# AGENDA

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| **1.** | **APOLOGIES FOR ABSENCE**  
To NOTE any apologies for absence | Note |
| **2.** | **DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS** | Note |
| **3.** | **MINUTES OF THE OPEN AGENDA – 24th October 2019**  
To APPROVE the minutes of the meeting held on 24th October 2019 | Approve  
Enclosure 2 |
| **4.** | **ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES**  
To CONSIDER any matters arising from the minutes | Note  
Enclosure 3 |
| **5.** | **CHIEF EXECUTIVE’S REPORT**  
To RECEIVE a report from the Chief Executive | Note  
Enclosure 4 |
| **6.** | **CHAIR’S REPORT**  
To RECEIVE a verbal report from the Chair | Note |
| **7.** | **STAFF RETIREMENTS**  
To EXPRESS our gratitude and recognise staff who are retiring. To be introduced by the Chief Executive and presented by the Chair. | Verbal |
| **8.** | **REACH RECOGNITION TEAM AWARD ON EXCELLENCE**  
To PRESENT the REACH Recognition Team Award to Crisis Care Centre, Acute and Urgent Care Directorate. To be introduced by the Chief Executive and presented by the Chair. | Verbal Presentation |
<table>
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<tr>
<th>Questions from Members of the Public</th>
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<tr>
<td>9. To RECEIVE questions from members of the public</td>
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<table>
<thead>
<tr>
<th>To Enhance Service User and Carer Involvement</th>
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<tr>
<td>10. SERVICE USER AND CARER COUNCIL</td>
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<tr>
<td>To RECEIVE an update from Kenny Laing, Executive Director of Nursing and Quality</td>
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<th>Encourage, Inspire and Implement Research and Innovation at All Levels</th>
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<td>11. No items for discussion</td>
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<tr>
<th>To Provide the Highest Quality Services</th>
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<tr>
<td>12. NURSE STAFFING MONTHLY REPORT (September 2019)</td>
</tr>
<tr>
<td>To RECEIVE the Nurse Staffing Monthly Report presented by Kenny Laing, Director of Nursing and Quality</td>
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<tr>
<td>13. MORTALITY SURVEILLANCE REPORT QUARTER 2</td>
</tr>
<tr>
<td>To RECEIVE the Mortality Surveillance Report Quarter 2 presented by Dr Dennis Okolo, Associate Medical Director</td>
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<td>14. MHA COMPLIANCE ACTION PLAN QUARTERLY REPORT</td>
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<tr>
<td>To RECEIVE the MHA Compliance Action Plan Quarterly Report presented by Dr Dennis Okolo, Associate Medical Director</td>
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<td>15. PSYCHOLOGICAL PROFESSIONS STRATEGY</td>
</tr>
<tr>
<td>To RECEIVE the Psychological Professions Strategy presented by Dr Dennis Okolo, Associate Medical Director</td>
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<tr>
<td>16. ASSURANCE REPORT FOR QUALITY COMMITTEE</td>
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<tr>
<td>To RECEIVE the Quality Committee Assurance Report from the meeting held on 7th November 2019 presented by Patrick Sullivan, Chair / Non-Executive Director</td>
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<tr>
<td>17. IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2019/20) – Month 6</td>
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<tr>
<td>To RECEIVE the Month 6 Performance Report presented by Lorraine Hooper, Executive Director of Finance, Performance and Estates</td>
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<th>Create a Learning Culture to Continually Improve</th>
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No items for discussion
The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 23rd January 2020 at 10:00am.

**MOTION TO EXCLUDE THE PUBLIC**
To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)

**THE REMAINDER OF THE MEETING WILL BE IN PRIVATE**

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<tr>
<th>DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS</th>
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<td>SERIOUS INCIDENTS</td>
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<td>ANY OTHER BUSINESS</td>
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TRUST BOARD

Minutes of the Open Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 24th October 2019
At 10:00am in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH

Present:

Chairman: David Rogers
Chairman

Directors:

Peter Axon
Chief Executive Officer

Chris Bird
Director of Partnerships, Strategy and Digital

Shajeda Ahmed
Director of Workforce, Organisational Development and Inclusion

Dr Buki Adeyemo
Executive Medical Director

Lorraine Hooper
Director of Finance, Performance and Estates

Patrick Sullivan
Non-Executive Director

Janet Dawson
Non-Executive Director

Russell Andrews
Associate Non-Executive

Julie Anne Murray
Acting Director of Nursing and Quality

Tony Gadsby
Non-Executive Director

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Union Representative

Joe McCrea
Associate Director of Communications

Lisa Wilkinson
Corporate Governance Manager

Liz Mellor
Deputy Director of Operations

Members of the public:

Lydia Marimo – CQC Inspector
Claire Newey, CQC Inspector
Martha Price, Service User
Darren Price – Parent of Martha Price
Deborah Price - Parent of Martha Price
Judith Littlehales – Community Nurse

REACH Recognition Individual Award

Holly Barker – Senior Nurse, Darwin Centre
Ben Boyd – Associate Director of Specialist Services

Retirees

Kath Salt – Community Nurse
Linda Hough – Community Alcohol Detox Nurse
Lynda Edwards – Healthcare Support Worker
The meeting commenced at 10:00am.

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<tr>
<th>221/2019</th>
<th>Apologies for Absence</th>
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|          | Dr Keith Tattum, GP Associate Director, Joan Walley, Non-Executive Director, Linda Holland Director of Workforce, Organisational Development and Inclusion, Jonathan O’Brien, Executive Director of Operations, Wendy Dutton, Service User and Carer Council Representative.  
Liz Mellor, Deputy Director of Operations and Shajeda Ahmed, Director of Workforce, OD and Inclusion were welcomed to the meeting. |

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<tr>
<th>222/2019</th>
<th>Declaration of Interest relating to agenda items</th>
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<tr>
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<td>No declarations of interest.</td>
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<tr>
<th>223/2019</th>
<th>Minutes of the Open Agenda – 26th September 2019</th>
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<td>The minutes of the open session of the meeting held on 26th September 2019 were approved.</td>
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<th>224/2019</th>
<th>Matters arising</th>
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<tr>
<td></td>
<td>The Board reviewed the action monitoring schedule and agreed the following:-</td>
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<td><strong>203/2019 – Questions from Members of the Public</strong> – Regarding a patient waiting an amount of time between initial referral and receiving specialist psychiatric services. Dr Adeyemo has looked into this and it is constantly monitored. There are occasions where treatment required may be complex but support is provided during that waiting time for specialist services.</td>
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<td><strong>205/2019 – Research and Development Annual Report 2018/19</strong> – Be Able App - Evaluation report has been produced Lisa Sharrock has developed into a Business Case which will be taken through the Digital Design Group.</td>
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<td><strong>209/2019 – IQPR Month 4 (Vacancies)</strong> – Shajeda Ahmed to take to People, Culture and Development Committee in November for approval of stretch target.</td>
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<td><strong>210/2019 – Finance Report Month 4</strong> - Resolved. Explanation provided regarding deficit / surplus figures.</td>
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<td><strong>218/2019 – Brexit</strong> – Agenda item for Closed Board October.</td>
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<td><strong>206/2019 – Nurse Staffing Monthly Report (July 2019)</strong> – Safety agenda to be taken through November Quality Committee and</td>
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Chief Executive’s Report

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

OPENING OUR NEW £1.1 MILLION CRISIS CENTRE
North Staffordshire Combined Healthcare pulled out all the stops to celebrate and promote the opening of the brand new £1.1 million Mental Health Crisis Centre, based at Harplands Hospital.

The new service is unique in the NHS in bringing together under one roof a whole range of teams offering a service to people of all ages, 24/7 and 365 days a year. Anyone feeling they are in distress – or needing advice or reassurance – can ring to speak to a mental health professional, who will be able to direct them to the most appropriate and accessible service to meet their individual needs. If they have a hearing impairment and are unable to utilise the telephone, they can text the Access Team and the team will respond as soon as possible.

Two Open Days were held where staff, service users and local partners came to view the new facilities and meet the staff who will be providing the new service.

MARKING WORLD MENTAL HEALTH DAY 2019
The Trust has been busier than ever this year to mark World Mental Health Day. The event takes place every year on the 10th October and it aims to educate and raise awareness of mental health issues. The day was set up by the World Federation for Mental Health and it was first celebrated in 1992.

Each year the event has a different theme and this year it was psychological first aid and the support people can provide to others in distress. Suicide prevention was the primary focus for the 2019 theme for World Mental Health Day.

Amongst the activities we undertook to mark World Mental Health Day, was a ‘Combinations’ Podcast, featuring Lesley Whitaker, Patient Safety Manager and Sue Slater from the Organisational Development Team discussing the particular risk factors and demographics relating to suicide in Stoke-on-Trent and Staffordshire. They also talked of the STP’s plans to introduce trainers across the whole of Stoke-on-Trent and Staffordshire using a “train the trainer” approach, to equip people working in mental health, the wider NHS, local government, primary care and...
education to spot suicide risk factors and help prevent suicide.

The second Suicide Prevention Conference took place on Friday 11th October 2019 at Stoke City Football Club, Stoke-on-Trent. Peter Axon, chief Executive was in attendance to offer some opening remarks.

This was the 2nd annual Together We’re Better Suicide Prevention Conference – hosted by North Staffordshire Combined Healthcare NHS Trust – and led by Medical Director, Dr Buki Adeyemo.

LOCAL SYSYTEM UPDATE
As we head through autumn the system is preparing for whatever winter may bring by the co-creation of our winter plans. The system remains under considerable pressure with particular attention being given within these plans to our collective urgent care arrangements. We have a significant role to play within this area and earlier this month Peter Axon, Chief Executive had the privilege of visiting the Mental Health Liaison Team based within the Accident & Emergency department at the Royal Stoke Hospital. The team was highly commended within this year’s REACH awards, and the positive attitude and responsive service that came through loud and clear during my visit very much reinforced this nomination.

The system remains under significant financial pressure and work is ongoing to develop plans to reduce future system demand to ensure that we operate within our estimated annual funding uplift. This work is being completed as part of our four year system plan that is expected to be completed by mid-November.

Our evolving system architecture is also moving at pace, with an expectation that we will shortly move to become an Integrated Care System (ICS) supported by three Integrated Care Partnerships (ICP). The Organisational Development workstream across Staffordshire will shortly be working with key stakeholders such as PCNs and Local Authority colleagues to develop the ICP aspects of this new arrangement.

FURTHER ACTION TO PROMOTE FREEDOM TO SPEAK UP
This month is also Freedom to Speak Up month, where we highlight and continue to show our support and encouragement for an open culture, where everyone feels able to raise concerns.

As part of its celebrations of the month, we launched a new ‘Freedom to Speak Up Champions Portal’. Available to all staff on the Trust’s Intranet, the new portal contains an interactive tiled display of all of the current Champions. By hovering over each tile, staff can see biographical details of each Champion, plus contact numbers and email to allow them to get in touch direct.

The Champions are supported by the Trust’s Freedom to Speak Up
Guardian, Zoe Grant. Their role is to support staff to speak up and help her identify themes and trends emerging from the front line.

One of the things that staff want reassurance about is that the process is genuinely independent, confidential, valued and respected by the Chief Executive and the Board. To help provide that reassurance, Peter Axon, Chief Executive recently recorded a video message which was released on the Intranet and public websites and across social media channels.

Received

226/2019 Chair’s Report

David Rogers, Chairman provided a verbal update.

The Non-Executive Director Team is reshaping itself. We are delighted that Russell Andrews, Associate Non Executive is now becoming a fully-fledged Non-Executive member of the Board from the 1st November 2019. Since Gan Mahadea, Non-Executive left the Trust we have been seeking to recruit a new Non-Executive Director to Chair the Audit Committee and in the meantime Tony Gadsby, Non-Executive has been managing that responsibility and his term of office has been extended to allow that to continue. Shortlisting has taken place this week for the new Chair of Audit Committee and interviews will take place within the next few weeks. We have four strong candidates and we are hopeful we will appoint.

The Trust has been shortlisted as the best Mental Health Provider in the country which we are delighted about. It is incredible to be nominated.

ICPs will drive forward positive changes in the NHS and we are pleased to be part of that. This is in the public arena and will need the involvement of all the people we serve and our service users.

Noted

227/2019 Staff Retirements

Kath Salt - Community Nurse

Kath’s nursing career began in October 1984, as a Nursing Assistant at Cranage Hall Hospital and she continued in this role until January 1986. Kath then started as a student nurse at Crewe Health Authority continuing her training and working experience at Cranage Hall Hospital until she qualified in July 1989.

From October 1989 – April 2008 Kath worked for Cheshire and Wirral Partnership, NHS Foundation Trust with a Supported Housing Network in Macclesfield, whilst also working for the training
and development department as a NVQ Support Officer.

For the next 12 months Kath worked as an Area Manager for Learning Disabilities services managing 110 staff, both registered and unregistered. Since June 2009 Kath has worked for the Trust as a Community Nurse based at Eaton House, Leek later moving to Dragon Square in 2011.

Kath has been an excellent community nurse to many clients, families and carers and has been an exemplary supporter of students and team members. She has been involved in the team as a specialist epilepsy nurse and worked to deliver external training for epilepsy management, championing many projects and supporting our clients to ensure they stay safe and keep others safe.

After a long and successful career we are sure that Kath will keep herself busy with her family and horses and aims to try out new hobbies such as music therapy and a role at the National Trust. Luckily for us, Kath will be returning to our Nurse Bank.

We wish you a happy retirement and would like to say a huge thank you for everything you have done for the Trust’s learning disability services.

**Linda Hough - Community Alcohol Detox Nurse**

Linda started her nursing career in 1986 and she initially held posts as both a Nursing Auxiliary and Care Assistant. She commenced her Nursing training in September 1996 and during this time she also worked as a Bank Health Care Support Worker for the Trust. In 1999 she attained her diploma, qualifying as a Mental Health Nurse and secured a position here at Combined Healthcare.

Linda’s first role was working in acute mental health at the psychiatric unit of the City General Hospital. In 2000 she moved to Ward 93 at the City General - this was the start of her very long career in Substance Misuse Services and she quickly progressed, securing a band E on the same Ward in 2001.

In 2007 following a successful period of acting up, Linda became the Deputy Clinical Manager for the Edward Myers Unit and 2 years later, she was involved in setting up the Alcohol Treatment Requirement Order Service working with partners and the courts for 15 months. In 2010 she transitioned into the role of Community Detox Nurse. Since that time Linda has continued to work in local Substance Misuse services, for a variety of organisations and partnerships, in a variety of different locations.

Linda clearly loves her job; anyone who has worked with her will be aware of her passion for the service and her commitment to provide the very best care for her clients and support for her colleagues. She has been instrumental in developing client pathways and
developing the service for the benefit of service users. She is both liked and respected and is held in the highest of esteem by her colleagues.

With regards to her retirement, Linda plans to spend her time caravanning, dog walking and baking. Fortunately we won’t be losing her wealth of skills and experience as she is returning to work two days per week and luckily for her colleagues the additional time she now has at home results in a greater supply of freshly baked cakes for her team mates.

**Lynda Edwards – Healthcare Support Worker**

Lynda has worked for Combined Healthcare for 18 years. She commenced in post as a Support Team Assistant and has been a Healthcare Support Worker on Ward 7 for over 17 years.

Lynda has lots of experience of working within a clinical environment and her working practice is considered to be of the highest standard. She is extremely caring, kind and compassionate towards others and is often seen spending her time with patients and their families whilst on the ward offering reassurance and support. She is patient, calm, warm and friendly in her approach to patients, who are often disorientated and confused. Lynda manages to build rapport with some of the most challenging of patients.

Lynda is a well-respected member of the team and will volunteer to help and support others where she can. She is a Health Care Support Worker Champion and puts patient care as a priority in her day to day clinical working practice.

Lynda’s presentation and performance on the ward is admired by patients, family and all members of the nursing team and she will be greatly missed. Thank you Lynda for all of your hard work and contribution to the staff and patients of Ward 7.

**Noted**

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<th>228/2019</th>
<th>REACH Recognition Individual Award</th>
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<td><strong>Holly Barker, Senior Nurse, Darwin Centre</strong></td>
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<td>Holly is one of the senior nurses at the Darwin and is Deputy Ward Manager. She is responsible for leading a team of staff to develop and implement care plans with young people and also acts in support of the Ward Manager in their absence.</td>
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<td>NHS England, who commission our Tier 4 CAMHs beds at the Darwin Centre, had temporarily ceased the Units role in gatekeeping admissions for young people in June 2019. This was due to ongoing discussions relating to medical staffing arrangements, which have now reached a positive conclusion.</td>
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During that time however, NHS England decided to take the opportunity to review the Gatekeeping of admissions across the West Midlands.

In August whilst the Gatekeeping review was taking place it came to the attention of Holly that a couple of young people local to Stoke and Staffordshire had been placed in private sector beds in Berkshire despite vacant beds available at the Darwin. Additionally, the Mental Health Liaison Team at Royal Stoke Hospital had contacted Darwin for advice about a young person who was being offered a CAMHS bed in Maidenhead, much to the distress of both family and the young person.

When Holly didn’t receive a clear response as to why this out of area placement was proposed, she took the initiative, liaised with NHS England and escalated the situation to Directorate management. Following Holly’s very professional intervention, the collective decision was made to rearrange the admission to the Darwin Centre, meaning the young person continued to be cared for locally, much to the relief of the patient and family. And the young person was successfully transferred to the Darwin Centre a few hours later.

The Gatekeeping function at Darwin was formally reinstated by NHS England following their recent review and the Commissioner now wish to progress discussions with the Trust about The Darwin Centre taking on a wider role with more responsibility for Gatekeeping admissions to CAMHS inpatient units across the West Midlands.

Holly demonstrates the following Proud to Care Trust values Compassionate, Responsible and Excellent.

**Noted**

### 229/2019 PATIENT STORY – Martha Prices Story

Martha is 13 years old, she has been known to the Children’s Community LD team since she was 3 years old. She was originally referred for support with continence development and her poor sleep pattern. She has Williams Syndrome and lives at home with her parents and younger brother.

Following the initial intervention Martha was discharged. She has since had 2 further episodes of support from the team, firstly to support her when her brother was born and more lately with management of frustration and change, a major change for Martha was when she left mainstream school to attend the Meadows special school – during this time referrals have been made for an ASD assessment, support from Mental Health Care and Social Care for Direct Payments to employ a PA for respite care.
Parents are very supportive describing Martha as ‘growing up’ and although she still struggles with some areas of her life mainly relating to Williams Syndrome, she is now able to implement herself some of the strategies which support her.

The Board watched a video of Martha and her parents talking about Williams Syndrome.

Darren Price advised he is a District Councillor and talked about the reduction in services to the Moorlands advising it is a very difficult prospect getting to Dragon Square, David Rogers, Chairman acknowledged this.

Janet Dawson asked where as parents they get support. Darren and Deborah Price both agreed this was mainly from Social Media where they are able to meet people all around the world with children with Williams Syndrome. This can involve days out or a weekend out with families whose children have the same syndrome.

Joe McCrea talked to Martha Price earlier and agreed to add the video to social media and link in with the Genes for Genes campaign. Judith Littlehales, Community Nurse advised that Martha has an interest in Little Mix who recently took part in Sports Relief and looked at children who needed extra support as part of this Martha took part in a sponsored walk although she has mobility problems which was a massive achievement for Martha.

Russell Andrews advised he has a sister with a syndrome and recognised what Darren and Deborah Price have been saying and wished to salute them for what they are doing. Russell Andrews also commented on the effect this can have on siblings and advised there is a sibling’s organisation and he would pass this information to Darren and Deborah Price, both thanked Russell Andrews.

230/2019  QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from the public.

*Noted*

231/2019  SERVICE USER AND CARER COUNCIL

Julie Anne Murray, Acting Director of Nursing and Quality presented the report.

The Service User Carer Council business meeting in September was extremely lively and productive with 3 new Service User’s attending, offering some fresh insights and discussions.
A really positive update on the Trailblazer initiative was given, information forwarded which members felt would be useful to relay to interested parties.

The Agenda and Flyer for the 3rd Open Space Event to be held at Port Vale, Tunstall on 27th November 2019; 10.00-3.00pm has been developed and will be distributed shortly.

The Agenda will include:
• Quality priorities, a review of last year’s achievements with a discussion and voting on next year’s priorities
• Updates from Jonathon O’Brien and Chris Bird
• The NHS long term plan
• An overview and video on Observe and Act
• Crisis Care Centre

Healthwatch Stoke representative highlighted that they are due to start a survey on mental health community services (Greenfield and Sutherlands Centres) the report will be made available to the Trust and SUCC (probably in January 2020).

Care plans were raised as an issue and it was agreed that that would be the item for the SUCC Workshop October 30th. The aim being to see what could be improved to move things forward to achieve good quality, meaningful care plans for service user’s and carer’s. Identifying not only any barriers, but areas of good practice.

Dr Buki Adeyemo advised when the issue of care plans were raised Dr Dennis Okolo, Clinical Director attended a workshop organised by the Service User and Carer Council since then he has agreed with Consultants a care plan template taking the feedback from the council to the Consultant body, this has now been agreed and will be used. We will continue to monitor against the standards we agreed.

Received

INNOVATION NATION 2019: INNOVATION AND COLLABORATION

Dr Buki Adeyemo, Executive Medical Director presented the report

Supporting our Board Assurance Framework (BAF) objectives and wider Trust objective to “Inspire and implement innovation and research”, Innovation Nation aims to showcase the work within the Trust and highlight the mechanisms and support in place to encourage staff to get involved.

On Wednesday 25th September 2019, Dr Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, hosted Combined’s second Innovation Nation event. Dr
Adeyemo highlighted the following:

- Opened by Dr Chris Link, Research and Development (R&D) Director, the second Innovation Nation event built on last year success giving staff an opportunity to find out more about the fantastic innovations and projects at Combined;
- Our Key Note speaker for the day, Dr Amie Burbridge, Consultant Acute and General Medicine at University Hospitals Coventry and Warwickshire, opened the day with an honest account of “how to fail successfully”;
- Posters, showcase stalls and interactive sessions were delivered throughout the networking lunch, exploring all things innovation;
- Breakout sessions were held throughout the afternoon exploring the themes of creativity and collaboration;
- Staff were invited to take part in the Get Networking competition, to be entered into a prize draw, by networking and collecting six stamps from speaker and stalls. The winner was Rachel Massey (Care Home Liaison Team);
- Dr Buki Adeyemo provided closing remarks for the day and thanked everyone who had attended, presented and showcased their work.

