North Staffordshire Combined Healthcare NHS
NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON THURSDAY, 9 FEBRUARY 2017, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS, BELLRINGER ROAD, TRENTHAM LAKES SOUTH, STOKE ON TRENT, ST4 8HH

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATION OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS**	Note
4.	**MINUTES OF THE OPEN AGENDA – 12 January 2017** *To APPROVE the minutes of the meeting held on 12 January 2017*	Approve Enclosure 2
5.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
8	*To RECEIVE questions from members of the public*	Verbal
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
9.	• **STAFF RETIREMENTS** *To EXPRESS our gratitude and recognize staff who are retiring* *To be introduced and presented by the Chair* • **STAFF BEREAVEMENT**	***Verbal***

10.	**SPOTLIGHT ON EXCELLENCE INDIVIDUAL AND TEAMS** *To PRESENT the ;* • *Individual Spotlight Award* • *Spotlight on Excellent Teams;* *CQC/Quality Assurance Team* *Flu Campaign Team* To be introduced by the Chief Executive and presented by the Chair	***Verbal*** ***Presentation***
11.	**NURSE STAFFING MONTHLY REPORTS –December 2016** *To RECEIVE the assurance reports on the planned versus actual staff variances from Ms M Nelligan, Executive Director of Nursing and Quality*	Assurance Enclosure 5
12.	**SERIOUS INCIDENTS REPORT – Q3 2016/17** *To RECEIVE the Serious Incidents Report –Q3 2016/17 from Dr B Adeyemo, Medical Director*	Assurance Enclosure 6
13.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 9** *To RECEIVE the Month 9 Performance Report from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 7
14.	**RAISING OUR SERVICE EXCELLENCE (ROSE) UPDATE** *To RECEIVE an update for Raising Our Service Excellence (ROSE) Update from Mr T Thornber, Director of Strategy and Planning*	Assurance Enclosure 8
	TO ENHANCE SERVICE USER AND CARER INVOLVMENT	
15.	**SERVICE USER AND CARER COUNCIL UPDATE** *To RECEIVE an update in respect of the Service User and Carer Council from Mrs W Dutton, Vice Chair, Service User and Carer Council*	Assurance Enclosure 9
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
16.	*To RECEIVE a verbal update on progress from Mr P Draycott, Executive Director of Leadership and Workforce*	Note
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
17.	*To RECEIVE a verbal update on progress from Dr B Adeyemo, Medical Director*	Note
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	

18.	**FINANCE REPORT – MONTH 9 (2016/17)** *To RECEIVE for discussion the Month 9 financial position from Miss S Robinson, Director of Finance and Performance*	Assurance Enclosure 10
19.	**ASSURANCE REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE** *To RECEIVE the Finance & Performance Committee Assurance report from the meeting held on 2 February 2017 from Mr T Gadsby, Chair/Non-Executive Director*	Assurance Enclosure 11
20.	**ASSURANCE REPORT FROM THE AUDIT COMMITTEE** *To RECEIVE the Audit Committee Assurance report from the meeting held on 2 February 2017 from Mrs B Johnson, Chair/Non-Executive Director*	Assurance Enclosure 12
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
21.	**REGISTER OF MEMBERS' DECLARED INTERESTS** *To RECEIVE the Register of Members' Declared Interests from Mrs L Wrench, Associate Director of Governance*	Information Enclosure 13
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
22	**PARTNERSHIP TO MULTISPECIALTY COMMUNITY PROVIDER** *To RECEIVE a diagrammatic representation of the service provision of the organisations across Staffordshire STP from Mr T Thornber, Director of Strategy and Development*	Information Enclosure 14
	DATE AND TIME OF THE NEXT MEETING	
23.	*The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 9 March 2016 at 10:00am.*	
24.	**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	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	BUSINESS PLAN UPDATE	Approve

	LEADERSHIP & WORKFORCE REPORT AND SERVICE REVIEW	Assurance
	ANY OTHER BUSINESS	

North Staffordshire Combined Healthcare NHS Trust

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday, 12 January 2017 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Mr D Rogers
Chairman

Directors:

Mrs C Donovan
Chief Executive

Dr B Adeyemo
Medical Director

Mr P Sullivan
Non-Executive Director

Mr A Rogers
Director of Operations

Mr P Draycott
Executive Director of Leadership &Workforce

Mrs B Johnson
Non-Executive Director

Mr T Gadsby
Non-Executive Director

Ms M Nelligan
Executive Director of Nursing and Quality

Miss S Robinson
Executive Director of Finance

Mr T Thornber
Director of Strategy and Development

In attendance:

Mrs L Wrench
Associate Director of Governance

Mrs M Brown
Executive PA

Mr J McCrea
Interim Associate Director of Communications

Members of the public:
Helen Taylor
Hilda Johnson, NSUG

Team Spotlight:
Substance Misuse

Staff Retirements
John Hancock

Individual spotlight
Cath Raper
Bev Holding

The meeting commenced at 10:00am.

569/2017	**Apologies for Absence** Apologies were received from Ms Barber, Non-Executive Director and Mrs Walley, Non-Executive Director, Dr K Tattum GP Associate Director, Mr Cotterill, Chair Service User and Carer Council.	**Action**
570/2017	**Declaration of Interest relating to agenda items** There were no declarations of interest relating to agenda items.	

571/2017	**Declarations of interest relating to any other business** There were no declarations of interest.	
572/2017	**Minutes of the Open Agenda – 10 November 2016** The minutes of the open session of the meeting held on 10 November 2016 were approved.	
573/2017	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***446/16 - Briefing on Staffordshire Budget Reductions in response to Better Care Fund shortfall*** - The Board continue to pursue these matters with support from our Clinical Care Commissioning Groups and will be kept informed of progress. ***Mrs Donovan reiterated the significant cuts to the Public Health grant of up to 60% for Substance Misuse. A meeting has been arranged with Matthew Ellis, Police and Crime Commissioner, Mrs Donovan, and Mrs Walley. In the meantime, the Trust are having to progress with the Management of Change process for the Directorate and will monitor the impact on Service Users.*** ***478/16 - Quality Committee Summary held on 28 June 2016 -*** The Chair queried what was the timeline for the Suicide Prevention report. ***On today's agenda – remove from schedule*** ***500/16 - AOB - Recruitment issues -*** Mrs H Johnson noted there have been some mix-ups with recruitment with interview and presentation panels. She also requested that NSUG receive feedback on appointments, if they have been involved in the recruitment process. Mr Draycott commented that the Trust has a Centralised Recruitment Tam in-house. As part of the appointment process the Trust ensures there is a Service User representative on each panel. Interview dates should be arranged when the advert is published. However, in view of the comments raised at the Service User Council and Mrs H Johnson, Mr Draycott to set up some guidelines going forward. ***Mr Draycott confirmed that the Trust has now established a process to include the Service User and Carer Council in the recruitment process which will include feedback to stakeholder panels - remove from schedule***	

	500/16 -AOB - Care Co-ordinators - Mr Sullivan raised his concerns with care co-ordination and Mr Rogers to speak to Mrs Mortimer, Head of Directorate. ***Mr A Rogers has written to the Directorate. Team Leaders will pick up individual cases and have a protocol in place. Any issues will be escalated back to him. Mrs H Johnson reported that she had received positive feedback that she would forward to Mr A Rogers – remove from schedule.*** **527/16 - Access Team and Home Treatment** - Mr Williams was in attendance as a member of the public. He commented on his recent contact with the Access Service and the excellent service staff give, although he felt they seemed understaffed. He raised concerns regarding the current telephone service which he considered is not fit for purpose and was left on hold for 1 hour recently. He urged the Board to take note. Mr Williams also raised concerns with the Home Treatment Team, in that there is not enough rooms to treat people at Harplands Hospital and waiting is lengthy. He again commented that staffing levels seemed low and that due to Christmas approaching this needs to be considered. ***Mr A Rogers confirmed that a new telephone system has been installed to monitor how we respond. It was noted that 84-86% of calls are answered within 1 minute, with the longest wait time being 39 minutes. Mrs Griffiths also reported that there has been the appointment of two Call Handlers and anticipated further improvements.*** ***Mrs B Johnson asked if calls were abandoned, did the service make contact? Mrs Raper confirmed that if a phone number was identified then the Access Team would try to make contact – remove from schedule*** ***527/16 - Access Team and Home Treatment*** - Mr Williams highlighted a member of staff called Amanda Hampson who should be recognised for her compassion and care. – ***Completed – remove from schedule*** ***527/16 - Access Team and Home Treatment*** - Mrs B Johnson commented that the Service User Council had also raised concerns with staffing. Ms Nelligan noted that we have previously talked about staffing reviews and that the Trust is mandated for inpatient services. Due to the issues raised today, she would complete a review for Access and Home Treatment earlier than planned. ***Ms Nelligan stated that her team will pick up the Access, Home Treatment and RAID teams as part of the staffing review – remove from schedule.***	

	529/16 Spotlight Individual - MH in Schools - Mr Sullivan asked what could the Board do to help support Mental Health in Schools? Julia commented that a Board Champion would be beneficial and is part of the CAMHS strategy. The Chair commented that the Board would consider this going forward. ***Mrs Donovan reported that Mental Health is progressing in specialist schools and that main stream schools will follow. It was noted that a new Head of Directorate for CAMHS has now been appointed and this will be reviewed under their remit – remove from schedule.*** ***536/16 - Serious Incidents Q2*** - With regards to incidents, there has been an increase from the last quarter, but a downward trend continues. The Trust has started to look at themes or trends to rectify outcomes and this will be ready for the next quarterly report. ***The Serious Incidents report Q3 report will be coming to the next Board meeting in February 2017.*** ***536/16 - Serious Incidents Q2*** - Mrs H Johnson noted that on page 3, breakdown of incidents table under 'Unexpected potentially avoidable death' the figure should read 27 not 270. ***Completed – remove from schedule*** ***537/16 - Single Oversight Framework -*** Miss Robinson to bring back to Trust Board, once this is received. ***Miss Robinson stated that this report will routinely come to Trust Board – remove from schedule*** ***544/16 - Assurance Report from Charitable Funds -*** The total funds were noted at £434,290. The future of the management of the Charitable Funds was discussed and an option appraisal will be reviewed and will come back to the Trust Board. ***Miss Robinson commented that the Charitable Funds Committee was due to meet in February so this report would come to the March Board meeting.***	**Dr Adeyemo** **Miss Robinson**
574/2017	**Chair's Report** The Chair commented that it was an interesting time for the health service and an exciting time for the Trust. National and local issues have been raised in the media regarding NHS and winter pressures.	

	On a broader note, there has been an attempt by Simon Stevens to look strategically across the NHS at the Five Year Forward View and locality based plans. There has been no progress on this for a year or so. Our footprint is Staffordshire and Stoke-on-Trent and there has been some progress issues with the leadership. Currently, new leadership is now being sought and will gain momentum in March 2017. It was further noted by the Chair that he had recently attended UHNM's Trust Board in order to get a better understanding of other Trust's pressures. In respect of our Trust he was delighted that we continue to be in control of our finances. In respect of our Trust for quality and following both CQC inspections, the indications show that the Trust will show dramatic improvements. As we are aware in 2015 the Trust's rating was '*Requires Improvement'* and it is anticipated that the Trust has moved up to the rating of '*Good*' in 2016. The Trust must now set its sights on being 'Excellent' and it was noted that we are heading into a good trajectory. ***Received***	
575/2017	**Chief Executive's Report** Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in November 2016 and draws the Board's attention to any other issues of significance or interest. **Care Quality Commission** The Trust has received draft reports from the CQC following their latest comprehensive inspection in September 2016. The Executive Team and directorates are reviewing the reports and checking for accuracy. Our response will be submitted to the CQC early next week and we could receive the final report in February 2017. The final report will be jointly published before the Quality Summit when the inspection findings will be discussed with the Trust and partners. We will then focus our energies on moving forward towards reaching outstanding **Sustainability And Transformation Plan (STP)** Staffordshire and Stoke-on-Trent's STP was published in December 2016 and will be the subject of further public discussion and feedback.	

	The proposal summarizes the latest thinking from local organisations, working together, to dramatically improve local health and social care for our communities. The proposals were submitted in October 2016 showing how local services will become sustainable and how they will deliver the Five Year Forward View. As a Trust, we will continue to play an important role in the process as these proposals develop into plans, accompanied by comprehensive public consultation. We have already made strong progress in North Staffordshire towards delivering new integrated models of care tailored around the needs of our local communities. In Leek, we have partnered with the North Staffordshire GP Federation which has resulted in improved dementia diagnosis rates and quicker access for patients to urgent, specialist mental health assessment. **New Ward Opened To Support Health And Care System** A new older people's assessment award was opened at Harplands Hospital in November 2016 to help alleviate some of the pressures on the urgent care system in the county. This was following Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups requesting the Trust open a 19-bed nursing assessment ward for older people with dementia who have had an inpatient stay at the Royal Stoke University Hospital. The RAID team are providing clinical assessment to patients before coming into Ward 4 and monitoring the pathway. The opening of the ward at short notice was testimony to the huge efforts of staff. Patients will be admitted for up to 28 days while their future needs are assessed and plans made for their discharge. The ward has been commissioned until the end of March 2017. **Flu Programme 2016/17** Our Flu vaccination programme has been very successful with more than 75% of our frontline staff receiving the vaccination by the end of December 2016 exceeding the national target and 30% higher than last year. This is a fantastic achievement and a credit to Ms Nelligan, her team, peer vaccinators and Team Prevent. This achievement has meant that we have have not lost £140K related to this CQUIN target **Community Mental Health Survey 2016** People experiencing our community mental health services have given the Trust an overall rating of almost 7 out 10, according to the 2016 Community Mental Health Survey published by the CQC.	

The survey took place in 2015 on their overall view of community services, they reported a positive experience.

Our highest scores were in the '*organising care'* category where we received an overall score of 8.5 out of 10 and 9.8 for the number of people who said they knew how to contact the person in charge of their care if they had a concern. We also scored well (8.4) for the number of people who felt they had been treated with respect and dignity in the last 12 months

Trust Secures £12,000 To Redevelop Harplands Garden
The Trust has received the maximum £12,000 grant from Tesco's Bags of Help programme to develop the New Beginnings garden at Harplands Hospital. The money will enable our Growthpoint team to redevelop the garden adjacent to the Edward Myers Unit for service users and staff. Thanks was given to everyone who got behind this project

Trust Wins National Finance Award
Our Finance team were winners at this year's HFMA Awards in December and won the Costing Award, which focuses on improvements in costing processes and costing information. Thanks was given to the Finance team and everyone involved.

One-Stop Service Shortlisted For RCM Annual Awards
The Trust is a partner in the multi-agency one-stop specialist service for pregnant women with substance and alcohol misuse which has been shortlisted for the 2017 Royal College of Midwives Annual Midwifery Awards. The service is in the final four for the Lansinoh Award for Team of the Year having achieved a 98% attendance rate for antenatal appointments.

North Staffordshire Wellbeing Service Wins Staff Award
The North Staffordshire Wellbeing Service won the Partnership Award at South Staffordshire and Shropshire Healthcare Foundation Trust's annual Positively Different staff awards. The team set the goal to surpass all national quality targets, and achieve a recovery rate of over 60%; their recovery rate is now 64% one of the highest performing teams in the country.

Reduction In Trust Vacancy Rate
The recruitment of staff has been a high priority for the Trust in the last nine months. Our vacancy rate in December was 4.5%, a significant reduction compared to last year. The rate has been achieved following a successful recruitment campaign and the work of staff across the Trust attracting and recruiting new staff.

	New Associate Director Of Communications Joe McCrea has been appointed as the Trust's new Associate Director of Communications. Joe has a strong background in communications and marketing in the NHS. Most recently, he was Head of Communications for East Leicestershire and Rutland Clinical Commissioning Group **New Psychiatric Intensive Care Unit (PICU)** The preferred bidder chosen for the new Psychiatric Intensive Care Unit (PICU) at Harplands Hospital. The contract is expected to be awarded early in the New Year with work starting on site in February. **National update** The CQC published in December 2016, a report into how NHS Trusts' review and investigate the deaths of patients in England. The CQC headline finding was that "deaths of people with learning disabilities or mental health problems" are not always given adequate attention. We will be considering this report to see if there is anything we can learn from the findings; Dr Adeyemo will be leading on this and reporting into the Quality Committee. **NHS England Announces Transformation Fund For Mental Health and Learning Disabilities** NHS England has announced it has created a Transformation Fund to support the implementation of the Five Year Forward View. This funding will enable local areas to deliver on key ambitions. The interventions for which transformation funding are available include: IAPT, Urgent and Emergency Mental Health Liaison Services for Adults and Older Adults, reducing reliance on specialist inpatient care for people with learning disabilities, reduction in children with learning disabilities placed away from their home and local community. The Trust is working with partners across the system to develop bids to access funding and has met with commissioners in respect of Liaison and IAPT funding to take forward. ***Received***	
576/2017	**Questions from the public** **Staffordshire Transformation Plan** Ms Harvey, UNISON, stated that she read the STP plan and found it difficult to understand, and felt disappointed that she was none the wiser after reading it. She also stated that Trade Unions were not allowed to be part of the consultation process	

	for this programme and that the lack of engagement had caused concerns and protests in some areas. Ms Harvey had recently met with Greg Moores, Director of Workforce and Development, SSSFT, to help gain further engagement. There is clearly more work to do to ensure that all partners are working together and it is frustrating that there has been lack of progress in Staffordshire and it remains very dysfunctional. The Chair echoed Ms Harvey's comments and frustrations A crucial element needs to be an independent leadership with much higher level of trust, without trust no progress will be made. Mrs H Johnson commented that she had attended an STP workshop and had raised that there had been no consultation with staff or service users. She has since been assured that there will be some form of consultation in getting the plan in place.	
577/2017	**Staff Retirements** Mrs Donovan recognised those staff who are retiring this month as follows, **John Hancock** John applied to the Trust and commenced his Nurse Training in October 1980. At that time John was an apprentice decorator with Victor Robinson & Sons, Leek. He initially trained as a state enrolled nurse and upon successfully qualifying he started full time night duty and worked in this role for approximately 8 years. However he wanted to further his experience and successfully applied for a post within the Rehab Services on days and joined the Teams providing rehab services on The Grange and Ward 3. Again John wanted to further his career and in 1994 he joined the conversion course and attained his RMN qualification. He progressed to working as a Community Psychiatric Nurse initially with the Community Rehabilitation Team and latterly with the Assertive Outreach Team. John has outstanding skills and experience working with clients with most acute and challenging needs. During the last 18 months of his career John joined the Staffordshire Moorlands Community Mental Health Team bringing with him these essential skills. John's experience, skills and dedication and team work will be missed by his clients and colleagues alike.	

	Lynda O'Reilly –Senior Telephonist/Reception Supervisor 19 years' service, moved to Spain **Sarah Williams** – Staff Nurse Ward 5, 33 years **Dawn Ainsworth** – Clinical Placement Facilitator, 33 years' service, moved to Cyprus **Sukbinder Kaur** – Health Care Support Worker, 12 years' service, emigrated to Canada on 27 December 2016	
578/2017	**Individual Spotlight – Cath Raper and Bev Holding** Job Title: **Team Manager, Access and Home treatment Team** Directorate: **Adult Community** Bev and Cath have job shared as the Team Manager for the Access and Home Treatment Team for the last 12 months. Bev is a Qualified Social Worker and Cath is a Qualified Nurse. Over the last year Bev and Cath have led the Access and Home Treatment Team through significant change- moving the teams together within the Adult Community Directorate. They have worked tirelessly to lead the change with enthusiasm and setting high standards for the delivery of high quality, safe care. The impact of their hard work on the service has been wonderful; we received many compliments from service users and carers over the last twelve months. Both ladies are respected and well regarded by the staff within the teams. The performance of the team has continued to improve and this is demonstrated through consistently good clinical audit and high level of compliance against team KPI's. Change within teams is not easy and both have consistently demonstrated a fair, equitable approach, role modelling their own high standards and setting expectation. They have received praise more formally over the last 12 months via Enable East and Meridian who specifically singled Bev and Cath out for individual praise across the wider organisation for the way they have led, championed and effected change within the team. Both were praised for their approach, attitude and behaviour. Both have been a constant source of support and inspiration to their Service Manager over the last 12 months. They have always made their managers immensely proud and they are and will continue to be a great asset to the team and the Trust as a whole.	

	They both link in with the Trust Value - RESPONSIBLE- taking personal and collective responsibility, being accountable for our actions. Bev and Cath have been the first to take on the demands and challenges of leading organisational change, this has not been easy and through a high standard of clinical supervision and their individual leadership style they have encouraged and supported change throughout the team. They have accepted and improved where they too have been challenged and through their reflective practice have been able and willing to learn to continually improve the service offered to the residents of Stoke on Trent and North Staffordshire.	
579/2017	**Team Spotlight Award - September 2016** **Team:** One Recovery **Directorate:** Substance Misuse Mr Darren Bowyer Head of Directorate for Substance Misuse carried out the presentation. Substance Misuse Directorate is made up of 8 teams consisting of 65 staff providing inpatient, prison and community services. These are delivered in partnership and are one of relatively few remaining within the NHS. Today we are recognising One Recovery which is a community service with teams in Stafford, Cannock, Leek, Newcastle, Burton and Tamworth working with our partner ADS. The service provides • specialist medical prescribing • case management for service users with holistic complex substance misuse needs. • community detoxification for alcohol and opiate treatments. • Hospital Liaison and ongoing detoxification following discharge from the Acute Hospitals. • Shared Care linking to locality GP's. • Blood Bourne Virus monitoring and Prevention. • Pregnant Drug Service within co-location of local maternity services. • training in the prevention and treatment of drug overdose. The team is approachable and this demonstrated through the low number of complaints the service receives and the number of compliments about the quality of the service. They take full responsibility in the delivery of a high performing service	

	learning and evolving from the outcomes of incidents and SI's. Drug related deaths are an unfortunate and sad reality of our service but from a team perspective we have not rested on their laurels and have taken action and have implemented Naloxone coverage across Staffordshire which has saved 5 lives so far in 2016. One Recovery continues to deliver an excellent service that continually receives excellent feedback from our service users and linking carers. Performance wise One Recovery Staffordshire out-performs the contracted performance indicators and consistently delivers against the Trust Targets (PDR 100%, Supervision 100%, training 91%, sickness below 2% etc.). All this in a context where they have been aware for the last 8 months that their budget is to be reduced by 58% - yet they have still delivered great results. Mr Bowyer expressed how very proud he was of his team especially in these very difficult times. Ms Emma Chums, Recovery Co-ordinator then presented a journey of a service user; *A case of a gentleman who has been attending the one recovery service, since June 2014. Before his relapse he had nearly a twenty year period of abstinence from heroin. Before this relapse, he had a job working for JCB which he was very happy in, he was married and had two children. After his relapse he moved into his own accommodation in late 2014 and lost his job at JCB due to his continued drug use, and struggled to pay his rent due the loss of his income. Throughout early 2015 the service user demonstrated poor progress within treatment. He moved out of the area to Cannock into a bedsit. In May 2015 he started to shop lift to fund his drug habit, he was in and out of treatment.* *This gentleman has been in treatment with one recovery since June 2014, has recently completed an opiate detox in the Edward Myers unit, and is now opiate and treatment free. The service user thanked all of the staff that have supported and motivated him throughout the duration of his recovery, he felt that staff were kind hearted and he advised staff to "keep fighting for people". He felt listened to throughout this process; he felt clear about the direction of his recovery. His plans are to return back to work to his former job, he hopes to find his own accommodation and engage with mutual aid support groups. He has also offered to speak to any other fellow service users regarding his*	

	journey and offer any support he can to people who are currently still within their drug use journey. The interventions he received made a dramatic difference to his life. Ms Chums then stated how very proud she was of One Recovery. Ms Sue Parkes, Clinical Service Manager, One Recovery, commented that she was very proud of Ms Chums on her achievement and that it was sad that her post may not exist after the cuts. Following the presentation and patient story, Mr D Rogers commented that this had been very inspiring in the face of adversity. Other Board members also commented. Mr Sullivan stated that he was not aware that any part of the country had cuts like these and that how well the service has responded despite being under intense pressure. He commented that the New Beginnings project was unique and that people did not realise how special it was. Furthermore, Mr Sullivan asked that going forward was there anything that the Board could do to help that isn't already happening? Mr Bowyer responded to say that the Directorate felt supported but that an engagement event would be beneficial and that this had now been organised. Mr Watts, Clinical Director Substance Misuse, commented that this service does not have the same commissioners as other services, so therefore the Trust Board does not have the same relationships/pathways which can cause difficulties. Ms Harvey commented that this was a decimation of services and that she has represented a number of staff who suffer with alcohol dependency and that it was important to get treatment at the right time to stay in employment, it made no sense to cut these services and it will lead to people to being in hospital and longer in services. She further added that she hoped that leaders of the STP and commissioners listen to what is being said and that she would encourage commissioners to come and talk to staff and that we should not let them get away with making these terrible decisions without taking to staff. Mr D Rogers also stated that there was nowhere else to refer these service users to and that is why the Trust will not give up the battle. Mr Draycott acknowledged and thanked the strong leadership by Dr Watts and Mr Bowyer in helping to support their teams to deliver the service under these difficult circumstances.	

