North Staffordshire Combined Healthcare
NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 28th March 2019, 9.00AM,
ACADEMIC 1 & 2, HARPLANDS HOSPITAL, OFF HILTON ROAD,
HARPFIELDS, STOKE-ON-TRENT, ST4 6TH

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**MINUTES OF THE OPEN AGENDA – 28th February 2019** *To APPROVE the minutes of the meeting held on 28th February 2019*	Approve Enclosure 2
4.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
5.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognise staff who are retiring. To be introduced by the Chief Executive and presented by the Chair.*	Verbal
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
8	*To RECEIVE questions from members of the public*	Verbal

	TO ENHANCE SERVICE USER AND CARER INVOLVEMENT	
9	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from Sue Tams, Vice Chair of Service User Carer Council*	Assurance Enclosure 5
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
10	**CAMHS TRAILBLAZER BRIEFING** *To RECEIVE a briefing re: CAMHS Trailblazer from Jonathan O'Brien, Director of Operations*	Assurance Enclosure 6
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
11	**NURSE STAFFING MONTHLY REPORT (JANUARY 2019)** *To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 7
12	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK ENHANCED REPORT (PQMF) – Month 10** *To RECEIVE the Month 10 Performance Report from Lorraine Hooper, Executive Director of Finance, Performance and Estates*	Approval Enclosure 8
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
13	**GENDER PAY GAP REPORTING** *To RECEIVE the Gender Pay Gap Reporting Report from Linda Holland, Director of Workforce, Organisational Development and Inclusion*	Approval Enclosure 9
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
14	**FINANCE REPORT – MONTH 10 (2018/19)** *To RECEIVE for discussion the Month 10 Financial position from Lorraine Hooper, Executive Director of Finance, Performance and Estates*	Approval Enclosure 10
15	**ASSURANCE REPORT FOR FINANCE, PERFORMANCE AND DIGITAL COMMITTEE** *To RECEIVE the Finance, Performance and Digital Committee Assurance report from the meeting held on the 7th March 2019 from Tony Gadsby, Chair/Non-Executive Director*	Approval Enclosure 11

16	**ASSURANCE REPORT FROM THE AUDIT COMMITTEE** *To RECEIVE the Audit Committee Assurance report from the meeting held on the 7th March 2019 from Gan Mahadea, Chair/Non-Executive Director*	Assurance Enclosure 12
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
17	**ASSURANCE REPORT FROM THE PEOPLE AND CULTURE DEVELOPMENT COMMITTEE** *To RECEIVE the People and Culture Development Committee Assurance report from the meeting held on the 11th March 2019 from Janet Dawson, Chair/Non-Executive Director*	Assurance Enclosure 13
18	**ASSURANCE REPORT FROM THE QUALITY COMMITTEE** *To RECEIVE the Quality Committee Assurance report from the meeting held on the 7th March 2019 from Patrick Sullivan, Chair/Non-Executive Director*	Assurance Enclosure 14
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
19	**ASSURANCE REPORT FROM PRIMARY CARE COMMITTEE** *To RECEIVE the Assurance Report from the Business Development Committee from the meeting held on 21st March 2019 from Tony Gadsby, Chair / Non-Executive Director*	Assurance Enclosure 15
	CONSENT AGENDA ITEMS	
20	**TOGETHER WE ARE BETTER – FEBRUARY 2019 UPDATE** *To RECEIVE for information the Together We're Better February 2019 Update from Caroline Donovan, Chief Executive Officer*	Information Enclosure 16
	ANY OTHER BUSINESS	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 25th April 2019 at 10:00am.	
	MOTION TO EXCLUDE THE PUBLIC *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	
	THE REMAINDER OF THE MEETING WILL BE IN PRIVATE	
	DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS	Note
	SERIOUS INCIDENTS	Assurance

	PERFORMANCE	Approve
	ESTATES	Assurance
	WORKFORCE AND AGENCY	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on
Thursday 28th February 2019
At 10:00am in the Boardroom, Trust Headquarters, Lawton House
Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

David Rogers
Chair

Directors:

Dr Keith Tattum
GP Associate

Caroline Donovan
Chief Executive

Linda Holland
Director of Workforce, Organisational Development and Inclusion

Maria Nelligan
Executive Director of Nursing and Quality

Lorraine Hooper
Director of Finance, Performance and Estates

Patrick Sullivan
Non-Executive Director

Jonathan O'Brien
Director of Operations

Gan Mahadea
Non-Executive Director

Dr Buki Adeyemo
Executive Medical Director

Joan Walley
Non-Executive Director

Chris Bird
Director of Partnerships and Strategy

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Unison Representative

Joe McCrea
Associate Director of Communications

Lisa Wilkinson
Corporate Governance Manager (minutes)

Sue Tams
Vice Chair Service User Carer Council

Russell Andrews
Associate Non-Executive

<u>Members of the public:</u>
No members of the public present

<u>REACH Individual Recognition Award</u>
Jodie Stolz – Reception Lawton House
Nicola Richards – Reception Lawton House

<u>Retirees</u>
Cath Walasiewicz – Registered Nurse
BIA Team
Carol Drewery – CPD Administrator

The meeting commenced at 10:03am.

28/2019	**Apologies for Absence**	**Action**
	Tony Gadsby, Vice Chair / Non Executive, Wendy Dutton, Chair Service User Carer Council	
	Lorraine Hooper was welcomed to her first Trust Board meeting. Russell Andrews joined the Board meeting today and will be joining the Trust in March as an Associate Non Executive.	
29/2019	**Declaration of Interest relating to agenda items**	
	No declarations of interest	
30/2019	**Minutes of the Open Agenda – 24th January 2019**	
	The minutes of the open session of the meeting held on 24th January 2019 were approved.	
	Patrick Sullivan made reference to the 24th January 2019 minutes and asked if there had been any follow up regarding the Best Interest Assessors request for a designated phone line for referrals. The Board asked for assurance to come to the next meeting that this has been actioned.	**LW**
31/2019	**Matters arising**	
	The Board reviewed the action monitoring schedule and agreed the following:-	
	240/2018 – CEO Update – Alliance Initiatives - *Agenda item*	
	247/2018 – Person Centredness Framework *– Report to come back to Trust Board May 2019.*	
	14/2019 – Towards Smoke Free Progress Report *– Caroline Donovan asked for further assurance to be sought by the Quality Committee. Agenda item for March 2019.*	
	15/2019 – Enhanced PQMF Month *– Actioned.*	
	19/2019 - Section 75 *– Jonathan O'Brien updated that the Trust continues to meet with on a regular basis and is monitoring consistent attendance at MDTs and picking up any issues in relation to training of the teams. Work is still ongoing to ensure we have as good engagement as we can. Feedback we are receiving is that initial teething problems are better than they were.*	

32/2019	**Chief Executive's 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. **CQC INSPECTION FEEDBACK** Communications regarding the CQC initial feedback has been incredibly positive and it's a real tribute both to the quality and compassion of care and the fantastic way all of staff showcased this to the inspectors. There was particularly strong feedback regarding the compassionate nature of our services and staff, including really clear recognition from service users about how much they value and appreciate the way they are treated and the services they receive. There was also real recognition of the continuing improvements we have made even in the relatively short period since our last inspection. This was consistent across all services inspected as well as the Well Led Inspection, which was particularly thorough and challenging, as we are one of the first Trusts to trial the CQC's new approach Thanks and congratulations are due to everyone staff, service users, carers and partners. Inevitably, there have been a few areas for improvement and the core services have already started to take action to address these issues and action plans are being progressed. The Trust will receive more thorough and formal notification of the CQC findings in their reports which they anticipate getting back to us in early March. **OPEN SPACE EVENT 2019** On 30th January 2019, the Trust hosted its Service User and Carer Council Open Space 2019 event. The event is one of the most important annual opportunities to get together with service users to help shape Quality Priorities for the coming year. Hosted by Executive Director of Nursing and Quality, Maria Nelligan, there was an amazing turnout of nearly 100 people at Port Vale FC. The centrepiece of the day was a live voting and discussion session on our draft Quality Priorities. The Trust also carried out the official public launch of the Wellbeing Academy and there was real enthusiasm for the venture. Congratulations to the patient engagement team for putting on another fantastic event. **COMBINATIONS PODCAST LAUNCHED** The Trust is proud of its use of staff, service user and carer stories at Trust Board and Committees to bring real-life experience to the heart of decision making. It is also proud of its reputation as an innovator in communications and engagement – particularly digital and social communications. The Trust is pleased to launch its Combined Healthcare Podcast – 'Combinations' the first episode launched to coincide with national Time to Talk Day and featured the CAMHS team talking about their nationally leading service, involving new investments, new staff, new services,	

partnership with schools and being a NHS Long Term Plan CAMHS Trailblazer and a NHS Digital Exemplar.

The launch attracted tweets and likes across social media and over 200 listens in just the first week, so it's clear that it's something that is of interest.

The Trust is inviting everyone to submit their ideas for a short film or Podcast via a webform on the Combined public website staff, service users and carers page.

AWARDS SUCCESS CONTINUES

The finance team has been shortlisted for 'Finance Team of the Year – Health' in the annual Public Finance Awards. It's been a great year for the Finance Team, as they prepare to deliver the 20th consecutive year of financial balance – which is unprecedented and makes Combined one of the strongest financial performers in the region. The winners will be announced on 1st May 2019.

The Trust has also been shortlisted as Provider of the Year in the Leading Healthcare Awards, which will be announced on 6th March 2019. The entry featured Combined's overall journey towards outstanding and was submitted by Medical Director, Dr Buki Adeyemo.

Last but not least, the Estates team has been nominated for Best Operational Project in the Partnerships Awards 2019. The project nominated is the Harplands Hospital partnership work during the changeover of the FM provider. The awards ceremony takes place on 9th May 2019.

INCLUSION COUNCIL FOCUSSES ON INCLUSIVE RECRUITMENT

The latest meeting of the Inclusion Council focused on the Trusts track record in recruiting and retaining BAME staff.

Cherie Cuthbertson – Recruitment and Retention Lead – presented some very thought-provoking, high-level analysis on how BAME applicants at Combined Healthcare fare at different stages of the recruitment and interview process, which suggests there is work needed to be done at the latter stages of the process, as the percentage of BAME success drops significantly. The Trust will be carrying out some further Deep Dive analysis to understand exactly what lies behind the apparent top-line messages.

The Council also discussed work done by NHS experts on 'unconscious bias' in recruitment practices. Unconscious bias is an important cause of discrimination in many aspects of workplace activity. Such bias, or judgments about, and behaviour toward others that we are unaware of, is all around us. It is now well established that it affects how staff are shortlisted, appointed, promoted, paid, disciplined and even bullied at work. It affects all manner of decisions, notably in discrimination where research has extensively documented its impact on women, and ethnic minority staff in particular.

Training has begun for regular recruiting managers in the Trust through Inclusive Recruitment Workshops being delivered for us by Joy Warmington, CEO of BRAP Equality. The first of these took part in January

and a second is planned for 18th March 2019.

CLINICAL RISK SUMMIT

During January, 36 senior clinicians took part in a Clinical Risk workshop focusing on the implementation of 'Just Culture' led by Medical Director, Dr Buki Adeyemo. The workshop was delivered by Mark Riley-Pit, who has worked with Mersey Care in this approach.

There was discussion about how compassion and openness with service users and staff when an error has occurred will encourage learning culture. Evidence has shown that where this approach has been adopted, there is a commensurate decrease in incidents.

This approach will be further developed within the Trust with the new leaders.

STP DIRECTOR ATTENDS OUR LEADERSHIP ACADEMY

Caroline Donovan, Chief Executive led the latest Leadership Academy which has now been refocused with the membership being senior leaders.

Caroline and Jonathan O'Brien, Director of Operations presented on the NHS Long Term Plan and its boost for mental health, as well as the STP mental health plans (included in last month's Board Report). Also discussed was the future direction in the plan about integration.

Both Maria Nelligan, Director of Nursing and Quality, and Dr Buki Adeyemo Medical Director gave a presentation regarding Quality Priorities. Linda Holland, Director of Workforce, Organisational Development and Inclusion and Geoff Neild, Associate Director of Estates presented on workforce and estates.

The external speaker was Simon Whitehouse, Director of the Staffordshire STP. Simon's presentation was a thought provoking and frank assessment of the challenges facing our local health and care economy and the need for everyone across the region to work together collaboratively and imaginatively to deliver top-class care for our local populations and communities.

EXPLORING WAYS TO TRANSFORM OUR SERVICES FOR THE BETTER

Caroline Donovan, Chief Executive and a number of the Executive team were asked to attend a last minute system summit due to concerns about the financial position across the STP and the need to have a credible plan moving into 2019/20.

This focused on discussing the 'art of the possible'. The conversations really challenged everyone to consider how to work better together and take more risks and responsibility for transformation across the system.

The mental health discussions to date have been about investing in mental

health; the decision has now been made that, through the investments that are continually going in, we need to identify how they can release costs wherever possible.

A particular priority is going to be to continue focus on CCG out-of-area spend where service users are being treated out of the county. The Trust has been successful in the last 18 months in caring for some service users closer to home, which is much more positive in enabling support from family and friends.

Additionally, exploring how the project for service users who use services in a repeated way - either in UHNM or our Trusts - could be expanded. Again, providing the right support to people in their home setting can prevent them needing to use emergency services, which reduced expenditure and improves the service user experience.

The final area is exploring how work with service users accessing UHNM with alcohol-related needs could be better supported - potentially by accessing in-patient facilities when in a crisis.

Jonathan O'Brien is leading as the Mental Health Work Stream Lead in collaboration with trust teams, MPFT and CCG's.

Jenny Harvey, Unison Representative shared her concern and suggested inviting Tracey Parker-Priest, Chief Operating Officer, Staffordshire and Stoke-on-Trent STP and David Pearson, STP Vice Chair to Joint Negotiating Consulting Committee (JNCC) as they are keen to meet with the trade unions. Caroline Donovan confirmed the Trust supports staff side involvement and in terms of consultation this would be a good idea. The more the Trust can involve its staff can only be positive.

Linda Holland advised there is a Toolkit of resources being made available that will be rolled out over the next month which should give an understanding of what that means for staff.

David Rogers, Chairman advised there is a lot of work ongoing in terms of the long term plan. The STP Chair is trying to widen involvement and inclusion and ensure the long term objectives are not replaced by short term obligations and pressures.

NATIONAL PLANNING DRAFTS SUBMITTED

The Trust has submitted a draft Operational Plan, finance plan and workforce plan as per the national planning requirement. The submissions are fully reflective of the national planning guidance and have been shared with Business Development Committee and the Finance, Performance & Digital Committee. There will now follow a national review process carried out jointly between NHSI and NHSE, which is due to be completed by 29th March 2019. A final submission is due on 5th April 2019.

	NATIONAL UPDATE	
	HEALTH EDUCATION ENGLAND PUBLISHES "TOPOL" REVIEW On 11th February, Health Education England published "The Topol Review - Preparing the healthcare workforce to deliver the digital future." This was an independent review commissioned by the Secretary of State advising on: • how technological developments are likely to change the roles and functions of clinical staff over the next two decades. • what the implications of these changes are for the skills required by the professionals filling these roles. • the consequences for the selection, curricula, education, training, development and lifelong learning of current and future National Health Service staff. The Review proposes three principles to support the deployment of digital healthcare technologies throughout the NHS: • Patients need to be included as partners and informed about health technologies. • The healthcare workforce needs expertise and guidance to evaluate new technologies. • Genomics, digital medicine and AI will have a major impact on patient care in the future. ***Received***	
33/2019	**Chair's Report** David Rogers acknowledged the Trust being shortlisted for 'Provider of the Year' is an excellent achievement. With regards to the CAMHS Trailblazer, this is a significant amount of money to encourage certain chosen Trusts to inject more resource in an imaginative way into childhood Mental Health. Its great news that the Trust is proud of this. Local elections will commence in May 2019. From the 26th March 2019 we will enter a period of Purdah. ***Noted***	
34/2019	**Staff Retirements** **Cath Walasiewicz – Registered Nurse, Access Team** Cath commenced her long career in the NHS as a Health Care Support Worker at Bagnall Hospital at the age of 18 years before training to become an Enrolled Nurse at Stallington. Cath returned to the Bagnall until its closure in 1990 predominantly working with individuals with co-morbid physical disabilities. On her return from maternity leave she became a	

deputy manager in a community home and it was during this time that she completed her first level nurse training.

Following this Cath took a position in the private sector becoming a unit leader for 18 months in an Assessment and Treatment Unit where her leadership enabled the unit to significantly improve standards of care delivery.

Cath returned to the Trust to Bucknall Hospital working at Chebsey Close as the unit leader. During this time Cath worked alongside colleagues to review services which later supported relocation of service users into the community or social care.

For the next 6 years, Cath moved to a non-clinical setting as part of the performance team and as the trust's equality and diversity lead. Whilst this was an exciting and challenging period in Cath's career her heart was in clinical work thus prompting her return to clinical practice.

Cath applied to become a Best Interest Assessor on her return to clinical practice in her position within the resettlement and review mental health team and during this time was seconded to do her RMN training qualifying in 2013.

For the last 5 years of her career Cath has worked in what is now called the High Volume User (HVU) Service utilising her dual skills as both an RNLD and RMN. Cath describes herself as 'going out on a high' and has thoroughly enjoyed this time in her career from service recognition awards such as Highly commended' at REACH to HSJ Value Awards to watching the service develop. Cath has particularly enjoyed partnership working including building relationships with other services to work collaboratively and in a person-centred way.

Cath has maintained a high level of compassion and motivation throughout her career. She remains passionate about her work and is diligent about all aspects of her work. I'm sure Cath will enjoy her semi-retirement as she will be returning in the near future to continue to support the work of the HVU service 2 days per week. We wish you well in your semi-retirement.

Carol Drewery – CPD Administrator
Carol first took up post with North Staffordshire Combined Healthcare in July 1995. Her first post was working in the Strategic Planning and Litigation team. She has had a number of other roles along the way including clinical Information, Organisational Development and training and a 12 month stint as PA for myself, before her final post working in the Medical Education Team as CPD Administrator.

Carol has always been a well-liked member of any team she has worked in. She has been regarded as loyal, hard-working, conscientious, efficient, a fountain of knowledge, supportive, helpful and all with a great sense of humour and fun.

In the past by Carol has lived in both Australia and Greece and we know

	she is looking forward to a short visit to Greece soon after retirement before going to Australia for at least 3 months later in the year. We are all extremely jealous but wish her safe and happy travels as they are well deserved. Carol is a valued member of the team who is going to be missed and we wish her a long and happy retirement. *Noted*	
35/2019	**REACH Individual Recognition Award February 2019** **Jodie Stolz and Nicola Richards – Receptionists, Lawton House** The REACH recognition individual awards on excellence this month goes to Jodie Stolz and Nicola Richards who are the Receptionists at Lawton House. Jodie and Nicola have been in post less than a year, but have already made a positive impact on both staff and visitors at Lawton House. They work seamlessly together to provide an excellent service and both display the Trust's values within their day to day work. **Compassionate** – Jodie was commended by a member of staff who was suffering from a serious degenerative illness. Each morning Jodie would greet the member of staff in the car park assist him in getting out of his car and help to carry his belongings into work. He was most grateful to Jodie for showing kindness and compassion and although he has now retired due to ill health they have remained friends. Both receptionists have asked to take the British Sign Language course to enable them to assist those with impaired hearing. **Approachable** – Dr Tan, Principal Pharmacist, who attended a meeting at Lawton House, took the time to email to say "Nicola Richards was most helpful and friendly, courteous, and forthcoming with information about his meeting, Dr Tan said "I just thought I would say that as we don't say enough good things about other staff" Angie Russell, Director for Positive Practice in Mental Health awarded Nicky a Positive P for her friendly and helpful attitude. **Responsible** – Jodie and Nicky are committed to ensuring they provide a valuable service. Their attitude, along with their professional and polite, friendly manner ensure that the reception at Lawton House provides services for both North Staffordshire Combined Healthcare staff and the Staffordshire and Shropshire HIS Team to the highest standard. **Excellent** – Our Reception staff were commended by the HIS Team, who wanted to pass on thanks from their teams based at Lawton House and the	

	Ashtenne Units for the work and professionalism shown by the Trusts two receptionists. Their comments read: "We have numerous visitors here to Lawton House, many of which we have no prior knowledge of and both Nicky & Jodie are always really helpful and supportive to our visitors whilst they try to get in contact with one of our team here. I know that sometimes our users are not always prepared to offer the same level of courteousness or professionalism back to Jodie or Nikki, yet they never let that alter the manner in which they react or handle the situation, they are a real credit to the Trust and we are very appreciative of their support and assistance" We can all take our reception function for granted at times, sometimes wandering through the reception area without even noticing that someone is sat at the desk. It is nice to hear that our reception is recognised for the service they provide and to acknowledge what a great job all of our staff do, and not just those on the front line. ***Received / Noted***	
36/2019	**PATIENT STORY – MARCELLA NIXON, EDWARD MYERS UNIT** The Board watched a short film describing Marcella's journey. In 2018, Marcella Dixon self-referred to One Recovery to seek help to address problems she was encountering with alcohol. A dedicated wife and mother, Marcella found herself at a loss when her son moved out, and turned to alcohol for help. Marcella self-referred to One Recovery to be assessed, but was told there could be a 10-week wait, so decided to check herself into a private clinic in Ireland. After three months, the treatment proved unsuccessful and Marcella soon relapsed. Within a few days of contacting One Recovery again, Marcella was assessed and referred for an inpatient detox and soon admitted to Edward Myers. Marcella credits much of her positive experience and recovery to the wonderful staff she interacted with at every stage of her journey with Combined. Following her detox, Marcella also engaged with IPC Employment services, who helped find her a new job to better suit her needs. Caroline Donovan thanked Marcella for sharing her story and acknowledged the 10 week waiting time as something the Trust are looking for investment in to reduce this. Caroline asked Marcella what support she received from One Recovery when she left Edward Myers. Marcella confirmed she has undertaken an IPS Programme where they helped Marcella to get into work,	

	Marcella said, 'their door is always open and I am receiving Wellbeing Support. Everything from going into One Recovery the second time has been brilliant, it all just fell into place.' Marcella is also receiving Cognitive Behavioural Therapy (CBT). Jenny Harvey confirmed she too had seen the effects personally that Marcella describes and advised she had supported staff of high alcohol dependency and has only seen positive effects on people's lives. These are amazing stories from amazing support from the Trust. David Rogers talked about the difference between Marcella's experience in Ireland of that received here and noted importance of being the continuity of care before, during and after. ***Noted / Received***	
37/2019	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions were received from the public.	
38/2019	**SERVICE USER AND CARER COUNCIL** Sue Tams, Vice Chair of the Service User Carer Council provided an update in the absence of Wendy Dutton. In place of the January Service User Carer Council (SUCC) meeting, a large number of the council attended and contributed to the Open Space Event there was an extremely good turn out and a lively debate on; • **The Quality priorities:** Progress on quality priorities for 2017-2019 were shared and proposals for 2019-20 priorities suggested. Discussions were held on the tables on what options there were as well as additional suggestions being made as to what could be built on for next year. • **Launch of Wellbeing Academy:** There was an explanation of what it is in terms of it not being a building it is an offer of courses available in various community buildings, for everybody and wherever possible to be co- delivered by service users and carers. • **Ward 4 carer's group**: A video was shared of the Ward 4 family and friends group. This included staff and the family members themselves. It showed the impact the group has for family and friends when loved ones are on the ward but also that it is a support available to them after loved one is discharged. • An overview of SUCC to date including activities and events that council members have been involved in; Volunteer Peer mentors, generic volunteers and the Well-being Academy. • There was generally an upbeat feeling in the room with debate.	

	Maria Nelligan highlighted the need to undertake a stocktake of different activities taking place on the wards as some may be replicated in different areas. David Rogers stated that the Trust needs to make communities aware of what it does and what it is proud of. Joan Walley suggested this could be discussed at the March Board Development Session along with social commissioning opportunities in terms of family and friends and local employers, thinking about mental health in the community, ensuring employers and businesses are a part of this as well. ***Received***	**MN**
39/2019	**TOWARDS OUTSTANDING INNOVATIVE PRACTICE – BE ABLE APP DEVELOPMENT** Dr Buki Adeyemo, Executive Medical Director provided an update. The development of technology-enabled care at Combined has been incremental - commencing with small-scale pilots of "Flo" and "Flo plus Autographer". Emerging from the pilot work brought about the concept of BeAble; an "App" on prescription which provides service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self-management. The review of the BeAble App gained insight into user experience and feedback across the three review areas: functionality, usability and design. ***Received***	
40/2019	**NURSE STAFFING MONTHLY REPORT (November and December 2018)** Maria Nelligan, Executive Director of Quality and Nursing presented the report. The November paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during November 2018 was 83% for registered staff and 105% for care staff on day shifts and 79% and 112% respectively on night shifts. Overall a 96% fill rate was achieved. The December paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during December 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during December 2018 was 81% for registered staff and 97% for care staff on day shifts and 77% and 112% respectively on night shifts. Overall a 92% fill rate was achieved.	

Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.

At the end of December 2018, there were 33.38 WTE RN vacancies in in-patient areas. This is a slight increase on the November position. Our overall vacancy figure continues to show a significant and positive reduction from our April 2018 position, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these nurses. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.

At the end of December 2018, there were 26.81 WTE HCSW vacancies reported within in-patient wards.

Jonathan O'Brien asked how many provisional offers have been made to current Student Nurses. Maria confirmed all Registered Nurses have received provisional offers. The Trust has strengthened relationships with Staffordshire University and we are offering their students the same in terms of a conditional offer.

Staffordshire University are aligning where their programme takes place, there has been discussions regarding having a programme in Stoke-on-Trent which will be beneficial to the Trust.

Joan Walley asked what the impact of Brexit would be to the Trust. Jonathan O'Brien provided assurance there was not a large number of nursing staff affected. The Trust has 6 EU nationals and has offered any support they require.

Patrick Sullivan highlighted that the Quality Committee is looking at the 6 monthly reviews the Trust is at a stage now where we need to deep dive as we have a lot of data but have not resolved the problem. Maria confirmed she did not think the problem could be resolved as there is a national shortage. We are moving people around, we need to work together how we recruit people and how we maintain them.

Received

41/2019	**REPORTING HCW FLU VACCINATION INFORMATION**	
	Maria Nelligan, Executive Director of Quality and Nursing presented the report.	
	NHSI require all Trusts to report on the uptake of the flu vaccination by Healthcare Workers through their public Trust Board papers. This report details the information requested by NHSI including flu vaccination uptake and opt-out rates, actions taken to improve uptake and a breakdown of reasons staff have given for opting-out.	

Maria wished to thank staff for all their hard work and dedication in taking this forward and vaccinating staff. The Trust has utilised a range of innovative and responsive measures to maximise the uptake of the flu vaccine amongst HCWs. This has been led by the Infection, Prevention and Control Team and supported by colleagues across the Trust, enabling an uptake rate of 75.8%.