Tony Gadsby advised the Key note speaker was a Consultant who talked about failure and shared an example of her clinical failure that had an adverse effect on a patient. Tony Gadsby highlighted the need to modify the culture that not only do we accept but understand failure and in parallel have the support mechanism of the staff to support them when they do fail. Dr Buki Adeyemo agreed one of the items for our Board Development Session is just culture which is exactly what this tries to promote. Helping staff to own the failure and encourage them to think through how and why it happened to prevent it from happening again.

Peter Axon highlighted the importance of being seen to be operating in that way to improve the culture. One of the themes of the current strategy refresh is around innovation. This will create an opportunity to link this off that theme from the Board through to the Ward.

David Rogers noted that the Trust talks about retention and recruitment but central to this is the experience of working in the Trust and the level of support received when things do not go right. This is one of the mechanisms where we can support people visibly.

Julie Anne Murray acknowledged the Trust is supportive and has a good debrief culture. Learning lessons around disciplinary processes has taken place recently also to make it as less traumatic as possible.
NURSE STAFFING MONTHLY REPORT (August 2019)

Julie Anne Murray, Deputy Director of Nursing and Quality presented the report.

The paper outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during August 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during August 2019 was 77% for registered staff and 108% for care staff on day shifts and 79% and 113% respectively on night shifts. Overall a 96% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.

There were 4 incidents reported in relation to ward nurse staffing levels during August 2019. Three incidents were reported by the Adult Acute Wards and one incident was reported from the Darwin Centre. The report narratives identified that shortfalls were due to increases in patient acuity and staff sickness. None of these incidents affected our ability to provide safe patient care.

Staff prioritise patient experience and direct patient care. During August 2019 there were 6 occasions when patient activities had to be cancelled as a result of shortfalls in nurse staffing levels. All of these cancellations occurred within Ward 1, with three of these activities being successfully rescheduled.

159 staff breaks were cancelled (equivalent to approximately 3% of total breaks). This has reduced from 4% in July 2019 and was again mainly due to short notice increases in acuity at the Darwin Centre and PICU. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager. Staff are being encouraged to take breaks.

Patrick Sullivan observed the registered nurse levels on Ward 1 have dropped to 51% which is very low, in order to make that ward safe it points to an issue we have talked about before in terms of being able to resolve this longer term. Julie Anne Murray advised she has discussed this with the Head of Nursing who has advised this was due to sickness and emergency annual leave and was a ‘one off’.

Jenny Harvey acknowledged the report as being much fuller a report than received elsewhere. Jenny Harvey welcomed the discussion around staff breaks given more so now staff are working
longer shifts. There have been a couple of highlighted issues on social media recently whereby nurses are having accidents following long shifts. Jenny Harvey noted there is a wider health and safety benefit ensuring staff have breaks and are pacing themselves on long shifts therefore Jenny Harvey welcomed the focus on that.

Patrick Sullivan asked if it was possible for any benchmarking re: rates of fill comparison to be undertaken. Julie Anne Murray advised some Trusts report differently which can mask shortfalls. The way we report staffing levels provides assurance as opposed to reassurance.

David Rogers noted we are still hospital centric when we look at staffing levels we need to be more community centric so we can assess whether or not we are adequately staffed across community services and the impact on waiting times. Julie Anne Murray advised there has been recently a spotlight on Greenfields and a quarterly report will come to November Trust Board.

Received

234/2019

DIRECTOR OF INFECTION, PREVENTION AND CONTROL (DIPC) QUARTER 2 REPORT

Julie Anne Murray, Deputy Director of Quality and Nursing presented the report.

The report provides the Board with assurance in relation to the Infection Prevention and Control arrangements within the Trust. The report also gives an overview of the influenza situation, our external reporting responsibilities, confirmed Influenza activity and Influenza vaccine uptake, including the CQUIN requirements.

There has been one Clostridioides difficile infection (CDI) on Ward 4. A post incident infection review was undertaken by the Infection, Prevention and Control Team (IPCT). Following review the learning identified good practice within the ward area however, noted that bowel monitoring and stool chart had not been completed. This was discussed with the ward and training undertaken.

Legionella identified in Lymebrook Unit which resulted in the water supply to the building being turned off. An immediate management and risk assessment meeting was held on 01.08.19. It was determined that the services could continue to be provided from the building with separate water being supplied and use of support facilities via Bradwell Hospital. All staff kept informed and occupational health advised of issue and staff signposted to them for advice and support. An action plan was developed by estates to manage the Legionella and a cleaning and flushing programme was put in place with continual monitoring of results. The unit is now
The vaccination programme for 2019/20 has commenced with two flu planning meetings been held already. The flu planning group will develop a plan to meet the minimum requirement of 80% compliance for uptake of the Influenza vaccine for frontline staff (increased target from 75% in 2018/19). There will be a self-assessment undertaken this year around flu.

Following the annual Infection Prevention and Control audit which Woodhouse failed, other significant Health and Safety issues were identified, this resulted in a decision taken at executive level that building was not fit for purpose which resulted in a wider trust management review leading to the services vacating Woodhouse and moving to Hope Street and Edward Myers Unit. IPCT was involved with the reviews and planning. The move was time sensitive and brought considerable challenges for IPC and the services provided at Woodhouse. The final move out of Woodhouse was facilitated in August 2019 and all services were successfully re-located to their new premises.

Tony Gadsby observed the legionella work at Lymebrook was highlighted within an Estates report which pre-empted this at Dragon Square therefore work is being undertaken and we are incorporating any lessons learnt.

Received

235/2019 SERIOUS INCIDENT QUARTER 2 REPORT

Dr Buki Adeyemo, Executive Medical Director presented the report

The report provided the Trust with Assurance relating to the nature and status of SI’s currently open and the trend data for Quarter 1 2019/20 and Quarter 2 2019/20. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. There is also a Duty of Candour report included.

Serious incident investigations are undertaken following incidents involving people in receipt of services or who have been in receipt of services in the previous 12 months. Discussions with commissioners to alter this to only capture people in receipt of services or who have been in receipt of services in the previous 6 months have been agreed. Investigations are completed for incidents where death, serious injury or serious event has occurred. For the purposes of this report, investigations are not completed for those service users whose deaths are determined by HM Coroner to be the result of natural causes.

During Quarter 2 15 incidents were reported into StEIS and have
undergone or are in the process of undergoing serious incident investigation.

The number of falls related SIs has remained low with two in this quarter.

The trend line for serious incidents over the last 12 months is decreasing and when viewed over a longer timeframe, this theme of decreasing serious incident reports continues.

The number of suspected suicides has slightly increased in Quarter 2. There were 6 unexpected deaths where death by suicide was suspected in Quarter 2 and this is in comparison to 4 suspected suicides in Quarter 1 2019/20.

Quarter 2 also showed a decrease in the categories: Unexpected/Potentially avoidable serious assault (inc Suspected Homicide).

The learning that was found from closed SI’s during this quarter are outlined below:

- Joint working systems: teams should proactively request consent to contact partner agencies in order to ensure improved communication between clinical services. In addition where there is poor/no response from partner agencies following attempts to liaise or request information, the Trust’s escalation policy should be followed with clear documented evidence of outcome.

- Communication and documentation issues particularly relating to effective communication between teams, stakeholders and treatment providers were identified for learning. Action plans for improvements are in place for individuals and teams in relation to specific incidents. We continue to monitor that learning is embedded and that the messages are cascaded across the organisation.

As in previous reports there were a number of investigations where no recommendations for change were made and evidence of good practice was found.

During Quarter 2, there were no incidents which met the criteria for reporting under the Duty of Candour requirements.

Patrick Sullivan noted the reduction from 12 to 6 months of serious incident investigations which brings the Trust in line with the rest of Staffordshire but asked if this brings the Trust in line nationally and if there was any flexibility in that. He was concerned that this reduction in the timescale may exclude the review of certain incidents that may be relevant. Dr Buki Adeyemo advised there would be flexibility but it would be unusual for the Trust to discharge someone with serious mental illness back to the local GP, in terms
of assurance we would not do that, in line with nationally anecdotal evidence speaking to colleagues this would be very unusual. However, Dr Buki Adeyemo will ask that question again through the Medical Directors Network.

David Rogers asked if change of basis would affect any trend analysis we are presenting. Lorraine Hooper advised this can be reflected.

Janet Dawson asked how far back has been analysed as we are informed of the decision to change from 12 to 6 months but that is not meaningful it would be helpful if we state the prior years to have a consistent analysis with a note back to the Board of how many cases there were in that 6 to12 month period. Dr Buki Adeyemo agreed to action this.

Received

236/2019 IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2019/20) – Month 5

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

In M4 the Trust implemented its new Improving Quality and Performance Report (IQPR). This is designed to use both traditional measures regarding meeting a target as well as measure for improvement via the use of Statistical Processing Charts (SPC). SPCs measure variation and establish, by using statistical techniques, whether this variation is within normal expectations or outside of them. It allows the Trust to move to improvement measurement, identifying where there are positive changes as well as enabling the early detection of any issues which can then be worked on and resolved. This method of measurement is very different to the way the Trust has previously reported.

There are 4 special cause variations (orange trend flags - signifying concern) and 7 special cause variations (blue trend flags - signifying improvement). There are 11 metrics flagged with a common cause variation (grey trend flag).

Lorraine Hooper highlighted exceptions.
- There are 2 measures that have not met the target but are improving these are service users employment and staff turnover.
- There are 2 metrics that are red and represent an SPC downward trend these are vacancy rate and clinical supervision.
- There are 5 measures that have not met target and not seen improvement these are 18 weeks referral to treatment, one under 18 admission out of hours, CPA 12 month review, agency spend and appraisals.
Russell Andrews acknowledged that great progress had been made with this in a short time and this continues to develop and become strong as we see it in Committees and deep dive where necessary but asked what goes on at Executive level. Lorraine Hooper advised monthly performance meetings take place which include all Executives, meetings take place with individual directorates to go through this information and performance improvement plans to look at trajectories which will feature more heavily in narrative going forward. Directorates themselves have directorate meetings where they look at the detail. Peter Axon noted that discussions are had at the Senior Leadership Team Meeting where Executives and Clinical Directors are together in one place which is as important if not more so we can share best practice.

Patrick Sullivan asked what assurances the Trust has regarding 18 weeks wait and when we can expect to see an improvement. Peter Axon advised in a couple of months’ time we will see an improvement the detail is understood by directorates capacity has been matched to demand hence we are able to determine that performance will improve Peter Axon advised he hoped to be able to discuss in December that the position has changed to green. We will be able to give assurance at that point. Lorraine Hooper highlighted that the Finance, Performance and Estates Committee this month received a specific report in detail around 18 week waits.

Liz Mellor confirmed we are seeing an improvement in the trend and continuous work is being undertaken around deep dives and local transformation plans.

Patrick Sullivan referred to the under 18 admission to the acute ward and asked if there was any further detail around this. Lorraine Hooper confirmed the teenager was less than 3 months short of their 18th birthday and they were admitted to Darwin the following morning.

Janet Dawson advised it was unclear from the graph within the report if the Trust is at 90% how many people are waiting beyond 18 weeks? Liz Mellor gave assurance there were not many, deep dives are being undertaken into reasons for each individual wait.

David Rogers asked if we could ascertain what level of DNA we are tolerating at the moment. Liz Mellor advised there is a piece of work being undertaken to look at process change to manage that better.

Received

237/2019 MONTH 5 FINANCE REPORT
Lorraine Hooper, Executive Director of Finance, Performance and Estates presented the report.

The Trust has a year to date trading position of £139k deficit against a plan deficit of £112k, giving an adverse variance of £27k. Provider Sustainability Funding is £105k against a plan of £199k, giving a year to date deficit of £34k against a planned surplus of £87k, an adverse variance of £121k.

The Month 5 CIP achievement of £978k is an adverse variance of £174k to plan. A CIP Oversight Group has been developed.

The cash position of the Trust as at 31st August 2019 with a balance of £11,696k which is £992k higher than plan.

Total Agency expenditure of £1,015k against the agency cap of £989k which is an adverse variance of £26k to plan.

Capital expenditure is at £595k compared to planned capital expenditure of £1,039k.

Use of resource rating of 3 against a plan of 3.

Deep dive into the financial position at half year will take place and be reported at the next Trust Board.

Russell Andrews highlighted that the Finance, Performance and Estates Committee are taking a close look at CIP, scrutinising and undertaking deep dives which provides a lot of reassurance and the CIP Oversight Group will be really important we are watching how that goes and it will be a major step forward.

**Approved / Received**

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<tr>
<th>238/2019</th>
<th>ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE &amp; ESTATES COMMITTEE</th>
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<tr>
<td>Tony Gadsby, Non-Executive Director / Chair, presented the report for assurance from the meetings that took place on the 18th October highlighting the following:</td>
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<td>The following updates were given by the Director of Finance, Performance and Estates;</td>
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**New Financial Regime Guidance** – NHSEI published a letter on 7th October detailing changes to the financial regime from 2020/21. The Director of Finance advised of an expectation within the guidance that organisations will work to a proposed “Financial Improvement Trajectory” (FIT) to support overall STP financial recovery.
**Financial Planning** – The Director of Finance advised the Committee that the system submitted a draft plan for 2020/21 with a deficit position which is significantly worse that the system FIT position detailed in the 7th Oct letter. The committee received a presentation on the 5 year financial plan demonstrating the trust would be unable to meet the FIT at the pace expected however by 2023/24 the Trust would deliver its expected FIT.

The Committee were assured by the work on the plan to date in preparation for the November plan submission.

The Committee also received updates on Commissioning Intentions, Health Infrastructure Plan and the System wide recovery plan which would result in a system deficit adverse to plan in 2019/20.

**Finance Update**
The Committee received an update on the financial position which is on track to deliver the 2019/20 plan against all key metrics, with the exception of recurrent CIP. Agency expenditure is over the NHSI agreed ceiling at M5, but expected to recover, following a forecast run rate reduction in Primary Care Locums.

The Committee were assured around the Trust ability to deliver the financial plan and key metrics for 2019/20.

**Cost Improvement Programme (CIP)**
The Committee received “Deep Dive” presentations on the following:-
- CIP Checkpoint – North Staffordshire Community
- CIP Checkpoint – Workforce and Organisational Development

In both cases the committee were assured by the work being done to maximise the CIP opportunity.

The Committee received an update for Cost Improvement for 2019/20, which is forecasting to deliver £3.49m against the £3.5m target for 2019/20. This recurrent value of these schemes is £2.7m, representing a £0.8m shortfall. The Committee were assured that there was sufficient focus being placed on Cost Improvement; they were not assured around recurrent delivery of 2019/20 programme.

**IFRS16**
The Committee received an update on changes to the lease accounting standard and the potential impact this change would have to the financial reporting of the Trust. The Committee were assured of the work plan to implement this change and suggested that a report detailing the impact once known was brought back to the Committee.
CYP Access and Waiting Times
The Committee received a presentation on the work being undertaken to improve access and waiting times within the CYP service. Committee were assured that the changes being made have the potential to provide sustained improvement in these areas but requested a further update in February 2020 to confirm this.

Risk Register
The Committee received an update of the Finance, Performance and Estates Risk Register and noted the inclusion of a new risk regarding the potential impact the deteriorating SOT LA financial position could have on the Trust.

The Committee received additional assurance reports as follows:

- Long Term Financial Plan 2020/21 to 2023/24
- Agency Utilisation
- STP Finance Report
- Improving Quality and Performance Report - IQPR
- Activity Report M5
- Estates Update
- Board Assurance Framework 2019/20 Q2
- Cycle of Business 2019/20
- Finance, Performance and Estates Monitoring Schedule

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

Received / Ratified

239/2019  ASSURANCE REPORT FOR BUSINESS DEVELOPMENT COMMITTEE

Tony Gadsby, Non-Executive Director / Vice Chair, presented the report for assurance from the meeting that took place on the 18th October 2019 highlighting the following:

It was noted that the Partnering Strategy will be progressed in tandem with the Strategic Review of Communications and that the Director of Partnership’s and Strategy and Associate Director of Communications will work together to develop a joint implementation plan.

The meeting received an update report from the Director of Partnerships & Strategy.

The report included updates in relation to:

- Organisational strategy – the Director of Partnerships and Strategy provided an update on the progress to refresh the Trust’s own 5 Year Plan including opportunities to engage with the Service
User & Carer Council in November and medical colleagues in December. It is intended that a final version will be available at the January 2020 meeting of the Trust Board.

- Partnership Working – the Director of Partnerships and Strategy continues to meet with a range of voluntary and public body partners to represent the Trust in its engagement activity with stakeholders. For this report, the Director of Partnerships and Strategy provided on a meeting with Staffordshire University, Voices project and the Cooperative Working Group, of which the Director of Partnerships and Strategy has been appointed as Vice-Chair.
- The Director of Partnerships and Strategy also provided an update on the work being coordinated through the CCGs on a range of transformation schemes which have been or will be subject to public consultation. This includes an update on the future of local health services in Northern Staffordshire following the conclusion of the recent consultation exercise (for which CCG representatives will be presenting to the closed session of the November Trust Board meeting).

The Committee received an update on the numerous business development opportunities that are currently being pursued. The Trust continues to work in partnership with Midlands Partnership NHS Foundation Trust on a joint bid to provide IAPT services across the Stoke-on-Trent and Staffordshire geography. The Trust is a current provider of IAPT services and it is important that service provision is retained moving forward.

The Committee received an update on the key digital developments in place across the Trust. This includes the Lorenzo Digital Exemplar which will provide an online platform for clinicians, carers, schools and community services that will go live in January 2020. A demonstration of this innovative project will be provided at the Board Development event in November 2019.

An update was also provided on the development of the BeAble App following the Trust Board discussion in October 2019. The Committee discussed the merits of the App and how best to translate the benefits from a small scale pilot to a broader focus. The Digital Design Group will take forward future development.

The Committee also received a copy of the inaugural Senior Information Risk Officer (SIRO) report. This builds on the committee’s responsibility for digital programmes and provided an overview of the new Data Security requirements and our readiness for their implementation together with a range of associated updates on Information Security and Information Governance.

The Director of Partnerships and Strategy shared feedback on a celebration event to recognise the work of the Liaison & Diversion service. This is a service delivered in partnership between the Trust
and MPFT which seeks to work with people who are either known to the criminal justice system. The service is commissioned through NHS England Specialised Commissioning and includes a range of stakeholders including the Local Authorities, Staffordshire Police, the Probation Service and local Courts. The event was held at the Staffordshire Police & Crime Commissioner’s Office HQ and was an opportunity to share the great work being delivered in partnership between the two providers.

The Committee received an update on the Primary Care Integration Strategy following the integration of Moorcroft Medical Centre in December 2018.

The Committee received an update from the Capital Investment Group which is a subsidiary of the Business Development Committee. This included an update on the delivery of individual projects listed in the 2019/20 capital plan and the recent opening of the Crisis Centre on the Harplands site.

It was also confirmed that the project to relocate Ashcombe Centre would be formally closed due to the absence of a financially viable alternative location at this time.

The Committee were advised that the most recent Northern Staffordshire Alliance Board had been due to be run in workshop mode with an invite to the new Primary Care Network Clinical Directors to explore how best they might engage with the Board moving forward and the issues to consider in the transition to an Integrated Care Partnership. Unfortunately due to the low numbers of confirmed acceptances it was necessary to cancel the event at short notice, a revised date of 19th November 2019 has been agreed with the North Staffordshire GP Federation.

The Committee reviewed the risk register and the mitigating actions that have been established together with the progress being made. It was agreed that all risks and risk scores remain unchanged. A new risk in relation to IAPT Services will be included following submission of the IAPT tender. Confirmation of preferred supplier is expected 9th December 2019.

The Board is asked to:
• Note the contents of this report
• Ratify the decision to close the project to relocate the Ashcombe Centre.

Received/ Ratified

240/2019 ASSURANCE REPORT FOR PRIMARY CARE COMMITTEE

Tony Gadsby, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 27th
September highlighting the following:

The Committee requested a change to its Terms of Reference to remove quoracy being dependent upon the Clinical Director, Primary Care attending. Approved.

The meeting received updates against all actions that had been carried forward from previous meetings and noted that all but one were completed. The residual action relates to an original action relating to recording of ligature risk which had been completed but which was amended to request a ligature assessment be completed by the Trusts Health & Safety Lead.

In relation to the workforce, a summary of the headlines is set out below:

- The establishment of the Primary Care Team has been completed and a Senior Service Lead – Primary Care and Clinical Lead – Primary Care commenced in post mid-August 2019, both Officers have been drawn from the existing Moorcroft & Moss Green service
- 2 GPs have resigned, one to pursue a business opportunity to become a GP Partner at another Practice and the other to return to Locum work. The posts have been advertised and have attracted a strong level of interest.

The Committee revisited the need for the Practice website to be improved and received confirmation that this work was in train with the Associate Director of Communications.

The Committee received the Month 5 Finance Report which shows an adverse YTD of £7k – this is a £4k improvement on the M4 position and the third consecutive month of a favourable movement in the YTD position. The Forecast Outturn position has been agreed as break-even (i.e. expenditure will match budget). This includes provision for the Agenda for Change harmonisation offer referenced elsewhere in this report.

The Committee received the Month 5 Performance report and considered the update on the nature of the performance metrics and performance against them.

The Committee received a report from the Director of Partnerships and Strategy on the work being undertaken to ensure that the Trust completes the mobilisation of the primary care service and transition to business as usual. Lease agreements – Moorcroft will be complete by end of calendar year 2019, Moss Green see below.

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

Received / Ratified
Laurie Wrench, Associate Director of Governance presented the report.