	Mrs H Johnson stated that she had been engaging with MPs and councillors. She also commented that it was a credit to staff who have continued to do their day job under the circumstances. Dr Watts confirmed that in respect of the petition to stop the cuts there had been 40,000 signatures, of which 5,000 signatures were needed from Staffordshire and these had been obtained. Mr David Rogers thanked the Substance Misuse One Recovery Service. ***Received***	
580/2017	**Quality Committee Summary held on 20 December 2016** Mr Sullivan, Chair of the Quality Committee/Non-Executive Director, presented the summary of the Quality Committee held on 20 December 2016 for assurance purposes. The following policies were approved for 3 years or otherwise stated • 7.13 Data Quality Policy (extend until April 2017) • 7.18 Producing Information for service users and Accessible Information Standards Policy • 1.52 Research & Development Strategy • 1.52a Research Governance Policy • 1.80 Resuscitation Policy • 1.08 Missing Persons Policy • IC8 Cleaning & Disinfection • IC5 Isolation Policy • IC4a Hand Hygiene • Safer Staffing Policy • 1.67 Smoking • 1.35 Policy and Procedure to the Safe and Supportive Observation and Engagement of Patients at Risk ***Ratified*** In terms of information and assurances, the Quality Committee received the following; • Learning from Patient Experience October and November 2016 • Clinical Effectiveness Domain report – reporting on outputs of committee sub-groups • Unexpected Deaths Q2	

	• Director of Quality Report • Complaints Management update • Complaints Rectification Plan • Raising Concerns update Mr Sullivan highlighted the following reports which were reviewed by the Quality Committee: ***Nurse Staffing Performance monthly report*** – October and November 2016 - November's reports showed an improving picture with the newly registered nurses two weeks into their preceptorship. ***Research and Development Strategy -*** the strategy described how research is promoted across the Trust and how topics for research are prioritised across the directorates. It was noted that the Substance Misuse directorate was particularly successful in terms of research delivery and Trust support for research into Dementia was also strong. ***Suicide Prevention Strategy 2016-18*** ***Directorate Performance Reports*** ***Risk to Quality of Services - November 2016*** ***CQC Quality Assurance Update -*** Committee received the CQC update report for assurance purposes noting progress made since the inspection in September 2016 and the positive feedback received from staff and the inspection team. The committee noted that the Trust had received 5 notifications from the CQC since the inspection relating to: • Serious Incident process • Skill mix in Community CAMHS services • Duty of Candour • Ward 4 • Darwin Team It was further noted by Ms Nelligan that the Quality Committee had conducted detailed discussions in respect of document control and how we develop, ratify, roll out to staff and evaluate them. ***Received***	

581/2017	**Safe Staffing Monthly report –October and November 2016** Ms Nelligan, Executive Director of Nursing and Quality, presented the assurance report. This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1 – 30 October 2016) and data collection period (1 – 30 November 2016 2016) Ms Nelligan presented both the October and November reports together. During October 2016 the Trust achieved staffing levels of: • 85% for registered staff • 102% for care staff on day shifts • 82% and 109% respectively on night shifts. Progress continues to be made in relation to the recruitment of registered nurses to vacancies and approximately 20 newly qualified nurses commenced employment within the Trust at the end of September. The increase of RN night shift cover from 1 to 2 RNs on the acute wards (1, 2 and 3) has led to a decreased RN nightshift fill rate on these wards whilst the additional RN posts, to meet this demand, are recruited to. Bed occupancy has been over 100% on Wards 1, 3 and 5. High occupancy, increased acuity and high dependency have also contributed to shortfalls During November 2016 the Trust achieved staffing levels of: • 91% for registered staff • 101% for care staff on day shifts • 88% and 104% respectively on night shifts. Wards 2, 3 and Edward Myers have RN vacancies of 3.2, 3.6 and 2.00 WTE; these posts have been advertised externally however they have not been appointed to. The teams continue to attempt to recruit to these vacancies With the opening of Ward 4 at short notice to support the local health economy, this has now impacted on the ability to source temporary staff for other wards when needed. Additionally, Wards 5, 6 and 7 released 1.00 WTE RN each to provide Ward 4 with stable RN leadership. Mr Gadsby asked about the bed occupancy on Wards 1 2 and 5 on the November report as these were over 100%. Ms Nelligan responded that they were using leave beds. Ms Nelligan and Dr Adeyemo have spoken with commissioners regarding the bed occupancy and acuity and the flow of patients in inpatient areas.	

	Mr Sullivan commented that with regards to Ward 4, commissioners need to be aware that staff do not immediately materialise and this is a challenge. Ms Nelligan responded that it had been a challenge and that Ward 4 has put pressure on other wards but this is being monitored. Another 6 month staffing review has just commenced which will include other teams. Mr D Rogers commented that Ward 4 and seasonal pressures have made the Christmas period quite difficult, but the Trust has managed this very well. Ms Nelligan stated that a number of months before Christmas, teams began looking at staffing, agency caps and efficiencies with rostering. At present, the Trust is still continuing with manual rosters, however from the 1 April 2017 the Trust will move to electronic rostering and a Project Manager has also been appointed. Mr D Rogers thanked and noted the improvements which have been made since Ms Nelligan's appointment. Ms Nelligan responded that it has been a team effort. Ms Harvey drew attention to the end of the annual leave year and the Trust may struggle with staff shortages and asked if e-rostering would help with this? Ms Nelligan responded that e-rostering will be able to plan annual leave more effectively. Mrs Donovan commented that Directorates have been asked to look at annual leave, especially in light of the ROSE project and training. Mr Draycott confirmed that annual leave messages have gone out through Human Resource Business Partners. Mrs H Johnson commented that it was good to see high levels of occupancy reducing with only two people going to out of area beds, she also reported that the new consultant was having a good impact. ***Received***	
582/2017	**Suicide Prevention Strategy** Dr Adeyemo, Medical Director presented the Trust's Suicide Prevention Strategy.	

	The Five Year Forward View for Mental Health states that suicide prevention is a complex public health challenge and will require close working between the different NHS and partner organisations. It is explicit that there is a need to build on priorities set out in the National Suicide Prevention Strategy and existing and emerging evidence around suicide such as from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (University of Manchester, 2016). This final draft strategy sets out the actions being taken by the Trust to meet the needs of the local population. Dr Adeyemo stated that the Trust will be working with partners and what is outlined in the strategy will be submitted to the Quality Committee with an update to the Trust Board on an annual basis. ***Approved***	
583/2017	**Performance and Quality Management Framework Report (PQMF) Month 8** Miss Robinson, Director of Finance, presented this report. The report provides the Board with a more detailed level of summary of performance to the end of Month 8. 100.0% of IAPT service users are treated within 6 weeks 97.0% of RAID responses to A&E are responded to within an hour Across 104 metrics at Month 8, there are 2 metrics rated as Red and 1 as Amber as follows: ***Red*** - ***Agency spend standing at 7.4% across the Trust*** From 7.7% at M7. The Agency spend is broken down into 3 main areas; Core agency spend 3.3%, ROSE agency spend 4% Ward 4 0.1%. Ward 4 due to close 31 March 2017 ***Red*** - ***CPA 89.4% at M8 from 91.2% at M7*** - A detailed rectification plan is in place. ***Amber*** - ***CPA 7 day follow-up 92.3% at M8 from 100.0% at M7*** The Trust's performance is currently rated at Segment 2 with NHS Improvement, however it is anticipated this may change with the CQC rating at Q4. Mrs B Johnson queried whether the ROSE project spend had been expected to increase? Miss Robinson confirmed this had already been accounted for and is in the plan. Mrs Johnson asked for this to be noted within the report.	

	Mr Sullivan queried the red target against NOAP relating to Care Plans. Given that community services receiving an 'Outstanding' rating from the CQC. Mr A Rogers responded that there is a plan in place and work is being done to rectify this. Neuropsychiatry historically has not being subject to CPA, the Trust has decided to require CPA for these patients. The CQC inspection did not include Neuropsychiatry Services. With regards to Children and Young People, the trajectory of 18 weeks waiting time, only ASD have waits over 18 weeks. Detailed monitoring goes to Finance and Performance Committee and weekly reports are available. Mr D Rogers commented that the national target of 18 weeks does not feel comfortable to him and as part of 'Towards Outstanding' we should endeavour to reduce this target. ***Received***	
584/2017	**Service User and Carer Council** Ms Nelligan informed the Board that the Service User and Carer Council took place on 20 December 2016. During the meeting, a discussion took place around the Recovery Event held in November 2016 and the Council are now planning a further Recovery Event in February 2017, which will be delivered alongside our partners. Mr Thornber also delivered presentation on the Multi-Speciality Community Providers. The next Service User and Carer Council meeting will take place on 25 January 2017, however the Chair, Mr Cotterill has now resigned. A formal note of thanks will be sent to Mr Cotterill. The meeting in January will review the election of a new Chair and the Terms of Reference. Mrs B Johnson asked how many service users attended the last meeting? Ms Nelligan commented that she was not sure of the exact numbers, but that she would like to increase the membership and involve Directorates and other partners e.g. Voices and Deafvibe. Mr D Rogers commented that the Council was an important strand of governance and asked whether there was anything the Board could do to support and encourage this? Mr McCrea to take forward as part of 'Towards Outstanding'.	**Mr Rogers** **Mr McCrea**

585/2017	**People and Culture Development Assurance Report – 19 December 2016** Mr Sullivan, Interim Chair/Non-Executive Director of the People and Culture Development Committee, presented the assurance reports to the Trust Board from the meeting held on 19 December 2016 The People and Culture Development Committee discussed: ***Workforce Service Line Performance*** - temporary staffing has been reducing; however there are issues with Personal Development Reviews (PDRs) and Rectification Plans were reviewed. ***Staff Story*** - A less positive staff story was presented to the Committee to establish learning outcomes. The improvements suggested are now being taken forward by Staff Side and Human Resources (HR), which include placing signposts to standard HR policies and procedures. ***Staff Counselling -*** The report detailed; • the number of new referrals from staff, • the type of support that staff identified as required, • together with the number of sessions they have received. In addition the report also identifies the areas from which staff came, their occupations, how they knew about the service and the reasons they identified on their initial assessment that resulted in them seeking support. Peak of 6 years– highest reason for referral is stress. ***Management of Change(MoC) -*** The Substance Misuse MoC was launched on Friday 16 December 2016 and will close on 15 January 2017. The budget for the service will be reduced to £1.4M from £2.9M, creating 23.1 wte reduction of staff, the majority of which will be clinical posts. Mr Sullivan stated that it was important to mention that achieving 75% for the flu vaccine is an absolutely fantastic achievement. ***Received***	
586/2017	**Committee Effectiveness Review** Mrs Wrench, Associate Director of Governance, presented this report which provided an update as to progress made with the Committee Effectiveness Review with particular reference to a review of frequency of the Trust Board and Board of Directors meetings and the following sub-committees of the Board.	

	A six month review of Board and Committee effectiveness was undertaken during November 2016 which included frequency of meetings, membership and the need for greater financial scrutiny. To further strengthen governance arrangements, during the November Trust Board, it was agreed that a revised model be implemented from January 2017. To complement the review of the sub-committees of the Board, a further review of the remit / function of the Executive and Senior Leadership Team (SLT) meetings was undertaken to strengthen the approach to strategy, senior leadership team business, operational business and performance. As a result, a new Executive and SLT Cycle of Business will be implemented alongside the Trust Board cycle of business. This will align the flow of data and reporting of performance metrics in a more timely way to enable business and performance to be discussed at directorate level prior to being received by the Senior Leadership Team and then fed into the sub-committees of the Board and ultimately the Trust Board Mrs B Johnson queried how we are managing our change programmes in this process? Mrs Donovan confirmed that the ROSE project reported to the Digital by Choice Programme Board and Business Case development reported into the Capital Investment Group and then into the Business Development Committee. Exceptions will be picked up by the Finance and Performance Committee. Mr Gadsby requested that the new matrix of dates be reissued on one sheet. Mrs Wrench responded that a streamlined version will be sent out shortly. Mrs Donovan further commented that the new governance structure was a recognition of the journey we have made as a Trust. This was also a sign on our maturity that we have separated out the Senior Leadership Team and established a Senior Operational Team, which enables Executive Directors and Clinical Directors to focus on strategic objectives. ***Approved***	**Mrs Wrench**
587/2017	**Monthly Finance Reporting Suite – Month 8** Miss Robinson, Director of Finance, presented this report which contains the financial position at Month 8	

	At Month 8, the Trust reported: • A surplus of £674k against a plan of £673k surplus; • CIP achievement in month 8 is 56% with an adverse variance of £677k from plan, with a recurrent CIP of £669k (79%); • Cash position of the Trust as at 30th November 2016 of £4.921m which was below the plan. Detailed report would be prepared for Finance and Performance Committee. • Net capital receipts in month 8 are £1,069k compared to planned net capital receipts of £1,670k; • Use of resources metrics excluding the ROSE agency, the Trust is 35% above the providers cap at a risk rating of 3 on agency It was noted that the main challenges are agency spend and CIP delivery. As noted above, the Trust wide CIP achievement is 56% at Month 8 compared to the plan. Of the £851k achieved, 79% is re-current. We will hopefully see more positive achievement on CIP at the next meeting and Month 10 will see the most significant movement towards target. In respect of Capital Expenditure, there are two main issues Darwin and A&T Telford. • Work commenced on Darwin in May 2016; the project has been delayed and is now expecting internal completion at the end of December and full completion of the project expected by January 2017. • There is still a problem finalising the purchase of A&T Telford which is still with legals and NHSE, due to a problem with transferring funds, hopefully completion will take place in January 2017. Mrs B Johnson queried the capital annual plan of £150K and actual £324k for Environmental Improvements (Backlog maintenance)? Miss Robinson confirmed that the overall approved spend was in the approved Business Cases, however the original plan values were fixed by NHS Improvement. There had been no projects overspent within the plan. Mr Sullivan queried the RAG rating on aged receivables? Miss Robinson responded that the bulk sits with the Clinical Commissioning Groups and the red section relates to monies waiting to be received, but she did not anticipate this being an issue and no debt recovery processes had been initiated. It was however, affecting the cash position.	

	Mr D Rogers queried the backlog of payments from the Clinical Commissioning Group. Miss Robinson reported that the recent contract round has helped to facilitate and settle some historic disputes and payments had been made in January 2017. ***Received***	
588/2017	**Finance and Performance Committee Assurance Report – 21 December 2016** Mr Gadsby, Chair of the Finance and Performance Committee/Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 22 December 2016. The financial position was confirmed as per Miss Robinson's update. In respect of the Capital forecast, there is slippage on strategic schemes, there is flexibility built into the plan to bring forward other schemes (IOU, Place of Safety and IT hardware purchase) which was being considered. The Trust is forecasting to spend of £2.675m which is in line with the plan. However, this should be reviewed at Month 9. The new reporting arrangements for capital projects were outlined, these will provide more transparency and assurance in relation to the capital programme The performance rectification plans by directorates are robust and going forward. The proposed control totals for the next 2 financial years of £1.4m each year was superseded by discussions that took place at the extraordinary Trust Board meeting held on 2 December 2016 where the Trust and the Board agreed to make a final decision on the Control as part of the Final Operational Plan submission on 23 December 2016. Two parameters have now been agreed There are two items on the risk register and the financial risk remains unchanged. ***Received***	
589/2017	**Register of Signed and Sealed Documents – 1 January – 31 December 2016** Mrs Wrench, Associate Director of Governance, presented the Register of Signed and Sealed documents for 1 January 2016 – 21 December 2016 for information purposes.	

	Mr Gadsby commented that as far as he was aware the Trust still has not signed the A&T purchase, but there was a seal that suggests we have. Mr D Rogers responded to say that a document is sealed when the deal is agreed and then another document sealed when the sale is complete and formal transfer; this is two stage process. Mr A Rogers to check Mr Ball, Head of Estates, if the purchase is complete. Mr Gadsby requested that the register reflect the two sign and seal stages. ***Received***	**Mr A Rogers** **Mrs Wrench**
590/2017	**Register of Members' Declared Interests** Mrs Wrench, Associate Director of Governance, presented the Register of Members' Declared Interests Mrs Wrench reported that the register had been updated to reflect the appointments of Miss L Barber and Mrs J Walley ***Received***	
591/2017	**Next Steps on Sustainability Transformation Plan (STPs) and the 2017 – 2019 NHS Planning Round - Letter from Jim Mackey and Simon Stephens** Mr Thornber, Director of Strategy and Planning, presented this correspondence A letter was received by the Trust on 12th December Simon Steven, CEO NHS England and Jim Mackey, CEO NHS Improvement regarding the Next Steps on Sustainability Transformation Plan (STPs) and the 2017 – 2019 NHS Planning Round. The letter referred to capital and capital priorities, 2017/18-18/19 contracting, the national position and where allocation lies and what the next stages are. ***Received and pending submission***	
592/2017	**Any other business** Ms H Johnson, North Staffs Users Group, reported that at their at Annual General Meeting, members agreed to a change of name and that North Staffs Users Group will now be known as '*North Staffs Voice for Mental Health'*. ***Noted***	

593/2017	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 9 February 2017 at 10:00am, in the Boardroom, Lawton House, and Trust HQ.	
594/2017	*** 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 12.45pm

Signed: _____ Date_____

Chairman

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
14-Jul-16	446/16	**Briefing on Staffordshire Budget Reductions in response to Better Care Fund shortfall -** The Board continue to pursue these matters with support from our Clinical Commissioning Groups and will be kept informed of progress	Mr A Rogers/Mrs Donovan	09-Feb-17	To remain on the action schedule for update on 9 February 2017
10-Nov-16	536/16	**Serious Incidents Q2 -** With regards to incidents, there has been an increase from the last quarter, but a downward trend continues. The Trust has started to look at themes or trends to rectify outcomes and this will be ready for the next quarterly report.	Dr Adeyemo	09-Feb-17	On today's agenda
10-Nov-16	544/16	**Assurance Report from Charitable Funds -** The total funds were noted at £434,290. The future of the management of the Charitable Funds was discussed and an option appraisal will be reviewed and will come back to the Trust Board.	Miss Robinson	09-Mar-17	Miss Robinson commented that the Charitable Funds Committee was due to meet in February so this report would come to the March Board meeting.
12-Jan-17	584/17	**Service User and Carer Council** - The next Service User and Carer Council meeting will take place on 25 January 2017, however the Chair, Mr Cotterill has now resigned. A formal note of thanks will be sent to Mr Cotterill. The meeting in January will review the election of a new Chair and the Terms of Reference.	Mr D Rogers	09-Feb-17	
12-Jan-17	584/17	**Service User and Carer Council** - Mr D Rogers commented that the Council was an important strand of governance and asked whether there was anything the Board could do to support and encourage this? Mr McCrea to take forward as part of 'Towards Outstanding'.	Mr McCrea	09-Feb-17	
12-Jan-17	589/17	**Register of Sign and Seals - 1 January 2016 - 31 December 2016** - Mr A Rogers to check Mr Ball, Head of Estates, if the purchase is complete. Mr Gadsby requested that the register reflect the two sign and seal stages. 1) When deal is agreed 2) When sale is complete	Mr A Rogers/Mrs Wrench	09-Feb-17	

Enclosure 4

REPORT TO Trust Board

Date of Meeting:	Thursday 9 February 2017
Title of Report:	Chief Executive's Report to the Trust Board
Presented by:	Mrs Caroline Donovan
Author of Report: Name: Date: Email:	Caroline Donovan, Chief Executive Caroline Donovan Thursday 9 February 2017 caroline.donovan@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	• Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development and Investment Committee
Purpose / Intent of Report:	For information
Executive Summary:	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	• Customer Focus Strategy • Clinical Strategy • IM & T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	n/a
Risk / Legal Implications:	n/a
Resource Implications:	n/a
Equality and Diversity Implications:	n/a
Relationship with the Board Assurance Framework	1. Focussing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	To receive this report for information

Chief Executive's Report to the Trust Board
9 February 2017

PURPOSE OF THE REPORT

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

LOCAL UPDATE

1. CARE QUALITY COMMISSION (CQC) – FINAL REPORT PUBLISHED AND LAUNCH OF 'TOWARDS OUTSTANDING'

Following its comprehensive inspection of the Trust in September, we will be in a position to announce when the CQC is officially publishing its final report and ratings very shortly.

We will be planning an event at Harplands Hospital to formally mark the publication of the reports. We are planning to livestream the event via both Facebook and YouTube – again, more details will be shared shortly.

We continue to liaise with the CQC regarding a date for our Quality Summit where the findings of the report will be shared with key stakeholders and partners, gaining support to implement action plans and further improve the services we provide.

We would again like to take this opportunity to thank staff for their continued support in what has so far been a fantastic journey of improvement.

2. FLUFIGHTER CAMPAIGN – TOP PERFORMING MENTAL HEALTH TRUST IN ENGLAND

NHS trusts throughout England were set a target by the Department of Health of ensuring that at least 75% of frontline staff receive a flu vaccination target prior to 31 December 2016. This national quality target forms part of the health and wellbeing Commissioning for Quality and Innovation (CQUIN) scheme for 2016/17.

Not only did we achieve the 75% target, we were also the highest performing mental health in the country with 79.7% of our frontline staff having received the vaccine.

This is an absolutely fantastic result that saw us in the company of Mersey Care NHS Trust and Greater Manchester West Mental Health Foundation NHS Trust, who both achieved 77.8%.

This was a real team effort, led by Deputy Director of Nursing Carol Sylvester and Josie Sage in the Infection Prevention and Control team. Our passionate and enthusiastic team of roving vaccinators went above and beyond to ensure staff could easily receive the jab.

Our staff also did their part by receiving the vaccine and, in the process, ensure they not only protected themselves but also their patients, family and friends from the flu virus.

3. TRUST SHORTLISTED IN NATIONAL AWARDS

We are delighted that our staff and services have been shortlisted in both the HSJ Value in Healthcare Awards and the Health Education West Midlands Regional Leadership Recognition Awards.

In the HSJ Value in Healthcare Awards, our Learning Disability services has been chosen as a finalist in the Community Health Service Redesign category, while the Healthy Minds Improving Access to Psychological Therapies (IAPT) Stoke-on-Trent team has been shortlisted in the Improving the Value of Primary Care Services category. The awards will take place in London on 24 May.

We have also been shortlisted in four categories in the Health Education West Midlands Regional Leadership Recognition Awards. Our Growthpoint service has been shortlisted in the Team Outstanding Achievement Award - Non-Clinical category, Maureen Mayanga, Rapid Assessment Interface and Discharge (RAID) Practitioner, has been selected as a finalist in the Excellence in Patient Experience Award. Jaymee Smith, Chair of the North Staffordshire Children and Young People's IAPT Youth Council, has been chosen in the Inclusive Leader category. In addition, Chief Executive Caroline Donovan is a finalist in the Inspirational Leader Award. The awards take place on 28 February in Birmingham.

4. ENHANCED INTENSIVE SUPPORT SERVICE FOR CHILDREN – BID SUBMITTED

As part of the Mental Health STP workstream, we have been asked by the Staffordshire Transforming Care Partnership Board to submit a bid to provide an enhanced (Intensive Support) service for children as part of NHS England's Invitation to Bid. This reflects and builds upon the excellent work of our existing Intensive Support Team and Community Learning Disability Team and will enable children with a learning disability to remain locally in their place of care, meaning that any change in a young person's needs is not exacerbated by a disruptive move to an in-patient bed or unfamiliar bed based service. This will also provide the opportunity to work with families and carers in situ and empower them to develop their own skills and strategies for supporting the child and their challenging behaviour going forward.

Traditionally there have been separate adult and children's services. This is an opportunity to assess the value of having a single community based, rapid response positive behaviour support service for all ages. An added bonus of a single team will be the upskilling of adult and children's workers to support individual service users across the usual transition divide.

A bid has also been submitted with a view to securing new transformation funding for mental health liaison services. The purpose of the funding is to expand the provision of these services to provide specialist assessment and support to meet mental health needs in acute hospital settings. Nationally there is a commitment to deliver a 'core 24' standard of mental health liaison services in at least 50% of acute hospitals by 2020/21. Locally our bid focusses on developing a rich multi-disciplinary skill mix within the service and the capacity to support the emergency portals with mental health expertise on a 24/7 basis.

We will be notified in March whether we have been successful.

5. BRITISH DEAF ASSOCIATION DEAF CHARTER SIGNED BY TRUST

Our Chair David Rogers joined Dr Terry Riley, Chair of the British Deaf Association (BDA), and representatives of the local deaf community on Friday 20 January to sign the BDA's Deaf Charter.

The charter is designed to empower local deaf groups to work in partnership with service providers and deaf people.

By signing, we have committed to making the following five pledges about how we improve our services to better support people in the local deaf community:

- ensure access for deaf people to information and services
- promote learning and high quality teaching of British Sign Language (BSL) and lipspeaking skills
- support deaf children and families
- ensure that staff have the competence to communicate effectively with the deaf community
- consult with the local deaf community on a regular basis

Great strides have been made by our Listening into Action Deaf Awareness team, including enabling hundreds of staff to be trained in the BSL fingerspelling alphabet and allocating smartphones to a number of key access points to allow for more effective communication to take place between a service user with hearing loss and Trust staff.