Actions taken were:
- Peer vaccinators trained across the Trust (including Team Prevent) covering wide range of specialities acting as 'Roving Vaccinators' to provide vaccines locally to staff
- 2 x 24 hour Jabathon (vaccinators available over a 24 hour period focussing on vaccinations throughout that time)
- Dial-a-jab and Text-a-jab (opportunity to contact IPC team and arrange convenient time and place for vaccination)
- Emails to all staff that are on the database as not vaccinated to offer the opportunity to have the vaccine.
- Incentives- 20 Golden ticket winners (£10 Love to shop voucher) and 1 IPAD winner
- Social Media (Twitter/Facebook/You-tube) Campaign

There has been one incident of flu in a patient towards late January early February 2019.

Jenny Harvey highlighted concern regarding the reason for staff opt out of the scheme being 'I don't believe the evidence that being vaccinated is beneficial' and asked should the Trust be making it mandatory? Maria Nelligan confirmed there will be a conversation with NHSI the Trust is performance managed on this but it is not mandatory for staff this is of course one of the Trust's CQUINs and a difficult position to be in.

Joan Walley asked if there was more the Trust could do in terms of preparation and incentives within the footprint of other events we do, i.e. launching the leadership academy and with regards to vaccines if we are having an holistic approach to this Maria confirmed the Trust utilises a number of techniques, i.e. attending all events during the vaccination period, myth busting sessions, phobic sessions and 1:1 or groups. Vaccinations taking place day and night to ensure we can reach night and on call staff.

Received

42/2019	**MORTALITY SURVEILLANCE QUARTER 3 REPORT**	
	Dr Buki Adeyemo, Executive Medical Director provided an update.	

	The report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years. Also included is a review of deaths investigated under the Serious Incident policy. During Q3 the mortality surveillance group reviewed the care of 9 people included within this is alcohol related deaths. In one case the care was assessed as being poor due to the standard of record keeping rather than care delivered. This case had been investigated under the Serious Incident policy and an action plan implemented to address the issues raised. The Trust is required to report all deaths of people with Learning Disabilities to a national reviewing board based at the University of Bristol. Since November 2017, the Trust has reported eight deaths for review under the LeDeR process. To date only one case has been fully reviewed. Patrick Sullivan highlighted the need to be able to track through to identify if there is a theme in a certain team or directorate. Dr Buki Adeyemo confirmed that is the emphasis that will be put into the annual report and we will see a breakdown and what action has been taken when care has broken down. Joan Walley asked if definition of care included homelessness? Buki advised it did not, the emphasis is on mortality based on care delivered by health not post support but this is something the Trust can look at.	

43/2019	**SERIOUS INCIDENTS QUARTER 3 REPORT**
	
	Dr Buki Adeyemo, Executive Medical Director provided an update.
	
	The report provided the Trust with information relating to the nature and status of SI's currently open and the trend data for Q2 and Q3 2018/19. The report also includes information regarding themes, learning and change arising from Serious Incident investigations.
	
	During Q3, 22 incidents were reported into StEIS and have undergone or are in the process of undergoing SI investigation.
	
	• There were 5 incidents in North Staffordshire Community Services.
	  ○ There were 4 unexpected/potentially avoidable deaths and 1 incident where a person was later charged with attempted murder.
	• There were 4 incidents in Acute and Urgent Care Services.
	  ○ There was 1 incident of serious self-harm by an inpatient on one of the adult wards, a fall resulting in fracture of an elderly person on one of the older person's wards.
	  ○ The Trust was notified of the deaths of 2 people who had recently been discharged from adult inpatient wards: One death is likely to be determined to be suicide, however it is suspected	

	that the other gentleman died from an accidental drug overdose
	
	• There were 2 incidents in Stoke Community Services.
	   o One person died as a result of electrocution, this is likely to be declared an accident at inquest and the SI will be downgraded to a natural cause death.
	   o The second incident involved a person well known to services who set fire to her property. This person has been remanded into custody and is being supported through the prison health service.
	
	The report provides examples of the learning themes found from this quarter. Substance Misuse services were advised to ensure that all clients with a history of opiate misuse are issued and trained in the use of take home Naloxone, and to consider if this training needs to be extended to probation and housing services.
	
	Dr Keith Tattum highlighted that letters to GP's have improved but are still of mixed quality. There is an increase of telephone calls received which is encouraging but there is still room for improvement. Dr Tattum talked about the period of transition of care being demonstrated in lots of situations and extra care must be taken but asked what is actually put in place to ensure this? Dr Buki Adeyemo has asked for an audit to be carried out feedback from which will go to the Consultant meeting re: GP letters. Extra care is being taken with regards to transition of care. The Trust is looking at expectations and policies ensuring they are clear so any practice issues can be identified.
	
	Dr Keith Tattum referred to the fire at Hillcrest and asked if the Trust disseminated the lessons from that. Jonathan O'Brien advised from an emergency planning point of view the Trust would receive the report from the Tamworth fire which will be taken through the Trusts governance processes to ensure there is learning. Jonathan confirmed he meets with the Trust's Fire Officer to look at any risks regularly. The Trust has had experience recently of evacuation and we are currently in conversations around having another exercise. Jonathan assured the Board he was satisfied the Trust is doing what it needs to do.
	
	Patrick Sullivan referred to the incident within the report where a person under the age of 18 was admitted to an adult ward, Patrick queried if this was correct as he recalled there had been more incidents. Dr Buki Adeyemo confirmed the report was incorrect and would ensure this was amended.
		BA

44/2019	**SELDOM HEARD GROUPS** Jonathan O'Brien, Director of Operations provided an update. Jonathan acknowledged the name change to the document since the papers had been circulated and confirmed this had been changed on the Trusts external website.	

	The paper provided a briefing to the Trust Board on the services and engagement with those groups identified as 'seldom heard', with a focus on the homeless, traveller communities and support to high intensity users of health services. Stoke on Trent City Council have developed a 4 year strategy to support the homelessness reduction agenda that identifies a collaborative approach between health, Criminal Justice Teams and Housing. In addition, during 2018 the CCG in collaboration with the Trust undertook focus groups with individuals who were homeless, essentially in hostels to establish the local health needs and subsequent support received or indeed barriers to support required. The focus groups informed that access to services for those seldom heard groups were challenging. As a result of this a multi-agency homeless hub was developed in November 2018, to run as pilot for 6 months providing an additional collaborative approach to existing services within the Trust and other statutory services within the Stoke locality. The HVU service based at Harplands Hospital, works solely with patients who have been associated with persistent A&E attendances and non-elective admissions, offering help and pointing them in the direction of more appropriate health and social care support. The first cohort of 66 service users to be engaged with the team, were those who had attended A&E 12 or more times in a 12 month period in 2016/17. The service was expanded in 2017/18 and commissioned to work with a further 140 service users. The outcomes for these cohorts were tracked and demonstrated a 50% reduction in A&E attendances and admissions, saving the health economy an estimated £500,000 on a recurrent basis. The Access and Home Treatment Team have developed collaborative working arrangements with the housing teams locally. Progress has been made, particularly with the older population within the travelling community. The Directorates are working in partnership with public health to understand their local populations, and over the coming months as the new locality structures embed, will have a greater awareness of the local demographics. The Trust Board was asked to receive the paper for: • Information regarding the services available for vulnerable and seldom heard groups. • Assurance that the provision of such services is a priority for the Operational Directorates and that there is active and ongoing development of such services with partner organisations. ***Received***	
45/2019	**QUALITY ACCOUNT PROJECT PLAN** Dr Buki Adeyemo, Executive Medical Director provided an update.	

	By 30 June 2019, all organisations are required to develop and publish a Quality Account.

A draft project plan has been developed to ensure that all of the key stages are delivered.

The Board were asked to provide delegated authority to the Quality Committee to approve the final Quality Account which will come through to Board for information.

Approved / Received | |
| **46/2019** | **ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 9**

Lorraine Hooper, Director of Finance, Performance and Estates highlighted the following:

The report provided an overview of performance for December 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

Patrick Sullivan shared his concern that there had been 11 breaches in the 7 day follow up; 5 of those were not allocated on a CPA before discharge. Caroline Donovan assured Patrick that this had been discussed with Directorates and this would be strengthened. A deep dive is currently being undertaken. Jonathan O'Brien highlighted there has been some issues with reporting there has been incidences where staff have spoken to patients within 7 days sometimes via text but there has been no face to face follow up which has been counted as breach however this is why the target is 90% not 100%. However, this is still not acceptable.

A pilot commenced in January 2019 across the Midlands and West for a 48 hour follow up. 48 hours is not practical with how the Trusts community teams operate therefore this is currently being delivered by the Home Treatment team

Dr Buki Adeyemo also highlighted the figures do not reflect patients who have absolutely refused to be engaged and contacted.

Approved / Received | |
| **47/2019** | **BEING OPEN QUARTERLY REPORT**

Linda Holland, Director of Workforce, Organisational Development and Inclusion presented the report.

The Being Open report provided a combined report of Dear Caroline, FTSU, Raising Concerns and Grievances submissions, reporting on their collective | |

activity providing details regarding the themes, trends and patterns for assurance at Trust Board. It provided a full summary of activity covering a 12 month period for Jan – Dec 2018 and a detailed quarterly review for the period of Oct – Dec 2018.
 	
Overall: Jan - Dec 2018
Dear Caroline – 106 received
FTSU – 10 received
 	
Combined Being Open key themes – Jan – Dec 2018
Top three themes:
   - Policies, Procedures and Processes
   - Service Changes
   - Other
 	
Patrick Sullivan highlighted his concern and suggested that this needs to be aggregated up to Quality Committee for assurance and confidence that 'freedom to speak up' is sighted at Committee. Maria Nelligan advised she would look into the submissions.
 	
It is proposed that the Trust will:
• Continue to utilise all four mechanisms to support staff to raise concerns and issues
• Support the ongoing development of an open and transparent culture through development and embedding of the Trust Values and supporting Behaviours Framework
• Continuation of the Freedom to Speak Up Guardian role including further strengthening of approach/ development of a range of Freedom to Speak Up Champions to further support the FSUG role.
• Continue and strengthen communication to the wider Trust to help promote speaking to managers, professional leads, trade union representatives as well as the more formal routes that are available.
 	
Received
	MN

48/2019 **MONTH 9 FINANCE REPORT** Lorraine Hooper, Director of Finance, Performance and Estates presented the report. The Trust Board are asked to: Note: The reported YTD surplus of £1,133k against a planned surplus of £1,063k. This is a favourable variance to plan of £70k. The M9 CIP achievement: • YTD achievement of £975k (54%); an adverse variance of £816k; • 2018/19 forecast CIP delivery of £1,450k (52%) based on schemes identified; an adverse variance of £1,345k to plan; • The recurrent value of schemes transacted at £1,248k, 45% of	

	target.

The cash position of the Trust as at 31st December 2018 with a balance of £9,681k; £1,418k better than plan.

Month 9 capital expenditure at £456k compared to planned capital expenditure of £1,230k.

Use of resource rating of 1 against a plan of 1.

Approve:
The month 9 position reported to NHSI.

Received / Approved | |
| **49/2019** | **ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE**

Gan Mahadea, Non-Executive, presented the report in the absence of Tony Gadsby for assurance from the meeting that took place on the 7th February 2019; highlighting the following:

2018/19 Provider Sustainability Fund (PSF) – An outline of the incentive scheme for 2018/19 for the provider sustainability fund. As with previous years, providers are incentivised to deliver an improved trading surplus to attract £1 for £1 additional PSF, as well as a portion of any remaining PSF.

2019/20 Control Total – NHSI issued the control total for North Staffordshire Combined Healthcare NHS Trust for 2019/20. This outlined a £1.038m control, made up of £338k trading surplus and £700k PSF Funding.

STP Budget Proposals – An update around the system work on the STP budget proposals, which suggests a £4m deficit control for the Trust not supported by the Board.

Q3 Deep Dive – A presentation providing a deep dive analysis into the 2018/19 financial position, which outlined the current forecast and sensitivity analysis to consider best and worst case forecast scenarios. The draft financial plan submission was also presented, ahead of the submission on 12th February 2019, which the committee approved.

Cost Improvement Programme (CIP) - The Committee received an update for Cost Improvement for M9 and were concerned that the total identified was significantly short of the target. CIP achievement in M9 was £975k, giving an adverse variance of £816k. The recurrent shortfall is forecast to be £982k, which has been 'risk adjusted' to reflect an element of uncertainty for schemes not yet worked up fully.

Digital Update - The Committee received an update from the Chief Information officer around key digital developments as at February 2019. | |

	E Rostering Demonstration - The Committee received a demonstration of the E Rostering Tool, which has been successfully implemented across all inpatient wards to improve nurse rostering. **Information Risk Policy -** The committee approved the policy to be ratified at Trust Board David Rogers asked for a paper to come to Trust Board around key digital developments. The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee. *Ratified / Received*	**CB**	
50/2019	**STAFF SURVEY RESULTS** Linda Holland, Director of Workforce, Organisational Development and Inclusion provided an update and advised that papers had been embargoed until Tuesday 26th February 2019. The Trust was benchmarked against 24 other Mental Health / Learning Disability Trusts. The Trusts response rate was 58% The report does not include WRES data which was published yesterday. Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. The 10 key themes are: - Equality, diversity and inclusion - Health and wellbeing - Immediate managers - Morale - Quality of appraisals - Quality of care - Safe environment – Bullying and harassment - Safe environment – Violence - Safety culture - Staff engagement The Trust scored above average in 7 of the 10 themes. The Trusts highest score was under the Safe Environment – Bullying and Harassment theme. More work is required within those areas where the Trust is scoring average which are - Quality of appraisals - Safe environment violence - patients to staff		

	- Staff engagement. Linda highlighted this is a good reflection of how staff are feeling through the restructure process. Linda also provided headlines with regards to the WRES data received yesterday - There has been improvement from 21% of BAME staff to 3% discrimination from manager or colleagues - 43.3% to 44.5% harassment from patients which is significantly worse than average - Reduction from 36% - 21% BAME staff experiencing harassment or abuse from staff - Reduction in perceptions of equal opportunities in both white and BAME staff Russell Andrews asked if the Board had any sense of whether people are self-selecting in or self-selecting out because of the culture of the organisation or selecting in because the Trust supports it. Linda confirmed the pretext had not yet been received but will be looked at. An action plan will come to April Trust Board. *Received*	**LH**
51/2019	**ASSURANCE REPORT FROM PRIMARY CARE COMMITTEE** Chris Bird, Director of Strategy and Partnerships, presented the report in the absence of Tony Gadsby for assurance from the meeting that took place on the 7th February 2019; highlighting the following: - The Meeting received an update on the progress of the lease for Moorcroft and Moss Green Surgeries. - The Meeting received an assurance report on the progress of implementing the new clinical model. Although the review period is relatively short, the current trend for patient access and experience is positive. - The practice is in the process of creating a consolidated phone hub at Moorcroft to further streamline the appointment process and improve access. There have been some transition issues and the patient experience has not been as smooth as it might have been however the patient service and experience relevant to other surrounding practices is improving rapidly and the Trust should be assured that these issues are transitional and reflective of a change in working practices. - The Committee received an assurance report on the financial position showing an overall year to date deficit of £7k against forecast but, considering the size of the budget, this was considered acceptable. The main discrepancy was income generation and part of this related to payments under QOF. - The Meeting received a verbal update on workforce issues. There were a number of vacant posts at the practice, including three GP posts, two	

AHP posts, a clinical coder and two reception staff. As these posts will be new to the Trust, the jobs are being progressed through the usual process of Job Evaluation to ensure consistency against Agenda for Change Pay Bands. A priority has been highlighted to create a Clinical Bank for GP's as a number of GPs are interested in joining the Clinical Bank. As part of the transition from independent GP practices to becoming part of the Trust, there are understandably challenges to integration of systems and processes. The Committee has recommended an initial transitional period for Finance and considered that this should also be the case for HR practices. Trust Board were asked to:- 1. Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains on track. 2. Financial contribution is slightly below that expected but within acceptable limits. 3. There are some issues surrounding recruitment but there is a plan for these to be streamlined. Chris Bird advised that John Tacchi Programme Manager will be leaving in March and confirmed that he would be with the Trust full time and will be able to provide continuity. The Trust is progressing the recruitment to a Senior Service Manager for Primary Care which will be the replacement of the function John has been undertaking. ***Received / Approved***	
52/2019	**STAFFORDSHIRE COUNTY COUNCIL LOCAL SYSTEM CQC REVIEW** Laurie Wrench, Associate Director of Governance presented highlights from the comprehensive report that was circulated prior to the meeting. The Staffordshire local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on older people aged 65 and over. Using specially developed key lines of enquiry, the CQC reviewed how the local system was functioning within and across three areas: - supporting people to maintain their health and wellbeing in their usual place of residence - care and support when people experience a crisis - supporting people to return to their usual place of residence and/or admission to a new place of residence following a period in hospital. Although there were many examples of good practice there were areas of improvement: - The Staffordshire health and care system is in the early stages of	

transformation. Although there was a clear vision and strong leadership at a senior level, services delivered remained fragmented and dependent on the area of Staffordshire people lived in. A whole county joint commissioning strategy needs to be developed so that there is consistency of provision throughout Staffordshire, including detailed delivery plans.

- The Health and Wellbeing Strategy for 2018 to 2023 should refer to how people with protected characteristics will be included in the development of services.

- A whole county dementia strategy needs to be developed to ensure that people with dementia have their needs planned for and are consistently supported across Staffordshire.

- The market position statement needs to be finalised and work started across the system to address the findings. Areas of particular need should be prioritised.

- The system needs to develop a co-production strategy that ensures services are developed with input from the people who will use them.

- Nationally validated models of GP practice support for care homes need to be rolled out more quickly as at the current pace means these models will not impact on services and people in winter 2018/19.

- Work needs to be done to ensure people living in Staffordshire have equal access to services such as the intravenous antibiotics administered in their own home and the falls prevention services.

- All elements of the high impact change model should be implemented to the same level across Staffordshire.

- There is a reliance on bed-based solutions to discharge. A system-wide approach is needed to look at more innovative solutions to manage the market, for example developing options such as virtual wards.

- Learning from serious incidents and complaints currently takes place at an organisational level and should be shared across the health and care system

Joan Walley highlighted the report was descriptive but added there was no course of actions. Caroline Donovan advised that the Trust had not been interviewed. There is an improvement plan and a detailed action which Caroline has been working on with Michael West, Professor of Organisational Psychology on relationships and Trust development.

Received

53/2019	**TOGETHER WE ARE BETTER – JANUARY 2019 UPDATE**	
	Caroline Donovan, Chief Executive circulated the report for information only.	
54/2019	**INFECTION PREVENTION AND CONTROL (DIPC) QUARTER 3 REPORT**	
	Maria Nelligan, Executive Director of Nursing and Quality circulated the report for information only.	
55/2019	**Any Other Business**	
	Noted	
56/2019	**Date and time of next meeting**	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 28th March 2019 at 9.00am, in Academic 1 & 2 Harplands Hospital, Off Hilton Road, Harpfields, Stoke-on-Trent, ST4 6TH	
57/2019	**** Motion to Exclude the Public***	
	The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 1.04pm

Signed: _____   Date_____
        Chairman

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Board Action Monitoring Schedule (Open Section)

			Trust Board - Action monitoring schedule (Open)			
Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
1	22-Nov-18	259/18	**PQMF Month 6** Maria Nelligan will bring a briefing to January Board re: NHSI Developing Workforce Safeguards **24.01.19** - Briefing will go to FPD and come back to next Trust Board in readiness for the 1st April 2019	Maria Nelligan	28-Mar-19	Verbal update
2	24-Jan-19	14/19	**Towards Smoke Free Progress Report** Caroline Donovan asked for further assurance to be sought by the Quality Committee.	Dr Buki Adeyemo	28-Mar-19	Actioned
3	28-Feb-19	30/19	**Minutes of the Open Agenda – 24th January 2019** Patrick Sullivan made reference to the 24th January 2019 minutes and asked if there had been any follow up regarding the Best Interest Assessors request for a designated phone line for referrals. The Board asked for assurance to come to the next meeting that this has been actioned.	Jonathan O'Brien	28-Mar-19	This process was reviewed last year. The team have provided the pro's/con's that they discussed The AMHP team have advised they would prefer to take referrals directly but that the resource required from an AMHP and admin perspective has historically been prohibitive. We have now made additional resource into the team which may mean that the option to take referrals directly would be achievable. The team are reviewing this with their Service Manager in the coming weeks and a further update will be fed through to the Board
4	28-Feb-19	38/19	**Service User Carer Council** - Stocktake required of different activities taking place on our wards.	Maria Nelligan	28-Mar-19	Verbal Update
5	28-Feb-19	43/19	**Serious Incidents Quarter 3 Report** - Incidents under 18 in admissions first one this quarter. Patrick asked if this figure could be checked within the report as he felt there had been more incidents.	Dr Buki Adeyemo	28-Mar-19	Report has subsequently been amended
6	28-Feb-19	47/19	**Being Open Quarterly Report** - FTSU submissions - The submissions relate in the main to North Staffordshire Community and Stoke Community regarding Quality and Safety (5 submissions). Patrick was concerned about this Maria I will follow up	Maria Nellgian	28-Mar-19	This was discussed at Quality Committee and agreed that we will use the QIA quarterly reports to highlight any aspects related to FTSU.
7	28-Feb-19	49/19	**Assurance Report from the Finance, Performance and Digital Committee** - David Rogers asked for a paper to come to Trust board around key digital developments.	Chris Bird	25-Apr-19	

Board Action Monitoring Schedule (Open Section)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
8	28-Feb-19	50/19	**Staff Survey Results** - Linda confirmed the pretext had not yet been received but will be looked at. Action plan to come back to Board in April 2019.	Linda Holland	25-Apr-19	
9	22-Nov-18	247/18	**Person Centredness Framework** Maria Nelligan will bring a progress report back to Board in 6 months.	Maria Nelligan	23-May-19	

REPORT TO TRUST BOARD

Enclosure No: 4

Date of Meeting:	28th March 2019		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Executive Officer		
Author:	Caroline Donovan, Chief Executive Officer		
Executive Lead Name:	Caroline Donovan, Chief Executive Officer	Approved by Exec	☐

Executive Summary:		Purpose of 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.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☐
Seen at:	SLT Execs Date:	Document Version No.	
Committee Approval / Review	• Quality Committee • Finance & Performance Committee • Audit Committee • People & Culture Development Committee • Charitable Funds Committee • Business Development Committee • Primary Care Integration Programme Board		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. 2. To provide the highest quality services 3. Create a learning culture to continually improve. 4. Encourage, inspire and implement research & innovation at all levels. 5. Maximise and use our resources intelligently and efficiently. 6. Attract and inspire the best people to work here. 7. Continually improve our partnership working.		
Risk / legal implications: Risk Register Reference	None		
Resource Implications: Funding Source:	None		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Includes NHS staff survey results.	
STP Alignment / Implications:	Includes details of new NHS regional teams	
Recommendations:	To receive for information	
Version	Name/group	Date issued
1.0	Caroline Donovan	19th March

Chief Executive's Report to the Trust Board
28th March 2019

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. OUTSTANDING COMBINED

Our rating has just come through from the CQC which is subject to factual accuracy. It is really fantastic news for the Trust. The publication of the results will be on 28th March.

The report is incredibly positive and a really proud moment in the Trust's history. Our staff should be really, really proud of the feedback from the CQC, which recognises the really excellent responsive services we provide, as well as the personalised and compassionate way they support service users and carers day in and day out.

Of course, there are some areas where we still have more to do. We will be putting together an action plan to address these, working in partnership with our frontline staff.

But having spent years on what we described as our improvement journey, this is the moment when we can take stock and pride in everything we have achieved, through the hard work and dedication from hundreds of staff over many years.

We must not however become complacent in any way and must continue to focus on continually improving. We're building an even better future to be outstanding in ALL we do and HOW we do it:

- the best teams and people
- the most compassionate quality services
- the most collaborative engagement with service users and partners

Later today we will be enjoying a fabulous celebration across the Trust in every team and a central event at Harplands Hospital.

We are really keen that everybody has the opportunity to celebrate this great achievement either in person at Harplands or by having their own mini-event in their own teams and services. So we are encouraging as many people as possible to have some time with their teams, service users, carers and partners on the afternoon of 28 March to share some afternoon tea. We are giving each team some funding to enable them to buy or make some cakes.

We'll be broadcasting the whole event live via our Facebook Page. And we have sent celebration packs of support materials to teams to enable them to hold their own event.

2. WE CELEBRATE OUR NHS STAFF SURVEY

The month got off to a positive start with the publication of the NHS staff survey results. Everyone across the Trust put in a particularly strong effort this year to give their views and it was great to see a 6% increase in our response rate (58%) compared with last year and 4% higher than the average rate in our benchmark group of 23 other mental health and LD trusts in England.

What was even more gratifying was what our staff told us. This year the staff survey has been presented differently into 10 themes. Our results show we are average or above on all 10 themes which is really positive.

One of the 10 themes is "Safe environment – bullying & harassment". We were the highest performing of all mental health Trusts in England for this which is a fantastic tribute to our staff and managers and indicates we are living our values.

On individual questions I was particularly pleased that we scored the highest mental health trust in the country for staff saying they felt well supported by their colleagues, again this is wonderful and demonstrates we are creating really supportive climates and valuing each other.

I was also really pleased that we scored the highest mental health trust in the country for service user feedback being collected within our services, this is great recognition of all the work we have done on collaborating and listening to service users and carers to continually improve.

We have also made a whopping improvement with a reduction from 21% of BAME staff to 3% of BAME staff experiencing discrimination from manager/team leader/colleague. This is a great acknowledgement of the priority and investment we have put into making our Trust more inclusive and a really big thank-you to everyone who has supported this ongoing improvement in our culture. We do however have much more to do on continuing this particular improvement journey.

Whilst we are enormously proud of the staff survey results we must not be complacent and we need to continue focusing on improvement.

3. BOARD DEVELOPMENT SESSION

As an example of how we will be building on our successes, the Board held an all-day development session, where we were able to further develop our plans and thinking for moving forward. The theme of the day was strengthening our integrated working and considering how we move from our current Alliance Board to an Integrated Care Partnership.

The day involved sessions with Sir Neil Mckay, the Chair of our STP, Mike Pyrah, the chair of our Alliance Board, Councillor Ann James, leader of Stoke-on-Trent Council and Paul Edmondson-Jones, Director of Social Care and Wellbeing, also from the Council. The sessions were really positive and a very productive exchange of views on the opportunities and challenges we face as a system and how we can rise to them.

We continue to have discussions with our health economy partners and I was pleased alongside other Executive colleagues to support the Northern Alliance Board reset workshop last week. It was great to hear from Marcus Warnes the CCG Accountable Officer setting out the CCGs plans for developing an Integrated Care System of which the Northern Alliance Board will emerge into an Integrated Care Partnership.

4. TOWARDS OUTSTANDING MEDICAL LEADERSHIP

Our Medical Leaders are hugely important to the success of Combined, so it was a real pleasure to be able to attend their latest "Towards Outstanding Medical Leadership" event.

It was great to be able to share with our Medical Leaders the great success of the CQC results. Other members of the Executive team also attended the workshop, led by Dr Buki Adeyemo our Medical Director, which has had really positive feedback. It has been really positive to see how our medics have been working together in the last year or so to really embrace the journey the Trust is on and play an important role as part of this.

