

MEETING OF THE TRUST BOARD

**TO BE HELD IN PUBLIC ON THURSDAY 26 NOVEMBER 2015,
10:00AM, BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
 BELLRINGER ROAD, TRENTAM LAKES SOUTH,
 STOKE ON TRENT, ST4 8HH**

AGENDA		
1.	APOLOGIES FOR ABSENCE <i>To NOTE any apologies for absence</i>	Note
2.	DECLARATION OF INTEREST RELATING TO AGENDA ITEMS	Note
3.	DECLARATIONS OF INTERESTS RELATING TO ANY OTHER BUSINESS	Note
4.	MINUTES OF THE OPEN AGENDA – 29 October 2015 <i>To APPROVE the minutes of the meeting held on 29 October 2015</i>	Approve Enclosure 1
5.	ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES <i>To CONSIDER any matters arising from the minutes</i>	Note Enclosure 2
6.	CHAIR'S REPORT <i>To RECEIVE a verbal report from the Chair</i>	Note
7.	CHIEF EXECUTIVE'S REPORT <i>To RECEIVE a report from Mrs. C Donovan, Chief Executive</i>	Note Enclosure 3
FOCUSING ON QUALITY AND SAFETY AND BEING AN EMPLOYER OF CHOICE		
8.	SPOTLIGHT ON EXCELLENCE <i>To PRESENT the Spotlight on Excellence Team and Individual Awards to staff To be introduced by the Chief Executive and presented by the Chair</i>	Verbal
9.	STAFF RETIREMENTS <i>To EXPRESS our gratitude and recognise staff who are retiring. To be introduced and presented by the Chair</i>	Verbal
10.	PRESENTATION FROM LEARNING DISABILITIES DIRECTORATE <i>Presentation from the Community Learning Disability Team (CLDT)</i>	Verbal

11.	QUALITY COMMITTEE REPORT <i>To RECEIVE the Quality Committee Assurance report from the Committee Chair, Mr. P Sullivan, Non-Executive Director from the meeting held on 17 November 2015</i>	Assurance Enclosure 4
12.	NURSE STAFFING MONTHLY REPORT –October 2015 <i>To DISCUSS and APPROVE the assurance report on the planned versus actual staff variances from Ms M Nelligan, Director of Nursing & Quality</i>	Assurance Enclosure 5
13.	SERIOUS INCIDENTS QUARTERLY REPORT - JULY TO SEPT 2015 <i>To RECEIVE the quarterly report from Dr. B Adeyemo, Medical Director</i>	Assurance Enclosure 6
DELIVERING OUR FINANCIAL PLAN AND ENSURING GOOD GOVERNANCE		
14.	AUDIT COMMITTEE ASSURANCE REPORT <i>To RECEIVE the Audit Committee Assurance report from the Committee Chair, Mr D Rogers, Non-Executive Director from the meeting held on 19 November 2015</i>	Assurance Enclosure 7
15.	FINANCE REPORT – Month 7 (2015/16) <i>To RECEIVE for discussion the month 7 financial position from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 8
16.	FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT <i>To RECEIVE the Finance & Performance Committee Assurance report from the Committee Chair, Mr. T Gadsby, Non-Executive Director from the meeting held on 19 November 2015</i>	Assurance Enclosure 9
17.	BUSINESS DEVELOPMENT COMMITTEE ASSURANCE REPORT <i>To RECEIVE the Business Development Committee Assurance report from the Committee Chair, Mr D Rogers, Non-Executive Director from the meeting held on 3 November 2015</i>	Assurance Enclosure 10
18.	ANNUAL REPORT AND ACCOUNTS CHARITABLE FUNDS COMMITTEE 2014/15 <i>To RECEIVE the Annual report and accounts for the Charitable Funds Committee from Ms A Harrison, Interim Director of Finance</i>	Assurance Enclosure 11
CONSISTENTLY MEETING STANDARDS		
19.	PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 7 <i>To RECEIVE the month 7 Performance Report from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 12
20.	SELF CERTIFICATIONS FOR THE NHS TRUST DEVELOPMENT AGENCY <i>To APPROVE the Self Certifications for the TDA from Ms. A Harrison, Interim Director of Finance</i>	Assurance Enclosure 13

BEING AN EMPLOYER OF CHOICE, DEVELOPING ACADEMIC PARTNERSHIPS AND EDUCATION AND TRAINING INITIATIVES		
21.	PEOPLE AND CULTURE DEVELOPMENT COMMITTEE REPORT <i>To RECEIVE the People and Culture Development Committee assurance report from the meeting held on the 16 November 2015 meeting from the Committee Chair, Mr. P. O'Hagan, Non-Executive Director</i>	Assurance Enclosure 14
To DISCUSS Any Other Business		
22.	REGISTER OF DECLARED INTERESTS <i>To RECEIVE an updated Register of Declared Interests in respect of Board Members from Mrs L Wrench, Associate Director of Governance</i>	Note Enclosure 15
QUESTIONS FROM MEMBERS OF THE PUBLIC		
	<i>To ANSWER questions from the public on items listed on the agenda</i>	
DATE AND TIME OF THE NEXT MEETING		
24.	<i>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 28 January 2016 at 10:00am.</i>	
25.	MOTION TO EXCLUDE THE PUBLIC <i>To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)</i>	
THE REMAINDER OF THE MEETING WILL BE IN PRIVATE		

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

	DECLARATIONS OF INTEREST	Note
	DECLARATIONS OF ANY OTHER BUSINESS	Note
	SERIOUS INCIDENTS	Assurance
	LEADERSHIP & DEVELOPMENT UPDATE	Note
	BUSINESS CASES & INTEGRATED BUSINESS PLAN	Note
	ANY OTHER BUSINESS	

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS
Trust Board meeting held on Thursday, 29 October 2015, 10:00am in the
Boardroom, Trust Headquarters, Lawton House, Bellringer Road,
Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Mr K Jarrold
Chairman

Directors:

Ms M Nelligan
Director of Nursing

Mrs C Donovan
Chief Executive

Mr T Gadsby
Non-Executive Director

Dr B Adeyemo
Medical Director

Mr P Sullivan
Non-Executive Director

Mrs B Johnson
Non-Executive Director

Ms A Harrison
Interim Director of Finance

Mr P Draycott
Executive Director of Leadership &
Workforce

Dr K Tattum
GP Associate Director

Mr A Rogers
Director of Operations

Mr T Thornber
Director of Strategy and
Development

In attendance:

Mrs L Wrench
Associate Director of Governance

Mrs J Scotcher
Executive PA

Individual spotlight
Mrs K Walker
Project Management Officer

Mr M Fletcher
Communications

Team Spotlight:
Adult Inpatient Team – Florence House
Carolyn Wilkes, Team Leader
Michael Oddi, Clinical Psychologist
Dr Sgouros, Clinical Director, ADMH
Inpatient

Staff Retirements
Dr Gee, Consultant Psychiatrist
Beverley Dawson, Training Manager
Wendy Chadwick, Support Services
Assistant

Members of the public:

Mrs H Johnson
North Staffs User Group
Dr H Uppal, Consultant Psychiatrist
Mr C Fieldhouse, ADMH Community
Mrs J Charlton, Project Management PA

The meeting commenced at 10:00am.

171/2015	Apologies for Absence Apologies were received from Dr Laws, Mr O'Hagan, Mr D Rogers and Ms Harvey.	Action
172/2015	Declaration of Interest relating to agenda items There were no declarations of interest relating to agenda items.	

	<p><i>Mr Sullivan noted this had been clarified and can be removed from schedule</i></p> <p><i>140/2015 - Safe Staffing Monthly Report</i> - Ms Harrison stated that there has been rising demand within adult community services. A review has been ongoing in respect of utilisation of clinics and community services; what levels of DNAs and cancellations, with a view to a more efficient way of working and review of funding. The first draft will be discussed at Executive Team.</p> <p><i>Mr A Rogers confirmed that progress has been made by the caseload tool. This had been submitted to SLT and would be presented to the Commissioning Board in November 2015.</i></p>	Mr A Rogers
176/2015	<p>Chair's Report</p> <p>The Chair noted that this is the first meeting of the Board since his retirement as Chair was announced taking effect on the 31st March next year.</p> <p>He would therefore, just like to repeat what was said in the Press release.</p> <p><i>"It has been a great privilege to be part of Combined's story of healing, renewal and recovery. It has been a difficult and challenging four years but I believe that Combined is now going in the right direction. When I retired 10 years ago, after spending 36 years as an NHS manager, I said that I intended to do non-executive work and consultancy and to write about a range of issues which interest me.</i></p> <p>He stated that he has undertaken non-executive work in the NHS and the wider public sector and has, and will continue to provide consultancy support. However, he stated that he had not managed to get to the writing and, given that he will be 68 next year, the time has come to get started!</p> <p>He further commented that he has been delighted to have worked with the people of Stoke-on-Trent and North Staffordshire, with service users and carers, frontline staff, our partners, my colleagues in the Trust and the Board. He also stated that he was particularly pleased to have been involved in appointing Caroline Donovan as Chief Executive of the Trust and to have worked with her."</p>	

	<p>He was very pleased that he will be here when the CQC Report is received and published and to be able to help with the process of learning and improvement that will follow. We have already received comments about the need for improvement in our CAMHS services and we are learning and improving on the basis of the details received.</p> <p>He promised not to refer to his departure in his Chair's remarks at every meeting between now and March, but it is possible that he will have a farewell message to share at the March Board!</p> <p>Received</p>	
177/2015	<p>Chief Executive's Report</p> <p>Mrs Donovan, Chief Executive, presented this report which provides an update on the activities undertaken since the last meeting in September 2015 and draws the Board's attention to any other issues of significance or interest.</p> <p>Trust Chairman's Departure</p> <p>Mrs Donovan wished to extend her sincere thanks to the Chairman, Ken Jarrold. She commented that for her personally, he has been an incredible inspiration and she felt very fortunate taking on her first Chief Executive role with his guidance and strong values.</p> <p>Accountability Session</p> <p>The Trust was invited to present to the Staffordshire County Council Health Staffordshire Overview and Scrutiny Committee (OSC) on 14 October 2015 as part of the OSCs programme of Accountability sessions. Both the Chairman and Executive Team attended. The Trust presents annually whereas other Trusts are invited on a quarterly basis. During the session, the Trust is held to account for its performance and subjected to challenges, overall the session was very positive.</p> <p>Commissioning Intentions</p> <p>The Trust has received the Commissioning Intentions 2016/17 and is currently working through and will respond back following consideration across all Directorates. This will be submitted to the Trust Board in November 2015.</p> <p>Pan Staffordshire Transformation Programme</p> <p>Mrs Donovan reported that both she and the Chairman had attended this event on 20 October 2015. This was a leadership conference for members of the Transformation Programme to further influence the overall Staffordshire Wide Programme. Work is continuing</p>	Ms Harrison

	<p>Service User and Patient Council</p> <p>The Service User and Patient Council met in October. Mrs Donovan thanked Mrs Johnson and Ms Nelligan for their input and support. The event was well supported by service users and carer leads.</p> <p>Digital by Choice Programme Board</p> <p>The Digital By Choice Programme Board had taken place in October 2015, progress has been made thanks to Mr Thornber, in that the Trust has done a first draft of the Business Plan to go to the Department of Health for our new Electronic Patient Record system. Mrs Donovan also noted that the Trust is developing an app for GPs in order to help make our services more accessible.</p> <p>CQC Comprehensive Inspection</p> <p>There has been some initial feedback around improvements in particular within the CAMHS Directorate, we are still awaiting the full report. The Quality Summit has now been organised for 17 December 2015. All Directorates are working on improvements and auditing processes are in place.</p> <p>Staff Flu</p> <p>The Flu Clinics got underway at the beginning of October 2015; although the Campaign has not been as well attended as expected. The Trust now has nominated Flu Champions to help raise staff vaccinations.</p> <p>Crisis Care</p> <p>Some media issues had developed during September, as a result of Mathew Ellis, the Staffordshire Police and Crime Commissioner, releasing a story of an incident that happened in March this year. Our teams worked tirelessly to support a service user who lived outside of the county but needed a psychiatric intensive care unit (PICU) bed. There was a lack of appropriate bed availability across the NHS, which resulted in a service user being held in a police cell. Trust staff did their absolute utmost to manage and support the service user and the police. The issue of the lack of a PICU for our Trust had already been identified as a gap with our Commissioners and the Trust has now developed a business case, this will be discussed at the first meeting of the Business Development and Investment Committee next week. .</p> <p>Listening Into Action Update</p> <p>A further 'Pass it on' Event was held on 23 October 2015. This time there are 14 teams involved and the event was very exciting and creative. There is great commitment with a range of teams and clinical backgrounds; the next stage will be deciding the next wave of improvements.</p>	
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	<p>Stoke-on-Trent Co-operative Working Model</p> <p>Both Mrs Donovan and Mr Thornber, Director of Strategy & Development met with YMCA and Staffordshire Fire and Rescue Service, to discuss how we can integrate the principles of the Stoke-on-Trent Co-operative Working model across the NHS and across our Trust.</p> <p>The Co-operative Working approach aims to help vulnerable people to live their lives well by offering a more co-ordinated approach across Stoke-on-Trent City Council and partner services to help solve problems.</p> <p>World Mental Health Day</p> <p>The Mental Health Foundation chose 'dignity' as the theme of this year's World Mental Health Day, which took place on Saturday 10 October and was championed by Combined Healthcare. The Trust staff held a series of events to celebrate World Mental Health Day with various activities enjoyed by both staff and patients. Wards 4 – 7 were treated to a performance of a local singing group Elms Friends.</p> <p>CAMHS</p> <p>The Paediatric Oncology Team has been given royal approval after meeting Prince Harry at the Well Child Awards. The team won an award and it was noted that Dr Carole Martin (Children's division) provides clinical psychology support to the this team</p> <p><i>Received</i></p>	
178/2015	<p>Spotlight Awards - October 2015</p> <p>Individual Spotlight Award Kate Walker, Project Manager, Programme Management Office, Corporate Directorate</p> <p>Kate's day to day work involves supporting and managing projects relating to business opportunities and strategic development.</p> <p>Last year, as part of the Clinical Pathway development programme, Kate supported the development of 8 new clinical pathways, arranging pathway operational groups and supporting a wider programme board agenda. This led to the project running to time and target and that every milestone that belonged to the Trust was achieved.</p> <p>Kate's immense organisational skills, professionalism, and methods of working were further utilised as part of the project team preparing for the CQC visit. Not only did Kate arrange all the necessary interviews and focus groups, but liaised with the</p>	

	<p>CQC daily to ensure that everything we needed was completed, deadlines were met and that everyone knew their role in the process.</p> <p>The Trust value which describes Kate best is exceeding expectations. Kate demonstrated this with the organisation and management of the data requests we received during the CQC visit. Kate took responsibility for logging and sending out all requests totalling more than 500 in total, and also uploading them to the CQC portal and communicating with key data analysts to ensure the requests had been met. Kate went over and beyond what was expected to ensure a co-ordinated and timely response was delivered in response to each request.</p> <p>The CQC lead inspector commented that Kate had been particularly helpful in preparing for the inspection and this was again reiterated during the week of the inspection.</p> <p><i>Received</i></p>	
179/2015	<p>Team Spotlight Award and Presentation Florence House - Adult Inpatient Directorate</p> <p>The staff at Florence House demonstrate an innovative and creative approach to delivering efficient services which challenge the traditional view of what constitutes rehabilitation.</p> <p>Staff from a broad range of therapeutic backgrounds work together to create an environment where patients are supported and empowered to move towards a lasting recovery, addressing social, psychological, physical and practical needs. At the heart of their approach is the idea that an environment which celebrates difference can be better able to meet the diverse needs presented by patients.</p> <p>The team demonstrate all the trust values including - valuing patients as individuals which commences at the point of admission with patients having their recovery and functioning assessed and evaluated using the recovery STAR. Having close partnerships with third sector organisations also allows for cost-effective service provision which exceeds expectations and high quality innovate care is emphasised through the efficiency of Florence House's model meaning that the average length of stay for clients is now measured in months instead of years, allowing a greater number of patients to access the service and build up skills in a short period of time.</p> <p>Members of the Board listened to a presentation by the Team which included a video of Patient Story.</p>	

	<p>Mrs Charlton (observing) commented in respect of the Patient's Story. . She had remembered this lady from working at Florence House some years ago and how she has transformed in her wellbeing and personality. It is amazing to see her now!</p> <p>Mr Fieldhouse also commented on the team and praised them for their fantastic work.</p> <p>Mr Gadsby referred to bed capacity at Florence House and whether it would be beneficial to do some remodelling with Summers View to enable 16 beds rather than 8. Carolyn Wilkes agreed this would be beneficial and this is being reviewed at present with a focus on a different care pathway.</p> <p>Mrs B Johnson queried whether the service is commissioned across the whole of Staffordshire. Carolyn confirmed that it was.</p> <p>Mrs Donovan commended Carolyn Wilkes and Michael Oddi for their fantastic work and they go above and beyond their roles. Mrs Donovan queried Micheal's role, as to whether he was no longer in post. Carolyn clarified that this was a temporary contract which had not been made permanent. Mrs Donovan noted that this needed to be reconsidered and reviewed to understand the key role and the recovery model.</p> <p>Carolyn further highlighted the work in recovery at Florence House; breaking down barriers, ie patient's can cook meals for relatives. This would not be possible in a hospital setting. Also the team had introduced a '<i>little job shop</i>' for papers giving patients cash to purchase, which shows trust in the patients.</p> <p>Mr A Rogers was pleased to note the interesting range of interventions, but queried the lady's reason for admission. Michael stated that the main part of her difficulties were her home environment which was stressful and chaotic. It was important for her to feel safe and settled.</p> <p>Dr Tattum thanked the team and commented that the patient story was very moving. For him, personally, this is why he gets out of bed in a morning and why he is involved with Combined Healthcare. He further commented on mental health in Europe; in many countries, these people perish and that it is really important that we understand how vital the team and the service is.</p> <p>Mrs H Johnson commented on how very fortunate she was to have known this lady and to see her is fantastic. It is lovely to see people change and get better.</p>	
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	<p>Dr Gee also recalled this lady from her Ashcombe stay sometime ago and that she now looked 100% better.</p> <p>The Chair stated that this team was inspirational and he was pleased to have listened and heard how this lady has improved. He thanked the team for all their support and hard work.</p> <p>Received</p>	
180/2015	<p>Staff Retirements</p> <p>Mrs Donovan recognised 5 staff who are retiring this month as follows:</p> <p>Unfortunately, Phil Cooper and Wendy Lavin were not able to attend today. However, Dr Gee, Wendy Chadwick and Beverley Dawson were present.</p> <p>Dr Gee</p> <p>Martin, has worked in key areas across the Trust, helping to establish the Ashcombe Centre and resource centre beds. This was an innovative approach at the time and served as a step - down facility for patients. He also pioneered the Moorlands Crisis/Home Treatment service which was also unique in the fact that it was integrated with the Community Mental Health Team. This helped shape the eventual model of the current Crisis Resolution and Home treatment team that subsequently developed within the Trust.</p> <p>Other key roles Martin has held include those of Clinical Tutor, Clinical Lead for Adult Services and Mental Health Act Scrutineer. Externally, he has been involved in aspects of the Mental Health Act, serving as a committee member, becoming Deputy Regional Advisor and is now involved with the CQC as a Medical member of the Mental Health Act Tribunals Service. Consultants colleagues have described Martin as someone who has “never been a flamboyant character but always makes his views known. Martin has contributed in many subtle ways to the development of services, not by shouting but by quietly persuading – and his ability to debate is second to none when called upon!”</p> <p>Wendy Chadwick</p> <p>Wendy has worked in the NHS since 1993 starting at City General Hospital and then in 2004 moved to Bucknall Hospital where she joined the domestic services team.</p> <p>Since joining the Trust Wendy has worked both in the in-patient areas and offices. Whilst on the wards Wendy was highly thought of by the clinical team and the patients and her work</p>	

	<p>standards enhanced the environment of the ward. The patient's would look forward to receiving their cup of tea, served with a friendly, warm and welcome expression</p> <p>Upon the closure of Bucknall Hospital in December 2012 Wendy transferred to work as part of the Support Service team covering Lawton House, Trust HQ where again her ability to provide a friendly but efficient service did not go unnoticed.</p> <p>Over the years Wendy has been a true friend to many colleagues, always offering support and a listening ear in times of need.</p> <p>During her time with the Trust Wendy has also been highly regarded as a very valuable member of the Support Service team and can be seen as an excellent role model for the service. Wendy has always undertaken any task, nothing is ever too much trouble and she always has a smile for everyone</p> <p>We would like to wish Wendy a happy, healthy and long retirement and hope that she is able to find more valuable time to spend relaxing at her caravan in Wales. Wendy will be greatly missed by everyone.</p> <p>Beverley Dawson Beverley began her career as a Health Visitor at the Lucy Wedgwood Clinic at Burslem Health Centre in October 1982, working as a Health Visitor for approximately 13 years. She then became a Training Officer for the Community Unit. The organisation subsequently merged into Combined Healthcare, where Beverley has held a variety of learning and development roles.</p> <p>Beverley has led on clinical skills development and over the last 5 years has taken a lead on leadership and team development activities. Her approach is a practical one, looking at standards, best practice and interventions that can impact on individual and team behaviours, increasing knowledge, understanding and self awareness, to enable maximum benefit to be gained for the individual and their team back in the workplace. Beverley is warm, caring and compassionate - a fantastic leader and team member.</p> <p>We will miss her greatly – her professionalism, the fun she brings and the wonderful cakes she bakes. We wish Beverley the very best in her retirement from the Trust – health, happiness and much enjoyment, but we get the feeling this new chapter of her life will be as busy and fulfilling as those that have gone before.</p>	
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181/2015	<p>Quality Committee Summary held on 20 October 2015</p> <p>Mr Gadsby, Non-Executive Director, presented this summary report from the meeting of the Quality Committee held on 20 October 2015.</p> <p>Members of the Board reviewed the contents and Mr Gadsby highlighted the following items;</p> <p>The Quality Committee approved the following policies for 3 years, with the exception of 1.34, 1.08 and 1.62 extend for one month:</p> <ul style="list-style-type: none"> 4.39 Clinical Audit 4.12 Resuscitation 5.33 Slips, trips and falls (new) Display screen equipment 1.34 Observation 1.08 Missing Persons 1.62 Physical Assessment 1.41 Clinical Risk Assessment 1.64 CPA Policy <p>Ratified</p> <p>The Quality Committee received and reviewed ;</p> <p><i>Quality Metrics from the Performance Quality Management Framework report (PQMF) Month 6 2015/16</i> - it was noted that there are 2 red and 2 amber scorings of which the committee were assured there is progress ongoing.</p> <p><i>Review of Safeguarding Arrangements report</i> received - the Quality Committee took assurance from the depth of the investigation and the reports, that the allegations were not substantiated. There were a number of recommendations within the report, assurance was given that these are being pursued.</p> <p>The Chair noted that this was undertaken by an Independent reviewer.</p> <p><i>Supporting people with a learning disability and/ or autism who have a mental health conditions or display behaviour that challenges</i> - paper received regarding the changes within the national framework for learning disabilities. Current local actions in response to these principles were set out in the paper and the Quality Committee discussed the implementation of the service model which will require both operational and cultural changes across all directorates.</p> <p><i>Eliminating Mixed Sex Accommodation Q2 update</i> – the Quality Committee took assurance and there were no breaches by the Trust.</p>	
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	<p><i>Risk to Quality of Services M6 2015/16</i> received; the Quality Committee noted the actions being taken to mitigate all on the plan.</p> <p><i>CQC Quality Assurance Programme Board Progress Report</i> received updates on progress during the last 7 months, further actions and recommendations were noted. Self-Assessment updates will be received on a 6-monthly basis. The Quality Committee also noted that two reports had been received from the CQC in respect of Ward 3 and CAMHS during the week of the CQC inspection. Both reports are being considered and actions being taken for improvements.</p> <p><i>Received</i></p>	
182/2015	<p>Safe Staffing Monthly report</p> <p>Ms Nelligan, 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 September 2015). The Chair welcomed Ms Nelligan to her first Trust Board.</p> <p>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for September was 97.6%: being a total fill rate of 95.4% for registered nurses and 99.9% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. A full review will take place in November and will include the original review methodology. The review will take into account acuity and bed occupancy, workforce leadership and practice issues.</p> <p>Ms Nelligan highlighted the following issues and apologised for the incompleteness in relation to sickness which should read;</p> <ul style="list-style-type: none"> Edward Myers Centre - 3.98% A&T - 1.27% Florence - 4.31% Darwin Centre - 2.54% Dragon Square - 3.22% <p>The report will be amended to reflect these figures accordingly. Ms Nelligan also commented that she was encouraged by the establishments.</p> <p>Moving forward, Ms Nelligan stated that the Safe Staffing Report would be strengthened from 1 November 2015. She noted that she had met with ward managers in terms of data collection and had introduced a Standard Operating Procedure to ensure qualitative and quantitative data including escalation protocols for bank and agency staff.</p>	