A register has also been shared with teams listing staff with enhanced communication skills, knowledge and specific qualifications in working with deaf people with mental health problems, who are located throughout the Trust and can provide assistance to teams who come into contact with a service user, carer or member of the public with hearing loss.

6. RAISING OUR SERVICE EXCELLENCE (ROSE)

Preparations to launch our new ROSE electronic patient record (EPR) on 13 May are gathering pace.

A new website has been created providing more information about the big launch. The website – www.digitalbychoice.info/rose/ - features further detail about our new EPR, introduces the team working to implement the new system, and a breakdown of what's happening when.

Alongside the website, a Twitter account has also been set up covering all things ROSE – @CombinedROSE.

Our team of ROSE Super Users have been attending training sessions to learn more about the project and their role and responsibilities, while staff have also been attending training in readiness for the big launch.

(ROSE) is an integral part of our ambition to become a 'digital by choice' organisation with a national reputation as a leader in the use of digital technology. It will enable us to deliver excellent care services, support people to recover, aid colleagues across the organisation to work effectively and lead to innovation in our healthcare services.

7. NEW TRUST WEBSITE LAUNCHED AND TWITTER ACCOUNT RENAMED

As part of our ongoing commitment to improving the way we communicate with our service users, carers and the wider public, we have launched a new and improved website. The web address will remain the same – www.combined.nhs.uk.

As well as having a fresh and more modern appearance, the updated website is far more interactive and allows for video content to be embedded, for instance. It is also far more accessible via smartphones, making it easier than ever for people requiring access to our services to do so.

The launch marks the first phase of this exciting project. Further content will be added in due course with the aim of building on the strong foundations this new site provides.

Thank you to service users who have been involved in the development of the site – their contribution has been invaluable in creating a website that we can proud of going forward. Feedback is always welcome and can be made via communications@combined.nhs.uk.

We have also renamed our main Trust Twitter account to @CombinedNHS. If you already follow the Trust you won't need to do anything – you will still receive our tweets the same as before.

8. RECOVERY & WELLNESS CONFERENCE BEING HELD ON 27 FEBRUARY

The Trust is hosting a Recovery & Wellness Conference for North Staffordshire on Monday 27 February. This exciting and thought-provoking event will showcase best practice and celebrate successes of recovery focussed care. It will feature a number of local speakers, including Barbara Wain, Chief Executive of Changes and Chris Herbert, Director of Business Development with Brighter Futures, whom we have been working with on the development a recovery college. It will also feature a number of Trust speakers.

The recovery college, which will be known as a Wellbeing Academy, will be discussed during the event with views being sought in relation to what local people want from it. Nationally, recovery colleges have clearly demonstrated their potential to provide meaningful engagement and discernible outcomes related to individual wellbeing and recovery. It is anticipated the involvement of local people in shaping the Wellness Academy from the beginning will promote a successful venture within North Staffordshire.

NATIONAL UPDATE

9. PRAISE FOR EFFORTS OF NHS STAFF OVER THE 2016/17 WINTER PERIOD

On 27th January, all NHS Trust CEOs and Chairs received a letter from the Chief Executive and Chairman of NHS England thanking staff for the way they "have worked relentlessly under great pressure, but have maintained their dedication to patients and the public with great care and compassion. They have coped with record numbers of patients presenting and have worked through scrutiny that often focusses on the challenges and misses the great achievements and successes evident across the NHS….Your staff are making humbling and heroic efforts every day. In many ways, in clinical and leadership terms, the NHS is doing things that we all thought previously were impossible. We have to recognise that working this way over a short period is different to it being the new baseline, but equally capturing some of those improvements and new ways of working will help us all. We must continue to pull together and drive as much improvement across our organisations as is humanly possible, with a relentless focus on safety and value for money. We need this to be a consistent effort across the whole service, every day – none of us wants to let our colleagues down. Please share our thanks with colleagues as you see fit "

10. ONGOING NATIONAL DEBATE OVER FUNDING FOR HEALTH AND SOCIAL CARE

The national debate over funding arrangements for health and social care continues apace. On 6th January, the heads of three House of Commons Select Committees (Health, Local Government and Public Accounts) sent a joint letter to the Prime Minister urging her to find a 'political consensus' on funding the NHS and social care.

On 11th January, the Public Accounts Committee took oral evidence from a range of senior NHS and health officials, including Simon Stevens (NHS England Chief Executive), Chris Hopson, Chief Executive, NHS Providers; Chris Wormald, Department of Health Permanent Secretary and Jim Mackey, Chief Executive, NHS Improvement. This was part of the Committee's ongoing inquiry into "The Financial Sustainability of the NHS.

Whilst the public stance of the Government is currently that the NHS has been given all the money it has asked for and more (a claim repeatedly disputed by Simon Stevens), it is clear that behind the scenes the pressure will continue to mount for a response.

North Staffordshire Combined Healthcare NHS
NHS Trust

Enclosure 5

REPORT TO: Trust Board

Date of Meeting:	9 February 2017
Title of Report:	Safer Staffing Monthly Report for December 2016
Presented by:	Maria Nelligan, Executive Director of Nursing and Quality
Author of Report:	Julie Anne Murray, Head of Nursing & Professional Practice
Purpose / Intent of Report:	For assurance
Executive Summary:	This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during December 2016 in line with the National Quality Board expectation that: The Board: • Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis. • Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap. • Evaluates risks associated with staffing issues. • Seeks assurances regarding contingency planning, mitigating actions and incident reporting. • Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience. • Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly `safe staffing` area on a Trust website). The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during December 2016 was 85% for registered staff and 102% for care staff on day shifts and 84% and 105% respectively on night shifts. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Manager supporting clinical duties.

	The position reflects that Ward Manages are effectively deploying additional staff to meet increasing patient needs as necessary.
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: See by Exec Lead: Maria Nelligan Document Version number: 1
Committee Approval / Review	• Quality Committee ✓ • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development Committee
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ✓ 2. Create a learning culture to continually improve. 3. Encourage, inspire and implement research at all levels. 4. Maximise and use our resources intelligently and efficiently. 5. Attract and inspire the best people to work here. 6. Continually improve our partnership working. 7. To enhance service user and carer involvement. **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	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.
Equality & Diversity Implications:	None
Recommendations:	To receive the report for assurance and information.

1 Introduction

This report details the ward daily staffing levels during the month of December 2016 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to Unify. Appendix 1 also details the establishment hours in comparison to planned and actual hours.

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. The next 6 month review covering the period July 2016 – December 2016 is currently being carried out and will be reported to SLT and Board of Directors in February 2017.

3 Trust Performance

During December 2016 the Trust achieved staffing levels of 85% for registered staff and 102% for care staff on day shifts and 84% and 105% respectively on night shifts. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, ward managers and the multi-disciplinary team 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 in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

4 Summary

WMs report the impact of unfilled shifts on a shift by shift basis. Themes and mitigating actions are summarised below:

4.1 Staffing Issues

Wards 2, 3 and Edward Myers have RN vacancies of 3.2, 3.6 and 2 WTE; these posts have been advertised externally however they have not been appointed to. The teams continue to attempt to recruit to these vacancies.

Ward 4 opening at short notice to support the local health economy has impacted on the ability to source temporary staff for other wards when needed. Additionally Ward 5, 6 and 7 released 1 WTE RN each to provide Ward 4 with stable RN leadership.

Ward teams are supported by Modern Matrons and a Duty Senior Nurse who are further supported by an on-call manager out of hours. These staff are not included in the safer staffing returns.

Increasing the planned RN night shift cover from 1 to 2 RNs on the acute wards (1, 2 and 3) has led to a temporary decreased RN nightshift fill rate on these wards.

Whilst the additional RN posts, to meet this demand, have been recruited some of these nurses are currently on preceptorship. Staff turnover has resulted in further vacancies arising and recruitment has been challenging. As a result it has been difficult to consistently achieve planned RN staffing. Bank and agency temporary staff have backfilled a number of RN shifts and skill mix has been altered to backfill with health care support workers (HCSWs) where gaps have remained.

High occupancy, increased acuity have also contributed to shortfalls, in the fill rate.

4.2 Impact on Patient Safety

There were 21 incident forms completed by in-patient wards during December 2016 relating to staffing issues. No harm arose from these incidents. Breakdown by ward is summarised as follows:

Ward	Incident
A&T	Three incidents due to short notice staff sickness unable to be covered.
Edward Myers	Twelve incidents where the IOU member of staff has been moved to support unfilled shortfalls in other areas of the hospital.
Ward 2	One incident where a preceptorship nurse was supported by DSN, as a result of absence at short notice.
Ward 4	Three incidents, 2 where agency staff cancelled at short notice and one where staff were deployed to support the S136 Suite.
Ward 5	One incident where the ward was unable to source Bank to backfill
Ward 7	One incident where a member of staff supported a patient from another ward attending A&E

4.3 Impact on Patient Experience

Staff prioritise patient experience and direct patient care, during December 2016 there have been 30 activities rescheduled or shortened.

4.4 Impact on Staff Experience

In order to maintain safe staffing the following actions were taken by the Ward Manager during December 2016:

- 57 staff breaks were cancelled (equivalent to approximately 0.01% of breaks)
- 4 staff breaks were shortened (equivalent to approximately 0.001% of breaks)
- 237 hrs of ward cross cover (nursing staff were reallocated to cover shortfall within other clinical areas)

4.5 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. A total of 135 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 36 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 4.4, staff breaks have been shortened (time is given in lieu) or not taken and wards have cross covered to support safe staffing levels.

Appendix 1 December 2016 Safer Staffing

2016 December	DAY						NIGHT						DAY		NIGHT					
Ward name	Registered nurses			Care staff			Registered nurses			Care staff			Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Safe staffing was maintained by:	Vacancies	Bed occupancy	Movement	Provisional sickness data
	Establishment Hours	Clinically required Hours	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual hours	Establishment Hours	Clinically required	Total monthly actual staff hours									
Ward 1	1538	1568	1372	1395	1395	1765	332	665	504	997	997	1211	88%	127%	76%	121%	Nursing staff working additional unplanned hours and altering skill mix.	1 B5	98%	↓	14.0%
Ward 2	1545	1552	1453	1395	1395	1330	665	765	429	665	665	900	94%	95%	56%	135%	Altering skill mix, cross cover was also provided to other wards.	3.2 B5, 1 B3, 1 B2	97%	↑	1.3%
Ward 3	1560	1560	1393	1395	1860	1860	665	665	407	665	1329	1540	89%	100%	61%	116%	Nursing staff working additional unplanned hours and altering skill mix. Some patient activities were cancelled.	3.6 B5, 1.24 B3, 1 B2	92%	↓	0.3%
Ward 5	1088	1553	882	930	1395	1729	290	290	299	871	871	843	57%	124%	103%	97%	Altering skill mix.	0	96%	↓	5.6%
Ward 6	1095	1178	1050	1860	1860	1725	291	291	300	872	872	816	89%	93%	103%	94%	Nursing staff working additional unplanned hours and some patient activities were cancelled.	0	98%	↓	14.3%
Ward 7	1095	1095	830	1395	1395	1315	290	290	281	582	581	553	76%	94%	97%	95%	Nursing staff working additional unplanned hours and altering skill mix.	1 B5	96%	↓	9.8%
A&T	1546	1344	1106	1395	1565	1627	333	333	333	1000	1333	1301	82%	104%	100%	98%		2 B5	100%	↑	10.7%
Edward Myers	1105	1105	1024	990	983	854	291	291	293	581	581	551	93%	87%	101%	95%		2 B5, 1 B3	77%	↓	6.9%
Darwin Centre	1095	1150	1078	1395	964	989	333	344	344	667	720	709	94%	103%	100%	98%	Altering skill mix and the MDT team supporting nursing staff.	1 B5, 1B3	99%		3.4%
Summers View	1013	1005	790	930	930	924	332	332	332	665	665	665	79%	99%	100%	100%	Altering skill mix and the MDT team supporting nursing staff.	1 B5, 2 B2	94%	↓	7.0%
Florence House	548	540	615	930	735	599	332	332	332	332	332	332	114%	81%	100%	100%	Altering skill mix and the MDT team supporting nursing staff.	1 B2	99%	↑	3.2%
Trust total	**13228**	**13650**	**11593**	**14010**	**14476**	**14717**	**4155**	**4598**	**3855**	**7897**	**8947**	**9421**	**85%**	**102%**	**84%**	**105%**					

REPORT TO: TRUST BOARD Enclosure 6

Date of Meeting:	9 February 2017
Title of Report:	Serious Incident Quarterly Report October - December 2016 Q3, Duty of Candour and Mortality Surveillance (January 2017)
Presented by:	Dr O Adeyemo, Executive Medical Director
Author of Report:	Jackie Wilshaw. Head of the Patient and Organisational Safety Team
Purpose / Intent of Report:	For information/assurance
Executive Summary:	The report summarises statistical and trend detail for Serious Incidents requiring investigation for the quarter April 2016 to June 2016 The report will highlight the following key areas: • Summary detail of all STEIS categories of serious incident reported in Q3 • Trend line detailing total serious incidents reported by month covering the period April 2013 to December 2016. • The report will illustrate that there are no apparent seasonal or monthly trends • Comparison of serious incidents reported in the same period over a two year period by number and type. • The report will detail reported incidents by Directorate • Summary of contractual compliance for serious incident timescale management
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: Executive Team Date: 7 February 2017 Document Version number:
Committee Approval / Review	• Quality Committee √☐ - virtually circulated • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services √☐ 2. Create a learning culture to continually improve.√☐ 3. Encourage, inspire and implement research at all levels.☐ 4. Maximise and use our resources intelligently and efficiently.☐ 5. Attract and inspire the best people to work here.☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement.☐

	Comments:
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	
Resource Implications: Funding source:	
Equality & Diversity Implications:	
Recommendations:	For information/assurance

1 Purpose of Report

The Quality Committee will receive this report, detailing the Serious Incidents from 1st October to 31st December 2016 Quarter 3. This report will detail the incident status of serious incidents currently open and illustrate comparative trend data for Q2 and Q3 2016.

The quarterly Duty of Candour report and mortality surveillance report are detailed below.

The Trust has submitted all investigation reports within the timescales agreed with commissioners and in line with national policy. We remain committed to ensuring that investigation completion dates are maintained in order that any learning from investigations is implemented in a timely manner. Any exceptions to timeframes are agreed in advance with the CCG/CSU. The Trust recognises that the quality of the investigation reports are critical in learning and to the quality improvement of services.

- At the time of generating this report (January) for Q3, 14 SIs have been reported onto STEIS and at the end of December.

2 Serious Incidents Q3

The table below illustrates total SI`s reported by quarter for the period July 2015 to December 2016. Following a change to the StEIS reporting system in 2015, we are only able to compare incidents reported after that date, therefore Q1 of 2015/16 is not included.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total 15/16	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total (YTD) 16/17
Homicide by Outpatient (in receipt)		0	0	1	**2**	0	0	0		**0**
Slip Trip Fall		1	1	2	**4**	2	0	1		**3**
Pending review (a category must be selected before incident is closed)		7	8	0	**15**	4	0	0		**4**
Apparent/actual/suspected self-inflicted harm meeting SI criteria		0	8	13	**21**	3	12	5		**20**
Disruptive aggressive behaviour meeting SI criteria		0	0	0	**0**	1	0	0		**1**
Unexpected potentially avoidable death		0	0	0	**0**	5	8	8		**21**
Unexpected/potentially avoidable injury causing harm						0	1	0		**1**
Total		8	17	16	**51**	11	25	14		**50**

Quarter 3 serious incident analysis is summarised below:

There have been 14 serious incidents reported and investigations commissioned in Q3. One death was later determined to be of natural causes and the SI has been downgraded and removed from STEIS (January 2017). It should be noted that, at the time of this report, a number of the investigations are on-going.

The main points to note are:

- There were 4 unexpected deaths in the Substance Misuse Directorate, in Q3 accounting for approximately one third of the total number of deaths reported and is in line with previous quarters. One of the incidents was later downgraded following a Post Mortem which revealed that the incident was unrelated to substance misuse.
- There were 4 incidents reported from the Adult Community Directorate. These included 2 suspected suicides and a serious incident as a result of self-harm. A fourth incident may yet be downgraded as it occurred in relation to a recent in-patient stay to a General Hospital following a deterioration in a long-term physical health condition.
- In the NOAP Directorate, there were 5 serious incidents. There were 2 incidents that were related to falls, 2 suspected suicides and 1 person whose cause of death is yet to be confirmed.
- There was a sudden unexpected death in Adult In-patient Directorate and this is subject to an on-going investigation by an external investigator.

There is no service or care delivery issue creating a causal link between these incidents that can be identified in this quarter.

3 Themes and Trends

There are no themes or trends identified specifically for Q3.

In Q3 the number of suspected suicides was at its lowest point for the last 12 months, with 4 deaths reported. There was a reduction in the number of suspected suicides from 11 in Q2.

The Suicide Prevention Strategy was approved by the Board in January and a work programme is in development. We are also working with partners in the development of a Stoke-on-Trent and Staffordshire wide prevention plan.

4 Duty of Candour Q3

All incidents that have met the criteria for a Duty of Candour (DoC) have been progressed in line with the Trust`s policy.

The next of kin of people whose deaths meet the SI criteria receive a condolence/DoC letter and a face to face visit is offered. Outside of the SI process the Patient and Organisational Safety Team (P+OS) Team highlight possible cases with teams and monitors this process. Information leaflets and Learning Lessons articles with specific learning events on DoC have all been provided to staff and are available on the intranet.

The weekly Incident Review Group examines all moderate and above incidents with regards to the Duty of Candour requirements. This includes whether the incident is correctly graded. The criteria is identified on the reporting form and individual practitioners are supported by the Patient & Organisational Safety Team to discuss and review the correct grading.

The Duty of Candour incidents are set out below:-

	2016			
	Oct	**Nov**	**Dec**	**Tot**
Original Patient Safety Incident - moderate and above	14	29	28	71
Downgraded following review	11	26	21	58
Final Moderate and above total	3	3	7	13

The table below demonstrates incidents which have been upgraded:-

	2016			
	Oct	**Nov**	**Dec**	**Tot**
Impact increased to moderate and above	0	0	1	1

5 Learning Lessons from Serious Incidents Q3

We continue to develop our learning from all incidents from January 2016 the Learning Lessons bulletin and learning events were produced monthly in order to keep pace with new learning and to ensure timely sharing across the Trust. The workshop events have been very well received with good attendance and positive feedback from staff.

We have also participated in a multi-agency review following a joint investigation into the care of a person who was under the care of a local Trust. This was a very useful exercise, facilitated by the CCG and CSU and involved staff from all the teams involved including RAID, Access, EDS and Staffordshire Police. Following this review, an action plan was produced and there has been bespoke Learning Lessons sessions facilitated for the Trust teams. The learning included raising awareness among mental health practitioners, to remind them that physical health colleagues may not necessarily be aware of the difference between a Mental Health Act Assessment and a mental state assessment/examination Leading to a need to prompt Trust staff to explore the true nature of requests for 'MHA` assessments' in order that the most appropriate care is provided to the person.

However it is recognised that investigations are also able to highlight areas of good practice:-

This includes:-

- Effective communication between teams.
- Appropriate use of family involvement in patient support.
- Patient involvement in risk assessment and care planning.
- Feedback from families which identified there appreciation of the care and support given to the patient.

In addition to learning from Serious Incident investigations, the Trust remains committed to learning from other incidents.

The Incident Review Group continues to meet weekly in order to review all incidents reported from the previous week this group commissions `additional investigations` and works to ensure any learning from non SI incidents is explored and any actions requiring escalation is completed.

Finally, work undertaken to support learning from SIs is not taken in isolation and the incidents and lessons learnt are part of the wider agenda to improve the 'safety culture' at NSCHT. Embedding a safety culture, staff are facilitated to use the data generated through this and other reports to understand their incidents and how this learning can be used to generate improvements in service delivery.

6 Mortality Surveillance Q3

There is a need to ensure that the Trust can be confident that all unexpected deaths are reported and investigated appropriately and that the information contained within its databases is accurate and informs the Trust standard of transparency and accountability.

People may die for a variety of reasons - both expectedly and unexpectedly. Not all deaths require an investigation, however all are considered.

When someone does die unexpectedly, this is identified so that the correct processes and appropriate levels of enquiry are made with a view to learning and taking preventative action in future. Some people die earlier than expected and it is important that these deaths are identified correctly.

It is important that the right level of review or investigation is undertaken to improve services, identify any service failure, learn from any mistakes and to provide families and stakeholders with relevant information.

The purpose of reviewing the circumstances of or investigating a death is:

- to establish if there is any learning for the Trust around the circumstances of the death and the care provided leading up to a death;
- to learn from any care and delivery problems that need to be addressed to prevent future deaths and improve services;
- to identify if there is any untoward concern in the circumstances leading up to death;
- to be in a position to provide information to HM Coroner if requested;
- to be able to work with families to understand the full circumstances and answer questions;
- to have the full detail of the events available for any subsequent complaint or legal investigation.

A Mortality Surveillance report is produced quarterly and is discussed at the Clinical Safety Improvement Group and Quality Committee. This will ensure that the Trust is sighted on all deaths as a result of natural causes, in addition to those deaths subject to Serious Incident investigation. This enables the Trust to identify gaps in service delivery/lessons learnt and identify action as appropriate. The following table identifies the Q3 number of deaths reported on CHIPS:-

All unnatural deaths where the person is in receipt of services were investigated through the Serious Incident process. There is robust governance around this process and areas for action are monitored by the Directorate responsible.

	Total number of deaths	**Total number of deaths - out of services**	**Reported as SI**	**Open to services at time of death - natural causes**	**Reported by Coroner - people who were out of service at the time of death**
October	124	117	2	5	5/117
November	116	111	4 *1	1	7/111
December	141	133	5 *1 *1 SI (external)	2	3/233

Natural cause deaths (open to services at the time of death), as identified by HM Coroner, are not subject to SI investigation, however investigations are undertaken in order to ensure that there are no gaps/omissions in service delivery.

The Coroner's Office informs the Trust in cases where the deaths have a drug or alcohol component and report deaths where there are suspicious circumstances in order to check if the person is known to mental health services. Deaths attributed to physical health issues in relation to excessive alcohol consumption are not subject to Coroner investigation however if sudden unexpected death in alcohol misuse (binge drinking) is suspected, the Coroner will ask for an inquest and the Trust will undertake a SI investigation.

The vast majority of deaths are reported on CHIPS (the Trust`s clinical record) for the Neuro and Old Age Psychiatry Directorate, deaths relate to elderly people who have had some contact with the Memory service (this is a diagnostic service), in the main these deaths relate to people who have been out of service for over 12 months and deaths that do not meet the criteria for SI investigation.

7 Summary

The Board is asked to note the process in place set out in this report and to note SIs, Duty of Candour and Mortality Surveillance for Q3.

Jackie Wilshaw
Senior Nurse/Head of the Patient and Organisational Safety Team
January 2017

Enclosure 7

REPORT TO Trust Board

Date of Meeting:	9 February 2017
Title of Report:	Performance Report - Month 9 2016/17
Presented by:	Director of Finance and Performance
Author of Report:	Performance Team
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	This report provides the Board with a summary of performance to the end of Month 9 (December 2016). Performance against NHSI metrics and key National Targets is included within the report. At Month 9 there is 1 metric rated as Red and 1 as Amber.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : DoF Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☒ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve. ☒ 3. Encourage, inspire and implement research at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. ☒ 5. Attract and inspire the best people to work here. ☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement. ☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications: Funding source:	Not directly
Equality & Diversity Implications:	Not directly
Recommendations:	The Board is asked to

North Staffordshire Combined Healthcare NHS
NHS Trust

PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	9 February 2017
Report title:	**Performance & Quality Management Framework** **Performance Report – Month 9** **2016/17**
Executive Lead:	Director of Finance & Performance
Prepared by:	Performance & Information Team
Presented by:	Director of Finance & Performance

1 Introduction to Performance Management Report

The report provides an overview of performance for December 2016 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.

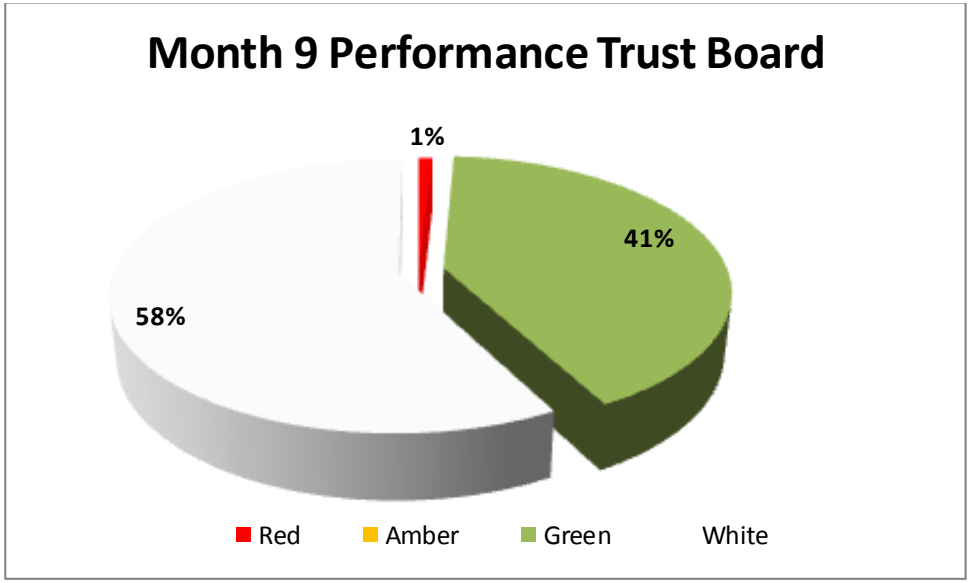
2 Executive Summary – Exception Reporting

The following performance highlights should be noted;

- 95.9% of patients are referred to intervention or treatment within 18 weeks
- 100% of RAID responses to A&E are responded to within an hour
- 97.5% of patients on a Care Programme Approach (CPA) have received follow up contact within 7 days of discharge

In Month 9 there is 1 target related metric rated as Red; all other indicators are within expected tolerances. White KPIs are those where targets are yet to be agreed or where the requirement is to report absolute numbers rather than % performance.