The Board Assurance Framework (BAF) for 2019/20 aligns the Trust’s refreshed strategic objectives to our quality priorities and key strategic risks. The 2019/20 BAF provides oversight of the key control and assurances to be introduced to ensure delivery of the seven refreshed strategic objectives as discussed during Board Development. The paper provided the Quarter 2 update. The following was highlighted:

**To Enhance Service User & Carer Collaboration**
- No targets due at Quarter 2, however generally on target for delivery
- Second group of Peer Mentors planned for October 2019
- Third term of Wellbeing Academy has been completed
- 21 podcasts episodes with over 2000 listeners

**Challenges:**
- Achieving a year on year increase in the National Community Mental Health Survey overall score

**To Provide The Highest Quality, Safe And Effective Services**
- SPAR accreditation programme roll out across wards
- 72 hour follow up target achieved
- Cyber security programme remains on track
- Digital session held with Board

**Challenges:**
- Social care strategy delayed due to Section 75 priorities with local authorities
- Achieving and maintaining 100% Mental Health Act compliance
- Maintaining an overall CQC rating of ‘outstanding’
- Achievement of CQUIN targets particularly 80% flu vaccination
- Internal stretch target for 4 week wait (CAMHS)

**Inspire And Implement Innovation And Research**
- Innovation Nation second event held
- Strengthening approach to research including ‘Consent to research’ initiative, ↑ in GCP training and number of principal investigators
- Progress made with implementing the Innovation Strategy.
- Delivery of Lorenzo Digital exemplar pilot within CYP

**Challenges:**
- Masterclass material for business acumen and digital in development
- Achievement of NIHR research recruitment targets
### Embed An Open And Learning Culture That Enables Continual Improvement
- Practice Education Facilitator for BAME appointed
- Enhanced pay package for apprentices agreed
- System Leadership Programme with AQuA continues successfully

**Challenges:**
- On-going work with EDS2 and WRES data
- Coaching strategy developed but needs approval

### Attract, Develop And Retain The Best People
- Increased FTSU profile and introduction of FTSU champions
- Trust & Directorate workforce plans in place and agreed
- Recently agreed ‘attraction and retention’ offer is progressing on target
- Health and Well-being strategy in development
- OD plans developed within directorates
- REACH event held – highest number of nominees

**Challenges:**
- Embedding of Trust’s Talent Management Strategy
- Capacity issues re taking forward some initiatives, e.g. Values & Behaviours Framework and Leadership Framework – mitigations identified.

### Maximise And Use Our Resources Effectively And Sustainably
- Implementation of new IQPR from September Trust Board.
- Submission of the Operational plan and aligned with Directorate plans
- Time to recruit improving
- Closure for AFc band 1 entrants

**Challenges:**
- Delivery of CIP recurrently – deficit of £84k to plan
- Agency spend above agreed cap
- Delivery of STP financial challenges – changing picture
- Five year plan timetable a challenge (CIP)

### Take A Lead Role In Partnership Working, Integration And Well-Being
- On-going STP workstreams for mental health, OD and digital
- Alliance Board project management and lessons learned
- Primary Care integration and future offerings
- Development of Partnership Strategy complete

**Challenges:**
- IAPT tender just released with MPFT
- Residual actions re Primary care integration continues but with progress

David Rogers suggested a session on the BAF take place at a future Board Development.
David Rogers commented that the partnership strategy is crucial and he would love to see a spidergram of where we are in the middle with all the entities we work with. Chris Bird stated that we exist in an eco-system of 40 stakeholders and 200 people from the voluntary sector we have had a series of dialogues with a number of voluntary organisations, we have also plugged into the Cooperative Working Board. There is an inherent fragility in the resilience of the voluntary sector particularly around Stoke on Trent at the moment we need to do more to understand where they are at so we can look at supply and demand for our services. VOICES is a lottery funded organisation who as part of that process have to undertake a review and we fed into that there is a particular challenge for rough sleepers who have experienced mental health as they do not have fixed addresses and cannot register with a GP and subsequently defer to NHS portals i.e. Accident & Emergency and do not access services until it is far too late. There are also travellers to consider as they too often do not have a fixed point of address.

Received

242/2019 DIVERSITY AND INCLUSION 2018/19 ANNUAL REPORT

Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion provided a presentation which looked at:

18/19 key highlights
- BAME staff attending 2 cohorts of ‘Stepping Up’ leadership programme to help progress their career potential
- Successfully delivered our annual inclusion conference, ‘Symphony of hidden voices’
- Introduced Reverse mentoring, pairing 20 senior managers with BAME/LGBT staff.
- March 2018, our median pay gap fell from 4.5% to 3.6% (below NHS national average of 9.5%)
- Revitalised our recruitment processes, increasing awareness of unconscious bias
- Launch of our inclusion council – Supporting workplace inclusion projects and appointing 2 BAME facilitators to champion and develop BAME inclusion

Our Succession Pipeline
- The Trust has continued to focus on areas which support the recruitment and development of our diverse workforce.
- We updated our recruitment process to better support BAME candidates and people from socially disadvantaged backgrounds. We introduced ‘Inclusive Recruitment’ training, focused on unconscious bias and ensuring our recruitment decision are more inclusive to help enrich the
Supported BAME staff to attend 2 cohorts of the national ‘Stepping Up’ leadership programme, providing each with coaches and mentors in the Trust to ensure they are able to build on the skills, beliefs and motivations developed on the course.

Our Priorities
- Increase our representation of BAME staff across the organisation
- Improve internal career progression and development for BAME staff through our Succession Planning approach
- Improve equality in recruitment to enable an overall increase in a diverse workforce representation

Our inclusive working environment
- There is an expectation that all managers will attend the unconscious bias training, to help eradicate the impacts of bias in recruiting and developing our staff.

Looking Ahead:
- Delivering a step-change in relation to race inclusion
- Identifying and addressing health inequalities for our service users
- Delivering on our commitment to be a Disability Confident employer
- Supporting our Deaf Awareness team to develop actions against the Deaf Charter
- Deliver more LGB and Trans awareness training
- Ensuring patient menus are more inclusive of individual personal preferences, religious, cultural, health and dietary needs
- Further improving support provided to service users and carers with specific communication needs
- Developing resources and use of our multi-faith facilities to support spiritual and faith-related needs

The Trust remains committed to promoting and enabling a positive culture where our workforce, service users and visitors are confident to be their authentic selves. We focus on inclusion as a way to ensure equality of opportunity for all our people and to demonstrate our commitment to Equality, Diversity and Human Rights.

Jenny Harvey commented from a staff side perspective that we are the smallest Trust in Staffordshire and we are doing far more than any other Trust. We need to give credit to Lesley Faux, Diversity and Inclusion Lead whose enthusiasm and drive is prevalent. The Union are hoping to promote further awareness around transgender as there is a huge gap in knowledge with clinicians and managers in supporting staff. Jenny Harvey suggested providing a session to
Russell Andrews highlighted that he has been a member of a University Board for 6 years and is constantly told 'we are in a good place' this raises question how do we really know what it is like to be a member of a group that is at risk of exclusion and the Trust needs to keep challenging and checking that. Shajeda Ahmed acknowledged this and commented that the Trust is a trailblazer organisation and a significant amount of work has been undertaken around diversity and inclusion.

Janet Dawson commented that the Trust has done a fantastic job setting the scene, but still needs to empower people to do the right thing and make it part of the culture. Janet Dawson thanked Shajeda Ahmed for condensing the report and making it easier to absorb.

**Received**

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<th>243/2019</th>
<th>TOGETHER WE ARE BETTER – SEPTEMBER 2019 UPDATE</th>
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<td>Peter Axon, Chief Executive circulated the report for information only.</td>
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<tr>
<th>244/2019</th>
<th>Any Other Business</th>
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<tr>
<td></td>
<td>No other business was discussed.</td>
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<tr>
<th>245/2019</th>
<th>Date and time of next meeting</th>
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<tr>
<td></td>
<td>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 28th November 2019 at 10.00am, in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH</td>
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<th>246/2019</th>
<th>* Motion to Exclude the Public</th>
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<td>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.</td>
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The meeting closed at 12:50pm

Signed: ___________________________  Date_____________________

Chairman
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<tr>
<th>Action</th>
<th>Meeting Date</th>
<th>Minute No</th>
<th>Action Description</th>
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<td>1</td>
<td>24-Oct-19</td>
<td>235/2019</td>
<td>Serious Incident Quarter 2 Report - Patrick Sullivan noted the reduction from 12 to 6 months of serious incident investigations which brings the Trust in line with the rest of Staffordshire but asked if this brings the Trust in line nationally and if there was any flexibility in that. He was concerned that this reduction in the timescale may exclude the review of certain incidents that may be relevant. Dr Buki Adeyemo advised there would be flexibility but it would be unusual for the Trust to discharge someone with serious mental illness back to the local GP, in terms of assurance we would not do that, in line with nationally anecdotal evidence speaking to colleagues this would be very unusual. However, Dr Buki Adeyemo will ask that question again through the Medical Directors Network.</td>
<td>Dr Buki Adeyemo</td>
<td>23-Jan-20</td>
<td>Dr Adeyemo has asked for the Patient Safety Team to benchmark and identify a national baseline the outcome of which will be reported back to Trust Board.</td>
</tr>
<tr>
<td>2</td>
<td>24-Oct-19</td>
<td>235a/2019</td>
<td>Serious Incident Quarter 2 Report - SI Investigations - Janet Dawson advised it would be helpful if we state the prior years to have a consistent analysis with a note back to the Board of how many cases there were in that 6 to12 month period. Dr Buki Adeyemo agreed to action this.</td>
<td>Dr Buki Adeyemo</td>
<td>28-Nov-19</td>
<td>Actioned. This will be reflected within the next report.</td>
</tr>
<tr>
<td>3</td>
<td>24-Oct-19</td>
<td>241/2019</td>
<td>Board Assurance Framework Quarter 2 (BAF) - David Rogers suggested a session on the BAF take place at a future Board Development.</td>
<td>Laurie Wrench</td>
<td>28-Nov-19</td>
<td>Actioned. This item has been brought forward as a topic on the Board Development Programme.</td>
</tr>
<tr>
<td>4</td>
<td>24-Oct-19</td>
<td>242/2019</td>
<td>Diversity and Inclusion 2018/19 Annual Report - The Union are hoping to relaunch Trans Gender as there is a huge gap in knowledge with clinicians and managers in supporting staff. Jenny Harvey suggested providing a session to the Board which was agreed.</td>
<td>Laurie Wrench</td>
<td>28-Nov-19</td>
<td>Actioned. This item has been included as part of the Board Development Programme topic - Going Beyond Conversation as well as Leadership Academy.</td>
</tr>
<tr>
<td>5</td>
<td>25-Jul-19</td>
<td>189/2019</td>
<td>Assurance Report from the People, Culture and Development Committee - David Rogers responded that this is wider point for all committees and reviewing policies during the committee meetings needed review across the board. The new Assistant CEO, Tosca Fairchild will pick this up when she starts in November.</td>
<td>Tosca Fairchild</td>
<td>23-Jan-20</td>
<td>This is being considered as part of the wider Committee Effectiveness and Governance Review</td>
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# REPORT TO OPEN TRUST BOARD

**Enclosure No: 4**

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<th>28th November 2019</th>
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<tr>
<td>Title of Report:</td>
<td>CEO Board Report</td>
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<tr>
<td>Presented by:</td>
<td>Peter Axon, Chief Executive Officer</td>
</tr>
<tr>
<td>Author:</td>
<td>Peter Axon, Chief Executive Officer</td>
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<tr>
<td>Executive Lead Name:</td>
<td>Peter Axon, Chief Executive Officer</td>
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## Executive Summary:

This Report updates the Board on recent activities, developments and news of interest across Combined and the wider STP.

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<td>Approval</td>
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<td>Assurance</td>
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## Strategic Objectives

1. To enhance service user and carer collaboration. ☒
2. To provide the highest quality, safe and effective services ☒
3. Inspire and implement innovation and research. ☒
4. Embed an open and learning culture that enables continual improvement. ☒
5. Attract, develop and retain the best people. ☒
6. Maximise and use our resources effectively. ☒
7. Take a lead role in partnership working and integration. ☒

## Risk / legal implications:

| Risk Register Reference | N/A |

## Resource Implications:

| Funding Source | N/A |

## Diversity & Inclusion Implications:

Includes details of our involvement in national BAME Inclusion event.

## STP Alignment / Implications:

Includes profile for Staffordshire wide involvement in HSJ Annual Awards and promotion of Electronic Patient Record.

## Recommendations:

To receive for information and assurance

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Chief Executive’s Report to the Trust Board  
28th November 2019

PURPOSE OF THE REPORT

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

1. VISIT OF CLAIRE MURDOCH, NATIONAL DIRECTOR FOR MENTAL HEALTH

We were delighted to welcome Claire Murdoch, NHS England National Director for Mental Health, to Combined Healthcare on 22nd November.

Claire is the national Director for Mental Health services as well as being Chief Executive of Central and North West London NHS Foundation Trust. To make good use of Claire’s time, and to give an opportunity for wider system colleagues to meet with her, we organised a number of things on the day, including -

- A system wide discussion on progress with our long term Mental Health development programme
- Informal lunch and chat with our frontline staff
- Plaque unveiling at our new all age Crisis Care Centre followed by a tour of the new facility

This gave us an excellent opportunity to describe all the positive work that we have done to date as a system and of course discuss our hopes for the next four years as documented within our draft long term strategy. It was also an opportunity to ask Claire about how we are performing relative to other systems and benefit from her advice given the breadth of her knowledge and role.

Many thanks to all who attended and organised the visit.

2. FLYING THE FLAG FOR COMBINED AND FOR STAFFORDSHIRE AT THE HSJ ANNUAL AWARDS

I was on annual leave enjoying time with the family, so unfortunately I couldn’t attend the HSJ Awards but what a great night it was for Staffordshire. Both North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership NHS Foundation Trust were shortlisted for Mental Health Provider of the Year at HSJ Awards 2019.

Although neither of us walked away with the top prize, the fact that our area provided two of only five finalists is testament to the strength in depth we have across our system. Congratulations also to MPFT for success in the Health and Local Government Partnership Award.

Members of the two Boards mingled before the ceremony commenced and we celebrated our joint success across social media. Many thanks to those who travelled down to London to fly the flag for Combined:

- David Rogers, Chairman
- Buki Adeyemo, Medical Director
- Jonathan O’Brien, Director of Operations
3. NATIONAL PROFILE FOR OUR WORK ON BAME INCLUSION

Our national profile was further raised by Helen Smith and Tes Zaheer, BAME Inclusion Facilitator, who travelled to London last month to attend an event on "Addressing The Barriers For BAME Representation In The Workplace’ with speakers from a wide range of public sector organisations. I’m told it was a really good day with lots of energy and ideas.

The aim of the day was to discover how we can better establish strong partnerships across government and the wider public sector to help improve and transform the BAME representation in the workplace and it gave us the chance to highlight what we’re doing at Combined.

Speakers covered a range of topics, from government reforms to regulatory frameworks. Case studies demonstrated successful approaches to improve different areas of BAME representation, including staff support networks, racial diversity in senior management positions, and supporting BAME women in the workplace, with guidance in training and supporting staff to provide the highest quality of service.

Helen and Tes will be feeding back into local networks around some of these. If anyone is interested in seeing the presentations or hearing more, they are happy to discuss. Well done, Helen and Tes!

4. LOCAL SYSTEM UPDATE

On the 15th November the Staffordshire Health and Social Care system submitted its five year plan to regulators. The plan covers all aspects of our health system and over coming months will be discussed with NHSI/E and will in turn form the basis of our 2020/21 operating plans. The plan begins to create a narrative that is very much orientated around preventative and “up stream” service provision. Although a great deal of work remains to ensure that our system infrastructure is full fit for the five year period that the document covers.

On a related topic, the STP is embarking on an Integrated Care Partnership development programme with the first of a series of workshops held on the 26th November. This process is anticipated to design the infrastructure required to most effectively manage healthcare and related resources and support patients / citizen requirements in each of our place based systems across the county.
5. PROMOTING THE INTRODUCTION OF THE ELECTRONIC PATIENT RECORD

We have been doing our bit to celebrate and raise awareness that patients’ health and care records in Staffordshire and Stoke-on-Trent will soon be available electronically to authorised health and social care practitioners.

It will mean a doctor in a hospital, or a paramedic who attends a 999 call will be able to access the same crucial information as a GP, such as details of allergies and current medications, bringing potentially life-saving benefits.

Local people have told us that they want their health and care records to be available to practitioners who care for them, which means that they only need to share their health and care history once. By connecting the information which is held by different providers of health and care services, we will be able to improve quality and outcomes for those being treated and cared for across both health and care.

Currently, local health and care services hold separate pieces of information about patients which isn’t easily accessible between different organisations. With appropriate permissions and consent, this information will be available 24/7 to everyone who needs it to treat a patient.

Practitioners will have access to a comprehensive and up-to-date record for their patients’ medical and care needs, making care safer and reducing duplication. It will prevent patients being asked for information repeatedly and ensure that their care preferences are shared and understood by all those caring for them.

Dr Paddy Hannigan, a GP in Stafford for 30 years and Digital Programme Clinical Lead for Together We’re Better said: “This is about patient safety first-and-foremost. In an emergency it is important that the clinician knows as much about you as possible to make the right decisions about how to treat you.

“But we also hear many times of patients who are frustrated because they need to repeatedly give the same information to people from different parts of the NHS and social care, and delays caused by records not being easily accessible.

“We have worked hard to create care that’s better co-ordinated across Staffordshire and Stoke-on-Trent. This shared care record will support new models of care which form part of the delivery of integrated health and social care services that are central to the NHS Long Term Plan.”

Well done and many thanks to all staff at Combined who have played a full part in leading this fantastic initiative to fruition.

6. FANTASTIC SUCCESS IN KEELE UNIVERSITY PLACEMENT, MENTOR AND STUDENT OF THE YEAR AWARDS & THE KEELE DEAL

We had fabulous success in the Keele University Placement, Mentor and Student of the Year Awards, held at the Undergraduate Medical School on Wednesday 13 November 2019.

Huge congratulations to everyone who won and also to the many mentors and teams who were nominated from the Trust.

We were delighted to have been recognised in the following categories:

- Mental Health Mentor of the Year was awarded to Adam Chambers who works at Stoke Heath Prison.
• Learning Disabilities Mentor of the Year was awarded to Emily Mycock, a Community Nurse working for the Community Learning Disability Team based at Broom Street.

• Mental Health Clinical Placement of the Year was won by The Stoke and North Staffordshire Memory Clinics.

• Learning Disabilities Student of the Year was won by Fehrina Ward. Fehrina recently qualified and now works as a Staff Nurse at the Edward Myers Unit.

• Mental Health Student of the Year went to Hollie Shepley.

• Learning Disabilities Clinical Placement of the Year was won by Dragon Square Children’s Specialist Short Breaks Service.

Combined also attended the unveiling of the latest “Keele Deal”, which is the third such initiative developed by the university and this time is based around Health Services. The programme covers three areas, workforce, service transformation and research and innovation all of which are very important elements of our system and Trusts future programmes of work. We look forward to working with Keele and system partners on these areas over coming months.

7. OPEN SPACE EVENT

This month also saw an important event in our annual cycle of activities to ensure service user and carer involvement - our Open Space Event. The event was really well attended and included opportunities for all attendees to be involved in live voting and discussion, giving them the chance to:

• Tell us how we can improve the quality of our services and influence the Trust Quality Priorities for 2020/21

• Hear about the MH NHS Long Term Plan and give their views on how we should deliver it

• Find out about our new Crisis Care Centre

• Learn about ‘Observe & Act’ a service users/carer led patient experience tool and hear about how you can get involved

• Find out how the Well-being Academy is progressing and what courses are on offer

8. COMBINED INVOLVED IN NOTTINGHAM UNIVERSITY RESEARCH ON WEARABLE DEVICES

Combined's commitment to promoting and supporting research and innovation is well known, so it was great to hear about our participation in a new research study, run by University of Nottingham, exploring the potential of wearable devices to help prevent and treat depression, multiple sclerosis and epilepsy.

The study team are seeking views and experiences of remote measuring technologies (RMT) and mHealth more generally from healthcare professionals who provide care for people living with these illnesses. It is hoped that this will contribute to understanding how these technologies impact clinical pathways and decision points.

Participation involves completion of a brief online survey (10 mins). To participate in the survey, please visit https://nottingham.onlinesurveys.ac.uk/radar-cns-english. As a thank you for your time, the study team will donate £1 to a relevant charity for every completed
questionnaire received. For more information, please contact the research team: research@combined.nhs.uk.

The research team would be grateful if you could let them know if you have participated via email (research@combined.nhs.uk) so that they can record the number of people who participate only – no personal data is collected, and all responses are anonymous.

9. EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR)

I am delighted to confirm that following the annual assessment process of our business continuity plans our emergency planning arrangements within the Trust that we have been rated fully compliant against national core standards.

10. ANNUAL FIRE SAFETY 2018/19

The Senior Leadership Team received the annual report on fire safety within the Trust compiled by Mick Daniels our Fire Safety Officer and I can confirm that the report declares that we are compliant with the statutory standards to which we must adhere.
**REPORT TO: TRUST BOARD**

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<th>28th November 2019</th>
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<tr>
<td>Title of Report:</td>
<td>Service User &amp; Carer Council Report</td>
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<tr>
<td>Presented by:</td>
<td>Wendy Dutton, Service User &amp; Carer Council</td>
</tr>
<tr>
<td>Author:</td>
<td>Wendy Dutton, Chair, Service User &amp; Carer Council</td>
</tr>
<tr>
<td>Executive Lead Name:</td>
<td>Julie Anne Murray, Acting Executive Director of Nursing &amp; Quality</td>
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**Executive Summary:**

This report has been prepared to provide an update to Trust Board of the Service User & Carer Council since the last meeting.

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<tr>
<th>Purpose of report</th>
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<tr>
<td>Approval □</td>
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<tr>
<td>Information ☒</td>
</tr>
<tr>
<td>Discussion □</td>
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<td>Assurance ☒</td>
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**Committee Approval / Review**

- Quality Committee □
- Finance & Performance Committee □
- Audit Committee □
- People & Culture Development Committee ☒
- Charitable Funds Committee □
- Business Development Committee □
- Digital by Choice Board □

**Strategic Objectives**

1. To enhance service user and carer involvement. □
2. To provide the highest quality services □
3. Create a learning culture to continually improve. □
4. Encourage, inspire and implement research & innovation at all levels. □
5. Maximise and use our resources intelligently and efficiently. □
6. Attract and inspire the best people to work here. □
7. Continually improve our partnership working. □

**Risk / legal implications:**

Risk Register Reference: None identified

**Resource Implications:**

None identified

**Diversity & Inclusion Implications:**

(Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&I Guidance

The Service User & Carer Council supported the principle of increasing representation across the Protected characteristics when reviewing the Diversity and Inclusion Strategy.

They also committed to supporting inclusive services and workforce in their review of the Strategy.

**STP Alignment / Implications:**

As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP workstreams.

**Recommendations:**

The Trust Board receives the update for information and assurance.

**Version**

Name/Group | Date issued
Our apologies for not attending but both Sue T and I have other commitments.

SUCC members continue to support;

Interview panels
Induction days
Inspections
Meetings at various levels
Work with service development groups etc.
Person Centred Care, care plans
Volunteer Peer Mentors
Wellbeing Academy
Sexual safety collaboration which will be supported by work on Ward 1 and 7 and attended national meeting in London with Trust Lead for this work

The 3rd Open Space Event has been confirmed:
Date: 27th November
Time: 10am-3pm
Venue: Port Vale Stadium

The council has been proactive with working on the agenda for this event and are looking forward to the day.