5. TRIPLE WHAMMY OF AWARDS

We are deeply proud of our track record in winning awards and securing nominations as we continue on our journey towards outstanding.

And this month has seen a series of fantastic announcements from healthcare and industry that demonstrates our commitment to continually improve.

The awards and nominations recognise our achievement and success across a whole range of what we do and who we are. Overall leadership and transformation, frontline teams delivering fantastic and compassionate care and services, and partnerships with health and care colleagues and the private sector.

We simply couldn't be more proud of our staff, what they achieve and how they achieve it. Details of our awards and nominations are below:

Leading Healthcare – Winner – Healthcare Provider of the Year

On 6th March, we won the accolade of Healthcare Provider of the Year in the Leading Healthcare awards. Leading Healthcare is a major news and online content provider for healthcare leaders looking to make an impact to health and care. We were given the award for our fantastic success over the past year in delivering nationally leading transformation and improvement, alongside unparalleled financial performance and value.

HSJ Value in Healthcare Awards – Shortlisted in three categories

Also on 6th March, we received the news that we were shortlisted in no less than three categories in the Health Service Journal Value in Healthcare Awards 2019.

- Diabetes Care Initiative of the Year – Healthy Minds Integrated Long Term Condition Service
- Emergency, Urgent and Trauma Care Efficiency Initiative of the Year – All Age Mental Health Liaison Service
- Improving Value in the Care of Older Patients Award – Rapid Falls Improvement

We were also delighted that the North Staffordshire GP Federation has been shortlisted in the category Primary Care Initiative of the Year for its Staffordshire Physician Associate Primary Care Internship of which we are one of the partners supporting this new role.

Partnerships Awards – Shortlisted for Public Sector Team of the Year

Now in its 21st year, the Partnerships Awards brings together key decision-makers from the public and private sectors to recognise and reward outstanding achievements in public-private partnerships. We were delighted to be shortlisted in 2 categories

- Public Sector Team of the Year
- Best Operational Project – Harplands Hospital

6. LEADERSHIP ACADEMY FOCUSSES ON DIRECTORATE PLANNING

The latest meeting of our Leadership Academy focussed on the development of our Directorate Plans.

Each Directorate presented their draft plans sharing ideas about how the Directorate plans could be further enhanced. I know just how much hard work and thought is going into developing these plans, and the whole Executive Team are really appreciative of the efforts of everyone.

The directorate plans are part of the overall approach to developing the trusts plans which is in turn part of the approach for developing the system plans. As an executive team, we have been very involved in work and discussions across Staffordshire for our collective plans for 2019 onwards. We are leading the mental health transformation plans which have are prioritising next year supporting service users to receive care closer to home, further supporting service users who intensively use services and supporting service users who need alcohol and substance misuse support. The system is as you know very financially challenged and we are continuing to support the need for continual investment in mental health in line with the national direction of travel to achieve parity in mental and physical health.

7. CELEBRATING APPRENTICESHIPS

We've made fantastic progress with apprenticeships....tripling our numbers of apprenticeships in just 3 years, although we still have a little more to do to hit the overall public sector target.

Our Interim Executive Director of Workforce, OD and Inclusion - Linda Holland - hosted our apprenticeships event at Longton Rugby Club - including handing out awards certificates to some of our apprentices.

We held a drop-in session at Harplands Hospital Reception to support anyone interested in finding out more about apprenticeships.

And on Wednesday 6th March, the latest episode of our new Podcast – "Combinations" – was a National Apprenticeship week podcast special – featuring some of our apprentices and training providers talking about their success, what apprenticeships have delivered for them and where people can go to find out more. It's free to listen or download and available at https://soundcloud.com/nhscombinations or via iTunes

8. COMMUNICATIONS TEAM INVITED BY NHS IMPROVEMENT NATIONAL TEAM TO SHOWCASE OUR INNOVATION IN DIGITAL AND SOCIAL MEDIA

We're proud of our track record of innovation in digital and social communications and engagement. So we were delighted to be invited to showcase some of what we're doing to the national Communications and Engagement Team at NHS Improvement.

Our Associate Director of Communications, Joe McCrea, demonstrated our use of a powerful social media tool Find SoMeone in Health to identify and plug gaps in our followers on social media - particularly amongst Seldom Heard groups. This is a key priority for the Comms Team for the coming year.

And we were able to show NHS Improvement our highly innovative "Windows on the World". These bring together real time content produced by selected Twitter accounts, Facebook Pages and Instagram. They enable users to see and interact with what is being talked about right now on social media by different worlds of individuals, organisations and groups.

They are a uniquely powerful way to hear and engage with a range of voices and perspectives, including Seldom Heard voices, in particular, our "Symphony of Hidden Voices" Window.

9. A BIG THANK-YOU TO NATALIE LARVIN AND WELCOME TO NICKY GRIFFITHS

We are delighted that Natalie Larvin is moving into a new role as consultant nurse for Acute and Urgent Care Directorate and clinical lead for adult mental health. A big thank-you to her for the dedication she has shown supporting the adult in-patient and subsequent acute and urgent care role. I know she is very excited to be moving into her new clinical role.

I am also delighted to welcome Nicky Griffiths into her new role as Associate Director for Acute and Urgent Directorate working alongside Carol Sylvester, our Clinical Director. Good luck Nicky - we look forward to welcoming you to the senior leadership team

Changes have also taken place in the Specialist Services Directorate this month, with Clinical Director Darren Perry moving on to pastures and we wish him every success in his new role. I am delighted to confirm that Hardeep Uppal is taking up the role of Clinical Director and officially starts on 1st April 2019, we look forward to working with Hardeep as part of the Leadership Team for Specialist Services.

NATIONAL UPDATE

10. LEADERSHIP ANNOUNCED OF NHS REGIONAL TEAMS

NHS England and Improvement have announced new leadership arrangements. NHS England chief executive Simon Stevens will assume leadership of both organisations, supported by a chief operating officer.

Simon Stevens becomes directly responsible for controlling the provider sector deficit as well as improving care through commissioning. NHSE and NHSI began a process of working closer together last year and now hold some joint board meetings, with joint directors now appointed at national and local level.

The organisations indicated last year that the law prevented them appointing a single chair and chief executive across the two bodies.

However, they now state that Mr Stevens is the "leader" of NHS Improvement, even though a new chief operating officer – to be appointed across the two organisations – will be formally designated as NHSI's chief executive.

The COO will report to Mr Stevens on most issues but "for regulatory purposes" to NHSI chair Baroness Dido Harding.

The seven recently appointed joint regional directors, national emergency and elective care director Pauline Philip, and national director for improvement Hugh McCaughey will report to the COO.

11. LEADERSHIP ANNOUNCED OF NHS REGIONAL TEAMS

NHS England and Improvement have identified the directors who will work in their new joint regional teams. The changes are being made as part of the major restructure combining NHSE and I's regional and local offices into seven combined regional teams. The new Midlands leadership team has been announced as below-

Midlands Leadership Team	
Regional Director	Dale Bywater
Chief Nurse	Siobhan Reilly (Heafield)
Finance Director	No appointment so far

Medical Director and Chief Clinical Information Officer	Nigel Sturrock
Director of Workforce and Organisational Development	Stephen Morrison
Director of Performance and Improvement	Jeffrey Worrall
Director of Strategy and Transformation	No appointment so far
Director of Commissioning	Alison Tongue

REPORT TO: TRUST BOARD

Enclosure No:5

Date of Meeting:	28TH March 2019		
Title of Report:	Service User & Carer Council Report		
Presented by:	Sue Tams, Service User & Carer Council		
Author:	Sue Tams Chair, Service User & Carer Council		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report has been prepared to provide an update to Trust Board of the Service User & Carer Council since the last meeting		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	- Quality Committee ☐ - Finance & Performance Committee ☐ - Audit Committee ☐ - People & Culture Development Committee ☒ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Digital by Choice Board ☐		
Strategic Objectives (please indicate)	- To enhance service user and carer involvement.☐ - To provide the highest quality services ☐ - Create a learning culture to continually improve.☐ - Encourage, inspire and implement research & innovation at all levels.☐ - Maximise and use our resources intelligently and efficiently.☐ - Attract and inspire the best people to work here.☐ - Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	None identified		
Resource Implications: Funding Source:	None identified		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Service User & Carer Council supported the principle of increasing representation across the Protected characteristics when reviewing the Diversity and Inclusion Strategy. They also committed to supporting inclusive services and workforce in their review of the Strategy		
STP Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP workstreams		
Recommendations:	The Trust Board receives the update for information and assurance		
Version	Name/Group		Date issued

SERVICE USER AND CARER COUNCIL UPDATE
FOR TRUST BOARD March 2019

An overview of SUCC activities and events that council members have been involved in for March 2019:

1) Members of the Service User and Carer Council have been involved in various interviews at all different levels of the trust including head of services, support service staff and clinical staff. Service users and carers feedback from these activities is that they are always made welcome and put at their ease. Feel valued and listened to. They themselves learn lots about the organisation which helps them feel more confident in the processes that are used.

2) Service User and Carers continue to attend various trust meeting including Finance, Quality, People Culture and Development, Infection Prevention.

3) The first tranche of Observe and Act training has been Co-delivered to the Quality Assurance group members. Ward 7, Ward 5 and Ashcombe have been visited as part of their training. The feedback is that service users / carers add a dimension to those visits that enhance the quality of feedback gained.

4) There continues to be a determined effort to increase numbers of service users and carer's involved in all aspects of trust business

5) There have been three meetings for service users and carers interested in becoming volunteer peer mentors. There are 12 going forward to training which starts on 4th April 2019. There will be a presentation and celebration when they complete their training in June.

6) Update on carers groups:
   a. The Acute Inpatient group have moved from Hanley Fire Station to ECT at Harplands which has helped see an increase in attendance. This is co facilitated with a carer and staff from ward 3.
   b. There is a Carers group that meets at Burslem supported by the trust carer's team.
   c. There is an up to date list of carer's links across inpatient and community services. They have attended training to update on the principles of the triangle of care, there is a network meeting in April for services to look at the carers pathways. This will include carers as well.
   d. The trust will be working towards accreditation of the Triangle of Care with the Carers Trust over the next 12 months

7) SUCC Business meeting is 27th March 2019. Expressions of interest will be asked for vice chair at the above meeting.

REPORT TO THE TRUST BOARD

Enclosure No:6

Date of Meeting:	28th March 2019		
Title of Report:	CAMHS Trailblazer Briefing		
Presented by:	Jonathan O'Brien, Executive Director of Operations		
Author:	Sam Mortimer, Associate Director for North Staffordshire Directorate Ann Cox, Clinical Lead & Nurse Consultant - CAMHS		
Executive Lead Name:	Jonathan O'Brien, Director of Operations	**Approved by Exec**	☒

Executive Summary:		Purpose of report	
This paper provides a briefing to the Trust Board on the development of the Trust's CAMHS Trailblazer Project and the recruitment to additional posts funded through the programme.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☒ Date: 19ᵗʰ March 2019	Document Version No.	
Committee Approval / Review	- Quality Committee ☐ - Finance & Performance Committee ☐ - Audit Committee ☐ - People & Culture Development Committee ☐ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Primary Care Committee ☐		
Strategic Objectives (please indicate)	- To enhance service user and carer involvement.☒ - To provide the highest quality services ☒ - Create a learning culture to continually improve.☐ - Encourage, inspire and implement research & innovation at all levels. ☒ - Maximise and use our resources intelligently and efficiently. ☒ - Attract and inspire the best people to work here. ☒ - Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications: Funding Source:	The financial implications are outlined in the paper. The Trust will receive income of £97K 2018/19, £1,807K in 2019/20 and £2,214K in 2020/21.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance.	The paper outlines services provided to children and young people within educational settings and also an expansion of the resource available to CAMHS community teams across the Trust's footprint. This will have a positive impact on access and inclusion for children and young people.		
STP Alignment / Implications:	The initiative is aligned with the direction of travel with the STP and in particular is supported by the STP Mental Health Programme's Children and Young People workstream.		
Recommendations:	The Trust Board is recommended to receive this paper for: **INFORMATION** regarding the services available for vulnerable and seldom heard groups. **ASSURANCE** that the provision of such services is a priority for the Operational Directorates and that there is active and ongoing development of such services with partner organisations.		

1. Introduction

In summer 2018, four of the STP's six CCG areas were invited to submit bids to be funded for a national initiative to be "CAMHS Trailblazer" sites. The funding would be Wave 1 investment for Educational Mental Health Support Teams to schools and separately, pilot funding to considerably reduce waiting times for Tier 3 community Children and Adolescent Mental Health Services (CAMHS). All four bids were supported by the STP Mental Health Programme and submitted for evaluation. In mid-November 2019 the Trust was informed by local CCGs that the bids from Stoke-on-Trent and North Staffordshire had been successful alongside a number of other sites nationally. Formal notification was provided to the Trust of the success in these areas on 3rd December 2019.

At this time, the Trust also received a request for assistance from Health Education England (HEE), who urgently required a Trust to host employment for the trainees in the programme across the whole of the Midlands. The Trust agreed to assist with this pending confirmation of sufficient funding availability.

The Trailblazer pilot has been funded as a result of the transforming children and young people's mental health green paper. The Trust has been chosen as one of 25 sites across England to pilot the development. All sites in Wave 1 are outlined in Table 1 below and sites included in the four week waiting time pilot are outlined in Table 2. Stoke-on-Trent and North Staffordshire have therefore been selected across both initiatives.

Table 1 – National Wave 1 Sites - Trailblazers

Trailblazer Sites – Mental Health Support Teams				
North	Midlands & East	South West	South East	London
Newcastle (3)	*Stoke-on-Trent (2)*	Gloucestershire (4)	Buckinghamshire (2)	Camden (2)
Northumberland (2)	*North Staffordshire (2)*	Swindon (3)	Berkshire West (2)	Tower Hamlets (2)
South Tyneside (2)	Hertfordshire (2)		Oxfordshire (2)	Hounslow (2)
Liverpool (3)	Nottinghamshire (2)		North Kent (2)	Haringey (2)
Doncaster & Rotherham (4)	South Warwickshire (2)			Bromley (2)
Kirklees (2)				SW London HCP (3)
				West London (2)

Table 2 – National Pilot Sites – 4WW

Trailblazer Sites – Mental Health Support Teams				
North	Midlands & East	South West	South East	London
Northumberland	*Stoke-on-Trent*	Gloucestershire	Buckinghamshire	Haringey
Doncaster & Rotherham	*North Staffordshire*		Oxfordshire	Bromley
	South Warwickshire			Camden
				Tower Hamlets

In practice, this means that Stoke-on-Trent and North Staffordshire will have four new Mental Health Support Teams (MHSTs) working to support a cohort of schools. The teams will be formed to cover North Stoke, South Stoke, Moorlands and Newcastle, which fits with the Trust's new locality structure. The teams will therefore be hosted by the Stoke and North Staffordshire Directorates.

Each MHST will be allocated to a maximum 20 education providers or 8,000 pupils (whichever is reached first). The providers will include primary, secondary, further education, pupil referral units, special schools and independent schools. The providers have been identified by the NHS in

collaboration with Local Authorities in in Stoke-on-Trent and Staffordshire through an agreed set of criteria. The MHSTs will have a core offer that they will have to fulfil for each school.

2. Project Management & Mobilisation

The formal notification of success of the project was received on 3rd December 2019, with the requirement for the Trust to recruit 30 Band 4 Educational Mental Health Support workers to commence university at Northampton on Monday 18th February 2019. This presented a significant challenge in terms of the speed at which recruitment and start dates had to be agreed, for a large number of staff, taking into account the festive period.

The Trust established a weekly Task & Finish Group chaired by the Executive Director of Operations to manage this process, with input from Local Authorities, CCGs, CAMHS teams, Recruitment and the locality Directorates. The North Staffordshire Directorate has been the lead Directorate on behalf of the locality Directorates.

The Trust had added complexity in terms of meeting the recruitment deadlines, as had agreed to act as the host employer for Midlands trainees based in Warwickshire and Nottinghamshire.

Further to the initial weekly meetings, the Trust has now moved to monthly meetings of a Trailblazer Working Group, chaired by the Associate Director for North Staffordshire, Sam Mortimer.

The estates team are mapping the availability of office space to accommodate new staff, through a space utilisation exercise, although MHST's will be essentially based in the respective schools they serve, which was a condition of schools being selected to be involved in the pilot.

The Trailblazer and 4 week wait pilot initiatives will require project management support for 2019 and 2020. Funding is available for this and will contribute to managing these projects and aligning the CAMHS Digital Exemplar project that will also support the transformation of CAMHS over this period.

3. Team Structures

The Trailblazer pilot has recruited to 17 posts for Stoke-on-Trent and North Staffordshire. An additional 13 posts were split between Nottingham and Warwickshire. It is important to note that the trainee allocation is determined centrally by HEE and based on bids submitted.
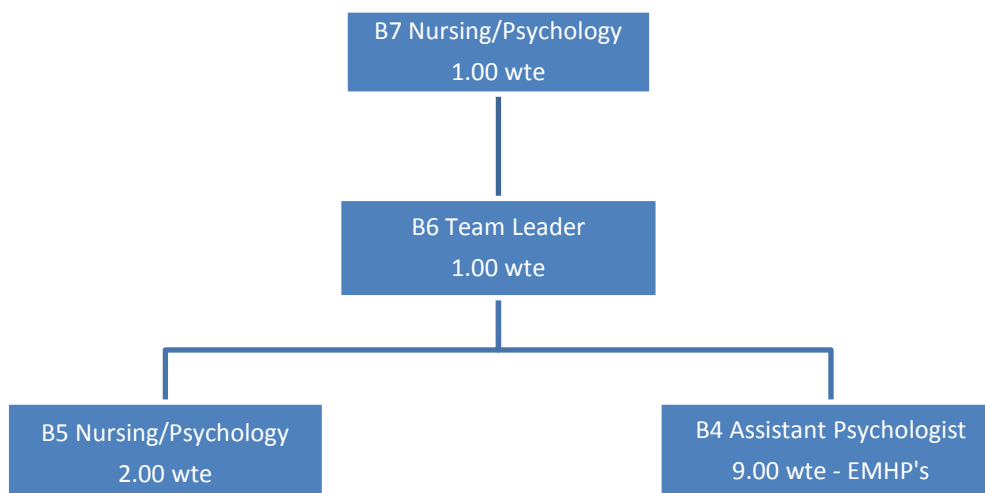
The structure for the MHST's will be as follows;

- Two MHST Teams will serve South and North Stoke on Trent
- Two MHST Teams will serve Newcastle and Moorlands.
- Each team will be made up of between 4 or 5 Educational Mental Health Practitioners (EMHP) at Band 4 and a Mental Health Practitioner/Nurse at Band 5.
- In addition to this there will be one Band 7 and one Band 6 leader to cover two teams.
- Two administrator posts are funded.

The trainees will all require ongoing supervision, the criteria requires the supervisor to have experience of offering clinical supervision and knowledge of CBT principles and implementation. It is not a requirement that the Supervisors are accredited CBT therapists. There will be an expectation that these supervisors will undertake a short 5 day course to understand the role and the curriculum of the EMHP at Northampton University.

The second part of the Trailblazer is a pilot to aim to achieve a 4 week referral to treatment target in Tier 3 CAMHS. The current target is 18 weeks, against which the Trust performs well at almost 100%. To support this, the CAMHS CMHTs have been funded for six Band 6 trainee CBT practitioner as recruit to train staff (RTT). In line with the focus on expanding the workforce available to CAMHS, these are all from outside of CAMHS service and this factor was a condition for receiving the funding for and recruiting to these posts. These trainees were recruited and commenced their training at the end of January 2019 at the University of Derby.

The individual team structures and schools covered by the programme are outlined as follows:

Stoke-on Trent MHST

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                    ┌─────────────────────────┐
                    │  B7 Nursing/Psychology   │
                    │        1.00 wte          │
                    └────────────┬────────────┘
                                 │
                    ┌────────────┴────────────┐
                    │     B6 Team Leader       │
                    │        1.00 wte          │
                    └────────────┬────────────┘
                    ┌────────────┴────────────┐
          ┌─────────┴─────────┐   ┌──────────┴──────────────┐
          │ B5 Nursing/        │   │ B4 Assistant Psychologist│
          │  Psychology        │   │  9.00 wte - EMHP's       │
          │  2.00 wte          │   │                          │
          └────────────────────┘   └──────────────────────────┘
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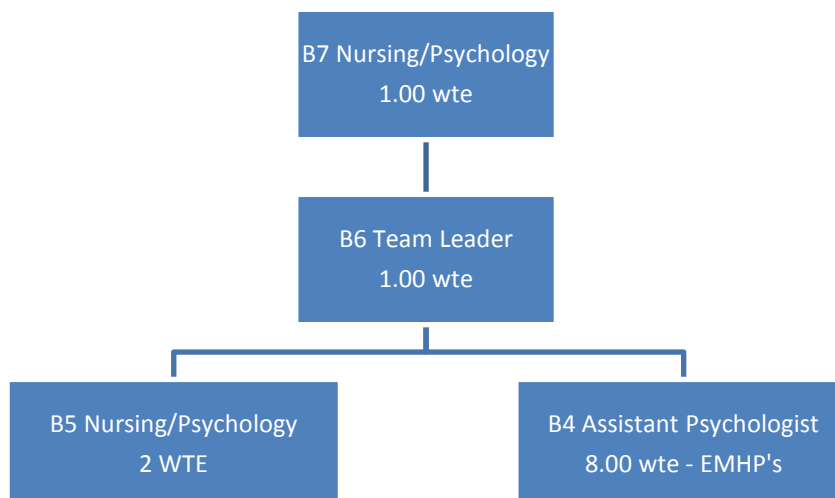
South Stoke	
EMHPs	**Education Provider**
5 WTE	Maple Court Academy Discovery Academy St Peters Academy Clarice Cliff Primary School, Gladstone, Stoke College (1 Year cohort) St Thomas Moore Catholic Academy

| Reach Academy |
| Blurton Primary |
| Abbey Hill School and Performing Arts College |
| The Crescent Academy |
| Sutherland primary Academy |
| Ormiston Meridian Academy |
| Sir Stanley Matthews Academy |
| Portland school and Specialist College |

| North Stoke ||
EMHPs	Education Provider
4 WTE	Ormiston Horizon Academy Watermill School Ball Green Primary School Burnwood Community Primary School Mill Hill Primary Academy Haywood Academy Moorpark Junior School Saint Nathaniel's Academy Carmountside Primary Academy Birches Head Academy Grove Academy Abbey Hulton Primary School Kingsland C of E Academy Merit Pupil Referral Unit 6th Form College (1 year cohort).

North Staffordshire MHST
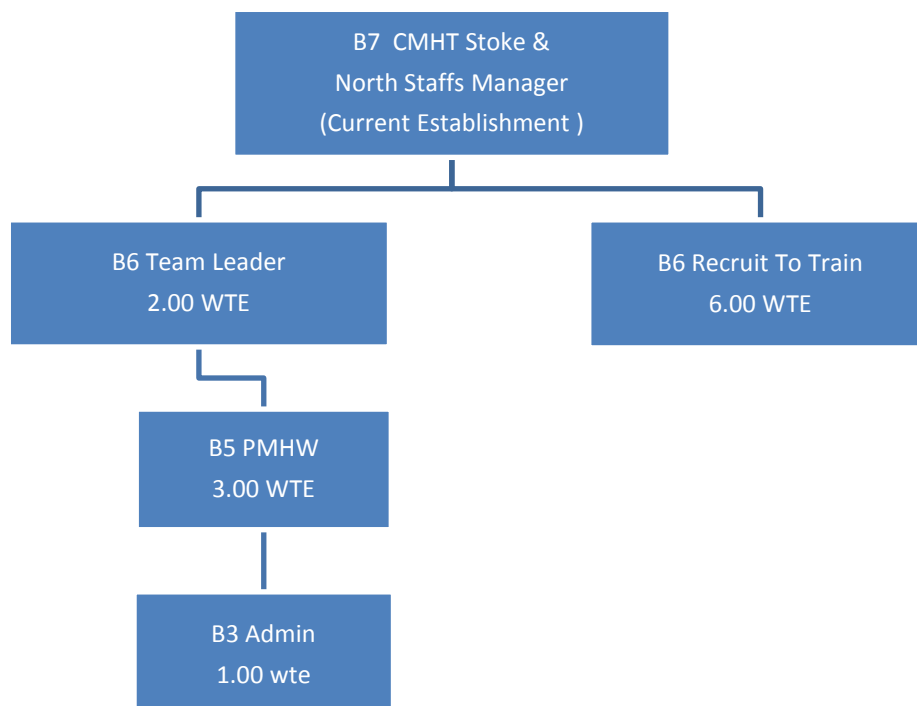

| Newcastle ||
EMHPs	Education Provider
4 WTE	The Kidsgrove Primary School, Churchfields Primary School, Thursfield Primary School, Crackley Bank Primary School, Chesterton Primary School St Saviours Academy St John the Evangelist Catholic Primary The Kidsgrove Secondary School Chesterton Community Sports College Dove Bank primary School

| The Kings C of E School |
| St Thomas Aquinas Primary School |
| Reginald Mitchell Primary School |
| Springhead Community Primary School |
| CEDARS Pupil Referral Unit. |

Moorlands	
EMHPs	**Education Provider**
4 WTE	Kingsfield First School Knypersley First School Moor First School Squirrel Hayes First School Oxhey First School James Bateman Junior High School Biddulph High School Woodhouse Academy Leek High Specialist Technology School Westwood college Churnet View Middle School Leek First School Blackshaw Moor CE (CV) First School Beresford Memorial CE (CV) First School All Saints CE (CV) First School Horton Lodge Community Special School and Key Learning Centre

Four Week Wait Structure

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                    ┌─────────────────────────────┐
                    │   B7  CMHT Stoke &           │
                    │   North Staffs Manager       │
                    │   (Current Establishment )   │
                    └─────────────────────────────┘
                     │                           │
        ┌────────────────────────┐      ┌────────────────────────┐
        │   B6 Team Leader        │      │   B6 Recruit To Train   │
        │   2.00 WTE              │      │   6.00 WTE              │
        └────────────────────────┘      └────────────────────────┘
                     │
           ┌────────────────────┐
           │   B5 PMHW           │
           │   3.00 WTE          │
           └────────────────────┘
                     │
           ┌────────────────────┐
           │   B3 Admin          │
           │   1.00 wte          │
           └────────────────────┘
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4. Recruitment

Recruitment to posts has taken place as quickly as possible, given the programme timescale and funding availability. Table 3, below, outlines the progress to date and expected start dates for the different categories of staff.

Table 3 – Recruitment Progress

Post Title	Team	Band	WTE	Recruited / Anticipated Recruitment	Expected Start Date
Recruit To Train (RTT) CBT Therapists	Core Community Team- 4WW	6	6	✔	29/01/19
Education Mental Health Practitioners	MHST	4	30	✔	18/02/19
Team Managers	MHST	7	2	✔	13/05/19
Senior Mental Health Clinicians	MHST	6	2	✔	13/05/19
Mental Health Clinicians	MHST	5	4	01/04/19	27/05/19
Senior Mental Health clinicians	Core Community Team- 4WW	6	2	08/04/19	17/06/19
Mental Health Clinicians	Core Community Team- 4WW	5	3	08/04/19	17/06/19
HCSW / Admin	MHST	3	1	✔	03/06/19
CBT Therapist	MSHT	7	0.6	08/04/19	17/06/19
TOTAL			50.6		

5. Finance

The finances are supported through a combination of national monies which are routed through CCGs for the Trust and pay support for EMHPs and recruit to train staff for the 4 week wait pilot via Health Education England.