Contracted (National/Local CCG) & NHSI KPIs					
Metric	Red	Amber	Green	White	TOTAL
Exceptions – Month 7	1	3	41	49	94
Exceptions – Month 8	2	1	43	58	104
Exceptions-Month 9	1	0	45	63	109



3 Rectification Plans

Rectification plans are produced for any KPI classed as RED/AMBER, OR where an individual directorate is classed as RED/AMBER, for a consecutive 2 month period. These offer a more detailed recovery position, focused actions and improvement trajectory and are scrutinised by Board Sub-Committees.

4 Exceptions - Month 9

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
NHSI	**Agency Spend:**	Dir of Workforce	**M9 2.9%**	**RED 7.4%**	**RED 8.4%**	↗	**8.4% at M9 from 7.4% at M8. The Agency spend is broken down into 3 main areas as summarised below:**
	Core Agency Spend			**3.3%**	**2.9%**	↘	**Core Agency - 2.9% at M9 from 3.3% at M8** This is agency spend incurred as part of normal trust operations.
	ROSE Agency Spend			**4.0%**	**4.9%**	↗	**ROSE - 4.9% at M9 from 4.0% at M8** Agency spends on ROSE remains below the planned trajectory. At month 9, year to date spend is £735k compared to planned expenditure of £840k.
	Ward 4 (EMI) Nurse Agency Spend			**0.1%**	**0.6%**	↗	**0.6% at M9 from 0.1% at M8** A detailed agency plan has previously been submitted to the Trust Board. **Rectification plan: received at Finance & Performance Committee and People and Cultural Development Committee in August.**

5 Recommendations

The Trust Board is asked to note the contents of this report

Trust Dashboard
Month: **Dec-16**

9
Key:-

North Staffordshire Combined Healthcare NHS
NHS Trust

National Operational	NHS Standard Contract Schedule 4 Quality Requirements : Operational Standards
National Quality	NHS Standard Contract Schedule 4 Quality Requirements : National Quality Requirements
Local Quality	NHS Standard Contract Schedule 4 Quality Requirements : Local Quality Requirements (CCG Commissioners)
National Reporting	NHS Standard Contract Schedule 6 Reporting & Information Requirements : National Requirements
Local Reporting	NHS Standard Contract Schedule 6 Reporting & Information Requirements : Local Commissioner Requirements
NHSI	NHS Improvement metric
Trust Measure	Locally monitored metric

↗	Trend up (positive)	↘	Trend down (negative)
↘	Trend Down (positive)	↗	Trend Up (negative)
↔	No change	↘	Trend Down (Neutral)
		↗	Trend Up (Neutral)

				2016-17												
	Metric	**Frequency**	**Target**	**April**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Trend Rate**
NHSI Domain - Responsive																
National Quality	Early Intervention in Psychosis programmes: % of service users experiencing a first episode of psychosis who commenced a NICE concordant package of care within 2 weeks	Monthly	50%	63.6%	75.0%	73.0%	75.0%	87.5%	73.3%	53.8%	75.0%	85.7%				↗
National Quality	IAPT % of service users referred treated within 6 weeks of referral	Monthly	75%	99.0%	99.4%	98.5%	98.4%	100.0%	98.4%	99.1%	100.0%	100.0%				↔
National Quality	IAPT % of service users referred treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
National Quality	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				↔
Local Quality	Compliance with 18 week waits (Referral to Treatment or Intervention) (Excluding ASD)	Monthly	92%	86.4%	87.2%	83.3%	87.4%	88.6%	90.4%	92.1%	92.0%	95.9%				↗
Local Quality	AMH IP	Monthly	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	AMH Community	Monthly	92%	95.8%	91.7%	89.9%	92.9%	95.1%	96.0%	95.9%	92.8%	95.5%				↗
Local Quality	Substance Misuse	Monthly	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	LD	Monthly	92%	96.8%	93.1%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	Neuro and Old Age Psychiatry	Monthly	92%	93.6%	90.9%	94.0%	90.1%	95.0%	99.4%	98.2%	99.3%	98.9%				↘
Local Quality	C&YP	Monthly	92%	77.6%	82.6%	74.6%	81.8%	77.7%	79.5%	82.8%	84.8%	93.2%				↗
Local Quality	Patients will be assessed within 12 weeks of referral to the Memory Assessment service	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	Percentage of adults who have received secondary mental health services who were on a Care Programme Approach who have had at least one formal review in the last 12 months ***ADJUSTED***	Monthly	95%	95.7%	95.0%	95.1%	94.9%	94.5%	93.6%	94.6%	95.9%	95.6%				↘
Local Quality	RAID response to A&E referrals within 1 hour	Monthly	95%	83.0%	91.0%	90.0%	91.0%	89.0%	80.0%	93.0%	97.0%	100.0%				↗
Local Quality	RAID: Referrals in FEAU, other portals and urgent wards seen within 4 hours	Monthly	90%	92.0%	94.0%	97.0%	96.0%	95.0%	100.0%	94.0%	94.0%	100.0%				↗
Local Quality	RAID : All other referrals seen on same day or within 24 hours	Monthly	90%	83.0%	84.0%	94.0%	90.0%	93.0%	91.0%	91.0%	95.0%	99.0%				↗
Local Quality	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	Monthly	95%	100.0%	100.0%	96.6%	100.0%	100.0%	98.4%	92.3%	97.7%	100.0%				↗
Local Quality	Patients seen within 7 days of discharge from hospital	Monthly	90%	97.5%	96.8%	96.9%	100.0%	96.2%	97.4%	100.0%	92.3%	97.5%				↗
Local Quality	IAPT : All Service Users contacted within 3 working days of referral	Monthly	95%	98.0%	98.0%	98.8%	98.9%	100.0%	98.8%	98.4%	98.6%	97.6%				↘
Local Quality	IAPT : Service Users are assessed within 14 days of referral	Monthly	95%	99.7%	99.0%	99.4%	99.1%	97.0%	99.4%	99.2%	99.5%	98.6%				↘
Local Quality	IAPT : The number of active referrals who have waited more than 28 days from referral to first treatment/first therapeutic session	Monthly	5%	1.1%	0.9%	0.8%	0.9%	0.9%	0.8%	0.7%	0.7%	0.9%				↗
Local Reporting	IAPT : The number of active referrals who have waited more than 28 days from referral to first treatment/first therapeutic session	Monthly	No Target	16.0	18.0	26.0	18.0	19.0	17.0	28.0	15.0	24.0				↗
Local Reporting	- Formal Admissions	Monthly	No Target	4.0	2.0	4.0	5.0	4.0	2.0	4.0	0.0	6.0				↗
Local Reporting	- Informal Admissions	Monthly	No Target	0.0	4.0	7.0	2.0	5.0	3.0	4.0	4.0	7.0				↗
Local Reporting	- Under 18 Yrs Old	Monthly	No Target	0.0	2.0	0.0	2.0	1.0	0.0	1.0	1.0	0.0				↘
NHSI	The proportion of those on Care Programme Approach (CPA) for at least 12mths having a (HONOS) assessment within the last 12mths	Monthly	90%	95.1%	95.1%	94.2%	97.1%	94.1%	93.7%	95.7%	95.3%	95.8%				↗
NHSI	AMH Community	Monthly	90%	96.6%	96.0%	95.5%	98.4%	95.4%	95.1%	95.7%	95.4%	95.9%				↗
NHSI	Neuro and Old Age Psychiatry	Monthly	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	71.4%	83.3%				↗
NHSI	Number of people seen for crisis assessment within 4 hours of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
NHSI	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths ***COMPLETED***	Monthly	95%	94.1%	92.4%	92.1%	92.0%	91.8%	91.4%	91.2%	89.4%	98.3%				↗
NHSI	AMH Community	Monthly	95%	94.3%	92.4%	92.2%	92.1%	91.9%	91.5%	91.4%	89.8%	98.7%				↗
NHSI	LD	Monthly	95%	95.7%	95.7%	100.0%	100.0%	100.0%	100.0%	96.0%	83.3%	83.3%				↔
NHSI	Neuro and Old Age Psychiatry	Monthly	95%	100.0%	100.0%	76.9%	72.7%	72.7%	63.6%	50.0%	50.0%	75.0%				↗
NHSI	C&YP	Monthly	95%								100.0%	100.0%				↔
NHSI	Mental health delayed transfers of care (target NHSI) (M9-5.7%, M10-5.4%, M11-5.2%, M12-4.9%)	Monthly	7.5%	6.2%	11.4%	10.3%	10.4%	9.7%	6.1%	5.6%	7.2%	6.6%				↘
NHSI	AMH IP	Monthly	7.5%	7.0%	8.4%	5.4%	8.6%	8.0%	7.7%	6.0%	9.0%	9.2%				↗
NHSI	LD	Monthly	7.5%	16.7%	10.8%	0.0%	0.0%	0.0%	4.2%	0.0%	11.5%	15.6%				↗
NHSI	Neuro and Old Age Psychiatry	Monthly	7.5%	5.3%	17.8%	21.1%	16.9%	16.2%	11.4%	15.7%	10.5%	8.8%				↘
NHSI Domain - Effective																
National Operational	The proportion of those on Care Programme Approach(CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	97.5%	96.8%	96.9%	100.0%	96.2%	97.4%	100.0%	92.3%	97.5%				↗
Local Quality	Readmission rate (28 days). Percentage of patients readmitted within 28 days of discharge.	Monthly	7.5%	2.9%	2.4%	6.0%	2.5%	3.7%	8.3%	4.4%	1.6%	7.6%				↗
Local Quality	Adult IP	Monthly	7.5%	10.1%	10.0%	9.4%	3.7%	5.1%	9.8%	5.9%	1.1%	10.3%				↗
Local Quality	OA IP	Monthly	7.5%	0.0%	5.3%	0.0%	0.0%	0.0%	3.3%	0.0%	4.3%	0.0%				↘
Local Quality	Neuro Rehab	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%				↔
Local Quality	LD	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				↔
Local Quality	MH Rehab	Monthly	7.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				↔
Local Quality	All Service Users to have a care plan in line with their needs % on CPA with a Care Plan	Monthly	95%	98.1%	97.5%	96.9%	97.5%	97.6%	97.2%	97.9%	98.2%	96.0%				↘
Local Quality	AMH Community	Monthly	95%	98.6%	98.2%	97.9%	98.1%	97.6%	97.4%	98.2%	98.3%	96.4%				↘
Local Quality	Substance Misuse	Monthly	95%													
Local Quality	LD	Monthly	95%	100.0%	94.2%	96.1%	100.0%	100.0%	100.0%	98.2%	98.2%	98.2%				↔
Local Quality	Neuro and Old Age Psychiatry	Monthly	95%	69.2%	70.6%	50.0%	69.2%	81.8%	73.3%	70.8%	71.4%	71.8%				↗
Local Quality	C&YP	Monthly	95%	100.0%	100.0%	100.0%	100.0%	83.3%	69.2%	100.0%	90.9%	100.0%				↗
Local Quality	IAPT: Service User Satisfaction Local. To include questions on: • Access/referral arrangements • Treatment Options • Communication / Contact • Overall service provided (From a minimum sample of 30% of Service Users less than 15%	Monthly (questionnaire to be agreed with commissioners)	15%	N/A	N/A	0.0%	N/A	N/A	0.0%	N/A	N/A	2.0%				
Local Quality	IAPT: Referrer Satisfaction Local. To include questions on: • Response to referrals • Contact / Communication • Treatment Outcomes • Overall Service provision (<15% expressing dissatisfaction)	Methodology to be agreed by September 2014. Application of methodology Q3.	15%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Local Quality	IAPT : Local. Service Users who are referred to employment support services (90% of suitable referrals)	Quarterly	90%	N/A	N/A		N/A	N/A	100.0%	N/A	N/A	100.0%				
Local Quality	IAPT : Local. Routine: Service User records and associated letters/reports completed and sent to GP within 5 working days of assessment/outcome measures undertaken as part of treatment/discharge (Qtr2 & Qtr 4 90% (sample of minimum 150 patients)	Half-yearly	90%	N/A	N/A	N/A	N/A	N/A	82.0%	N/A	N/A	N/A				
Local Quality	IAPT: Local. The number of staff who have accessed clinical supervision Requirement is for minimum of 1 hour per week for all IAPT staff, - target % of staff in receipt of required level. (No threshold but there should be a framework in place that the Provider is working to ensure that all staff are approporaitely supervised)	Quarterly	No Target	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A	100.0%				
NHSI	% of clients in settled accommodation	Monthly	No Target	93.2%	93.3%	94.0%	92.8%	91.2%	86.6%	90.4%	85.7%	89.3%				↗
NHSI Domain - Caring																
National Operational	Mixed Sex Accommodation Breach	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				↔
NHSI	Staff FFT Percentage Recommended – Care	Quarterly	61.5%	N/A	N/A	69.1%	N/A	N/A	82.0%	N/A	N/A	N/A				
NHSI	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	87.0%	70.0%	94.0%	82.0%	92.0%	87.0%	90.0%	94.0%	78.0%				↘

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
NHSI Domain - Safe																
National Quality	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Quality	People with LD/ Autistic Spectrum condition or long term mental illness should receive appropriate physical healthcare	Annual	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Local Quality	All service users who have been in hospital/long term inpatient health care for more than one year should have a physical health check	Quarterly	95%	N/A	N/A	100%	N/A	N/A	100.0%	N/A	N/A	100.0%				⇔
Local Quality	Preventing Category 3 and 4 Avoidable Pressure Ulcer	Monthly	0	0.0	0.0	0.0	0.0	0.00	0.0	0.0	0.0	0.0				⇔
Local Quality	MRSA Screening (% of patients screened on admission)	Monthly	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				⇔
National Reporting	Cases of C Diff	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
National Reporting	Cases of MRSA	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
National Reporting	Never Events	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
National Reporting	Number of Reported Serious Incidents	Monthly	No Target	3.0	4.0	4.0	7.0	9.0	9.0	2.0	3.0	9.0				↗
National Reporting	Total Incidents	Monthly	No Target	380.0	372.0	366.0	437.0	319.0	338.0	411.0	454.0	382.0				↘
National Reporting	Incidents leading to Moderate/Severe harm/death	Monthly	No Target	11.0	13.0	8.0	14.0	18.0	17.0	8.0	20.0	24.0				↗
Local Reporting	Cases of MSSA	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Cases of E Coli	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Medication Errors Total	Monthly	No Target	13.0	9.0	9.0	16.0	8.0	7.0	14.0	14.0	5.0				↘
Local Reporting	Medication Errors leading to Moderate/Severe harm/death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0				⇔
Local Reporting	Mental health Absconds/AWOL – rate	Monthly	No Target	2.0	3.0	2.0	13.0	6.0	7.0	6.0	5.0	3.0				↘
Local Reporting	Safety Thermometer - Percentage Harm Free Care	Monthly	No Target	95%	95%	98%	96%	98%	100%	96%	98%	100%				↗
Local Reporting	Safety Thermometer - Percentage New Harm	Monthly	No Target	5.1%	1.7%	0.0%	2.0%	2.4%	0.0%	4.1%	0.0%	0.0%				⇔
Local Reporting	Preventing Future Deaths Regulation 28	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Proportion of patients who had recorded incidents of physical assault to them	Monthly	No Target	12.0	7.0	15.0	23.0	11.0	22.0	13.0	20.0	12.0				↘
Local Reporting	Proportion of patients who had recorded incidents of physical assault to them leading to Moderate/Severe harm/death	Monthly	No Target	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Suspected Suicides	Monthly	No Target	2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0	0.0				↘
Local Reporting	Inpatient	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Inpatient on home leave	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Community Patient (in receipt)	Monthly	No Target	2.0	4.0	1.0	3.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Community patient (in receipt) within 3 months of discharge from service	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Community patient who had an inpatient stay in last 3 months prior to death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Unexpected Deaths	Monthly	No Target	3.0	4.0	1.0	7.0	5.0	3.0	2.0	3.0	3.0				⇔
Local Reporting	Inpatient	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Inpatient on home leave	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Community Patient (in receipt)	Monthly	No Target	3.0	4.0	1.0	7.0	5.0	3.0	3.0	3.0	3.0				⇔
Local Reporting	Community patient (in receipt) within 3 months of discharge from service	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Community patient who had an inpatient stay in last 3 months prior to death	Monthly	No Target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
Local Reporting	Use of Restraint: Number of patient restraints-prone	Monthly	No Target	3.0	1.0	5.0	5.0	0.0	3.0	0.0	1.0	0.0				↘
Local Reporting	Slips Trips & Falls	Monthly	No Target	59.0	36.0	34.0	30.0	51.0	29.0	32.0	33.0	33.0				⇔
Local Reporting	Slips Trips & Falls leading to Moderate/Severe harm/death	Monthly	No Target	0.0	1.0	1.0	1.0	1.0	0.0	1.0	2.0	1.0				↘
Local Reporting	Self Harm Events: Inpatient	Monthly	No Target	64.0	61.0	80.0	98.0	57.0	51.0	120.0	167.0	94.0				↘
Local Reporting	Self Harm Events: Community	Monthly	No Target	3.0	8.0	9.0	12.0	9.0	13.0	7.0	14.0	9.0				↘
Local Reporting	Self-Harm Events leading to Moderate/Severe harm/death:Inpatient	Monthly	No Target	4.0	1.0	2.0	8.0	1.0	1.0	1.0	2.0	3.0				↗

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
Local Reporting	Self-Harm Events leading to Moderate/Severe harm/death: Community	Monthly	No Target	2.0	3.0	2.0	6.0	5.0	5.0	1.0	5.0	3.0				↘
Local Reporting	DNA Rate Analysis by Directorate	Monthly	8.5%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%				⇔
Local Reporting	AMH IP	Monthly	6.8%	7.0%	6.0%	6.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%				⇔
Local Reporting	AMH Community	Monthly	8.3%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%				⇔
Local Reporting	LD	Monthly	4.5%	2.0%	2.0%	2.0%	3.0%	2.0%	2.0%	2.0%	2.0%	3.0%				↗
Local Reporting	NOAP	Monthly	5.9%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	5.0%	5.0%	5.0%				⇔
Local Reporting	C&YP	Monthly	8%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%				⇔
Local Reporting	Average Length of Stay: North Staffs CCG	Monthly	No Target	27.1	31.5	36.3	24.9	26.9	28.4	23.9	51.1	42.1				↘
Local Reporting	Adult IP	Monthly	No Target	27.6	24.1	18.4	45.1	34.1	31.2	16.9	84.3	52.9				↘
Local Reporting	CYP	Monthly	No Target	5.1	44.3	4.3	10.9	14.6	11.4	5.6	10.2	22.1				↗
Local Reporting	NOAP	Monthly	No Target	50.8	38.3	43.1	33.7	62.4	47.9	68.3	113.5	65.3				↘
Local Reporting	Substance Misuse	Monthly	No Target	8.7	9.3	10.8	9.7	10.3	9.8	11.5	10.4	12.7				↗
Local Reporting	LD	Monthly	No Target	0.0	0.0	752.0	0.0	0.0	245.1	225.0	0.0	0.0				↘
Local Reporting	Average Length of Stay: Stoke CCG	Monthly	No Target	25.1	30.0	37.6	25.7	29.2	26.3	27.7	28.4	29.9				↗
Local Reporting	Adult IP	Monthly	No Target	27.0	23.0	39.6	27.4	46.0	26.6	32.5	34.7	36.2				↗
Local Reporting	CYP	Monthly	No Target	9.1	10.0	10.0	4.3	5.7	8.2	7.1	3.5	36.6				↗
Local Reporting	NOAP	Monthly	No Target	56.2	55.2	59.0	79.5	67.3	54.2	68.5	63.8	84.4				↗
Local Reporting	Substance Misuse	Monthly	No Target	9.5	11.3	11.2	7.9	9.7	9.0	9.3	15.0	6.0				↘
Local Reporting	LD	Monthly	No Target	0.0	760.0	704.0	0.0	0.0	560.3	32.0	0.0	0.0				↘
NHSI	Never Events Incidence Rate	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
NHSI	Proportion of reported patient safety incidents that are harmful	Monthly	2.97%	3.6%	2.7%	1.5%	3.4%	4.0%	0.0%	0.8%	0.5%	1.6%				↗
NHSI	CAS alerts outstanding	Monthly	0	0	0	0	0	0	0	0	0	0				⇔
NHSI	Safety Thermometer - Percentage of Harm Free Care	Monthly	95%	94.9%	94.8%	98.1%	96.1%	97.6%	100.0%	95.9%	98.0%	100.0%				↗
NHSI	Safety Thermometer - Percentage of new harms	Monthly	No Target	5.1%	1.7%	0.0%	2.0%	2.4%	0%	4.1%	2.0%	0.0%				↘
NHSI	Admissions to adult facilities of patients who are under 16 years of age	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				⇔
NHSI Domain - Well Led																
National Quality	Completion of Mental Health Services Data Set ethnicity coding for all Service Users	Monthly	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				⇔
National Quality	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	Monthly	99%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%				⇔
National Quality	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users	Monthly	90%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	96.0%	Published Feb 2017	Published Mar 2017				⇔
NHSI	Agency Spend (of total paybill) (M9-2.9%, M10-2.8%, M11-2.7%, M12-2.6%)	Monthly	2.9%	5.2%	6.0%	6.1%	4.8%	6.0%	6.4%	7.7%	7.4%	8.4%				↗
NHSI	Nursing Agency Spend	Quarterly	£270k	N/A	N/A	309k	N/A	N/A	267K	N/A	N/A	186K				
NHSI	Locum Agency Spend	Quarterly	£225k	N/A	N/A	350k	N/A	N/A	361k	N/A	N/A	222K				
NHSI	Total Agency Spend	Quarterly	£687k	N/A	N/A	855k	N/A	N/A	940K	N/A	N/A	1,167K				
NHSI	Sickness Absence Percentage: Days lost	Monthly	5.1%	5.3%	5.4%	4.9%	5.1%	2.9%	2.7%	2.8%	4.3%	4.5%				↗
NHSI	Corporate	Monthly	5.1%	4.1%	4.5%	3.4%	3.1%	2.1%	2.1%	2.2%	1.9%	1.9%				⇔
NHSI	AMH Community	Monthly	5.1%	5.9%	6.4%	5.5%	6.4%	3.6%	3.6%	3.1%	4.6%	5.1%				↗
NHSI	AMH IP	Monthly	5.1%	7.4%	9.2%	8.8%	8.6%	3.4%	3.0%	3.2%	5.0%	4.9%				↘
NHSI	C&YP	Monthly	5.1%	4.3%	2.9%	4.3%	2.7%	2.3%	1.7%	2.3%	5.1%	3.2%				↘
NHSI	LD	Monthly	5.1%	4.1%	4.5%	4.9%	4.1%	3.8%	1.9%	2.1%	3.3%	3.3%				⇔
NHSI	Neuro and Old Age Psychiatry	Monthly	5.1%	4.8%	4.0%	3.1%	4.7%	2.3%	2.7%	3.6%	4.8%	6.8%				↗
NHSI	Substance Misuse	Monthly	5.1%	6.6%	5.3%	4.9%	4.4%	2.6%	1.7%	1.9%	5.6%	5.5%				↘
NHSI	Staff Turnover (FTE)	Monthly	No Target	0.7	0.7	0.8	1.1	1.5	1.9	0.6	0.9	1.4				↗
NHSI	Corporate	Monthly	No Target	0.0	0.5	0.4	0.9	4.4	3.2	0.2	1.7	0.7				↘
NHSI	AMH Community	Monthly	No Target	1.6	0.8	1.3	1.3	1.0	1.7	0.7	0.5	0.7				↗
NHSI	AMH IP	Monthly	No Target	0.0	0.4	0.7	1.4	0.6	0.7	0.7	0.7	0.6				⇔
NHSI	C&YP	Monthly	No Target	0.0	0.0	1.5	0.7	0.7	1.4	0.0	1.6	0.0				↘
NHSI	LD	Monthly	No Target	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.1	2.2				↗
NHSI	Neuro and Old Age Psychiatry	Monthly	No Target	0.0	2.0	0.3	1.6	0.8	2.4	1.0	0.9	0.8				↘
NHSI	Substance Misuse	Monthly	No Target	0.2	0.0	0.0	0.0	3.3	3.1	1.8	0.0	0.0				⇔
NHSI	MH FFT response rate	Monthly	No Target	38.0	20.0	16.0	28.0	17.7	23.0	20.0	22.0	12.0				↘
NHSI	Staff FFT response rate	Quarterly	No Target	N/A	N/A	72.0%	N/A	N/A	97.0%	N/A	N/A	N/A				
NHSI	Staff FFT Percentage Recommended – Work	Quarterly	No Target	N/A	N/A	46.0%	N/A	N/A	63.0%	N/A	N/A	N/A				
NHSI	Overall safe staffing fill rate	Monthly	No Target	99.0%	97.0%	93.3%	92.6%	94.8%	95.1%	95.8%	103.3%	105.3%				↗

