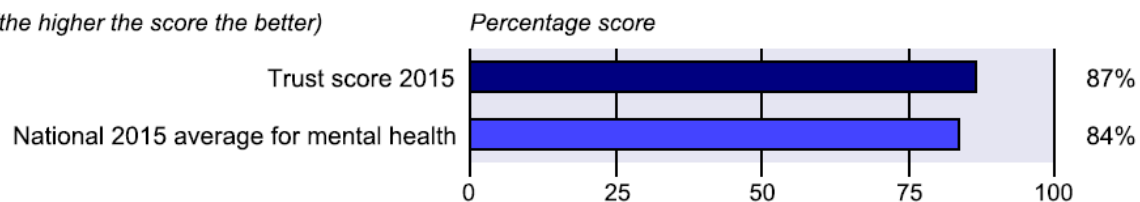
#### ✓ KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



#### ✓ KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



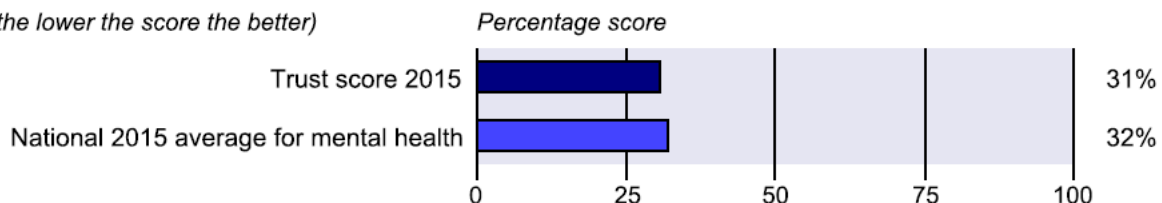
#### ✓ KF9. Effective team working

(the higher the score the better)



#### ✓ KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

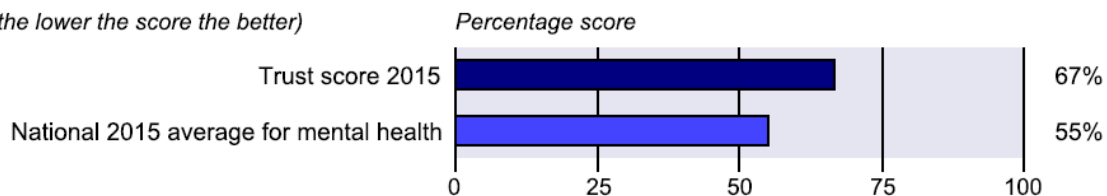
(the lower the score the better)



### BOTTOM FIVE RANKING SCORES

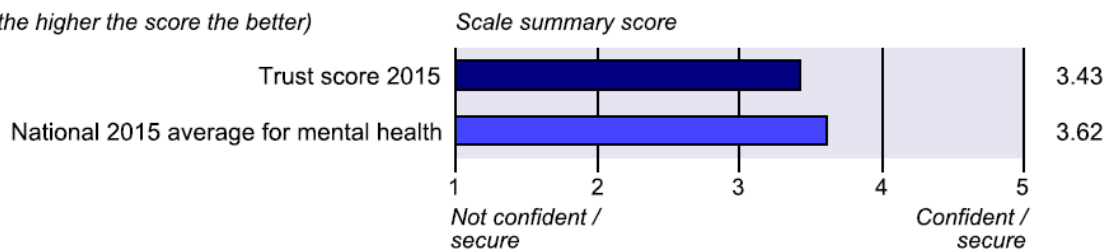
**! KF18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell**

(the lower the score the better)



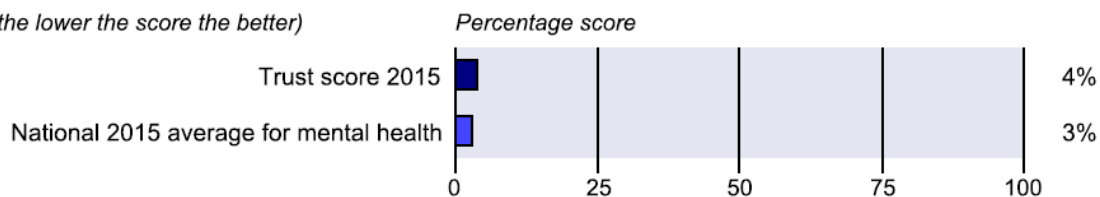
**! KF31. Staff confidence and security in reporting unsafe clinical practice**

(the higher the score the better)