It will include:
The NHS long term plan, Observe and Act, Updates on the Crisis care centre and updates on identified priorities from 2018/19
Quality priorities going forward

This event will be the last event as Chair for me. I have decided to step down as Chair, but hope to contribute in a much smaller way in the future. I would like to thank you all for your support and encouragement.

The SUCC workshop on the 30th October was an in-depth review of the Care Plan Standard and the Care plan letter, always an emotive subject for all. There were some passionate/ very relevant suggestions made. Having collated this feedback we are looking to share this with the staff involved with their development so that we can give a fully rounded feedback sheet to all present at the workshop. Forward momentum being the key objective.

Service User and Carer Council
## Executive Summary:

This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during September 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during September 2019 was 80% for registered staff and 111% for care staff on day shifts and 74% and 115% respectively on night shifts. Overall a 97% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.

### Strategic Objectives

1. To enhance service user and carer collaboration
2. To provide the highest quality, safe and effective services
3. Inspire and implement innovation and research.
4. Embed an open and learning culture that enables continual improvement.
5. Attract, develop and retain the best people.
6. Maximise and use our resources effectively.
7. Take a lead role in partnership working and integration.

### 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:

Temporary staffing costs. Budgeted establishment and temporary staffing spend.

### Diversity & Inclusion Implications:

None

### STP Alignment / Implications:

None

### Recommendations:

To receive the report for assurance and information

### Version

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<td>Quality Committee</td>
<td>07 November 2019</td>
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<td>Trust Board</td>
<td>28 November 2019</td>
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1 Introduction
This report details the ward daily staffing levels during the month of September 2019 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

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

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2018 was presented to April 2019 Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

3 Trust Performance
During September 2019 the Trust achieved a staffing fill rate of 80% for registered staff and 111% for care staff on day shifts and 74% and 115% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 97% was achieved. This demonstrates an increase from the 96% fill rate reported in August 2019.

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

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis; recommendations are followed and recorded within a Safer Staffing Action Plan.

4 Care Hours per Patient Day (CHPPD)
The Trust is required to report CHPPD on a monthly basis. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. The CHPPD metric has been developed by NHSI to provide a consistent way of recording and reporting deployment of staff providing care in inpatient units. The aim being to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS provider sector by providing a single means of consistently recording, reporting and monitoring staff deployment. The Trust is in the 3rd quartile nationally for CHPPD in February 2019.

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

5.1 Impact on Patient Safety
There was 1 incident reported in relation to ward nurse staffing levels during September 2019. This incident related to difficulties in securing RN cover during the night at Ward 5 due to staff sickness. This resulted in the Site Manager being based on the ward to provide RN cover. This incident did not affect our ability to provide safe patient care.

5.2 Impact on Patient Experience
Staff prioritise patient experience and direct patient care. During September 2019 there were 16 occasions when patient activities had to be cancelled as a result of shortfalls in nurse staffing levels. These cancellations occurred within Wards 1, 2 and 6. Eight of these activities were successfully rescheduled.

5.3 Impact on Staff Experience
In order to maintain safe staffing levels the following actions were taken by Ward Managers during September 2019:

- 129 staff breaks were cancelled (equivalent to approximately 2.8% of total breaks). This has reduced from 3% in August 2019 and was again mainly due to short notice increases in acuity at the Darwin Centre and PICU. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There were 3 occasions reported during September 2019 when staff supervision sessions had to be cancelled to support staffing levels; these all occurred at Ward 2.

- Staff appraisals were cancelled on 3 occasions during September 2019 to support staffing levels; these occurred at the Darwin Centre and Ward 2.
There were 2 mandatory training sessions cancelled to support safe staffing levels during September 2019; these were at the Darwin Centre and Edward Myers Unit.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. A total of 466 RN shifts were covered by HCSW’s where RN temporary staffing was unavailable. A total of 55 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels. There were no occasions reported in September 2019 when additional support was provided by members of the multi-disciplinary team.

5.5 RN Staffing Fill Rate & Recruitment

In line with the national picture, RN recruitment remains challenging.

In comparison to August 2019 RN fill rate increased slightly during September 2019 to 77.8%. Night shifts continue to remain a challenge in areas that require the support of x2 RN’s and particularly for Wards 2, 3, 5, 6, and Darwin Centre.

The graph below provides detail of the overall RN fill rate since October 2017.

The Trust is participating in the NHSI Retention Support Programme and this has informed the Trust Recruitment and Retention Action Plan which details the actions that are being taken by the Trust to attract and retain Registered
Nurses. These include recruitment incentives such as refer a friend, continued professional development offer, housing and flexible hours. These incentives are included in all RN job adverts.

Health Education England has recently identified funding to support Trusts with Return to Practice (RtP) campaigns. These campaigns target former registered nurses who have left practice and allowed their nurse registration to lapse by providing academic and placement support to enable them to re-register with the NMC. The Trust currently has a live advert for the recruitment of RtP nurses. The Head of Nursing & Professional Practice is continues to work with Trust Recruitment Manager and local Health Education Institutes to progress this campaign.

The newly qualified nurses who commenced with the Trust in September 2018 continue to be supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and the Trust continues to maintain an excellent retention rate with the preceptorship cohorts. The Trust has attracted a further 20 newly qualified RN's who will be commencing their preceptorship programme in October 2019.

The Trust supports a number of academic programmes which run alongside significant work based and placement learning. This has enabled the nursing career pathway to be strengthened with a total of 7 Trainee Nursing Associates. Additionally a further 2 Trainee Advanced Nurse Practitioners commenced their training in September 2019.

A total of six HCSW apprenticeship opportunities have been identified within our ward inpatient areas. The Trust is also supporting an STP wide rotational apprentice scheme with two posts, one at Ward 3 and one at Ward 7 commencing in September 2019.

Additionally, the Trust is supporting 3 HCSW’s, who trained as nurses overseas, to undertake the additional qualifications required to have their registration recognised in the UK.

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

5.6 Registered Nurse Retention

During September 2019 x7 Registered Nurses (5.80 WTE) left the Trust. 1.60 WTE left due to promotion; 0.56 WTE due to the end of contract; 1.00 WTE took voluntary resignation and there were 2.60 WTE retirements. All of these posts were from within community based services.
6. Summary

The fill rate for registered nursing shifts has increased from August 2019, although safe staffing reporting did continue to highlight a number of challenges in the staffing of wards during September 2019. There was an increase of 3.87 WTE Registered Nurse vacancies reported within our inpatient ward areas during September 2019. We are continuing to attract newly qualified RNs to the Trust and we employ a number of strategies with the support of the HR and the communication team to attract both RNs and HCSW’s during this time of national shortage.

HCSW vacancies within our inpatient areas have increased by 0.14 WTE in the past month.

Following our participation in the NHSI Retention Support Programme the Trust Recruitment and Retention Action Plan continues to be monitored via the Safer Staffing Group.

7. Recommendations

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and mitigations and action plan in place
- Note the challenge in filling shifts in September
- Be assured that safe staffing levels have been maintained.
## Appendix 1 September 2019 Safer Staffing

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<th>Day Clinically Required</th>
<th>Day Actual</th>
<th>Night Establishement Hours</th>
<th>Night Clinically Required</th>
<th>Night Actual</th>
<th>Day Fill Rate (%)</th>
<th>Night Fill Rate (%)</th>
<th>Overall RN %</th>
<th>Overall Care Staff %</th>
<th>Overall Staffing</th>
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<td>Ward 7</td>
<td>1282.50</td>
<td>1282.50</td>
<td>844.33</td>
<td>333.00</td>
<td>355.20</td>
<td>355.20</td>
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<td>1138.50</td>
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<td>310</td>
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*Note: Data includes rounded numbers.*
<table>
<thead>
<tr>
<th>Ward</th>
<th>Total Hours Per Day</th>
<th>Patients</th>
<th>CHPPD</th>
<th>Safe staffing was maintained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment &amp; Treatment</td>
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<td>31.20</td>
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<tr>
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<tr>
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<td>141</td>
<td>15.39</td>
<td>Nurses working additional unplanned hours and altering the skill mix</td>
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<table>
<thead>
<tr>
<th>RN Vacancies</th>
<th>HCSW Vacancies</th>
<th>Bed occupancy August</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.76</td>
<td>-0.12</td>
<td>53%</td>
</tr>
<tr>
<td>5.56</td>
<td>2.94</td>
<td>58%</td>
</tr>
<tr>
<td>2.11</td>
<td>1.02</td>
<td>80%</td>
</tr>
<tr>
<td>-0.08</td>
<td>1.50</td>
<td>100%</td>
</tr>
<tr>
<td>2.39</td>
<td>1.55</td>
<td>94%</td>
</tr>
<tr>
<td>2.00</td>
<td>-1.20</td>
<td>87%</td>
</tr>
<tr>
<td>-0.08</td>
<td>1.39</td>
<td>84%</td>
</tr>
<tr>
<td>3.94</td>
<td>4.09</td>
<td>87%</td>
</tr>
<tr>
<td>3.02</td>
<td>3.03</td>
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<td>98%</td>
</tr>
<tr>
<td>5.89</td>
<td>0.01</td>
<td>93%</td>
</tr>
<tr>
<td>4.31</td>
<td>0.93</td>
<td>91%</td>
</tr>
<tr>
<td>3.05</td>
<td>2.68</td>
<td>98%</td>
</tr>
<tr>
<td>0.20</td>
<td>2.06</td>
<td>74%</td>
</tr>
</tbody>
</table>

Safe staffing was maintained by RN Vacancies, HCSW Vacancies, and Bed occupancy August.

- ↑ indicates an increase.
- ↓ indicates a decrease.
Appendix 2 Staffing Issues

- At the end of September 2019, there were 37.31 WTE RN vacancies in in-patient areas. These vacancies have increased by 3.87 WTE from the August 2019 position. A majority of these vacancies continue to be within Wards 2, 3, 5, 7 and the Darwin Centre who each have more than 3.00 WTE RN vacancies. The overall vacancy figure does continue to show a positive reduction throughout this financial year, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these RNs. The Trust continues to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of September 2019, there were 18.74 WTE HCSW vacancies reported within our in-patient wards. This is a slight increase of 0.14 WTE from August 2019. A majority of these vacant posts are within wards 2, 3, 7 & the Darwin Centre and were created following the transaction of Safer Staffing establishment recommendations from the April 2018 Annual Safer Staffing Report. We are continuing to actively recruit to these posts. We currently have a number of candidates who are awaiting start dates, as well as a number of scheduled interviews; we therefore expect to see our HCSW vacancy levels reduce over the next few months. We are also enhancing the opportunities for HCSW’s to join the Trust as part of an apprenticeship programme. Additionally the Acute & Urgent Care Directorate have been given approval to over-recruit to HCSW posts in the short term.

- RN day shift cover remained challenging during September 2019. Ward 5 had the lowest RN day shift fill rate in September at 58.2%; this was due to an increase in RN vacancy and sickness absence. We did however see improvements in RN fill rates in eight of our ward inpatient areas in September 2019. This was due in part to a continued reduction of acuity at Assessment and Treatment.

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

- RN night shift cover remained challenging during September 2019 however, it should be noted that following the realignment of shifts in November 2018 the majority of wards now have 2 RNs on nights within their roster template. It is the 2nd night shift RN that continues to impact on the night RN fill-rate. In addition the Assessment and Treatment Unit reintroduced 2 RN’s on nights having reduced this to 1 RN during a period of reduced occupancy in August 2019.

- Eleven wards experienced an increase in occupancy and two wards had a decrease in occupancy during September 2018. Patient acuity remained high within
the Adult Acute wards and the Darwin Centre where there have been high levels of enhanced observations.

- Staffing data for Dragon Square Specialist Children’s Short Breaks Service is included in this report for information purposes and is reported independently to the NHS Digital submission. This is due to the differences between this service and an inpatient ward and will ensure the reliability of data reporting for our inpatient areas. Occupancy levels for the Short Breaks Service fluctuate frequently, this can often occur at very short notice. As a result staffing levels are always managed to reflect the level of support required and it is not always possible to flex the requirement downward in the report when these changes occur.
# REPORT TO OPEN TRUST BOARD

**Enclosure No: 7**

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>28th November 2019</th>
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</thead>
<tbody>
<tr>
<td><strong>Title of Report:</strong></td>
<td>Q2 2019-2020 Mortality Surveillance Report</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Dr Dennis Okolo, Associate Medical Director</td>
</tr>
<tr>
<td>Author:</td>
<td>Rose Melnik, Joanne Milgate, Lesley Whittaker</td>
</tr>
<tr>
<td>Executive Lead Name:</td>
<td>Dr B Adeyemo. Executive Medical Director</td>
</tr>
</tbody>
</table>

## Executive Summary:

This report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years. Also included is a review of deaths investigated under the Serious Incident policy.

**Seen at:**
- SLT
- Execs

**Committee Approval / Review**
- Quality Committee ☒
- Finance & Performance Committee ☐
- Audit Committee ☐
- People, Culture & Development Committee ☐
- Charitable Funds Committee ☐
- Business Development Committee ☐
- Primary Care Integration Programme Board ☐

**Strategic Objectives**
(please indicate)

1. To enhance service user and carer collaboration. ☐
2. To provide the highest quality, safe and effective services ☒
3. Inspire and implement innovation and research. ☒
4. Embed an open and learning culture that enables continual improvement. ☐
5. Attract, develop and retain the best people. ☐
6. Maximise and use our resources effectively. ☐
7. Take a lead role in partnership working and integration. ☐

**Risk / legal implications:**
- Risk Register Reference: Nil

**Resource Implications:**
- Nil

**Funding Source:**
- Nil

**Diversity & Inclusion Implications:**
(assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance
- Issues relating to Equality, Diversity and Inclusion were not identified during the Mortality Surveillance process or the writing of this report

**STP Alignment / Implications:**
- Nil

**Recommendations:**
- To receive for assurance

**Version**
<table>
<thead>
<tr>
<th>Name/group</th>
<th>Date issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CSIG</td>
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1. Introduction

In 2017 the National Quality Board published new guidance on learning from deaths. As a result there is a need to ensure that the Trust can be confident that all unexpected deaths are reported and investigated appropriately. Additionally, information contained within its databases must be accurate and comply with the Trust standard of transparency and accountability. This report is for the Q2 reporting period 2019/20 and provides information for the time frame July to September 2019.

2. Trust reporting and data collection

The table below shows the number of deaths reported monthly during Q2. These deaths will be reviewed by the mortality surveillance group following completion of the investigation process.

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of deaths recorded on Lorenzo</th>
<th>Total number of deaths – out of service</th>
<th>Reported as SI</th>
<th>Open to services at the time of death- natural causes</th>
<th>Substance Misuse Deaths</th>
<th>LD deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>North Staffs</td>
<td>Stoke Staffs</td>
</tr>
<tr>
<td>July 2019</td>
<td>24</td>
<td>15</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aug 2019</td>
<td>19</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sept 2019</td>
<td>18</td>
<td>10</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>1</td>
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</tbody>
</table>

NB. Substance Misuse deaths may be included in the Lorenzo column if the person is also open to mental health services.

During Q2 the mortality surveillance group reviewed the care of 16 people; meetings took place on 9th July, 6th August and 3rd September 2019). The analysis of these deaths is shown in the table below.

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Identifier</th>
<th>Death category</th>
<th>Level of care</th>
<th>Death occurred as a result of problems in healthcare?</th>
<th>DoC applies</th>
<th>Domain</th>
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<tbody>
<tr>
<td>July 2019</td>
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<td>UN1 Unexpected Natural</td>
<td>4. Good Care</td>
<td>No</td>
<td>No</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>27255</td>
<td>UN1 Unexpected Natural</td>
<td>3. Adequate Care</td>
<td>No</td>
<td>No</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>27423</td>
<td>UN1 Unexpected Natural</td>
<td>4. Good Care</td>
<td>No</td>
<td>No</td>
<td>Mental Health</td>
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<tr>
<td>August 2019</td>
<td>21768</td>
<td>UN2 Unexpected Natural</td>
<td>4. Good Care</td>
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<td>No</td>
<td>Physical Health</td>
</tr>
<tr>
<td></td>
<td>22921</td>
<td>UN2 Unexpected Natural</td>
<td>3. Adequate Care</td>
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<td>No</td>
<td>Drugs &amp; Alcohol</td>
</tr>
<tr>
<td></td>
<td>24235</td>
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<td>3. Adequate Care</td>
<td>No</td>
<td>No</td>
<td>Physical Health</td>
</tr>
<tr>
<td></td>
<td>26056</td>
<td>UN2 Unexpected Natural</td>
<td>4. Good Care</td>
<td>No</td>
<td>No</td>
<td>Drugs &amp; Alcohol</td>
</tr>
<tr>
<td></td>
<td>25458</td>
<td>UN1 Unexpected Natural</td>
<td>4. Good Care</td>
<td>No</td>
<td>No</td>
<td>Physical Health</td>
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<tr>
<td></td>
<td>26650</td>
<td>EN1 Expected Natural</td>
<td>3. Adequate Care</td>
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<td>No</td>
<td>Learning Disability</td>
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</table>
The definitions for the death category are shown below:

- **EN1 - Expected Natural** - Deaths that were expected to occur in an expected timeframe e.g. terminal illness.
- **EU - Expected Unnatural** - Deaths that are expected but not from the cause expected or timescale e.g. misuse of drugs, alcohol dependant, eating disorders.
- **UN1 – Unexpected Natural** - Death from natural causes e.g. sudden cardiac condition, stroke.
- **UN2 – Unexpected Natural** - Death from natural causes but didn’t need to be e.g. alcohol and drug dependency, care concerns.
- **UU – Unexpected Unnatural** - Suicide, homicide, abuse/neglect – investigation to be completed under the Serious Incident Framework.

There is no national guidance on the criteria for the level of care determination. However the mortality surveillance group considered that good care had been provided where there was evidence of the staff providing a good level of support, had responded quickly and appropriately to situations where deterioration in physical health was noted. Adequate care is determined to be care where the basic standards of expected support are given. Poor Care is determined where the group consider that the actions of the clinicians did not meet the standards required by the Trust.

In part these determinations are dependent upon the quality of the documentation contained within the mortality surveillance review tools and the electronic patient records. Feedback to the directorate/team on the quality of documentation is sent to the clinical teams in order to improve future entries in the patient records.

Care was assessed as being adequate for the following cases, due to the following reasons:

- **27255**: During the x2 daily handovers staff have been asked to consider locations of planned medical review and any transportation needed – this is an assurance check as this should already be on the electronic caseload board which is transcribed onto the daily workload sheet – team have been asked to ensure full plans are updated on every contact in order that this process is improved.
- **22921**: Self referred however did not attend or engage with IAPT. Patient was not known to One Recovery despite cause of death being alcohol related.
- **24235**: The patient was not known to services at the time of death
- **26650**: The group noted that this person was well supported by the community team, however the care plan and risk assessment were out of date at the time care was being provided. Jackie Wilshaw has followed this up with the care team manager and the service manager.
25589: Patient had continued support by psychology and OT services, despite poor engagement. Inquest verdict – unascertained – no suspicious circumstances.

27032: High Volume User (HVU); Patient had a history of pancreatitis and alcohol abuse. Team made several attempts to contact patient and then contacted GP for more contact details when unsuccessful.

3. LeDeR

The Trust is required to report all deaths of people with Learning Disabilities to a national reviewing board based at the University of Bristol. The deaths are then allocated to regional offices for review. To ensure oversight of all deaths of people known to the Trust, the decision was made to include the deaths of people with Learning Disabilities in the mortality surveillance process.

During Q2, the mortality surveillance group received 3 reports relating to the care of people with Learning Disabilities. In each case the deaths were recorded as expected and natural as the people were in receipt of palliative care and the care was determined to be adequate or good.

4. Conclusion

The Trust continues to monitor the deaths of people whose deaths are outside of the Serious Incident process. The monthly Mortality Surveillance Group receives and reviews investigations in order to provide assurance as to the quality of the care provided by the Trust. The group identifies any learning from the reviews and offers recommendations for practice when required. In the deaths reviewed during Q2, there was no evidence of deficits in the healthcare provided by the Trust which may be considered to have contributed to the death of any individuals.
REPORT TO OPEN TRUST BOARD

Enclosure No: 8

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>28th November 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Report:</td>
<td>Mental Health Act Compliance Action Plan Quarterly Report Quarter 1 &amp; Quarter 2 - 2019 / 20</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Dr D Okolo, Associate Medical Director</td>
</tr>
<tr>
<td>Author:</td>
<td>Samantha Dawson, Mental Health Law Manager</td>
</tr>
<tr>
<td>Executive Lead Name:</td>
<td>Dr Buki Adeyemo, Executive Medical Director</td>
</tr>
</tbody>
</table>

**Executive Summary:**

This report updates the Board on a series of MHA monitoring visits undertaken by the CQC to the Trust. The CQC in carrying out its monitoring role undertook a series of unannounced visits and met with patients. Their visits have focussed on protecting patients' rights and autonomy.

<table>
<thead>
<tr>
<th>Committee Approval / Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Committee ☒</td>
</tr>
<tr>
<td>Finance &amp; Performance Committee ☐</td>
</tr>
<tr>
<td>Audit Committee ☐</td>
</tr>
<tr>
<td>People, Culture &amp; Development Committee ☒</td>
</tr>
<tr>
<td>Charitable Funds Committee ☐</td>
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<td>Business Development Committee ☐</td>
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<td>Primary Care Committee ☐</td>
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<table>
<thead>
<tr>
<th>Strategic Objectives (please indicate)</th>
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<tbody>
<tr>
<td>1. To enhance service user and carer collaboration ☒</td>
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<tr>
<td>2. To provide the highest quality, safe and effective services ☒</td>
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<tr>
<td>3. Inspire and implement innovation and research. ☐</td>
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<td>4. Embed an open and learning culture that enables continual improvement. ☐</td>
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<td>5. Attract, develop and retain the best people. ☐</td>
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<td>6. Maximise and use our resources effectively. ☐</td>
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<td>7. Take a lead role in partnership working and integration. ☐</td>
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<th>Risk / legal implications:</th>
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<td>Risk Register Reference:</td>
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<th>Diversity &amp; Inclusion Implications: (Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&amp;I Guidance</th>
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<tbody>
<tr>
<td>Issues relating to Equality, Diversity and Inclusion were not identified during the compilation of this report regarding CQC MHA visits to the Trust.</td>
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Front Sheet Template V11 15.05.19
1. Introduction

The Care Quality Commission (CQC) has a duty as the regulatory authority under the Mental Health Act 1983 (MHA) to monitor how mental health services exercise their powers and discharge their duties when patients are detained under the MHA or are subject to Community Treatment Orders (CTO). In carrying out its monitoring role the CQC will carry out a series of unannounced visits and meet with patients. They focus on protecting patients’ rights and autonomy.