	Metric	Frequency	Target	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trend Rate
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA: In "employment" SHA measure >10% is performing	Monthly	10%	12.8%	12.2%	12.0%	12.0%	11.6%	11.0%	11.2%	10.8%	11.8%				↗
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; In "settled accommodation" - Monitor measure	Monthly	No Target	93.2%	93.3%	94.0%	92.8%	91.2%	86.6%	87.1%	85.7%	86.6%				↗
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; who have had a HONOS assessment in the last 12 months - Monitor measure	Monthly	No Target	95.1%	95.1%	95.5%	98.4%	95.4%	95.1%	95.5%	95.6%	95.9%				↗
Local Reporting	Percentage compliance with data completeness identifiers for patients on CPA; Who have had a diagnosis assessment in the last 12 months	Monthly	No Target	98.1%	95.5%	100.0%	100.0%	97.3%	100.0%	100.0%	94.1%	90.1%				↘
Other Indicators																
Local Quality	IAPT : number people referred for psychological therapies (Target tbc)	Monthly	0	462.0	443.0	471.0	444.0	431.0	442.0	434.0	496.0	332.0				↘
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Age	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Ethnicity	Monthly	95%	100.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	IAPT : Balance of Service Users mapped against the local population in terms of : Gender	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	IAPT : Balance of Service Users from across the geographical Contract Area	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				↔
Local Quality	IAPT : The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (Target 3.75% per quarter)	Monthly	3.75%	1.31%	1.22%	1.37%	1.27%	1.30%	1.24%	1.32%	1.37%	1.05%				↘
Local Quality	IAPT :The number of people who have entered (i.e. received) psychological therapies during the reporting quarter (Target 1,057 per quarter)	Monthly	1057	369.0	343.0	385.0	359.0	366.0	349.0	372.0	385.0	296.0				↗
Local Quality	IAPT: The number of people who have completed treatment during the reporting quarter broken down by age	Monthly	No Target	219.0	178.0	209.0	192.0	216.0	190.0	211.0	220.0	172.0				↘
Local Quality	IAPT: The number of people who have completed treatment during the reporting quarter broken down by sex	Monthly	No Target	219.0	178.0	209.0	192.0	216.0	190.0	211.0	220.0	172.0				↘
Local Quality	IAPT : The number of people who are "moving to recovery" of those who have completed treatment, in the reporting quarter (Target Qtr 1 to 3 - 224, Qtr 4 - 227)	Monthly	224	116.0	95.0	124.0	104.0	114.0	110.0	123.0	139.0	103.0				↘
Local Quality	IAPT : The number of people who have completed treatment not at clinical caseness at treatment commencement	Monthly	No Target	15.0	9.0	6.0	12.0	12.0	6.0	10.0	6.0	9.0				↗
Local Quality	IAPT : The number of people moving off sick pay or ill-health related benefit	Monthly	No Target	44.0	22.0	25.0	23.0	30.0	26.0	24.0	26.0	20.0				↘
Local Quality	IAPT : The number of people who have completed treatment minus the number of people who have completed treatment not at clinical caseness at initial assessment (Target: !tr 1 to 3 - 447, Qtr 4 - 448)	Monthly	447	204.0	169.0	203.0	180.0	204.0	184.0	201.0	214.0	163.0				↘
Local Quality	IAPT : The number of people who are moving to recovery. Divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment	Monthly	50%	56.9%	56.2%	61.1%	57.8%	55.9%	59.8%	61.2%	65.0%	63.2%				↘
Local Reporting	Bed Occupancy (Including Home Leave)	Monthly	No Target	92.0%	92.0%	93.0%	88.0%	97.0%	95.0%	99.0%	96.0%	93.2%				↘
Local Reporting	AMH IP	Monthly	No Target	106.0%	103.0%	100.0%	100.0%	104.0%	103.0%	107.0%	102.0%	95.9%				↘
Local Reporting	Substance Misuse	Monthly	No Target	86.0%	91.0%	92.0%	90.0%	83.0%	90.0%	91.0%	83.0%	76.6%				↘
Local Reporting	LD	Monthly	No Target	64.0%	104.0%	90.0%	84.0%	80.0%	92.0%	80.0%	97.0%	100.0%				↗
Local Reporting	Neuro	Monthly	No Target	99.0%	95.0%	99.0%	98.0%	99.0%	96.0%	109.0%	105.0%	96.1%				↘
Local Reporting	Old Age Psychiatry	Monthly	No Target	94.0%	87.0%	82.0%	71.0%	93.0%	98.0%	100.0%	99.0%	97.0%				↘
Local Reporting	C&YP	Monthly	No Target	63.0%	60.0%	69.0%	70.0%	79.0%	61.0%	60.0%	62.0%	51.0%				↘
Local Reporting	Bed Occupancy (Excluding Home Leave)	Monthly	No Target	86.0%	85.0%	88.0%	84.0%	92.0%	89.0%	94.0%	93.0%	92.7%				↘
Local Reporting	AMH IP	Monthly	No Target	98.0%	96.0%	97.0%	99.0%	102.0%	101.0%	101.0%	100.0%	92.0%				↘
Local Reporting	Substance Misuse	Monthly	No Target	85.0%	87.0%	84.0%	86.0%	79.0%	73.0%	86.0%	79.0%	75.5%				↘
Local Reporting	LD	Monthly	No Target	60.0%	103.0%	89.0%	84.0%	80.0%	92.0%	78.0%	96.0%	95.7%				↘
Local Reporting	Neuro	Monthly	No Target	98.0%	89.0%	96.0%	88.0%	89.0%	70.0%	105.0%	98.0%	89.5%				↘
Local Reporting	Old Age Psychiatry	Monthly	No Target	90.0%	82.0%	79.0%	69.0%	93.0%	94.0%	99.0%	98.0%	96.0%				↘
Local Reporting	C&YP	Monthly	No Target	47.0%	42.0%	69.0%	70.0%	79.0%	61.0%	66.0%	62.0%	51.1%				↘

REPORT TO Trust Board

Enclosure 8

Date of Meeting:	9 February 2017
Title of Report:	ROSE EPR Implementation update
Presented by:	Thomas Thornber, Director of Strategy and Development
Author of Report:	Ben Boyd
Purpose / Intent of Report:	To update the board and provide assurance on the plan for implemetnation of the Lorenzo EPR on May the 13th.
Executive Summary:	The paper updated the board on 5 key areas of the ROSE EPR deployment 1) Comparission to other trusts 2) Clinical Engagament assurance 3) Key risks and mitigations 4) Go live scanario planning 5) Decision making process
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): update to Digital programme Board Seen by Exec Lead : TT 3/2/17 Document Version number: 1
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research & innovation at all levels.☒ 4. Maximise and use our resources intelligently and efficiently.☒ 5. Attract and inspire the best people to work here.☐ 6. Continually improve our partnership working. ☒ 7. To enhance service user and carer involvement.☒ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	Detailed within the paper
Resource Implications: Funding source:	Detailed within the paper
Equality & Diversity Implications:	Quality impact assessment

Recommendations:	The Board is asked to note the progress in relation to the ROSE EPR deployment

27/05/16 13:27 Form emailed to all SLT/Execs/PAs

North Staffordshire Combined Healthcare NHS
NHS Trust

ROSE EPR Implementation

February 2017

Tom Thornber – Director of Strategy and Development

safe • personalised • accessible • recovery focused

spar

our vision
To be a **high quality** health and social care provider that continuously improves **patient experience** and deploys its **resources** intelligently and efficiently

our values
valuing people as **individuals**
providing high quality **innovative care**
working together for better lives
openness and **honesty**
exceeding expectations

INVESTORS IN PEOPLE

Contents

Contents 2
1. Executive Summary 3
2. Introduction 4
3. Learning from other Trusts 5
3.1 Trusts using Lorenzo. 5
3.2 Comparison with Norfolk & Suffolk NHS Foundation Trust 6
3.3 Conclusion and future comparison 7
4. Engagement 8
4.1 Workshops and events to date 8
4.2 Superusers 8
4.3 Directorate Deep Dives 9
4.4 Senior Clinician engagement 10
5. Risk Management 11
5.1 Mitigation 11
5.2 Clinical Safety 12
5.3 System Design and Decision Making 12
5.4 Finance 13
6. System testing 13
6.1 Trial Data Loads 13
6.2 Team testing 14
6.3 Business Process Testing 15
6.4 Dress Rehearsal 15
6.5 Cut Over plan 15
7. Decision Making Process 16
7.1 Operational approach 16
7.2 Approval to Go Live 16
7.3 Go Live 17

1. Executive Summary

Background

Following the Trust decision to become a "Digital by Choice" organisation we have been successful in applying for national funding to procure a new EPR via NHS Digital.

The majority of Trust services will use this new system called Lorenzo; the implementation has been named the Raising Our Service Excellence or ROSE Project to reflect that this is more of a fundamental business change rather than an IT project.

To provide assurance to Trust Board that the ROSE Project is being delivered successfully this paper details evidence against 4 key areas of planning and execution.

Learning from other Trusts

The Trust CCIO and senior project team are regular participants in the National Lorenzo User Group that facilitates engagement between CSC and all Trusts using the system.

The Trust has initiated a Mental Health Group within this national network to forge closer relationships and act as a more powerful lobby.

A joint Stocktake review of the project with NHS Digital, CSC and 3 other NHS Lorenzo Trusts was held in January 2017, early feedback is positive with no major concerns identified.

Engagement

Over 800 staff have been directly engaged in ROSE workshops, roadshows and demonstrations. Further engagement activity is being actively pursued and robustly monitored.

Directorates are engaged in monthly Deep Dive sessions lead by Trust Executives and early indications are that uptake of training is good.

Clinical staff are actively involved in system design work lead by the Trust CCIO and Directorate leads.

Risk Management

A Clinical Safety Group has been established lead by the Trust CCIO and the Project can evidence support from Senior Clinical staff, Operational Managers and Executives for key decisions.

11 risks have been identified, with 4 rating 12 in the ROSE Risk Register, none of these higher rated risks are clinical and the project is forecast to underspend on agency staff use.

System Testing

Data Migration and User tests to date indicate that there are no significant concerns about the system or its design by the Trust.

Further testing and approval is scheduled for February through to final test exercise on the 7th April 2017.

Recommendation

There are no indications of any significant issues that would prevent Trust Board giving approval to Go Live as planned with the ROSE project on the 12th May 2017.

2. Introduction

In April 2016 the Trust submitted a final business case to NHS Digital to fund a new Electronic Patient Record [EPR] to replace CHIPS. CHIPS had been the Trust PAS system for over 21 years and had been upgraded over the last 5 years with added functions to represent a basic EPR. However, it was no longer fit for purpose without significant redevelopment and investment.

NHS Digital offered NHS Trusts funding from a central source to support them in procuring and deploying an EPR. This was a continuance from previous national programmes "Connecting for Health" and "NPFIT" but is due to end in July 2017.

The Trust was successful in applying for this resource and therefore procuring the system chosen by NHS Digital called Lorenzo which is supplied by Computer Sciences Corporation, [CSC].

The business case planned for the project to commence in June 2016 and the system to be deployed in March 2017 but delays in final approval from NHS Digital and NHS Improvement resulted in the project only commencing fully by August. Subsequently the new date to "Go Live" with Lorenzo was changed to May 2017.

Whilst the majority of Trust services will utilise the Lorenzo system, some will use other EPR systems for contractual reasons. Integration between the systems is being developed but staff have indicated that the ability to view other systems is the initial priority and is being facilitated for Go Live.

Trust EPR systems		
Directorate	**EPR**	**Exceptions**
AMH Community	Lorenzo	Healthy Minds Stoke will use IAPTUS
AMH Inpatient	Lorenzo	
CYP	Lorenzo	
LD	Lorenzo	
NOAP	Lorenzo	
Substance Misuse	HALO & Nebula	

Following from the Trusts strategy to move to a "Digital by Choice" organisation, the project to transform our services from using paper based records and analogue communication systems was named "ROSE" for Raising our Service Excellence. This was a deliberate effort to describe that we intend not just to change our EPR but to take the opportunity to improve how services operate.

This paper will concentrate on the Lorenzo element of ROSE with 4 key areas for assurance to Board and an outline of plans for decision making prior to Go Live.

- Learning from other Trusts using Lorenzo
- Engagement
- Risk Management
- System testing

3. Learning from other Trusts

3.1 Trusts using Lorenzo.

There are 24 NHS Trusts using or planning to use Lorenzo.

North Bristol NHS Trust	3 Trusts who purchased Lorenzo outside of the NHS Digital contract
Royal Brompton and Harefield NHS Foundation Trust	
Salisbury NHS Foundation Trust	
University Hospitals of Morecambe Bay NHS Foundation Trust	2 Trusts who started with NHS Digital but now contract independently
Humber NHS Foundation Trust	
Stockport PCT	19 Trusts who have purchased and/or remain with NHS Digital contract
Tameside and Glossop PCT	
South Warwickshire NHS Foundation Trust	
Bury PCT	
Walsall Healthcare NHS Trust	
George Eliot Hospital NHS Trust	
Birmingham Women's NHS Foundation Trust	
Tameside and Glossop Integrated Care NHS Foundation Trust	
Derby Teaching Hospitals NHS Foundation Trust	
Hull and East Yorkshire Hospitals NHS Trust	
Warrington and Halton Hospitals NHS Foundation Trust	
Barnsley Hospital NHS Foundation Trust	
Sheffield Teaching Hospitals NHS Foundation Trust	
Norfolk and Suffolk NHS Foundation Trust	
Ipswich Hospital NHS Trust	
East and North Hertfordshire NHS Trust	
North Staffordshire Combined Healthcare NHS Trust*	
Mid Essex Hospital Services NHS Trust*	
Papworth Hospital NHS Foundation Trust*	

** Still to Go Live*

CSC engage these 24 Trusts through a National Lorenzo User Group which meets quarterly, to share experiences and prioritise system development.

There are 2 other Mental Health Trusts using Lorenzo;

- Norfolk & Suffolk NHS Foundation Trust
- Humber NHS Foundation Trust

The ROSE Team have initiated a quarterly Mental Health sub group within this National User framework to ensure that we act as a more powerful lobby within the larger group, share experience with the system and support each other with developments around relevant functions to Mental Health. This is critical for the future, as Lorenzo is primarily designed to support the functions of an Acute Hospital Trust.

To manage issues with slow performance and outages CSC have recently separated Trusts into groups based on their contracts. Therefore, system specification, development and performance are managed within these contractual groups.

Based on this, our nearest comparator Trust is Norfolk & Suffolk NHS Foundation Trust [NSFT] as they provide similar services and will use the same version of the system under the same contract as NSCHT.

However, the ROSE Team are forging partnerships with 2 other Trusts to extend the range of comparison and learn from their specific experience.

Walsall Healthcare NHS Trust	Walsall as a community services provider have recently deployed Lorenzo in settings more aligned to our Trust where the bulk of activity occurs out-with a hospital setting
Warrington and Halton Hospitals NHS Foundation Trust	Though an Acute Hospital provider they have utilised the same system for Data Migration and are developing similar functionality in Care Pathways as planned by NSCHT

3.2 Comparison with Norfolk & Suffolk NHS Foundation Trust

Headline comparisons		
	Norfolk & Suffolk NHS FT	NSCHT
Operational staff to be trained	3,000	1,200
Training rooms dedicated to EPR training	8	6
Number of temporary contractors to support project	35	17
Legacy EPR systems	9	1

A close working relationship has developed between ROSE and NSFT project teams. The teams first met in Norfolk in February 2016, and further exchanges have taken place since. A member of the ROSE team

attended a Trust-wide review of Lorenzo in Norfolk in November 2016 with over 200 of their clinical staff in attendance and the NSFT clinical lead and system specialist attended a joint ROSE Stocktake event with NHS Digital, CSC and 3 other Trust who use Lorenzo in January.

The initial learning from NSFT was to calibrate our resources in line with their experience, for example, we have just under half the temporary contractors they employed because we have roughly half the number of staff and therefore volume of work.

Since then the key lessons learned from NSFT have been;

- Reporting – Expect disruption to both internal and external reports, it is critical to get commissioner support to allow for this.

- Data Quality – It is essential to engage operational managers in the deployment as they will be responsible for ensuring staff get trained and use the system.

- Data Quality – Tight control is required in what documents staff complete, without clear direction staff will use numerous forms in the system but not the standard ones they should.

- Superusers – Creating champions within teams is essential for ongoing management of system deployment but NSFT did not succeed in releasing them for training and then relied on them too much at “Go Live”.

To mitigate these risks within NSCHT;

- Reporting – Commissioner support has been gained with clear understanding of both the expected disruption and actions being taken to avoid.

- Data Quality – Sessions have been held with Heads of Directorate and Team Managers across all 5 directorates focussed on achieving benefits, staff training and identifying operational changes further sessions will continue monthly up to Go Live.

- Data Quality – Care Pathways have been designed with Directorates to identify standards for assessment and care planning including what documents will be completed and the frequency, performance reports will monitor this.

- Superusers – Directorates have committed to releasing superusers for up to 6 additional days exposure to the system through testing and workshops.

3.3 Conclusion and future comparison

The Trust has identified 4 Trusts that offer a range of comparisons, similar provider organisations, within or without the NHS contract or where they have used Lorenzo functionality to manage workflow for clinicians.

As we draw closer to Go Live the Project Team will utilise more detailed comparator data from the 4 partner Trusts on Training Uptake, Issues identified from Trial Loads and Critical Decision Logs.

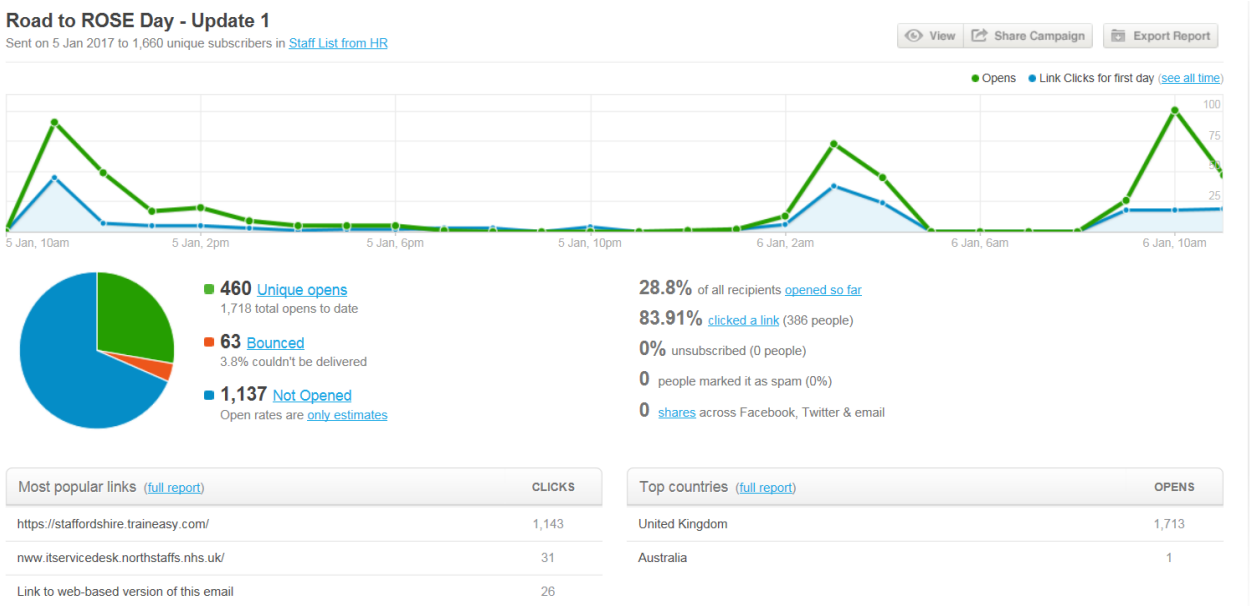
4. Engagement

4.1 Workshops and events to date

Over 800 staff have been directly involved in a series of workshops, or demonstration and roadshow events to date. Feedback provided is generally positive given that we are still in the Build phase of the ROSE Programme.

In addition to the face to face engagement, we have implemented a communications tool, campaign monitor which is being utilised with Road to ROSE messages as below; this will assist in monitoring electronic engagement up to Go Live.

The team have developed a ROSE Website – including FAQ's and a feedback section along with a Twitter Account to capture all aspects of engagement.



Road to ROSE Day - Update 1

Sent on 5 Jan 2017 to 1,660 unique subscribers in Staff List from HR

View | Share Campaign | Export Report

Opens | Link Clicks for first day (see all time)

100
75
50
25

5 Jan, 10am | 5 Jan, 2pm | 5 Jan, 6pm | 5 Jan, 10pm | 6 Jan, 2am | 6 Jan, 6am | 6 Jan, 10am

460 Unique opens
1,718 total opens to date

63 Bounced
3.8% couldn't be delivered

1,137 Not Opened
Open rates are only estimates

28.8% of all recipients opened so far
83.91% clicked a link (386 people)
0% unsubscribed (0 people)
0 people marked it as spam (0%)
0 shares across Facebook, Twitter & email

Most popular links (full report)	CLICKS
https://staffordshire.traineasy.com/	1,143
nww.itservicedesk.northstaffs.nhs.uk/	31
Link to web-based version of this email	26

Top countries (full report)	OPENS
United Kingdom	1,713
Australia	1

4.2 Superusers

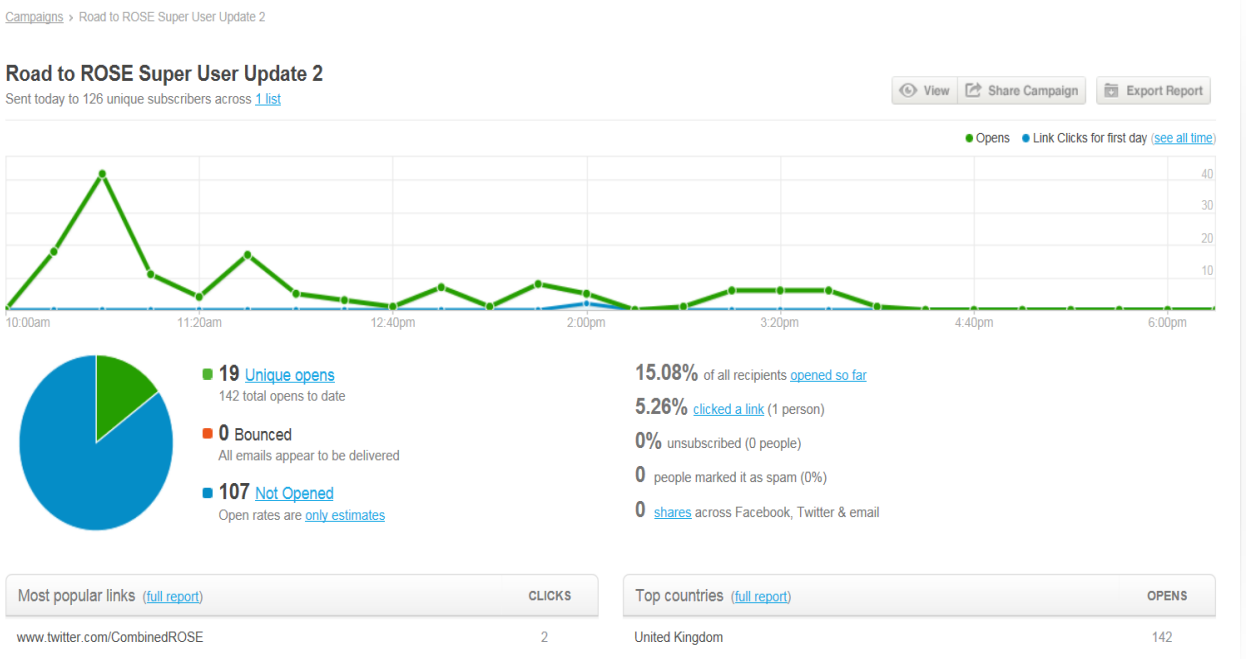
Superusers are important for engagement, as local champions they will not only spread the word but will do so in a managed and consistent way. This ensures a degree of control over the misinformation that can arise during large projects.

96 Super users have engaged in Focus Groups to learn about their role and responsibilities, as well as have the opportunity to discuss any concerns they may have about using the system. Further engagements sessions are planned with them up to Go Live.

Directorates are being asked to consider the number and ratio to staff of their superusers through monthly performance reports;

Performance at 20/01/17	No. of Superusers	% Superusers of WTE
Target Date	**Month 10**	**Month 10**
AMH Comm	17	3.4%
AMH Inpatient	12	6.2%
CYP	23	13.6%
LD	14	10.5%
NOAP	29	10.5%

And their involvement is closely monitored;



4.3 Directorate Deep Dives

From January all Directorates are attending monthly Deep Dive sessions. Chaired by the Executive Team each Directorate senior management team individually present their progress on implementing the EPR. Substance Misuse also attend these sessions and present on their work toward deploying the HALO system at Edward Myers Unit.