	<p>Furthermore, Ms Nelligan stated that in line with national Quality Board, she would be reviewing inpatient staffing, this would include the multi-disciplinary teams.</p> <p>Mr Sullivan raised the debate about continuing with Ward 4 and whether the Trust is aware of future plans. Mrs Donovan confirmed that Ward 4 has been commissioned to the end of the financial year 2015/16 and that all posts have been filled on a permanent basis. Further clarity will be available nearer to April 2016.</p> <p>Mr Sullivan also commented that the occupancy levels in the Darwin Centre are lower and was this the national picture? Mr A Rogers confirmed that he had met with commissioners and there is a trend that admissions reduce in September/October and then build up. Mrs Donovan also noted this had been picked up at Finance and Performance Committee (F&P) to see if this was a seasonal trend.</p> <p>Mrs B Johnson queried in respect to Ward 4, which had been initially set up as part of the Winter pressures plans; what will happen this year with the winter crisis? Mr A Rogers stated that the Staffordshire Systems Resilience Group (SSRG) are currently reviewing and debating winter pressures; however this year may be difficult due to lack of funding. UHNM have some plans with wards, but we need to be mindful that the system will get under pressure and the Trust may be asked to get plans in place.</p> <p>Dr Adeyemo gave assurance that Ms Munton-Davies, Head of Directorate (NOAP) had been progressing and identified gaps with step up/step down. The focus is really about the pathway from the community and patients moving swiftly.</p> <p>Mrs H Johnson raised concerns regarding the high level of bed occupancy on the acute wards and also there are more complex needs on these wards. However, she noted the excellent work on Ward 4 and this had been a great success.</p> <p>Mr Sullivan noted that he had helped support Dawn Burston with a Big Conversation on 28 October 2015, regarding staffing on the acute wards and discussions with nurse practitioners covering over weekends to help increase with reviews and discharges at weekends. There are some issues that are unresolved and there needs to be a level of focus to ensure that there is not a reinvention of practices we already have.</p> <p><i>Received</i></p>	
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183/2015	<p>Board Assurance Framework – Quarter 2</p> <p>Mrs Wrench, Associate Director of Governance, presented the Board Assurance Framework - Quarter 2. The Board Assurance Framework (BAF) aligns the Trust strategic objectives to our quality priorities and key risks including the Board's level of risk appetite.</p> <p>Members of the Board reviewed the BAF. Mrs Wrench confirmed that this has further been developed with the addition of a target risk score, in order that focus can be made towards progressing to reduce the risk.</p> <p>Moving forward into Q3, the BAF will feature on the sub-committees of the Board. The aim of the document is to be as dynamic as possible, forward looking and to predict achievements of targets going forward.</p> <p>Furthermore, it was noted that the People and Culture Development Committee (PCD) will be holding a dedicated development session in November to focus on the BAF.</p> <p>Mrs Wrench noted that more importantly, there are no changes to any of the risks, none have been elevated and remain on target.</p> <p>Mr Sullivan commented that the BAF was very helpful and a real working document.</p> <p><i>Received</i></p>	
184/2015	<p>Feedback from the Quality Surveillance Group</p> <p>Mrs Donovan, Chief Executive, presented the Quality Surveillance letter. The letter indicates that the Trust is rated as green – regular surveillance – no specific concerns but watching eye on any dips in performance.</p> <p>In future, it was agreed for this to be received by the Quality Committee.</p> <p><i>Received</i></p>	Mrs Wrench
185/2015	<p>Financial Performance – Month 6 (2015/16)</p> <p>Ms Harrison, Interim Director of Finance, presented this report and highlighted the headline performance for the period 30 September 2015 and stated that the Trust is on target financially</p>	

	<p>The Trusts financial performance is a retained deficit of £0.526m against a planned deficit of £0.596m, a favourable variance of £0.042m.</p> <p>The in-year cost improvement target is £2.66m with a year to date performance of £0.074m ahead of plan.</p> <p>The cash balance as at 30 September 2015 was £6.9m.</p> <p>The net capital expenditure is a negative (£0.076m) which is behind the Plan of £0.150m, an under spend of £0.226m.</p> <p>The Continuity of Service risk rating is reported as 3 in line with the plan.</p> <p>Ms Harrison further noted that the Trust has met with the TDA recently, and there were no issues in respect of our decision not to increase our stretched target. The Trust will be receiving a letter on capital cash.</p> <p>Ms Harrison stated that she was confident in respect of the Capital Plan moving forward.</p> <p>In respect of Cost Improvement Programme (CIPs) 2016/17, a meeting has taken place with Clinical Directors and managers and agreement to meet every 6 weeks as an ongoing process. Some changes will be made to budget settings in order to make CIP more identifiable in terms of targets.</p> <p>Mrs Donovan requested that the CIP summary be incorporated into the Finance Report going forward.</p> <p><i>Received</i></p>	<p>Ms Harrison</p>
186/2015	<p>Assurance Report - Finance and Performance Committee Report – 22 October 2015</p> <p>Mr Gadsby, Non-Executive Director, presented the assurance report to the Trust Board from the Finance and Performance Committee held on 22 October 2015.</p> <p>Members of the Board reviewed the contents and Mr Gadsby highlighted the following items;</p> <p><i>A Clinical Contract Information Report</i> was received - concerns were raised in respect of income from Children's Inpatient Service, it was noted that the underperformance was linked to the national downturn on the demand for Tier 4 beds.</p>	

	<p><i>Drug and Alcohol Recovery services contract with Stoke-on-Trent City Council</i> – the F&P Committee recommend to the Board for this contract to be signed and sealed – approved</p> <p><i>Backlog Maintenance Report</i> - received in respect of the Capital Plan and it was agreed there is no benefit to carry out maintenance on estate that the Trust is selling off or moving from.</p> <p><i>CIP programme 2015/16</i> – the F&P Committee were assured, however there needs to be further work for 2016/17</p> <p>Mr Gadsby raised an observation that at the Quality Committee there had been no reporting in respect of new QIAs on CIPs in the last month and this is concerning. Mr Gadsby noted that this may be an early indication that schemes are slowing down.</p> <p>Mr A Rogers noted that the CIP schemes are being planned for 2016/17. The Trust is putting together a business case for commissioners for additional funding for CAMHS Tier 3 plus; it is planned this will reduce demand on Tier 4.</p> <p><i>Received</i></p>	<p>Dr Adeyemo /Ms Nelligan</p>
187/2015	<p>Performance and Quality Management Framework Report (PQMF) Month 6</p> <p>Ms Harrison, Interim Director of Finance, presented this report. The report provides the Board with a summary of performance to the end of Month 6. Performance against the TDA metrics and key National Targets is included within the report.</p> <p>At month 6 there are 2 metrics rated as Red and 1 rated as Amber;as follows:</p> <ul style="list-style-type: none"> • Mandatory Training – 90% amber • Appraisal – 78% red • RAID – 90% red – the level of patients treated in Stafford has increased; this has possibly had an impact on our performance. This will be part of the contract negotiations and is being monitored. <p>Ms Harrison gave the board further assurance that there will be robust contract negotiations moving forward.</p> <p><i>Received</i></p>	

188/2015	<p>Self-Certifications for the NHS Trust Development Agency</p> <p>Ms Harrison, Interim Director of Finance, presented the executive summary. The summary indicates that the Executive Team have reviewed the declarations, with no change from last month's position of compliance with Board Statement 11 (Governance) – <i>The Trust has achieved a minimum of Level 2 Performance against the requirements of the Information Governance Toolkit.</i></p> <p>Based on September 2015 data, the Trust is therefore declaring non-compliance with one TDA requirement.</p> <p>An action plan has been developed to address this gap, implemented by the IG Steering Group, and progress has been reported to Quality Committee. These actions have now been delivered and the Trust will be declaring full compliance at the 30 October 2015 IG Toolkit update submission. This will be reflected in next month's TDA self-certification report.</p> <p><i>Received</i></p>	
189/2015	<p>Estates Compliance Assurance Paper</p> <p>Mr A Rogers, Director of Operations, presented this paper which outlines the requirements in respect of Statutory Compliance in respect of NHS Estate. It outlines how the Trust's Estates function manages this risk on the Trust's behalf.</p> <p>The paper identifies that there are no specific areas of non-compliance in respect of the Trust's estate.</p> <p>Mr A Rogers noted the contents of the report and highlighted the following ;</p> <ul style="list-style-type: none"> • Harlands Hospital site is a PFI site, the majority of functions are carried out by Carillion, who provide an estates function. The Estates function oversees the work by Carillion at the Contract Monitoring meetings • Legislation and Guidance noted • Estates management noted <p>The performance data/action plan was reviewed and frequency of checks and scope of works described.</p> <p>Mrs B Johnson queried the presence of asbestos in any of our buildings. Mr A Rogers stated that the majority of the Trust's estate is relatively new, so this is not an issue but he would discuss with Estates. Mrs B Johnson stated that it would be</p>	

	<p>beneficial for Internal Audit in relation to the compliance of the Estates Department which would then be submitted to the Audit Committee for assurance.</p> <p>Mr Gadsby noted an issue in respect of the maintenance budgets. Currently, the Estates Department do not hold any budgets for the maintenance of properties. Budgets are managed by the clinical directorates with an element included for estates maintenance. This means that the Estates Team need to seek approval from budget holders to undertake statutory compliance works. As many budget holders do not have any estates knowledge, they are unaware of the relevant legislation and therefore do not always approve the works in a timely manner. Mr A Rogers noted that this is an area that may require further review.</p> <p>Ms Nelligan queried whether the Legionella precaution checks were in-house or external. Mr A Rogers confirmed these checks were performed in-house.</p> <p>Received</p>	<p>Mr A Rogers</p> <p>Mr A Rogers</p>
190/2015	<p>Whole Systems Leadership – Health and Wellbeing Board (Stoke)</p> <p>Mr Thornber, Director of Strategy and Development, presented this report in respect of the Stoke on Trent Health and Wellbeing - Whole Systems Leaders Event on 1 October 2015.</p> <p>Members of the Board noted the contents, together with attendance from key local organisations. The proposed 'Winnable Battles' were also noted, these were further debated by the Health and Wellbeing Board and will be finalised.</p> <p>The Key points in relation to underpinning priorities were highlighted as follows ;</p> <ul style="list-style-type: none"> • Children and Young People • Adults (vulnerable younger adults and older people) • Responsible Authorities Group (Safer City) <p>Mr Thornber confirmed there were some emerging themes and he would be representing the Trust in respect of the Health and Wellbeing Board moving forward.</p> <p>The Chair commented that this was good progress with our partners and encouraged the continued involvement.</p>	

	Received	
191/2015	<p>People and Culture Development Committee Report</p> <p>Mr Sullivan, Non-Executive Director/ Acting Chair of the PCD Committee/Non-Executive Director, presented this report which is a summary from the People and Culture Development Committee meeting which took place on 21 October 2015.</p> <p>The PCD Committee considered the following ;</p> <p>Workforce Directorate performance - reviewed and presented by exception. The Board was asked to note the level of stress related absence</p> <p>Medical and Dental Starting Salary Policy - approved for a 3 year period</p> <p>Workforce and Organisation risks - reviewed, supported and remain appropriate</p> <p>Board Assurance Framework – deferred to the next meeting</p> <p>Rose Report - an action plan has been drawn up</p> <p>NICE Clinical Guidelines received - regarding workplace policy and management practices to improve health and wellbeing of employees – this is being reviewed by HR/OD</p> <p>The Chair commented that he was pleased to see improvements with the decreased use of overtime, together with the decreased spend on agency and bank staff.</p> <p>Mr Draycott also commented that there is a downward trend in respect of absence for stress related sickness.</p> <p>Dr Adeyemo raised the notice from the British Medical Association (BMA) in respect of a forthcoming ballot of junior doctors taking industrial action. Mr Draycott clarified that this is around pay negotiations, it is anticipated that the Trust will receive formal notification next week.</p> <p>Received</p>	
192/2015	<p>Any other business</p> <p>Mrs H Johnson commented on a recent Panorama programme in respect of the NHS and government cutbacks. She queried whether trusts could combine to lobby against the government. The Chair noted that the Trust would channel any concerns/issues through the NHS Confederation Specialist</p>	

	<p>Mental Health Provider Group. There is a meeting scheduled for 5 November 2015, Maria Nelligan is attending on behalf the Trust. These meetings are held on a quarterly basis.</p> <p>Dr Tattum noted a further programme which may be available on BBC iplayer ; <i>'Suicide and me'</i>.</p>	
193/2015	<p>Date and time of next meeting</p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday, 26 November 2015 at 10:00am, in the Boardroom, Lawton House, Trust HQ.</p>	
194/2015	<p>* Motion to Exclude the Public</p> <p>The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.</p>	

The meeting closed at 12.05 pm

Signed: _____

Chairman

Date _____

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)					
Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
30-Jul-15	86/2015	Spotlight - Moorlands Community MH Team based at Ashcombe/Brandon - Mr A Rogers stated that other locations have been identified and the aim is to move somewhere in Leek, but not pursued due to other issues and this was being progressed under the Estates rationalisation of the Trust.	Mr A Rogers	29-Jan-16	Part of rationalisation plan – Mr A Rogers confirmed that this will be addressed with the Estates Strategy due to be submitted to the Trust Board in January 2016.
24-Sep-15	134/2015	Balanced Scorecard - Mr O'Hagan queried when the Board would have sight of the scorecard. Ms Harrison gave assurance that this would be in December; there are some formatting issues at present. He also noted the requirement for being 'paperless'.	Ms Harrison	29-Jan-16	Ms Harrison also noted that the Balanced Scorecard would be presented to the Trust Board in January 2016. The Chair noted that this would provide the Board with a much more clearer and interactive way of receiving information
24-Sep-15	140/2015	Safe Staffing Monthly Report - Ms Harrison stated that there has been rising demand within adult community services. A review has been ongoing in respect of utilisation of clinics and community services; what levels of DNAs and cancellations, with a view to a more efficient way of working and review of funding. The first draft will be discussed at Executive Team.	Mr A Rogers	26-Nov-15	Mr A Rogers confirmed that progress has been made by the caseload tool. This had been submitted to SLT and would be presented to the Commissioning Board in November 2015.
29-Oct-15	177/2015	Commissioning Intentions - This will be submitted to the next Trust Board	Ms Harrison	26-Nov-15	
29-Oct-15	184/2015	Feedback for the Trust Development Agency Surveillance Group - In future, it was agreed for this to be received by the Quality Committee	Mrs Wrench	17-Nov-15	
29-Oct-15	185/2015	Financial Performance - Month 6 (2015/16) - Mrs Donovan requested that the CIP summary be incorporated into the Finance Report going forward	Ms Harrison	26-Nov-15	
29-Oct-15	189/2015	Estates Compliance Assurance Paper -(Asbestos) Mrs B Johnson queried the presence of asbestos in any of our buildings. Mr A Rogers stated that the majority of the Trust's estate is relatively new, so this is not an issue but he would discuss with Estates. Mrs B Johnson stated that it would be beneficial for Internal Audit to do a review in relation to the compliance of the Estates Department which would then be submitted to the Audit Committee for assurance	Mr A Rogers	TBC	

Board Action Monitoring Schedule (Open Section)

<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
29-Oct-15	189/2015	Estates Compliance Assurance Paper - (Maintenance Budgets) Mr Gadsby noted an issue in respect of the maintenance budgets. Budgets are managed by the clinical directorates with an element included for estates maintenance. This means that the Estates Team need to seek approval from budget holders to undertake statutory compliance works. As many budget holders do not have any estates knowledge, they are unaware of the relevant legislation and therefore do not always approve the works in a timely manner. Mr A Rogers noted that this is an area that may require further review.	Mr A Rogers	TBC	

REPORT TO: Trust Board

Date of Meeting:	Thursday 26 November 2015
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 19 November 2015 Caroline.donovan@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 1. Focusing 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

North Staffordshire Combined Healthcare Trust

Chief Executive's Report to the Board of Directors 26 November 2015

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. CQC UPDATE

As you will be aware, we were due to hold our Quality Summit with the CQC in the second week of December. This is now likely to be pushed back. The CQC Inspection Team has advised the Trust that it was not able to meet to discuss the inspection report in mid-November as planned. Therefore, this means the draft report will not be finalised in time to be shared in late November as expected.

I can provide reassurance, however, that the Trust is already working on a number of actions highlighted during the CQC Comprehensive Inspection and will continue to do so whilst the report is being finalised.

2. COMMISSIONING INTENTIONS

Commissioners have issued the first draft of Commissioning Intentions for 2016/17, for review by Providers. There are a number of potential opportunities for the Trust to expand its services into new areas. The document also indicates that there will be some service changes that are funded and others reducing the level of services and as a consequence the level of funding. There are other commissioner plans being proposed where there is a lack of clarity regarding how these changes will be implemented.

The Trust will formally respond to the commissioning intention plans in November and will also include the Trust proposals for service changes and the associated funding. Negotiations will commence in December.

3. APPOINTMENTS

I am pleased to announce that Dr Hardeep Uppal has been appointed as Chief Clinical Information Officer (CCIO). The role of the CCIO is required to support the strategic aims of the Trust taking particular responsibility for;

- Ensuring clinical adoption and engagement in use of technology.
- Driving continuous clinical process improvement focused on patient outcomes and efficiency.
- Supporting digital developments that supports and enhances organisational change.

Dr Uppal will provide clinical leadership to support the ongoing development and implementation of electronic patient record system (EPR) to ensure the needs and requirements of the clinicians are met.

4. PAN STAFFORDSHIRE TRANSFORMATION PROGRAMME

On the 9th of November I led a workforce summit for 'Together we're Better' Pan Staffordshire Programme, drawing staff from health, social and mental health countywide, to discuss the workforce challenges, opportunities and priorities this transformation programme poses.

The event was highly fruitful with guest speakers Debbie Sorkin National Director of Systems Leadership at the leadership centre. The event brought greater clarity to our shared workforce transformation priorities and has identified leads from the wider HR and OD community to assist the clinically led transformation programmes.

I am delighted that Dr Buki Adeyemo, Medical Director has been appointed at the joint Clinical Lead for the Mental Health workstream and Dr Nasreen Fazal-Short, Director of Psychological Therapies for the Clinical Lead for the Long Term Conditions workstream.

5. DIGITAL BY CHOICE

On Wednesday 11 November the Trust Board met for a development session on our Digital Strategy and Electronic Patient Record (EPR) implementation. The session was led by Tom Thornber, Director of Strategy and Development with representation at the initial session by;

- CSC developers of the Lorenzo EPR solution
- Health and Social Care Information Centre (HSCIC) who manage the approval for organisations to connect to the National EPR solution.

The initial morning session focused on “Why the EPR is essential for our Strategy” and current progress of the EPR Business Case and associated risks. This session detailed how the implementation of an EPR would support the Trusts strategy of Mental Health Integration and provision for Stoke and Northern Staffordshire. The initial business case submission has been made to HSCIC for review and approval and the Trust alongside CSC is continuing to progress towards developing the full business case and engaging with the organisation.

The afternoon session reviewed the support required by the organisation to implement our digital strategy and identified key criteria to ensure that the strategy support the successful implementation and ongoing delivery. This will be taken forward by the Digital by Choice Programme Board with engagement with the Local health Community and the Health and Social Care Information Centre (HSCIC)

Following the Board development session the inaugural meeting of the Clinical Informatics Group took place with Clinical leads from each of our 6 directorates; this group will take a lead on ensuring the digital projects meet the Trusts clinical requirements including the new Electronic Patient Record (EPR). There was positive engagement from all directorates and key leads for the EPR deployment were identified.

6. JUNIOR DOCTORS

The BMA has announced the dates of proposed industrial action for junior doctors, which were supported and agreed in a ballot on the 18th November.

The BMA has said that action would begin with an emergency care-only model, which would see junior doctors provide the same level of service that happens in their given specialty, hospital or GP practice on Christmas Day:

- Emergency care only — from 8am Tuesday 1 December to 8am Wednesday 2 December

The industrial action would then be escalated to a full walk-out by junior doctors:

- Full walk out — from 8am to 5pm, Tuesday 8 December
- Full walk out — from 8am to 5pm, Wednesday 16 December

The Trust had 14 Junior Doctors who were balloted and they are key in the delivery of patient care. We will therefore be working closely with these doctors, and their consultants, to ensure the impact is as minimal as possible across our services.