Tables 5, 6 and 7 provide an overview of the finances to be received by the Trust associated with the initiatives, with the funding from HEE identified. All other funding is routed through CCGs.

In summary the value of investment received is outlined in Table 4:

Table 4 – Total Income to North Staffordshire Combined Healthcare NHS Trust

Year	£'000
2018/19	97
2019/20	1,803
2020/21	2,214

Table 5 – Stoke-on-Trent Mental Health Support Teams

Stoke MHST

Finance Summary	18-19 £'000	19-20 £'000	20-21 £'000	Recurrent £'000
Exchequer Capital (Inc VAT)				
Total Capital	0	0	0	0
Revenue Costs				
Pay		212	490	
Pay - HEE	29	222		
Non Pay		70	95	
Overheads		93	174	
Total Costs	29	597	759	0
Exchequer Income		(375)	(759)	
Exchequer Income - HEE	(29)	(222)		
Total Income	(29)	(597)	(759)	0
EBITDA	0	0	0	0

Table 6 – North Staffordshire Mental Health Support Teams

North Staffs MHST

Finance Summary	18-19 £'000	19-20 £'000	20-21 £'000	Recurrent £'000
Exchequer Capital (Inc VAT)				
Total Capital	**0**	**0**	**0**	**0**
Revenue Costs				
Pay		208	456	
Pay - HEE	26	197		
Non Pay		66	89	
Overheads		87	139	
Total Costs	**26**	**559**	**683**	**0**
Exchequer Income		(362)	(683)	
Exchequer Income - HEE	(26)	(197)		
Total Income	**(26)**	**(559)**	**(683)**	**0**
EBITDA	**0**	**0**	**0**	**0**

Table 7 – 4 Week Wait Pilot

4 Week Wait

Finance Summary	18-19 £'000	19-20 £'000	20-21 £'000	Recurrent £'000
Exchequer Capital (Inc VAT)				
Total Capital	**0**	**0**	**0**	**0**
Revenue Costs				
Pay		244	490	
Pay - HEE	42	200		
Non Pay		119	137	
Overheads		85	146	
Total Costs	**42**	**647**	**772**	**0**
Exchequer Income		(448)	(772)	
Exchequer Income - HEE	(42)	(200)		
Total Income	**(42)**	**(647)**	**(772)**	**0**
EBITDA	**0**	**0**	**0**	**0**

It is the expectation that when national funding comes to an end, CCGs will continue to fund the initiatives (from 2020/21) and this commitment was required when bids were submitted.

6. Summary & Recommendations

A review of all pathways associated within the CYP service provision has commenced, designed to incorporate the 4 Week Wait requirements into the business of the CAMHS Hub and CMHTs. The new services must also be aligned to existing services and work is ongoing in refining the new structures with the existing CAMHS teams. This transformation work will include the digital front door being developed through the Digital Exemplar.

The service level agreements for NSCHTs current schools services are being reviewed to ensure that the pathways also link to the new service provision and must be able to continue to function as a fully costed service. One of the conditions of the Trailblazer investment and pilot funding is that schools do not disinvest in existing services.

A full co-produced launch event with NHS England, Universities, CCGs, Local Authorities and Combined Healthcare is scheduled for 2nd April 2018.

The Trust Board is recommended to receive this paper for:
- **INFORMATION** regarding the services available under the trailblazer and four week wait pilot.
- **ASSURANCE** that the implementation of the programme is on schedule and in line with the national requirements and financial envelope available.

REPORT TO OPEN TRUST BOARD

Date of Meeting:	28th March 2019
Title of Report:	January 2019 Monthly Safer Staffing Report
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality
Author:	Alastair Forrester, Head of Nursing & Professional Practice
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec ☐

Executive Summary:		Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during January 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during January 2019 was 83% for registered staff and 101% for care staff on day shifts and 82% and 110% respectively on night shifts. Overall a 95% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.		Approval ☐	
		Information ☐	
		Discussion ☒	
		Assurance ☒	
Seen at:	SLT ☒ Execs ☐ Date: 12th March 2019	Document Version No.	v1
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.		
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None		
STP Alignment / Implications:	None		
Recommendations:	To receive the report for assurance		
Version	Name/Group	Date	
1	Executive Meeting	5th March 2019	
	SLT	12th March 2019	
	Quality Committee	March 2019 (virtually)	
	Trust Board	28th March 2019	

1   Introduction

This report details the ward daily staffing levels during the month of January 2019 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2   Background

The monthly reporting of safer 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 in-patient units.

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2017 was presented to April 2018 Board and the recommendations agreed. Additionally a mid-year review was reported to Board in November 2018. Recommendations relating to Safer Staffing Reviews are progressed and monitored through the Safer Staffing Group.

3   Trust Performance

During January 2019 the Trust achieved a staffing fill rate of 83% for registered staff and 101% for care staff on day shifts and 82% and 110% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 95% was achieved. This is an increase from December 2018 where the overall fill-rate achieved was 92%.

Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis; the plan sets out the actions and recommendations from staffing reviews.

4   Care Hours per Patient Day (CHPPD)

The Trust is required to report CHPPD on a monthly basis. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. The CHPPD metric has been developed by NHSI to provide a consistent way of recording and reporting deployment of staff providing care in inpatient units. The aim being to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS provider sector by providing a single

means of consistently recording, reporting and monitoring staff deployment. The CHPPD:

- gives a single figure that represents both staffing levels and patient numbers, unlike actual hours alone

- allows for comparisons between wards/units as CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes

- splits registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected

- is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level

- is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures

The Trust will use CHPPD to benchmark between specialities within the organisation and once the information is available through the model hospital national benchmarking will help inform safer staffing reviews.

5   Impact

WMs report the impact of unfilled shifts on a shift by shift basis. Staffing issues contributing to fill rates are summarised in Appendix 2.

5.1   Impact on Patient Safety

There were no incidents related to ward nurse staffing reported during January 2019.

5.2   Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During January there were 4 occasions when patient activity had to be cancelled and 8 hours lost due to activities being shortened, this was due to staffing levels and it was not possible to rearrange these activities. This had a minimal impact on patient experience and direct patient care.

5.3   Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during January 2019:

- 148 staff breaks were cancelled (equivalent to approximately 3% of breaks). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There were 4 occasions reported during January when a staff supervision session had to be cancelled to support safe staffing levels.

- All planned mandatory training sessions or staff PDR's took place as planned during January 2019; there were none that required cancelling or rescheduling to support safe staffing.

5.4   Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. For example a total of 412 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 156 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable.   Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross covered to support safe staffing levels. There were 26 occasions (64 hours in total) when additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels.

5.5   RN Staffing Recruitment

In line with the national picture, RN recruitment remains challenging. The RN 12 month fill-rate increased in January 2018 and with the exception of December 2018 it has maintained an upward trend since August 2018. The Trust is continuing to work proactively to recruit to these vacancies.
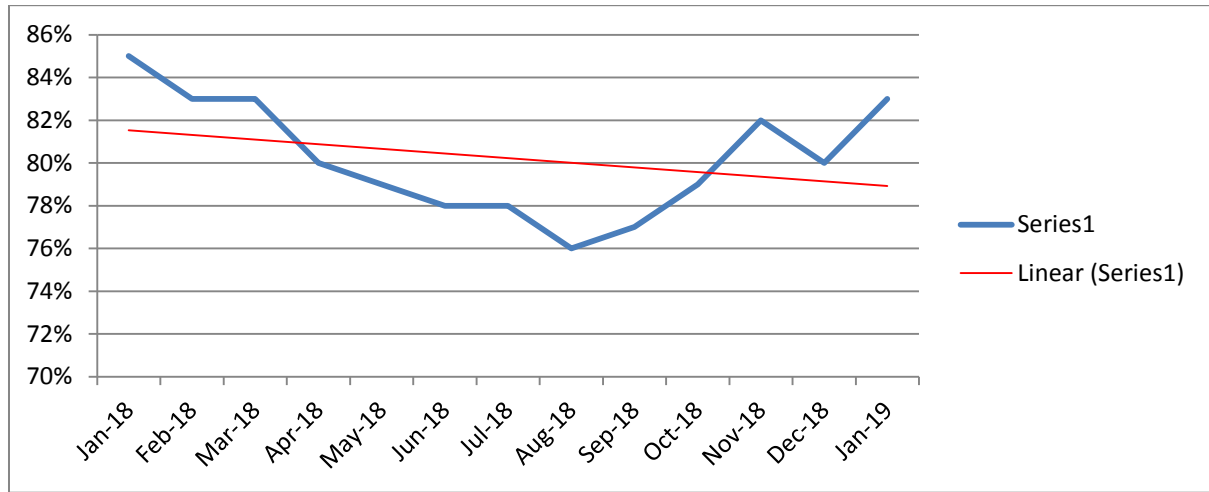
The Trust is participating in the NHSI Retention Support Programme and this has informed the Trust Recruitment and Retention Action Plan which details the actions that are being taken by the Trust to attract and retain registered nurses. This Action plan was previously reviewed by the Board in April 2018. These include recruitment incentives such as refer a friend, continued professional development offer, housing and flexible hours. These incentives are included in all RN job adverts.

Health Education England has recently identified funding to support Trusts with Return to Practice campaigns. These campaigns target former registered nurses who have left practice and allowed their nurse registration to lapse by providing academic

and placement support to enable them to re-register with the NMC. The Head of Nursing & Professional Practice is working with the Trust Recruitment Lead and local Health Education Institutes to progress this campaign.

The newly qualified nurses who commenced with the Trust in September 2018 continue to be supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and, with the exception of one nurse, all newly qualified RNs have been retained in the Trust in the past 2 years.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. The Trust is currently in the process of recruiting a further 6 Trainee Nursing Associates for the March 2019 intake.

The education programme to support CPD and career progression for all RNs is also being strengthened. Additionally, a potential increase in Band 6 RNs is being considered. It is anticipated that career pathways will be further enriched as Directorates begin to finalise their workforce plans for 2019/20.

A recent advertising campaign for the recruitment of Registered Nurses has resulted in 28 planned interviews and has attracted applicants from across a range of nursing specialities.

6. Summary

Safe staffing reporting continued to highlight challenges in staffing wards during January 2018; the Trust did however experience an increase in its fill rate of registered nursing shifts during January 2018. We continue to see a significant number of RN vacancies being filled by newly qualified RNs and the Trust continues to employ a number of strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The Trust is participating in the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the Trust Recruitment and Retention Action Plan.

7. Recommendations

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and mitigations and action plan in place
- Note the challenge in filling shifts in January
- Be assured that safe staffing levels have been maintained.

Appendix 1 January 2018 Safer Staffing

Date	Registered Nurses						Care Staff						Registered Nurse		Care Staff		Total Nursing Staffing		
	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Ward 1	1335.00	1335.00	1290.19	344.10	344.10	478.20	1162.50	1162.50	757.25	688.20	1032.30	905.08	96.6%	139.0%	65.1%	87.7%	105.3%	75.7%	88.6%
Ward 2	1335.00	1335.00	1104.00	688.20	688.20	557.60	1534.50	1534.50	1454.95	1032.30	1032.30	1089.25	82.7%	81.0%	94.8%	105.5%	82.1%	99.1%	91.6%
Ward 3	1335.00	1339.00	1275.81	688.20	688.20	548.40	1162.50	1186.75	1326.73	688.20	710.40	813.30	95.3%	79.7%	111.8%	114.5%	90.0%	112.8%	101.0%
Ward 4	1507.50	1507.50	1319.98	344.10	344.10	355.20	1162.50	1162.50	1586.51	1032.30	1032.30	1048.07	87.6%	103.2%	136.5%	101.5%	90.5%	120.0%	106.5%
Ward 5	1335.00	1335.00	913.44	688.20	688.20	444.00	1162.50	1446.00	1608.32	688.20	921.30	1240.25	68.4%	64.5%	111.2%	134.6%	67.1%	120.3%	95.8%
Ward 6	1335.00	1335.00	977.98	688.20	688.20	361.80	1348.50	1767.00	1914.06	688.20	1032.30	1411.63	73.3%	52.6%	108.3%	136.7%	66.2%	118.8%	96.7%
Ward 7	1335.00	1335.00	1149.98	344.10	344.10	399.60	1162.50	1297.50	1338.71	1032.30	1076.70	1076.70	86.1%	116.1%	103.2%	100.0%	92.3%	101.7%	97.8%
Assessment & Treatment	963.00	963.00	1067.04	688.20	688.20	410.70	1534.50	2302.50	1949.48	688.20	1409.70	1652.90	110.8%	59.7%	84.7%	117.3%	89.5%	97.0%	94.7%
Darwin Centre	1335.00	1341.75	851.21	688.20	688.20	344.10	1162.50	1162.50	1492.58	688.20	688.20	932.40	63.4%	50.0%	128.4%	135.5%	58.9%	131.0%	93.3%
Edward Myers	1135.50	1135.50	906.94	344.10	344.10	344.10	790.50	790.50	768.69	688.20	688.20	688.20	79.9%	100.0%	97.2%	100.0%	84.6%	98.5%	91.5%
Florence House	577.50	577.50	658.50	332.32	332.32	332.32	930.00	930.00	504.75	332.32	332.32	333.32	114.0%	100.0%	54.3%	100.3%	108.9%	66.4%	84.2%
Summers View	930.00	930.00	513.25	332.32	332.32	353.76	930.00	930.00	972.25	664.64	664.64	617.01	55.2%	106.5%	104.5%	92.8%	68.7%	99.7%	86.0%
PICU	1009.50	1009.50	878.13	688.20	688.20	680.20	837.00	904.50	1101.46	688.20	788.10	824.70	87.0%	98.8%	121.8%	104.6%	91.8%	113.8%	102.8%
Totals	15468.00	15478.75	12906.45	6858.44	6858.44	5609.98	14880.00	16576.75	16775.74	9599.46	11408.76	12632.81	83.38%	81.80%	101.20%	110.73%	82.90%	105.08%	95.24%

| Date | Total Nursing Staffing | | | Total Hours Per Day | Patients | CHPPD | Safe staffing was maintained by | RN Vacancies | HCSW Vacancies | Bed occupancy | Movement |
	Overall RN %	Overall Care Staff %	Overall Staffing								
Ward 1	105.3%	75.7%	88.6%	3880.72	383.00	10.13	Nurses working additional unplanned hours, altering skill mix.	-3.88	4.19	87%	↑
Ward 2	82.1%	99.1%	91.6%	4369.80	434.00	10.07	Nurses working additional unplanned hours, altering skill mix.	3.14	4.09	62%	↓
Ward 3	90.0%	112.8%	101.0%	4208.24	490.00	8.59	Nurses working additional unplanned hours.	2.02	1.50	66%	↓
Ward 4	90.5%	120.0%	106.5%	4712.76	433.00	10.88	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	4.24	4.28	93%	↑
Ward 5	67.1%	120.3%	95.8%	4615.19	399.00	11.57	Nurses working additional unplanned hours, altering skill mix.	5.29	1.81	91%	↑
Ward 6	66.2%	118.8%	96.7%	5270.72	357.00	14.76	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	4.31	1.07	77%	↓
Ward 7	92.3%	101.7%	97.8%	4494.49	599.00	7.50	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	1.25	6.08	98%	↑
Assessment & Treatment	89.5%	97.0%	94.7%	5327.62	123.00	43.31	Nurses working additional unplanned hours, altering skill mix.	2.96	-0.92	67%	↓
Darwin Centre	58.9%	131.0%	93.3%	4215.79	336.00	12.55	Nurses working additional unplanned hours and changes in skill mix.	6.36	1.54	88%	↑
Edward Myers	84.6%	98.5%	91.5%	2707.93	271.00	9.99	Nurses working additional unplanned hours, altering skill mix.	2.08	2.02	73%	↓
Florence House	108.9%	66.4%	84.2%	1975.64	177.00	11.16	Nurses working additional unplanned hours, altering skill mix.	-0.28	1.14	86%	↓
Summers View	68.7%	99.7%	86.0%	2583.77	239.00	10.81	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	2.99	2.20	99%	↔
PICU	91.8%	113.8%	102.8%	3641.99	119.00	30.60	Nurses working additional unplanned hours, altering skill mix.	1.00	-1.20	93%	↓
Totals	82.90%	105.08%	95.24%	52004.66	4360.00	11.93	Total	31.48	27.80		

Appendix 2 Staffing Issues

- At the end of January 2018, there were 31.48 WTE RN vacancies in in-patient areas. This is an improvement of 2.00 WTE from the December position. Our overall vacancy figure continues to show a significant and positive reduction throughout this financial year, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these nurses. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of January 2018, there were 27.80 WTE HCSW vacancies reported within in-patient wards. This is an increase of 0.99 WTE since December 2018. A majority of these vacant posts are within wards 1, 2, 4 & 7 and have also been created in November 2018 following the transaction of Safer Staffing establishment recommendations from the April 2018 Annual Safer Staffing report. We are continuing to actively recruit to these posts.

- Ward teams are supported by Quality Improvement Lead Nurses, Nurse Practitioners and a Site Manager who is further supported by an On-Call Manager out of hours.

- RN day shift cover remained challenging during January 2018; the most significant increases being at Ward 5, Summers View and Darwin Centre with the number of vacancies within these areas also adding to the challenge.

- RN night shift cover remained challenging during January 2018. Particularly so at Darwin Centre and Summers View where there has been an increase in night establishments, with the number of vacancies on these wards also adding to the challenge. Staffing numbers have continued to be maintained through the use of HCSW's.

- The Assessment and Treatment Service has experienced increases in patient acuity and when safe and appropriate to do so, the unit has been supported to maintain safe staffing levels by the Learning Disabilities Intensive Support Team.

- Four wards experienced an increase in occupancy during January 2018; these were not significant increases and did not impact on the ability of the Trust to maintain safe staffing levels in all areas.

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Enclosure No:8

Date of Meeting:	28TH March 2019
Title of Report:	Performance & Quality Management Framework Month 10
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates
Author:	Vicky Boswell, Associate Director of Performance
Executive Lead Name:	Lorraine Hooper, Director of Finance, Performance & Estates	Approved by Exec	☒

Executive Summary:		Purpose of report	
The report provides an overview of performance for January 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

In addition to the performance dashboards a full database (divisional drill-down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised on the supporting PQMF dashboard. | | Approval | ☐ |
		Information	☒
		Discussion	☒
		Assurance	☐
Seen at:	SLT ☒ Execs ☐
Performance Review
Date: 27th February 2019	Document Version No.	
Committee Approval / Review	• Quality Committee ☐
• Finance & Performance Committee ☒
• Audit Committee ☐
• People & Culture Development Committee ☒
• Charitable Funds Committee ☐
• Business Development Committee ☐
• Digital by Choice Board ☐		
Strategic Objectives
(please indicate)	1. To enhance service user and carer involvement.☐
2. To provide the highest quality services ☒
3. Create a learning culture to continually improve.☐
4. Encourage, inspire and implement research & innovation at all levels.☐
5. Maximise and use our resources intelligently and efficiently.☒
6. Attract and inspire the best people to work here.☒
7. Continually improve our partnership working. ☐		
Risk / legal implications:
Risk Register Ref | In Month 10 there is 1 targets related metric rated as Red and 2 metrics rated as Amber; all other indicators are within expected tolerances.

All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board. | | |
| Resource Implications:

Funding Source: | There are potential contractual penalties if the Trust is not able to meet reporting requirements or performance standards. A Data Quality Improvement Plan is agreed with commissioners to address data quality issues that may impact on performance. | | |

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The PQMF includes monitoring of ethnicity as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. A new diversity and inclusion report is being developed to monitor trust performance on closing service user and workforce equality data gaps.
STP Alignment / Implications	Reporting from Month 8 reflects the Locality Directorate restructuring in support of STP alignment. This includes a breakdown of activity and performance according to North Staffs and Stoke localities.
Recommendations:	The Board is asked to • Receive the report as outlined • Note the Management action and committee oversight

Front Sheet for PQMF Trust Board

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK
REPORT TO TRUST BOARD

Date of meeting:	28th March 2019
Report title:	**Performance & Quality Management Framework Performance Report – Month 10 2018/19**
Executive Lead:	Lorraine Hooper, Director of Finance, Performance & Estates
Prepared by:	Vicky Boswell, Associate Director of Performance
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates

1 Introduction to Performance Management Report

The report provides an overview of performance for January 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.
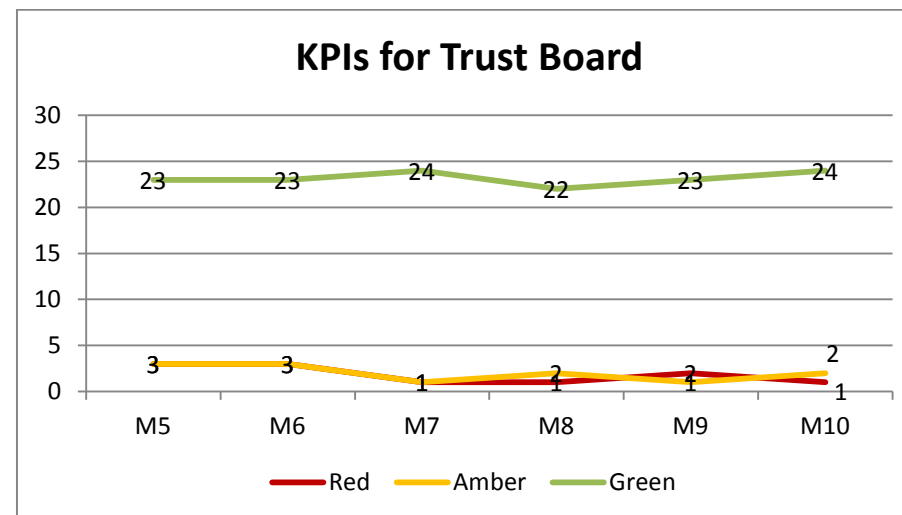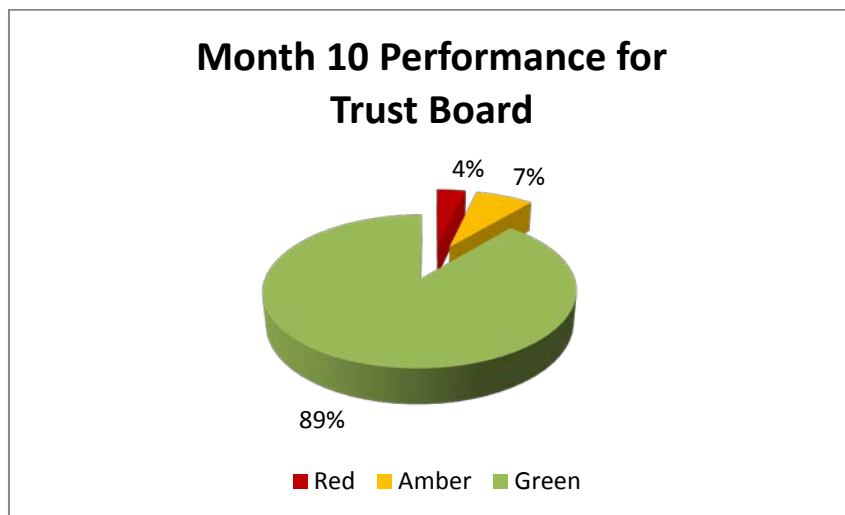
In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

2 Executive Summary – Exception Reporting

The following performance highlights should be noted:

- Emergency readmission rates have decreased from 6.3% in M9 to 3.4% in M10 (target less than 7.5%)
- 64.8% of IAPT patients are moving to recovery (target 50%). 98.1% patients have been treated within 6 weeks and all patients (100%) have received treatment within 18 weeks
- 95.2% of all patients have received a follow up within 7 days of discharge (target 90%)

In Month 10 there is 1 target related metric rated as **Red** and 2 target related metrics as **Amber**, all other indicators are within expected tolerances.

Month 10 Performance for Trust Board

4% 7%
89%
Red Amber Green
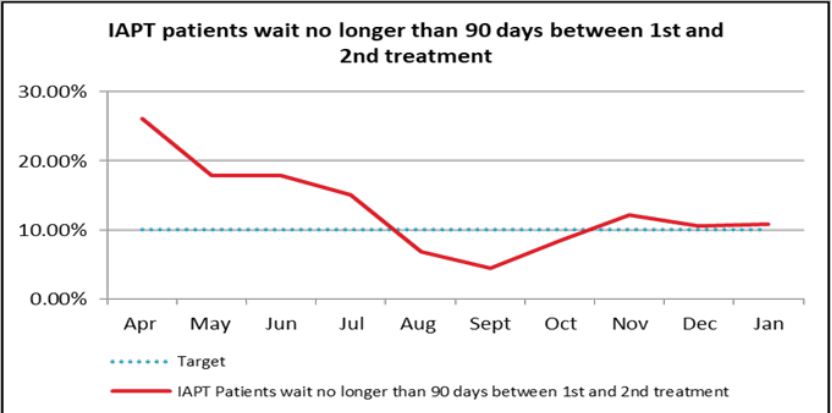

KPIs for Trust Board

Red Amber Green

3 Updated metrics and targets

The following measures and targets have been updated for Month 10:

- PALS & Complaints figures for December confirmed, provisional data received for January 2019
- Sickness absence percentage figures for M10 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.

4 Exceptions - Month 10

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
CCG	**IAPT** Patients wait no longer than 90 days between 1st and 2nd treatment	Exec Dir of Ops	**10%**	**RED 10.6%**	**RED 10.8%**	↗	**10.8% at M10 from 10.6% at M9** There are a number of clients who choose not to commence therapy in line with national waiting standards or who DNA their treatment appointment and then request a further appointment. The Service Specification indicates a more engaging approach to client commencement to treatment which clinically the service adheres to. The service has a trajectory in place to meet the target by the end of Q4.
CCG	**18 Week Waits** Compliance with 18 week waits (Referral to Treatment or Intervention)	Exec Dir of Ops	**92.0%**	**GREEN 92.5%**	**AMBER 90.8%**	↘	**90.8% at M10 from 92.5% at M9** • Acute Services & Urgent Care – 99.5% at M10 from 98.0% at M9 200 out of 201 patients were compliant with 18 week waits o MH Crisis Services 99.3% at M10 from 97.4% at

3

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							M9 ○ Specialist Community MH Services for CYP 100% at M10 from 100% at M9 ○ MH Acute Wards for Adults of Working Age & Psychiatric Intensive Care Units 100% at M10 from 0 at M9 ● North Staffordshire Community – 87.6% at M10 from 94.9% at M9 85 out of 97 patients were compliant with 18 week waits ○ Community Based MH Services for Older People 100% at M10 from 100% at M9 ○ Community Based MH Services for Adults of Working Age 69.7% at M10 from 85% at M9 ○ Community MH Services for Children & Young People 91.3% at M10 from 100% at M9 ○ Other Specialist Services 100% at M10 from 100% at M9 ● Specialist Care – 74.5% at M10 from 88.7% at M9 41 out of 55 patients were compliant with 18 week waits ○ Community MH Services for Children & Young People 75% at M10 from 100% at M9 ○ Other specialist services 58.3% at M10 from 66.7% at M9 ○ Community Mental Health Services for People with a Learning Disability or Autism 91.3% at M10 from 100% at M9 ● Stoke Community – 88.5% at M10 from 87.6% at M9 215 out of 243 patients were compliant with 18 week waits

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							o Community Based MH Services for Older People 96.5% at M10 from 96.8% at M9 o Community Based MH Services for Adults of Working Age 75% at M10 from 65.1% at M9 o Other Specialist services 95% at M10 from 100% at M9 o Community MH Services for Children & Young People 93.2% at M10 from 96.9% at M9 The largest numbers of waiters are in the Stoke Community (Sutherland and Greenfields) and there is an action plan in place to address this. Performance is over target level in M11 and will be maintained going forward.