These sessions will continue up to Go Live and from March will include checklists of activity expected in preparation for the switch of systems on the weekend beginning 12th May. Actions from January were:

1. New Starter Programme

2. Directorates need to ensure staff are aware of Halo.

3. What is the coherent ROSE offer to new staff on getting them up to speed with Lorenzo

4. Senior Management Accountability for Training and release of staff for Testing

5. Access to Moodle to be obtained for all managers

6. Share good Practice – i.e. Lack of basic IT skills – Smart cards

7. Non Lorenzo data capture

8. Staggered training for Super Users

9. Review paper versus electronic recording

10. Directorate Communications Plans

4.4 Senior Clinician engagement

To ensure senior nurses and medical staff are engaged in ROSE, regular presentations and workshops have been held at the Senior Nurses Forum and Continuing Professional Development sessions. Most recently, the Trust CCIO presented the Care Pathways development work in Lorenzo;

<table>
<tr><th colspan="6">TRUST-WIDE STANDARDS</th></tr>
<tr><td colspan="6">INITIAL ASSESSMENT – Mental state, history, consent, capacity, accommodation, employment
RISK ASSESSMENT – Risk of harm, vulnerability, self-harm
CPA DETERMINATION – CPA yes or no
RECORD CARE COORDINATOR – practitioner responsible for care with the Trust
CLUSTERING – Payment by Results
MENTAL HEALTH ACT – legal forms</td></tr>
<tr><th colspan="6">STANDARD & OPTIONAL TOOLS FOR SPECIFIC NEEDS</th></tr>
<tr><th>AMH Inpatient</th><th>AMH Community</th><th>CYP</th><th>LD</th><th>NOAP</th><th>SMS</th></tr>
<tr><td>Physical health assessment (Adults)</td><td>Psychosis

Anxiety & Depression

Personality Disorder</td><td>Inpatient pathway</td><td>Easy read support plans

Challenging behaviour</td><td>Memory clinic</td><td>HALO for inpatients

Nebula for community</td></tr>
<tr><th colspan="6">CARE PLANNING TOOLS</th></tr>
<tr><td colspan="6">CPA CARE PLAN
TRUST STANDARD CARE PLAN
INTERVENTION PLAN</td></tr>
</table>

5. Risk Management

The project Risk Register is held by the Project Management Office, in the long term benefits realisation monitoring will be delivered by the PMO.

Of 11 risks logged 4 remain rated at 12 or above;

ROSE Project Risk Register								
Ref	Risk	Date entered	Impact	Likelihood	Gross risk	Impact	Likelihood	Residual risk
836	**(ROSE/Lorenzo) There is a risk that the Trust may fail to engage and deliver adequate reporting to meet commissioner requirements.**	07/11/16	4	4	16	4	3	12
831	**(ROSE/Lorenzo) There is a risk that the ROSE EPR project could fail to deliver on expected benefits due to poor planning and lack of stakeholder engagement.** Corporate Directorate Trust Risk 747	01/11/16	4	4	16	4	3	12
838	**ROSE/Lorenzo) There is a risk of failure to achieve the target of 85% attendance at training by May 2017 due to lack of staff Enagement.**	07/11/16	4	4	16	4	3	12
843	**(ROSE/Lorenzo) There is a risk that the Trust may be restricted in its ability to make significant system changes as Lorenzo is currently used by 15 other Trusts under national contract.**	07/11/16	4	4	16	4	3	12

5.1 Mitigation

836 Reporting – Commissioners have agreed 6 months tolerance of disrupted reporting after Go Live in May 2017. However, they have asked for the Trust to prioritise Quality reports, CQUIn and external reports to NHS England. The residual risk will remain until further testing of reporting functions from the new systems.

831 Engagement – This is being robustly monitored and indications to date suggest engagement is good; however, the residual risk remains as there is an explicit intention to avoid complacency.

838 Training – The Trust has purchased a new Learning Management System, which will serve us in the longer term, which provides weekly data on attendance. Directorates are already acting on this data to ensure staff attendance but as this is a critical success factor the residual risk remains high.

843 System change – CSC and NHS Digital have agreed a “roadmap” of system development for the future which is positive, however, if there is significant change in how the Trust operates it is uncertain how flexible Lorenzo can be to accommodate this as many other Trusts would have to agree fundamental alterations to core functions.

5.2 Clinical Safety

A clinical safety group has been established and is led by the Trust CCIO, to date the clinical safety issues identified have been largely mitigated by assurance gained from contact with other Trusts who are using the system safely.

The activity of this group is expected to increase as we move closer to Go Live and system testing is concluded.

5.3 System Design and Decision Making

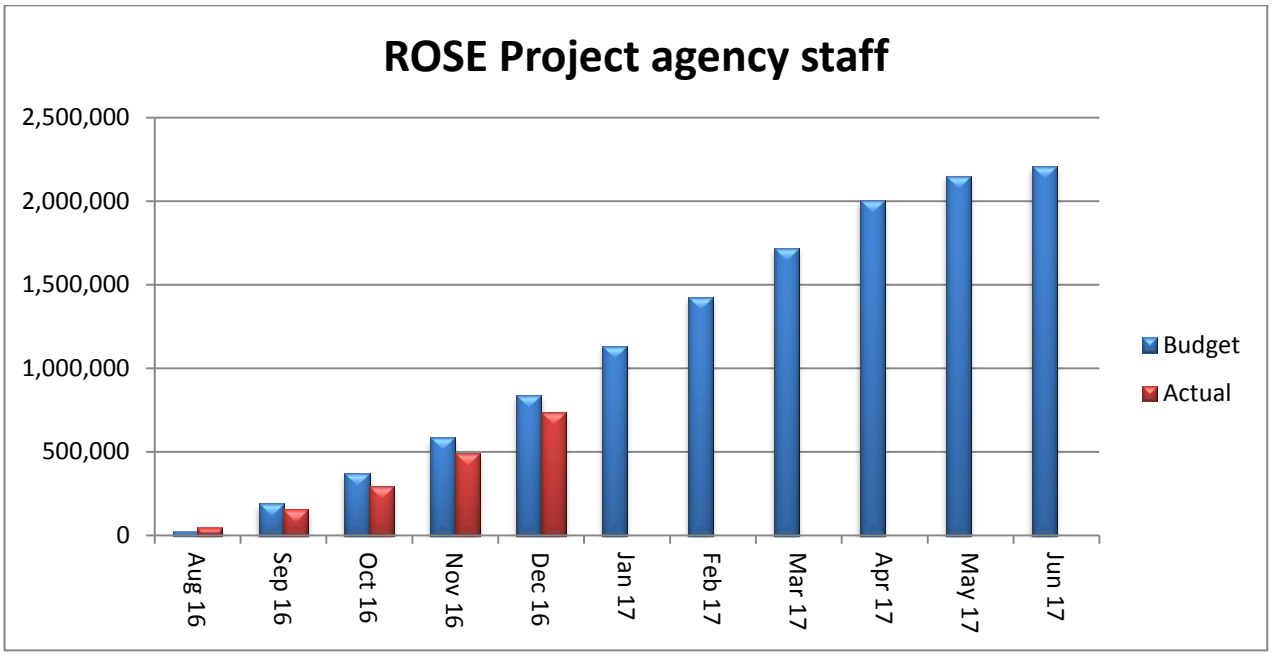
To oversee development and engagement of the ROSE Project, the Trust has merged the Clinical Records and Clinical Informatics Groups into the Clinical Records and System Design Group which is chaired by the Medical Director, co-chaired by the Trust CCIO and has senior clinical staff as members acting as leads for their Directorates.

This group has been directly involved in all major decisions about how the Trust will use Lorenzo and has made several key recommendations to the Trust Digital by Choice Board for strategic decisions. This is evidenced in the ROSE Project Key Decisions log;

ROSE Key Decisions log	
Decision	Approved by
Do not take up Advanced Bed Management and Day Care Deployment Units - ABM does not support acuity or staffing data and as we only have 1 remaining Day Hospital no need for Day Care. Trust will take up Static Care Plans, Emergency Care and Prescribing - Care Plans offer system to manage workflow, Emergency Care support Haslehurst development and Prescribing is being developed to offer a full Inpatient/Outpatient prescribing module	Clinical Information Goup January 2016 Digital by Choice Programme Board approved
Comparison between Manual Inputting of Assessment & Care Planning Docs versus Robotic inputting via Blue Prism. Costs would be around the same but Blue Prism has advantage of migrating all care plans not just CPA and no need to hire and manage 2 dozen temp staff	Clinical Information Goup June 2016 Digital by Choice Programme Board approved
Application for funding planned for approval by May 2016 but not received from NHS Digital until end of July 2016. Go live date planned for March 2017 but with 2 month delay in recruiting project staff proposed to move Go Live to May 2017	Clinical Information Goup Sep 2016 Digital by Choice Programme Board approved
Stocktake review indicated programme structure could be simplified by merging Clinical Records and Clinical Informatics Groups into one group that would provide Design Authority for EPR	Clinical Information Goup Sep 2016 Digital by Choice Programme Board approved
RoSE Training plan discussed and supported by Directorates and PCD committee	Clinical Information Goup Nov 2016 Digital by Choice Programme Board approved
Emergency Care module to be used for Sec 136 only as development at Haslehurst will not be in place prior to May 2017. Access & Home Treatment remain community based and RAID operating separately	Clinical Records & System Design 17/1/17 Directorate Meeting 23/1/17 Approved Digital by Choice Board 30/1/17
Ward 4 development not in scope for Lorenzo deployment at this time. Digital by Choice Board have asked for ward 4 to be configured in preparation for future but not used.	Senior Operational Team meeting 25/1/17 Approved Digital by Performance 30/1/17
Training and payment for Bank staff, 150+ bank only staff no mechanism to fund their attendance at training from Project funding. Issue predominantly cover for wards. Inpatient Directorate proposed to fund on the basis that Registered Nurses only attend classroom training with HCSW offered e learning only. Latter based on they would not work alone only enter note and superusers can support.	Clinical Records & System Design 17/1/17 Senior Operational Team meeting 25/1/17 Approved Digital by Choice Board 30/1/17

5.4 Finance

The ROSE Project is currently forecast to underspend by over £100k, this is largely due to tight control of temporary agency staff. This underspend is intentional as it provides headroom for additional costs that might be incurred in preparation for and during Go Live in May.



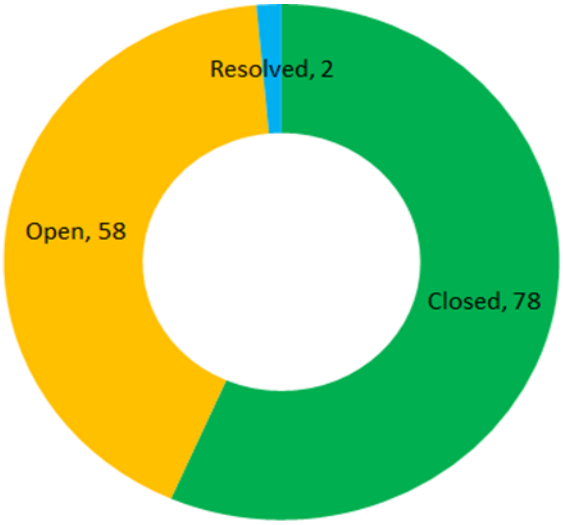
6. System testing

Typically Trusts do not get access to the actual version of the system they will use prior to Go Live. Instead they are given access to versions of the system that are used for Training and Testing but do not necessarily include all the design work Trusts have worked on nor any updates CSC make to the system nearer to our Go Live date. However, to mitigate this CSC have updated the Training system to include Care Pathway function the Trust is keen to utilise, more so than any other trust to date, and agreed to allow some access to the Go Live version in April several weeks before the actual Go Live date.

There are 2 broad elements to system testing. Testing the data that will be migrated from our old system and if there are any conflicts with how this data is managed in Lorenzo, these are called Trial Loads. And then testing how users will enter data directly into the system when it is operational.

6.1 Trial Data Loads

The second of our Trial Loads of data migration was completed in December 2016. 58 issues were identified that are currently being resolved between CSC and the Project team.



These issues range from staff members being misidentified to data items in CHIPS such as “Methodist” being described as “Methodism” in Lorenzo.

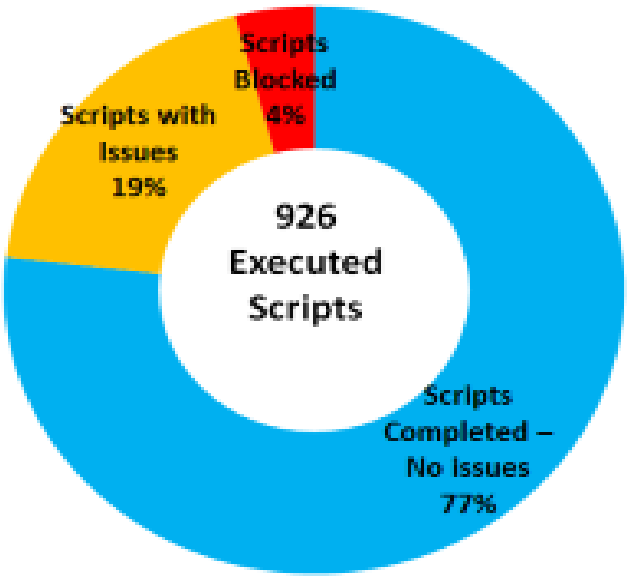
We are assured by both our Project team and CSC that to date there are no major issues that will delay the current planning schedule.

6.2 Team testing

Firstly the project team test the design of the system against how they understand the Trust to operate. This allows for any major issues to be identified before the classroom training commences toward the end of February.

This testing is based on “scripts” or scenarios that have been identified during the engagement sessions with Directorates. It allows the Project team to refine system processes and update their understanding of how the Trust will operate.

To date there is a reasonable number of processes or scripts that require some adjustment (19%) and a small number (4%) that for technical reasons the team have as yet not been able to fully test. The latter requires additional support from CSC to resolve blockages.



The training version of Lorenzo is provided on the premise that the core functioning of the system is fit for purpose. To date no major issues have been identified to delay the commencement of classroom training.

6.3 Business Process Testing

Business Process Validation is a term to describe the process whereby Trust staff test the system design that has been put in place by the Project team. The design is based on the 45 Standard Operating Procedures [SOPs] written as a result of engagement workshops with staff. This process will begin toward the end of February and run through to mid-March. Clinical and corporate staff will be given and create scenarios to test that the system operates in a safe and effective way.

This allows for 4 weeks to make any final adjustments and correct issues before the next stage which is Dress Rehearsal.

Involvement in testing will be monitored by Directorate and feedback provided to Senior Managers on a week to week basis.

6.4 Dress Rehearsal

This is the final opportunity to test the system and make any adjustments before Go Live commences on the 12th May. It is scheduled for the 7th April 2017.

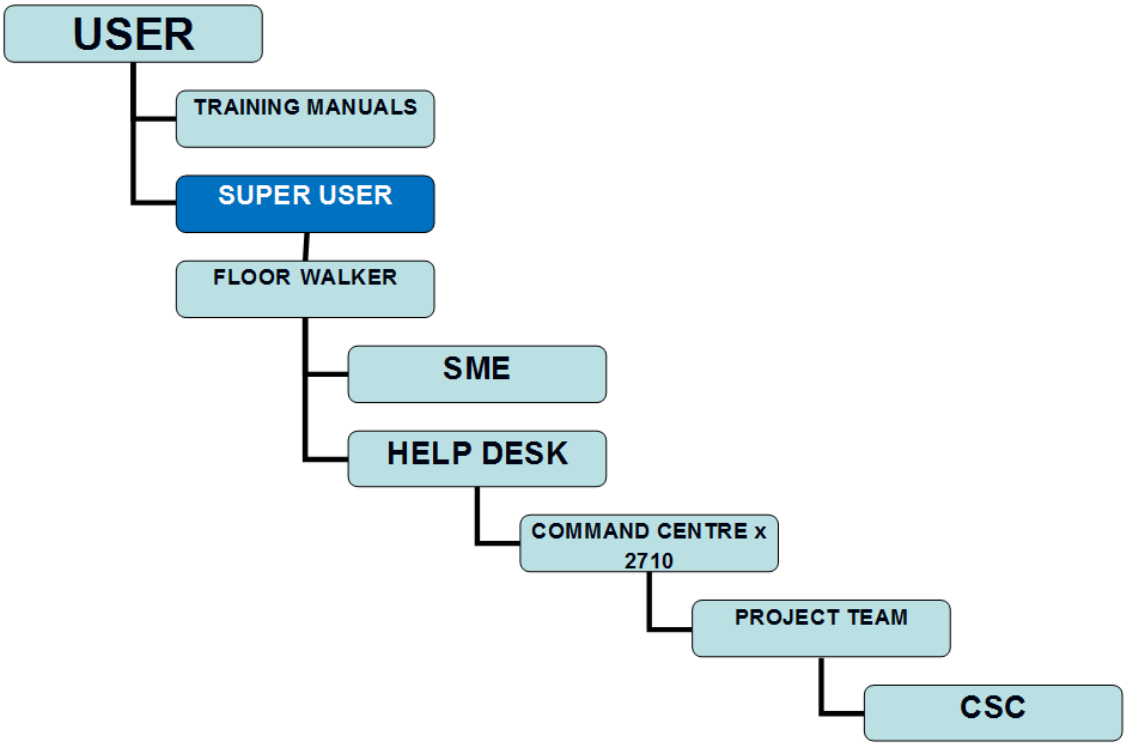
6.5 Cut Over plan

The cut over plan refers to the detailed preparation that is put in place for switching from the old system to Lorenzo for Go Live beginning the 12th May 2017.

This plan is being refined by the Project team before it is agreed with Directorates and signed off by the Trust, CSC and NHS Digital.

However, the main steps are as follows;

- Data entry to CHIPS will cease around 8pm on Friday 12th May.
- Preparation for data migration from CHIPS to Lorenzo will commence
- Lorenzo will be switched on and available to staff from around 10 am on Saturday 13th May
- Staff data entry between these hours will be on paper with manual data entry required thereafter
- Support for manual data entry from Trust staff will be required
- Data migration will commence from Saturday 13th May and continue on a prioritised schedule
- The project team will be utilised over Go Live weekend for trouble shooting and floor walking
- Superusers will be required to advise staff, floor walkers from Project Team will support superusers



The immediate success of cutover will have 2 broad measures;

- The number and type of incidents logged
- Data completeness for referrals, assessments and care plans completed before and after Go Live

7. Decision Making Process

7.1 Operational approach

In the run up to Go Live, weekly and then daily command meetings will be established and lead by Trust executives. These are intended to track and resolve any operational issues or escalate concerns to Trust Board, CSC and NHS Digital.

7.2 Approval to Go Live

In addition, there are formal approval points for the Trust, CSC and NHS Digital. In summary these are;

- Outcome of NHS Digital ROSE Stocktake February 2017
- Trust Board approval to proceed February 2017
- Trust Board update on Risks, Engagement & Performance March 2017
- Outcome of Dress Rehearsal April 2017
- NHS Digital, CSC and Regulator approval April 2017
- Trust Board decision to Go Live April 2017
- 12th May Go Live

Key for approval will be the Trusts assurance to NHS Digital that we have met the training target of 85% of staff attended classroom training. The Trusts approach for training has been approved by

Directorates, Clinical Records & System Design Group and Digital by Choice Board. Staff will be monitored on a weekly basis for three targets;

- Completion of introductory E Learning
- Number of staff booked to attend classroom training
- Number of staff attended classroom training

Whilst classroom training is not scheduled to commence until later in February, because learning from other Trusts has been that training too soon before Go Love is not effective, early indication at the end of January is that Directorates have grasped the importance of these targets.

Overachieved on target- 50% of users booking training by 31st Jan by an extra 4%

Overachieved on target- 37% of people completed their e-learning, against a target of 20%

Directorate	Booked %	Attended %	elearning Completed %
232 AMH Community	48.5	0.0	51.5
232 AMH In Patient	53.0	0.0	48.1
232 Bank	23.9	0.0	6.0
232 Children and Young People	41.7	0.0	16.7
232 Learning Disabilities	84.0	0.0	49.6
232 NOAP	81.6	0.0	34.1
232 Substance Misuse	50.0	0.0	25.0
232 Workforce and Leadership	29.7	0.0	8.1
Grand Total	54.1		37.4

7.3 Go Live

Mitigation for any “show stopper” issues arising during or immediately before Go Live would result in the project being “rolled back” to another date.

However, this creates significant difficulties for CSC who have their resources committed to other Trusts who plan to Go Live with either full or partial deployments and for NHS Digital as the national contract ceases in July 2017. Although NHS Digital have assured the Trust that they will consider any reasonable requests to deploy after this date.

To date only 1 Trust we are aware of has been forced to “roll back” their deployment and this was a result of unprecedented demand within their A&E department rather than any system issues.

At this point we do not anticipate any change to the planned Go Live date of 12th May 2017.

REPORT TO TRUST BOARD

Enclosure 9

Date of Meeting:	9 February 2017
Title of Report:	Service User & Carer Council Report
Presented by:	Wendy Dutton, Vice Chair of Service User & Carer Council
Author of Report:	Wendy Dutton, Vice Chair of Service User & Carer Council
Purpose / Intent of Report:	Information and Assurance
Executive Summary:	This report has been prepared to provide an update of the Service User & Carer Council during the last 12 months. The report provides an update on meeting activity and achievements to date.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research & innovation at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. ☐ 5. Attract and inspire the best people to work here. ☒ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement. ☒ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	None identified
Resource Implications: Funding source:	None identified
Equality & Diversity Implications:	None
Recommendations:	The Trust Board receives the update for information and assurance.

SERVICE USER & CARER COUNCIL UPDATE TO TRUST BOARD ON THURSDAY 9 FEBRUARY 2017

The Service User & Carer Council meeting held on 25 January 2017 highlighted the following:-

1 ELECTION OF A NEW CHAIR

Due to work commitments, the Chair of the Service User & Carer Council has tendered their resignation. Election of a new Chair will be arranged and in the interim the Vice Chair will Chair the council and attend Trust Board

2 RECOVERY EVENT

Service User & Carer Council members will be participating in the forthcoming Recovery event being held on Monday 27 February 2017 at Port Vale FC.

3 ASSURANCE VISITS

One of the Service User & Carer Council member participated in an Unannounced Assurance Visit held on Monday 23 January 2017 to Ward 6 at Harplands Hospital which was noted as a positive experience and an opportunity to be involved in Quality Assurance

4 OPEN SPACE EVENT

Following the Service User & Carer Council meeting held on the 25 January 2017 an Open Space event is being organised to take place on Wednesday 29 March 2017 at Port Vale FC.

5 ACHIEVEMENTS NOTED BY THE COUNCIL FOR LAST YEAR

Following the development of the Service User & Carer Council in August 2015, the following achievements were noted at the last meeting

Improvement in the response to the Friends & Family Test.

Introduction of a Service User & Carer Strategy.

On-going monitoring of the Patient Experience & Engagement Action Plan through the Service User Experience & Engagement Group.

Introduction of a Service User & Carer Leaflet.

Participation in the care planning and risk assessment process.

Involvement in Recruitment and the development of the Protocol and policy .

Council members participate at every stage of recruitment.

Monitoring of effectiveness of community bases services following the move of the Access Team and Home Treatment Team to the Harplands.

Supporting the Trust through the recent CQC Inspections.