During the year the CQC exercised its function in this regard by carrying out unannounced Mental Health Act reviewer assurance visits to Trust services.

The purpose of this briefing paper is to provide an overview of the services visited, to highlight the key learning from those visits and an overarching summary of the actions taken to date to improve compliance with the MHA.

2. Focus

Dates of visits to Trust services during Quarter 1 & Quarter 2, 2019/2020:

- Ward 5 10.04.2019
- PICU 19.06.2019
- Summers View 26.06.2019
- Ward 3 11.07.2019
- Darwin Centre 22.07.2019
- Assessment and Treatment 24.07.2019
### 3. Summary Table of Findings From Each Visit

<table>
<thead>
<tr>
<th>Service</th>
<th>Consent / Competence / capacity assessments to treatment</th>
<th>Section 17 leave</th>
<th>Section 132 – patient rights.</th>
<th>Seclusion / Long Term Segregation</th>
<th>Blanket Restrictions / least restrictive and maximising independence</th>
<th>Guiding Principles Respect and Dignity – Purpose and Effectiveness</th>
<th>Environment</th>
<th>Section 61 Reports to CQC</th>
<th>Medical Treatment include Psychological Interventions</th>
<th>Care plans – lack of evidence of patient involvement</th>
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</thead>
<tbody>
<tr>
<td>Ward 5</td>
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<td>Summers View</td>
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<td>Ward 3</td>
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<td>Darwin Centre</td>
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<td>Assessment and Treatment</td>
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</table>
4. High Level Summary Outcome of Each Visit

- **Seclusion / Long Term Segregation:**
  - The restrictions imposed on during the visit was deemed to constitute conditions amounting to long term segregation as defined in chapter 26 of the MHA Code of Practice.
  - All areas of review for seclusion were inadequately recorded.
  - Privacy and dignity – in the en-suite area of seclusion.

- **Environment:**
  - Patients should be offered treatment and care in environments that are safe for them, staff and any visitors and are supportive and, therapeutic.

- **Section 61 Reports to CQC:**
  - Patients subject to a SOAD certificate for treatment require completion of a report under Section 61 at the point of each extension of detention.

- **Guiding principles of the MHA:**
  - **Respect and Dignity:**
    - Patients and carers should be treated with respect and dignity. Practitioners performing functions under the Act should respect the rights and dignity of patients and their carers; while also ensuring their safety and that of others.
    - Any restrictions should be the minimum necessary to safely provide the care or treatment required having regard to whether the purpose for the restriction can be achieved in a way that is less restrictive of the person’s rights and freedom of action.
  - **Purpose and Effectiveness:**
    - A safe and therapeutic culture should be provided for all people receiving treatment for a mental disorder including those who may present with behavioural disturbance.
    - Following any episode of acute behavioural disturbance that has led to the use of a restrictive intervention, a post-incident review or debrief should be undertaken so that involved parties, including patients, have appropriate support and there is opportunity for organisational learning. It is important that patients are helped to understand what has happened and why. Patients with limited verbal communication skills may need support to participate in the post incident review or debriefing.

- **Consent / Competence Capacity assessments for Treatment:**
  - Record of detail of discussion regarding consent / competence for patient to be treated from the point of admission.
  - Assessment of capacity not completed where a person lacked capacity to consent to mental health act treatment.
  - As capacity relates to specific matters and can change over time, capacity should be reassessed as appropriate over time and in respect of specific treatment decisions. Decision-makers should note that the MCA test of capacity should be used whenever assessing a patient’s capacity to consent for the purposes of the Act (including, for instance, under section 58 of the Act).
  - Where a patient was being treated under section 63 of the MHA we were unable to locate a discussion around informed consent or consideration of a mental capacity assessment.

- **Blanket restriction / least restrictive and maximising independence:**
  - Factors which may contribute to behavioural disturbance and which should be considered within assessments include, lack of clear communication by staff with patients, the excessive or unreasonable application of demands and rules, inconsistent care.

- **Section 132 Patient Rights:**
  - Although patients appeared to be aware of their legal status the records we reviewed showed staff had not documented that they had provided information in line with section 132 of the MHA.
• Care Plans:
  o Patients should be given the opportunity to be involved in planning, developing and reviewing their own care and treatment to help ensure that it is delivered in a way that is as appropriate and effective for them as possible. Wherever possible, care plans should be produced in consultation with the patient.

• Section 17 leave:
  o Evidence that leave was authorised on the basis of a risk assessment.
  o Leave of absence can be an important part of a detained patient’s care plan, but can also be a time of risk.
  o When considering and planning leave of absence, responsible clinicians should:
    ▪ consider the benefits and any risks to the patient’s health and safety of granting or refusing leave
    ▪ consider the benefits of granting leave for facilitating the patient’s recovery
    ▪ balance these benefits against any risks that the leave may pose for the protection of other people (either generally or particular people) ...

• Medical Treatment includes Psychological Therapies:
  o In the Act, ‘medical treatment’ includes nursing, psychological intervention and specialist mental health habilitation; rehabilitation and care.

• Other: Concerns raised by patient:
  o “does not feel ready to be discharged as feels unsafe, feels discharge is rushed and feels has not been listened to, during ward review”.

5. Learning and Action

Individual responses are sent to the CQC for each service visited with detailing actions and timescales for completion.

While specific action has been taken in response to individual visits, general learning points have been shared across the Trust in order to raise awareness and continue to improve practice.

<table>
<thead>
<tr>
<th>Seclusion / Long Term Segregation</th>
<th>The Trust has reviewed and updated the Seclusion and Long Term Segregation Policy in-line with the Mental Health Act Code of Practice, to increase direction to staff regarding the implementation and review of Long Term Segregation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The reviewed policy will be shared and implemented with all staff following sign off and approval.</td>
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<tr>
<td>Section 61 Reports</td>
<td>Section 61 reports to be distributed and completed for the patients two months prior to expiry of current section when the mental health law team are requesting the RC to consider Section 20 renewal, they will also include a request for the ‘Section 61 Review of Treatment Form’ to be completed by the RC and returned with the renewal paperwork to the team for processing back to CQC.</td>
</tr>
</tbody>
</table>
| Consent / Competence to treatment at the point of admission | 2019-2020 – Trust Board Assurance Framework includes ‘Every patient can expect Mental Health Law Compliance’; this specifically includes performance measures to monitor Consent. Listening into Action – A Big Conversation – ‘Consent’ held in April 2019 and quality improvement project is underway to ensure the required improvements are made. The measures will include:
  o Evidence of the specific decision for which capacity is assessed.
  o Evidence of the steps taken to promote individuals ability to decide for |
<table>
<thead>
<tr>
<th>Briefing note: MHA Assurance Visits – 2019/2020</th>
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<tr>
<td>• LIA process completed on 13\textsuperscript{th} November 2019.</td>
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<tr>
<th>Section 17 Leave</th>
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<tr>
<td>• 2019-2020 – Trust Board Assurance Framework includes ‘Every patient can expect Mental Health Law Compliance’; this specifically includes performance measures to improve compliance with regards to Section 17 Leave. Listening into Action – A Big Conversation – ‘Section 17 Leave’ is due to be held on 27\textsuperscript{th} November 2019. Following this a quality improvement project will be underway to ensure the required improvements are made.</td>
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<tr>
<th>Section 132 Patient Rights</th>
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<tr>
<td>• All Staff have been reminded that all patients must be informed of their rights, detained or informal, upon admission to the ward, both verbally and in writing. Each attempt whether successful or not must be recorded in Lorenzo on Form L3 within the mental health act element of the care plan pathway.</td>
</tr>
<tr>
<td>• If staff have concerns regarding the person’s capacity to retain or understand their Rights this should be revisited each shift and communicated within the ward diary and at handover and consideration given to making a referral to the IMHA service.</td>
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<tr>
<td>• Patient Rights will be repeated as in Trust Policy.</td>
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6. Recommendations

- To receive for information and assurance purposes as required.
- To note that actions are monitored by the Mental Health Law Governance Group, alongside consideration of any emerging themes and trends.
## Executive Summary

The Psychological Professions Strategy is the result of several engagement and consultation events with key stakeholders (including staff, students, trainees and service users) conducted over the previous months. The strategy sets out the vision for psychological professions in the Trust underpinned by six high level themes and primary objectives:

1. We will ensure that all service user and carer contact across the Trust is psychologically informed.
2. We will ensure that all psychological practice is caring, responsive, effective, well led, safe, compassionate and cost-effective.
3. We will support, value and develop our staff to deliver the highest quality care.
4. We will develop career pathways to attract, develop and retain our staff – underpinned by a continuing focus on promoting equity, diversity and inclusivity.
5. We will raise the profile of our activities in developing, delivering, leading, managing, and improving the quality of psychological services provided by the Trust.
6. We will identify, pursue and engage in research and innovation opportunities.

These will form the basis for workstreams to operationalise and implement the strategy vision from 2020. The strategy will be reviewed on a three-yearly cycle commencing 2022. Progress will be monitored through updates to the Psychological Professions Advisory Group, Professional Leadership Advisory Group and MACE.

## Purpose of report

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Approval</th>
<th>Information</th>
<th>Discussion</th>
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## Committee Approval / Review

- Quality Committee ✗
- Finance & Performance Committee
- Audit Committee
- People, Culture & Development Committee ✗
- Charitable Funds Committee
- Business Development Committee
- Primary Care Committee

## Strategic Objectives

(please indicate)

1. To enhance service user and carer collaboration ✗
2. To provide the highest quality, safe and effective services ✗
3. Inspire and implement innovation and research. ✗
4. Embed an open and learning culture that enables continual improvement. ✗
5. Attract, develop and retain the best people. ✗
6. Maximise and use our resources effectively.
7. Take a lead role in partnership working and integration.

| Risk / legal implications: Risk Register Reference | Development and implementation of the Psychological Professions Strategy is referenced in the Trust risk register (Risk No. 1313). |
| Resource Implications: | Design and production of the strategy document for dissemination to staff. Event launch of the strategy with staff. Funding requirements are covered by the Head of Psychology budget. |
| Funding Source: | Diversity and inclusion are considered throughout the strategy. Widening access to participation, ensuring equitable access to opportunities and promoting diversity in the psychological professions workforce are key considerations in the proposed strategy. |
| Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&I Guidance | |
| STP Alignment / Implications: | |
| Recommendations: | Receive the Psychological Professions Strategy for assurance |
| Version | Name/group | Date issued |
Outstanding
Our journey continues...

Psychological Professions @ North Staffs Combined Healthcare NHS Trust

Our three year strategy 2020 vision and beyond
Psychological Professions @ North Staffordshire Combined Healthcare NHS Trust

Our three year strategy - 2020 vision and beyond

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<td></td>
<td>Theme Two: We will ensure that all psychological practice is caring, responsive, effective, well led, safe, compassionate and cost-effective</td>
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<td>Theme Three: We will support, value and develop our staff to deliver the highest quality care</td>
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<td>Theme Four: We will develop career pathways to attract, develop and retain our staff – underpinned by a continuing focus on promoting equity, diversity and inclusivity.</td>
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<td>Theme Six: We will identify, pursue and engage in research and innovation opportunities</td>
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<td>4</td>
<td>Next Steps</td>
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<td>5</td>
<td>Quality Improvement</td>
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1. Foreword

Our staff possess highly specialist skills in psychological assessment and deliver evidence-based therapies and interventions across a wide range of services in the Trust and through an increasing number of service level agreements with partner organisations.

In addition, staff are actively involved in promoting and sharing psychological knowledge and skills with others through teaching, training, consultation and clinical supervision. Many of our staff are also highly skilled and experienced in service development, change management, service evaluation, clinical audit and research.

The NHS Long Term Plan and Mental Health Implementation Plan both recognise the invaluable contribution that psychological professions can make to the delivery of high quality mental health care. In the face of changing demand in the NHS and a need to move from an over-reliance on inpatient care to integrated, locality based services – our staff’s expertise in delivering person-centred, evidence-based care as clinical leaders and practitioners is key to ensuring the sustainability and success of new care models.

Underpinning the NHS Long Term Plan, the Interim NHS People Plan sets its primary aim as ‘Making the NHS the best place to work’ and adopts a model from psychology which describes the needs underpinning the wellbeing and motivation of staff to guide this workstream.

Self-Determination Theory (Deci & Ryan) identifies three core needs that people have at work:

- The need for relatedness – being a valued member of your team and organisation
- The need for competence/effectiveness – being supported to grow and develop your skills in response to the challenges you face at work
- The need for autonomy and control in the workplace – being able to control your working environment and ensure the work you are doing is consistent with your values and professional integrity

This strategy sets out our vision to promote integration and strengthen team-based working, to support, develop and grow our workforce, to enable staff to make best use of their skills, to maximise the contribution of the psychological professions workforce to improving the mental health and wellbeing of our local population and in so doing make Combined Healthcare the best place to work.

Dr. Matt Johnson
Head of Psychology
2. Directorate Leads

We have Directorate Lead Psychologists across our four directorates. Their directorates and teams within them are shown below:

Dr. Stephanie Hutton – Stoke Community
- CMHT – Sutherland Centre
- CMHT – Greenfields
- Parent and Baby
- Older People
- CAMHS – North & South Stoke
- Adult ASD Assessment
- IAPT – Healthy Minds

Gill Cooke – Specialist Services
- Neuropsychology
- Clinical Health Psychology
- Paediatric Psychology
- Probation
- Adult Rehab
- Learning Disabilities
- CAMHS Inpatient

Dr. Ruth Richards – North Staffs Community
- CMHT– Lymebrook
- CMHT – Ashcombe
- Older People
- Early Intervention
- CAMHS – Newcastle
- CAMHS – ASD
- CAMHS – LAC
- CAMHS – Eating Disorder
- IAPT – Wellbeing

Dr. Sarah Lunt – Acute and Urgent Care
- Acute Adult Inpatient
- PICU
- Mental Health Liaison
- Older People Inpatient
- Access
- Home Treatment
- High Volume Users
3. Vision

Combined Trust vision, values and quality priorities

The Trust’s core purpose is to improve the mental health and wellbeing of our local population, some 464,000 people living across North Staffordshire and Stoke-on-Trent. Our strategic aim, as one of the main providers of care, is to deliver an evidence-based model of care, which is appropriate to our service user needs and focuses on wellbeing and ongoing recovery. We strive to be recognised as a centre of excellence in both integrated and specialist care, bringing innovative solutions to the services we deliver and the strategies we develop, embedding a culture of continuous learning across our organisation, and supporting and inspiring others.

This is reflected in our vision, values and objectives. These guide not only how we deliver our services on a day-to-day basis, but also how we support and develop our people and our own organisation, how we manage and develop our partnerships and relationships with our service users, carers, families, stakeholders and each other, as well as our external stakeholders across the local health and care economy.

Our vision and values

Our vision is “To be Outstanding” - in ALL we do and HOW we do it.

Our vision is underpinned by our SPAR quality priorities - to provide services that are safe, personalised, accessible and recovery-focused. These guide all we do and are the benchmark against which we judge how we perform.

In delivering those services - as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE values - to be compassionate, approachable, responsible and excellent.
Psychological Professions Vision

“The psychological professions workforce at Combined will lead on and promote the use of high quality, evidence-based psychological knowledge and skills to improve the mental health and wellbeing of patients, their families, staff and the organisation.”

This strategy covers all professions and roles involved in the development and delivery of psychological services in the Trust and has been developed through consultation and engagement events with a wide range of stakeholders including:

- Registered practitioners drawn from the breadth of the psychological professions workforce
- Service users and carers
- Assistant Psychologists
- Trainee Clinical Psychologists
- Colleagues in Research and Innovation
- Executive Directors

Six key themes were identified which form the basis for our strategy:

1. We will ensure that all service user and carer contact across the Trust is psychologically informed.

2. We will ensure that all psychological practice is caring, responsive, effective, well led, safe, compassionate and cost-effective.

3. We will support, value and develop our staff to deliver the highest quality care.

4. We will develop career pathways to attract, develop and retain our staff – underpinned by a continuing focus on promoting equity, diversity and inclusivity.

5. We will raise the profile of our activities in developing, delivering, leading, managing, and improving the quality of psychological services provided by the Trust.

6. We will identify, pursue and engage in research and innovation opportunities.
Theme One: We will ensure that all service user and carer contact across the Trust is psychologically informed.

We will achieve this by…

- Sharing, developing and strengthening psychological knowledge and skills with colleagues through strong multi-disciplinary working.
- Providing supervision, consultation, teaching, training and reflective practice opportunities to colleagues.
- Highlighting and sharing examples of best practice.
- Leading on the teaching, training and implementation of psychologically informed care models e.g. DBT, Structured Clinical Management, Trauma-Informed approaches, Positive Behaviour Support and clinical supervision.
Theme Two: We will ensure that all psychological practice is caring, responsive, effective, well led, safe, compassionate and cost-effective.

We will achieve this by...

- Ensuring that all clinical practice is delivered in accordance with the professional practice guidelines of the British Psychological Society, Health & Care Professions Council, British Association for Behavioural and Cognitive Psychotherapy and other relevant bodies.
- Making best use of our staff to deliver equitable, accessible and inclusive services.
- Contributing to the development of new services and clinical pathways – ensuring due consideration is given to the evidence base and required skill mix for the provision of safe, effective, high quality psychological services.
- Engaging with service users and experts by experience in the recruitment of staff.
- Developing information for service users to promote their understanding of psychological services provided by the Trust.
We will achieve this by...

- Ensuring that all staff have a clearly defined job plan setting out the expectations of their role and providing dedicated time for CPD, research and personal development.

- Investing in our staff to ensure we deliver up-to-date, evidence-based assessments, interventions and therapies.

- Investing in our staff to develop the provision of specialist clinical supervision in the Trust.

- Developing a Trust wide CPD programme.

- Ensuring that staff have knowledge of and equitable access to appropriate CPD opportunities to enable them to develop their knowledge and skills.

- Developing opportunities for staff to engage, share best practice and learn from colleagues e.g., peer group supervision and mentoring.

- Embedding clear lines of communication to ensure that staff are fully informed of developments, information can be shared across Directorates and professional issues can be escalated.
Theme Four: We will develop career pathways to attract, develop and retain our staff – underpinned by a continuing focus on promoting equity, diversity and inclusivity.

We will achieve this by...

- Developing a workforce programme of opportunities for Honorary Assistant Psychologists to gain relevant work experience.
- Engaging with our academic partners in exploring opportunities for the training of staff in new roles such as Clinical Associate Psychologists.
- Maximising opportunities for the provision of core and specialist clinical placements for trainees and students.
- Offering posts as preceptorship opportunities where appropriate.
- Supporting staff at all levels to develop leadership and management skills.
- Contributing to workforce planning discussions at Team, Directorate, Trust and Regional levels to ensure that workforce profiles reflect staffing with the appropriate skills, knowledge and experience to meet local population needs and the requirements of the Mental Health Implementation Plan.
Theme Five: We will raise the profile of our activities in developing, delivering, leading, managing, and improving the quality of psychological services.

We will achieve this by...

- Holding an annual conference to share achievements and good practice.
- Holding an annual event for Trainee Clinical Psychologists and others to present the results of their service evaluations.
- Supporting staff to publish and present their work at local and national conferences.
- Promoting good news stories through regular updates to the Communications Team for inclusion in Team Brief, Newsround and social media channels.
- Developing our service, team and individual profiles on the Combined Access Tool (CAT) and Trust website.
- Using Twitter to promote the sharing of achievements, good practice, innovation and policy developments.
Theme Six: We will identify, pursue and engage in research and innovation opportunities.

We will achieve this by...

• Promoting the uptake of Good Clinical Practice (GCP) in research training across the workforce.

• Working with the Research and Innovation Steering Group to identify opportunities for staff to be involved in research and supporting staff to develop their own research ideas.

• Promoting opportunities for staff to act as Principal Investigator (PI) on National Institute for Health Research (NIHR) portfolio research projects.

• Contributing a psychological perspective to submissions at the Innovation Collaborative.

• Encouraging trainees to undertake their doctoral research in the Trust by extending the placement handbook to include supervisor research interests and activity.

• Exploring opportunities to increase the use of digital technologies in improving the efficiency, accessibility and performance of services.
How will we implement our strategy and achieve our vision?

• We will appoint a steering group to oversee the action plan and workstream for each of our strategic aims.

• All staff will have the opportunity to be involved in developing the action plan underpinning our strategy – driving forward and embedding change at all levels.

• We will make best use of digital technologies to promote and support engagement across the workforce.

• We will share best practice through clearly defined communication structures – ensuring a joined-up approach across all teams, services and Directorates.
5. Quality Improvement

How will we know how we are doing? How will progress be monitored and shared?

• Workstreams will provide progress updates to the Psychological Professions Advisory Group.

• We will seek feedback from staff via an annual survey to ensure we capture the views and experiences of the psychological professions workforce and MDT colleagues.

• We will produce an annual report against our objectives.

• We will share our progress and achievements at an annual conference during Mental Health Awareness week beginning on 20th May 2020.

• We will involve staff, service users and other stakeholders in reviewing and refreshing our strategy on a three yearly cycle beginning in 2022.
REPORT TO OPEN TRUST BOARD

Enclosure No: 10

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>28th November 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Report:</td>
<td>Quality Committee Summary Report</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Patrick Sullivan, Non-Executive Director</td>
</tr>
<tr>
<td>Author:</td>
<td>Laurie Wrench, Associate Director of Governance</td>
</tr>
<tr>
<td>Executive Lead Name:</td>
<td>Dr Olubukola Adeyemo, Medical Director</td>
</tr>
</tbody>
</table>

**Executive Summary:**

The attached assurance report describes the business and outputs from the last meeting of the Quality Committee.