NHSI	**CPA Review:**
	
	The proportion of those on Care Programme Approach (CPA) for at least 12 months having formal review within 12 months
		Exec Dir of Ops	**95.0%**	**RED
				86.3%**
					**AMBER
					91.6%**
						↗	**91.6% at M10 from 86.3% at M9**
							
							• North Staffordshire Community – 95.1% at M10 from 94.7% at M9 451 out of 474 patients have had a 12 month review recorded
							  o Community Based MH Services for Older People 100% at M10 from 85.7% at M9
							  o Community Based MH Services for Adults of Working Age 95.4% at M10 from 95.7% at M9
							  o Community MH Services for Children & Young People 91.7% at M10 from 85.7% at M9
							
							• Specialist Care – 91.2% at M10 from 94.9% at M9 206 out of 226 have had a 12 month review recorded
							  o Community Based MH Services for Adults of Working Age 96.1% at M10 from 97.5% at M9
							  o Community MH Services for Children & Young People 100% at M10 from 50% at M9
							  o Other specialist services 82.4% at M10 from

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							86.7% at M9 ○ CAMHS wards 0 at M10 from 62.5% at M9 ○ LD wards 100% at M10 from 80.4% at M9 ○ Community Mental Health Services for People with a Learning Disability or Autism 81.3% at M10 from 80.4% at M9 • Stoke Community – 89.8% at M10 from 77.2% at M9 458 out of 510 have had a 12 month review recorded ○ Community Based MH Services for Older People 100% at M10 from 97.5% at M9 ○ Community Based MH Services for Adults of Working Age 90% at M10 from 78.7% at M9 ○ Other Specialist services 96.2% at M10 from 96.1% at M9 ○ Community MH Services for Children & Young People 100% at M10 from 66.7% at M9 The Trust has responded to commissioners following the issuing of a contract performance notice and provided an action plan with a trajectory to achieve the target Trust wide by end of March 2019. There is a key focus in the Stoke Locality (mainly Greenfields) and Specialist Services (mainly CDLT) to ensure that the target is achieved in line with the trajectory. The performance team have developed a BI reporting tool which highlights to teams those patients whom are due a follow up, prior to the expiry date.

5 Recommendations

The Trust Board is asked to:
• Receive the Trust reported performance, management action and committee oversight on the Month 10 position

**PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK
REPORT TO TRUST BOARD**

Date of meeting:	21st March 2019
Report title:	**Performance & Quality Management Framework Performance Report – Month 10 2018/19**
Executive Lead:	Lorraine Hooper, Director of Finance, Performance & Estates
Prepared by:	Vicky Boswell, Associate Director of Performance
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates

1   Introduction to Performance Management Report

The report provides an overview of performance for January 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.
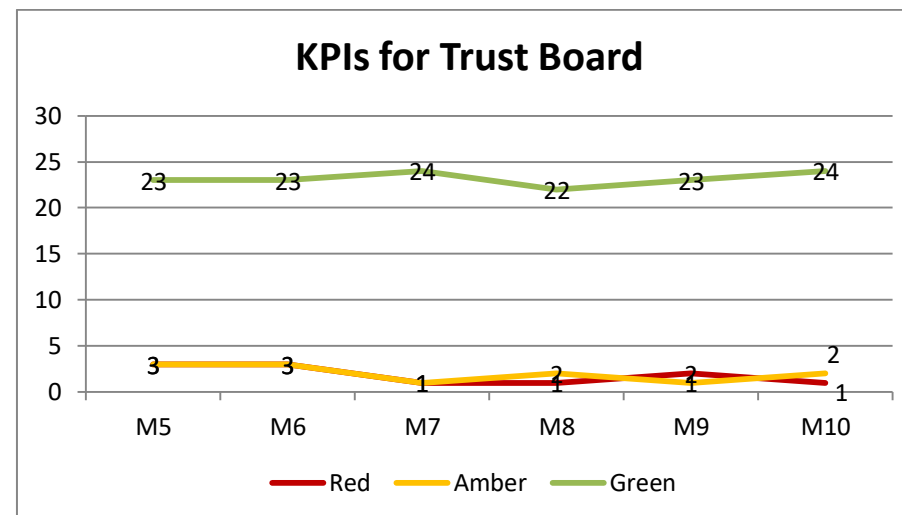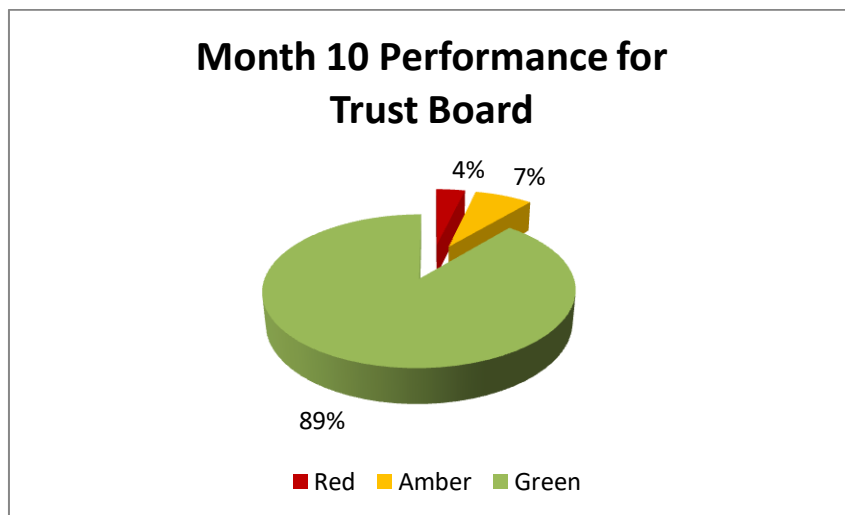
In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

2   Executive Summary – Exception Reporting

The following performance highlights should be noted:

- Emergency readmission rates have decreased from 6.3% in M9 to 3.4% in M10 (target less than 7.5%)
- 64.8% of IAPT patients are moving to recovery (target 50%). 98.1% patients have been treated within 6 weeks and all patients (100%) have received treatment within 18 weeks
- 95.2% of all patients have received a follow up within 7 days of discharge (target 90%)

In Month 10 there is 1 target related metric rated as **Red** and 2 target related metrics as **Amber**, all other indicators are within expected tolerances.

Month 10 Performance for Trust Board

4% 7%
89%
■ Red ■ Amber ■ Green

KPIs for Trust Board

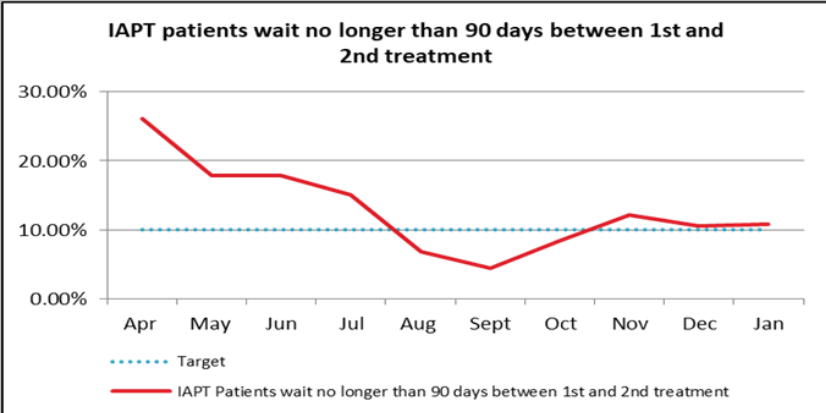─ Red ─ Amber ─ Green

3   Updated metrics and targets

The following measures and targets have been updated for Month 10:

- PALS & Complaints figures for December confirmed, provisional data received for January 2019
- Sickness absence percentage figures for M10 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.

4 Exceptions - Month 10

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
CCG	**IAPT** Patients wait no longer than 90 days between 1st and 2nd treatment	Exec Dir of Ops	10%	**RED 10.6%**	**RED 10.8%**	↗	**10.8% at M10 from 10.6% at M9** There are a number of clients who choose not to commence therapy in line with national waiting standards or who DNA their treatment appointment and then request a further appointment. The Service Specification indicates a more engaging approach to client commencement to treatment which clinically the service adheres to. The service has a trajectory in place to meet the target by the end of Q4.

CCG	**18 Week Waits**
	
	Compliance with 18 week waits (Referral to Treatment or Intervention)
		Exec Dir of Ops	92.0%	**GREEN 92.5%**	**AMBER 90.8%**	↘	**90.8% at M10 from 92.5% at M9**
							
							• Acute Services & Urgent Care – 99.5% at M10 from 98.0% at M9
							   200 out of 201 patients were compliant with 18 week waits
							   ○ MH Crisis Services 99.3% at M10 from 97.4% at

3

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							M9 o Specialist Community MH Services for CYP 100% at M10 from 100% at M9 o MH Acute Wards for Adults of Working Age & Psychiatric Intensive Care Units 100% at M10 from 0 at M9 • North Staffordshire Community – 87.6% at M10 from 94.9% at M9 85 out of 97 patients were compliant with 18 week waits o Community Based MH Services for Older People 100% at M10 from 100% at M9 o Community Based MH Services for Adults of Working Age 69.7% at M10 from 85% at M9 o Community MH Services for Children & Young People 91.3% at M10 from 100% at M9 o Other Specialist Services 100% at M10 from 100% at M9 • Specialist Care – 74.5% at M10 from 88.7% at M9 41 out of 55 patients were compliant with 18 week waits o Community MH Services for Children & Young People 75% at M10 from 100% at M9 o Other specialist services 58.3% at M10 from 66.7% at M9 o Community Mental Health Services for People with a Learning Disability or Autism 91.3% at M10 from 100% at M9 • Stoke Community – 88.5% at M10 from 87.6% at M9 215 out of 243 patients were compliant with 18 week waits

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							o Community Based MH Services for Older People 96.5% at M10 from 96.8% at M9 o Community Based MH Services for Adults of Working Age 75% at M10 from 65.1% at M9 o Other Specialist services 95% at M10 from 100% at M9 o Community MH Services for Children & Young People 93.2% at M10 from 96.9% at M9 The largest numbers of waiters are in the Stoke Community (Sutherland and Greenfields) and there is an action plan in place to address this. Performance is over target level in M11 and will be maintained going forward.
NHSI	**CPA Review:** The proportion of those on Care Programme Approach (CPA) for at least 12 months having formal review within 12 months	Exec Dir of Ops	**95.0%**	**RED 86.3%**	**AMBER 91.6%**	↗	**91.6% at M10 from 86.3% at M9** • North Staffordshire Community – 95.1% at M10 from 94.7% at M9 451 out of 474 patients have had a 12 month review recorded 　o Community Based MH Services for Older People 100% at M10 from 85.7% at M9 　o Community Based MH Services for Adults of Working Age 95.4% at M10 from 95.7% at M9 　o Community MH Services for Children & Young People 91.7% at M10 from 85.7% at M9 • Specialist Care – 91.2% at M10 from 94.9% at M9 206 out of 226 have had a 12 month review recorded 　o Community Based MH Services for Adults of Working Age 96.1% at M10 from 97.5% at M9 　o Community MH Services for Children & Young People 100% at M10 from 50% at M9 　o Other specialist services 82.4% at M10 from

KPI Classification	Metric	Exec/Op Lead	Target	M9	M10	Trend	Commentary
							86.7% at M9 ○ CAMHS wards 0 at M10 from 62.5% at M9 ○ LD wards 100% at M10 from 80.4% at M9 ○ Community Mental Health Services for People with a Learning Disability or Autism 81.3% at M10 from 80.4% at M9 • Stoke Community – 89.8% at M10 from 77.2% at M9 458 out of 510 have had a 12 month review recorded ○ Community Based MH Services for Older People 100% at M10 from 97.5% at M9 ○ Community Based MH Services for Adults of Working Age 90% at M10 from 78.7% at M9 ○ Other Specialist services 96.2% at M10 from 96.1% at M9 ○ Community MH Services for Children & Young People 100% at M10 from 66.7% at M9 The Trust has responded to commissioners following the issuing of a contract performance notice and provided an action plan with a trajectory to achieve the target Trust wide by end of March 2019. There is a key focus in the Stoke Locality (mainly Greenfields) and Specialist Services (mainly CDLT) to ensure that the target is achieved in line with the trajectory. The performance team have developed a BI reporting tool which highlights to teams those patients whom are due a follow up, prior to the expiry date.

5   Recommendations

The Trust Board is asked to:
• Receive the Trust reported performance, management action and committee oversight on the Month 10 position

REPORT TO Trust Board

Enclosure No:9

Date of Meeting:	28th March 2019		
Title of Report:	Gender Pay Reporting		
Presented by:	Linda Holland		
Author:	Lesley Faux (supported by Kerry Smith, Associate Director of Workforce)		
Executive Lead Name:	Linda Holland, Director of Workforce, OD and Inclusion	Approved by Exec	☐

Executive Summary:		Purpose of report	
All NHS Trust are legally required to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation. We are required to publish the results on our own website and a government website. We will do this annually within one calendar year at 30th March. The publication of the data on our own website will be in the format of a communication piece with narrative to describe the data presented. This report details the Trust's position as at March 2017 and shows a slight improvement in 4 areas. A further detailed presentation and review will be presented at the PCD Committee in May 2019. The Executive Directors are asked to approve the figures for publication.		Approval	☒
		Information	☐
		Discussion	☐
		Assurance	☐
Seen at:	SLT ☐ Execs ☒ Date: 19.03.2019	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☐ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☐		
Risk / legal implications:	Potential risk of Equal Pay claims. Although on high level review this is		

Risk Register Reference	assessed as low risk.
Resource Implications: Funding Source:	n/a
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	An in-depth review of the findings is in process – following which a long term plan is to be developed to address any D&I matters specifically with regards to pay.
STP Alignment / Implications:	n/a
Recommendations:	Approval of the high level report.

Version	Name/group	Date issued

acas

Government
Equalities Office

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Employee Communication: Gender Pay Gap Reporting

We are an employer required by law to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation; it will not involve publishing individual employees data.

We are required to publish the results on our own website and a government website. We will do this annually within one calendar year of March 30th. We can use these results to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Our Trust Gender Pay Gap in the second year of reporting (data as at 31 March 2018) is as below (figures for year 1, 31 March 2017 in **red brackets**):-

- Women's hourly rate is **14.8%** (**15.6%**) **lower (mean)** and **3.6%** (**4.5%**) **lower (median)**.
- Top salary quartile has **28.5%** (**28.7%**) **men** and **71.5%** (**71.3%**) **women**
- Upper middle salary quartile has **22.9%** (**22.3%**) **men** and **77.2%** (**77.7%**) **women**
- Lower middle salary quartile has **22.2%** (**21.9%**) **men** and **77.8%** (**78.1%**) **women**
- Lower salary quartile has **19.3%** (**18.1%**) **men** and **80.7%** (**81.9%**) **women**
- Women's bonus pay is **28.0%** (**25.7%**) **lower (mean)** and **-3.4%** *(ie 3.4% higher)* (**8.3%**) **lower (median)**
- **2.8%** (**3.6%**) **of men** and **0.2%** (**0.4%**) **of women** received bonus pay

The challenge in our organisation and across Great Britain is to eliminate any gender pay gap over the coming years. Our data as at 31 March 2018 shows we are generally heading in the right direction, but still have further work to do.

Further details about how we intend to tackle our gender pay gap can be found by:

- contacting the HR department or Trust Diversity and Inclusion Lead
- looking at our Trust website
- joining the Gender Pay Reporting Steering Group

Gender Pay Reporting requires our organisation to make calculations based on employee gender. We will establish this by using our HR and payroll records. All employees can confirm and update their records if they choose to by contacting WorkforceInformationESR@combined.nhs.uk

You can learn more about Gender Pay Reporting by
visiting **www.acas.org.uk/genderpay**

REPORT TO Trust Board

Enclosure No:10

Date of Meeting:	28/03/2019		
Title of Report:	Finance Position Month 10		
Presented by:	Lorraine Hooper – Director of Finance, Performance and Estates		
Author:	M Newton – Deputy Director of Finance		
Executive Lead Name:	Lorraine Hooper – Director of Finance, Performance and Estates	Approved by Exec	☒

Executive Summary:		Purpose of report	
The report summarises the finance position at month 10 (January 2019)		Approval	☒
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☒ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Ref 1035: Trust top 3 risks around delivery of cost improvement target.		
Resource Implications: Funding Source:	None applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;		
STP Alignment / Implications:	Part of the aggregate STP reported financial position		
Recommendations:	The Trust Board are asked to: Note: The reported YTD surplus of £1,530k against a planned surplus of £1,381k. This is a favourable variance to plan of £149k.		

The M10 CIP achievement:
- YTD achievement of £1,159k (55%); an adverse variance of £966k;
- 2018/19 forecast CIP delivery of £1,497k (54%) based on schemes identified; an adverse variance of £1,298k to plan;
- The recurrent value of schemes transacted at £1,363k, 49% of target.

The cash position of the Trust as at 31st January 2019 with a balance of £9,801k; £2,278k better than plan;

Month 10 capital expenditure at £580k compared to planned capital expenditure of £1,631k;

Use of resource rating of 1 against a plan of 1.

Approve:

The month 10 position reported to NHSI.

Version	Name/group	Date issued
1	N/A	23/01/2018

Financial Overview as at 31st January 2019

Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(1,381)	(1,530)	(149)	(11)	G
FOT	(2,023)	(2,023)	(0)	(0)	G

Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	1,631	580	(1,051)	(64)	R
FOT	2,185	1,685	(500)	(23)	R

Retained (Surplus) / Deficit Run Rate 2018/19

Net Capital Expenditure - Plan / Forecast 2018/19
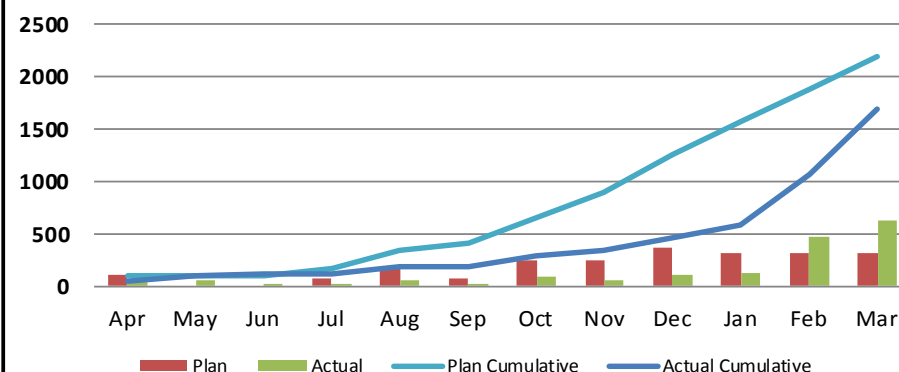
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	7,523	9,801	2,278	30	G
FOT	7,339	8,942	1,603	22	G
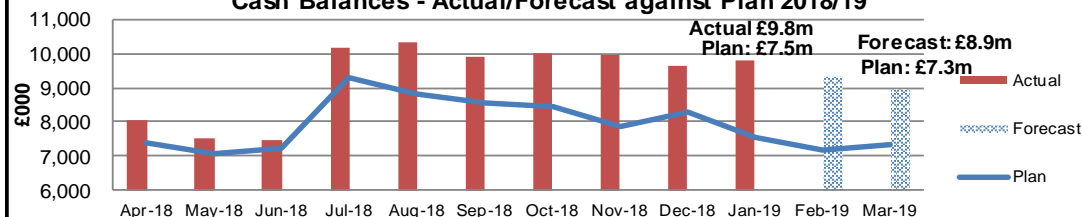
Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	1,744	864	(880)	(50)	(894)	R
Corporate	381	294	(87)	(23)	(87)	R
Total	2,125	1,159	(966)	(45)	(981)	R

Cash Balances - Actual/Forecast against Plan 2018/19

Use of Resource

	Plan	Actual
Overall Risk Rating	**1**	**1**
Liquidity Ratio	1	1
Capital Servicing Capacity	3	2
I& E Margin	1	1
I&E Margin Variance to Plan	1	1
Agency Spend	1	1

1. Introduction:

The Trust's original 2018/19 financial plan is to deliver a trading position of £0.720m surplus. The trust accepted the Control Total from NHS Improvement (NHSI) of £1.423m surplus which includes £0.703m from the Provider Sustainability Funding (PSF).

2018/19 Forecast Improvement

NSCHT Trust Board agreed to improve the 2018/19 forecast outturn position by £0.2m, increasing the trading surplus for 2018/19 to £0.920m. Trusts that agree to improve beyond the control surplus attract an incentive payment of £2 funding for every £1 additional surplus; and therefore earns an additional £0.4m PSF, to deliver an overall control surplus of £2.023m.

	2018/19 Plan Control (£m)	Agreed Forecast Improvement (£m)	2018/19 Revised Control (£m)
Trading Surplus	(0.720)	(0.200)	(0.920)
Provider Sustainability Funding	(0.703)	(0.400)	(1.103)
Surplus/Deficit	**(1.423)**	**(0.600)**	**(2.023)**

2. Income & Expenditure (I&E) Performance

Table 1 below summarises the Trust financial position in the Statement of Comprehensive Income (SOCI):

➢ During month 10, the trust had an in month trading position of £268k surplus against a plan of £189k surplus; **giving a favourable variance of £79k**. Provider Sustainability Funding (PSF) has been assumed at £129k for month 10, bringing the overall trust control total to a £397k surplus against plan of £318k; **giving a favourable variance of £79k**.

➢ Year to date, the trust has a trading position of £684k surplus against a plan of £535k surplus, **giving a favourable variance of £149k**. Provider Sustainability Funding (PSF) is assumed at £846k, bringing the overall year to date trust control total to £1,530k surplus, **giving a favourable variance of £149k.**

Table 1: Summary Performance	Annual Budget £'000	Month 10			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(86,558)	(7,545)	(7,454)	91	(71,254)	(70,942)	312	(86,853)	(86,236)	617
Pay	63,699	5,390	5,197	(193)	52,940	50,821	(2,118)	63,728	61,362	(2,366)
Non Pay	19,174	1,732	1,757	25	15,483	17,142	1,659	19,440	21,273	1,833
EBITDA	**(3,684)**	**(423)**	**(500)**	**(77)**	**(2,832)**	**(2,979)**	**(147)**	**(3,684)**	**(3,601)**	**83**
Other Non-Op Costs	2,764	234	232	(2)	2,297	2,295	(2)	2,764	2,681	(83)
Trading Surplus	**(920)**	**(189)**	**(268)**	**(79)**	**(535)**	**(684)**	**(149)**	**(920)**	**(920)**	**(0)**
Provider Sustainability Funding	(1,103)	(129)	(129)	0	(846)	(846)	0	(1,103)	(1,103)	0
(Surplus)/Deficit for the year	**(2,023)**	**(318)**	**(397)**	**(79)**	**(1,381)**	**(1,530)**	**(149)**	**(2,023)**	**(2,023)**	**(0)**

* Note – the forecast does not include the impact of the 2018/19 local government pension scheme (LGPS) or any revaluations/impairments.

3. Income

Table 2 below shows the Trust income position by contract:

➢ The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. Variance to plan to date relates to 2017/18 quarter 4 under performance of CQUIN, which was not confirmed until June 2018 and further CQUIN under performance in quarter 1 of 2018/19.

➢ Specialised Services are under performing year to date by £325k due to a reduction in activity at the Darwin Centre as a result of lower length of stay for service users.

➢ OATs income is over performing year to date by £138k due to out of area patients in A&T.

Table 2: Income	Annual Budget £'000	Month 10			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(37,604)	(3,160)	(3,160)	0	(31,136)	(31,127)	9	(37,816)	(37,807)	9
NHS North Staffordshire CCG	(25,581)	(2,129)	(2,129)	0	(21,181)	(21,175)	6	(25,584)	(25,578)	6
Specialised Services	(3,282)	(297)	(307)	(11)	(2,689)	(2,364)	325	(3,282)	(2,779)	503
Stoke-on-Trent CC s75	(3,999)	(333)	(333)	0	(3,333)	(3,333)	0	(3,999)	(3,999)	0
Staffordshire CC s75	(527)	(0)	0	0	(527)	(528)	(1)	(527)	(528)	(1)
Stoke-on-Trent Public Health	(2,093)	(328)	(328)	0	(1,437)	(1,323)	114	(2,093)	(1,979)	114
Staffordshire Public Health	(613)	(51)	(51)	0	(511)	(511)	0	(613)	(613)	0
ADS/One Recovery	(1,461)	(122)	(122)	0	(1,217)	(1,217)	0	(1,461)	(1,461)	0
Associates	(666)	(55)	(38)	18	(555)	(552)	3	(666)	(661)	5
OATS	(1,287)	(166)	(102)	63	(957)	(1,094)	(138)	(1,287)	(1,305)	(18)
Department of Health	(827)	(70)	(70)	0	(700)	(700)	0	(834)	(834)	0
Private Patients	0	0	(2)	(2)	0	(10)	(10)	0	(10)	(10)
Total Clinical Income	**(77,940)**	**(6,711)**	**(6,642)**	**68**	**(64,242)**	**(63,933)**	**308**	**(78,162)**	**(77,554)**	**608**
Other Income	(8,617)	(834)	(811)	22	(7,012)	(7,009)	3	(8,691)	(8,682)	8
Total Income	**(86,558)**	**(7,545)**	**(7,454)**	**91**	**(71,254)**	**(70,942)**	**312**	**(86,853)**	**(86,236)**	**617**
Provider Sustainability Funding	(1,103)	(129)	(129)	0	(846)	(846)	0	(1,103)	(1,103)	0
Total Income Incl. PSF	**(87,661)**	**(7,674)**	**(7,583)**	**91**	**(72,100)**	**(71,788)**	**312**	**(87,956)**	**(87,339)**	**617**

4. Expenditure

Table 3 below shows the Trust's expenditure split between pay, non-pay and non-operating cost categories.

➤ Underspend of £2,118k at month 10 on pay is due to vacancies across the trust, partially covered by temporary staffing.