Wendy Dutton
Vice Chair - Service User & Carer Council
2 February 2017

REPORT TO TRUST BOARD

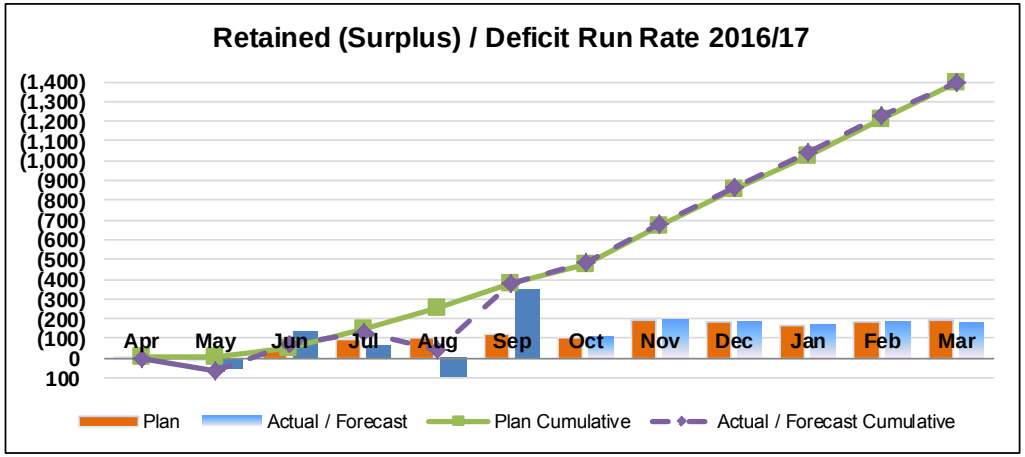
Enclosure 10

Date of Meeting:	9 February 2017
Title of Report:	Finance Report M9
Presented by:	Suzanne Robinson, Director of Finance
Author of Report:	Lisa Dodds
Purpose / Intent of Report:	Performance and monitoring
Executive Summary:	The report summarises the finance position at month 9
Seen at SLT or **Exec** Meeting & date	SLT/EXEC: (and date) Seen by Exec Lead: Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee X • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☐ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. X 5. Attract and inspire the best people to work here. ☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement. ☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	N/A
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	N/A
Recommendations:	Note the year to date performance of finance performance against the plan as at month 9 & approve forecast

Financial Overview as at 31st December

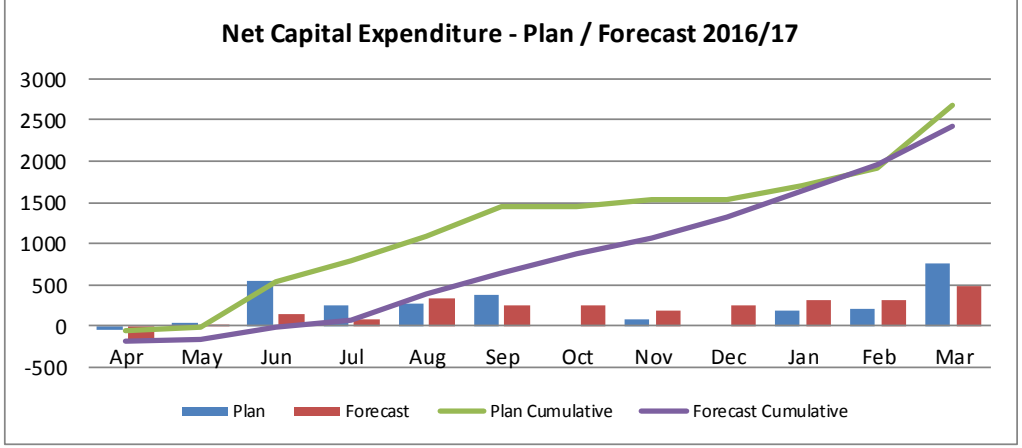
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(862)	(863)	(1)	(0)	G
FOT	(1,400)	(1,400)	0	0	G



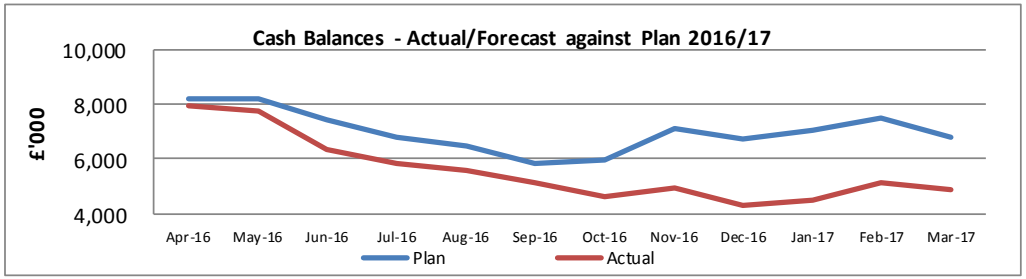
Net Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD	1,534	1,161	(373)	(24)	R
FOT	2,675	2,675	0	0	G



Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	6,738	4,318	(2,420)	(56)	R



Cost Improvement

£000	Plan	Actual	Var	%	RAG
Clinical	1,189	714	(474.9)	(40)	R
Corporate	551	221	(329.8)	(60)	R
Total	1,740	935	(805)	(46)	R

Use of Resource

Overall Risk Rating	3
Liquidity Ratio	1
Capital Servicing Capacity	3
I& E Margin	1
I&E Margin Variance to Plan	1
Agency Spend	4

Introduction

The Trust's original 2016/17 financial plan submission to NHS Improvement (NHSI) was a trading position of £0.343m surplus. The 'adjusted retained position' is a surplus of £0.9m (£0.343m plus IFRIC 12 adjustment of £0.557m). This is subject to the Trust delivering £2.6m worth of Cost Improvement Programmes (CIP). The Trust has since agreed with NHSI a revised control total surplus of £1.4m (£0.843m plus IFRIC 12 adjustment of £0.557m) which includes £0.5m from the Sustainability & Transformation Fund – Targeted element. As at month 8 the Trust is forecasting to achieve this revised control total.

1. Income & Expenditure (I&E) Performance

At month 9, the Trust's financial position was:

- The adjusted retained position was a planned surplus of £487k, with an actual surplus of £488k giving a favourable variance of £1k;
- The control total was a planned surplus of £862k, with an actual surplus of £863k, giving a favourable variance of £1k against plan.

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

		Month 9			Year to Date			Forecast		
Table 1: Statement of Comprehensive Income	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
Income	(80,506)	(6,932)	(7,078)	(146)	(59,614)	(59,994)	(381)	(80,506)	(80,902)	(396)
Pay	61,507	5,295	5,126	(169)	45,505	44,450	(1,055)	61,507	60,561	(946)
Non Pay	15,441	1,269	1,639	371	11,628	13,117	1,489	15,441	16,780	1,339
EBITDA (Surplus)/Deficit	**(3,559)**	**(368)**	**(313)**	**56**	**(2,481)**	**(2,427)**	**53**	**(3,559)**	**(3,561)**	**(2)**
Other Costs	2,659	222	166	(56)	1,994	1,939	(55)	2,659	2,661	3
Adjusted Retained Position (Surplus)/Deficit	**(900)**	**(147)**	**(147)**	**0**	**(487)**	**(488)**	**(1)**	**(900)**	**(900)**	**0**
Sustainability Transformation Funding	(500)	(42)	(42)	0	(375)	(375)	0	(500)	(500)	0
Control Total (Surplus)/Deficit	**(1,400)**	**(188)**	**(188)**	**0**	**(862)**	**(863)**	**(1)**	**(1,400)**	**(1,400)**	**0**

2. Income

The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The Trust is showing an over performance of £210k year to date across both CCG's in relation to RAID, this is non recurrent over performance in connection with the previous 24/7 service, Healthcare Facilitation and Children's services waiting list funding. At this stage the Trust is not expecting any additional income over-and-above the contract values agreed, with the exception of any further agreements in relation to other transformational schemes and income for patient related activity.

In 'Other NHS' Out of Area Treatments are showing an adverse variance of £13k as at month 9, and the Edward Myers Unit has sold fewer than their budgeted number of beds £120k. Darwin income is under performing against a plan of 15 beds by £117k year to date due to the delay in building works.

Other income is over performing mainly as a result of income received for 15/16 for Dyke Street carers income (£61k), ESCA drugs (£90k), dementia income (£87k), workforce (£60k).

Table 2 below shows the Trust's income by contract and other categories.

		Month 9			Year-to-Date			Forecast		
Table 2: Income	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
NHS Stoke-on-Trent CCG	(33,878)	(2,857)	(2,920)	(63)	(25,226)	(25,373)	(147)	(33,878)	(34,190)	(312)
NHS North Staffordshire CCG	(24,280)	(2,022)	(2,059)	(36)	(18,269)	(18,331)	(63)	(24,280)	(24,139)	141
Other NHS	(1,446)	(120)	(110)	10	(1,033)	(899)	133	(1,446)	(1,221)	225
Specialised Services	(2,577)	(250)	(207)	42	(1,828)	(1,711)	117	(2,577)	(2,406)	171
Stoke-on-Trent CC s75	(3,659)	(305)	(305)	0	(2,744)	(2,744)	(0)	(3,659)	(3,659)	0
Staffordshire CC s75	(1,062)	(88)	(88)	0	(796)	(792)	4	(1,062)	(1,056)	6
Stoke-on-Trent Public Health	(383)	(30)	(34)	(4)	(293)	(299)	(6)	(383)	(398)	(15)
Staffordshire Public Health	(613)	(51)	(64)	(13)	(460)	(473)	(13)	(613)	(613)	0
ADS/One Recovery	(2,527)	(211)	(211)	0	(1,895)	(1,895)	0	(2,527)	(2,527)	0
Other Non NHS	(77)	0	0	0	(77)	(77)	0	(77)	(77)	0
Total Clinical Income	**(70,502)**	**(5,935)**	**(5,998)**	**(63)**	**(52,622)**	**(52,596)**	**26**	**(70,502)**	**(70,286)**	**216**
Other Clinical Income	(10,004)	(997)	(1,080)	(83)	(6,992)	(7,398)	(407)	(10,004)	(10,616)	(612)
Total Income	**(80,506)**	**(6,932)**	**(7,078)**	**(146)**	**(59,614)**	**(59,994)**	**(381)**	**(80,506)**	**(80,902)**	**(396)**
Sustainability Transformation Funding	(500)	(42)	(42)	(0)	(375)	(375)	0	(500)	(500)	0
Total Income	**(81,006)**	**(6,973)**	**(7,120)**	**(146)**	**(59,989)**	**(60,369)**	**(381)**	**(81,006)**	**(81,402)**	**(396)**

3. Expenditure

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

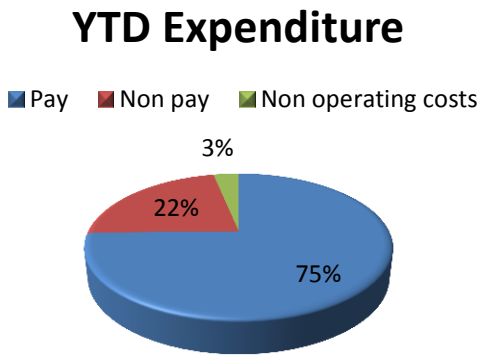
		Month 9			Year to Date			Forecast		
Table 3: Expenditure	**Annual Budget £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
Medical	7,300	617	543	(74)	5,449	4,683	(766)	7,300	6,326	(974)
Nursing	27,650	2,330	2,278	(53)	20,662	20,155	(507)	27,650	27,114	(536)
Other Clinical	14,461	1,204	1,060	(143)	10,670	9,312	(1,357)	14,461	13,089	(1,372)
Non-Clinical	10,693	885	820	(65)	8,070	7,342	(728)	10,693	9,913	(780)
Non-NHS	1,879	279	426	147	1,066	2,958	1,891	1,879	4,362	2,483
Other	(476)	(21)	0	21	(413)	0	413	(476)	(243)	233
Total Pay	**61,507**	**5,295**	**5,126**	**(169)**	**45,505**	**44,450**	**(1,055)**	**61,507**	**60,561**	**(946)**
Drugs & Clinical Supplies	2,135	177	191	14	1,605	1,523	(81)	2,135	2,055	(80)
Establishment Costs	1,650	135	150	16	1,247	1,238	(9)	1,650	1,614	(36)
Premises Costs	1,780	150	148	(2)	1,346	1,442	96	1,780	2,379	599
Information Technology	435	31	46	15	277	364	87	435	74	(361)
Private Finance Initiative	3,923	327	338	11	2,943	3,068	125	3,923	4,083	160
Other	5,518	450	766	316	4,211	5,482	1,271	5,518	6,575	1,057
Total Non-Pay	**15,441**	**1,269**	**1,639**	**371**	**11,628**	**13,117**	**1,489**	**15,441**	**16,780**	**1,338**
Depreciation exc. IFRIC	1,348	112	56	(57)	1,011	952	(58)	1,348	1,348	0
Investment Revenue	(20)	(2)	(1)	1	(15)	(12)	3	(20)	(17)	3
Other Gains & (Losses)	0	0	0	0	0	0	0	0	0	0
LGPS	0	0	0	0	0	0	0	0	0	0
Finance Costs	1,327	111	111	0	995	995	(0)	1,327	1,327	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payble on PDC	561	47	47	0	421	421	0	561	561	0
IFRIC Adjustment	(557)	(46)	(46)	0	(418)	(418)	0	(557)	(557)	0
Total Non-op. Costs	**2,659**	**222**	**166**	**(56)**	**1,994**	**1,939**	**(55)**	**2,659**	**2,662**	**3**
Total Expenditure	**79,606**	**6,785**	**6,931**	**146**	**59,127**	**59,506**	**379**	**79,606**	**80,002**	**396**

Pay

- There is a net underspend on pay of £1,055k year to date due to vacancies across the trust, particularly in Medical (£766k), Other Clinical (£1,357k) and Non Clinical (£728k) being backfilled with premium agency and bank.

- Agency expenditure of £2,958k year to date, with £735k being attributable to ROSE and £36k to the new Ward 4. Excluding ROSE and ward 4 agency staffing, this is above the agency ceiling projected expenditure of £1,655k by £532k. This is mainly driven by Medical agency (£332k) above projection, nursing agency above projection (£232k).

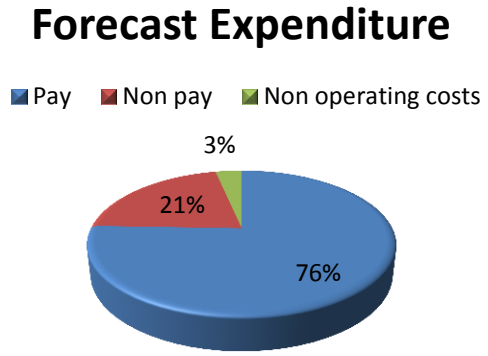
- A £413k expenditure target has been allocated to Directorates year to date, to reflect income lost due to bed reductions in Assessment and Treatment (£22k), construction works at Darwin (£187k) and disinvestment in the CHP/Propco contract (£204k) this will cease once the MOC is complete.



Non Pay

- Premises costs are overspent year to date due to minor works across clinical directorates (£96k). IT is overspend year to date due to Microsoft licences (£87k).

- 'Other' is overspending on consultancy spend and under performance of CIP party offset by profit on the sale of Bucknall.



4. Directorate Summary

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

	Year to Date											
	Pay			Non Pay			Income			Total		
Table 4: Expenditure	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**	**Budget £'000**	**Actual £'000**	**Variance £'000**
AMH Community	13,007	12,229	(778)	2,883	3,297	414	(1,336)	(1,344)	(8)	14,554	14,182	(372)
AMH Inpatients	4,771	5,202	431	145	320	175	0	(4)	(4)	4,915	5,518	603
Children's Services	4,419	4,450	32	542	585	43	(721)	(732)	(12)	4,240	4,303	63
Substance Misuse	2,324	2,275	(48)	591	500	(90)	(362)	(252)	111	2,552	2,524	(28)
Learning Disabilities	3,838	3,613	(225)	320	262	(57)	(42)	(40)	2	4,116	3,835	(280)
Neuro & Old Age Psychiatry	7,804	7,914	109	537	515	(22)	(706)	(739)	(34)	7,636	7,689	54
Corporate	9,343	8,766	(576)	8,606	9,577	971	(56,823)	(57,258)	(435)	(38,874)	(38,915)	(41)
Total	**45,505**	**44,450**	**(1,055)**	**13,622**	**15,056**	**1,434**	**(59,989)**	**(60,369)**	**(381)**	**(862)**	**(863)**	**(1)**

- AMH Community is underspent on pay. The staffing model is currently being reviewed in conjunction with Meridian and is likely to be transacted as CIP in month 10. Non pay is overspent due to the un-transacted CIP target.

- AMH inpatient is overspent on pay mainly due to agency expenditure (£418k – Nursing £235k, Medical £168k), over and above vacancy underspend. Non pay over spends is driven by under achievement of CIP of £163k year to date.

- Children's is overspending on pay as a result high medical agency premiums covering vacancies.

- Learning Disabilities is underspent on pay due to vacancies.

- Corporate pay is underspent due to a £266k NI rebate and Junior Doctor underspends on Workforce. Non pay is overspent due to unmet CIP and consultancy services.

5. Cost Improvement Programme

The trust target for the year is £2.6m, as reported to NHSI. This takes into account the requirement to deliver a £1.4m control surplus for 2016/17. Table 2 below shows the achievement by Directorate towards individual targets at month 9. The Trust wide CIP achievement is 54% at M9 compared to plan. Of the £935k achieved, 84% is recurrent.

	YTD as at M9							FY Value Transacted at M9				
Table 5 : CIP Delivery against Plan	**Plan £000's**	**Actual £000's**	**(Under) / Over Achievement £000's**	**% Achievement**	**Annual Target £000's**	**Identified CIP £000's**	**Identified/ (Unidentified) CIP £000's**	**Non Recurrent £000's**	**Recurrent £000's**	**TOTAL £000's**	**Number of PID's**	**% QIA**
Clinical:												
AMH Inpatient	196	33	(163)	17%	289	194	(95)	0	45	45	4	50%
AMH Community	453	62	(391)	14%	707	860	153	15	70	85	4	100%
Children and Young persons	165	216	51	131%	240	288	48	0	288	288	2	100%
Learning Disability	99	148	49	149%	153	194	41	20	170	190	7	100%
Neuro and Old Age Psychiatry	276	255	(21)	92%	410	408	(2)	25	307	332	9	78%
Total Clinical	**1,189**	**714**	**(475)**	**60%**	**1,799**	**1,943**	**144**	**60**	**879**	**939**	**26**	
Corporate:												
Quality	20	29	9	144%	33	34	1	0	33	33	2	100%
Operations	29	37	8	128%	47	49	2	0	49	49	2	100%
CEO	53	0	(53)	0%	71	0	(71)	0	0	0	0	0%
Strategy	29	0	(29)	0%	38	42	4	0	0	0	2	0%
Finance	45	22	(23)	49%	72	39	(33)	0	29	29	3	100%
MACE	36	0	(36)	0%	49	30	(19)	0	0	0	1	0%
Workforce	90	133	43	147%	145	145	0	145	0	145	1	100%
Central/Trustwide	249	0	(249)	0%	347	725	378	0	0	0	5	40%
Total Corporate	**551**	**221**	**(330)**	**40%**	**801**	**1,064**	**263**	**145**	**111**	**255**	**16**	
Total CIP	**1,740**	**935**	**(805)**	**54%**	**2,600**	**3,007**	**407**	**205**	**990**	**1,195**	**42**	

- Identified CIP AMH Community is largely due to £470k dependant on the outcome of Meridian work; the PID's have now been produced and are expected to be signed off and transacted in month 10.
- Overachievement in Workforce and OD is due to phasing profiles of target and actual;
- The full year effect of schemes transacted is **£1,195** or **46%** against the £2.6m target.

6. Statement of Financial Position

Table 6 below shows the Statement Financial Position of the Trust as at 31st December 2016.

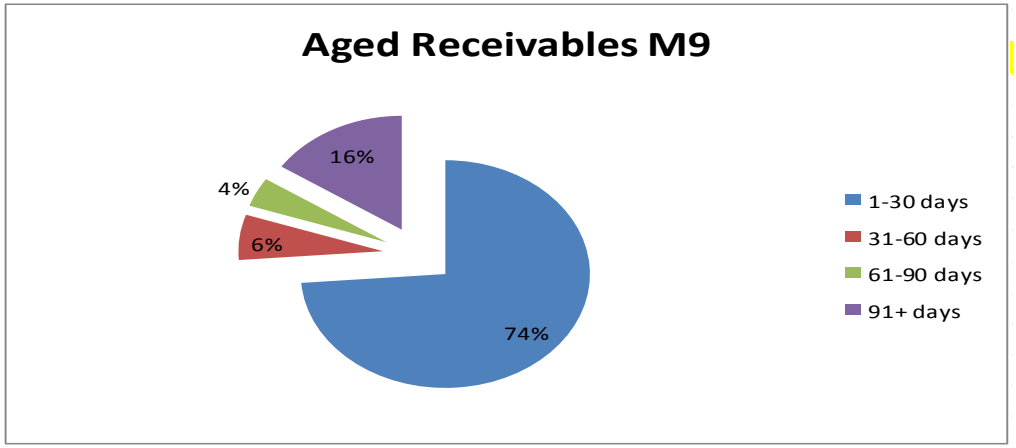
Table 6: SOFP	31/03/2015 £'000	31/03/2016 £'000	31/12/2016 £'000
Non-Current Assets			
Property, Plant & Equipment	30,863	30,726	31,038
Intangible Assets	52	17	66
Trade and Other Receivables	0	568	568
Long Term Receivables			2,139
Total Non-Current Assets	**30,915**	**31,311**	**33,811**
Current Assets			
Inventories	86	96	50
NHS Trade and Other Receivables	3,017	3,803	3,337
Non NHS Trade and Other Receivables			3,585
Cash & Cash Equivalents	6,805	7,903	4,317
Total Current Assets	**9,908**	**11,802**	**11,289**
Non-current assets held for sale	2,520	2,198	0
Total Assets	**43,343**	**45,311**	**45,100**
Current Liabilities			
NHS Trade Payables	(864)	(1,963)	(940)
Non-NHS Trade Payables	(4,374)	(4,899)	(5,987)
Non-NHS Trade Payables Capital			(43)
Borrowings	(351)	(346)	(346)
Provisions for Liabilities and charges	(1,682)	(1,298)	(794)
Total Current Liabilities	**(7,271)**	**(8,506)**	**(8,110)**
Net Current Assets / (Liabilities)	**5,157**	**5,494**	**3,179**
Total Assets less Current Liabilities	**36,072**	**36,805**	**36,990**
Non Current Liabilities			
Borrowings	(12,992)	(12,647)	(12,387)
Trade and Other Payables	(558)	0	0
Provisions for Liabilities and charges	(604)	(383)	(383)
Total Non-Current Liabilities	**(14,154)**	**(13,030)**	**(12,770)**
Total Assets Employed	**21,918**	**23,775**	**24,220**
Financed by Taxpayers' Equity			
Public Dividend Capital	7,998	7,648	7,648
Retained Earnings	814	1,800	2,245
Revaluation Reserve	13,664	13,759	13,759
Other Reserves	(558)	568	568
Total Taxpayers' Equity	**21,918**	**23,775**	**24,220**

Non-Current Assets held for sale have transferred to Long Term Receivables due to the sale of Bucknall Hospital.

Of the £1,188k owed to the trust overdue by 31 Days or more:

- £10k has been escalated to management /solicitors
- Routine credit control processes have been activated for £14k.
- £1,164k has not been formally disputed and full payment is anticipated.

Table 6.1 Aged Receivables/Payables	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	1,141	266	15	31	1,453
Receivables NHS	2,199	25	173	678	3,075
Payables Non NHS	430	87	1	167	685
Payables NHS	1,058	22	11	105	1,196

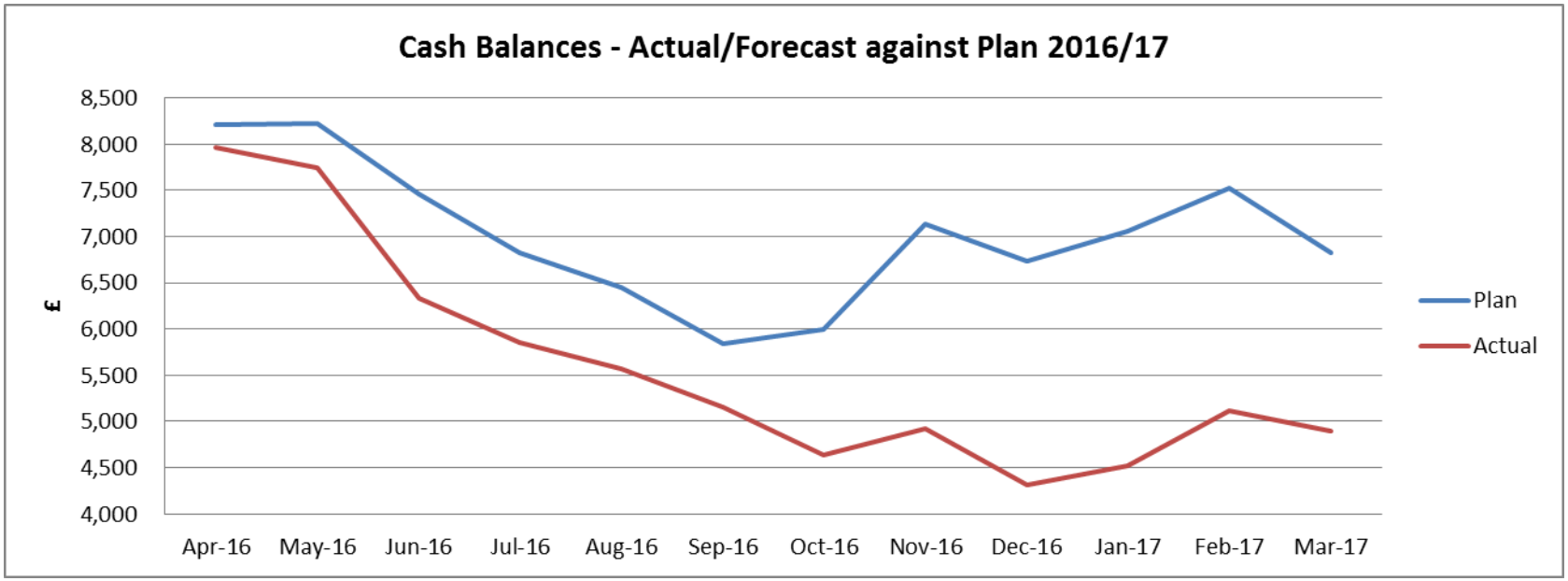


7. Cash Flow Statement

The Trust's cash position was £7.903m at 31 March 2016. The cash balance at 31st December has decreased to £4.318m due to an increase in the value of receivables.