<table>
<thead>
<tr>
<th>Seen at:</th>
<th>SLT</th>
<th>Execs</th>
<th>Approved by Exec</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Committee Approval / Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Committee ☒</td>
</tr>
<tr>
<td>Finance &amp; Performance Committee ☐</td>
</tr>
<tr>
<td>Audit Committee ☐</td>
</tr>
<tr>
<td>People, Culture &amp; Development Committee ☐</td>
</tr>
<tr>
<td>Charitable Funds Committee ☐</td>
</tr>
<tr>
<td>Business Development Committee ☐</td>
</tr>
<tr>
<td>Primary Care Committee ☐</td>
</tr>
</tbody>
</table>

**Strategic Objectives**

1. To enhance service user and carer collaboration ☒
2. To provide the highest quality, safe and effective services ☒
3. Inspire and implement innovation and research. ☒
4. Embed an open and learning culture that enables continual improvement. ☒
5. Attract, develop and retain the best people. ☒
6. Maximise and use our resources effectively. ☒
7. Take a lead role in partnership working and integration. ☒

**Risk / legal implications:**

To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.

<table>
<thead>
<tr>
<th>Risk Register Reference</th>
</tr>
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**Resource Implications:**

None highlighted

<table>
<thead>
<tr>
<th>Funding Source:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Diversity &amp; Inclusion Implications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups. See wider D&amp;I Guidance</td>
</tr>
<tr>
<td>None highlighted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STP Alignment / Implications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil as part of this report</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive for assurance purposes and ratify policies highlighted</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Version</th>
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<tbody>
<tr>
<td>Name/group</td>
</tr>
</tbody>
</table>

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Front Sheet Template V11 15.05.19
Key points from the Quality Committee meeting held on 7th November 2019 for the Trust Board meeting on 27 November 2019

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

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

2a Reports:

✓ **Learning from Experience Report: July and August 2019** - Summary report detailing patient related incidents / events and action and learning).

✓ **Trust Unannounced Assurance visits** – The report provided an overview of areas visited in Q2 (North Staffordshire Older Person’s Community Team, Edward Myers Unit community CDAS Team and Hope Street CDAS team) and identifies areas of good practice and makes recommendations to support on-going improvement. There were some challenges identified during the visit to EMU; therefore, the scope of the visit was widened to teams based at Hope Street and Broad Street. The findings from the Broad Street visit highlighted environmental concerns and urgent action was been taken by the Director of Operations. The feedback from service users was overwhelmingly positive, as was the service’s approach to providing recovery focused care.

✓ **CCG Led Quality Visits** – Summary of visits during Q2 to teams including Sutherland Centre and Edward Myers Unit. The report acknowledged notable good practice.

✓ **Service User led Observe and Act Visits** – These visits are ongoing and service user led, designed to review the clinical environment from a service user’s perspective.

✓ **IQPR M6 2019/20** – There were 18 RAG rated measures that had achieved target and 15 that did not achieve the target and highlighted as exceptions. There are 3 special cause variations (orange variation flags – signifying concern) and 14 special cause variations (blue variation flags - signifying improvement)

✓ **Quality Committee Risk Register 12+** - Members discussed and agreed the risks contained within the Trust Risk Register that fall under the portfolio of the Quality Committee. It was noted that a new risk number 1313 has been added re: Psychological Therapies.

✓ **Safeguarding Children Board Changes** —The new arrangements have significantly reduced members and exclusion of providers and this is concerning. The Trust will engage with partners to help establish a clearer governance process through the Assistant CEO.
Psychology Professions Strategy – The strategy sets out the vision for psychological professions in the Trust underpinned by six high level themes and primary objectives. This was approved by the Committee.

Directorate Reports / Balance Scorecards - Directorate reports were discussed by the Committee. Areas of good practice highlighted and areas of continued improvement noted.


Staff Satisfaction Survey with the Implementation of the Smoke Free Policy 2018-19 - This report details the findings of a staff survey which was undertaken to ascertain the level of satisfaction with the Trust’s Smoke Free programme. The aim was to help identify any areas for improvement or innovations for future implementation through the work of the Smoke Free Task and Finish Group, which will continue to meet.

Ward 1 Appreciative Inquiry report - The report provides the updated plan (September 2019) and details progress against each action and evidence of assurance where applicable.

Safe Staffing Mid-Year report - The 2019 Mid-Year Safer Staffing Review is a follow up from the 2018 Annual Review and a requirement of the NQB Safer Staffing Guidance (2016). This review focuses on the progressions of workforce plans from the 2018.

Safe Staffing Report September 2019 - The paper outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during September 2019 in line with the National Quality Board requirements.

Restrictive Practice Q2 Report - The report provided information regarding the arrangements and systems in place to monitor the use of physical restraint, seclusion and rapid tranquillisation within the inpatient services of the Trust.

Serious Incidents Review Survey Report – The report provides analysis of the completed questionnaires undertaken by the Clinical Audit department.

Policy report – the recommendations approved by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise, were noted as follows:
- Safeguarding Adults at Risk Policy
- SOP Archiving of Essential Study Documents for Research HOSTED at NSCHT
- SOP Gaining Trust Authorisation of Amendments for Research HOSTED at NSCHT
- SOP Use and Completion of EDGE for Research Hosted at NSCHT
- SOP Acamprosate Prescribing in Substance Misuse
- SOP Disposal of Pharmaceutical Waste
- SOP Prison Referral
- SOP Naloxone
- SOP BBV Vaccine PGD
- Management of Challenging Behaviours Policy
• PGD Policy
• Controlled Drugs Policy
• The Management of Depot Long-Acting Injections (LAI) within Community Mental Health Services
• SOP 067 Standard Operating Procedure to ensure women prescribed valproate are aware of risks
• Non-Formulary, Off-Label and Unlicensed Medicines Policy
• SOP Issuing of FP10 Prescriptions in Community Settings
• SOP Prescribing on SystmOne within HMP Stoke Heath
• SOP Supply of Clozapine to Patients Registered with the POCBA Clinic
• 4.25 Consent Policy

Virtual approval post meeting
• SOP to ensure women prescribed valproate are aware of risks (Trust wide new SOP)
• Non-Formulary, Off-Label and Unlicensed Medicines Policy (previously an appendix to the old medicines policy, now standalone policy)

2c The following reports were received for information:

✓ Board Assurance Framework Q2 2019/20
✓ Safe Staffing report – August 2019
✓ Infection, Prevention and Control report Q2 2019/20
✓ Serious Incidents Q2 2019/20

3. Next meeting:
9 January 2020

Committee Chair, Mr Patrick Sullivan, Non-Executive Director
18 November 2019
REPORT TO PUBLIC BOARD

Enclosure No: 11

Date of Meeting: 28th November 2019
Title of Report: Improving Quality & Performance Report [IQPR] Month 06
Presented by: Lorraine Hooper, Director of Finance, Performance & Estates
Author: Victoria Boswell, Associate Director of Performance
Executive Lead Name: Lorraine Hooper, Director of Finance, Performance & Estates

Executive Summary:

In M4 the Trust implemented its new Improving Quality and Performance Report (IQPR). This is designed to use both traditional measures regarding meeting a target as well as measure for improvement via the use of Statistical Processing Charts (SPC). SPCs measure variation and establish, by using statistical techniques, whether this variation is within normal expectations or outside of them. It allows the Trust to move to improvement measurement, identifying where there are positive changes as well as enabling the early detection of any issues which can then be worked on and resolved. This method of measurement is very different to the way the Trust has previously reported.

There are 16 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions.

There is 1 special cause variation (orange variation flags - signifying concern) and 7 special cause variations (blue variation flags - signifying improvement). There are 14 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value.

Committee Approval / Review

- Quality Committee
- Finance, Performance and Estates Committee
- Audit Committee
- People, Culture & Development Committee
- Charitable Funds Committee
- Business Development Committee
- Primary Care Committee

Strategic Objectives

(please indicate)

1. To enhance service user and carer collaboration
2. To provide the highest quality, safe and effective services
3. Inspire and implement innovation and research.
4. Embed an open and learning culture that enables continual improvement.
5. Attract, develop and retain the best people.
6. Maximise and use our resources effectively.
7. Take a lead role in partnership working and integration.
| **Risk / legal implications:**  
| **Risk Register Reference** | Performance Improvements Plans (PIPs) are in place for those measures that have not achieved target. In addition, they may be required for those measures are showing a special cause variation indicating concern. The PIPs require directorates to set out the issues, actions and a trajectory for improvement to mitigate any risks in achieving compliance and maintaining the standard required. |
| **Resource Implications:**  
| **Funding Source:** | A Data Quality Improvement Plan is agreed with commissioners as part of the 2019/20 Contract to address data quality issues that may impact on performance. |
| **Diversity & Inclusion Implications:**  
| **(Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&I Guidance** | The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. |
| **STP Alignment / Implications:** | None at the present time |
| **Recommendations:** | The Board is asked to:  
| | • Receive the report as outlined  
| | • Note the Management actions |
| **Version** | **Name/group** | **Date issued** |
| 1.1 | Public Board | 15/11/19 |
IQPR
Improving Quality and Performance Report
Month 6: September 2019/20
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### Statistical Process Control

- ............................................................................................................................ 21
1. Using Statistical process control (SPC)

Statistical process control (SPC) is a set of statistical methods based on the theory of variation that can be used to make sense of any process or outcome measured over time, usually with the intention of detecting improvement or maintaining a high level of performance.

Control charts plot historical data and include a central line for the average of the data, an upper line for the upper control limit, and a lower line for the lower control limit. SPC methodology enables the measurement of change from the mean within and beyond the control limits; this change can be positive or negative.

2. Highlights and Exceptions

There are 16 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions.

There is 1 special cause variation (orange variation flags - signifying concern) and 7 special cause variations (blue variation flags - signifying improvement). There are 14 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Met/Not Met</th>
<th>Variation</th>
<th>Assurance</th>
<th>Exception</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Referral to Treatment within 18 weeks</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>The target has been achieved in September at 92.2% following a dip in performance in M5.</td>
</tr>
<tr>
<td>2 - CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>The Trust has reported 100% compliance with this standard in 2019/20.</td>
</tr>
<tr>
<td>3 - CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>This standard has been achieved in over the last 12 months with performance in Q2 at 100%.</td>
</tr>
<tr>
<td>4 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>The target has been consistently achieved over the last 12 months. Performance has improved from 90.0% in M5 to 100% in M6.</td>
</tr>
<tr>
<td>5 - MH Liaison 1 Hour Response (Emergency)</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>The Liaison team has achieved the 1 hour response standard all year (with the exception of May 2019.) Performance is 100% in M6.</td>
</tr>
<tr>
<td>6 - MH Liaison 4 Hour Response (Urgent)</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>The Trust has met this standard since October 2018/19 and continues to achieve the target during 2019/20.</td>
</tr>
<tr>
<td>7 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)</td>
<td>G</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>Following a dip in performance against the 24 hour response standard from February 2019, the target has been achieved in M5 and M6.</td>
</tr>
<tr>
<td>8 - IAPT: Referral to Treatment (6 weeks)</td>
<td>G</td>
<td>P</td>
<td>?</td>
<td>?</td>
<td>The Trust continues to be highly performing against IAPT standards including the 6 week standard, and compares favourably when benchmarked nationally. Performance is 100% in M6.</td>
</tr>
<tr>
<td>9 - IAPT: Referral to Treatment (18 weeks)</td>
<td>G</td>
<td>P</td>
<td>?</td>
<td>?</td>
<td>The Trust continues to be highly performing against IAPT standards, including 18 week standards and has achieved 100% performance since April 2018.</td>
</tr>
<tr>
<td>Measure</td>
<td>Met/Not</td>
<td>Variation</td>
<td>Assurance</td>
<td>Exception</td>
<td>Narrative</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>-----------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10 - Care Programme Approach (CPA) 7 day Follow Up</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>The Trust continues to pro-actively monitor this national standard and the achievement of it. It is positive to note that 98% of all patients discharged were followed up within 7 days.</td>
</tr>
<tr>
<td>11 - Delayed Transfers of Care (DTOC)</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>There has been a known issue with the under recording of delayed transfers of care (DTOCs), now rectified in M5 and M6.</td>
</tr>
<tr>
<td>12 - Out of Area (OOA) - Total Adult Acute bed days - In Month</td>
<td></td>
<td></td>
<td></td>
<td>G</td>
<td>There were no out of area OBDs in September.</td>
</tr>
<tr>
<td>13 - PICU (OOA) - Total Bed Days (in month)</td>
<td></td>
<td></td>
<td></td>
<td>G</td>
<td>In M6 there are 30 bed days for one PICU patient placed out of area</td>
</tr>
<tr>
<td>14 - Under 18 Admissions to Adult Acute Wards</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>There were no under 18 year old young people admitted to adult wards in M6.</td>
</tr>
<tr>
<td>15 - CPA 12 Month Review Compliance</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>This standard has not been achieved for the last 4 months and performance has decreased from 94.5% in August to 92.2% in M6. There is a key focus on all Localities to ensure that the target is achieved in line with the trajectory to reach target in M7.</td>
</tr>
<tr>
<td>16 - IAPT : Recovery</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>The Trust continues to be highly performing against IAPT standards, including the recovery standard, and compares favourably when benchmarked nationally.</td>
</tr>
<tr>
<td>17 - Service Users on CPA in settled accommodation</td>
<td>G</td>
<td></td>
<td></td>
<td>F</td>
<td>Directorates are having a positive impact by working to ensure that when a service user is reviewed their status is updated on Lorenzo.</td>
</tr>
<tr>
<td>18 - Service Users on CPA in Employment</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo. There is an improvement from 6.7% in M5 to 7.6% in M6.</td>
</tr>
<tr>
<td>19 - Sickness Absence</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>Sickness absence remains significantly below the Trust’s target.</td>
</tr>
<tr>
<td>20 - Vacancy Rate</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>The vacancy rate reduced from 11.9% in M5 to 11.4% in M6.</td>
</tr>
<tr>
<td>21 - Staff Turnover</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>There has been a substantial improvement in staff turnover for the last 8 months to 11.6% in M6.</td>
</tr>
<tr>
<td>22 - % Year to Date Agency Spend compared to Year to Date Agency Ceiling</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>Agency spend continues to be 3% in M6. Agency as a whole is forecast to be within the ceiling by the end of the financial year, although this is becoming increasingly challenging.</td>
</tr>
<tr>
<td>23 - Clinical Supervision</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>Directorate action plans are in place to ensure that clinical supervision is recorded in a timely way. This is a key focus to be addressed in all teams. The expectation is that the standard will be achieved in M7.</td>
</tr>
<tr>
<td>24 - Appraisal</td>
<td>R</td>
<td></td>
<td></td>
<td>*</td>
<td>The expectation is that the standard will be met in M7 in line with the annual rolling programme for appraisals.</td>
</tr>
<tr>
<td>25 – Statutory / Mandatory Training</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>All directorates are above target. Work is ongoing to ensure the position is maintained.</td>
</tr>
</tbody>
</table>
Access and Waiting Times
G - Referral to Treatment within 18 weeks

A Higher Value Is Better

-- Context --
CCG and Trust indicator to ensure that service users referred receive timely treatment - based on time between referral and 2nd successful contact in current service users with an incomplete pathway.

-- Monthly Narrative (Key Issues and Actions) --
The target has been achieved in September at 92.2% following a dip in performance in M5.

Actions are in place in all community teams to ensure compliance and maintain the target going forward.

A deep dive and data cleanse is being undertaken in North Staffs teams and there is a particular focus on Stoke and Specialist Services where actions are in place to bring performance over target level. A Performance Improvement Plan will be put in place in any Directorate who has not achieved target in M7.

12 Month Trend

<table>
<thead>
<tr>
<th>Trust</th>
<th>North Staffs Community</th>
<th>Stoke Community</th>
<th>Specialist Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

92.2% 92.2% 84.6% 78.3%

FPE, Board, Board (Private) People Quality,

G - CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week

A Higher Value Is Better

-- Context --
National target - 1 Week or less from referral to entering a course of treatment under urgent ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as 2nd successful contact.

-- Monthly Narrative (Key Issues and Actions) --
The Trust has reported 100% compliance with this standard in 2019/20. NB There were no urgent referrals received during quarter 1 which would have been reported in June (they were all routine).
G - CYP: Eating Disorders - Referral to Assessment
(Routine) 4 Weeks
A Higher Value is Better

- Context --
  National target - 4 Weeks or less from referral to entering a course of treatment under routine ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as 2nd successful contact.

- Monthly Narrative (Key Issues and Actions) --
  This standard has been achieved in over the last 12 months with performance in Q2 at 100%.

---

G - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment
A Higher Value is Better

- Context --
  National target - 2 Weeks or less from referral to entering a NICE compliant course of treatment under EIP is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as 2nd successful contact.

- Monthly Narrative (Key Issues and Actions) --
  Performance has improved from 90.0% in M5 to 100% in M6.
### G - MH Liaison 1 Hour Response (Emergency)

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Responsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>97.0%</td>
<td>95.0%</td>
<td></td>
<td>Monthly</td>
<td>CCG</td>
</tr>
</tbody>
</table>

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**Context**
CCG measure - Of those who are emergency referrals, the percentage of which where the referrals is assessed and care plan in place, transferred, discharged or MHA commenced within 1 hour - emergency is classified as an unexpected, time critical situation that may threaten life, long-term health, or safety of an individual or others.

**Monthly Narrative (Key Issues and Actions)**
The Liaison team has achieve the 1 hour response standard all year (with the exception to May 2019.)

---

### G - MH Liaison 4 Hour Response (Urgent)

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Responsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>95.0%</td>
<td></td>
<td>Monthly</td>
<td>CCG</td>
</tr>
</tbody>
</table>

---

**Context**
CCG measure - Of those who are urgent referrals, the percentage of which where the referrals is assessed and care plan in place, transferred, discharged or MHA commenced within 4 hours - urgent is classified as when a situation is serious and an individual may need timely attendance but it is not immediately life threatening.

**Monthly Narrative (Key Issues and Actions)**
The Trust has met this standard since October 2018/19 and continues to achieve the target during 2019/20.
G - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)

A Higher Value Is Better

**Target:** 95.0%  
**Responsive CCG**

---

**Context**

- **CCG measure** - Of referrals, the percentage of which where the referrals is assessed and care plan in place, transferred, discharged or MHA commenced within 24 hours. This target increased from 90% last year (as reported in the PQMF) to 95% in 2019/20

---

**Monthly Narrative (Key Issues and Actions)**

Following a dip in performance against the 24 hour response standard from February 2019, the target has been achieved in M5 and M6.

---

**12 Month Trend**

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>92.0%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Nov</td>
<td>96.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>Dec</td>
<td>96.0%</td>
<td>90.0%</td>
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<tr>
<td>Jan</td>
<td>91.0%</td>
<td>94.8%</td>
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<tr>
<td>Feb</td>
<td>94.6%</td>
<td>94.6%</td>
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<tr>
<td>Mar</td>
<td>93.5%</td>
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<tr>
<td>Apr</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>May</td>
<td>100.0%</td>
<td>96.0%</td>
</tr>
</tbody>
</table>

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FPE, Board, Board (Private), People, Quality

---

G - IAPT: Referral to Treatment (6 weeks)

A Higher Value Is Better

**Target:** 75.0%  
**Safe National**

---

**Context**

- 6 Weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the 2nd successful contact.

---

**Monthly Narrative (Key Issues and Actions)**

The Trust continues to be highly performing against IAPT standards including the 6 week standard and compares favourably when benchmarked nationally.

---

**12 Month Trend**

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>92.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>May</td>
<td>98.6%</td>
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<tr>
<td>Jul</td>
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<tr>
<td>Aug</td>
<td>98.3%</td>
<td>99.0%</td>
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<tr>
<td>Sep</td>
<td>98.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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FPE, Board, Board (Private), People, Quality
**G - IAPT: Referral to Treatment (18 weeks)**

**A Higher Value is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>100.0%</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
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<tbody>
<tr>
<td>Target:</td>
<td>95.0%</td>
<td>Monthly</td>
<td>National</td>
<td></td>
</tr>
</tbody>
</table>

**Context**

18 Weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the 2nd successful contact.

**Monthly Narrative (Key Issues and Actions)**

The Trust continues to be highly performing against IAPT standards including 18 week standards and has achieved 100% performance since April 2018.

---

**G - Care Programme Approach (CPA) 7 day follow up**

**A Higher Value is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>98.0%</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
</tr>
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<tbody>
<tr>
<td>Target:</td>
<td>95.0%</td>
<td>Monthly</td>
<td>National</td>
<td></td>
</tr>
</tbody>
</table>

**Context**

National target - This is an important safety measure, showing the link between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk.

**Monthly Narrative (Key Issues and Actions)**

The Trust continues to pro-actively monitor this standard and the achievement of it. It is positive to note that 98% of all patients discharged were followed up within 7 days. There was a single breach attributed to the Stoke Community Directorate.

**NB:** There were no CPA 7 Day Follow ups for Acute and Urgent Care in M6.
Inpatient & Quality Metrics
**G - Delayed Transfers of Care (DTOC)**

A Lower Value is Better

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.8%</td>
<td>7.5%</td>
<td></td>
<td>Responsive Operations</td>
</tr>
</tbody>
</table>

**Context**

To understand the number of patients who have been declared medically fit for discharge but remain in inpatient service - has care quality and resource use implications.

**Monthly Narrative (Key Issues and Actions)**

There has been an issue with the under recording of delayed transfers of care (DtoCs) on all wards with the exception of Ward 5. This had an impact on recording and reporting from April to July.

Significant validation work has been undertaken and ward managers reminded of the requirements of the Delayed Transfer SOP. There is confidence that the report is accurate in M5 and M6.

A deep dive into the DToCS in Specialist Services will inform a Performance Improvement Plan to be put in place in M7.

---

**Out of Area (OOA) - Total bed days - In Month**

No Assumption Ascribed To Value

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td></td>
<td></td>
<td>Responsive Operations</td>
</tr>
</tbody>
</table>

**Context**

National measure in the Single Oversight Framework to track a reduction in out of area admissions. This measure is the total number of occupied bed days for all Adult acute patients OOA in month.

**Monthly Narrative (Key Issues and Actions)**

There have been no patients sent out of area during M6.
**PICU (OOA) - Total Bed Days (in month)**

No Assumption Ascribed To Value

**PICU Opened**

---

**Actual** 30.00  
**M6** Exec. Director of Operations Responsive  
**Target:** Monthly National

---

--- Context --
National measure in the Single Oversight Framework to track a reduction in out of area admissions. This measure is the total number of occupied bed days for all PICU patients OOA in month.

--- Monthly Narrative (Key Issues and Actions) --
In M6 there are 30 bed days for those PICU patients placed out of area (1 patient). This target has seen a significant improvement as a result of the Harplands Hospital PICU opening to four and then six beds over the past 12 months, providing care locally for service users.

---

**G - Under 18 Admissions to Adult Acute Wards**

A Lower Value Is Better

---

--- Context --
The number of Children and Young people who are admitted to an adult inpatient ward. This is a count of people, aged under 18, who were on an adult ward at any point during the month.