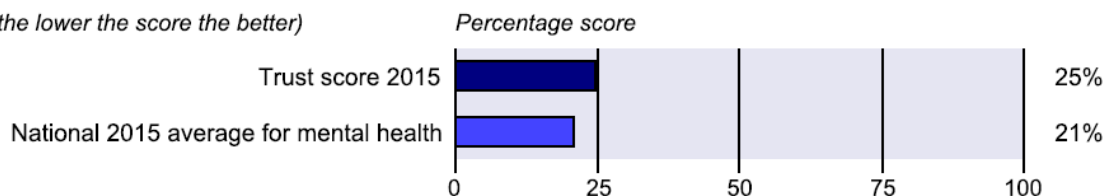
**! KF23. Percentage of staff experiencing physical violence from staff in last 12 months**

(the lower the score the better)



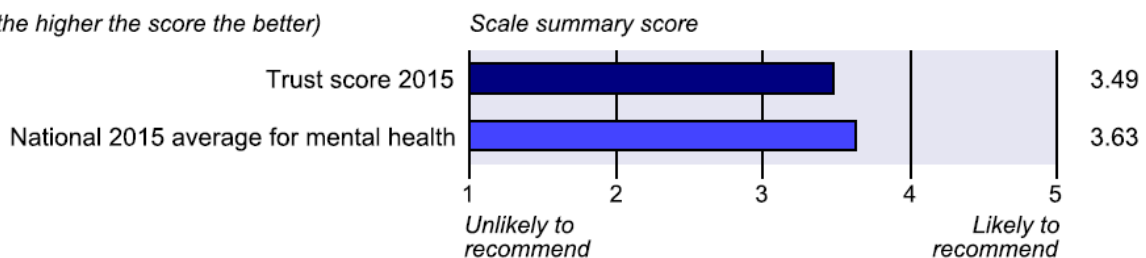
**! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months**

(the lower the score the better)



**! KF1. Staff recommendation of the organisation as a place to work or receive treatment**

(the higher the score the better)



## Appendix 3 – Draft Trust Action Plan

### Trust wide themes

Key Trust-wide Themes	Action	Date	Lead	Update
Theme 1: Pride and staff recommendation of the Trust	Undertake Staff and Patient Friends and Family Test promotion to increase uptake by staff by 100% and by patients by 500%	June 16	LIA Lead	
	Undertake a series of Focus Groups in CYP, Adult Community and Adult Inpatient to understand why staff are responding in the way they are	May 16	Workforce Business Partner	
	Learn from Hertfordshire MH Trust (+16%) and Devon Partnership Trust (+13%) about how they have improved their scores and implement within the Trust	June 16	HR Project Lead	
	Develop Behavioural Framework to support the Trust Values	May 16	Dementia Lead	
	Launch revised Trust Values at LIA Pass It On Event	May 16		
Theme 2: Raising concerns	Undertake Survey Monkey to understand the issues that block reporting led by the CEO	April 16	HR Projects Lead	
	Publicise and raise awareness of the Speak Up Guardian for the Trust.	April 16	HR Projects Lead	
	Use NHS Employers materials on raising concerns and promote widely through a clear communications and awareness raising campaign.	April 16	HR Projects Lead	

	Learn from Tees, Esk and Wear, Wigan, Wrightington and Leigh and Birmingham Childrens Hospital what they have done to put themselves in the Outstanding category for Learning Lessons on Openness – develop and implement plan as a result	May 16	HR Projects Lead	
Theme 3: Staff Health and Wellbeing	Continue with LiA Health and Wellbeing group and consider extending into Wave 4.	May 16	HR Projects Lead	
	Develop enhanced staff health and wellbeing pages on SID/Website.	May 16	HR Projects Lead	
	Partner with local organisations to introduce H&WB developments such as gym membership, classes at Harplands Gym, wellbeing environments etc.	June 16	HR Projects Lead	
	Use National CQUIN on staff wellbeing as a lever for change	June 16	AD Workforce	
	Undertake Leadership Develop in line with OD Strategy to support positive culture of wellbeing	June 16	AD Leadership	
	Develop Business Case for early intervention/support to detect and prevent ill health – Physio, health checks, well person clinics etc	June 16	HR Projects Lead	
Theme 4: Presenteeism	Work with staff representatives and leadership team at all levels to understand sickness policy and approach and how this applies ('myth busting')	June 16	HR Projects Lead	

	Implementation of recruitment strategy and campaign to fill vacancies	April 16	AD Workforce	
	Continue to enhance the responsiveness of the bank in order to better facilitate cover for absence at short notice	April 16	AD Workforce	
Theme 5: Violence and aggression towards staff	Hold a focus group to review racist, homophobic and other abuse towards staff to develop learning around improved response to incidents and preventative measures, sanctions etc.	April 16	Workforce Safety Lead	
	Implement zero tolerance standards to benchmark against other mental health trusts' approaches	June 16	Workforce Safety Lead	
	Link with raising concerns work (theme 2) around ensuring all staff know how to and importance of reporting violent and aggressive incidents	May 16	Workforce Safety Lead	