7. STAFF FLU VACCINATION PROGRAMME

Our drop-in flu clinics got underway at the beginning of October and staff have been receiving their free vaccination. It's really important that all staff members get the flu jab in order to keep themselves and patients' flu safe, as well as colleagues, family and friends.

Clinics are being held across the Trust, supported by a roving team of Flu Champions who will be offering the vaccination to staff at Harplands. A full list of flu clinics is available on posters across all Trust sites and via the staff intranet

Follow [@NHSFlufighter](#) on Twitter for all the latest flu updates and developments across the NHS and join the conversation adding the hashtag **#flufighter**.

8. ESTATES OPTIMISATION

The Trust is undertaking a review of utilisation of buildings, supported by Andrew Hughes, our former Interim Director of Strategy. The Trust currently manages 33 premises across North Staffordshire and we believe we can use our estate more efficiently. The review will ensure we are more creative in our use of space and will look at different ways of working including remote-working and hot-desking. We will also ensure the locations of our sites meet the needs of our populations and look to collocate with partners where it benefits patients.

9. INVESTORS IN PEOPLE

The Trust was accredited as an Investor in People (IIP) in June 2008 and has continuously maintained accreditation since that time. The IIP trademark is based on 20 years practice and is recognised around the world as a mark of excellence in workforce leadership and management.

The Investors in People process requires that organisations are re-assessed at three-yearly intervals and there is an expectation of continuous improvement. At Combined Healthcare, our last assessment was in July 2012. Due to a combination of the level of change in the organisation, the CQC Inspection process in September and an emerging new IIP Standard (framework), it was felt a further major assessment around that time would be disruptive to both staff and service users. Therefore a 'strategic review' has been conducted with our IIP Specialist (external), resulting in the maintenance of our accreditation. We are planning a full re-assessment against the new framework during 2016.

The IIP Standard is reviewed periodically to ensure it remains current and effective and a new framework is now in place. A summary of the new IIP Standard is illustrated below.

The new Standard is based around 3 Enablers (Leading, Supporting, Improving), 9 Indicators, with 39 evidence requirements and a 'Plan – Do – Review' approach and links well with the various elements of our Trust workforce strategy and approach. For full details on the new IIP Standard go to:

http://www.investorsinpeople.co.uk/sites/default/files/Investors_in_people_framework_VI_generation.pdf

10. LEADERSHIP AWARD

I'm delighted to report Julie Richardson, Team Manager at Hillcrest Recovery and Resettlement Unit, has been shortlisted in the Health Education West Midlands Leadership Awards. The West Midlands Regional Leadership Recognition Awards celebrate people at all levels and in all professions who have ultimately improved people's health and the public's experience of the NHS. Julie has been invited to a presentation ceremony. The results will be known in early December and we wish Julie luck.

11. LISTENING INTO ACTION UPDATE

As reported at previous Trust Board meetings, our Listening into Action programme is putting power in the hands of staff, to deliver the changes needed to the way Trust services are run.

The 14 LiA Wave 2 Teams celebrated their achievements at the Trust Pass it On Event on 23rd October at The Britannia Stadium. The event was well attended by a good cross section of staff and partner agencies. The Event received some very positive feedback and our Temperature Gauge to rate the overall day ranged from 80% to 120%.

The day enabled everyone to generate initial ideas in relation to prospective Wave 3 Teams. These have been consolidated with other suggestions gathered from a number of sources over the past few months, including Band 7 and 8 conversations, Support workers group, Junior doctors group, Acute Services Big Conversation, Service User and Carer conversation, LiA mailbox, 1:1 and Team conversations, Dear Caroline and CQC Recommendations.

Caroline Donovan

Chief Executive

Thursday 26 November 2015

Enclosure 4

REPORT TO TRUST BOARD

Date of Meeting:	26 November 2015
Title of Report:	Summary of the Quality Committee meeting held on 17 November 2015
Presented by:	Mr Patrick Sullivan, Chair of the Quality Committee
Author of Report: Name: Date: Email:	Sandra Storey, Associate Director of Medical and Clinical Effectiveness 17 November 2015 Sandraj.storey@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	Not applicable
Purpose / Intent of Report:	For decision/assurance
Executive Summary:	This report provides a high level summary of the key headlines from the Quality Committee meeting held on 17 November 2015
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • Governance Strategy
Relationship with Annual Objectives:	Ensure provision of safe clinical services
Risk / Legal Implications:	-
Resource Implications:	-
Equality and Diversity Implications:	-
Relationship with the Board Assurance Framework	1. Focusing on quality and safety
Recommendations:	To note the contents of the report Ratify the policies as highlighted in the report

Key points from the Quality Committee meeting held on 17 November 2015 for the Trust Board meeting on the 26 November 2015

1. Introduction

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

2. Director of Quality Report

The committee received the Director of Quality Report (*aligned to the Trust's Quality Objectives – SPAR*) with notable items as follows:

Safe:

- **Lord Carter Review of Operational Productivity in NHS Providers, interim report June 2015, full report Autumn 2015** – this interim report outlines the work that has been carried out to review the productivity of the NHS. Working with a group of 22 NHS providers this review includes consideration of safe staffing and clinical variation.
- **Royal College of Radiologists – Duty of Candour**
Following the publication in June this year of *Openness and honesty when things go wrong: the professional duty of candour* by the GMC, the particular position of radiologists became a concern to the College and its Fellows and Members.

While this does not specifically relate to Combined Healthcare Trust, it is important to share developments with regards to Duty of Candour and how other professional groups are responding to this. Jackie Wilshaw, Head of Patient and Organisational Safety, is the Trust lead for Duty of Candour and is progressing this work within the Trust.

Personalised:

- **Transgender Issues**
Transgender issues are becoming increasingly prevalent within the healthcare sector. It is important to be aware and take account of the requirements placed on health providers. In accordance with the Equality Act 2010, all public authorities and NHS trusts must, in the exercise of their functions, eliminate discrimination, harassment and victimisation against people who propose undergoing, are undergoing, or have undergone 'gender reassignment'. The Trust's equality lead, Lesley Faux, is taking forward this work.
- **Best Interests, Capacity and Religious Beliefs - recent Court of Protection decision.**
In a recent case *Wye Valley NHS Trust v B and Mr B (litigation friend)* the Court of Protection has made clear that the wishes and feelings of a person lacking capacity should not automatically be given less weight than those of other people, simply because of their incapacity – even when the person's views are influenced by a condition that gives rise to the incapacity. The guidance provided by the decision will be helpful when advising on cases in which a person lacking capacity has strong views that could be considered contrary to their best interests, including views that are delusional to some extent. Given the implications of this decision, the case findings have been circulated via Team Brief to Trust staff.

Accessible:

- **Rise in number of detentions under Mental Health Act**

The Guardian recently reported that mental health campaigners have raised concerns that detentions under the Mental Health Act have risen by almost 10% in England in the past year. The charity said the numbers were consistent with numerous reports that NHS mental health services were under huge pressure and “struggling to cope with the numbers of people in need of support”.

- **Dementia Post Diagnostic Support Event**

Due to greater awareness and a national focus, dementia diagnosis rates have been rising across the country. **Our local team were spotlighted at the October Trust Board meeting for their excellent work in this regard.**

As more people are diagnosed with dementia the event highlighted that there is a need to ensure that there is appropriate and accessible dementia post diagnostic service (PDS) provision for all who need it across the West Midlands.

The event acknowledged the “Steps on the road to improvement” in respect to: Integrated commissioning, Co-production with people who use services and carers, Building community resilience, Better support for carers, Workforce development

Recovery Focused

- **The Impact of Winterbourne View still being felt**

At the last meeting of the Quality Committee members heard that on 28 July NHS England, ADASS and the LGA published "Supporting People with a learning disability and/or autism who have a mental health condition or display behaviour that challenges". There is a draft service model for commissioners. A final version will be published in the autumn.

3. Policy Review

The committee received information on policies that had been reviewed and made recommendations for withdrawal, extension or approval. The recommendations were supported by the committee for ratification of the policies by the Trust Board until the 31 January 2016 as follows:

- 7.18 Producing information for service users
- 5.39 CCTV
- 1.14a Clinical Supervision
- 1.62 Physical Assessment
- 5.04 Moving and Handling
- 1.02 Professional Registration
- 1.34 Observation
- 5.11 Security Policy
- 1.08 Missing Persons
- 1.42 NICE and Confidential Enquiries

The committee also reviewed the Forward Look Policy report and noted that this is an ongoing piece of work with flags in place to ensure appropriate period for review, consultation and sign off by the Policy Working Group.

4. Quality Impact Assessment of Cost Improvement Schemes (CIPs)

It was noted that there were no new schemes to report since the last meeting. All individual CIP schemes have been quality impact assessed. It was also noted that monitoring of the quality metrics have not identified any issues resulting from CIP schemes that have been put in place. Concern was raised that no new schemes appear to be coming through and it was agreed that this would be discussed at the next meeting of the Finance and Performance Committee.

5. Nurse Staffing Performance monthly report – October 2015

The committee received the nursing staff performance on a shift by shift basis for the month of October 2015. It was noted by the Director of Nursing and Quality that the protocols for the data collection had been revised to ensure in line with national guidance and this has been supported by auditors following a recent review. No concerns were expressed with regards to performance and it was further noted that establishments have been reviewed and these are much more robust. A full review is being undertaken and this will be reported to the next meeting of the committee in January 2016.

6. Quality Metrics from the Performance Quality Management Framework Report (PQMF) month 7 2015/16

The committee reviewed the quality metrics extracted from the wider PQMF. As noted previously, the role of the committee is to consider the impact of metrics potentially going off track. Of the total 73 metrics at month 7, 2 quality metrics were noted to be rated as red and 2 rated as amber. As reported at month 6, these relate to compliance with Personal Development Review (PDR) targets, the percentage of staff compliant with mandatory training, compliance with 18 week referral to treatment (ASD) and RAID response times. The committee discussed the mitigation plans to improve performance and the year-end forecast position.

Committee members also reviewed the further developed Balance Scorecard that will be adopted by the committee going forward. This document, presented using the quality objectives, was well received by the committee and this will be further developed to include forecast position year-end. It is intended that this report will reduce the number of reports that are presented to the committee in the future as the scorecard captures a significant amount of this information such as performance by Trust and Directorate level in respect to key metrics, benchmarking, nurse staffing, patient experience and so on. The report will be presented again in January 2016 and will run in parallel with other reports while this becomes embedded.

7. Review of Safeguarding arrangements

At the October meeting of the committee, members received an independent report that reviewed the Trust's safeguarding arrangements following an anonymous whistleblow. While the allegations were not substantiated, the review provided the opportunity to identify areas to strengthen and

members received the action plan that will be monitored by the Safeguarding Group and overseen by the Committee in respect to actions around training, exploring models of delivery and resources for safeguarding.

8. Serious Incidents covering the period July 15 – September 2015

The report noted that there are no apparent seasonal or monthly trends, though going forward the report will include analysis by individual team as well as directorate to identify early any emerging themes or trends. In comparison to the same reporting period 2014/15, the report noted a decrease of 25% in relation to serious incidents reported in 2015 and that the trend over the longer period continues to demonstrate a downward trend. All incidents that have met the criteria for a contractual duty of candour have been processed during quarter 2.

The report also made reference to learning lessons, particularly the work that is ongoing around ligature reduction including robust environmental risk assessment processes. A learning lessons event took place on the 11 November which included learning from CQC Mental Health Act visits, Serious Case Reviews and Serious Incidents.

9. Integrated Quality Report Q2 2015-16

The Integrated Quality report focuses on key trends and lessons learnt, monitoring against the key priorities in the Trust's Quality Account, and qualitative data to support the Performance & Quality Management Framework and reporting of performance across the range of key performance indicators.

The summary report noted that at Q2 the majority of key performance metrics had been delivered. Key points extracted from this report related to the management of incidents, meeting the milestones for CQUINS, improving Patient Experience and handling of complaints, work by Directorates in respect to the CQC Compliance Monitoring Framework and the action being taken to improve compliance with statutory and mandatory training. Going forward the committee will receive the full report to enable review of the detail alongside the executive summary.

10. Safeguarding Report Quarter 2 2015-16

The committee received a report summarising the overview of referrals for child and adult safeguarding allegations against staff and updates on case reviews. Prevent training has had a good uptake and a high level of training compliance in comparison to West Midlands region. Reporting of Adult Safeguarding are reflective of national trends both in regard to the continued increase in referrals from the community which highlights the number of referrals where abuse occurs outside of the organisation and usually in one's own home. The level of reporting locally suggests that staff are committed to supporting individuals appropriately and utilising the Safeguarding Policy to do this where necessary.

11. Access Team Action Plan from unannounced CCG visit – September 2015

The report noted that the local commissioners require assurance that the Access Team will be able to implement and consistently deliver an improved service to people at the point they require access to mental health services. Part of this assurance is done by conducting regular unannounced visits to the Access Team to test out these improvements and monitor quality.

The action plan gave assurance about the progress to date and the work nearing completion, particularly in relation to IT issues and proposed solutions to further improve the service.

12. Directorate Performance Reports

The Committee received the monthly performance reports from each of the Directorates including information on key risks, serious incidents and complaints. Committee members also noted the Performance Balanced Scorecard, noted earlier in this report.

At the next meeting of the committee, members will receive a report on the actions taken to date in respect to the Trust's litigation reduction strategy and any gaps or actions that are ongoing.

Members will also receive a report on the progress with new clinical risk training (that supplements what is already in place) and how this is being rolled out and embedded.

13. Risk to Quality of Services M7 2015/16

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

It was noted that further updates have been made to the Trust's safeguarding system (for managing risk) which includes escalation and de-escalation on the system of directorate risks following detailing their mitigation plans.

14. Board Assurance Framework Q2 2015-16

The committee received the quarter 2 progress report on the BAF which detailed the strategic objectives and risks associated with the Quality Committee. The wider BAF aligns the Trust's strategic objectives to the Trust's quality priorities and key risks including the Board's level of risk appetite and work plan for the other committees of the Board. The BAF provided the committee with an update and RAG rating for those actions due during Q2 and provided an update against future actions, including gaps and challenges to be addressed. It was further noted that on Q2, the Trust introduced a target RAG rating providing a year-end forecast to delivery.

15. CQC Quality Assurance Programme Update

Notable items were as follows:

- The trust received its comprehensive CQC inspection in September 2015. Initial feedback demonstrated areas of good practice but also areas for strengthening and improvement. Particular areas included the strengthening of risk assessment and care planning. To date the

Trust has not received the draft report indicating the Trust's shadow rating, but this is imminent. Once received, the Trust will have 10 working days to undertake a factual accuracy check and respond back to the CQC with any challenge to accuracy. A firm of solicitors have been engaged to assist with this process.

- As noted at the last meeting of the committee, the CAMHS service have been working on their action plan to make some improvements following a review by the CQC. The committee received a copy of the action plan for the actions that required a response by 15 November 2015 and the committee took assurance that there is evidence of delivery of all the actions. The committee chair acknowledged the significant amount of work undertaken by the team and passed on his thanks to all involved.
- Directorate Action Plans – in response to initial feedback and finding from the internal peer review exercise, directorate action plans have been developed and are being updated regularly. The directorates presented their action plans to the Quality Assurance Programme Board on the 27 October 2015. Progress against the action plans will be monitored through directorate meetings and through the Quality Assurance Programme Board on a monthly basis.
- Plenary session – on the 4 November the Trust held an extended plenary session to review experiences of the CQC inspection, both in the lead up to the inspection, the inspection week itself and post inspection. The plenary also focussed on the types of feedback the Trust would like to give back to the CQC and some internal actions that we would be taking forward.
- Quality Assurance – by December 2015, the Trust will have implemented a rolling programme of quality assurance in the form of team assessments and directorate peer review. It was proposed that the self-assessment and peer review exercise will be completed twice yearly and will be used to continually monitor the key aspects of quality as defined in the CQC quality domains and key lines of enquiry. The Quality Assurance Programme Board will continue to meet post inspection to monitor directorate action plans and the Trust wide Listening into Action workstreams.
- Quality Summit – this will take place on the 17 December 2015 with key professionals and stakeholders.

16. Community Mental Health Survey – October 2015

Published by the Care Quality Commission (CQC), the Community Mental Health Survey 2015 is based on the views of service users about a range of areas related to their experience of having used services provided by mental health NHS trusts. The survey covers nine sections, including health and social care, treatments, and organising, planning and reviewing care.

The Trust scored 7.3 out of 10 in terms of the service user's overall experience; just behind the 7.4 achieved by the best performing mental health NHS trust in the country. While the committee received the report, the findings will be considered in detail alongside learning and action points at the next meeting of the committee.

17. Ward 3 Mental Health Act Review during inspection visit – September 2015

A number of concerns were raised during a visit to Ward 3 during the inspection week in September relating mainly to communication and documentation. The committee received a report

setting out the Trust's response and action plan. The report was submitted to the CQC by the deadline of the 3 November 2015.

18. Domain Updates

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

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

It was noted that work was underway to refresh the domains and align these to the Trust's Quality Objectives and this will inform future reports and the cycle of business for the committee.

19. Meeting dates

The committee received the meeting dates for 2016-17.

Next meeting: 17 November 2015

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director
Sandra Storey
Associate Director of Medical and Clinical Effectiveness
17 November 2015

Enclosure 5
REPORT TO TRUST BOARD

Date of Meeting:	26 th November 2015
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality
Author of Report: Name: Date: Email:	Carol Sylvester, Deputy Director of Nursing & Quality 13 th November 2015 Carol.Sylvester@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> • 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 discussion and approval
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1-31 October 2015) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> • <i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis.</i> • <i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap.</i> • <i>Evaluates risks associated with staffing issues.</i> • <i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting.</i> • <i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience.</i> • <i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i>

	<p>The performance relating to the fill rate (planned numbers of staff deployed vs actual numbers) on the wards for October was 102.9% being a total fill rate of 102.15% for registered nurses and 103.65% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</p> <p>Revision of the methodology for reporting planned shifts has been undertaken as planned and introduced for November reporting.</p>
<p>Which Strategy Priority does this relate to:</p> <p>How does this impact on patients or the public?</p>	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • Governance Strategy • Workforce Strategy • Financial Strategy
Relationship with Annual Objectives:	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care.
Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.
Resource Implications:	Recruitment to vacant posts in progress.
Equality and Diversity Implications:	None
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> 1. Focusing 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 the report for assurance and information.

In patient safer staffing metrics-October 2015

RAG rating >90% GREEN <90% AMBER <80% RED

Ward	Performance (% planned vs actual)				Bed Occupancy % (including	Sickness %	Mandatory Training %	PDR %	Incident Total	SI's	Complaints	Ward Manager Narrative
	Day %		Night %									
	Reg`d	Care	Reg`d	Care								
Ward One	112.8%	103.7%	125.8%	164.1%	109 ↑	6.42↓	75 ↓	48 ↓	41↓	0 ↔	0↓	Bed occupancy has increased in October in comparison with September. High level of acuity predominantly due to patients requiring high levels of observation is reflected in the overfill figures for registered and care staff on both day and night shifts.
Ward Two	127.3%	89.7%	135.5%	135.5%	104↓	16.93 ↑	71 ↓	71 ↓	25↑	0 ↔	0 ↔	Occupancy reduced from September but over occupancy has continued. Recruitment to vacant posts in posts progressing to commencement. Substantive recruitment to ward 4 establishment will release staff on secondment to return to ward 2.

Ward Three	122.5%	94.6%	140.4%	125.8%	104↔	3.83 ↓	84 ↑	92 ↑	18↑	0 ↔	0 ↔	Over occupancy has continued in October. Incident forms completed for bed pressures and utilising leave beds for admission. Over fill of shifts reflects periods of high acuity particularly relating to observation levels. Recruitment to additional posts created by safe staffing funding underway. Incidents increased from 10 in Sept to 18 in October however no specific trends emerging.
Ward Four	123.6%	59.1%	71.1%	114%	97%↑	2.12 ↑	93 ↓	87 ↑	11↓	0 ↔	0↓	Meeting on 4/11/15 to set establishments, recruitment plans to take place afterwards. High level of bank and agency cancellation under review. Under fill on night duty reflects rostering of one registered nurse rather than the planned two. Under fill of day care staff back filled by use of registered staff. Drill down of incident data presented at Sept CQRM and found no correlation between increase in falls and under filled shifts in August and September.
Ward Five	109.3%	103.2%	101.5%	107.3%	99% ↑	6.42↑	84 ↓	90 ↓	20↑	0 ↔	0↓	Ward Manager reports a stable month of occupancy, activity and shift fill rate. Increase in 3 incidents from September, no themes. Small increase in sickness rate in October but a recent downward trend.
Ward Six	101%	93.4%	71.4%	95.4%	97% ↑	9.39↑	91 ↔	100 ↔	22↑	0 ↔	0 ↔	Small increase in occupancy from September with 3 functional diagnoses admitted to ward 3 due to bed unavailability on ward 7. A total of 40 shifts lost to sickness –no specific themes. Recruitment to 2 vacant Band 5 posts completed and awaiting start date. Increase in incident rate from 9 in Sept to 22 incidents in Oct-no incident clusters or themes. Shortfall in night duty registered covered by site movement from other wards as per escalation procedure
Ward Seven	96.4%	99.5%	100%	108%.4	99%↑	1.65↑	94 ↑	92 ↓	19 ↔	0 ↔	0 ↔	Increase in occupancy from September report. Increase in activity from observation level increases. 15.00 hours vacant band 5 post currently outstanding to recruitment.

EMC	108.3%	69.5%	100.4%	101.6%	90%↑	0.60↑	88 ↓	91 ↓	4↓	0 ↔	0 ↔	Although occupancy increased from September, activity less than with 100% occupancy therefore care staff sickness shifts not back filled other than excess hours undertaken by registered nurse in line with professional judgement used by ward manager.
A&T	85.7%	120.7%	85.1%	88.4%	80↔	0.27↑	95 ↑	96 ↑	8↓	0 ↔	1↑	Under occupancy continues with level of activity not requiring any backfill of shifts lost to sickness. No indicators of impact of under fill on quality or safety with reducing incident rate, no complaints, and no serious incidents.
Telford	80.2%	104.7%	127.8%	142.5%	62↓	3.30↑	97 ↑	94 ↓	30↑	0 ↔	0 ↔	As above and additionally to note under occupancy. Overfill on night duty on Telford utilised to support admitted patient with high level of need requiring 2 staff to undertake assigned observation level. Increase in incident reporting rate of 30, an increase from 18 incidents from September. Incidents attributed to acute presentation of service user.
Summers View	95.7%	100%	100%	100%	98↑	0.0↔	87 ↓	89 ↑	7↔	1↑	0 ↔	No significant changes to September reporting other than new serious incident reported in October. Root Cause Analysis investigation underway.
F` House	111.3%	78.8%	100%	100%	106% ↑	6.97↑	97 ↑	90 ↓	1↔	0 ↔	0 ↔	Slight increase in occupancy but no impact on patient experience or quality of service. Under fill of day care staff backfilled with use of registered nurse excess hours.
Darwin	84.0%	72.6%	81.3%	153.7%	61% ↑	3.20↑	88 ↓	91 ↓	15↑	0 ↔	0 ↔	Unit continues with reduced occupancy and no requirement to backfill under fill of registered and care staff on day shifts. Care staff used to supplement under fill on night shifts to ensure 3 staff on duty to meet required staffing level. Small increase in incident rate reported with no themes emerging.
D`Square	104.5%	96.1%	86.9%	86.9%	72% ↑	3.36↑	95 ↔	95 ↑	0↓	0 ↔	0 ↔	Raised use of RN and under fill in care staff related to back fill for care staff sickness. Unit closed overnight form 5/10/15-9/10/15 leading to reduction in actual staffing on night shifts.