➤ Agency costs at month 10 are £1,567k, **£67k below the M10 agency ceiling of £1,634k.**

➤ Non-Pay over spend at month 10 of £1,659k mainly due to residential payments and unachieved Cost Improvement.

Table 3: Expenditure	Annual Budget £'000	Month 10			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Medical	7,661	667	591	(76)	6,327	5,547	(780)	7,642	6,698	(944)
Nursing	30,256	2,584	2,495	(89)	25,185	24,036	(1,150)	30,300	29,019	(1,280)
Other Clinical	14,681	1,166	976	(190)	12,335	10,733	(1,602)	14,681	12,831	(1,850)
Non-Clinical	11,107	964	925	(39)	9,117	8,754	(363)	11,111	10,615	(496)
Apprenticeship Levy	214	18	19	1	178	185	6	214	222	8
Agency	87	17	191	175	53	1,567	1,514	87	1,976	1,889
Cost Improvement	(307)	(26)	0	26	(256)	0	256	(307)	0	307
Total Pay	**63,699**	**5,390**	**5,197**	**(193)**	**52,940**	**50,821**	**(2,118)**	**63,728**	**61,362**	**(2,366)**
Drugs & Clinical Supplies	2,426	247	269	21	1,932	2,130	197	2,426	2,667	240
Establishment Costs	909	77	64	(13)	756	700	(56)	909	857	(52)
Information Technology	712	59	110	51	594	653	60	712	838	126
Premises Costs	2,315	214	234	20	1,897	2,186	289	2,315	2,697	382
Private Finance Initiative	4,349	365	359	(6)	3,619	3,587	(32)	4,349	4,285	(63)
Services Received	4,657	507	502	(5)	3,646	3,619	(27)	4,657	4,642	(14)
Residential Payments	1,760	147	100	(47)	1,467	2,037	570	1,760	2,304	544
Consultancy & Prof Fees	144	9	33	24	126	377	250	144	414	270
External Audit Fees	65	5	5	(0)	54	52	(2)	65	62	(3)
Legal Fees	0	0	0	0	0	0	0	0	0	0
Unachieved CIP	(1,418)	(150)	0	150	(967)	0	967	(1,346)	0	1,346
Other	3,256	253	81	(172)	2,358	1,801	(557)	3,450	2,506	(943)
Total Non-Pay	**19,174**	**1,732**	**1,757**	**25**	**15,483**	**17,142**	**1,659**	**19,440**	**21,273**	**1,833**
Finance Costs	1,239	103	103	0	1,033	1,033	0	1,239	1,239	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	592	53	53	0	487	514	28	592	543	(50)
Investment Revenue	(14)	(1)	(6)	(5)	(12)	(44)	(32)	(14)	(56)	(42)
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	947	79	82	3	789	792	3	947	955	8
Total Non-op. Costs	**2,764**	**234**	**232**	**(2)**	**2,297**	**2,295**	**(2)**	**2,764**	**2,681**	**(83)**
Total Expenditure	**85,638**	**7,356**	**7,186**	**(170)**	**70,719**	**70,258**	**(461)**	**85,933**	**85,316**	**(617)**

Agency Breakdown		
Agency Type	**YTD (£000)**	**%**
Medical	1,104	70%
Nursing	25	2%
Other Clinical	358	23%
Non Clinical	79	5%
Total	**1,567**	**100%**

Directorate Summary

Table 4 below summarises Pay, Non Pay and Income by Directorate:

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Acute Services & Urgent Care	11,773	11,651	(122)	580	572	(8)	(301)	(286)	15	12,052	11,937	(114)
North Staffordshire Community	7,689	7,082	(607)	633	927	294	(1,375)	(1,423)	(48)	6,947	6,586	(361)
Specialist Care	13,415	12,664	(751)	1,451	1,782	331	(1,866)	(1,746)	120	13,000	12,699	(301)
Stoke Community	10,274	9,443	(831)	2,867	3,695	828	(822)	(859)	(37)	12,320	12,278	(41)
Moorcroft Medical Practice	296	298	2	111	77	(34)	(407)	(321)	86	0	54	54
Corporate	9,314	9,499	185	9,839	10,087	247	(2,579)	(2,564)	15	16,575	17,022	447
Trustwide	178	185	6	2,297	2,297	0	(64,750)	(64,588)	162	(62,275)	(62,107)	168
Total	**52,940**	**50,821**	**(2,118)**	**17,779**	**19,437**	**1,658**	**(72,100)**	**(71,788)**	**312**	**(1,381)**	**(1,530)**	**(149)**

➢ The clinical directorates are underspent on pay due to vacancies partially offset with bank and agency.

➢ Adverse variances on non-pay are due to an under delivery of cost improvement against the target and overspends on residential payments (Stoke-on- Trent section 75).

➢ The residential placement budgets are forecast to overspend by £544k. The Trust and Stoke-on-Trent City Council are working closely to design a sustainable service model for 2019/20, and risk share arrangement which will be factored into the new contract.

5. Cost Improvement Programme

The Trust target for the year is £2,795k, as reported to NHSI. This takes into account the requirement to deliver a £2,023k control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M10. The Trust wide cost improvement achievement is 55% at M10 compared to plan.

CIP Delivery	Annual CIP Target 2018/19	YTD M10			Forecast				Recurrent Transacted	Recurrent Position
		Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Clinical										
Acute Services & Urgent Care	538	419	419	0	538	508	(30)	94%	442	442
North Staffordshire Community	458	358	78	(279)	458	115	(343)	25%	127	329
Specialist Care	533	434	214	(221)	533	249	(284)	47%	214	214
Stoke Community	685	533	153	(380)	685	231	(454)	34%	240	334
Total Clinical	**2,214**	**1,744**	**864**	**(880)**	**2,214**	**1,103**	**(1,111)**	**50%**	**1,023**	**1,320**
Corporate										
CEO	15	12	12	0	15	15	0	100%	15	15
Finance, Performance & Digital	43	36	50	14	43	60	17	140%	60	60
MACE	9	8	11	3	9	14	4	144%	14	14
Operations	6	5	5	(0)	6	6	0	100%	6	6
Quality & Nursing	41	34	24	(10)	41	30	(10)	74%	42	42
Strategy	11	9	9	(0)	11	11	0	100%	11	11
Trustwide	384	217	133	(84)	384	199	(185)	52%	133	287
Workforce & OD	72	60	50	(11)	72	60	(13)	82%	60	60
Total Corporate	**581**	**381**	**294**	**(86)**	**581**	**394**	**(187)**	**68%**	**340**	**494**
Total	**2,795**	**2,125**	**1,159**	**(966)**	**2,795**	**1,497**	**(1,298)**	**54%**	**1,363**	**1,814**

Below 75%	
Below 90%	

Target	2,795
Variance	(981)

➢ The forecast position as at M10 for 2018/19 is £1,497k (54%), which represents an in year shortfall against the annual target of £1,298k.

➢ The recurrent risk adjusted forecast is £1,814k (65%); whereas schemes have been identified to the value of £2,034k (73%).

a. **Cost Improvement Programme Forecast & Transacted 2018/19**

CIP Forecast vs. Transacted 2018/19
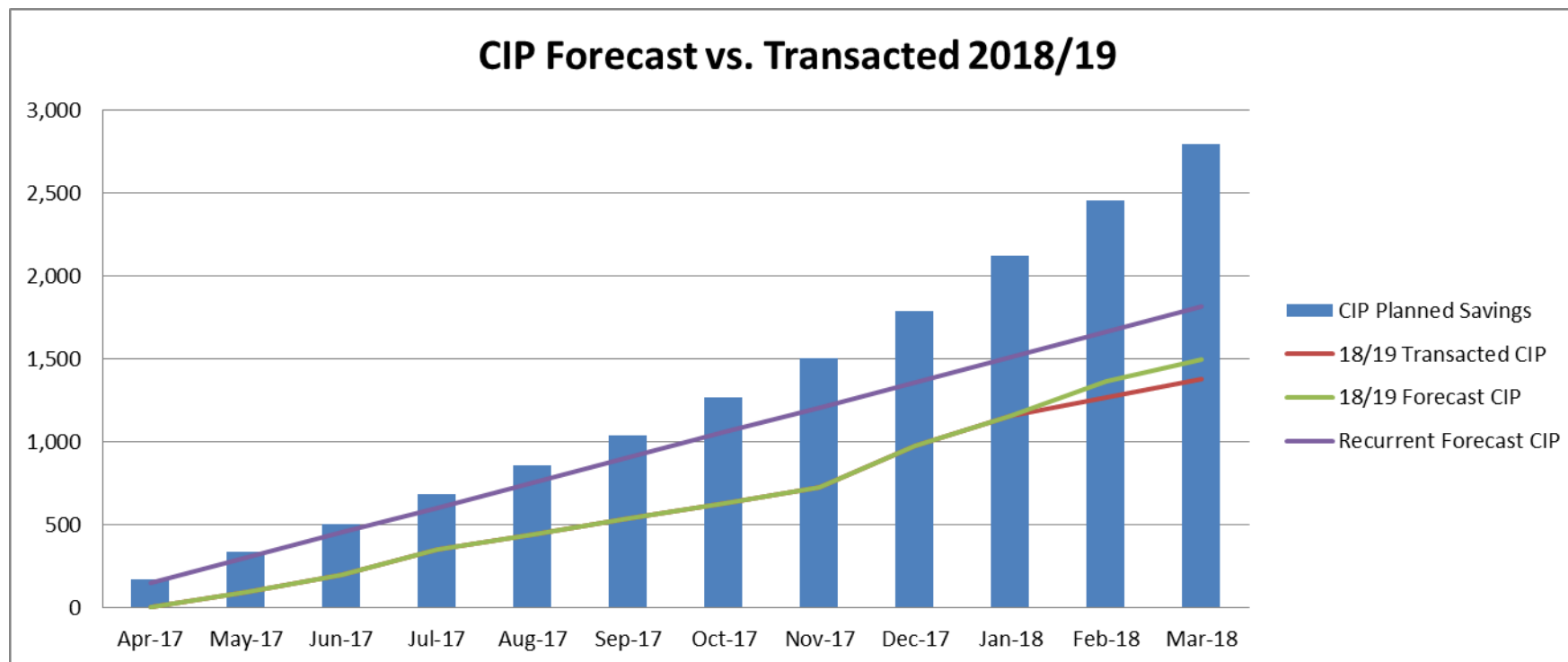
6. Statement of Financial Position

Table 6 below shows the Statement Financial Position of the Trust.

Table 6: SOFP	31/03/2018 £'000	30/11/2018 £'000	31/12/2018 £'000	31/01/2019 £'000
Non-Current Assets				
Property, Plant and Equipment - PFI	16,185	16,219	16,241	16,203
Property, Plant and Equipment	14,841	14,571	14,589	14,633
Intangible Assets	277	227	220	256
NCA Trade and Other Receivables	608	0	0	0
Other Financial Assets	1,089	1,089	1,089	1,089
Total Non-Current Assets	**33,000**	**32,106**	**32,139**	**32,181**
Current Assets				
Inventories	79	74	98	71
Trade and Other Receivables	7,347	5,932	6,465	7,136
Cash and Cash Equivalents	6,633	9,948	9,658	9,801
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	**14,058**	**15,953**	**16,221**	**17,007**
Current Liabilities				
Trade and Other Payables	(7,166)	(7,813)	(7,801)	(8,388)
Provisions	(621)	(516)	(503)	(482)
Borrowings	(633)	(635)	(635)	(635)
Total Current Liabilities	**(8,420)**	**(8,964)**	**(8,938)**	**(9,504)**
Net Current Assets / (Liabilities)	**5,639**	**6,989**	**7,283**	**7,503**
Total Assets less Current Liabilities	**38,639**	**39,095**	**39,422**	**39,684**
Non Current Liabilities				
Provisions	(458)	(458)	(458)	(458)
Borrowings	(11,557)	(11,161)	(11,079)	(11,027)
Total Non-Current Liabilities	**(12,015)**	**(11,619)**	**(11,537)**	**(11,485)**
Total Assets Employed	**26,624**	**27,475**	**27,884**	**28,200**
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,648	7,775	7,775
Retained Earnings reserve	7,943	8,795	9,077	9,392
Other Reserves (LGPS)	1,089	1,089	1,089	1,089
Revaluation Reserve	9,944	9,944	9,944	9,944
Total Taxpayers' Equity	**26,624**	**27,475**	**27,884**	**28,200**

Current receivables are £7,136k, of which:

➢ £3,770k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.

➢ £3,366k is awaiting payment of invoice. (£688k within terms)

£1,383k is overdue by 30 days or less. £1,295k is overdue by 31 days or more and therefore subject to routine credit control processes.

Table 6.1 Aged Receivables/Payables	Within Term £'000	Days Overdue				Total £'000
		1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	
Receivables Non NHS	274	853	1	6	308	1,442
Receivables NHS	414	530	(44)	79	945	1,924
Payables Non NHS	702	62	33	27	17	841
Payables NHS	442	95	34	(3)	26	594

Aged Receivables M10

- Within Term
- 1-30 days
- 31-60 days
- 61-90 days
- 91+ days
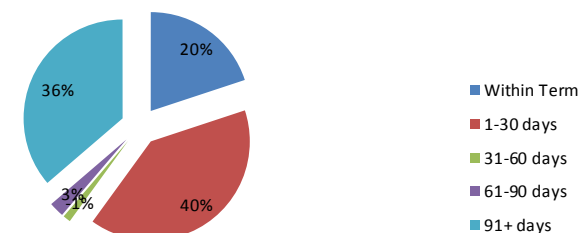
7. Cash Flow Statement

The Trust cash position at 31st January 2019 is £9.801m, **£2.278m higher than planned**. The cash forecast is being closely monitored and the Trust anticipates being £1.603m above plan by March 2019, mainly due to additional surplus and PSF agreed at M7 as well as slippage on the Capital Programme.

Table 7 below shows the Trust's cash flow for the financial year:

Table 7: Statement of Cash Flows	Apr-18 £'000	May-18 £'000	Jun-18 £'000	Jul-18 £'000	Aug-18 £'000	Sep-18 £'000	Oct-18 £'000	Nov-18 £'000	Dec-18 £'000	Jan-19 £'000	Feb-19 £'000	Mar-19 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	928	(281)	159	2,909	408	(177)	392	206	(73)	468	36	478	5,453
Net Inflows/(Outflow) from Investing Activities	676	(60)	(8)	(6)	(54)	(6)	(87)	(54)	(105)	(118)	(330)	(627)	(781)
Net Inflows/(Outflow) from Financing Activities	(193)	(193)	(203)	(203)	(203)	(230)	(204)	(199)	(111)	(209)	(209)	(208)	(2,364)
Net Increase/(Decrease)	1,411	(533)	(52)	2,701	150	(413)	101	(47)	(289)	141	(503)	(357)	2,308
Opening Cash & Cash Equivalents	6,633	8,044	7,511	7,459	10,160	10,310	9,897	9,998	9,950	9,661	9,801	9,298	6,633
Closing Cash & Cash Equivalents	8,044	7,511	7,459	10,160	10,310	9,897	9,998	9,950	9,661	9,801	9,298	8,942	8,942
Plan	7,366	7,055	7,255	9,307	8,825	8,568	8,445	7,873	8,263	7,523	7,204	7,339	7,339
Variance	(678)	(456)	(204)	(853)	(1,485)	(1,329)	(1,553)	(2,077)	(1,398)	(2,278)	(2,094)	(1,603)	(1,603)

Cash Balances - Actual/Forecast against Plan 2018/19
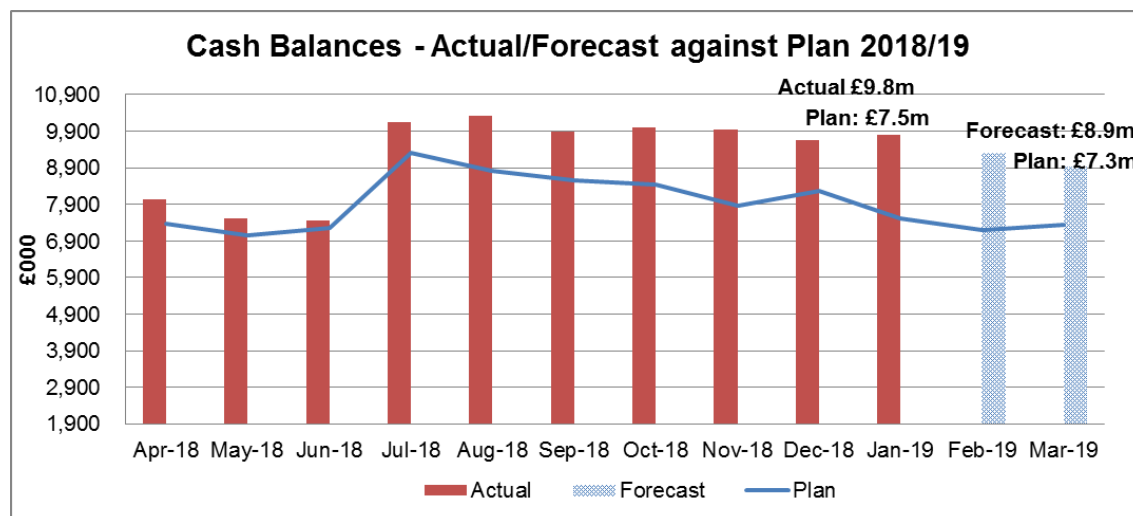
8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £2,058k. Further PDC funding has been granted for £127k for 2020 Wifi – Secondary care implementation. Table 7 below shows the planned capital expenditure for 2018/19 as submitted to NHSI.

Capital Expenditure	Annual Plan £'000	Revised Plan £'000	Year to Date			Forecast		
			Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Learning Disability Facilities	400	100	0	0	0	100	0	(100)
Mental Health Crisis Care Centre	1,000	827	551	33	(518)	827	319	(508)
Information Technology Replacement Programme	108	108	108	100	(8)	108	137	29
Backlog Maintenance	150	150	150	98	(52)	150	300	150
Reduced Ligature Risks	250	250	250	81	(169)	250	215	(35)
Equipment Replacement Programme	50	50	32	2	(30)	50	155	105
Psychiatric Intensive Care Unit	0	100	100	117	17	100	150	50
Darwin	0	0	0	(1)	(1)	0	0	0
Generator	0	0	0	33	33	0	33	33
Garden Redesign CYP Short Breaks	0	0	0	36	36	0	48	48
Pharmacy Temperature Monitoring System	0	0	0	1	1	0	65	65
ICT	0	0	0	0	0	106	106	0
Dragon Square CCTV	0	0	0	0	0	0	8	8
Lymebrook Lifts	0	0	0	0	0	0	12	12
A&T Swipe Access	0	0	0	0	0	0	9	9
Contingency	100	462	313	0	(313)	367	1	(366)
Sub Total Gross Capital Expenditure	**2,058**	**2,047**	**1,504**	**499**	**(1,005)**	**2,058**	**1,558**	**(500)**
Wifi	127	127	127	80	(47)	127	127	0
Total Gross Capital Expenditure	**2,185**	**2,174**	**1,631**	**580**	**(1,051)**	**2,185**	**1,685**	**(500)**

➢ Actual capital expenditure as at month 10 is **£580k** mainly relating to PICU, IT Replacement Programme, Backlog Maintenance and Reduced Ligature Risks.

➢ It has been agreed by the Business Development Committee and Trust Board to support the re-phasing of the MH Crisis Care Centre Project. This results in planned expenditure in 2018/19 reducing by £500k.

➢ A Business Case for essential equipment was approved by SLT in December. This is part of an ongoing programme that that in 2018/19 sees a more comprehensive replacement profile. The programme has been led by the Health & Safety Team.

Forecast Profile of Capital Expenditure

Legend: LD Facilities, Hazelhurst, IT, Backlog, Ligature, PICU, Wifi, Fridges, Garden, Other
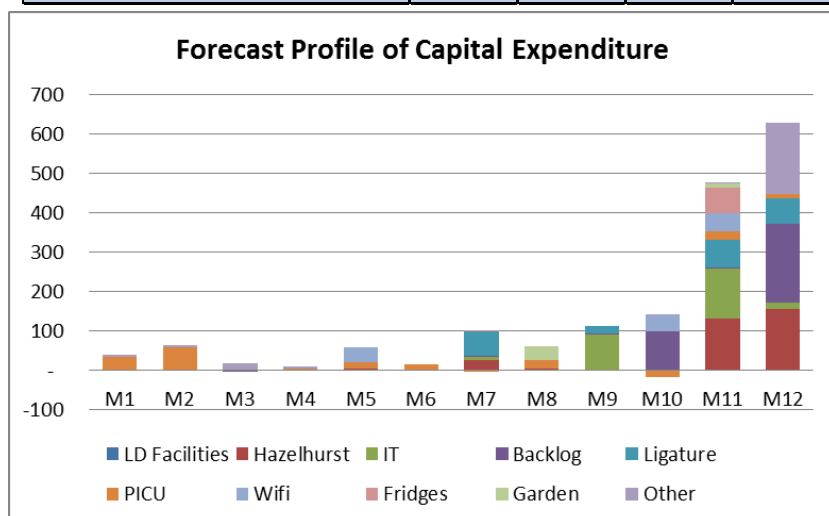
9. Use of Resource Metrics

The Framework covers 5 themes, quality of care, finance and use of resource, operational performance, strategic change, leadership and improvement capability. The metrics below will be used to assess the Trust's financial performance.

Table 9: Use of Resource	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		7,432	
Annual Operating Expenses (£000)		67,963	
Liquidity Ratio days		33	
Liquidity Ratio Metric	1	1	🟩
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		3,869	
Annual Debt Service (£000)		2,074	
Capital Servicing Capacity (times)		1.87	
Capital Servicing Capacity Metric	3	2	🟧
I&E Margin			
Normalised Surplus/(Deficit) (£000)		1,530	
Total Income (£000)		71,788	
I&E Margin		2.1%	
I&E Margin Rating	1	1	🟩
I&E Margin Variance from Plan			
I&E Margin Variance		0.1%	
I&E Margin Variance From Plan	1	1	🟩
Agency Spend			
Providers Cap (£000)		1,634	
Agency Spend (£000)		1,567	
Agency %		(4%)	
Agency Spend Metric	1	1	🟩
Use of Resource	1	1	🟩

10. Better Payment Practice Code

The Trust's target is to pay at least 95% of invoices in terms of number and value within 30 days for NHS and Non-NHS suppliers.

During month 10, the Trust has achieved above the 95% target in terms of the value of invoices paid, but has under achieved against the 95% target for the total number of invoices paid. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2017/18			2018/19 Month 10			2018/19 YTD		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	659	10,933	11,592	41	772	813	507	8,918	9,425
Total Paid within Target	575	9,527	10,102	32	723	755	466	8,063	8,529
% Number of Invoices Paid	87%	87%	87%	78%	94%	93%	92%	90%	90%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	-8%	-8%	-17%	-1%	-2%	-3%	-5%	-5%
Value of Invoices									
Total Value Paid (£000s)	7,164	33,211	40,375	373	2,733	3,106	5,368	27,762	33,130
Total Value Paid within Target (£000s)	6,258	31,653	37,911	284	2,685	2,969	5,085	26,743	31,828
% Value of Invoices Paid	87%	95%	94%	76%	98%	96%	95%	96%	96%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-8%	0%	-1%	-19%	3%	1%	0%	1%	1%

The majority of breaches in number of Non NHS invoices relates to the retrospective raising of purchase orders, or late authorisation. The finance team will continue to monitor the retrospective raising of Purchase Orders and also to review the reasons for late authorisation.

11. Recommendations

The Trust Board are asked to:

Note:

- The reported YTD surplus of £1,530k against a planned surplus of £1,381k. **This is a favourable variance to plan of £149k.**

- The M10 CIP achievement:
  - YTD achievement of £1,159k (55%); **an adverse variance of £966k**;
  - 2018/19 forecast CIP delivery of £1,497k (54%) based on schemes identified; **an adverse variance of £1,298k to plan**;
  - The recurrent value of schemes transacted at £1,363k, **49% of target**.

- The cash position of the Trust as at 31st January 2019 with a **balance of £9,801k**; £2,278k better than plan

- Month 10 capital expenditure at £580k compared to planned capital expenditure of £1,631k;

- Use of resource rating of **1** against a plan of 1.

Approve:

- The month 10 position reported to NHSI.

REPORT TO OPEN TRUST BOARD

Enclosure No:11

Date of Meeting:	28th March 2019		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
Presented by:	Tony Gadsby Chair/Non-Executive Director		
Author:	Mike Newton - Deputy Director of Finance		
Executive Lead Name:	Lorraine Hooper – Executive Director of Finance, Performance and Estates	Approved by Exec	☒

Executive Summary:		Purpose of report	
This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 7th March 2019. The meeting was quorate with minutes approved from the previous meeting on the 7th February 2019. Progress was reviewed and actions confirmed from previous meetings.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs X Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee X • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services X☐ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. X 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications	The Trust Financial performance feed into the overall STP Financial Position. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Assurance Report to the Trust Board
28th March 2019

Finance, Performance and Digital Committee Report to the Trust Board – 28th March 2019.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 7th March 2019. The meeting was quorate with minutes approved from the previous meeting on the 7th February 2019. Progress was reviewed and actions confirmed from previous meetings.

The committee welcomed Lorraine Hooper – Director of Finance, Performance and Estates, to her first committee meeting.

Executive Director of Finance, Performance and Estates Update

The following updates were given by the Director of Finance, Performance and Estates;

- **NHS CIP Guidance –** outlining information and support available from NHSI in relation to developing Cost Improvement Programmes for 2019/20. The intention of the trust is to invite NHSI subject matter expert to present to Associate Directors, to support development of transformational cost improvement schemes.

- **STP Financial Planning and System Control Total 2019/20 –** An update on the system proposals of allocating available income in an "Intelligent Fixed Payment System," which is still under discussion.

Finance

- **Monthly Finance Report – M10**

The Finance position was presented, showing £149k favourable variance to plan.

The Trust Capital position is forecast to underspend by £0.5m against an initial plan of £2.2m, mainly due to slippage in the MH Crisis Care Centre Scheme.

Use of resource rating is 1 against a plan of 1.

- **Agency Report – M10**

Forecast Agency Expenditure is £11k under the planned agency ceiling of £1,987k for 2018/19.

Assuming the same level of expenditure on Agency as in Month 10 2018/19; agency expenditure next financial year would exceed the ceiling, mainly due to medical locums, which have increased for both of the last 2 months.

The committee supported the Director of Finance, who suggested a full review of individual locums with the Medical Director in order to provide assurance on levels of expenditure, to the next committee.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for M10 and were concerned that the total identified was significantly short of the target. CIP achievement in M10 was £1,159k, giving an adverse variance of £966k. The recurrent shortfall is forecast to be £981k, which has been 'risk adjusted' to reflect an element of uncertainty for schemes not yet worked up fully.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19. The committee noted that the focus was on working up schemes to deliver the 2019/20 target, which will include a contribution to System Cost Improvement.

Activity and Performance

- **PQMF Month 10**

The committee received the M10 performance report outlining performance exceptions against the Trust Key Performance Indicators. The Committee were assured that for areas where performance was falling short of the target, rectification plans were in place to improve within the next quarter.

The committee noted an improvement against the CPA review KPI, which have moved from Red to Amber rating against the target.