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

Table 7: Statement of Cash Flows	Apr-16 £'000	May-16 £'000	Jun-16 £'000	Jul-16 £'000	Aug-16 £'000	Sep-16 £'000	Oct-16 £'000	Nov-16 £'000	Dec-16 £'000	Jan-17 £'000	Feb-17 £'000	Mar-17 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	(59)	(207)	(1,304)	(218)	(82)	(130)	(245)	495	(332)	551	944	280	**(306)**
Net Inflows/(Outflow) from Investing Activities	142	24	(84)	(233)	(173)	(246)	(244)	(185)	(244)	(317)	(317)	(477)	**(2,354)**
Net Inflows/(Outflow) from Financing Activities	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(28)	(29)	(29)	(29)	**(347)**
Net Increase/(Decrease)	**54**	**(212)**	**(1,417)**	**(480)**	**(284)**	**(405)**	**(518)**	**281**	**(604)**	**205**	**598**	**(226)**	**(3,007)**
Opening Cash & Cash Equivalents	**7,903**	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,318**	**4,523**	**5,121**	
Closing Cash & Cash Equivalents	**7,957**	**7,745**	**6,328**	**5,848**	**5,564**	**5,159**	**4,641**	**4,922**	**4,318**	**4,523**	**5,121**	**4,896**	



8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2016/17 plan is £2.675m. Table 8 below shows the planned capital expenditure for 2016/17 as submitted to NHSI.

		Year to Date			Forecast		
Table 8: Capital Expenditure	**Annual Plan £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**	**Plan £'000**	**Actual £'000**	**Variance £'000**
Darwin Upgrade	762	762	670	(92)	762	762	0
Reduced Ligature Risks Darwin	0	0	0	0	0	0	0
A&T and Telford Unit Purchase	432	432	10	(422)	432	438	6
Hazelhurst Unit Development	300	5	5	0	300	100	(200)
IOU beds							
Psychiatric Intensive Care Unit	150	64	71	7	150	144	(6)
EPR	90	47	47		90	90	0
Information Technology	450	167	168	1	450	458	8
Enviromental Improvements (backlog maintenance)	150	86	86	0	150	144	(6)
Equipment	303	39	257	218	303	292	(11)
Be-Able	30				30	30	0
Go-Engage	28				28	28	0
Contingency	48			0	48		(48)
Total Gross Capital Expenditure	**2,743**	**1,602**	**1,314**	**(288)**	**2,743**	**2,486**	**(257)**
Bucknall Hospital (Part)	(68)	(68)	(153)	(85)	(68)	(153)	(85)
Total Capital Receipts	**(68)**	**(68)**	**(153)**	**(85)**	**(68)**	**(153)**	**(85)**
Total Charge Against CRL	**2,675**	**1,534**	**1,161**	**(373)**	**2,675**	**2,333**	**(342)**

- Actual Cash proceeds for the sale of Bucknall was £153k in month 1, compared to anticipated proceeds of £68k per the Capital Plan submitted to the NHSI. The increased amount is due to planning overage improvement.

- The addendum to the PICU business case was supported at the July Business Development Committee (BDC). The project is due to start before the end of the financial year.

- Work commenced on Darwin in May; the project has been delayed and with internal completion at the end of December and full completion of the project at the end of January.

- The purchase of A&T will go through in January.

9. Use of Resource Metrics

NHSI have introduced a Single Oversight Framework which comes into effect from 1st October. 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. **(Please note that the ratings are the reverse of the previous risk ratings with a rating of 4 indicating the most serious risk and 1 the least risk of financial failure.)**

Table 9: Use of Resource	Year to Date £'000	RAG Rating
Liquidity Ratio (days)		
Working Capital Balance	3,129	
Annual Operating Expenses	57,567	
Liquidity Ratio days	15	
Liquidity Ratio Metric	**1**	
Capital Servicing Capacity (times)		
Revenue Available for Debt Service	2,814	
Annual Debt Service	1,676	
Capital Servicing Capacity (times)	1.7	
Capital Servicing Capacity Metric	**3**	
I&E Margin		
Normalised Surplus/(Deficit)	863	
Total Income	60,369	
I&E Margin	0.01	
I&E Margin Rating	**1**	
I&E Margin Variance from Plan		
I&E Margin Variance	0.00	
I&E Margin Variance From Plan	**1**	
Agency Spend		
Providers Cap	1,655	
Agency Spend	2,962	
Agency %	79	
Agency Spend Metric	**4**	
Use of Resource	**3**	

Table 9.1: Use of Resource Framework Parameters				
Rating	**1**	**2**	**3**	**4**
Liquidity Ratio (days)	0	(7)	(14)	<(14)
Capital Servicing Capacity (times)	2.50	1.75	1.25	<1.25
I&E Margin	1	0	(1)	<=(1)
I&E Margin Variance	0.01	0.00	(0.01)	<=(0.01)
Agency Spend	0	25	50	>50

Excluding the ROSE agency and ward 4, the Trust is **32%** above the providers cap at a risk rating of 3 on agency.

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.

At month 9, the Trust has under-performed against this target for the number of invoices, having paid 89% of the total number of invoices (95% for 2015/16), and paid 95% based on the value of invoices (97% for 2015/16). The main under performance on non-NHS invoices is in relation to timing delays on the authorisation of agency invoices. The Finance Team are investigating the issue with the Nurse Bank and the Wards. NHS invoices are seeing increases in payment time due to changes in the approval process with invoices being sent to the Directorates for approval.

Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

	2015/16			2016/17 YTD		
Table 10: Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices						
Total Paid	441	13,114	13,555	398	11,008	11,406
Total Paid within Target	418	12,405	12,823	362	9,740	10,102
% Number of Invoices Paid	95%	95%	95%	91%	88%	89%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-0.2%**	**-0.4%**	**-0.4%**	**-4.0%**	**-6.5%**	**-6.4%**
Value of Invoices						
Total Value Paid (£000s)	6,477	19,136	25,613	5,499	20,668	26,167
Total Value Paid within Target (£000s)	6,429	18,393	24,822	5,084	19,694	24,778
% Value of Invoices Paid	99%	96%	97%	92%	95%	95%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**4.3%**	**1.1%**	**1.9%**	**-2.5%**	**0.3%**	**-0.3%**

11. Recommendations

The Board is asked to:

Note

- Month 9 the trust reported a surplus of £863k against a plan of £862k surplus;
- CIP achievement in month 9 is 54% with an adverse variance of £805k from plan, with a recurrent CIP of £795k (84%);
- Cash position of the Trust as at 31st December 2016 of £4.318m;
- Net capital receipts in month 9 are £1,161 k compared to planned net capital receipts of £1,534k; and
- Use of resource rating of 3.

Approve

- The month 9 position reported to NHSI
- The reported forecast outturn of £1.4m as per agreed Control total

Enclosure 11

REPORT TO TRUST BOARD

Date of Meeting:	9th February 2017
Title of Report:	Summaries of the Finance and Performance Committee meeting held on 2nd February 2017
Presented by:	Tony Gadsby, Chair/Non-Executive Director
Author of Report:	Sarah Lorking, Deputy Director of Finance
Purpose / Intent of Report:	For assurance purposes
Executive Summary:	This report provides a high level summary of the key headlines from the Finance and Performance meetings held on 2nd February 2017. The full papers are available as required to members.
Seen at SLT or **Exec** Meeting & date	Chair of F&P Committee
Committee Approval / Review	• Summary of outputs from Finance and Performance Committees
Relationship with: *Board Assurance Framework* *Strategic Objectives*	• To provide the highest quality services • Create a learning culture to continually improve. • Encourage, inspire and implement research and innovation at all levels • Maximise and use our resources intelligently and efficiently • Attract and inspire the best people to work here • To continually improve our partnership working. • To enhance service user and carer involvement.
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	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
Equality & Diversity Implications:	N/A
Recommendations:	• Receive for assurance purposes

Assurance Report to the Trust Board –

Thursday, 9th February 2017

Finance and Performance (F&P) Committee Report to the Trust Board – 2nd February 2017

This paper details the issues discussed at the Finance and Performance Committee meeting on 2nd February 2017. The meeting was quorate with minutes approved from the previous meeting on the 22nd December 2016. Progress was reviewed and actions confirmed taken from previous meetings.

Director of Finance Update

The Committee received an update on

- NHSI Incentive scheme – discussion took place regarding whether the Trust would be in a position to increase the control total surplus. Given the risks in achieving the £1.4m it was not felt this was an option however the committee would review the opportunity next month.
- Agency spend – guidance tightened on medical locums. All directorates are working up comprehensive plans.
- STP – a discussion took place around the level of financial information the committee should receive.

Finance Overview

The Committee received the financial update for month 9 (December) 2016/17.

At month 9, the Trust's retained budget plan was a surplus of £487k. The reported position was a surplus of £488k, giving a favourable variance of £1k against plan.

The YTD control total, which includes the STF funding, was a surplus of £862k against which we achieved a surplus of £863k. This includes the receipt of the STF funding to date of £375k.

The trust target for CIP for the year is £2.6m. This takes into account the requirement to deliver a £1,400k surplus for 2016/17. We have delivered £1,195k of this FYE and schemes are in place to deliver the balance to meet the target.

The Trust's cash position was £7,903k at 31st March 2016. The cash balance at 31st December 2016 has decreased to £4,318k due to an increase in the value of receivables.

The Trust's permitted capital expenditure agreed within the 2016/17 plan is £2.675m

The Trust's overall Financial Sustainability Risk Rating (FSRR) is calculated as a 3 which is largely due to the breach of the agency cap linked to the ROSE project and Ward 4.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- **Capital forecast**

The paper details the capital forecast. This has been reviewed at month 9 and the forecast has been revised to reflect that fact there will be some slippage in some of the schemes due to begin in the last forecast. The revised forecast outturn is £2,333k giving an underspend of £342k. Committee supported this position.

- **Cost Improvement Programmes (CIP)**

At month 9, the trust is reporting achievement of £935k against a plan of £1,740k YTD, resulting in an underachievement of £805k. Non Recurrent achievement year to date is £205k (16%).

The full year effect of schemes transacted is £1,195k or 46% against the £2.6m target.

The identified CIP achievement is 3,008k based on the schemes identified but there is an element of risk in the delivery of this.

- **Recovery Plan**

The paper outline the worse, base and best case forecast outturns and the mitigations required to achieve our control total for the year. The financial gap has reduced each month as the mitigations have come to fruition. On this basis the committee supported the view to maintain the forecast to achieve the control recognising that there remains to primary risks 1) income expected from commissioners 2) the PPE revaluation impact.

- **Agency report**

The report gave a detailed analysis of agency spend to date and the forecast outturn which is forecast a breach of the cap. The reasons for this are understood falling into the categories of core agency, ward 4 and ROSE.

- **Budget setting**

A brief presentation was given to highlight the principles being applied to the 2017/18 budget setting process. A detailed paper will be submitted to F & P for approval in March 2017 ahead of the new financial year.

- **Performance Report**

This report provided the committee with a summary of performance to the end of Month 9 (December 2016). Performance against NHSI metrics and key National Targets is included within the report.

At Month 9 there are 3 metrics rated as Red and 1 as Amber. Only 2 of the metrics are contractual requirements and will therefore be reported to Board. .

- **Rectification Plans**

To receive the rectification plans and actions that are taking place to ensure directorates are back on target. The CAMHS waiting times plan was discussed in more detail where the 5 individual targets were discussed and challenged, in particular with a view to whether these could be brought forward further. There is now a robust plan in place for all targets to be met by the May 2017 which was felt achievable given support from commissioners. The overall 18weeks waiting times target was also met in December @ 95.9%. Data quality is also

improving in terms of activity being recorded accurately on the system however information was made available at individual staff level to help target progress.

- **Capital Report**

The report gave an update on progress of estates capital plans. The place of safety business case was paused until there was a better understanding of the links to the GP OOH tender. concerns have been escalated regarding the Darwin project and the DOF and DoOPs will be meeting with the contractors and design team in February.

The report also outlined the new reporting arrangements for capital projects which will provide more transparency and assurance in relation to the capital programme.

- **Reference Costs**

The paper presented the RCI for the Trust which stands at 100.9 adjusted and 96 unadjusted. This is a positive position and demonstrates that the trust is still an efficient provider.

- **Financial Risk Register**

The paper describes the risks contained within the Trust risk register which falls under the portfolio of the Finance and Performance Committee. The top risks remain the same

- Ability to meet control total
- Delivery of CIP

New risks will be added to the performance team risk register to account for the risk of information reporting for the ROSE (new EPR) project. These will cover financial, reputational and clinical and are supported by a comprehensive action plan. This risk is being monitored closely in the Digital Board.

- **Out of area update**

The paper described the review that is taking place regarding out of area patients and the direction of travel in to reduce/ eliminate our of area placement by introducing an Out Of Area Placement Team.

- **Treasury and Cash Management Report**

The risk around the cash positon was highlighted with a detailed report on how this would be managed. There remains risk that the External Financing Limit (EFL) will not be met at 31st March 2017. This will be monitored as a standing item going forward.

- **Digital Strategy Review**

The report gave an overview of the I, M & T Strategy for the Trust.

- **For Information**
  - Market Assessment / Tenders
  - Business Development Group Committee minutes received
  - Finance and Activity Attendance Monitoring Schedule
  - Cycle of Business

Recommendation

The Board is asked to note 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 and Performance Committee

Enclosure 12

REPORT TO Trust Board

Date of Meeting:	9 February 2017
Title of Report:	Assurance Report - Audit Committee
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report:	Laurie Wrench, Associate Director of Governance
Purpose / Intent of Report:	Information and Assurance
Executive Summary:	The summary provides an overview of the Audit Committee held on 2 February 2017
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): N/A Seen by Exec Lead : N/A Document Version number: N/A
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve.☒ 3. Encourage, inspire and implement research at all levels.☐ 4. Maximise and use our resources intelligently and efficiently.☐ 5. Attract and inspire the best people to work here.☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement.☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	N/A
Resource Implications: Funding source:	N/A
Equality & Diversity Implications:	N/A
Recommendations:	The Trust Board notes the detail of the summary for assurance purposes.

North Staffordshire Combined Healthcare NHS
NHS Trust

Summary Report of the Audit Committee
2nd February 2017

Healthcare Quality Standards Assurance Report / CQC Update

The committee received the report for assurance purposes and learned that the anticipated date of publication for the CQC reports of 8th February 2017 was now unlikely to go ahead. The Trust had received correspondence from the CQC and had noted that there remained significant factual inaccuracies in the reports. More concerning was that the CQC had failed to provide adequate explanation as to why the ratings challenges for the 'safe' domain had not been upheld and no reason was provided to explain why two core service ratings had changed from 'outstanding' to 'good.'

As a result, the Trust has requested a 10 day factual accuracy challenge back to the CQC for these two services and will be issuing a further challenge post publication of the reports for the overall 'safe' domain.

The committee noted that the Chief Executive had written back to the CQC highlighting our concerns and that we were awaiting a response.

Risk Management Assurance Report

The committee received this report as an update on the progress of embedding and developing risk management throughout the Trust and to provide assurance on the robustness of systems and processes in place.

The committee heard that there are currently 43 teams with open team risk registers. There are examples of other teams where a risk register has been created, the risks mitigated to tolerance or elimination and therefore the risks closed.

As the ROSE/Lorenzo implementation and sustainability post go live is a significant focus for the Trust an operational risk register has been produced to monitor the risks associated with the project.

Corporate teams are now engaging with the operational risk management process with the following teams managing team level risk registers - Human Resources, Performance, Organisational Development, Staff Support and Counselling, Estates, Pharmacy (MACE) and Project Management Office.

Assurance was given that new Partnership were risk assessed during their development stage and that risks associated with existing partnerships would be reviewed.

Freedom of Information Report

The committee received the FOI report for information and noted the continuing increase in the number of FOIs received. Within the first three quarters of 2015/2016 the Trust had received 130 FOI requests, an average of 14 requests per month at the end of December. In comparison to the same time this year a total of 201 requests have been received, an average of 21 requests per month – an increase of 35%.

Audit Recommendations Progress Report

The committee noted they following key point highlighted in the Audit Recommendations progress report:

- 7 Audit Reports finalised since November 2016 Audit Committee
- To date the Trust has 8 audit recommendations that were not completed but progress was noted
- 3 recommendations had revised completion dates with valid reasons for extensions. One included the review of the Standards of Business Conduct policy which will be updated once new legislation is published in March. As a result, a request for a policy extension was submitted as the Trust policy id due to expire March. An extension was approved until end of April 2017 with the caveat that any delay in the publication of the legislation would result in a further request for extension.

The Board is asked to ratify this extension.

RSM Internal Audit Progress Report

RSM presented the above report and the committee welcomed the fact that 7 reports had been completed since the last meeting but noted that 8 still needed to be completed before March. Completed reports included:

1. Data Quality - Waiting Times
2. IT Key Financial Systems
3. Creditors
4. Action Tracking – Phase Two
5. General Ledger and Budgetary
6. Reporting
7. Cash Management
8. Payroll

The committee was disappointed that the protocol for the timely turnaround in management responses had not been met and requested that this was resolved to enable the audit reports to be completed before the year end,

Ernst and Young Audit Plan

The committee received the External Audit Plan for information. This gave an overview of the key responsibilities for external audit, 4 key strategic risks they would review, the value for money risks and outlined the process they would use for audit over the coming 12 months.

Finance:

Procurement Dashboard - A draft dashboard was presented to the committee which will be developed further to provide assurance that procurement processes are being adhered to.

Segmental Reporting – The paper was presented to request approval to report the Trust as a single segment in the Annual Accounts. This was approved by the Committee.

Reference Cost Assurance – The paper provided a summary of the reference costs benchmarking tool for 2015/16.

Account Timetable – The draft timetable was presented which highlights the key dates in relation to the production and submission of the Annual Accounts.

Accounting Policy Changes – The paper highlighted key changes to accounting standards and changes in policy and practice as per the NHS Manual for Accounts.

Committee Summary Reports

Received for information:

- Summary of Quality Committee: 20 December 2016
- Summary of the Finance and Performance Committee meetings – 21 December 2016
- Summary of the People and Culture Development Committee – 12 December 2016
- Summary of the Business Development Committee – 21 December 2016

Prepared by Laurie Wrench on behalf of:
Mrs B A Johnson, Audit Committee Chair
February 2016

REPORT TO Trust Board

Enclosure 13

Date of Meeting:	9th February 2017
Title of Report:	Register of Board Members - Declarations of Interest
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report:	Jo Lloyd
Purpose / Intent of Report:	To provide an update as at 31st January 2017 of current member's interests, given a change in membership - Andy Cotterill no longer a member.
Executive Summary:	It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): - Seen by Exec Lead : - Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☐ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. ☒ 5. Attract and inspire the best people to work here. ☐ 6. Continually improve our partnership working. ☒ 7. To enhance service user and carer involvement. ☒ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	The register enclosed is in line with current legislation.
Resource Implications: Funding source:	n/a
Equality & Diversity Implications:	n/a
Recommendations:	To accept the register as a true and accurate record. This will be

	uploaded to our external Trust website.

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS

As at 31st January 2017

NAME OF DIRECTOR	INTEREST DECLARED
D Rogers Chairman	**Crystal Care Solutions Ltd** Chairman and Stakeholder
T Gadsby Non Executive Director	**MedicAlert Foundation, British Isles and Ireland** Chairman of Trustee Board
P Sullivan Non Executive Director	**Care Quality Commission** Mental Health Act Reviewer **Health, Education and Social Care Chamber (Mental Health)** Fee-paid Specialist Lay Member of the First-tier Tribunal **HMP Drake Hall** Member of Independent Monitoring Board
B Johnson Non Executive Director	**Moorlands Housing (part of Your Housing Group)** Chair **Ascent Housing LLP, a partnership between Staffordshire Moorlands District Council and Your Housing,** Chair
J Walley Non Executive Director Commenced 01/12/16	**City Learning Trust** Vice Chairperson **Burslem Regeneration Trust** Chairperson **Carrick Court Freehold Company** Director
L Barber Non Executive Director Commenced 01/12/16	**Macmillan Cancer Support** Employee
K Tattum GP Associate Director	**Baddeley Green GP Surgery** Senior Partner **BGS Medical Ltd** Director/owner **North Staffordshire Local Medical Committee** Member
J Harvey Staff Side Representative	**No interests declared**
C Donovan Chief Executive	**No interests declared**

Dr B Adeyemo Executive Medical Director	**Staffordshire University** Honorary Lecturer
P Draycott Director of Leadership & Workforce (*non-voting*)	**No interests declared**
M Nelligan Director of Nursing & Quality	**Hospice of the Good Shepherd** Company Director
T Thornber Director of Strategy and Development	**Manchester University** Honorary Research Associate.
S Robinson Director of Finance and Performance	**No interests declared**
A Rogers Director of Operations (*non-voting*)	**No interests declared**
L Wrench Associate Director of Governance	**Wrench Fine Jewellery** Family business

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

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

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

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

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281

REPORT TO Trust Board (Open)

Enclosure 14

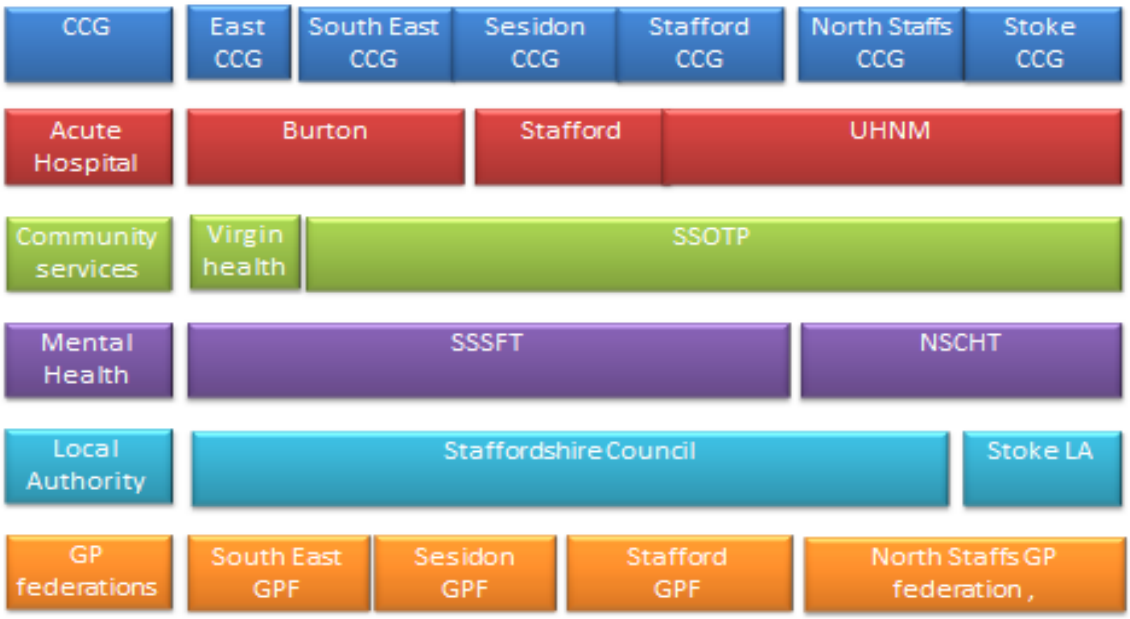
Date of Meeting:	9 February 2017
Title of Report:	Partnership to Multispecialty Community Provider
Presented by:	Tom Thornber, Director of Strategy and Development
Author of Report:	Tom Thornber, Director of Strategy and Development
Purpose / Intent of Report:	For Information
Executive Summary:	For information on the partnership arrangements in the delivery of new models of care.
Seen at SLT or **Exec** Meeting & date	SLT / EXEC (and date): Seen by Exec Lead : Document Version number:
Committee Approval / Review	• Quality Committee ☐ • Finance and Performance Committee ☐ • Audit Committee ☐ • People and Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐
Relationship with: *Board Assurance Framework* *Strategic Objectives*	1. To provide the highest quality services ☒ 2. Create a learning culture to continually improve. ☐ 3. Encourage, inspire and implement research & innovation at all levels. ☐ 4. Maximise and use our resources intelligently and efficiently. ☐ 5. Attract and inspire the best people to work here. ☐ 6. Continually improve our partnership working. ☐ 7. To enhance service user and carer involvement. ☐ **Comments:**
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	None
Resource Implications: Funding source:	None
Equality & Diversity Implications:	None
Recommendations:	For Information to be noted by the Trust Board

27/05/16 13:27 Form emailed to all SLT/Execs/PAs

Partnership to Multispecialty Community Provider

Health Care Organisational Overview for Staffordshire STP

Detailed below is a diagrammatic representation of the service provision of organisations across the Staffordshire STP.



Formal Partnership Agreement NSCHT and GP Federation

North Staffordshire Combined Health Care has entered into a formal partnership with North Staffordshire GP federation. The partnership arrangements support the delivery of integrated care and for both organisation to work towards an (Multispecialty Community Provider) MCP Model of care. This will seek align community mental health resources with 10 GP localities. Under this partnership agreement a front of house service at UHNM accident and emergency department and a primary care access hub are currently delivered. Additional service opportunities are under review.

The above partnership will also provide corporate support where Requested from North Staffordshire Combined to the North Staffordshire GP Federation.

Alliance Board to Multispecialty Community Provider (MCP) board

The North Staffordshire GP federation will initiate an alliance Provider Board for North Staffordshire and Stoke on Trent for health and care. This will bring together health and social care providers in the first phase of moving to a North Staffordshire MCP.