--- Monthly Narrative (Key Issues and Actions) --
One under 18 year old was admitted for one night and transferred to Darwin the following day.
Community & Quality Metrics
### R - CPA 12 Month Review Compliance

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>92.2%</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td>95.0%</td>
<td>Monthly</td>
<td>CCG</td>
<td></td>
</tr>
</tbody>
</table>

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**-- Context --**

There is a requirement for all services users on a CPA pathway to receive a review of their care plan as a minimum within 12 months of the care plan being agreed.

**-- Monthly Narrative (Key Issues and Actions) --**

This key target has not been achieved for the last 4 months and performance has decreased from 94.5% in August to 92.2% in M6. Updated Performance Improvement Plans will be required for all directorates who are not achieving the target in M7 for achievement by M8.

---

### G - IAPT: Recovery

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>56.4%</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
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<tbody>
<tr>
<td>Target:</td>
<td>50.0%</td>
<td>Monthly</td>
<td>National</td>
<td></td>
</tr>
</tbody>
</table>

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**-- Context --**

This indicator shows how many people have shown a real movement in symptoms large enough to warrant the judgement that the person has recovered, moving from above the clinical threshold to below.

**-- Monthly Narrative (Key Issues and Actions) --**

The Trust continues to be highly performing against IAPT standards, including the recovery standard, and compares favourably when benchmarked nationally.

---

### 12 Month Trend

<table>
<thead>
<tr>
<th>Trust</th>
<th>North Staffs Community</th>
<th>Stoke Community</th>
<th>Specialist Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>x</td>
</tr>
</tbody>
</table>

| 92.2% | 90.6% | 94.5% | 90.6% |

---

<table>
<thead>
<tr>
<th>12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct: 85.7%</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr: 57.9%</td>
</tr>
</tbody>
</table>
**G - Service Users on CPA in settled accommodation**

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target:</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>38.8%</td>
<td>31.4%</td>
<td>Monthly</td>
<td>National</td>
<td></td>
</tr>
</tbody>
</table>

**-- Context --**

National metric - This overall indicator measures the proportion of adults in contact with secondary mental health services who have been recorded as being in settled accommodation the last 12 months - stable housing is critical for recovery and maintained health

**-- Monthly Narrative (Key Issues and Actions) --**

This metric forms part of the NHSI Single Oversight Framework. There has been a further improvement in performance in Month 6.

**12 Month Trend**

![Graph showing 12 Month Trend]

**R - Service Users on CPA in Employment**

**A Higher Value Is Better**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Target:</th>
<th>M6</th>
<th>Exec. Director of Operations</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.6%</td>
<td>7.8%</td>
<td>Monthly</td>
<td>National</td>
<td></td>
</tr>
</tbody>
</table>

**-- Context --**

This overall indicator measures the proportion of adults in contact with secondary mental health services who are in paid employment (as of the last 12 months) - employment outcomes are a predictor of quality of life and are indicative of whether care and support is personalised

**-- Monthly Narrative (Key Issues and Actions) --**

Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo. There is a significant improvement from 6.7% in M5 to 7.6% in M6.

**12 Month Trend**

![Graph showing 12 Month Trend]
G - Sickness Absence

A Lower Value Is Better

Target: 4.95% Monthly Trust Measure

Context:
3 Month Rolling - Trust measure - Sickness absence represents a strain on the organisation that should be minimised to allow for efficient use of resources and less strain on other members of staff.

Monthly Narrative (Key Issues and Actions):
As a Trust sickness absence remains significantly below the Trust’s target (a lower value is better).

R - Vacancy Rate

A Lower Value Is Better

Target: 7.0% Monthly Trust Measure

Context:
Trust measure - High vacancy rates has an impact on care quality and the finances within the trust due to reliance on bank and locum staff.

Monthly Narrative (Key Issues and Actions):
The vacancy rate reduced from 11.9% in M5 to 11.4% in M6.
The Trust vacancy rate decreases taking into account those posts that have been recruited to (but not yet started) and are part of a transformation scheme not yet transacted.
The Trust is incorporating a number of strategies to recruit and retain staff to reduce the vacancy rate.

12 Month Trend

Vacancy

Clinical Directorates

<table>
<thead>
<tr>
<th>Month</th>
<th>Acute Services &amp; Urgent Care</th>
<th>North Staffordshire Community</th>
<th>Specialist Care</th>
<th>Stoke Community</th>
<th>Moorcroft Medical Practice</th>
<th>Corporate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>11.4%</td>
<td>12.5%</td>
<td>12.5%</td>
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<td>11.4%</td>
<td>11.4%</td>
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<tr>
<td>Nov</td>
<td>11.7%</td>
<td>12.3%</td>
<td>12.2%</td>
<td>12.2%</td>
<td>11.8%</td>
<td>14.9%</td>
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<tr>
<td>Dec</td>
<td>12.2%</td>
<td>12.5%</td>
<td>12.5%</td>
<td>12.5%</td>
<td>11.9%</td>
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<tr>
<td>Jan</td>
<td>12.7%</td>
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<td>12.8%</td>
<td>12.2%</td>
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<tr>
<td>Feb</td>
<td>12.8%</td>
<td>12.5%</td>
<td>12.5%</td>
<td>12.2%</td>
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<tr>
<td>Mar</td>
<td>12.5%</td>
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<td>May</td>
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<tr>
<td>Sep</td>
<td>12.5%</td>
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<td>11.9%</td>
<td>11.9%</td>
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</tbody>
</table>

12 Month Trend

<table>
<thead>
<tr>
<th>Month</th>
<th>Acute Services &amp; Urgent Care</th>
<th>North Staffordshire Community</th>
<th>Specialist Care</th>
<th>Stoke Community</th>
<th>Moorcroft Medical Practice</th>
<th>Corporate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>12.4%</td>
<td>11.8%</td>
<td>14.9%</td>
<td>11.9%</td>
<td>109.71</td>
<td>11.4%</td>
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<tr>
<td>Nov</td>
<td>11.6%</td>
<td>12.4%</td>
<td>12.5%</td>
<td>12.4%</td>
<td>109.71</td>
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<tr>
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<tr>
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<td>12.5%</td>
<td>12.5%</td>
<td>109.71</td>
<td>11.4%</td>
</tr>
</tbody>
</table>
### R - Staff Turnover

**Actual**: 11.6%  
**Target**: 10.0%  
**M6**  
**Executive Director of Workforce**  
**Monthly Trust Measure**  

--- **Context** ---  
Trust measure - High turnover represents an unstable workforce with high costs associated with turnover - retention represents a more stable organisation that is a positive place to work and provides continuity of care to service users.

--- **Monthly Narrative (Key Issues and Actions)** ---  
There has been a substantial improvement in staff turnover for the last 8 months to 11.6% in M6.

<table>
<thead>
<tr>
<th>Month</th>
<th>North Staffs Community</th>
<th>Stoke Community</th>
<th>Specialist Services</th>
<th>Acute and Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 18</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>May 18</td>
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<td>Jun 18</td>
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<td>Aug 18</td>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual Turnover</th>
<th>12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 19</td>
<td>11.6%</td>
<td>21.2% to 11.6%</td>
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<td>May 19</td>
<td>9.8%</td>
<td>13.3% to 11.6%</td>
</tr>
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<td>Jun 19</td>
<td>12.0%</td>
<td>13.6% to 11.6%</td>
</tr>
<tr>
<td>Jul 19</td>
<td>10.6%</td>
<td>13.6% to 11.6%</td>
</tr>
<tr>
<td>Aug 19</td>
<td>9.4%</td>
<td>13.6% to 11.6%</td>
</tr>
</tbody>
</table>

--- **R - % Year to Date Agency Spend compared to Year to Date Agency Ceiling** ---

**Actual**: 3.0%  
**Target**: 0.0%  
**M6**  
**Exec. Director of Operations**  
**Monthly**  
**National**  

--- **Context** ---  
The agency ceiling is set as part of the Trust Financial Plan and reported to NHSi.

--- **Monthly Narrative (Key Issues and Actions)** ---  
Agency spend continues to be 3% in M6. Agency as a whole is forecast to be within the ceiling by the end of the financial year, although this is becoming increasingly challenging.

Primary care has reduced significantly to £10k in September which has halved from the August position. It is anticipated that this will continue to fall.

Medical locums continue on ward 2 and in Darwin, Community LD and the Sutherland Centre.

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual Agency Spend</th>
<th>12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 18</td>
<td>4.0%</td>
<td>3.0% to 3.0%</td>
</tr>
<tr>
<td>May 18</td>
<td>3.0%</td>
<td>3.0% to 3.0%</td>
</tr>
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<td>Jun 18</td>
<td>3.0%</td>
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<tr>
<td>Aug 18</td>
<td>3.0%</td>
<td>3.0% to 3.0%</td>
</tr>
<tr>
<td>Sep 18</td>
<td>3.0%</td>
<td>3.0% to 3.0%</td>
</tr>
</tbody>
</table>
Clinical Supervision is key to the delivery of quality patient care.

Directorate action plans are in place to ensure that clinical supervision is recorded in a timely way. This is a key focus to be addressed in all teams. The month 6 position demonstrates an improvement, and at the time of writing this report compliance is above target.

Trust measure - Appraisals and PDR’s have been linked to staff performance and patient outcomes, as well as linking to staff turnover by reflecting a supportive environment that helps staff to develop.

Directorates had plans in place to ensure compliance by September 2019 in line with the annual rolling programme for appraisals. Performance Improvement plans have been updated to ensure compliance by M7, and, at the time of writing this report, compliance is above target.
Statistical Process Control

What is It?

SPC enables analysis of a process as a whole, rather than as merely the relationship between 2 data points as is used in RAG ratings and in-month trends. The aim is to categorise data into common and unusual in relation to the established trend, allowing for decision contextualised within the process and its expected variation, rather than as being reactive to a single change.

“All too often, we overreact to variation which is normal – we waste lots of time investigating a ‘deterioration’ which SPC tells us is normal; wild goose chases. Another word for this is tampering. Tampering is not a good thing as it distracts you from situations that merit focus.” - Plot The Dots

When to use it

SPC should be used throughout the life cycle of the project to help you identify a project, get a baseline and evaluate how you are currently operating. SPC will also help you to assess whether your project has made a sustainable difference.

How to use it

An SPC chart has a mean line and two control lines, both of which allow more statistical interpretation. These control lines are 3σ (3 Sigma) away from the Mean - with recalculation of these lines occurring when significant changes in the process occur.
Additional points of interest are the zones, calculated in the same manner as the control lines, with Zone C within 1σ of the Mean, Zone B within 2σ of the Mean, and Zone C within 3σ of the Mean (within the control lines).

These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits common cause (predictable) variation or whether there are special causes. After plotting your chart, the next stage is therefore analysing the chart by looking at how the values fall around the average and between the control limits.

**Interpreting the Report**

<table>
<thead>
<tr>
<th>Variation</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Orange" /></td>
<td><img src="image" alt="Blue" /></td>
</tr>
<tr>
<td><img src="image" alt="Blue" /></td>
<td><img src="image" alt="Grey" /></td>
</tr>
</tbody>
</table>

| Variation icons: Orange indicates concerning special cause variation requiring action; Blue indicates where improvement appears to lie, and Grey indicates no significant change (common cause variation). |
| Asssurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A Grey icon tells you that sometimes the target will be met and sometimes missed due to random variation - in a RAG report this indicator would flip between Red and Green. |
Directional Arrows:

üp If performance this month is **positive** when compared to last month’s performance (a higher value is better or a lower value is better)

ud If performance this month is **negative** when compared to last month’s performance (a higher value is better or a lower value is better)

↔ There have been **no change** in performance levels when compared to last month
**Executive Summary:**

In October 2019 NHSE/I directed Trusts to complete a self-assessment in relation to staff Flu Vaccinations and report the outcome to Trust Board by December 2019. This paper details the outcome of the self-assessment. Only one additional action was identified for this year's flu campaign which was to include trade unions in the flu campaign.

<table>
<thead>
<tr>
<th>Purpose of report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval ☐</td>
</tr>
<tr>
<td>Information ☒</td>
</tr>
<tr>
<td>Discussion ☐</td>
</tr>
<tr>
<td>Assurance ☒</td>
</tr>
</tbody>
</table>

**Committee Approval / Review**

- Quality Committee ☐
- Finance & Performance Committee ☐
- Audit Committee ☐
- People, Culture & Development Committee ☐
- Charitable Funds Committee ☐
- Business Development Committee ☐
- Primary Care Committee ☐

**Strategic Objectives**

1. To enhance service user and carer collaboration. ☐
2. To provide the highest quality, safe and effective services ☐
3. Inspire and implement innovation and research. ☐
4. Embed an open and learning culture that enables continual improvement. ☐
5. Attract, develop and retain the best people. ☐
6. Maximise and use our resources effectively. ☐
7. Take a lead role in partnership working and integration. ☐

**Risk / legal implications:**

There is a Flu CQIN whereby 80% of frontline staff must be vaccinated; this is an increase from 75% in 2018/19 and will be challenging to achieve.

**Resource Implications:**

The Flu Vaccination Campaign is funded annually by the Trust.

**Funding Source:**

N/a

**Diversity & Inclusion Implications:**

Nil identified

**STP Alignment / Implications:**

To be assured that the self-assessment outcome does not require any further action beyond the already planned Flu Campaign 2019/20.

**Recommendations:**

To be assured that the self-assessment outcome does not require any further action beyond the already planned Flu Campaign 2019/20.

**Version**

<table>
<thead>
<tr>
<th>Name/group</th>
<th>Date issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Execs</td>
<td>06 Nov 2019</td>
</tr>
</tbody>
</table>
1. Introduction

In September 2019 Chief Executives of NHS Trusts received a letter from NHSE/I detailing the requirement to complete a self-assessment in relation to the flu vaccination campaign in order for each Trust to inform NHSE/I how they plan to ensure that all frontline staff are offered the vaccine and how each organisation will achieve the highest possible level of vaccine coverage this winter. Included within this is the requirement that each Trust completes the best practice management checklist for healthcare worker vaccination and publish this self-assessment in Trust board papers before the end of December 2019.

2. Best practice management checklist for healthcare worker vaccination

The Head of IPC & Physical Health completed the ‘best practice management checklist for healthcare worker vaccination’ self-assessment (appendix 1) and only one additional action was identified for this year’s flu campaign which was to include trade unions in the flu campaign. All other actions are either completed or remain in progress and ongoing as part of the overall flu campaign programme.

Appendix 1

NHSE/I Flu Self-Assessment

<table>
<thead>
<tr>
<th></th>
<th>Committed leadership Trust self- (number in brackets relates to references listed below the table)</th>
<th>Trust self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.</td>
<td>Decline forms agreed and in place</td>
</tr>
<tr>
<td>A2</td>
<td>Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers</td>
<td>Vaccines ordered and available end of September 2019</td>
</tr>
<tr>
<td>A3</td>
<td>Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt</td>
<td>The Board were informed of the 2018/19 flu programme as part of the Annual IPC Report.</td>
</tr>
<tr>
<td>A4</td>
<td>Agree on a board champion for flu campaign</td>
<td>To be determined</td>
</tr>
<tr>
<td>A5</td>
<td>All board members receive flu vaccination and publicise this</td>
<td>Board members had a specific flu vaccination facilitated and this was publicised and Comms sent out pictures with captions to all Trust staff</td>
</tr>
<tr>
<td>A6</td>
<td>Flu team formed with representatives from all directorates, staff groups and trade union representatives</td>
<td>42 staff were trained as vaccinators this year from across the Trust</td>
</tr>
<tr>
<td>A7</td>
<td>Flu team to meet regularly from September 2019</td>
<td>Monthly meetings last week of each month to reviewed and update flu programme.</td>
</tr>
</tbody>
</table>

B

Communications plan
| **B1** | Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions | 12 days of Christmas – new fact daily Myth busting on back of forms. External banners and pull up signs developed and displayed for Staff, Patient and visitors to gain information |
| **B2** | Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper | The Trust vaccinators and Team Prevent are facilitating mobile clinics and scheduled clinics have been widely advertised. |
| **B3** | Board and senior managers having their vaccinations to be publicised | The Board had a dedicated flu session provided by the IPCT on 24th October 2019. Comms were in attendance to take photographs of Board members receiving their vaccinations which will be published the weekly news round. |
| **B4** | Flu vaccination programme and access to vaccination on induction programmes | Organised to attend Trust induction program up until February |
| **B5** | Programme to be publicised on screensavers, posters and social media | Posters ordered, Twitter, Facebook and TV in Harplands reception |
| **B6** | Weekly feedback on percentage uptake for directorates, teams and professional groups | Database updated and information made available to directorates, teams and professional groups |

**C**  
**Flexible accessibility**

| **C1** | Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered | 42 vaccinators around the Trust. 3 training sessions were facilitated on 26th September (am & pm) and 4th October am |
| **C2** | Schedule for easy access drop in clinics agreed | 24 jab-a-thon, dial-a-jab, text-a-jab. Regular clinics booked with vaccinators and Team Prevent. |
| **C3** | Schedule for 24 hour mobile vaccinations to be agreed | 24 jab-a-thon, vaccinators on shift rotation, IPC/PH team to start early 7am to catch night workers |

**D**  
**Incentives**

| **D1** | Board to agree on incentives and how to publicise this | Awaiting confirmation of incentives from staff benefits. 20 golden tickets with £10 prize incentive to be randomly distributed with flu vaccines. Flu vaccinator incentives for the three best vaccinators in the trust. 1st prize £50, 2nd prize £30 and 3rd Prize £20 in vouchers. The prize giving is scheduled to be held end of December. |
| **D2** | Success to be celebrated weekly | Weekly update to communications for inclusion in Newsround. |
### Executive Summary:

This report summarises the finance position at month 6 (September 2019)

### Purpose of report

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
</tr>
<tr>
<td>Information</td>
</tr>
<tr>
<td>Discussion</td>
</tr>
<tr>
<td>Assurance</td>
</tr>
</tbody>
</table>

### Seen at:

- SLT: X
- Execs: 
- Date: 12/11/19
- Document Version No.

### Committee Approval / Review

- Quality Committee
- Finance, Performance & Estates Committee
- Audit Committee
- People & Culture Development Committee
- Charitable Funds Committee
- Business Development Committee
- Primary Care Committee

### Strategic Objectives

1. To enhance service user and carer collaboration
2. To provide the highest quality, safe and effective services
3. Inspire and implement innovation and research
4. Embed an open and learning culture that enables continual improvement
5. Attract, develop and retain the best people
6. Maximise and use our resources effectively
7. Take a lead role in partnership working and integration

### Risk / legal implications:

- Ref 1035: Trust top 3 risks around delivery of cost improvement target and delivery of trust financial position

### Resource Implications:

If the trust does not deliver recurrent CIP, it impacts on future sustainability,

- Not applicable

### Funding Source:

There is no direct impact on the protected characteristics as part of the completion of this report

### Diversity & Inclusion Implications:

Part of the aggregate STP reported financial position

### STP Alignment / Implications:

The Finance, Performance & Estates Committee are asked to:

Note:
- The reported year to date surplus of £238k against a planned surplus of £161k. This is a favourable variance to plan of £77k.
- The M6 CIP achievement of £1,086k; an adverse variance of £564k to plan
- The cash position of the Trust as at 30th September 2019 with a balance of £10,952k; £1,750k higher than plan.
- Total Agency expenditure of £1,205k against the agency cap of £1,175k; an adverse variance of £30k to plan
- Capital expenditure at £1,020k compared to planned capital expenditure of £1,126k.
- Use of resource rating of 2 against a plan of 3

<table>
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<td>18/11/2019</td>
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</table>
### Financial Overview as at 30th September 2019

#### Income & Expenditure - Control Total (Surplus) / Deficit

<table>
<thead>
<tr>
<th>£000</th>
<th>Plan</th>
<th>Actual</th>
<th>Var</th>
<th>%</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>YTD</td>
<td>(161)</td>
<td>(238)</td>
<td>(77)</td>
<td>(48)</td>
<td>G</td>
</tr>
<tr>
<td>FOT</td>
<td>(1,038)</td>
<td>(1,038)</td>
<td>0</td>
<td>0</td>
<td>G</td>
</tr>
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</table>

#### Charge to CRL

<table>
<thead>
<tr>
<th>£000</th>
<th>Plan</th>
<th>Actual</th>
<th>Var</th>
<th>%</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>YTD</td>
<td>1,126</td>
<td>1,020</td>
<td>(106)</td>
<td>(9)</td>
<td>G</td>
</tr>
<tr>
<td>FOT</td>
<td>2,676</td>
<td>2,176</td>
<td>(500)</td>
<td>(19)</td>
<td>G</td>
</tr>
</tbody>
</table>

#### Retained (Surplus) / Deficit Run Rate 2019/20

![Graph showing retained surplus/deficit run rate](chart1)

#### Cash Balances

<table>
<thead>
<tr>
<th>£000</th>
<th>Plan</th>
<th>Actual</th>
<th>Var</th>
<th>%</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>YTD</td>
<td>9,202</td>
<td>10,952</td>
<td>1,750</td>
<td>19</td>
<td>G</td>
</tr>
<tr>
<td>FOT</td>
<td>8,354</td>
<td>8,938</td>
<td>584</td>
<td>7</td>
<td>G</td>
</tr>
</tbody>
</table>

#### Net Capital Expenditure - Plan / Forecast 2019/20

![Graph showing net capital expenditure](chart2)

#### Cost Improvement

<table>
<thead>
<tr>
<th>£000</th>
<th>Plan</th>
<th>Actual</th>
<th>Var</th>
<th>%</th>
<th>Rec Var</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>1,246</td>
<td>757</td>
<td>(489)</td>
<td>(39)</td>
<td>(508)</td>
<td>R</td>
</tr>
<tr>
<td>Corporate</td>
<td>71</td>
<td>328</td>
<td>257</td>
<td>363</td>
<td>(280)</td>
<td>G</td>
</tr>
<tr>
<td>Total</td>
<td>1,317</td>
<td>1,086</td>
<td>(231)</td>
<td>(18)</td>
<td>(789)</td>
<td>R</td>
</tr>
</tbody>
</table>

#### Use of Resource

<table>
<thead>
<tr>
<th>Plan</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Risk Rating</th>
<th>2</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquidity Ratio</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Capital Servicing Capacity</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I&amp;E Margin</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>I&amp;E Margin Variance to Plan</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Agency Spend</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Introduction:

The Trust’s 2019/20 financial plan is to deliver a trading position of £338k surplus. The trust has accepted the Control Total from NHS Improvement (NHSI) of £1,038k surplus which includes £700k from the Provider Sustainability Funding (PSF).