- **Deep Dive – Breaches against 7 Day Follow Up KPI**

The committee received an update as requested in Month 9, around breaches in 7 Day follow-up target, following challenge around quality of data.

During month 9, the achievement against the target was 89.2%, constituting 11 breaches. Of the 11 breaches, 10 were due to diligence in following the Standard Operating Procedure and 1 was due a data quality issue. The committee supported the next steps around agreement on what should be counted towards the target, through review of national standards.

The committee were assured that the target was achieved in Month 10.

Digital

- **Digital Update**

The committee received an update from the Chief Information officer around key digital developments as at February 2019.

Following concern raised by the committee around timescales for delivery around "docman"

electronic transfer project, a timetable was presented assuring the committee that phase 1 could be delivered within the planned timescale. Phase 2 implementation has not yet been worked up and milestones will be agreed 2019/20.

Other:

- **Documents Under Seal – Section 75 Pension Liability Transfer**

Following the loss of the Section 75 Contract with Staffordshire CC and TUPE of employees, a deed has been raised to transfer any liabilities in relation to the defined benefit scheme back to Staffordshire County Council as at the date of transfer (30th September 2018).

The fund relates to 5 active members and 26 deferred members, with a value as at 31st March 2018 of £695k. The trust solicitors have reviewed the documentation and highlighted no risk to agreeing. The committee supports the signing and sealing of the deed.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Year-end Planning 2018/19
- Internal Trust Planning 2019/20
- Activity Report M10 (including 2019/20 draft activity plan)
- Finance, Performance and Digital Risk Register
- BAF Q3
- Cycle of Business 2018/19 *(For Information)*
- Finance, Performance and Digital Monitoring Schedule *(For Information)*

Recommendation

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

On Behalf of Tony Gadsby
Chair of Finance, Performance and Digital Committee

REPORT TO TRUST BOARD

Enclosure No:12

Date of Meeting:	28th March 2019		
Title of Report:	Summary of the Audit Committee held on 7th March 2019		
Presented by:	Gan Mahadea, Chair / Non Executive		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Lorraine Hooper, Director of Finance, Performance and Digital	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report provides a summary of the key headlines from the Audit Committee held on the 7th March 2019. The full papers are available as required to members.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☒ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☒ 4. Encourage, inspire and implement research & innovation at all levels. ☒ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	To ensure that the committee meets its terms of reference by receiving reports of the work of its sub groups		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	Receive the report for assurance		

Assurance Report of the Audit Committee

7th March 2019

Freedom of Information Quarterly Report Q3

A total of 89 FOI requests were received in Quarter 3; ten requests were not applicable to the Trust, 14 were requests made by the media but there were no common themes of these. Main requests were around digital software and contracting, serious incidents, HR structures and agency, performance figures and governance. Since the last Committee there had been an improvement in Q3 in the number of requests breaching the 20 days deadline with a further anticipated decrease in Q4.

Further measures have been introduced to ensure a faster turnaround of information from departments and timely sign off, the results from which should reflect positively in the Quarter 4 report. To address the breaches FOI reporting deadlines are now a standard agenda item on the Exec meetings. Freedom of information training was delivered by an external trainer and it was evident we can apply more exemptions than we do at present.

Board Assurance Framework

The Committee was briefed on the BAF key achievements and challenges by key strategic objective. It was agreed going forward that an exception report would also be submitted at all other Committee meetings. The 2019/20 BAF is currently in development and will come to Audit Committee before Trust Board.

Risk Register 12+

The register is now aligned to the new locality directorates for risks sitting Trust wide at a 12+. The Committee had sight for the first time of the Primary Care Committee risks, of which there were three risks sitting at 12.

Committee Effectiveness Review

The Committee received good feedback from the AQUA review. The review was now built in formally to the cycle of business. It was noted that receipt of papers was timely. The Associate Director of Governance agreed to ensure the relevant Executive is in attendance at Audit Committee for their specific papers. There was a suggestion of cross-Committee Chairs meeting annually. Risk gap analysis will be undertaken to decide whether the Committee should receive reports from third party services such as HIS. A mid-year scaled down review will take place to ensure actions from the Committee Effectiveness review are undertaken followed by a full review annually.

KPMG – Internal Audit Progress Reports

<u>Financial Contracts</u>: **Significant assurance with minor improvements:**

With regards to the use of purchase orders the Trust had a high number that did not go through the process but this was common across for all NHS Trusts. The key area of

improvement was the timing of purchase orders being raised as 37% of invoices dates were before the purchase order dates, which removes the point of the control. A good point was the underlying payroll data was robust. It was agreed the rule of "no purchase order, no pay" would be strengthened, which should greatly improve the figures in the future.

CQC: Mental Health Act and Medicines Management: Partial assurance with improvement required:

The main issue was the documentation of Section 17 leave on Lorenzo. The report gave an oversight of the visits that took place regarding medicines management and positively there were no red rated issues, however the storage of IV fluids was not as secure as it could have been, there was also issues at the community sites regarding processes of giving out medications and a differing in practice. These controls have been agreed with the Executive Medical Director.

Ernst Young Audit Plan

The committee received the external audit plan for information and formally agreed to the statement of materiality and reporting thresholds.

Progress Reports: Internal Audit Recommendations

The committee noted the progress made with regards to internal audit recommendations; 20 actions were implemented, 1 overdue and 16 not yet due. The overdue action was with regards to including reference to fraud and bribery in contracts of employment; however amendments to contracts are in progress and this needed to be addressed as part of a wider agenda for change contract re-fresh, therefore an extension to the timescale was requested until April 2019 and agreed. Assurance was given that actions would be complete by the March deadlines.

Review of Single Tender Actions (over £20k)

There were 6 in total for the period.

1. Patient Transport – extension of "call off" order for secure patient transport.
2. Clinical Systems - action for CQC needed putting through urgently.
3. Capital Schemes – slippage on Hazlehurst scheme.
4. Telephone handsets – these would be going out of date quickly. L Hooper asked that we plan this in for future.
5. CAMHS specialist for Trailblazer.

Losses

There were two losses totalling £350 for this period - £50 loss of cash on wards that went missing and £300 ombudsman complaint compensation. Further investigation is taking place into the details of the loss of cash.

Going Concern

The Committee received the report and noted the contents, agreeing that the 2018/19 accounts are prepared on a Going Concern Basis.

Impact of IFRS Reporting

The committee noted the standards impacting on the accounts this year were:-

1. **FRS 9 Financial Instruments –**We have reviewed the impact to our account which would mean we need to make a minor change. This would come to Committee in April.

2. **IFRS 15 Revenue from Contracts with Customer** – As we are on block contract this would not affect our standard at all.

3. **IFRS 16 Leases** (no impact until next year) – the new standard states all leases need recognising on the balance sheet; we would need to prepare a schedule of leases for Audit Committee to ratify.

Annual Accounts Plan Timetable 2018/19

It was agreed that an extraordinary Audit Committee will be arranged for 23rd April 2019 to authorise the draft accounts for submission on 24 April. The committee request delegated authority from Trust Board to do this, with authority being sought to submit final accounts on behalf of Trust Board at the May Board.

Additional Reports Received:

- LCFS Progress Report
- DSP Toolkit
- Quality Account Project Plan 2018/19
- Review Business of other Board Committees

Laurie Wrench, Associate Director of Governance
On behalf of Gan Mahadea, Chair
21st March 2019

Date of Meeting:	28th March 2019		
Title of Report:	PCD Summary		
Presented by:	Patrick Sullivan, Non-Executive Director, Chair of the PCD Committee		
Author:	Linda Holland, Director of Workforce, OD, Inclusion & Communications		
Executive Lead Name:	Linda Holland	Approved by Exec	☒

Executive Summary:	Purpose of report	
A summary of the People & Culture Development Committee meeting held on Monday 13th March 2019 and chaired by Mr Patrick Sullivan. It received a number of reports for assurance and approval including: - Staff Story - Items Referred from Other Committees - Cycle of Business - Director of Workforce, OD, Inclusion & Communications Update - Locality Working - Board Assurance Framework - Workforce & OD Risks - Performance Report - Workforce Metrics - Workforce Plan - STP Workforce Plan - Being Open Report - Diversity & Inclusion Strategy - Time to Recruit - Medical Appraisal & Revalidation Report - Statutory & Mandatory Training Compliance Review - Guardian of Safe Working Practice - Apprenticeship Update - Gender Pay Reporting - Communication Highlight Report - Agenda for Pay Refresh 2018 and Pay - Staff Survey Results - Policies for extension	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

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Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐		

	2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☐
Risk / legal implications: Risk Register Reference	The following risks are noted for the People & Culture Development Committee: 12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff. 868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. 900 There is a risk that the Trust does not provide inclusive service hat recognise the diverse nature if our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & inclusion needs of our local communities. 901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff. 1111 There is a risk that staff engagement scores, turnover and retention for the Trust will be impacted on as a result of the change and transition to implement the integrated locality working structure 1034 There is a risk that staff are not effectively engaged do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely effect their ability to work efficiently and effectively and impacting on delivery of services. 1072 There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements of their professional responsibilities and as a result may not feel supported in practice.
Resource Implications: **Funding Source:**	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations
STP Alignment / Implications:	N/A

Recommendations:	The Board are asked to approve the policy extensions for ratification and receive the summary for assurance purposes.	
Version	Name/group	Date issued

Mr Sullivan chaired the meeting.

1. STAFF STORY

The Committee received a staff story centred on a Freedom to Speak Up concern that was raised from the Greenfields Centre. It was established that the centre is geographically located in a deprived area, has a lack of partnership working with third sector organisations (although this is being investigated), and has a large amount of patients who walk-in on a daily basis with no appointment. The Centre also receives as many as 800 referrals in a 6 month period which is almost double the demand of other teams. The team had been struggling with increasingly excessive caseloads and centre demands which it was felt had gone unmonitored and unheard. It reached a point where staff were concerned about their ability to provide care and professional standard expectations.

Two staff members raised their issues with Zoe Grant the Trust's FTSU Guardian who immediately acknowledged the situation. Following the implementation of the new Locality working structure in October 2018, performance metrics were reviewed further and staff were asked about their concerns and caseload. In response to the situation active changes in reviewing caseloads were made with increased supervision; permission was given to cleanse caseloads with the required levels of assurance in place. Following a review by the management team, new in post, it was noted that staff have since seen a positive change. The new management style now means that that team feels supported, and leadership is no longer lacking. The amount of referrals and walk-in's remains the same however the support and distribution of caseload is now managed. It was commented that there was learning to determine where else this may be happening in the Trust.

Working from home after visits is now supported in order for staff to write up reports, whilst maintaining a safe level of staffing in the centre. Their issue with access to laptops and dongles has been reviewed by Dr Adeyemo, and the team informed. Dr Adeyemo also accepted the offer for an Executive to shadow the Greenfields Centre on one of their busiest days (Monday or Friday) and then report back to Board.

Mr Sullivan concluded:
- There was a real concern about community teams who had high caseloads.
- The Board has had concerns previously about the Greenfields Centre and there was evidently learning for the Board. A review of communication in different parts of the organisation was required.
- Difficult to hear news is helpful; once the problem is identified steps can be taken to resolution.
- It is encouraging to see the role of the FTSU is working and staff have a route to escalate their concerns and issues.
- The recently implemented Locality restructure appears to be working well at the Greenfields Centre, and this needed to be monitored at the Senior Leadership Team meeting.

2. ITEMS REFERRED FROM OTHER COMMITTEES

No items were referred from other Committees.

3. CYCLE OF BUSINESS

The Cycle of Business was reviewed and approved for a further 12 months.

4. **DIRECTOR OF WORKFORCE UPDATE**

Ms Holland updated the Committee on the following:

- Staff Survey
- National Apprenticeship Week
- AQuA Leadership
- Gender Pay
- Stepping Up
- Clinical Excellence Awards (CEA)
- Awards

5. **LOCALITY WORKING**

The Trust had now moved into a formal management of change to review the administration support for the Clinical Directors and Associate Directors following the recent Locality restructure.

The Operations Director is looking to recruit to his deputy post, a post that will encompass the broader transformation perspective and brief, to ensure the Trust moves towards transition and improved working practice and care pathways.

Dr Adeyemo confirmed that Dr Hardeep Uppal has been appointed to the post of Clinical Director for Specialist Services, and that Dr Stephanie Hutton has been appointed to interim Head of Psychology with the interviews for the substantive role taking place on Monday 18th March.

6. **BOARD ASSURANCE FRAMEWORK (BAF)**

The Q3 update was presented to the Committee as of December 31st and it was noted that the 2019/20 BAF is currently being worked up and will be presented to the next Committee.

7. **WORKFORCE & OD RISKS**

All risks were reviewed and noted:

12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.

The committee noted; progress against the action plan continues, including rolling recruitment of bank staff, consolidated recruitment campaigns for Directorates, improvements to timeliness of recruitment process and the provision of temporary funding for additional resource within the recruitment team until the end of March 2019. New target risk score of 4 to be achieved by 31.03.2019.

868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. The YTD agency spend to M9 is £1375k against an agency ceiling of £1479k, giving an overspend of £140k. A review of agency posts is underway with plans being developed to recruit substantively where possible.

900 There is a risk that the Trust does not provide inclusive service that recognise the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & the inclusion needs of our local communities.

The Trust is working to introduce AcessAble to support people with physical and mental disabilities in feeling able to access Trust services, by providing clear text and photographic information about what to expect (such as layout, amenities etc.) Work to engage local communities continues with relationships with NORSACA, CCMA, Stoke Gurdwara and City Central Mosque, Older Peoples' LGBT Group, Trans Staffordshire Support Group and others continuing to be developed.

901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff. In mitigation the WRES report and action is closely monitored by the PCD and the Inclusion Council has been established.

1111 There is a risk that staff engagement scores, turnover and retention for the Trust will be impacted as a result of the change and transition to implement the integrated locality working structure. Phase 4 is underway within the Directorates, with the majority of clinical leads now appointed. 58% return rate for the staff survey (highest in the West Midlands). Query to reduce this score following the Staff Survey results review.

1034 There is a risk that staff are not effectively engaged do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely affect their ability to work efficiently and effectively and impacting on delivery of services. The Staff Survey results have been received and the priority areas now identified. These will be reviewed and will help to inform and additional improvements that can be made to the PDR process. Now moving into the next cycle of PDR and quality is key.

1072 There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements or their professional responsibilities and as a result may not feel supported in practice. Compliance at M10 is 82%. PCD will actively monitor compliance with AD's and Business Partners on a regular basis.

8. PERFORMANCE REPORT

The following performance highlights were noted;
- 95% of staff have completed their statutory and mandatory training
- 87.6% have received an annual appraisal (target 85%)

The following measures and targets have been updated for Month 10:
- PALS & Complaints figures for December confirmed, provisional data received for January 2019
- Sickness absence percentage figures for M10 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.

Agency – has increased to 22.0% at M10 from 17.2% at M9. Locum usage has increased mainly due to a medical vacancy on ward 2 and the integration of Primary Care on 1st December 2018. The Trust agency ceiling has been increased to recognise primary care integration, which has been reflected in the change to target.

Vacancy Rate – has increased to 12.6% at M10 from 12.3% at M9:
- Corporate – 4.7% at M10 from 1.4% at M9
- Acute Services & Urgent Care – 17.4% at M10 from 18.2% at M9
- North Staffordshire Community – 9.5% at M10 from 6.9% at M9
- Specialist Care – 14.5% at M10 from 14.3% at M9
- Stoke Community – 13.4% at M10 from 15.9% at M9

It was noted that safer staffing had also impacted on the vacancy rates.

It was noted that the Trust vacancy rate decreases to 8.9% taking into account those posts that:
- have recently been brought into establishment
- have been recruited to (but not yet started); and
- are part of a transformation schemes not yet transacted

The Trust is incorporating a number of strategies to recruit and retain staff to reduce the vacancy rate.

Clinical Supervision –has decreased to 82.0% at M10 from 85.0% at M9
- Acute Services & Urgent Care – 80.0% at M10 from 87.0% at M9

- North Staffordshire Community – 84.0% at M10 from 95.0% at M9
- Specialist Care – 88.0% at M10 from 84.0% at M9
- Stoke Community – 92.0% at M10 from 94.0% at M9

Action plans are in place in all Directorates to ensure the target is achieved in M11 and maintained going forward.

9.   WORKFORCE METRICS

Trust Wide - sickness had dropped to 2.97% which is below the target of 4.9%, in January stress/anxiety was one of the main reasons and is a concern as no inroad seems to be taking place to reduce this. PDR is above target at 88% against a target of 85% and with LMS coming online and the move to electronic PDR by the end of March it was anticipated that this would increase further. DBS compliance is at 95%.

Corporate - Sickness is 1.57%, with the main reasons for absence being stress and musculoskeletal; it was noted that stress has plateaued. PDR's are at 78%, and Stat/Mand training is at 92% against a target of 86%.

The Associate Directors attended from the following Directorates to provide assurance on their metrics:
North Staffs Community:
Sickness/absence saw a spike in October at 5.2% but this had reduced in January to below 5% and is being actively managed. The reasons for the high absence are stress/anxiety but this is not necessarily reflected in the workplace, and a deep-dive is required; although the new Directorate transformation does have an impact on working lives. There are more long-term absences than short-term which is to be expected. PDR is above Trust target and this is being managed in an appropriate and timely way, and the quality of the PDR is more important to ensure it is not a tick box exercise.
Stat/Mand training is above 85% and the Directorate is extremely proud to achieve and maintain this metric. The overtime bill will be investigated as there should be no overtime in the Directorate therefore a deep-dive will be undertaken to establish where overtime has been authorised.
The vacancy rate is 9%, and the Directorate is not holding any vacancies, although there have been new appointments via the CAMHS Trailblazers funding, and lots of work has been conducted to look at vacancies and actions required around quality impact assessments. DBS is compliant.

Stoke Community:
Sickness/absence is just below Trust target, and associated costs have dropped, the main reasons for absence are anxiety/stress however this reduced in January. It was noted this is also around home-related stress and not necessarily work-related and a deep-dive with BP's is required as the new structure settles. The change in working has also impacted on staff. The PDR compliance is over target at 94% as is training 96%, however there are a couple of hotspots arounds CPR and Fire training that are being addressed. There was a spike in overtime in January; staff are being vigilant to address this. Bank spend dropped in January, a couple of nursing agency posts have now been recruited to and DBS is at 100%.

10.   WORKFORCE PLAN

The first upload of the workforce plan was made on the NHSI submission; however the commissioning intentions are not clear at present which makes planning challenging. The operating plan for the next 12 months activity has been undertaken.   Associate Directors have reviewed their services and pressure areas, and the HRBP's are proactively working with their areas to determine demands. The draft plan has not been shared as this is a changing picture. Once available, the plan will be shared with the Committee. The Trust was awaiting the workforce plan template from NHS Improvement. The plan would be circulated once updated.

11.   STP WORKFORCE PLAN

Once Commissioners have confirmed their intentions the plan will be formulated, this is currently proving difficult to ascertain. The plan will be presented to the Committee once this has been made clear.

12. **BEING OPEN**

The report was presented to the Committee, with the following highlights, based on themes from the FTSU National Guardian's office.

The high level themes recommended by the FTSU Guardian include:

- Attitudes and behaviours
- Equipment and maintenance
- Staffing levels
- Policies, procedures and processes
- Quality and safety
- Patient experience
- Performance capability
- Service changes
- Other
- Employment bullying etc.
- Manager behaviour
- Work relationships

A total of 106 **Dear Caroline** submissions were received between January - December 2018, with 21 submissions between October - December 2018.

FTSU Guardian Activity – From January – December 2018, 10 submissions have been received by the Freedom to Speak Up Guardian and 4 submissions between October – December 2018.

Raising Concerns – From January – December 2018, 4 submissions have been received in total and 1 submission for the period October – December 2018. All submissions have been reviewed and actions taken where required.

Grievance and Dispute Activity - From January – December 2018 a total of 3 grievances were raised and 1 submission during the period October – December 2018.

As part of the collective submissions received there have been numerous actions taken to address issues or where Dear Caroline, Raising Concern, FTSU and Grievance submissions have supported ongoing work. These have included some of the following:

- Car parking system at the Harplands site revised and additional communications published.
- Further recognition of long service event held and process amended based on suggestions received
- Team development sessions held for Access and Home Treatment and CYP Team
- Clarification of the Dear Caroline process and timely publication of responses
- Amendment of the Establishment Control Process
- Commissioning of a number of investigations
- Development of Values and Behaviours Framework
- Developments linked to the Trusts Digital approach
- Review of staffing in identified areas where raising concerns were raised
- Enhanced OD/Counselling support offered to teams raising concerns
- Changes made to Lorenzo processes/service developments
- Streamlining of recruitment and selection/Trac process and additional training sessions provided
- Developments to the REACH Awards ceremony and process
- Development of policies such as the Dress Code Policy.
- Development of the LMS
- A refresh of the FTSU approach including the Trust Board undertaking a self-assessment at a recent Board Development session and supporting action plan which is in development; dedicated pages on the Trust's intranet; the introduction of 9 FTSU Champions across the organisation; commissioning of regional FTSU training for the champions and also the development of a FTSU protocol which is currently in consultation.
- Feedback from the Being Open submissions led to changes being made as part of the locality

restructure and consultation.

Detailed Staff Survey analysis will shortly be undertaken and a separate full report given and action plan developed which will continue to be monitored and reviewed at the Trust's People Culture and Development Committee along with the quarterly Towards Outstanding Engagement (F&F) survey results.

It is proposed that the Trust will:
- Continue to utilise all four mechanisms to support staff to raise concerns and issues
- Support the ongoing development of an open and transparent culture through further development and embedding of the Trust Values and supporting Behaviours Framework
- Continuation of the Freedom to Speak Up Guardian role including further strengthening of approach/ development of a range of Freedom to Speak Up Champions to further support the FTSU Guardians role.

13. DIVERSITY & INCLUSION STRATEGY

The Diversity and Inclusion (D&I) Strategy has been updated and the Trust's Equality Objectives have been incorporated into the document. Equality Objectives are required to be set under the Public Sector Equality Duty (PSED) and should be reviewed at least every 4 years. Our new equality objectives will support us to deliver against the D&I Strategy over the next 3-4 years.

14. TIME TO HIRE

The Trust introduced a new electronic recruitment system TRAC just over 12 months ago and this has been successfully audited by both KPMG and the Home Office. The recognised recruitment KPI is 12 weeks from going out to advert to having the staff member in post, and the Trust is currently at 71 days (14 weeks), this is however skewed (e.g. student nurses who cannot start until qualified), and by removing this anomaly the performance is 12 weeks and 3 days which is just over the KPI.

Areas of process that can be streamlined to reduce the overall Time to Hire by a further 12.4 working days include:
- Approval of vacancies by managers – needs to be 2 days
- Shortlisting, currently on average at 9 days, needs to be 5 days
- Conditional offer – needs to be reduced down to 10 days

The report is also being submitted to the Senior Operational Team meeting to discuss the findings in greater detail and generate support and understanding. Directorate and Trust level performance metrics will also be produced on a quarterly basis to highlight perceived blockages in the system.

It is acknowledged that the Recruitment Team has been subject to significant levels of stress trying to provide a service which is severely oversubscribed.

It was noted that the Directorates need to take responsibility and accountability for their own vacancies in order to improve responsiveness.

15. MEDICAL APPRAISAL AND REVALIATDATION REPORT

The report detailed the current appraisal rates and medical revalidation for Q3. It was noted that reminders are sent to individuals on a regular basis to ensure medics are arranging their appraisals in a timely manner, and have them signed off no later than January each year. The Medical Staffing team has been offering 1-1 support to any medics who may not be familiar with the Appraisal software, or may require further support. A review of revalidation and appraisal rates has been undertaken by Medical Director on regular basis.

It was also noted that the Trust has maintained a 100% medical revalidation rate. Revalidation is a 5 year cycle. Monthly updates are sent to the Medical Director/Responsible Officer with live details taken

from GMC Connect. These monthly updates alert the Trust's Responsible Officer to upcoming revalidation submission dates.

The report will achieve 100% compliance for the end of the financial year.

16. STATUTORY AND MANDATORY TRAINING COMPLIANCE REVEW
The report provided assurance around the Learning Management System (LMS), and the current position. The paper also detailed the Did Not Attend rates for January. Thanks were given to Mrs Slater who has compiled the report and also supported the new Primary Care GP surgery staff to undertake their training.

17. GUARDIAN OF SAFE WORKING REPORT
The report which had been compiled by Dr Stephanie Cress, the Trust's Guardian of Safe Working Hours, was in response to the changes in the junior doctor working contracts, and improvements in the rota.
It was noted for assurance purposes that all doctors in training are now on the new contract with one exception, and the Committee was assured that this was in hand. The system supporting the rota has also improved and the Trust is working safely within the required terms for our junior doctors. No breaches or safety concerns have been raised through the exception reporting system or informal means. Dr Cress had attended the National Conference of Safe Working in September 2018, and our Trust appears to have relatively few problems compared to the bigger trusts.

18. APPRENTICESHIP UPDATE
The report was presented to the Committee, who noted the following:

- Between March 2017 and December 2018 the number of new apprentice starts have more than trebled from 8 to 25
- A new apprenticeship strategy within the Trust which is shaping the agenda going forward
- The current funding in our apprenticeship levy account is **£371,461**
- The known total cost of the 15 apprentices who started in 2017/18 is **£22,310** and for 2018/19 is **£186,750**, up to the end of Quarter 3, spread over a number of years. This brings the total amount committed to date for new apprentice starts to £209,060
- As of the end of Quarter 3 2018/19 there were **25 new apprentice starts** against a target of **29**
- A further 10 new apprentice starts are actively being progressed in Quarter 4 which if they all commence will commit an additional **£102,000**
- The overall **target for 2018/19 is 34 apprentice new starts**
- The projected actual spend for apprenticeships which have started between May 2017 and December 2018 is circa **£60,000**
- Circa **£19,500** flows into our apprentice levy account each month. This is comprised of the Trust contribution of **approximately £17,500**, plus the **10% government top up**
- The Trust's contribution to the apprenticeship levy is forecast to be £220,000 for 2018/19 with an additional £21,000 from the government 10% top up. The total value of our levy contributions and the government 10% top up at end of March 2019 is estimated to be around **£476,000** (levy payments made between May 2017 and March 2019)
- Based on projections provided by Finance, it is anticipated that if no other apprentices were to commence, (which they will) the Trust's apprentice levy funds would start to expire in Sept/October 2019

The Committee was asked to:
- Support the implementation of the agenda
- Apprenticeships to be fully included in robust business and workforce planning processes to support individual and organisational development and help to meet projected skills gaps
- A clear line of sight between the business of the Trust, the development of the workforce and

the training needs analysis needs to be shown through the apprenticeship work stream

19. GENDER PAY REPORTING
Mrs Smith updated the Committee on the required timescales, which would be based on last year's data. This will be circulated to the Committee once finalised

20. COMMUNICATION HIGHLIGHT REPORT
The report was presented to the Committee who noted that all the skills and equipment are now within the department which will increase the use of staff stories, videos etc. The amount of emphasis the team is now able to provide and generate across social media platforms is increasing. All metrics will be achieved via the BAF, and during the next quarter greater emphasis will be given to digital and widening our Trust footprint.