***Please note that some sickness data not available from payroll systems until following month**

Overall Fill Rate October 2015

Registered Staff –Day 104.6%

Care Staff-Day-91.6%

Registered Staff-Night-99.7%

Care Staff-Night-116.7%

Unify return October 2015

[illegible]

Enclosure 6

REPORT TO TRUST BOARD

Date of Meeting:	26 November 2015
Title of Report:	Serious Incidents covering the period July 2015 to end of September 2015
Presented by:	Dr Adeyemo, Medical Director
Author of Report: Name: Date: Email:	Jackie Wilshaw, Head of Patient and Organisational Safety October 2015 JacquelineL.wilshaw@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> Quality Committee
Purpose / Intent of Report:	
Executive Summary:	<p>The report summarises statistical and trend detail for Serious Incidents requiring investigation for the quarter July to September 2015</p> <p>The report will highlight the following key areas:</p> <ul style="list-style-type: none"> Summary detail of all STEIS categories of serious incident reported in Q2 Trend line detailing total serious incidents reported by month covering the period April 2013 to September 2015. 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.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Clinical Strategy Governance Strategy
Relationship with Annual Objectives:	Provide safe care for people who access our service
Risk / Legal Implications:	-
Resource Implications:	-
Equality and Diversity Implications:	-
Relationship with the Board Assurance Framework	1. Focusing on quality and safety

Recommendations:	That the Trust Board receive the report for information
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REPORT TO QUALITY COMMITTEE

Date of meeting:	17 th November 2015
Report title:	Overview of Serious Incidents: 1st July to 30th September 2015
Executive Lead:	Dr Buki Adeyemo-Medical Director
Prepared by:	Jackie Wilshaw. Interim Head of Patient and Organisational Safety
Presented by:	Dr Buki Adeyemo-Medical Director

1 Purpose of Report

- 1.1. The Quality Committee will receive this report for the November 2015 meeting, detailing the trends in Serious Incidents from 1st July to 30th September 2015
- 1.2 The report will illustrate serious incidents reported by month, represented as a trend line for the period between April 2013 and September 2015
- 1.3 The report will detail incident status of all open serious incidents
- 1.4 The report will illustrate comparative trend data for Q2 and Q1 2015.
- 1.5 The report details Serious Incident trends by category 1st July to 30th September 2015.
- 1.6 The report will detail serious incidents trends by Directorate and Clinical team
- 1.7 The report will note serious incident categories by increase/decrease
- 1.8 The report will detail learning and change arising from serious incidents

2 Statement on SI investigation process

2.1 The Trust has submitted all investigations within the timescales agreed with commissioners; the Trust remains committed to ensuring that investigation completion dates are maintained in order to ensure that any learning from investigations is implemented in a timely manner.

Any exceptions to agreed timeframes are agreed in advance with the CCG/CSU ; examples of when this may happen include circumstances that would delay the progress of the information, for example, test results critical to an investigation, police involvement or by negotiation where we have established that further enquiries need to be made and facts established. The Trust recognises that the quality of the investigation report is critical in learning and improvement.

- At the time of generating this report (October), 7 SIs have been reported onto STEIS during Q2 and at the time of reporting there are 10 incidents open on STEIS. Please note: an additional 2 incidents were reported onto STEIS but later removed following discussion with commissioners.

At the time of this report the status of the serious incidents is as follows:

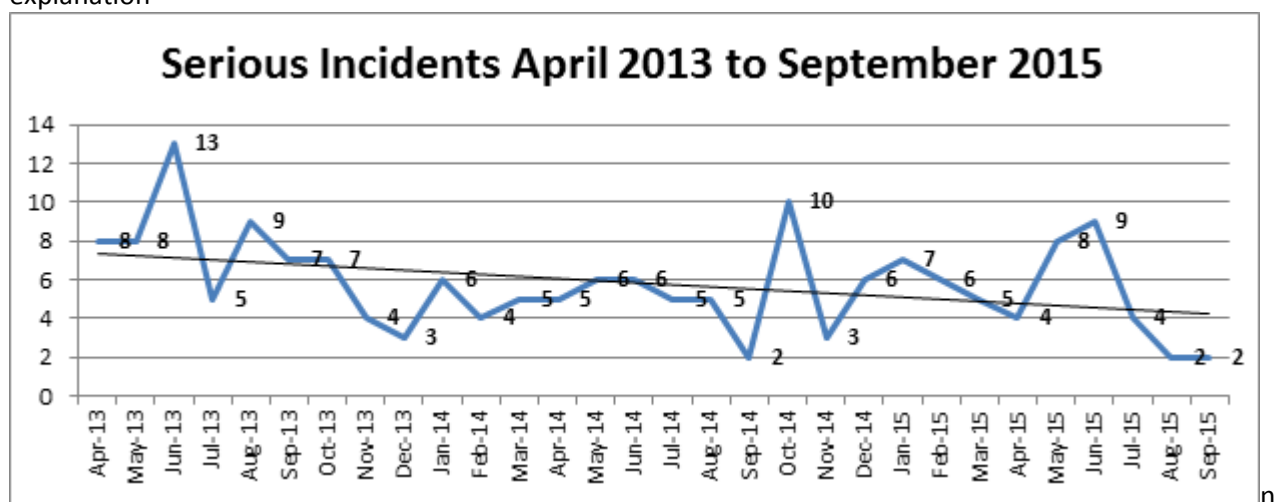
- Seven are on-going and within the 60 working days timeframe
- Three are open but are subject to extensions to the original timescales agreement (formerly known as 'stop the clock').
- Two completed investigations have been submitted to the commissioners for closure to be agreed

3 Serious Incidents reported by month – April 2013 to September 2015

3.1 The trends in serious incidents reported on to the national STEIS database are set out in the following table:-

The table below illustrates that, in comparison to the reporting for the same period in 2014/15, there was a decrease of 25% in 2015; (12 to 7 incidents). The trend line over the longer period continues to demonstrate a downward trend in SIs.

Due to changes on STEIS, from 21st May 2015, with incident categorisation it is not possible to use the STEIS database for comparison of incident type against previous reports. See later narrative for further explanation



3. Serious Incidents 2013/14 and 2014/15

3.1 The table below illustrates total serious incidents reported by quarter for the period April 2014 to September 2015.

It should be noted that the changes to STEIS in May 2015 impacted upon the analysis of the data against previous quarters and the 2015/16 data cannot be read as a direct comparison against the previous year.

For example

Category: Apparent/actual/suspected self-inflicted harm meeting SI criteria has replaced the previously used category of unexpected death or attempted suicide

	2014/15					2015/16				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total 14/15	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total (YTD) 15/16
Suspected Suicide	5	4	4	2	15	0	0			0
Unexpected death of community patient	2	5	6	5	18	6	0			6
Unexpected death of inpatient	1	0	0	0	1	0	0			0
Attempted suicide by outpatient	0	0	1	0	1	0	0			0
Attempted suicide by inpatient	0	0	0	0	0	0	0			0
Serious incident by outpatient /community patient	3	1	1	1	6	0	0			0
Serious incident by inpatient	1	1	0	0	2	0	0			0
Allegation against healthcare professional	0	0	1	0	1	1	0			1
Homicide by Outpatient (in receipt)	0	0	1	0	1	1	0			1
Homicide by Outpatient (not in receipt)	0	0	1	0	1	0	0			0
Slip Trip Fall	5	1	1	2	9	0	1			1
Loss of confidential information	0	0	0	0	0	0	0			0
Pending review (a category must be selected before incident is closed)	0	0	0	0	0	4	0			4
Apparent/actual/suspected self-inflicted harm meeting SI criteria	0	0	0	0	0	4	6			10
Ward closure	0	0	3	2	5	2	0			2
Pressure Ulcer	0	0	0	1	1	0	0			0
Assault By inpatient	0	0	0	1	1	2	0			2
HAIC	0	0	0	2	2	0	0			0
Admission to Adult Wards by under 18s	0	0	0	2	2	1	0			1
Safeguarding Vulnerable Adult	0	0	0	0	0	0	0			0
Healthcare Acquired Infection	0	0	0	0	0	0	0			0
Fire (non- accidental)	0	0	0	0	0	0	0			0
Total	17	12	19	18	66	21	7			28

Q2 serious incident analysis is summarised below:

There have been 7 serious incidents reported and investigated in Q2. Breakdown of the category and summary detail of the incidents is summarised below. It is noted that, at the time of this report, a number of the investigations are ongoing.

The main points to note are:

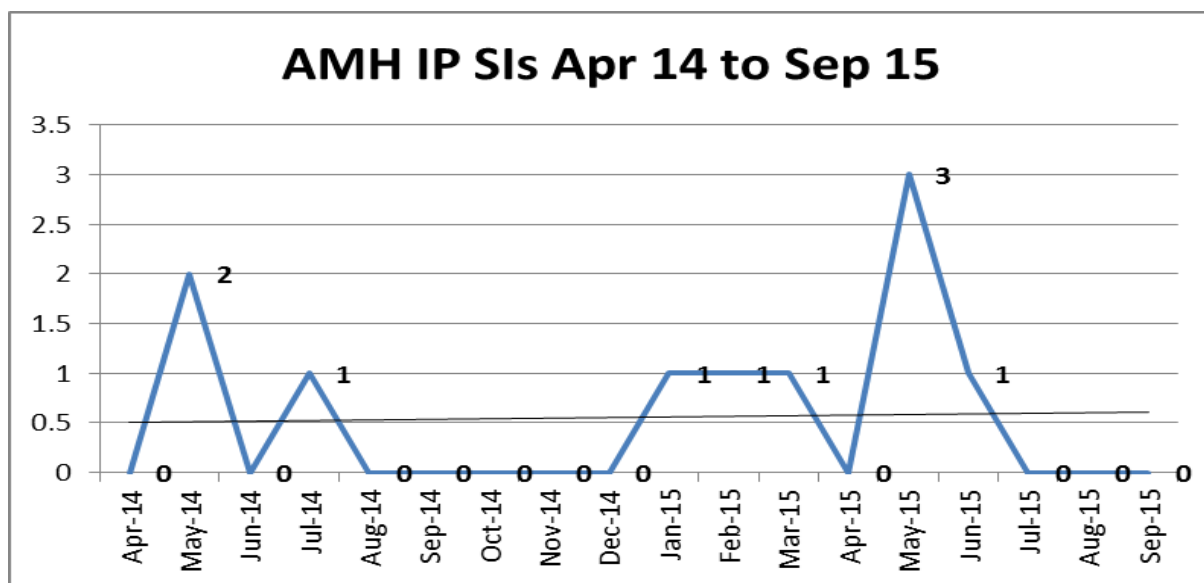
- There were 3 unexpected deaths in the substance misuse directorate; previous reports noted that these deaths related to people outside of the boundaries normally associated with NSCHT due to the expansion of the service with partner agencies in South and East Staffordshire however in Q2,

the deaths were of people within the North Staffordshire area. Whilst these SIs relate to drug related deaths, 2 of the deaths resulted from suspected suicide where drugs were involved. The Substance Misuse Team is currently working in partnership with other agencies including public health regarding possible measures to reduce the number of alcohol related deaths; these deaths are not currently investigated as SIs as they are classed as natural cause deaths, however the Trust completes local investigations in order to ensure that any omissions in service delivery are quickly identified and remedial action can be implemented

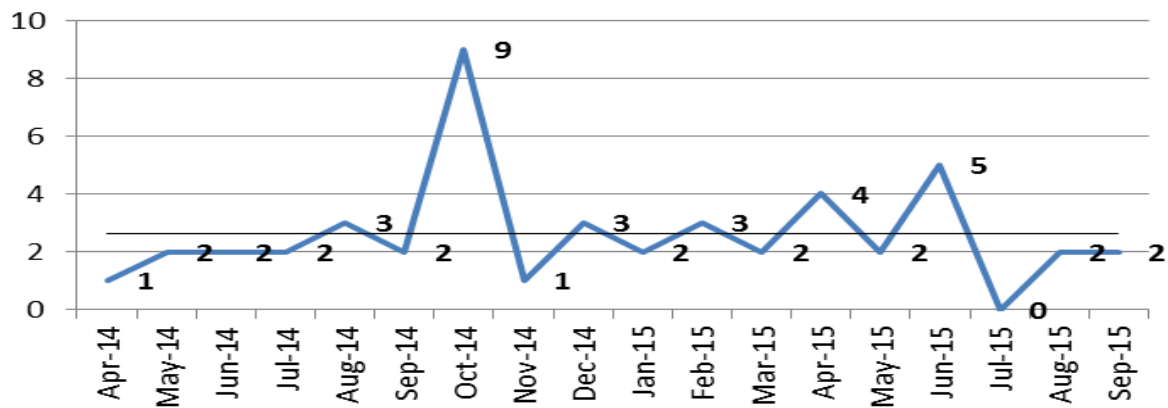
- There was 1 incident related to Adult Inpatient services; this was the suspected suicide of a male recently discharged from the Acute Home Treatment team.
- There was 1 incident in the Adult Community Directorate; this was the death of a female referred to the County CMHT who died before being seen by a clinician. There were problems of communication regarding the allocation of a care coordinator between the team resulting in a delay in an appointment. The investigation report did not find that the delay contributed to the death of this person but actions were taken to strengthen the allocation of care coordinators.
- In the NOAP Directorate, 2 SIs were reported; the death of a man under the care of the Outreach team. This investigation is ongoing and may prove to be the result of a tragic accident; no care delivery problems have been found in the initial investigation. The second serious investigation involved the fall and fracture of a female admitted to ward 7. This investigation required several actions to improve care delivery; the matron for the area has been tasked with ensuring that all actions are implemented and effectiveness monitored.

4. Serious Incident by Directorate Q2 2015

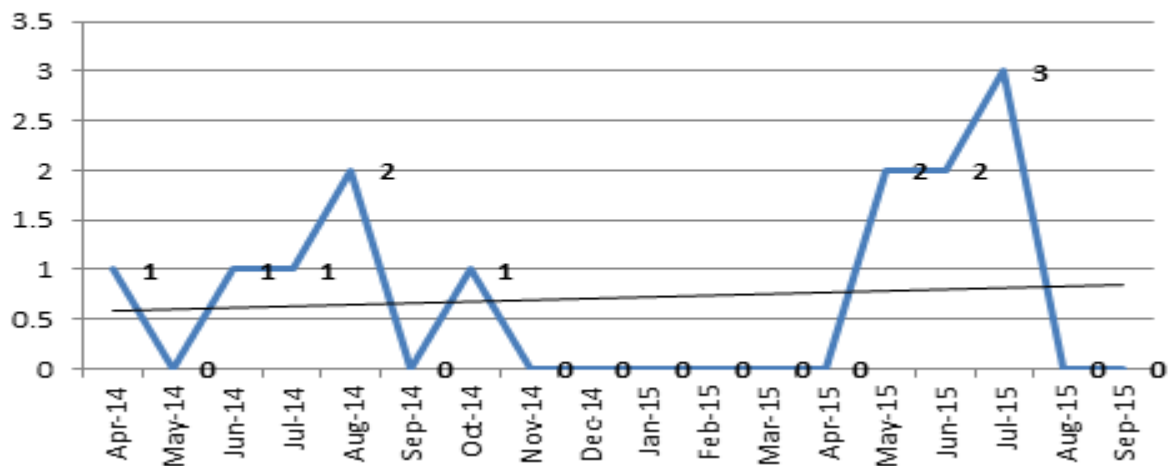
The following section demonstrates SIs by Directorate: the Adult Community Directorate has had the greatest number of serious incidents in the first 2 quarters of 2015. There is no service or care delivery issue creating a causal link between these incidents; they range from the unexpected deaths of people known to services, to allegations against staff, and a homicide committed by a service user.



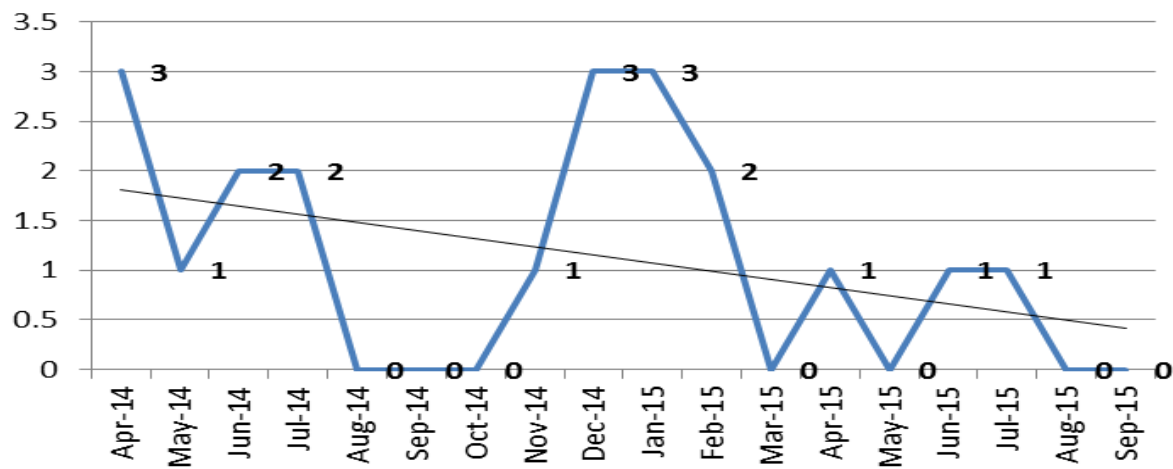
AMH Community SIs Apr 14 to Sep 15

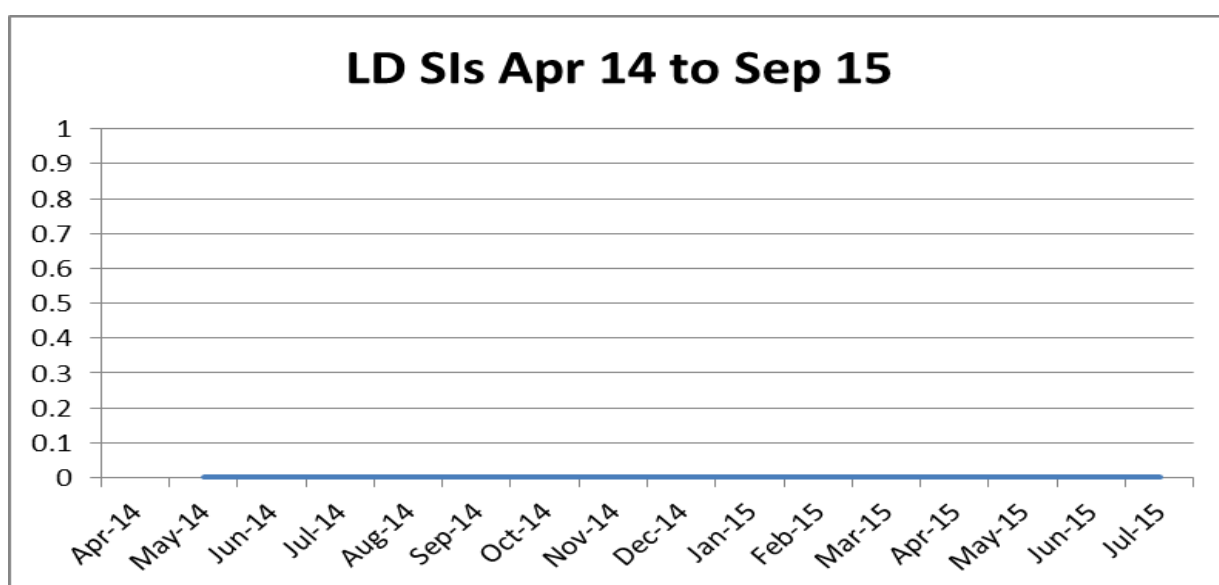
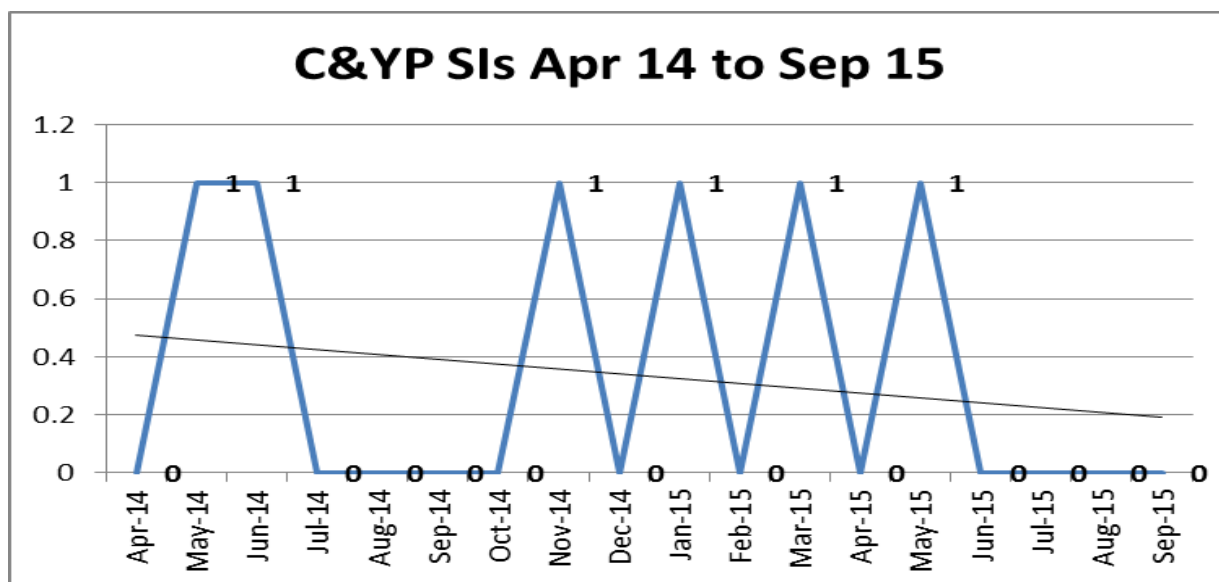


Substance Misuse Apr 14 to Sep 15



NOAP SIs Apr 14 to Sep 15





5. Themes and Trends

There are no themes or trends identified during Q2, however in order to identify emerging themes consideration must be taken over a longer period of time.