21. AGENDA FOR CHANGE REFRESH AND 2018 PAY PROGRESSION
National pay reforms came into effect from April 2018 with regards to the Agenda for Change contract and pay structure. The Pay and Reward deal was formally ratified by the NHS Council on 27th June 2018, with changes back-dated to 1st April 2018. The new pay structure aims to:
•   Increase starting salaries
•   Reduce the number of pay points
•   Shorten the amount of time it takes to reach the top of the pay band for most staff.
The Trust closed Band 1 posts to new entrants in 2018, which was ahead of the December 2018 deadline. The 27 staff members currently on Band 1 will be written to providing them with an opportunity to transition to Band 2. If staff decline to transition, it is suggested that the offer be repeated again on an annual basis, with the aim of removing all Band 1 positions by 1st April 2021.
Automatic increments have also been removed, with changes in the way that staff will now progress through the pay point, including meeting appraisal standards and having completed all their identified statutory/mandatory training. The Trust's contract of employment will be updated to reflect the new requirements.

It was noted that importantly the Trust has met all immediate timescales and milestones with regards to the contract refresh, and work continues to ensure adherence to national and regional guidance.

22. POLICIES (CONSENT AGENDA ITEM)
The following policies had been extended at the January meeting until the end of March, further extensions for a further 3 months was approved on the following policies:

- 3.09 Freedom to Speak Up Policy (Should have been presented to JNCC on 28th February 2019, however this meeting was cancelled).
- 3.32 Performance Development Review (This policy remains under review as per the national A4C Pay changes).
- 3.39 Medical Appraisal Policy

- 1.76 Job Planning Policy (This policy was in consultation and will be submitted to JLNC as further clarification on direction of travel is required). **This policy was extended for a further 6 months.**

- 3.36 Supporting Staff Policy - This has been discussed at Policy Working Group who felt that this policy was no longer required, and a proposal to remove this from the policies was requested and approved.

23. PCD REPORTING GROUPS for information
- Strategic Education & Learning Group (SEAL) – February 20th 2019, the meeting was cancelled and has been rearranged for March 11th 2019
- Joint Negotiating Consulting Committee (JNCC) – the meeting scheduled for February 28th

was cancelled and a March date will be set

- Professional Leads Advisory Group (PLAG) – the draft minutes of the meeting held on February 7th were presented to the Committee.

24. ANY OTHER BUSINESS

Mr Sullivan thanked the Committee for their support and confirmed that he was now stepping down as Chair of the Committee, and Mrs Dawson, one of the Trust's newest Non-Executive Directors would succeed him. Mr Sullivan will continue to attend the meeting as the Vice-Chair.

25. DATE AND TIME OF NEXT MEETING

Monday 13th May 2019
9.30am, Boardroom, Lawton House

REPORT TO OPEN TRUST BOARD

Enclosure No:14

Date of Meeting:	28th March 2019
Title of Report:	Assurance Report from Quality Committee
Presented by:	Patrick Sullivan, Non-Executive Director and Chair of Quality Committee
Author:	Helen Sweeney, Deputy Director of Medicines and MACE
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing and Quality	Approved by Exec ☒

Executive Summary:		Purpose of report	
This report provides a high level summary of the work of the Committee during January and February 2019 and request for the Trust Board to ratify policies and endorse recommendations in the report.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☒ 4. Encourage, inspire and implement research & innovation at all levels. ☒ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Reference	None identified		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None identified.		
STP Alignment / Implications:	N/A		
Recommendations:	To note the contents and ratify policies.		

**Key points from the Quality Committee meeting held on 7 March 2019
For the Trust Board meeting on 28 March 2019**

1.   **Introduction**
      This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives.

2.   **Reports received for review, information and/or approval**

      2a   Reports:

              ✓ **Learning from Experience Report – November and December 2018 -** Summary Report on patient related incidents / events and action and learning. Of note was the continued reduction in the number of falls; there was an overall reductions in the number of self-harm attempts as per previous months, whilst the number of self-harm incidents in the community has increased. However, this is largely due to improved reporting within the community; violent incidents have shown an increase, with ward 3 and A&T reporting the highest number of incidents, this reflects the complexity of needs of patients on these wards.

              ✓ **Safeguarding Report Q3 2018/19**
                This report provided assurances to QC in relation to the Safeguarding Team and the Trust safeguarding activities being undertaken.

              ✓ **Board Assurance Framework Report Q3 2018/19**
                This report for Q3 provided oversight of the Trust's strategic objectives to our quality priorities and identified key risks which were discussed by the Committee. Of further note was the Service user and carer event which took place on 30 January 2019. This event was well attended and helped to determine the quality priorities for the coming year. The Trust has now endorsed a Person Centred Framework.

              ✓ **CCG, Healthwatch and Trust Visits Q3 2018/19 -** This paper summarised the findings from the CCG, Healthwatch and Trust visits. In Q3, three visits took place. This report covered their visit to the Resettlement and Review Team as the other two visits were reported at QC in January. The report identified areas of good practice and highlighted recommendations to support improvement.

              ✓ **Performance and Quality Management Framework Month M10 2018/19**
                M10 dashboard and exception report in respect to contracted key performance indicators (KPIs). The committee discussed at length the indicators that are underperforming and improvement actions being taken.

              ✓ **CQC Preparation update -** The committee received a verbal Regarding the CQC Well led inspection.

              ✓ **Quality Impact Assessment (QIA) of Cost Improvement (CIPS) -** Assurance report on the 'look back' on the performance of schemes that have been subjected to the QIA process. The schemes were reviewed against agreed

KPIs to scrutinise their impact in terms of quality. Assurances were given that there was no impact on quality arose following these CIP schemes.

- ✓ **Smoke Free Report Q3 2018/19 – The committee received this report to give** assurance on the smoke free arrangements in place.

- ✓ **Quality Committee Mid-Year Review of Effectiveness including Sub-Committee Proposal and Committee Terms of Reference** - The committee considered and agreed that the focus on Quality Improvement will be focus of work for the year.

- ✓ **Restraint Reduction 2018/2019**
  The Committee received information regarding the use of physical restraint and seclusion within the Trust. It was noted that there is new legislation in the Mental Health Units (Use of force) Bill 2018. This legislation has been created to better protect patients in mental health settings from the use of unnecessary and/or excessive force by those responsible for their care. The contents of the report were discussed and agreed that it would be further enhanced by mapping it against use of rapid tranquilisation.

- ✓ **Falls Report Q3 2018/19**
  This report provides analysis of falls which occurred during October to December 2018 and included information regarding on-going falls reduction initiatives. It was noted that Ward 4 has been shortlisted for a HSJ award for this project.

- ✓ **Clinical Effectiveness report –** Provides a summary and outputs from;
  - Clinical effectiveness Group (CEG) including Clinical Audit, CQUINs, NICE and Physical Health
  - Clincial Records and Systems Design Group
  - Medicines Optimisation
  - Mental Health Law Governance Group
  - Research and Development Steering Group

- ✓ **Directorate Clinical Dashboard** - These reports will be discussed in detail at Performance meetings. The Clinical Leads presented the areas of good practice highlighted and areas of continued improvement noted. It was noted that recruitment and achievement of CIP targets were focus areas for Directorates

- ✓ **Mental Health Act and Medicines Management Internal Audit Report (KPMG) –** This report provided the Committee with a summary of the findings identified by KPMG during their audit in November. The report outlined the 10 recommendations made by KPMG and the measures taken by the Trust to address these issues. The action plans devised for each recommendation have subsequently been completed.

3b **Policy report** – the recommendations supported by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise stated as follows:

The following policies were all approved for 3 years;
- 1.84 Care Management Policy (including CPA)

- 5.34 Water Systems Management Policy
- 3.43 Serious Placement Issues Policy

3. Trust Risks to Quality Committee
There are currently 11 residual risks with a score of 12+ on the Trust register for Quality Committee. Committee members considered these risks in detail and how they interrelate to Directorate risks.

5. Next meeting:
9 May 2019

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Helen Sweeney Deputy Director Medicines and MACE
7 March 2019

REPORT TO THE TRUST BOARD (OPEN)

Enclosure No:15

Date of Meeting:	28 March 2019		
Title of Report:	Primary Care Committee Assurance Report		
Presented by:	Tony Gadsby, Chair, Primary Care Committee		
Author:	Chris Bird – Executive Director of Partnerships and Strategy		
Executive Lead Name:	Chris Bird – Executive Director of Partnerships and Strategy	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report is presented to the Trust Board as an Assurance Report for the Primary Care Committee held on 21 March 2019.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	- Quality Committee ☐ - Finance & Performance Committee ☐ - Audit Committee ☐ - People & Culture Development Committee ☐ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Primary Care Committee ☒		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☒ 6. Attract and inspire the best people to work here. ☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	None directly related to this paper		
Resource Implications: Funding Source:	None directly related to this paper		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	None directly related to this paper		
STP Alignment / Implications	None directly related to this paper		

Recommendations:	The Trust Board are asked to:-
	• Ratify the proposal that Moorcroft Medical Centre forms a Primary Care Network with Hanley, Bucknall and Bentiliee and that NSCHT make a formal offer to host the PCN through its corporate structures • Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains positive • The financial contribution is slightly below that expected but within acceptable limits • There remain some issues surrounding recruitment but there is a plan for these to be addressed

ASSURANCE REPORT TO THE TRUST BOARD

28 MARCH 2019

PRIMARY CARE COMMITTEE

This paper details the issues discussed at the Primary Care Committee on 21 March 2019. The meeting was quorate with minutes approved from the previous meeting on 5th February 2019. Progress was reviewed and actions confirmed from previous meeting.

ACTION ITEMS

The Meeting received an update on the progress of the lease for Moorcroft and Moss Green Surgeries. Ian Lowe, Quantity Surveyor, had been appointed to represent the Trust in the case of Moss Green Surgery and, as regards the Moorcroft lease, the Trust's solicitors confirmed that a draft lease was expected imminently from the partners' solicitors.

The Meeting noted that discussions were on-going in regard to establishing a clinical bank and a substantive update would be presented at the next meeting.

NEW CLINICAL MODEL

The Meeting received an update from the Clinical Director on his analysis of the Practices 360° Results for primary care services delivered over the period 2015/16 – 2017/18. It was noted that performance had experienced deterioration throughout the review period. The performance of the Practices varied in nature although there were some headline level similarities:

- High rates of attendances at Emergency Department (ED) (predominantly Royal Stoke University Hospital emergency portals) which had increased over the review period
- High rates of ED attendances during GP Practice opening hours suggesting a history of poor access to GP services
- Low rates of ED attendances converting into Non-Elective Admissions suggesting those patients presenting at ED could have been treated in an alternative clinical setting
- The rate of Outpatient First Appointment referrals has been consistently high but the rate of attendance is low, suggesting patients may not have wanted, or needed, to be referred
- A good history at diagnosing Long Term Conditions although some evidence the Practices have found it difficult to manage diabetic patients well
- Evidence of good, disciplined prescribing practice
- Patient experience was mixed with Moorcroft patients reporting a better experience relative to that of Moss Green

The Committee received the report and noted that this analysis provided a baseline from which it would be able to develop service delivery metrics which will be included in a subsequent iteration of the Primary Care Performance Matrix.

FINANCE REPORT

The Committee received the Month 11 Finance Report which shows an adverse YTD position of £45k, forecast to increase to £65k at 31st March 2019. The main driver is an under-recovery of income forecast to outturn at £113k linked to an under-performance of QOF points which currently stand at 489 from a total of 545. However the Committee noted that these are traditionally 'back-ended' and the final income position will be determined by the number of QOF points achieved at 31st

March 2019. The under-recovery of income was offset by an underspend on expenditure of £48k linked to staff vacancies and the subsequent cost of agency cover.

The stock and asset transfer was paid to the partnership in February 2019 and the harmonisation process for financial systems is on track and should be complete by the end of March.

The Committee received the report.

WORKFORCE

The Meeting received a report on workforce issues:

- 2 Advanced Nurse Practitioners have been offered roles
- 1 CPN has been seconded as a Practice Mental Health Worker to respond to patients with mental health conditions who not be referred to NSCHT services
- Senior Clinical Team – 2 GPs will take a lead of QIF/QOF areas through an additional session per week
- 1 salaried GP position was advertised but the interview process did not identify a suitable candidate – the Practice requested the support of the Committee in recycling this funding to recruit a prescribing paramedic

The Committee received the report and supported the Practice in their recruitment of the prescribing paramedic

PERFORMANCE

The Committee received the first report of the Performance Framework and a detailed update on the nature of the performance metrics and performance against them. An overview of the performance report is included below:

- Weighted list size increased from Q3 to Q4 to 17,561 – GMS payment is linked to list size and therefore an increasing list size is a positive indicator
- Access rates for urgent (i.e. on the day) appointments are being achieved with 38% of callers converting to an appointment against a target of 40% (although the review period is very narrow and cannot be considered statistically valid at this point)
- The Practices had reached capacity on 66% of occasions over a 44 day period – anecdotally capacity pre-integration would be reached on a much higher proportion and much earlier in the day than is the current experience
- All actions under the Prescribing Incentive Schemes have been achieved
- No Significant Events
- 5 complaints – 4 informal complaints and 1 formal complaint regarding clinical care. A review was completed the Clinical Director and the complaint was not upheld
- Friends and Family Test remains extremely positive – across January and February, 77% of respondents said they would be 'Extremely Likely' to recommend the service and a further 13% said they would be 'Likely' to recommend the service.
-

Work continues to standardise and harmonise reporting from the Practices into the Trust and the Committee noted that the performance framework will continue to evolve over the coming months.

The Committee received the report.

PARTNERSHIP WORKING

The Committee received an update on the publication of the new GP Contracts and the emergence of Primary Care Networks. This was consistent with the recent Board Development events. The Clinical Director advised that Moorcroft Medical Centre was minded to enter into a PCN with a further three neighbouring GP Practices; Hanley, Bucknall and Bentilee.

The Committee discussed the development of the NSCHT PCN support model and suggested this should be a vehicle to support the hosting of the Moorcroft PCN.

The Committee received the report and agreed to propose that the NSCHT Trust Board ratify the Primary Care Network configuration.

PROJECT GOVERNANCE

The Committee received an update on the mobilisation of the Primary Care Services and agreed to formally conclude that phase of the programme. There are a small number of residual tasks which will be taken forward by the Director of Partnerships & Strategy as part of the business as usual phase.

RISKS

The Committee received an update on items relating to Primary Care Services on the Trust risk framework. No changes were proposed.

The Committee agreed the risks should remain at current levels and not be reduced.

Trust Board are asked to:-

- Ratify the proposal that Moorcroft Medical Centre forms a Primary Care Network with Hanley, Bucknall and Bentiliee and that NSCHT make a formal offer to host the PCN through its corporate structures
- Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains positive
- The financial contribution is slightly below that expected but within acceptable limits
- There remain some issues surrounding recruitment but there is a plan for these to be addressed

Chris Bird, Director of Partnerships and Strategy
On behalf of Tony Gadsby, Chair
22nd March 2019

REPORT TO Trust Board

Enclosure No:16

Date of Meeting:	28th March 2019
Title of Report:	Together We're Better Update
Presented by:	Caroline Donovan, CEO
Author:	
Executive Lead Name:	Caroline Donovan, CEO

Approved by Exec	☐

Executive Summary:		Purpose of report	
Attached is the Together We're Better Update for February 2019.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☐ 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Nil		
STP Alignment / Implications:	Nil		
Recommendations:	To receive for information		

Version	Name/group	Date issued

TOGETHER WE'RE BETTER

Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work

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February 2019

Introduction

Welcome to the latest newsletter from the Together We're Better health and care partnership.

I'd like to start this month's update by thanking frontline health and care staff for their continued hard work throughout what has been another busy and challenging winter period.

This, alongside the hard work of our partners in developing a winter plan that is both collaborative and responsive is helping to turn around the issues we faced 12 months ago – with zero 12-hour trolley breaches reported so far this winter and a much improved four-hour A&E performance against the target.

As we approach the end of the financial year, our sights turn to 2019/20 and the financial challenge we face as a health and care system. It's an issue we cannot and should not ignore, which is why we are sprinting towards the end of March to do all we can collectively to address the situation in the areas where we can have the most impact.

We mustn't make the financial challenge our sole focus, however. Together We're Better is about the transformation of health and care and improving services for the people of Staffordshire and Stoke-on-Trent.

This can only be done by tackling the challenges we face head-on, but also embracing the many opportunities that exist.

Furthermore, it's about listening closely to what our staff, stakeholders and the wider public have to say about the future of health and care. With this in mind, our

preparations for involvement that is due to launch this Spring have been ramping up, with a series of events continuing to take place – details of which can be found below.

The public consultation being led by North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups into the future of local health services in Northern Staffordshire continues until 17 March. The feedback received at the public events held by the CCG has been extremely valuable and I would encourage people living in the area to visit www.healthservicesnorthstaffs.nhs.uk, where they will find out more information about the consultation and how to have a say.

Finally, I'd like to pass on our very best wishes to Paula Clark, who stepped down from her role as Chief Executive of University Hospitals of North Midlands NHS Trust (UHNM) on 27 February to enjoy what we hope will be a long and happy retirement. I'd also like to congratulate Caroline Donovan, who is leaving her role as Chief Executive of North Staffordshire Combined Healthcare NHS Trust to take up an exciting new opportunity as Chief Executive at Lancashire Care Foundation NHS Trust. We thank Paula and Caroline for the massive contribution they have made to the partnership and wish them both all the very best for the future.

I look forward to working with Paula's replacement Tracy Bullock, who joins UHNM from Mid Cheshire Hospitals NHS Foundation Trust, and with Caroline's replacement Peter Axon, who joins Combined from Birmingham Community Healthcare NHS Foundation Trust. Both Tracy and Peter will be commencing their roles on 1 April.

Sir Neil McKay, Independent Chairman

Our journey towards involvement

The past month has seen an increased level of activity as we prepare to launch our public, workforce and stakeholder involvement in Spring 2019. As a reminder, this clinically-led discussion will be focused around the following areas:

- Developing a new vision for health and care across Staffordshire and Stoke-on-Trent
- Simplifying urgent and emergency care
- Reviewing Community Hospitals in South Staffordshire
- Identifying additional priorities that will deliver clinical and financial stability.

We are continuing to meet with local stakeholders to raise awareness of our work and the forthcoming 12-week period of pre-consultation is due to start following the local elections.

Our NHS and local authority partners have also been holding a series of

conversations with staff and will continue to do so during March using a workforce involvement toolkit that supports consistent messages and helps staff to give early feedback.

In terms of the pre-consultation process itself, we will be holding:

- Face-to-face public involvement events within each district in Staffordshire and Stoke-on-Trent
- Public roadshows in areas of high footfall (e.g. shopping centres)
- Roadshows in key buildings for health and care staff
- Focus groups with community and voluntary sector groups and organisations.

Alongside this, we will be meeting with patient networks and protected characteristics groups, while people will be able to share their views by completing a survey (both online and hard copy). More details will be available soon on how you can get involved.

The feedback we receive as part of this process will feed in to the development of our Pre Consultation Business Case and options for change. This document will also outline the clinical evidence from our various work programmes.

Meanwhile, we are updating our Case for Change document, first published in March 2016 while a public facing Issues Paper is being developed to support the upcoming conversations and provide further detail and background information. In addition, discussions are being held with NHS England about the assurance process to make sure we are following national guidance and best practice.

You can find out more information about this and our involvement plans on our website www.twbstaffsandstoke.org.uk.

News

Two new wards open at UHNM to benefit patients and ease winter pressures

A multi-million pound project to boost patient facilities at University of North Midlands NHS Trust (UHNM) has been completed. The £8.8 million scheme to expand ward accommodation at the Royal Stoke University Hospital site has seen more than 60 new beds open for patients to help ease winter pressures. The investment, funded by the Government as part of a national initiative to improve NHS winter pressures, houses 64 beds in four-bedded bays over two floors.

Focus on our clinically-led programmes

Urgent and Emergency Care programme

From Cheryl Hardisty, Programme Director

The hard work of partners and frontline staff across Staffordshire and Stoke-on-Trent has led to a much **improved performance this winter**. There were zero 12-hour trolley breaches in the system between November 2018 and January 2019 (compared to 384 breaches for the same period last year). We are also seeing a continued improvement in four-hour A&E performance across the system.

A **successful two-week pilot** involving West Midlands Ambulance Service, UHNM and Midlands Partnership NHS Foundation Trust has been held, aimed at patients identified by ambulance crews as not needing to go to A&E, but still requiring urgent care. This involved Paramedics calling a dedicated phone line to determine whether services in the community are available to support the patient, rather than them being taken unnecessarily in to A&E. Initial findings have been very positive, with a significant number involved having been able to receive support in the community rather than needing to go to hospital.

In Staffordshire and Stoke-on-Trent, we are working hard to develop a more integrated approach to urgent care, so that patients know where to go for advice and help and can be treated in the right place and at the right time. As part of this a base **Clinical Assessment Service** is now live in Staffordshire and Stoke-on-Trent, meaning that patients calling 111 between 10am-6pm Monday to Friday will be able to access clinical support over the phone if clinically required. Since going live, there has been an increase in the percentage of patients that have spoken to a clinician and we await a report on the outcomes.
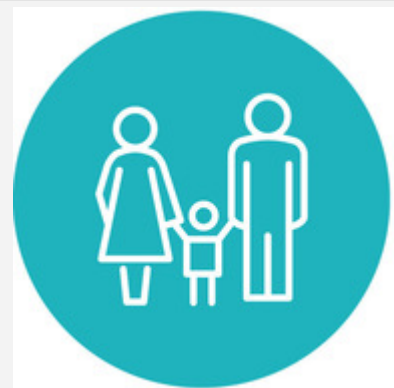
Click on the image below to watch a short video featuring Dr Steve Fawcett, Joint Clinical Lead, introducing the programme.

Maternity, Children and Young People programme

Children and Young People update from Helen Riley, Senior Responsible Officer for Children and Young People

To kick start the work of the Children and Young people part of the programme, a scoping meeting was held in October 2018 which included over 30 people representing a range of Together We're Better partners. There was good clinical engagement at the event, including paediatricians, primary care and NHS providers, alongside Staffordshire County Council, Stoke-on-Trent City Council and the voluntary and community sector. Following the workshop, a task and finish group was formed that has recommended the following priorities:

- Reduce inappropriate demand in children's health and social care services with a focus on the most vulnerable (looked after children, children in need of protection)

- Embed a preventative approach with a focus on early years, positive parenting and early interventions

- Work across the system to improve the pathways and transition points for

children with complex health needs.

Click on the link below for more information, including our next steps.

Read More >

Focus on our enabling programmes

Workforce programme

From Greg Moores, Programme Director

The Workforce programme team have been working on a wide range of projects with partners over recent months. In response to an agreement reached by NHS and local government providers to share the **apprenticeship levy** with the voluntary and independent sector, an event was held involving 40 businesses to hear more about the scheme. A number of applications have since been received and these will be considered by the programme board. The **rotational apprenticeship scheme** has been developed to help increase the supply of our future workforce, improve the quality of care and service provision, and embed integrated working and joined up service provision.The first programme focuses on the End of Life pathway and has been developed with partners providing care and treatment within this pathway. Ten apprentices will be recruited and apprentices will be supported through a robust training programme, rotating between providers over a two-year period.
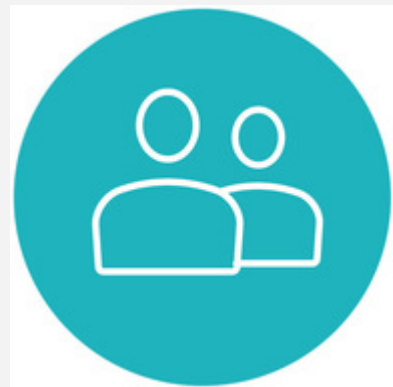
The team continues to support the clinical programmes with **workforce planning requirements**. A system-wide workforce database is currently in development to provide a greater understanding of the local health and social care workforce as a whole and support integrated planning. Testing will take place over the coming weeks. We have recently appointed a **Workforce Engagement Lead** who will work as part of our team in delivering the involvement priorities and objectives to support other Together We're Better programmes.

Finally, more than 30 providers from across Staffordshire and Stoke-on-Trent took part in a Department of Health and Social Care **National Adult Social Care Recruitment Campaign Workshop** on 11 February. Providers were keen to share how best to combat common recruitment and retention issues at the event, led by Shirley Way from Skills for Care. This was the first event of its kind developed through collaboration between Skills for Care and the Workforce programme, stemming from the system-wide Domiciliary Care Workforce review we've undertaken.

Click on the image below to watch a short introductory video about the programme.


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www.twbstaffsandstoke.org.uk

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Organisational Development and Leadership programme

From Linda Holland, Programme Director

We've been busy working on developing the **High Potential Scheme** (HPS) locally following a successful application to the NHS Leadership Academy to become a pilot site. The aim of the scheme will be to identify, support and develop the most talented individuals providing NHS-funded care, in order to help them succeed in the most senior roles within local health and care services. We're working to support partners to adopt a more strategic approach to talent management to lead to greater self-sufficiency in filling posts and reduce the turnover of staff and use of interims. The pilot is due to get underway in June, with an initial cohort of 20 people. This builds on the successful Staffordshire Stepping Up Programme, which has already seen 55 existing and aspiring leaders from the
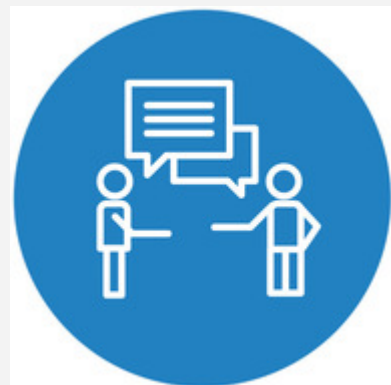
black, Asian and minority ethnic (BAME) community take part - with dozens more involved in the latest cohort of the programme.

Read More >

Estates programme

From Becky Jones, Programme Director

For this month, we wanted to provide an update on some of Together We're Better's major capital projects. Following the £21.9m awarded nationally for the development of the **health and care campus on the Outwoods site** at Queen's Hospital in Burton, partners have been working on next steps concerning services that will be located on the site. A public exhibition to view preliminary designs of the **Greenwood House Health Centre** development in Burntwood in September 2018 was very well attended by the local community. Detailed design drawings have now been completed and signed off by the Darwin Practice, Staffordshire County Council and NHS England. A proposed new Medical Centre in **Longton South**, due to open in March 2021 will co-locate two GP practices and serve approximately 16,000 people. The outline business case has now been submitted for approval to NHS England with a decision expected in April 2019. Finally, the Mental Health Programme has been successful in its capital funding bid for £1.6m, part of which will be targeted at enhancing alcohol detoxification services in Stoke-on-Trent and set up four crisis cafes across the county, designed to make mental health support more accessible to people who might need it.

Read More >

Together We're Better is the transformation partnership for health and social care across Staffordshire and Stoke-on-Trent.

To contact us email **togetherwe'rebetter@staffordshire.gov.uk**

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