In the last 18 months there have been 3 suspected suicides; in each case the person had been admitted to hospital but then had not wanted to return to hospital and/or refused further admissions. The reasons for this reluctance to return to hospital needs to be explored for each case, in order to determine any possible common factor; the Patient and Organisational Safety Team and the Adult Directorate Governance Lead will meet to discuss this further.

The P+OS Team are also maintaining a stance of 'watchful waiting', where the lack of readily accessible clinical information available to practitioners may prove to be a factor in 2 SI investigations; the situation remains unclear at present but the Trust remains mindful of the possibility.

6. Duty of Candour

6.1 All incidents that have met the criteria for a contractual duty of candour have been processed accordingly via the serious incident investigation process in Q2.

For this quarter this includes the death following a fall and fracture of an elderly female on ward 7.

Candour is defined in the Francis Report as “the volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made”. The requirement is considered for all incidents at team level and checked for verification at the Trust weekly incident review group.

Additionally, the Trust has ratified a policy framework setting out the statutory requirements.

There have been no “Never Events” reported within 2015.

- The Never Events List 2015/16 was published by NHS England in March 2015; this paper is a subset of the Serious Incidents Framework which was also updated in March 2015. The revised paper identified 14 Never Events, which is a reduction from the 25 listed in 2014/15.

7. Learning Lessons from Serious Incidents

7.1 The Trust continues to develop its learning around ligatures; the H+S Advisor is currently working with a selected number of teams to develop a robust environmental risk assessment process and developing ideas regarding the implementation of measures to reduce the environmental factors associated with self-harm/ligature attempts. The ligature policy (Environmental Suicide Risk Assessment) has been ratified but the teams require support and training if the risk assessment is to be standardised across the Trust.

As a result of incident investigations and following on from a previous CQUIN, related to the reduction of suicides of people known to mental health services, Trust staff recognised the importance of a standardised, evidence-based risk assessment, which could be used across all teams. Therefore a working group met to develop such a tool; this risk assessment has been piloted in paper format by the Early Intervention and Access teams and is currently being piloted in an electronic version by the LD Intensive Support Service before being ratified for use across all clinical areas. **UPDATE** This electronic version remains under review; with changes agreed, the final version is currently under construction and is due to be launched in Q3.

From the Q2 investigations; the following actions have been taken:

- Amendments to the protocol for the management and prevention of falls
- Changes to the post falls evaluation tool.
- Advice issued to medical staff regarding the correct use of terminology when documenting agreed observation levels.
- Advice given to teams regarding the accurate and timely completion of all records including electronic systems
- A review of the prison release pathway
- Improvements to the CMHT allocation process.

In addition to learning from Serious Incident investigations; the Trust remains committed to learning from non-SI incidents. The Incident review group continues to meet weekly in order to review all incidents reported from the previous week; this group works to ensure any learning from incidents is explored and any actions requiring escalation are completed. The group recognises that some incidents may not have caused harm or may have been classed as ‘near misses’ but that it is still important to examine these events in order to ensure that potential actions to prevent future harm or occurrence are not overlooked.

The Trust also continues to develop its commitment to involving the people who use our services; involving service users and families in investigations in order to ensure that their voice is heard and acknowledging the importance of listening to the lived experience.

The bi-monthly Learning Lessons bulletin continues to be published and feedback from staff regarding its usefulness is actively sought from the patient and organisational safety team in order to further develop this resource for staff.

The next Learning Lessons event will take place on 11th November; the focus will be on learning from CQC Mental Health Act visits, Serious Case Reviews and a recent SI. The themes include reminding staff of the importance of accurate, contemporaneous record keeping.

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; as part of the initial ambition of the current CQUIN goal: Embedding a safety culture, staff are facilitated to use the data generated through this and other reports to understand their incidents and how this understanding can be used to generate improvements in service delivery.

Jackie Wilshaw
Interim Head of Patient and Organisational Safety
October 2015

REPORT TO: Open Trust Board

Date of Meeting:	26 November 2015
Title of Report:	Audit Committee Report
Presented by:	Mr D Rogers, Non Executive Director Chair of Audit Committee
Author of Report: Name Date: Email:	Laurie Wrench, Associate Director of Governance 20 November 2015 Laurie.wrench@northstaffs.nhs.uk
Committee Review Prior to Board	Audit Committee
Purpose / Intent of Report:	For Information & Performance Monitoring
Executive Summary:	<p>This report provides a high level summary of the recent meeting of the Audit Committee held on the 19 November 2015.</p> <p>Trust Board members are reminded that the full minutes and papers are available for inspection from the Associate Director of Governance.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> ▪ Governance ▪ Finance ▪ Customer Focus
Relationship with Annual Objectives:	Relates to all annual objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A

Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> 1. Focusing 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:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive and note the contents of this report

Summary of the 19th November 2015 Audit Committee meeting To Trust Board meeting 26th November 2015

1. Risk Management Assurance Report

The report reflected on the work undertaken around risk management arrangements, particularly the use of the Safeguard system for reporting and managing risk, the role of the Risk Review Group and the ongoing work related to the Board Assurance Framework. The report also described the extended training that is being provided to Directorate staff to improve awareness, understanding and consistency in the approach to managing risk throughout the Trust.

The report described the introduction of risk registers at team level including the escalation and de-escalation process that has been implemented to ensure risks are discussed at the right level within the Trust.

The committee received assurance against the strengthened risk management arrangements and noted that risk oversight, monitoring and review was undertaken by the sub-committees of the Board. The committee also noted that further assurance was required with regards to the consistency of risk scoring across the organisation and noted the work that had commenced to address this issue.

2. CQC Quality Assurance Report

The committee received a report outlining the progress made, outstanding issues and next steps for further action from the CQC / quality assurance programme which operated from February- September 2015.

The overall aim of the programme was to ensure good quality, well led, effective & safe services are delivered by the Trust that meet the new CQC fundamental standards & regulations.

The committee reflected on the progress made including the development of the programme infrastructure and inspection readiness in terms of preparing staff and enhancing their knowledge of the key requirements for a CQC inspection.

The committee received assurance through the new quality assurance programme of work implemented as part of the inspection preparation and the introduction of the strengthened self-assessment and peer review process which will be rolled out from December 2015. The committee also noted the strengthened corporate assurance and awareness of responsibilities for example complaints and estates.

The committee was informed of the next steps post inspection as follows:

- Trust registration should be reviewed at least every 6 months
- Further work is required in terms of Ofsted registration for Dragon Square.
- In response to initial feedback and finding from the internal peer review exercise, directorate action plans have been developed and are being updated regularly. The directorates presented their action plans to the Quality Assurance Programme Board Tuesday 27th October 2015. Progress against the action plans will be monitored through directorate meetings and through the Quality Assurance Programme Board on a monthly basis.

- By December 2015, the Trust will have implemented a rolling programme of quality assurance in the form of team self-assessments and directorate peer review which has received favourable feedback from all staff involved
- The Quality Assurance Programme Board met 27th October 2015 and will continue to meet post inspection to monitor directorate action plans
- The Trust has been notified that the date for the Quality Summit is scheduled for 2pm, Thursday 17th December.

3. Audit Recommendations

The committee received the report detailing the progress of internal audit actions and their progress in terms of implementation as of November 2015.

The committee noted that 8 audit reports had been finalised since the June Audit Committee with 52 new actions in total of which 22 had already been implemented and 30 actions within their due date. The committee received assurance that all actions would be implemented within the timeframes and that from the new financial year, the Trust will embed audit recommendations into the Board Assurance Framework.

4. Internal Audit Progress Report – RSM

The committee received a report detailing the six audit assignments that have been completed since the last Audit Committee and the impacts of those findings. Auditors asked the committee to ensure that the recommendations are given due consideration and that the timescales agreed with Trust Managers are adhered to. Four opinions were provided and two assignments were advisory.

The report also noted that audits scheduled over the coming months. Auditors will discuss with the appropriate leads if the planned audits remain applicable. It was noted that some audits could be deferred or replaced with other work depending on any learning or action identified from the CQC inspection. The committee approved the request for five changes to be made to the audit plan.

5. Local Counter Fraud Service (LCFS) Progress Report

The committee received a briefing from auditors detailing the work that has been completed since the last meeting. The committee noted that November was Fraud Awareness month and was informed of the work the counter fraud team were undertaking alongside the communications team to publicise this.

The committee noted that there were no active or live fraud investigations currently.

Fraud awareness and training sessions have continued including review of a number of policies and procedures to ensure they remain fit for purpose.

6. External Auditors - Ernest & Young Key Questions for the Audit Committee

The external auditors provided an update report to the committee summarising key items that had occurred within their sector over the last quarter for information purposes. The committee noted that from March 2017, Trusts would be able to appoint their own auditors.

7. Review of Single Tender Waivers and Review of Losses and Special Payments

The committee received a report on single tender waivers that have occurred during the period September 2014 to September 2015. The committee received assurance that this was a small number (10). In addition, the committee received a report on losses and special payments between April 2015 and September 2015.

8. Approval of Charitable Funds and Annual Report 2014/15

The Trust Finance team presented the Charitable Funds Accounts and Annual Report in line with Charities Commission guidance, NHS Financial Reporting Manual and accordance with the requirements of the Charities Act 2011, the Charities (accounts and reports) regulations 2008 and the Charities SORP (revised 2005).

The committee were informed that the Accounts and Report had been subjected to scrutiny and review by the Trusts External Auditors and were presented to the Trusts Charitable Funds Committee on 5 November 2015. The committee approved the Accounts and Report and further noted that the Service User and Carer Council would have a role in the allocation of charitable funds in the future.

9. Finance Policies

The committee approved the following policies/procedures:

- Official Orders
- Security of Assets
- Items surplus to requirements
- Petty Cash Procedures

10. Review of the Business of other Board Committees

The committee received the following summary business reports:

- *Quality Committee* meetings – 15 September and 20 October 2015;
- *Finance & Performance Committee* meetings – 17 September and 22 October 2015
- *People and Culture Development Committee* meetings – 21 September and 19 October 2015

Members noted the importance of reviewing the business of other Board committees, particularly in terms of ensuring no gaps or unnecessary duplication in business.

11. Register of Declared Interests

The committee received the register of declared interests as of November 2015 for information.

12. Next meeting of the Audit Committee - 18 February 2016, 1.00pm

On behalf of the Committee Chair Mr David Rogers
Laurie Wrench
Associate Director of Governance
20 November 2015

Enclosure 8

REPORT TO TRUST BOARD (OPEN)

Date of Meeting:	26 November 2015
Title of Report:	Monthly Finance Reporting Suite – October 2015
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Andy Turnock 18 November 2015 andrew.turnock@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	Finance and Performance Committee
Purpose / Intent of Report:	Performance monitoring
Executive Summary:	<p>The attached report contains the financial position to 31 October 2015.</p> <p>The Trusts financial performance is a retained deficit of £0.523m against a planned deficit of £0.542m, a favourable variance of £0.019m.</p> <p>The in-year cost improvement target is £2.658m with a year to date performance of £0.054m ahead of plan.</p> <p>The cash balance as at 31 October 2015 was £7.8m.</p> <p>The net capital expenditure is £0.054m which is behind the Plan of £0.550m, an under spend of £0.496m.</p> <p>The Continuity of Service risk rating is reported as 3 in line with the plan.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy
Relationship with Annual Objectives:	Financial Reporting
Risk / Legal Implications:	n/a
Resource Implications:	As above

Equality and Diversity Implications:	n/a
Relationship with the Board Assurance Framework	Delivering our financial plan
Recommendations:	<p><i>The Board is asked to:</i></p> <ul style="list-style-type: none"> • <i>note that the financial performance to date is on plan, with a favourable variance reported of £0.019m</i> • <i>note the in-year cost improvement target is £2.658m and a year to date performance slightly ahead of Plan</i> • <i>note the cash position of the Trust as at 31 October 2015 of £7.8m</i> • <i>note the net capital expenditure position as at 31 October 2015 is an under spend against Plan of £0.496m</i> • <i>note the year to date Continuity of Service risk rating of 3</i>

DRAFT FINANCIAL OVERVIEW as at 31 October 2015

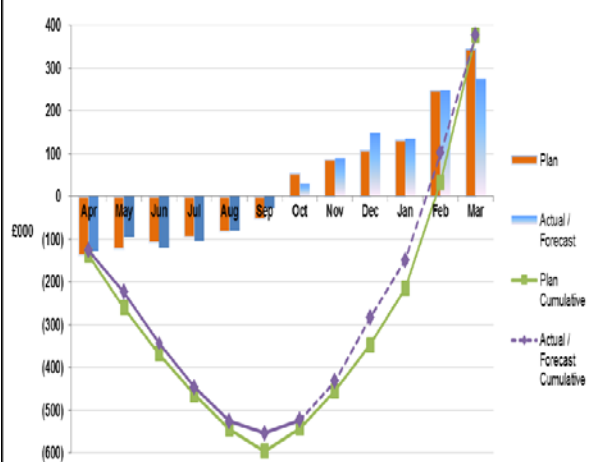
Income & Expenditure - Retained Surplus / (Deficit)

£000	Plan	Actual	Var	%	RAG
YTD	(542)	(523)	19	4	G
Forecast	377	377	0	0	G

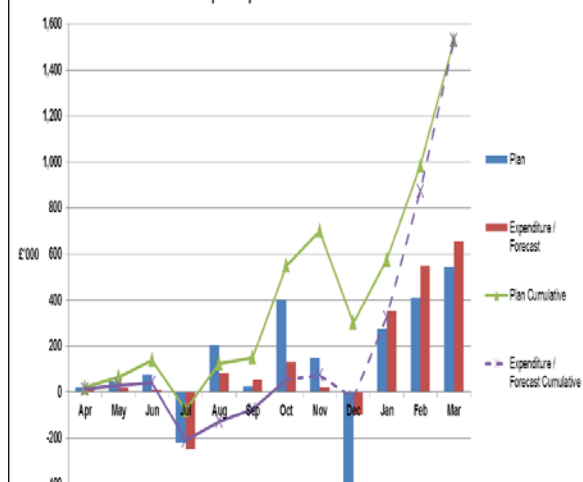
Net Capital Expenditure

£000	Plan	Actual	Var	%	RAG
YTD	550	54	(496)	(90)	A
Forecast	1,530	1,530	0	0	G

Retained Surplus / (Deficit) Run Rate 2015-16



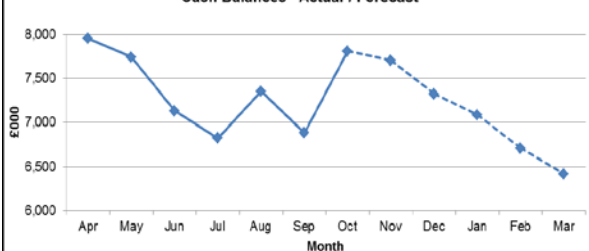
Net Capital Expenditure - Plan / Forecast 2015-16



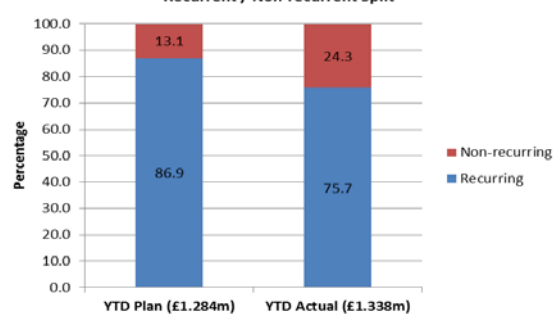
Cash Balances

£m	Plan	Actual	Var	%	RAG
YTD	5.7	7.8	2.2	38	G

Cash Balances - Actual / Forecast



CIP Year to Date Plan and Actual - Recurrent / Non-recurrent Split



Notes

- Risks:**
- Non achievement of income targets
 - Non delivery of CIP requirement
 - Managing cost pressures
 - Under performance against activity targets
- Assumptions:**
- Clinical income targets for the main clinical contracts are achieved.
 - Charges against provisions provided for last year do not exceed the value provided.

Continuity of Service Risk Rating

	YTD Plan	YTD Act	FOT
Overall Risk Rating	3	3	3
Metrics:			
Liquidity Ratio	4	4	4
Capital Servicing Capacity	1	1	2

1. Financial Position

1.1 Introduction

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

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

This report details the Trust's performance against this revised Plan for the period ending 31 October 2015.

1.2 Income & Expenditure (I&E) Performance at Month 7

At the end of Month 7, the Trusts budgeted plan was a retained deficit of £0.542m (£0.234m deficit at adjusted financial performance level). The reported retained position is a deficit of £0.523m, giving a favourable variance of £0.019m against plan.

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

Table 1: Statement of Comprehensive Income

Detail	Full Year Annual Budget £000	Current Month £000			Year to Date £000		
		Budget	Actual	Variance	Budget	Actual	Variance
Income	76,153	6,438	6,595	157	43,543	44,008	465
Pay	(57,162)	(4,853)	(4,781)	72	(33,642)	(32,324)	1,318
Non pay	(15,490)	(1,258)	(1,508)	(250)	(8,534)	(10,320)	(1,786)
EBITDA	3,500	327	305	(21)	1,367	1,365	(2)
Other Costs	(2,750)	(229)	(230)	(2)	(1,601)	(1,580)	21
Adjusted Financial Performance	750	98	75	(23)	(234)	(215)	19
IFRIC 12 Expenditure	(523)	(44)	(44)	0	(308)	(308)	0
Retained Surplus / (Deficit) prior to Impairment	227	54	31	(23)	(542)	(523)	19
Fixed Asset Impairment	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	227	54	31	(23)	(542)	(523)	19

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

Also contained within non-pay, specific budgets have been set and held centrally. Table 2 shows these central reserves forecast budgets which equate to £1.300m, against which the Trust is forecasting expenditure of £0.540m. This highlights that the Trusts achievement of the forecast retained surplus of £0.377m is predicated on the support to the operational position from reserves of £0.760m.

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

Table 2: Reserves Held Centrally

Description	Forecast Annual Budget (£000)	Committed within FOT (£000)
Contingency	61	0
Cleanliness in Hospitals	15	15
Quality & Reform	153	150
QNIC	49	0
Other Earmarked reserves	1,022	375
Total	1,300	540

1.3 Forecast Year End Performance

Following the finalisation of the month 7 position, a worked up forecast outturn has been undertaken which supports the revised retained surplus of £0.377m (£0.900m at adjusted financial performance level) which is in line with the revised Plan. This outturn position is dependent on:

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

Within the forecast is the envisaged under performance of circa £0.120m against the planned clinical income. This includes the under performance of the Specialised Services contract in respect of Darwin due to a reduction in bed occupancy over the last few months, the forecast financial impact of which is circa £0.320m. In addition, there is also a predicting under performance of £0.070m in relation to the One

Recovery contract. These two areas are negated by the forecast over performance of circa £0.270m in respect of NCA's / OAT's.

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

1.4 Cost Improvement Programme

The in-year target for the year and reported to the NTDA is £2.658m and takes into account the requirement to deliver the revised surplus referred to above.

As at month 7, the performance against the planned schemes on a year to date basis is behind plan, with £0.933m being achieved against the target of £1.284m. However, additional schemes have been identified which have delivered £0.405m on a year to date basis resulting in an overall performance of £1.338m, and therefore a £0.054m over achievement. This is shown in table 3 below.

Table 3: CIP Delivery – Year to Date

	Plan £000	Delivered £000	Variance £000
Original schemes	1,284	933	(351)
New schemes	0	405	405
Total schemes	1,284	1,338	54

2. Summary of Financial Position

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

2.1 Fixed Assets

Property, Plant & Equipment and Intangible assets balances of the Trust have remained relatively static which reflects the slow start to the 2015/16 capital programme.

2.2 Cash

As at 31 November 2015, the Trust's cash position was £7.8m which represents an increase during the month of £0.9m. A monthly cash flow forecast is shown in Appendix A, page 3 which demonstrates the cash movements.

2.3 Other Working Balances

Working balances during the month show an overall net decrease of circa £1m.

This is a result of a decrease in creditors of £0.2m and a decrease of debtors of £1.2m. The decrease in debtors is due to a reduction in NHS and Local Authority balances of £0.6m and £0.4m respectively.

Within the overall debtors value, £2m relates to invoiced debt. Invoiced debt is summarised by age in Appendix A, page 4, along with the analysis of the stage of recovery.

3. Capital Expenditure and Programme

The Trust's permitted capital expenditure in 2015/16 is £2.3m; this is the combination of the Trust's £1.53m Capital Resource Limit (CRL) and its predicted asset sales of £0.77m. The capital expenditure for the year as at 31 October 2015 is £0.054m, made up of £0.324m of expenditure and (£0.270m) from the disposal of the former Learning Disability property Meadow View. This represents a variance against the profiled net capital expenditure of £0.496m shown in the Plan submitted to the NTDA.

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

4. Continuity of Services Risk Rating Risk Rating

As reported in the Plan, the Trust is planning to achieve a Continuity of Service Risk Rating of 3 by the end of the financial year. As at month 7, this is calculated as 3. The forecast outturn rating is also 3, in line with the planned rating previously mentioned.

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

5. Recommendations

The Board is asked to:

- ***note that the financial performance to date is predominately on plan, with a favourable variance reported of £0.019m***
- ***note the cash position of the Trust as at 31 October 2015 of £7.8m***

- *note the net capital expenditure position as at 31 October 2015 is an underspend against plan of £0.496m*
- *note the year to date Continuity of Service Risk Rating of 3 and also a forecast rating of 3.*

Appendix A – Page: 1

Statement of Comprehensive Income including Forecast Outturn – Trust Wide

	Full Year Budget £000	< < < Actual £000	Current Month Budget £000	> > > Variance £000	< < < Actual £000	Year to Date Budget £000	> > > Variance £000	< < < Actual £000	Forecast Outturn Budget £000	> > > Variance £000
Income:										
Revenue from Patient Care Activities	67,747	5,823	5,802	21	38,954	38,742	211	68,522	68,637	-116
Other Operating Revenue	8,405	772	636	136	5,055	4,800	254	8,277	8,405	-128
	76,153	6,595	6,438	157	44,008	43,543	465	76,799	77,043	-244
Expenses:										
<u>Pay</u>										
Medical	-6,886	-529	-641	112	-3,410	-4,002	593	-6,022	-6,886	864
Nursing	-26,597	-2,120	-2,226	106	-15,000	-15,737	737	-26,119	-27,142	1,023
Other clinical	-13,487	-1,031	-1,137	106	-7,159	-7,870	711	-12,420	-13,508	1,088
Non-clinical	-9,505	-765	-808	43	-4,993	-5,524	531	-8,851	-9,504	654
Non-NHS	-688	-335	-41	-294	-1,763	-509	-1,254	-2,983	-927	-2,056
Cost Improvement	0	0	0	0	0	0	0	0	0	0
	-57,162	-4,781	-4,853	72	-32,324	-33,642	1,318	-56,394	-57,968	1,573
<u>Non Pay</u>										
Drugs & clinical supplies	-1,980	-163	-163	1	-1,317	-1,174	-143	-2,239	-1,996	-243
Establishment costs	-1,711	-149	-146	-3	-890	-996	106	-1,563	-1,711	148
Premises costs	-2,015	-280	-174	-106	-1,718	-1,240	-478	-2,994	-2,015	-979
Private Finance Initiative	-3,865	-330	-322	-8	-2,323	-2,254	-68	-3,971	-3,865	-107
Other (including unallocated CIP)	-5,822	-587	-491	-95	-4,071	-3,263	-809	-5,488	-4,579	-909
Central Funds	-98	0	39	-39	0	393	-393	-539	-1,300	760
	-15,490	-1,508	-1,258	-250	-10,320	-8,534	-1,786	-16,794	-15,465	-1,329
EBITDA *	3,500	305	327	-21	1,365	1,367	-2	3,611	3,610	1
Depreciation (excludes IFRIC 12 impact and donated income)	-797	-68	-66	-2	-488	-462	-26	-844	-797	-47
Investment Revenue	12	2	1	1	12	7	5	16	12	4
Other Gains & (Losses)	0	0	0	0	42	0	42	42	0	42
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Finance Costs	-1,364	-114	-114	0	-796	-796	0	-1,364	-1,364	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	-601	-50	-50	0	-351	-351	0	-561	-561	0
Adjusted Financial Performance - Surplus / (Deficit) for the Financial Year **	750	75	98	-23	-215	-234	19	900	900	0
IFRIC 12 Expenditure ***	-523	-44	-44	0	-308	-308	0	-523	-523	0
Retained Surplus / (Deficit) for the Year	227	31	54	-23	-523	-542	19	377	377	0

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

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

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

Appendix A – Page: 2

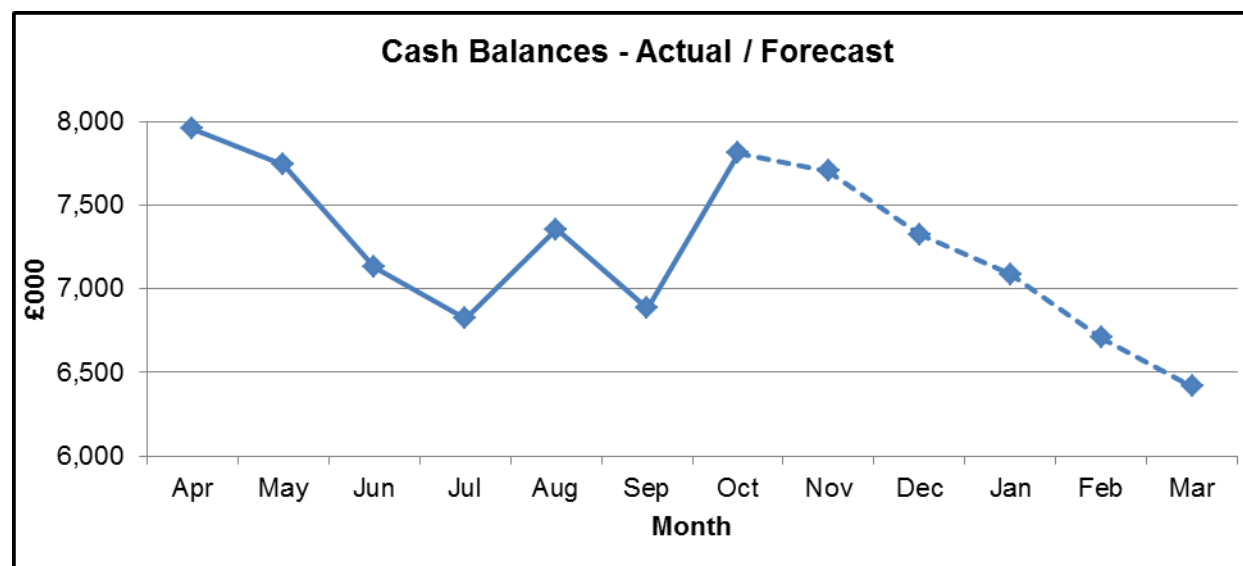
Statement of Financial Position – including forecast

Detail	Period End Date					Forecast 31/03/2016 £000
	31/03/2015	31/07/2015	31/08/2015	30/09/2015	31/10/2015	
	£000	£000	£000	£000	£000	
NON-CURRENT ASSETS:						
Property, Plant and Equipment	30,863	30,493	30,466	30,397	30,415	31,799
Intangible Assets	52	40	40	28	28	66
Trade and Other Receivables	0	0	0	0	0	0
TOTAL NON-CURRENT ASSETS	30,915	30,533	30,506	30,425	30,443	31,865
CURRENT ASSETS:						
Inventories	86	90	82	75	66	86
Trade and Other Receivables	3,017	5,801	5,728	6,213	4,995	3,298
Cash and cash equivalents	6,805	6,822	7,355	6,883	7,811	6,416
SUB TOTAL CURRENT ASSETS	9,908	12,713	13,165	13,171	12,872	9,800
Non-current assets held for sale	2,520	2,250	2,250	2,250	2,250	1,750
TOTAL ASSETS	43,343	45,496	45,921	45,846	45,565	43,415
CURRENT LIABILITIES:						
NHS Trade Payables	-864	-769	-772	-1,056	-930	-676
Non-NHS Trade Payables	-4,374	-7,319	-7,871	-7,581	-7,511	-5,607
Borrowings	-351	-351	-351	-351	-351	-346
Provisions for Liabilities and Charges	-1,682	-1,546	-1,526	-1,515	-1,429	-882
TOTAL CURRENT LIABILITIES	-7,271	-9,985	-10,520	-10,503	-10,221	-7,511
NET CURRENT ASSETS/(LIABILITIES)	5,157	4,978	4,895	4,918	4,901	4,039
TOTAL ASSETS LESS CURRENT LIABILITIES	36,072	35,511	35,401	35,343	35,344	35,904
NON-CURRENT LIABILITIES						
Borrowings	-12,992	-12,876	-12,846	-12,817	-12,787	-12,647
Trade & Other Payables	-558	-558	-558	-558	-558	-558
Provisions for Liabilities and Charges	-604	-604	-604	-604	-604	-404
TOTAL NON- CURRENT LIABILITIES	-14,154	-14,038	-14,008	-13,979	-13,949	-13,609
TOTAL ASSETS EMPLOYED	21,918	21,473	21,393	21,364	21,395	22,295
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	7,998	7,998	7,998	7,998	7,998	7,998
Retained Earnings	814	369	289	260	291	1,191
Revaluation Reserve	13,664	13,664	13,664	13,664	13,664	13,664
Other reserves	-558	-558	-558	-558	-558	-558
TOTAL TAXPAYERS EQUITY	21,918	21,473	21,393	21,364	21,395	22,295

Appendix A – Page: 3

Cash-flow Forecast

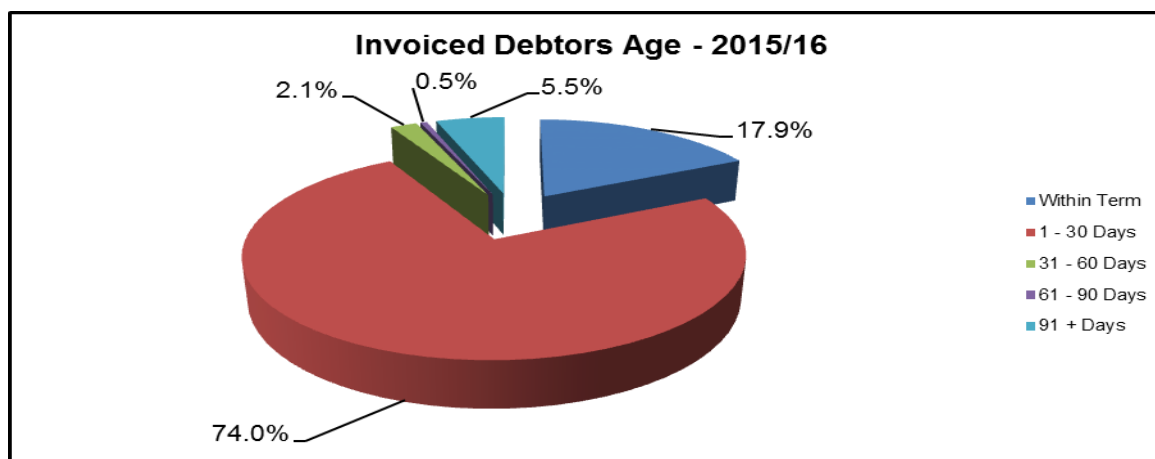
Statement of Cash Flows (CF)	Actual Apr 15 £000	Actual May 15 £000	Actual Jun 15 £000	Actual Jul 15 £000	Actual Aug 15 £000	Actual Sep 15 £000	Actual Oct 15 £000	Forecast Nov 15 £000	Forecast Dec 15 £000	Forecast Jan 16 £000	Forecast Feb 16 £000	Forecast Mar 16 £000	2015/2016 Full Year £000
Cash Flows from Operating Activities													
Operating Surplus / (Deficit)	35	66	42	17	82	134	193	242	263	285	344	541	2,244
Depreciation and Amortisation	113	112	117	98	110	134	112	114	114	114	114	115	1,367
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	-114	-114	-114	-114	-114	-114	-114	-114	-113	-113	-113	-113	-1,364
Dividend Paid	0	0	0	0	0	-256	0	0	0	0	0	-261	-517
Inflow / (Outflow) prior to Working Capital	34	64	45	1	78	-102	191	242	264	286	345	282	1,730
(Increase) / Decrease in Inventories	0	-7	2	8	8	7	9	0	-17	0	-9	-1	0
(Increase) / Decrease in Trade and Other Receivables	-658	-794	-1,101	-231	-73	-485	1,218	486	727	382	290	-19	-258
Increase / (Decrease) in Trade and Other Payables	1,817	581	509	-265	650	199	-247	-1,010	-1,302	-206	-70	346	1,002
Provisions (Utilised) / Arising	-3	-12	-31	-90	-20	-11	-86	-125	-125	-319	-313	-493	-1,628
Increase/(Decrease) in Movement in non Cash Provisions	0	0	0	0	0	0	0	350	0	0	0	280	630
Inflow / (Outflow) from Working Capital	1,156	-232	-621	-578	565	-290	894	-299	-717	-143	-102	113	-254
Net Cash Inflow / (Outflow) from Operating Activities	1,190	-168	-576	-577	643	-392	1,085	-57	-453	143	243	395	1,476
Cash Flows from Investing Activities													
Interest Received	2	2	2	1	2	2	2	1	1	0	1	0	16
(Payments) for Property, Plant and Equipment	-12	-18	-10	-18	-83	-53	-130	-20	-100	-350	-595	-656	-2,045
Proceeds of disposal of assets held for sale (PPE)	0	0	0	315	0	0	0	0	200	0	0	0	515
Net Cash Inflow / (Outflow) from Investing Activities	-10	-16	-8	298	-81	-51	-128	-19	101	-350	-594	-656	-1,514
NET CASH INFLOW / (OUTFLOW) BEFORE FINANCING	1,180	-184	-584	-279	562	-443	957	-76	-352	-207	-351	-261	-38
Cash Flows from Financing Activities													
Capital Element of Payments in Respect of Finance Leases PFI	-29	-29	-29	-29	-29	-29	-29	-29	-29	-30	-30	-30	-351
Net Cash Inflow/(Outflow) from Financing Activities	-29	-29	-29	-29	-29	-29	-29	-29	-29	-30	-30	-30	-351
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS	1,151	-213	-613	-308	533	-472	928	-105	-381	-237	-381	-291	-389
Cash and Cash Equivalents (and Bank Overdraft)	7,956	7,743	7,130	6,822	7,355	6,883	7,811	7,706	7,325	7,088	6,707	6,416	



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Aged Debtor Analysis

Analysed as	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
NHS	314	682	41	7	79	1,123
Local Authorities	24	54	0	0	0	78
Other Debtors	19	739	1	4	30	793
Total	357	1,475	42	11	109	1,994



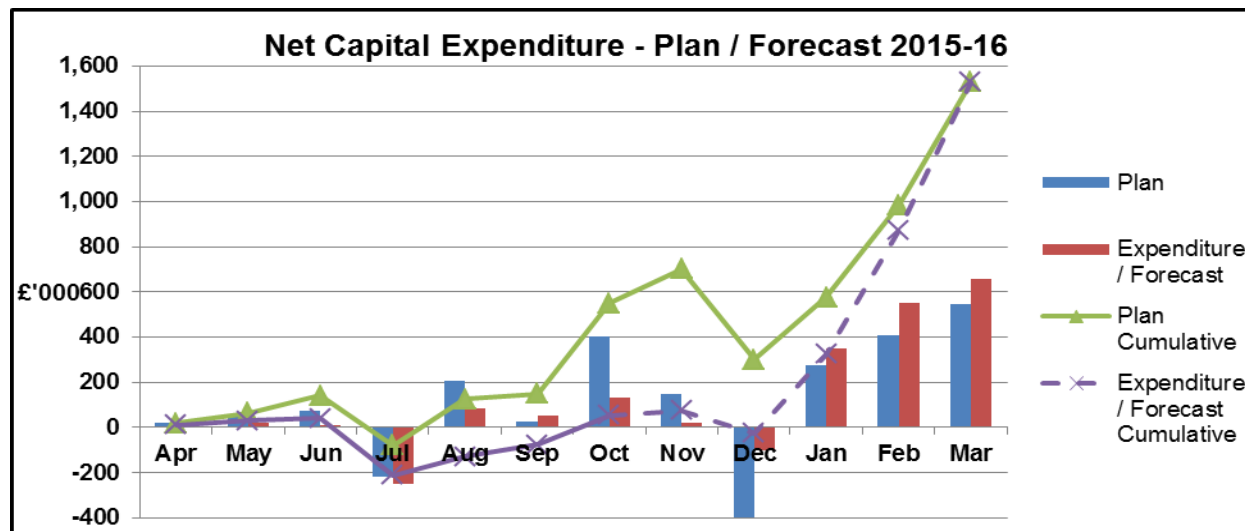
Analysed by Credit Control Stage	Within Term	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 +	Overall Balance
	£000	£000	£000	£000	£000	£000
No formal dispute received - full payment anticipated	357	1,475	42	11	60	1,945
Routine credit control processes activated	0	0	0	0	20	20
Resolved - Awaiting Credit Note to be issued	0	0	0	0	19	0
Escalated to Management / Solicitors	0	0	0	0	10	10
Total	357	1,475	42	11	109	1,975

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Capital Programme and Expenditure

Scheme	Detail	2015/16 Original Scheme Value £000	2015/16 Revision £000	Year to Date £000	Forecast Outturn £000
Psychiatric Intensive Care Unit	awaiting business case approval	400	0	1	10
Low Secure unit with rehabilitation	awaiting business case approval	500	0	0	10
Assessment & Treatment and Telford Unit	business case approved	600	500	0	500
Dragon Square Upgrade	business case approved	250	500	143	500
Darwin Upgrade	business case approved	0	680	20	530
Information Technology	various	100	100	71	150
Equipment	various	80	80	0	30
Other		270	270	89	170
Environmental Improvements	numerous sites	100	100	0	100
Total Expenditure		2,300	2,230	324	2,000
Disposals					
Former Learning Disability property	Meadow View	-270	-270	-270	-270
Bucknall Hospital (part)	staged receipts	-500	-500	0	-200
Net Expenditure		1,530	1,460	54	1,530

Capital Allocations	£000
Initial CRL (per NTDA Plan submission)	1,530
Revisions to Plan:	
None	-
Final CRL	1,530
Value of Schemes Forecast Outturn as at 31/10/15	1,530
Potential (Over) / Undershoot against CRL	0



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Continuity of Service Risk Rating

Continuity of Services Risk Rating		YTD Actual £000	Forecast Plan £000 Actual £000	
Liquidity Ratio	Working Capital:			
	Total Current Assets	15,122	11,550	11,550
	Total Current Liabilities	-10,221	-7,661	-7,511
	Inventories	66	86	86
	Non Current Assets Held for Sale	2,520	1,750	1,750
	Working Capital Balance	2,315	2,053	2,203
	Annual Operating Expenses:			
	Operating Expenses	43,439	72,680	74,555
	<i>Add back:</i>			
	Depreciation & Amortisation	-796	-1,350	-1,367
Capital Servicing Capacity	Impairments	0	0	0
	Annual Operating Expenses:	42,643	71,330	73,188
	Liquidity Ratio (Working capital balance / Annual operating expenses)	11.6	10.4	11.0
	Liquidity Ratio Metric	4.0	4.0	4.0
	Revenue Available for Debt Service:			
	EBITDA	1,365	3,486	3,611
	Interest Receivable	-12	-16	-16
	Revenue Available for Debt Service	1,377	3,502	3,627
	Annual Debt Service:			
	Finance Costs (including interest on PFIs and Finance Leases)	796	1,364	1,364
	Dividends	351	561	561
	Capital element of payments relating to PFI, LIFT Schemes and finance leases	203	351	351
	Annual Debt Service	1,350	2,276	2,276
	Capital Servicing Capacity (times) (Revenue available for Debt Service / Annual Debt Service)	1.0	1.5	1.6
	Capital Servicing Capacity metric	1.0	2.0	2.0
Continuity of Services Risk Rating for the Trust		3.0	3.0	3.0

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

Enclosure 9

REPORT TO TRUST BOARD

Date of Meeting:	26 November 2015
Title of Report:	Finance and Performance Committee Report – Committee Meeting 19 November 2015
Presented by:	Tony Gadsby – Committee Chairman
Author of Report: Name: Date: Email:	Steve Blaise 19 November 2015 steve.blaise@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	n/a
Purpose / Intent of Report:	Performance monitoring For information
Executive Summary:	The attached reports provides a summary of the Committee meeting held on the 19 November 2015 and provides assurance to the Board over the level of review and challenge provided by the Committee of financial and other reporting as well as forecasting.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	Financial Strategy Workforce Strategy Governance Strategy IM&T Strategy
Relationship with Annual Objectives:	Financial Reporting
Risk / Legal Implications:	n/a
Resource Implications:	As above
Equality and Diversity Implications:	n/a
Relationship with the Board Assurance Framework	Provides assurance over the Trust's arrangements for sound financial stewardship and risk management.

Recommendations:	<p data-bbox="651 194 1110 226">The Trust Board are asked to:</p> <ul data-bbox="703 275 1406 551" style="list-style-type: none"> <li data-bbox="703 275 1406 387">• <i>Note the contents of the report and take assurance from the review and challenge evidenced in the Committee</i> <li data-bbox="703 439 1406 551">• <i>Signs and seals the contract for the Substance Misuse Inpatient for Staffordshire contract.</i>
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Assurance Report to the Trust Board – Thursday, 26 November 2015

Finance and Performance (F&P) Committee Report to the Trust Board – 19 November 2015

This paper details the issues discussed at the Finance and Activity Committee meeting on 19 November 2015.

The meeting was quorate, approved the minutes from the meeting on the 22 October 2015 and reviewed the progress and actions taken from previous meetings.

The Committee received the financial update for month 7 (October 2015) 2015/16.

The income and expenditure position to Month 7 was ahead of plan at a deficit of £0.523m (£0.234m deficit at “adjusted financial performance” level) against a plan deficit of £0.542m, a favourable variance of £0.019m against plan. The paper also reported that the year-end forecast was in line with the revised planned position of £0.377m surplus, equating to a £0.900m surplus at adjusted financial performance level although it was noted that this forecast figure was supported by Trust reserves. This position would represent a breakeven performance against a revised plan.

The Trust’s cash balance at the end of October was £7.8m against the plan balance of £5.7m.

The Capital Resource Limit (CRL) for 2015/16 is £1.5m. The planned capital expenditure for the year is £2.3m funded by £1.3m depreciation, £0.8m of asset sales and cash in hand. At the end of October 2015 the Trust was £0.496m behind plan having incurred net capital spend of £0.054m against a plan of £0.550m.

It was noted that the Trust continued to report a Continuity of Service overall risk rating of level 3 at October 2015. Additionally, the Trust is also reporting a forecast year end overall rating of level 3. This level 3 rating is achieved primarily as a result of the Trusts healthy liquidity ratio.

Other Reports and Updates

The Committee received additional reports and verbal updates as follows:

- The verbal report from the Director of Finance included reference to the Transformation agenda, the ongoing reporting to the NTDA including the potential request to return capital cash, as well as an update as to the possible transfer of clinical placement funding from CCG’s associated with out of area placements.

- A Payment by Results report updating the Committee of the progress to date in meeting the contractual requirements whilst securing the Trusts future income levels. Also highlighted was the national consultation process with a possible move to capitation payments in the future.
- A Performance Management report including TDA metrics, agreed targets, trends and a revised RAG rating. The report noted that, at month 7, there were 2 metrics rated as Red and 2 rated as Amber. The Committee were briefed on the issues within these areas.
- A report updating the Committee on the Trust's current tender activity. Particular reference was made to the potential Substance Misuse tenders including those in Leicester and Bradford.
- The Committee received, for information, the minutes and report from the Trusts Capital Investment Groups (CIGs) that had taken place on 21 October 2015.
- The quarterly Workforce report was received. This report provided details of the workforce profile, by discipline, together with the planned workforce changes over the next 5 years aimed at improving efficiency and productivity while also releasing cost savings. The 2015/16 planned workforce changes were also identified by those resulting from CIP/Re-design schemes and Growth resulting from developments. Additional information was provided regarding vacancies, recruitment, temporary staffing, redundancy, and management of change schemes. Issues regarding the use of nursing agency were discussed with particular reference to the last two months usage which has resulted in the Trust exceeding the Agency Control ceiling of 3%. The year to date performance had risen to 3.8% and had been reported to the NTDA via the financial monitoring system.
- A report on the CIP position for the Trust against the planned programme which showed a small forecast over achievement against the revised total target. It was noted that there was still work to do to minimise the amount of CIP achieved non-recurrently in 2015/16 and that there needs to be a greater emphasis on developing the 2016/17 efficiency programme.
- The Board Assurance Framework for quarter 2 was presented which shows the strategic objectives and risks associated with the Finance & Performance Committee, including a RAG rating for year to date and end of year forecast. Only one control was RAG rated as red, that being the 'reducing drugs overspend by 50%'.

- Key Risks to finance and performance. A schedule was provided which described the key risks appertaining to the 2015/16 financial plan. One new risk discussed and to be incorporated in future reports is the potential loss of service currently provided by the Estates Agency to Prop Co Ltd with effect from April 2016.
- The month 7 and year to date Better Payment Practice Code performance was tabled showing the Trust performance in settling its creditors. This information demonstrated a high level of performance with all year to date results being in excess or equal to the 95% target.
- The Trust's Balanced Scorecard in respect of Performance was tabled. This reported data associated with Care Plan Assessments, bed occupancy, inpatient activity, DNA's and average length of stay.
- Substance Misuse Inpatient Contract – Staffordshire. A report was presented which provided assurance that work undertaken prior to and since the submission allowed for the Trust Board to sign off the contract. The Committee agreed to recommend that the Trust Board signs and seals the aforementioned contract.

Recommendation

- The Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.
- The Board signs and seals the contract for the Substance Misuse Inpatient for Staffordshire contract.

On Behalf of Tony Gadsby – Chair of Finance and Performance Committee

Steve Blaise – Deputy Director of Finance

19 November 2015

REPORT TO: **Open Trust Board**

Date of Meeting:	26 November 2015
Title of Report:	Summary of the Business Development Committee meeting held on the 3 November 2015
Presented by:	Mr David Rogers, Chair of Business Development Committee
Author of Report: Name: Date: Email:	Karen Day – Business Development Manager 19 November 2015 karen.day@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> Business Development Committee
Purpose / Intent of Report:	<ul style="list-style-type: none"> For information and assurance
Executive Summary:	<p>This report provides a high level summary of the key headlines from the Business Development Committee meeting held on the 3 November 2015.</p> <p>The full papers are available as required to Trust Board members</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> 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:	None
Resource Implications:	None
Equality and Diversity Implications:	None
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	<ul style="list-style-type: none"> To note the contents of the report

Key points from the Business Development Committee meeting held on 3 November 2015

(1) Introduction.

This was the first meeting held for The Business Development Committee and members were welcomed. This report will be a regular report to the Trust Board.

(2) Terms of Reference

The Terms of Reference were reviewed and discussed at length ensuring the purpose and expectations of the Committee were fully understood and agreed.

Notable Items as follows:

- To understand the need for an Investment Policy. It was recognised that the Investment Policy could be that the Trust would invest but should include both Capital and Revenue and that there was recognition that plan needs to align with strategic aims; that this Committee links the elements together of what have we got to invest and where will we invest it. Draft Policy to be developed.
- The key role of the Committee was to have capacity to not only assess opportunities but to warn Board if there were significant risks attached to them, forming a more dynamic model, and we need to engage with this process. To remove duplication with the risk management committee and although every opportunity has an element of threat to it this committee could acknowledge the threats but be more opportunity driven rather than risk averse. It was suggested a rating opportunities bronze, silver or gold.
- Interface with digital by choice, which was a lot of investment but from revenue, not capital but is a significant investment for the future; also revenue items that are one off e.g. balance scorecard, would that come to this Committee? This Committee would see whether opportunities will fit on our base case strategy (IBP) – 1. are we delivering our baseline strategy or is this going adrift somewhere; 2. We need to be able to accommodate and assess when change affects this. It was felt that the investment policy should reflect, being really clear what people can get on with if they have the budget and resources to do it; strategically if there is a risk and a big piece of work then elements of that would come here.
- It was the Committee's role to make sure channels exist and work in being agile not driven by timetabled meetings.
- Externally focussed: active participation in resolving the predicament of the local health economy through integrated working

(3) Board Assurance Framework Objectives

It was agreed the two BAF objectives related to this Committee were: (1) Protecting our Core Services and (2) Growing our Specialist Services. As the Board matures there will be more-wider Trust risks, e.g. PICU sale of beds out of area. The Trust

register is not cut for the BDC as it is a new Committee and some work needs to be done around which risks does this Committee want to be cited on.

(4) Cycle of Business

The Cycle of Business was agreed for the Committee and should include

- market assessment and tenders
- quarterly review for directorate plans
- Annual review for two year operational plan
- five year integrated business plan
- committee effectiveness review on annual basis
- BAF and risks on cycle of business on a quarterly basis.

(5) Local Transformation Plans

The Commissioners' Local Transformation Plan was accepted by NHS England. Commissioners require a CAMHS Business Case from us by Friday, 6 November in order to feed into the CCG executive directors group for approval. The areas covered are:

1. Eating disorders.
2. Intensive outreach service.
3. LD psychiatry.
4. Hub.
5. Additional capacity at T3.

This will be recurrent funding for CAMHS at National level. The Directorate team are building on this and due to the tight deadline this will have to come back to Committee retrospectively. It was felt that the Trust is a very meeting driven organisation and felt if a group of people have interest in this area there should be a mechanism for information that when it's done it's circulated to the group, if a member of the group wants to question a point there is a mechanism how they could do this.

(6) Guidance Notes on Refreshing the IBP – 2016

The refreshing of the One year Plan and IBP were discussed and agreed the timeline proposed.

(7) Business Cases

The business cases were discussed and their current status:

- **Approved Business Cases** – An updated report was circulated.
- **Current Progress:** - PICU, Ward 4, LD Bed Reconfiguration, Locked Rehab
- **Halted:** Substance misuse, ABI, Estates Rationalisation. A&E Hazlehurst.

(8) **Business Development Update**

Tenders were discussed

- Wrexham Prison
- Bradford Tender
- Liverpool Social Inclusion

(9) **Health Economy Paper**

The report provided talked about how primary care worked around MCP's, more local interpretations in the North and how it supports the primary care model and integrates it for example, urgent care mental health development, ICO, Social Care and PICU are all starting to fit into the broader thread.

(10) **Mark Hackett Discussion Paper – Staffordshire Strategic Transformation Programme**

The paper submitted from Mark Hackett was discussed and that a Trust response to this including all the threads taken from the comments and this would be discussed at the Execs Away Day.

REPORT TO TRUST BOARD

Date of Meeting:	26 th November 2015
Title of Report:	Presentation of the Trust's 2014/15 Charitable Funds Accounts and Annual Report.
Presented by:	Ann Harrison – Interim Director of Finance
Author of Report: Name: Date: Email:	<u>Alison Maguire – Financial Accountant</u> <u>17 November 2015</u> <u>Alison.Maguire@northstaffs.nhs.uk</u>
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> • Charitable Funds Committee • Audit Committee
Purpose / Intent of Report:	For information / assurance
Executive Summary:	<p>The Trust Finance team have prepared the attached Charitable Funds Accounts and Annual Report in line with Charities Commission guidance, NHS Financial Reporting Manual and accordance with the requirements of the Charities Act 2011, the Charities (accounts and reports) regulations 2008 and the Charities SORP (revised 2005).</p> <p>The Accounts and Report have been subjected to scrutiny and review by the Trusts External Auditors, were reviewed by the Trust's Charitable Funds Committee at its meeting on the 5 November 2015, and approved by the Trusts Audit Committee on 19 November 2015.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Governance Strategy • Financial Strategy
Relationship with Annual Objectives:	
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	N/A
Relationship with the Board Assurance Framework	N/A
Recommendations:	The Board is asked to receive following approval at the Audit Cte

NATIONAL HEALTH SERVICE

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

FUNDS HELD ON TRUST ANNUAL ACCOUNTS 2014/15

The accounts of the Funds Held on Trust by North Staffordshire Combined Healthcare NHS Trust.

FOREWORD

The accounts have been prepared in accordance with the requirements of the Charities Act 2011, the Charities (accounts and reports) regulations 2008 and the Charities SORP (revised 2005).

STATUTORY BACKGROUND

The NHS Trust is the corporate trustee of the funds held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The North Staffordshire Combined Healthcare NHS Trust charitable funds held on trust are registered with the Charity Commission and include funds in respect of the Leek Moorlands, Cheadle, Longton, Westcliffe, Haywood, Bradwell, Bucknall and Harplands Hospitals.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by the North Staffordshire Combined Healthcare NHS Trust.

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

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

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

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

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

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

By Order of the Corporate Trustee

Signed:

Chairman* Date.....2015

Corporate Trustee Date.....2015

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

Appendix 1 – proposed audit opinion

Independent auditor's report to the North Staffordshire Combined Healthcare NHS Trust Charitable Funds 2014/15

We have audited the financial statements of The North Staffordshire Combined Healthcare NHS Trust Charitable Funds for the year ended 31 March 2015 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice).

This report is made solely to the charity's Trustees as a body, in accordance with section 145 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities the Trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 145 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2015 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and



- have been properly prepared in accordance with the requirements of the Charities Act 2011.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit..

Tony Crawley for and on behalf of KPMG LLP, Statutory Auditor

St Nicholas House
31 Park Row
Nottingham
NG1 6FQ
United Kingdom

KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities for the year ended 31 March 2015

	Notes	Unrestricted Funds £000	Restricted Funds £000	2014-15 Total Funds £000	2013-14 Total Funds £000
Incoming resources					
Voluntary Income					
Donations		17	0	17	31
Legacies		0	90	90	219
Sub-Total Voluntary Income		<u>17</u>	<u>90</u>	<u>107</u>	<u>250</u>
Investment income	6.3	17	0	17	17
Other incoming resources	2	<u>6</u>	<u>0</u>	<u>6</u>	<u>11</u>
Total incoming resources		<u>40</u>	<u>90</u>	<u>130</u>	<u>278</u>
Resources expended					
Charitable Activities	3.1	33	143	176	136
Governance Costs	3.2	18	0	18	15
Investment Management costs		<u>3</u>	<u>0</u>	<u>3</u>	<u>2</u>
Total resources expended	4	<u>54</u>	<u>143</u>	<u>197</u>	<u>153</u>
Sub total: Net incoming/(outgoing) resources before transfers		<u>(14)</u>	<u>(53)</u>	<u>(67)</u>	<u>125</u>
Net incoming/(outgoing) resources		<u>(14)</u>	<u>(53)</u>	<u>(67)</u>	<u>125</u>
Gains/(losses) on revaluation and disposal of investment assets		<u>13</u>	<u>0</u>	<u>13</u>	<u>(10)</u>
Net movement in funds	5	<u>(1)</u>	<u>(53)</u>	<u>(54)</u>	<u>115</u>
Fund balances brought forward at 31 March 2014		254	268	522	407
Fund balances carried forward at 31 March 2015		<u>253</u>	<u>215</u>	<u>468</u>	<u>522</u>

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

Balance Sheet as at 31 March 2015

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2015 £000	Total at 31 March 2014 £000
Fixed Assets					
Investments	6	218	185	403	392
Total Fixed Assets		218	185	403	392
Current Assets					
Debtors	7	0	0	0	8
Cash at bank and in hand		114	97	211	203
Total Current Assets		114	97	211	211
Liabilities					
Creditors: Amounts falling due within one year	8	79	67	146	81
Net Current Assets/(Liabilities)		35	30	65	130
Total Assets less Current Liabilities		253	215	468	522
Total Net Assets		253	215	468	522
Funds of the Charity	9				
Unrestricted		253			
Restricted			215		
Total Funds		253	215	468	522

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

Signed:

Signed:

Date:

Date:

Notes to the Account

Accounting Policies 1

1.1 Accounting Convention

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

1.2 Incoming Resources

- a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
 - i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
 - ii) certainty - when there is reasonable certainty that the incoming resource will be received;
 - iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.
- b) Gifts in kind
 - i) Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.
 - ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
 - iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

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

c) Legacies

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

1.3 Resources expended

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

a) Cost of generating funds

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

b) Grants payable

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

c) Allocation of overhead and support costs

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

1.4 Structure of funds

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

1.5 Investment Fixed Assets

Investment fixed assets are shown at market value.

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

1.6 Realised gains and losses

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

1.7 Taxation

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

1.8 Pooling Scheme

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

Unrestricted : Combined Healthcare General

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

1.9 Post Balance Sheet Events & Prior Year Adjustments

There are no post balance sheet events.
There has been no change to the accounts of prior years.

CHARITABLE TRUST ACCOUNT - NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - 2014/15

Details of other material incoming resources	2		Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
			£000	£000	£000	£000
		Other material incoming resources				
		Fund Raising	3	0	3	6
		Other	3	0	3	6
Total other incoming resources		6	0	6	11	
Details of Resources Expended - Other	3.1		Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
			£000	£000	£000	£000
		Charitable Expenditure				
		Patients welfare and amenities	21	129	150	51
		Staff welfare and amenities			0	0
		Contributions to NHS	12	14	26	85
			33	143	176	136
Analysis of Governance Costs	3.2		Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
			£000	£000		
		Salaries	13	0	13	10
		Audit fee	5	0	5	5
			18	0	18	15
Allocation of Support Costs	3.3	Once allocation and/ or apportionment of support costs has been made to Governance Costs, the balance is apportioned across Charitable Activities using the same apportionment method.				
		Allocation and apportionment to Governance Costs	Total	Allocated to Governance	Residual for Apportionment	
			£000	£000	£000	
		Administration	19	13	6	Allocated on time Governance
		Internal and External Audit	5	5	0	
Total	24	18	6			
		Appportionment Across Charitable Activities	Patients welfare Welfare	Staff	Contributions to NHS	Total
			£000	£000	£000	
		Direct Costs	145	0	25	170
		Allocation Support Costs	5	0	1	6
		Total Including Support	150	0	26	176

Analysis of Total Resources Expended	4	Costs of Generating Funds	Costs of Activities for Charitable Objectives	Management and Administration	Total 2015	Total 2014
		£000	£000	£000	£000	£000
Audit fee		0	0	5	5	5
Other		3	170	19	192	148
		3	170	24	197	153

* Investment management costs

Changes in Resources Available for Charity Use	5	Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
		£000	£000	£000	£000
Net movement in funds for the year		(1)	(53)	(54)	115
Net movement in funds available for future activities		(1)	(53)	(54)	115

Analysis of Fixed Asset Investments	6	Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
6.1 Fixed Asset Investments:		£000	£000	£000	£000
Market value at 31 March		191	201	392	403
Less: Disposals at carrying value		(26)	(23)	(49)	(27)
Add: Acquisitions at cost		25	22	47	26
Net gain / (loss) on revaluation		28	-15	13	(10)
Market value at 31 March *		218	185	403	392
Historic cost at 31 March		191	201	392	403

* The Trust does not hold any single investment that is greater than 5% of the total investments.

6.2	Market value at 31 March :	Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
		£000	£000	£000	£000
	Investments listed on Stock Exchange	218	185	403	392
		218	185	403	392

Analysis of gross income from investments	6.3	Unrestricted Funds	Restricted Funds	Total to 31 March 2015	Total to 31 March 2014
		£000	£000	£000	£000
	Investments listed on Stock Exchange	17	0	17	17
		17	0	17	17

Analysis of Debtors	7	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2015 £000	Total at 31 March 2014 £000
Amounts falling due within one year:					
Accrued income		0	0	0	8
Total debtors falling due within one year		<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u>
Total debtors		<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u>

Analysis of Creditors	8	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2015 £000	Total at 31 March 2014 £000
Amounts falling due within one year:					
Trade creditors		77	66	143	54
Accruals		2	1	3	27
Total creditors falling due within one year		<u>79</u>	<u>67</u>	<u>146</u>	<u>81</u>
Total creditors		<u>79</u>	<u>67</u>	<u>146</u>	<u>81</u>

Details of material funds	9	Name of Fund	Opening Balance £'000	Incoming Resources £'000	Outgoing Resources £'000	Transfers £'000	Closing Balance £'000
		Bradwell Hospital	4	2	6	0	0
		Bucknall Hospital	13	0	0	0	13
		City General Hospital	0	0	0	0	0
		Cheadle Hospital	16	1	3	0	14
		Haywood Hospital	262	92	141	0	213
		Leek Moorlands Hospital	46	4	2	0	48
		Longton Hospital	4	0	0	0	4
		Stallington Hospital	38	0	7	0	31
		(Learning Disability					
		"Stanfields Hospital"	31	5	2	0	34
		(transferred to Haywood)					
		St Edwards Hospital (Mental	54	4	5	0	53
		Health Services)					
		Trust Wide Umbrella	54	35	31	0	58
		Westcliffe Hospital	0	0	0	0	0
			<u>522</u>	<u>143</u>	<u>197</u>	<u>0</u>	<u>468</u>

Connected Organisations	10	Name, nature of connection, description of activities undertaken and details of any qualifications expressed by their auditors	2014-15		2013-14	
			Turnover of Connected Organisation £	Net Profit/ (Loss) for the Connected Organisation £	Turnover of Connected Organisation £	Net Profit/ (Loss) for the Connected Organisation £
		North Staffordshire Combined Healthcare NHS Trust. Trustees/Board Members Joint management / operational arrangements	75,502,000	425,000	87,471,000	(373,000)

Related party transactions 11

Related party transactions

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

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

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

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

Directors of the Corporate Trustee 2014/15

Mr K Jarrold	Chairman	
Mrs C Donovan	Chief Executive	
Mr K Lappin (to 22 June 2014))	Director of Finance	
Mr C Calkin (7 July to 30 Sept 2014)	Interim Director of Finance	
A Harrison (from 27 October 2014)	Interim Director of Finance	
Dr O Adeyemo	Medical Director	
Mr A Rogers	Director of Operations	
Mrs K Wilson (To 21 October 2014)	Director of Nursing & Quality	
Mr M Dinwiddy (from 3 November 2014)	Interim Director of Nursing & Quality	
Mr P Draycott	Director of Leadership & Workforce	
Mr A Hughes (from 4 June 2014)	Director of Strategy & Development	
Mrs B Johnson	Non Executive Director	
Mr A Gadsby	Non Executive Director	
Mr P O'Hagan	Non Executive Director	
Mr PJ Sullivan	Non Executive Director	
Mr R Carder	Non Executive Director	(to 8 July 2014)
Mr D M Rogers	Non Executive Director	(From 1 Aug 2014)



- ii. partnerships, companies, trusts or other entities in which any individual or member of the close family in A to C above has a controlling interest.

North Staffordshire
Combined Healthcare



NHS Trust

Charitable Funds

Annual Report 2014/15

Registered as a Charity

No: 1057104

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Introduction

The Trustee present their annual report together with the audited accounts of the Trust for the year ended 31st March 2015 and this is formulated in accordance with the principles of the Accounting and Reporting by Charities: Statement of Recommended Practice – SORP 2005.

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

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

Structure, Governance and Management

GOVERNING DOCUMENT

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

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

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

TRUSTEE ARRANGMENTS

The North Staffordshire Combined Healthcare NHS Trust is the Corporate Trustee of the charity. The Directors who served the NSCHT during the year to 31st March 2015 are listed on page 14.

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

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

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

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

The ongoing training requirements of fund Trustee’s is to be considered by the Charitable Funds Committee at its November 2015 meeting, with a commitment to address any training issues by the end of the 2015/16 reporting year.

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

PROFESSIONAL ADVISORS DURING 2014/15

Charity Registered Address:

North Staffordshire Combined Healthcare NHS Trust
Trust Head Quarters
Bellringer Road
Trentham Lakes South
Stoke on Trent
Staffordshire ST4 8HH

Charity Bankers:

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

Investment Advisors:

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

Charity Auditors:

KPMG LLP
One Snowhill
Snow Hill Queensway
Birmingham B4 6GH

STRUCTURE OF CHARITY

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

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

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

Staffordshire & Stoke on Trent Partnership NHS Trust (established Sept 11) took over the provision of certain services from the former PCT's, but the charitable funds relating to those services have remained under the Trusteeship of NSCHT.

MANAGEMENT OF CHARITABLE FUNDS

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

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

RISKS

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

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

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

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

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

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

Any risks relating to the charitable funds would be considered within the corporate trustee risk register. The risk register is reviewed quarterly, the last review relating to 2014/15 was at June 2015 Trust Board.

Objectives and Activities

OBJECTIVES

The charity has NHS Wide Objectives as follows:

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

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

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

ACTIVITIES

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

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

Staffordshire and Stoke on Trent Partnership NHS Trust provide Elderly Care, Primary and Social Care.

Elderly Care – The Elderly Care service provide health care for the elderly. Services include acute patient care, rehabilitation/intermediate care, respite care, palliative care, day hospitals and long stay care.

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

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

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

OBJECTIVES AND ACTIVITIES FOR THE PUBLIC BENEFIT

The charity has the following objects:

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

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

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

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

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

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

FUTURE PLANS

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

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

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

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

Investment current and future objectives

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

Achievements and Performance

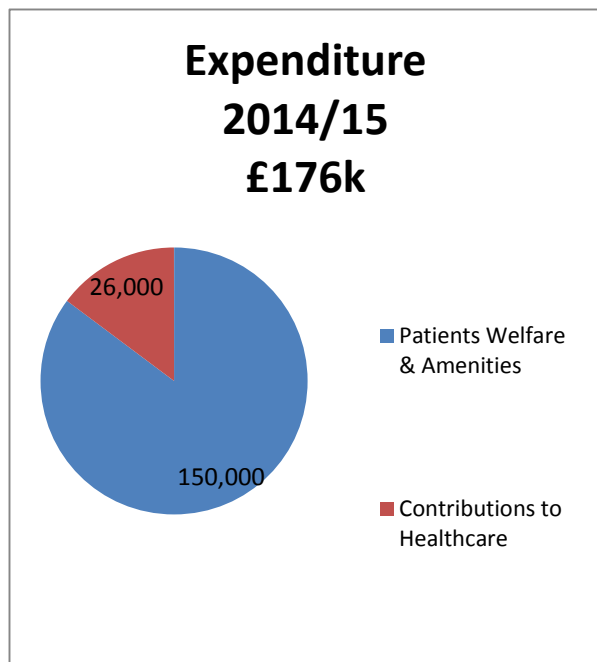
EXPENDITURE

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

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

Payments made in the year on activities to support the charities objectives totaled £176,000. Much of this expenditure was spent in different locations across the Trust and Staffordshire and Stoke on Trent Partnership NHS Trust.

This expenditure is summarised as follows:



The table opposite shows in more detail, expenditure by type and how the funds were spent in 2014/15.

Activity	Expenditure £
Furniture & Fittings – Patients	117,715
TV / Video / Music	13,781
Misc - other	14,384
Administration	6,290
Mattresses	5,997
Therapy / Craft items	5,661
Christmas - Patients	3,965
Building / Garden	2,647
Patient's holidays / outings	2,307
Furniture & Fittings - other	1,523
Medical Equipment	814
Misc - patients	471
Catering	390
Misc - staff	244
Total Expenditure 2014/15	176,189

EXPENDITURE

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

PATIENTS WELFARE AND AMENITIES

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

CONTRIBUTIONS TO HEALTHCARE

In addition, purchases were made contributing to NHS funding; these purchases have benefited and enhanced various services across the Charity. Items purchased include mattresses, gardening equipment and decoration and a mini bus lease.

STAFF WELFARE AND AMENITIES

Staff have also benefitted from the charity. Charitable funds have been utilized to fund staff training and development.

SITE - FUND	DESCRIPTION / ITEM	VALUE
Haywood General	70 Specialised hospital beds and mattresses	102,825
	TV maintenance & repairs contract for TV's at Haywood Hospital	13,395
	Arjo Hoist	4,275
	17 Foam mattresses	5,757
Bradwell Patients	Tables and 16 chairs for patient area	3,207
Cheadle Patients	20 Café chairs	1,217
	Dementia Therapy pop up vintage shop	1,967
Dragon Square Children's Respite	Annual rental of lease vehicle	5,890
Haywood Various	Art & music workshops for patients	2,720
Haywood Scotia Ward	2 electric recliner chairs	2,107

INCOME

This is made up of voluntary, investment and fund raising income. Total income received amounts to £130,000.

Voluntary Income

£17,000 – Donations
£90,000 – Legacies

Fund raising and other activities

£6,000

Investment income

£17,000 – Dividends

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

This financial year the charity received one legacy.

£89,507 - Haywood General

The charity has been very fortunate again this year, benefitting from a large legacy donation. The Trustees are very grateful.

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

Investment Income

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

Fund balances at 31 March 2015 stood at £468,000 (£522,000 at 31 March 2014). The main reason for the decrease in funds held is an increase in resources expended.

In terms of cash held, there has been an increase of £8,000 from £203,000 31 March 2014 to £211,000 31 March 2015.

The dividends received during the financial year from the charities investment portfolio amounted to £17,000.

FINANCIAL REVIEW

During 2014-15, the Charitable funds have benefitted greatly from public donations of £17,000 and a legacy of £90,000. Fund raising activities by staff and families also generated £6,000. Total incoming resources from these activities amounted to £113,000.

With the addition of dividends received during the year totaling £17,000, the total income for 2014-15 amounted to £130,000.

RESERVES

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

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

Reserves required for 2014-15 was calculated at £50,000 based on 18 months management, administration and support costs.

INVESTMENTS

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

Attitude to Risk

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

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

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

Investment Performance

The portfolio generates an approximate gross income of £16,809 which equates to a yield of approximately 4.2%.

Summary

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

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

The Trustee has not imposed any designations to the unrestricted funds

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

Summarised Fund Balances held at 31 March 2015

	Unrestricted	Restricted	Total
	£'000	£'000	£'000
Name of Fund			
Bradwell Hospital			0
Bucknall Hospital	9	4	13
City General Hospital			0
Cheadle Hospital	14		14
Haywood Hospital	51	162	213
Leek Moorlands Hospital	48		48
Longton Hospital	4		4
Stallington Hospital (Learning Disability)	11	20	31
Stanfields Hospital (transferred to Haywood)	34		34
St Edwards Hospital (Mental Health Services)	53		53
Trust Wide Umbrella	29	29	58
Westcliffe Hospital			0
	<hr/>	<hr/>	<hr/>
	253	215	468

Financial Accounts 2014/15

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

Statement of Financial Activities for the year ended 31 March 2015				
	Unrestricted Funds £000	Restricted Funds £000	2014-15 Total Funds £000	2013-14 Total Funds £000
Incoming resources				
Voluntary Income				
Donations	17	0	17	31
Legacies	0	90	90	219
Sub-Total Voluntary Income	17	90	107	250
Investment income	17	0	17	17
Other incoming resources	6	0	6	11
Total incoming resources	40	90	130	278
Resources expended				
Charitable Activities	33	143	176	136
Governance Costs	18	0	18	15
Investment Management costs	3	0	3	2
Total resources expended	54	143	197	153
Net incoming/(outgoing) resources before transfers	-14	-53	-67	125
Net incoming/(outgoing) resources	-14	-53	-67	125
Gains/(losses) on revaluation & disposal of investment assets	13	0	13	(10)
Net movement in funds	-1	-53	-54	115
Fund balances brought forward at 31 March 2014	254	268	522	407
Fund balances carried forward at 31 March 2015	253	215	468	522

Financial Accounts 2014/15

The balance sheet gives an update on the total value of Charitable funds as at 31 March 2015.

Balance Sheet as at 31 March 2015		
	2014-15 Total at 31 March £000	2013-14 Total at 31 March £000
Fixed Assets		
Investments	403	392
Total Fixed Assets	403	392
Current Assets		
Debtors	0	8
Cash at bank and in hand	211	203
Total current Assets	211	211
Creditors: Amounts falling due within one year	146	81
Net Current Assets/ (Liabilities)	65	130
Total Assets Less Current Liabilities	468	522
Total Net Assets	468	522
Funds of the Charity		
Restricted	215	268
Unrestricted	253	254
Total Funds	468	522

Fund Position

The Charity's financial position at the balance sheet date is considered to be satisfactory in the context of future plans. On a fund by fund basis, assets are readily available and adequate to fulfill the needs of the Charity, and that there are sufficient liquid resources to meet immediate requirements.

Directors of the Corporate Trustee 2014/15

Name	Title	Period
Mr K Jarrold	Chairman	
Mrs C Donovan	Chief Executive	
Mr K Lappin	Director of Finance	<i>(to June 2014)</i>
Mr C Calkin	Interim Director of Finance	<i>(July to Sept 2014)</i>
Ms A Harrison	Interim Director of Finance	<i>(from Oct 2014)</i>
Dr O Adeyemo	Medical Director	
Mrs K Wilson	Director of Nursing & Quality	<i>(to October 2014)</i>
Mr P Draycott	Director of Leadership & Workforce	
Mr A Rogers	Director of Operations	
Mr M Dinwiddy	Interim Director of Nursing	<i>(from Nov 2014)</i>
Mrs B Johnson	Non Executive Director	
Mr A Gadsby	Non Executive Director	
Mr D M Rogers	Non Executive Director	<i>(from Aug 2014)</i>
Mr P O'Hagan	Non Executive Director	
Mr PJ Sullivan	Non Executive Director	
Mr R Carder	Non Executive Director	<i>(to Aug 2014)</i>

Committee Members 2014/15

North Staffordshire Combined Healthcare NHS Trust

Kieran Lappin – Executive Director of Finance (Part year to July 2014)

Chris Calkin – Interim Director of Finance (Part year July to Sept 2014)

Ann Harrison – Interim Director of Finance (Part year from Oct 2014)

Antony Gadsby - Non Executive Director

Peter O'Hagan - Non Executive Director

Staffordshire & Stoke on Trent Partnership NHS Trust

Paul Matthew – Head of Financial Accounting

Non Committee Members In Attendance

Steve Blaise – Assistant Director of Finance

Sandra Storey – Trust Board Secretary

Alison Maguire – Financial Accountant

REPORT TO TRUST BOARD

Date of Meeting:	26 th November 2015
Title of Report:	Performance Report – Month 7 2015/16
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Clare Dockerty 17 th November 2015 Clare.Dockerty@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> Finance and Performance Committee
Purpose / Intent of Report:	Performance Monitoring
Executive Summary:	<p>This report provides the Board with a summary of performance to the end of Month 7 (October 2015)</p> <p>Performance against the TDA metrics and key National Targets is included within the report.</p> <p>A range of metrics is in place to monitor performance, quality and outcomes. The indicators are those set by our commissioners and local trust targets and aligned to the relevant Trust objectives.</p> <p>At month 7 there are 2 metrics rated as Red and 2 rated as Amber; the attached exception report expands on these areas.</p> <p>Executive leads will provide a verbal update at the meeting, where appropriate.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Governance Strategy <p>The Performance & Quality Management Framework measures performance across National and local indicators, presented against the Trust's enabling strategies, commissioning contracts and the TDA's assurance framework compliance framework.</p>
Relationship with Annual Objectives:	The Performance & Quality Management Framework measures performance across all annual objectives
Risk / Legal Implications:	All areas of underperformance are separately risk assessed and added to the risk register dependent on the outcome of the risk assessments.
Resource Implications:	Not directly as a result of this report
Equality and Diversity Implications:	Not directly as a result of this report
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> Focusing on quality and safety Consistently meeting standards Delivering our financial plan

Recommendations:	<p>The Board is asked to</p> <ul style="list-style-type: none"> • Consider and discuss reported performance with particular emphasis on areas of underperformance. • Confirm sufficient detail and assurance is provided.
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PERFORMANCE MANAGEMENT REPORT TO TRUST BOARD

Date of meeting:	26 th November 2015
Report title:	Performance & Quality Management Framework Performance Report – Month 7 2015/16
Executive Lead:	Interim Director of Finance
Prepared by:	Clare Dockerty
Presented by:	Glen Sargeant, Head of Performance & Information

1 Introduction to Performance Management Report

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

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

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

2 Executive Summary – Exception Reporting

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

In month 7 there are 2 metrics rated as Red and 2 as Amber; targets for the unrated metrics will be updated once 2015/16 technical guidance is received from the TDA. Figures for exceptions against internal targets are also provided in the table below.

	Month 7			
Metric Driver	Red	Amber	Green	Unrated
Exceptions – Month 7	2	2	58	23
Trust (Monitoring and Internal Stretch Metrics)	0	1	8	11

3 Exceptions - Month 7

Metric	Exec/Op Lead	Target	M7 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u>TRAINING:</u> % staff compliant with mandatory training	Workforce Dir Op Lead B Dawson	95%	AMBER 90%	AMBER 90%	AMBER	↔	90% @ month 7 same as month 6 Month 7 breakdown Corporate Services = 88% AMH Community = 90% AMH In Patient = 84% Substance Misuse = 93% CYP = 88% Learning Disabilities = 87% NOAP = 95% Trust is proactively taking action with teams to ensure that all staff attend statutory & mandatory training and maintain their compliance. Director of Workforce is to discuss the target with commissioners, requesting a reduction to 90%.
<u>APPRAISAL:</u> Annual appraisal and personal development plan % - All staff	Workforce Dir Op Lead	90%	RED 79%	RED 79%	GREEN	↗	79% @ month 7 from 78% @ month 6 The rolling 12 month performance shows a small increase to 79%. Directorates have plans to ensure that all PDRs are completed in the next month. These will be monitored against planned trajectories on a 2 weekly basis to ensure delivery of the final 11%.
<u>18 WEEKS:</u> Compliance with 18 week RTT	Dir of Ops Op Lead Head of Dir	95%	AMBER 93.6%	AMBER 93.6%	GREEN	↘	93.6% @ M7 from 93.9% @ M6 Month 7 breakdown AMH Community = 93% @ M7 from 96% @ M6 AMH In Patient = 100% @ M7 same as M6 Substance Misuse = 100% @ M7 same as M6 CYP = 90% @ M7 from 86% @ M6 Learning Disabilities = 98% @ M7 from 99% @ M6

							<p>NOAP = 97%@ M7 same as M6</p> <p>The 1.4% of referrals that do not achieve the 18 week RTT target are under review to determine if they are valid. Previous data cleansing reviews have identified that the extended waiting times almost invariably relate to the need to remove the patient from the list, as they have already been seen by another clinician.</p> <p>We have identified a separate tranche of ASD waits that need to be addressed. Investment is in place and an action plan has been created to treat the waits, which affect the Children and Young People directorate.</p>
Metric	Exec/Op Lead	Target	M7 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u>RAID:</u> All other referrals seen on same day or within 24 hours	Dir of Ops Op Lead D Carr	100%	RED 94%	RED 94%	GREEN	↗	<p>94% @ month 7 from 90% @ month 6 - all other referrals seen on same day or within 24 hours</p> <p>Given the strategic importance of RAID and links to the urgent care system we have introduced monitoring at Board level. Given the growth of Urgent Care activity at UHNM, the service has increasingly been picking up out of area activity. NSCHT is currently in discussion with commissioners via the RAID steering group to agree response targets, which will be added as agreed. Contract target of 100% is being discussed at the Contracting Group and will be escalated to the Commissioning Board, requesting a reduction to 95% in line with the 1hr and 4hr targets.</p>

4 Recommendations

- Note the contents of the report.

The following metric is formally monitored during 2015/16; it will be live from 2016/17:

Metric	Exec/Op Lead	Target	M7 Perf	YTD Perf	Forecast Outturn	Trend	Commentary
<u>Early Intervention:</u> % of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks.	Dir of Ops Op Lead S Wilson	25%	AMBER 23%	AMBER 23%	GREEN	↔	23% @ M7 same as M6 These figures relate to current working practice, where allocations onto caseload are through the weekly team meeting – the Operational Lead is reviewing processes and an action plan is in place to close the gap. New posts have been recruited to and increased activity will commence December 2015.

REPORT TO TRUST BOARD

Date of Meeting:	26 November 2015
Title of Report:	NHS Trust Development Authority (NTDA) Monthly Self Certifications.
Presented by:	Ann Harrison, Interim Director of Finance
Author of Report: Name: Date: Email:	Glen Sargeant 19 November 2015 Glen.sargeant@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> Quality Committee
Purpose / Intent of Report:	Information and approval
Executive Summary:	<p>This paper confirms that the monthly NTDA self-certification documents have been reviewed by the executive team and are ready to be submitted.</p> <p>Declarations include: Fit & proper directors Registration with CQC Compliance with TDA Accountability Framework</p> <p>In all there are 26 self-certification declarations and these form part of the NTDA Oversight and Escalation Process.</p> <p>There is no change from last month's position of full compliance.</p>
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> Clinical Strategy Governance Strategy Financial Strategy <p>There is no direct impact on patients or the public.</p>
Relationship with Annual Objectives:	5: Robust plans delivering quality and sustainable services
Risk / Legal Implications:	None identified
Resource Implications:	None identified
Equality and Diversity Implications:	None identified
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the wider framework
Recommendations:	Board members are asked to :

	<ul style="list-style-type: none">• Approve the submission for October 2015 data declaring full compliance with the TDA requirements. This is to be sent to the NTDA on or before the last working day of November 2015.
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REPORT TO TRUST BOARD

Date of Meeting:	26 th November
Title of Report:	People & Culture Development Committee Report
Presented by:	Peter O'Hagan
Author of Report: Name: Date: Email:	Dawn Thompson, Associate Director of Education, Leadership & Transformation 19 th November 2015 Dawn.Thompson@northstaffs.nhs.uk
Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> 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/assurance
Executive Summary:	This report provides a summary of the meeting of the People & Culture Development Committee that took place on the 16 th November 2015.
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy ✓ • Clinical Strategy ✓ • IM & T Strategy • Governance Strategy ✓ • Innovation Strategy • Workforce Strategy ✓ • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	Cuts across all objectives
Risk / Legal Implications:	N/A
Resource Implications:	N/A
Equality and Diversity Implications:	None in this report
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> 1. Focusing 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:	<ul style="list-style-type: none"> • To receive for information and assurance purposes

**Summary to Trust Board of the People and Culture Development Committee:
16th November 2015**

1. Workforce Performance – September 2015

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

Members discussed areas such as sickness absence across each of the services and it was noted that this had decreased slightly in comparison to the previous month. The main reason for the absence across the Trust continues to relate stress and anxiety.

It was noted that PDR is an area of concern with overall performance at 79% – and Directorates were asked for assurance and trajectories to be discussed at Performance Management meetings. The committee were reminded as soon as new starters hit the 6 week boundary they are eligible for a PDR.

The use of overtime had decreased although Agency spend had increased, discussions around frameworks and that Medacs should be via the nursing office and no non-framework agencies are to be used. It was reiterated that it is unacceptable to be using any non-framework agency. Work is underway in closing off any non-framework agencies and discussions were had regarding emergency requirements, it was confirmed that there is an escalation route for issues like this.

2. Director of Leadership and Workforce Update

Paul Draycott provided an update which included the:

- Junior Doctor Industrial Action that is planned to take place at the start of December with outcome of the ballot expected this week. He reassured the committee that the BMA have taken a mature approach supporting Consultants to ensure that action has no adverse action on patients.
- Workforce Summit (pan Staffordshire transformation) took place on Monday 9 November to work together across Staffordshire, a number of themes came from the afternoon and a clear message and willingness of working together. Future reports will be brought back to PCD.
- LETC Update was received. Staffordshire & Shropshire LETC has a vacancy for a chair which it is anticipated will be addressed soon. He reported that it is important that this forum links to the two workforce transformation programmes across the patch.
- Business plans were discussed and it was reiterated that workforce plans to be reviewed in line with the care pathways, integrated business plan, the directorates Learning Needs analysis. That these should include both SPAR and values need to be included in all plans. A discussion was held around the inter-linking requirements of the business plans against all the requirements of the various departments and Directorates in the Trust.

- The committee received an update on the recent management of change process in the Leadership and Workforce Directorate and that it is anticipated that the Business Partners will now support the Directorates with aspects such as business planning. That capacity has been created for E&D/Inclusion – half-time role, Widening Participation role capacity to support other communities and band 1-4 development and apprenticeships agenda which supports some of the Trust's aspirations. It was noted that the recent retirement of Beverley Dawson had occurred and Sue Slater had been seconded into the team as Interim Education and Development manager for 6 months. Tom Widdall was also mentioned as the new national HR trainee who is with us until the end of August 2016.
- Paul congratulated Julie Richardson – who has been shortlisted in HEWM Regional Leadership Awards.
- LiA update: A successful Wave 2 Pass it on Event was held on October 23rd this event closed yet another good year of successes for the Trust. A further 15 teams had been identified which will be communicated shortly.
- Staff Survey – The committee heard that as a Trust we were running at 44% return, 4% higher than the full return last year. It was noted that there was two more weeks to go. Last reminders have gone out and staff still need to encouragement to completing this. Thanks to everyone for supporting this was given.

3. Committee Review

The Committee were informed that at Board Development it was noted that all committees were to be being reviewed in terms of development and assurance – looking at what they do to ensure that there is not duplication – and provide proper assurance to the Board.

4. Board Assurance Framework (BAF) – development session

Group work and discussions were held regarding the work which is ongoing with regard to the BAF. Group discussions were based on what the benefits were to PCD and how the committee could take it forward. It was noted that the BAF was of value, needing some further clarity on strategic objectives (as they appear to read more as aims).

There was an acknowledgement that the BAF needs to have wider ownership across directorates and teams and that future agendas need to be based on the BAF.

It was noted that the process is evolving and that there is a need to ensure that further there is not duplication across committees which is likely to be [art of the committee review process.

5. Compassionate Leadership Report.

The Compassionate Leadership Report was handed out for information again showing some of the great work taking place.

6. Closing remarks of the committee was to note the sad departure of Mr Jarrold who will be retiring and a thanks on behalf of the Committee was given.

7. Next meeting: Monday 18th January 2016 – DRAGONS DEN, which will now be an all day event.

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

Dawn Thompson, Associate Director of Leadership, Education and Transformation.
17.11.15

REPORT TO TRUST BOARD

Enclosure 15

Date of Meeting:	26 November 2015
Title of Report:	Register of Declared Interests
Presented by:	Laurie Wrench, Associate Director of Governance
Author of Report: Name: Date: Email:	Justine Scotcher 12 November 2015 Justinel.scotcher@northstaffs.nhs.uk
Committee Approval/Received prior to Audit Committee :	Audit Committee
Purpose / Intent of Report:	For information
Executive Summary:	Attached is the Register of Directors' declared interests as at 12 November 2015
Which Strategy Priority does this relate to: How does this impact on patients or the public?	<ul style="list-style-type: none"> • Customer Focus Strategy • Clinical Strategy • IM & T Strategy • Governance Strategy • Innovation Strategy • Workforce Strategy • Financial Strategy • Estates Strategy
Relationship with Annual Objectives:	-
Risk / Legal Implications:	-
Resource Implications:	
Equality and Diversity Implications:	-
Relationship with the Board Assurance Framework	-
Recommendations	The Trust Board is receive and note the contents and to ensure the details are accurate.

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS

As at November 2015

<u>NAME OF DIRECTOR</u>	<u>INTEREST DECLARED</u>
<p><u>K Jarrold</u> Chairman</p>	<p>NHS Retirement Fellowship Patron</p> <p>The Dearden Partnership LLP Partner</p> <p>University of Durham Honorary Professor</p> <p>Chairman Government Pharmacy Programme Board Ministerial Appointment</p> <p>Member of the Labour Party</p>
<p><u>P O'Hagan</u> Non Executive Director / Vice Chair</p>	<p>ICT4Change Ltd Head of Imagineering</p> <p>Angel Solutions Ltd Non-Executive Director</p> <p>Cleary MAC Director</p> <p>Care Mesh Chair</p> <p>Care@Scale Director</p>
<p><u>T Gadsby</u> Non Executive Director</p>	<p>MedicAlert Foundation, British Isles and Ireland Chairman of Trustee Board</p>
<p><u>D Rogers</u> Non Executive Director</p>	<p>Crystal Care Solutions Limited Chairman</p> <p>Railway Vehicle Engineering (Holdings) Limited Finance Director</p> <p>NREC Europe Limited Finance Director</p> <p>CWind Limited CTruck Boats Limited Consultant</p>

P Sullivan <u>Non Executive Director</u>	Care Quality Commission Mental Health Act Commissioner Health, Education and Social Care Chamber (Mental Health) Fee-paid Specialist Lay Member of the First-tier Tribunal Her Majesty's Prison Drake Hall Member of Independent Monitoring Board
B Johnson <u>Non Executive Director</u>	Moorlands Housing (part of Your Housing Group) Chair Your Housing Group Operating Board Member Ascent Housing LLP, a partnership between Staffordshire Moorlands District Council and Your Housing, Non Executive Director
C Donovan <u>Chief Executive</u>	No interests declared
Dr B Adeyemo <u>Executive Medical Director</u>	No interests declared
A Harrison <u>Interim Executive Director of Finance</u>	Winross Hacker Young Consulting Limited trading as Foursight Limited Director Public Sector Financial Management Consultancy, providing financial support to the public sector UHY Hacker Young (Birmingham) LLP Partner Accountants and Tax Advisers. Accountants to the private sector.
P Draycott <u>Director of Leadership & Workforce (non-voting)</u>	Trustee of Impact AAS Charitable organisation providing alcohol and addictions services for the people of Shropshire and Staffordshire. Paul Draycott Development Sole Trader – no active development
M Nelligan <u>Director of Nursing & Quality</u>	Company Director Hospice of the Good Shepherd
T Thornber <u>Director of Strategy and Development</u>	No interests declared
A Rogers <u>Director of Operations (non-voting)</u>	No interests declared

The register is only of those direct interests of Board members personally however, the Trust policy does require 'any' interests to be declared, which include those of spouses, etc. Where declared, these are held centrally by the Trust and this is available on request from Laurie Wrench, Associate Director of Governance

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