1. Income & Expenditure (I&E) Performance

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

- During month 6, the trust had an in month trading position of £132k surplus against a plan of £28k surplus; giving a favourable variance of £104k. Provider sustainability funding (PSF) was not assumed in month 4 and 5 due to the adverse variance on the year to date trading position, but due to the trust position being above plan at month 6, the full quarter PSF has been reported in month 6. The surplus reported in month 6 after PSF is £272k against a plan of £74k giving an overall favourable variance in month of £198k.

- The Trust has a year to date trading position of £7k deficit against a planned deficit of £84k, giving a favourable variance of £77k. PSF is £245k against a plan of £245k, giving a year to date surplus of £238k against a planned surplus of £161k, a favourable variance of £77k.

- The Trust expects to deliver in line with plan to give a trading surplus of £338k for the year. PSF is expected to be £700k in line with plan giving an overall Control Surplus of £1,038k.

<table>
<thead>
<tr>
<th>Table 1: Summary Performance</th>
<th>Annual Budget £'000</th>
<th>Budget £'000</th>
<th>Actual £'000</th>
<th>Variance £'000</th>
<th>Year to Date</th>
<th>Variancé £'000</th>
<th>Budget £'000</th>
<th>Actual £'000</th>
<th>Variance £'000</th>
<th>Forecast £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>(94,008)</td>
<td>(7,873)</td>
<td>(7,722)</td>
<td>151</td>
<td>(94,158)</td>
<td>(92,987)</td>
<td>1,172</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay</td>
<td>68,879</td>
<td>5,776</td>
<td>5,528</td>
<td>(248)</td>
<td>68,541</td>
<td>66,245</td>
<td>(2,296)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Pay</td>
<td>20,364</td>
<td>1,504</td>
<td>1,044</td>
<td>(460)</td>
<td>20,853</td>
<td>21,820</td>
<td>967</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EBITDA</td>
<td>(4,764)</td>
<td>(1,043)</td>
<td>(1,149)</td>
<td>(106)</td>
<td>(4,764)</td>
<td>(4,922)</td>
<td>(157)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Non-Op Costs</td>
<td>4,420</td>
<td>1,015</td>
<td>1,017</td>
<td>0</td>
<td>4,420</td>
<td>4,584</td>
<td>157</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trading Surplus</td>
<td>(338)</td>
<td>(28)</td>
<td>(132)</td>
<td>(104)</td>
<td>(338)</td>
<td>(338)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Sustainability Funding</td>
<td>(700)</td>
<td>(46)</td>
<td>(140)</td>
<td>(94)</td>
<td>(700)</td>
<td>(700)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus/Deficit for the year</td>
<td>(1,038)</td>
<td>(74)</td>
<td>(272)</td>
<td>(198)</td>
<td>(1,038)</td>
<td>(1,038)</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Income

Table 2 below shows the Trust income position.

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The figures currently assume:
  - £2,609k CCG underwriting agreement is assumed to be paid through income (see section 2.1.)
  - £586k of the £1,000k STP efficiency savings are currently assumed to be delivered following a system stock take in September.
  - The year to date variances relate to 2018/19 under achievement of CQUIN.


- OATs have underperformed by £191k year to date mainly due to substance misuse.

- Specialised services are underperforming by £341k YTD due to a reduction in activity at the Darwin Centre.

<table>
<thead>
<tr>
<th>Table 2: Income</th>
<th>Annual Budget £'000</th>
<th>Month 6</th>
<th>Year to Date</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget £'000</td>
<td>Actual £'000</td>
<td>Variance £'000</td>
<td>Budget £'000</td>
</tr>
<tr>
<td>NHS Stoke-on-Trent CCG</td>
<td>(39,825)</td>
<td>(3,312)</td>
<td>(3,312)</td>
<td>0</td>
</tr>
<tr>
<td>NHS North Staffordshire CCG</td>
<td>(26,963)</td>
<td>(2,242)</td>
<td>(2,242)</td>
<td>0</td>
</tr>
<tr>
<td>Staffordshire Associates</td>
<td>(778)</td>
<td>(45)</td>
<td>(45)</td>
<td>0</td>
</tr>
<tr>
<td>Other Associates</td>
<td>(289)</td>
<td>(24)</td>
<td>(40)</td>
<td>16</td>
</tr>
<tr>
<td>Specialised Services</td>
<td>(3,532)</td>
<td>(326)</td>
<td>(246)</td>
<td>80</td>
</tr>
<tr>
<td>Stoke-on-Trent CCG CCG</td>
<td>(4,347)</td>
<td>(333)</td>
<td>(333)</td>
<td>0</td>
</tr>
<tr>
<td>Stoke-on-Trent Public Health</td>
<td>(4,041)</td>
<td>(337)</td>
<td>(337)</td>
<td>0</td>
</tr>
<tr>
<td>Staffordshire Public Health</td>
<td>(450)</td>
<td>(38)</td>
<td>(38)</td>
<td>0</td>
</tr>
<tr>
<td>ADS/One Recovery</td>
<td>(1,488)</td>
<td>(124)</td>
<td>(124)</td>
<td>0</td>
</tr>
<tr>
<td>OATS</td>
<td>(1,006)</td>
<td>(84)</td>
<td>(59)</td>
<td>25</td>
</tr>
<tr>
<td>Private Patients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>System Led CIP</td>
<td>(1,000)</td>
<td>(111)</td>
<td>(111)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Clinical Income</strong></td>
<td><strong>(83,718)</strong></td>
<td><strong>(6,976)</strong></td>
<td><strong>(6,780)</strong></td>
<td><strong>196</strong></td>
</tr>
<tr>
<td>Other Income</td>
<td>(10,290)</td>
<td>(897)</td>
<td>(941)</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>(94,008)</strong></td>
<td><strong>(7,873)</strong></td>
<td><strong>(7,722)</strong></td>
<td><strong>151</strong></td>
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<tr>
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<td>(700)</td>
<td>(46)</td>
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</tr>
<tr>
<td><strong>Total Income Incl. PSF</strong></td>
<td><strong>(94,708)</strong></td>
<td><strong>(7,919)</strong></td>
<td><strong>(7,862)</strong></td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>
2.1 Income Run Rates

Actual, Budget and Forecast income run rates are shown below.

- Income in May is higher due to £347k received for section 75 Transformational Funds.
- Potential release of Health Education England deferred income included in the accounts at 2018/19 year end of £221k in March 2020.
3. Expenditure

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

- Underspend of £1,314k on pay is due to vacancies across the trust, partially covered by temporary staffing.
- Non-Pay over spend of £502k is mainly due to unachieved CIP, residential payments and premises costs which includes the Stoke CDAS service move from the Woodhouse building during August with additional car parking provision, training room re-location and the re-provision of network and IT equipment.

<table>
<thead>
<tr>
<th>Table 3: Expenditure</th>
<th>Annual Budget £’000</th>
<th>Month 6</th>
<th></th>
<th>Year to Date</th>
<th></th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget £’000</td>
<td>Actual £’000</td>
<td>Variance £’000</td>
<td>Budget £’000</td>
<td>Actual £’000</td>
<td>Variance £’000</td>
</tr>
<tr>
<td>Medical</td>
<td>8,649</td>
<td>796</td>
<td>665 (132)</td>
<td>4,337</td>
<td>3,466 (871)</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>32,982</td>
<td>2,724</td>
<td>2,574 (150)</td>
<td>16,478</td>
<td>15,770 (708)</td>
<td></td>
</tr>
<tr>
<td>Other Clinical</td>
<td>14,726</td>
<td>1,226</td>
<td>1,099 (127)</td>
<td>7,379</td>
<td>6,658 (721)</td>
<td></td>
</tr>
<tr>
<td>Non-Clinical</td>
<td>12,298</td>
<td>1,011</td>
<td>979 (32)</td>
<td>6,106</td>
<td>5,878 (229)</td>
<td></td>
</tr>
<tr>
<td>Apprenticeship Levy</td>
<td>223</td>
<td>19</td>
<td>20 (2)</td>
<td>112</td>
<td>122 (10)</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>0</td>
<td>0</td>
<td>191 (191)</td>
<td>0</td>
<td>1,205 (1,205)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Pay</strong></td>
<td><strong>68,879</strong></td>
<td><strong>5,776</strong></td>
<td><strong>5,528 (248)</strong></td>
<td><strong>34,412</strong></td>
<td><strong>33,098 (1,314)</strong></td>
<td></td>
</tr>
<tr>
<td>Drugs &amp; Clinical Supplies</td>
<td>2,997</td>
<td>250</td>
<td>279 (30)</td>
<td>1,500</td>
<td>1,639 (140)</td>
<td></td>
</tr>
<tr>
<td>Establishment Costs</td>
<td>1,858</td>
<td>156</td>
<td>115 (41)</td>
<td>944</td>
<td>761 (183)</td>
<td></td>
</tr>
<tr>
<td>Information Technology</td>
<td>761</td>
<td>60</td>
<td>55 (5)</td>
<td>389</td>
<td>447 (58)</td>
<td></td>
</tr>
<tr>
<td>Premises Costs</td>
<td>2,549</td>
<td>213</td>
<td>249 (35)</td>
<td>1,276</td>
<td>1,516 (240)</td>
<td></td>
</tr>
<tr>
<td>Private Finance Initiative</td>
<td>2,895</td>
<td>(404)</td>
<td>(393) (12)</td>
<td>1,448</td>
<td>1,525 (78)</td>
<td></td>
</tr>
<tr>
<td>Services Received</td>
<td>5,596</td>
<td>477</td>
<td>455 (22)</td>
<td>2,798</td>
<td>2,739 (59)</td>
<td></td>
</tr>
<tr>
<td>Residential Payments</td>
<td>1,760</td>
<td>147</td>
<td>73 (73)</td>
<td>880</td>
<td>1,172 (292)</td>
<td></td>
</tr>
<tr>
<td>Consultancy &amp; Prof Fees</td>
<td>57</td>
<td>23</td>
<td>50 (27)</td>
<td>38</td>
<td>155 (117)</td>
<td></td>
</tr>
<tr>
<td>External Audit Fees</td>
<td>65</td>
<td>5</td>
<td>5 (0)</td>
<td>32</td>
<td>31 (1)</td>
<td></td>
</tr>
<tr>
<td>Unachieved CIP</td>
<td>(950)</td>
<td>(58)</td>
<td>0 (58)</td>
<td>(231)</td>
<td>0 (231)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2,778</td>
<td>185</td>
<td>156 (29)</td>
<td>1,375</td>
<td>966 (409)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non-Pay</strong></td>
<td><strong>20,364</strong></td>
<td><strong>1,054</strong></td>
<td><strong>1,044 (9)</strong></td>
<td><strong>10,449</strong></td>
<td><strong>10,951 (502)</strong></td>
<td></td>
</tr>
<tr>
<td>Finance Costs</td>
<td>2,722</td>
<td>873</td>
<td>873 (0)</td>
<td>1,361</td>
<td>1,361 (0)</td>
<td></td>
</tr>
<tr>
<td>Dividends Payable on PDC</td>
<td>635</td>
<td>53</td>
<td>45 (8)</td>
<td>318</td>
<td>316 (2)</td>
<td></td>
</tr>
<tr>
<td>Investment Revenue</td>
<td>(54)</td>
<td>(5)</td>
<td>(7) (3)</td>
<td>(27)</td>
<td>(37) (10)</td>
<td></td>
</tr>
<tr>
<td>Depreciation (excludes IFRIC 12)</td>
<td>1,124</td>
<td>94</td>
<td>107 (14)</td>
<td>562</td>
<td>642 (80)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non-op. Costs</strong></td>
<td><strong>4,426</strong></td>
<td><strong>1,015</strong></td>
<td><strong>1,017 (3)</strong></td>
<td><strong>2,213</strong></td>
<td><strong>2,282 (68)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>93,670</strong></td>
<td><strong>7,845</strong></td>
<td><strong>7,590 (255)</strong></td>
<td><strong>47,074</strong></td>
<td><strong>46,331 (743)</strong></td>
<td></td>
</tr>
</tbody>
</table>
3.1 Expenditure Run Rates

Actual, Budget and Forecast run rates for pay and non-pay are shown below.

- Pay actuals are lower in March 2020 due to the release of the annual leave accrual (additional ½ day in 2019/20)

Pay Run Rate 2019/20

Non Pay Run Rate 2019/20

Pay actuals are lower in March 2020 due to the release of the annual leave accrual (additional ½ day in 2019/20)
4. Cost Improvement Programme

The Trust target for the year is £3,505k, made up of £2,505k Internal and £1,000k system efficiency requirement. This takes into account the requirement to deliver a £338k trading control surplus for 2019/20:

- For the Trust Internal Target (£2,505k)
  - The trust has identified schemes to be worked up to deliver £2,518k against the target; a £13k over-achievement
  - On a recurrent basis, the trust has identified schemes to deliver £1,716k against the target, which represents a £789k shortfall.

- The Trust share of the mental health system savings is £1,000k. The savings forecast is currently based on the outcome of the system stocktake exercise carried out by Deloitte on behalf of the STP. The STP is forecasting delivery of £586k against the £1,000k target.

Following the stock take recommendations were submitted to CEO/DOF’s to agree the level of investment to be released for each savings scheme to be enabled and the value of savings which can be transacted as at the end of Q2. The outcome of this will be transacted as CVs.
5. Statement of Financial Position

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

<table>
<thead>
<tr>
<th>Table 6: SOFP</th>
<th>31/03/2019 £’000</th>
<th>31/08/2019 £’000</th>
<th>30/09/2019 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment - PFI</td>
<td>16,736</td>
<td>17,117</td>
<td>17,368</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>15,142</td>
<td>14,859</td>
<td>14,934</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>255</td>
<td>217</td>
<td>209</td>
</tr>
<tr>
<td>NCA Trade and Other Receivables</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Financial Assets</td>
<td>321</td>
<td>321</td>
<td>321</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>32,454</td>
<td>32,514</td>
<td>32,831</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>89</td>
<td>99</td>
<td>102</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>8,787</td>
<td>6,337</td>
<td>6,594</td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>9,132</td>
<td>11,695</td>
<td>10,952</td>
</tr>
<tr>
<td>Non-Current Assets Held For Sale</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>18,008</td>
<td>18,131</td>
<td>17,649</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>(8,294)</td>
<td>(8,813)</td>
<td>(8,452)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(386)</td>
<td>(350)</td>
<td>(327)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(635)</td>
<td>(628)</td>
<td>(628)</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>(9,316)</td>
<td>(9,790)</td>
<td>(9,407)</td>
</tr>
<tr>
<td><strong>Net Current Assets / (Liabilities)</strong></td>
<td>8,692</td>
<td>8,341</td>
<td>8,242</td>
</tr>
<tr>
<td><strong>Total Assets less Current Liabilities</strong></td>
<td>41,146</td>
<td>40,855</td>
<td>41,074</td>
</tr>
</tbody>
</table>

**Current Liabilities**

- **Non Current Liabilities**
  - Provisions | (555) | (555) |
  - Borrowings | (10,921) | (10,663) |

**Total Non-Current Liabilities** | (11,476) | (11,218) | (11,166) |

**Total Assets Employed** | 29,670 | 29,636 | 29,908 |

**Financed by Taxpayers’ Equity**

- Public Dividend Capital | 7,787 | 7,787 | 7,787 |
- Retained Earnings reserve | 11,440 | 11,406 | 11,678 |
- Other Reserves (LGPS) | 321 | 321 | 321 |
- Revaluation Reserve | 10,122 | 10,122 | 10,122 |

**Total Taxpayers’ Equity** | 29,670 | 29,636 | 29,908 |

Current receivables are £6,594k, of which:

- £4,219k is based on accruals (not yet invoiced) relating to income accruals for services invoiced retrospectively at the end of every quarter.
- £2,375k is trade receivables; based on invoices raised and awaiting payment of invoice. (£829k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.
6. Cash Flow Statement

The Trust cash position at 30th September 2019 is £10,952k, **£1,750k higher than planned.** This is due to early settlement of the CDAS contract charge to Stoke on Trent City Council, lower payment runs than planned to date and slippage on capital schemes. The cash forecast as at 31st March 2020 is £8.9m compared to a plan of £8.4m.

### Table 7: Statement of Cash Flows

<table>
<thead>
<tr>
<th></th>
<th>Apr-19 £'000</th>
<th>May-19 £'000</th>
<th>Jun-19 £'000</th>
<th>Jul-19 £'000</th>
<th>Aug-19 £'000</th>
<th>Sep-19 £'000</th>
<th>Oct-19 £'000</th>
<th>Nov-19 £'000</th>
<th>Dec-19 £'000</th>
<th>Jan-20 £'000</th>
<th>Feb-20 £'000</th>
<th>Mar-20 £'000</th>
<th>Annual £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Inflows/(Outflow) from Operating Activities</td>
<td>722</td>
<td>(648)</td>
<td>254</td>
<td>2,851</td>
<td>103</td>
<td>600</td>
<td>440</td>
<td>(548)</td>
<td>(1,200)</td>
<td>1,599</td>
<td>(1,097)</td>
<td>1,143</td>
<td><strong>4,219</strong></td>
</tr>
<tr>
<td>Net Inflows/(Outflow) from Investing Activities</td>
<td>522</td>
<td>(11)</td>
<td>(243)</td>
<td>(177)</td>
<td>(48)</td>
<td>(418)</td>
<td>(320)</td>
<td>(349)</td>
<td>(154)</td>
<td>(153)</td>
<td>(54)</td>
<td>(99)</td>
<td><strong>(1,504)</strong></td>
</tr>
<tr>
<td>Net Inflows/(Outflow) from Financing Activities</td>
<td>(151)</td>
<td>(151)</td>
<td>(151)</td>
<td>(151)</td>
<td>(151)</td>
<td>(925)</td>
<td>(151)</td>
<td>(151)</td>
<td>(150)</td>
<td>(151)</td>
<td>(151)</td>
<td>(468)</td>
<td><strong>(2,900)</strong></td>
</tr>
<tr>
<td>Net Increase/(Decrease)</td>
<td><strong>1,093</strong></td>
<td>(810)</td>
<td>(139)</td>
<td><strong>2,524</strong></td>
<td>(95)</td>
<td>(744)</td>
<td>(31)</td>
<td>(1,048)</td>
<td>(1,504)</td>
<td><strong>1,295</strong></td>
<td>(1,302)</td>
<td><strong>577</strong></td>
<td><strong>(185)</strong></td>
</tr>
<tr>
<td>Opening Cash &amp; Cash Equivalents</td>
<td>9,123</td>
<td>10,216</td>
<td>9,406</td>
<td>9,267</td>
<td>11,791</td>
<td>11,696</td>
<td>10,952</td>
<td>10,921</td>
<td><strong>9,873</strong></td>
<td>8,369</td>
<td>9,663</td>
<td>8,362</td>
<td><strong>9,123</strong></td>
</tr>
<tr>
<td>Closing Cash &amp; Cash Equivalents</td>
<td>10,216</td>
<td>9,406</td>
<td>9,267</td>
<td>11,791</td>
<td>11,696</td>
<td>10,952</td>
<td>10,921</td>
<td><strong>9,873</strong></td>
<td>8,369</td>
<td>9,663</td>
<td>8,361</td>
<td>8,938</td>
<td>8,938</td>
</tr>
<tr>
<td>Plan</td>
<td><strong>8,992</strong></td>
<td>8,705</td>
<td>10,209</td>
<td>11,641</td>
<td>10,704</td>
<td>9,202</td>
<td>11,248</td>
<td>10,235</td>
<td>8,811</td>
<td>10,401</td>
<td>9,398</td>
<td>8,354</td>
<td>8,354</td>
</tr>
<tr>
<td>Variance</td>
<td>(1,224)</td>
<td>(701)</td>
<td>942</td>
<td>(150)</td>
<td>(992)</td>
<td>(1,750)</td>
<td>327</td>
<td>362</td>
<td>442</td>
<td>738</td>
<td>1,037</td>
<td>(584)</td>
<td>(584)</td>
</tr>
</tbody>
</table>

Table 7 below shows the Trust’s cash flow for the financial year:
7. Capital Expenditure

The Trust’s gross capital expenditure agreed within the 2019/20 plan is £2,676k. The Trust’s plan included the sale of the Ashcombe Centre at £500k, resulting in a total capital plan of £2,176k. Table 7 below shows the original and revised planned capital expenditure for 2019/20 as submitted to NHSI.

- Actual Capital Expenditure at month 6 is £1,020k, against the plan of £1,126k, £106k lower than plan.
- The forecast Capital expenditure is anticipated to be £2.176m compared to an original plan of £2.676m. This is due to the Capital programme being funded in part by the sale of Ashcombe centre which is now unlikely to take place in 2019/20.
8. Use of Resource Metrics

The Framework covers 5 themes, quality of care, finance and use of resource, operational performance, strategic change, leadership and improvement capability. The metrics below will be used to assess the Trust’s financial performance. At month 6 we are ahead of plan with a rating of 2 mainly due to a better than expected capital servicing ratio and our favourable I&E surplus.

<table>
<thead>
<tr>
<th>Table 9: Use of Resource</th>
<th>Year to Date Plan</th>
<th>Year to Date Actual</th>
<th>Year to Date RAG Rating</th>
<th>Forecast</th>
<th>Forecast RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liquidity Ratio (days)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Capital Balance (£000)</td>
<td>8,140</td>
<td>8,148</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Operating Expenses (£000)</td>
<td>44,049</td>
<td>88,065</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquidity Ratio days</td>
<td>34</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liquidity Ratio Metric</strong></td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Capital Servicing Capacity (times)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Available for Debt Service (£000)</td>
<td>2,557</td>
<td>5,699</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Annual Debt Service (£000)</td>
<td>1,994</td>
<td>3,988</td>
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<td></td>
</tr>
<tr>
<td>Capital Servicing Capacity (times)</td>
<td>1.28</td>
<td>1.43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capital Servicing Capacity Metric</strong></td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>I&amp;E Margin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normalised Surplus/(Deficit) (£000)</td>
<td>238</td>
<td>1,038</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income (£000)</td>
<td>46,569</td>
<td>93,687</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Margin</td>
<td>0.5%</td>
<td>1.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I&amp;E Margin Rating</strong></td>
<td>2</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>I&amp;E Margin Variance from Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Margin Variance</td>
<td>0.2%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I&amp;E Margin Variance From Plan</strong></td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Agency Spend</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers Cap (£000)</td>
<td>1,175</td>
<td>2,187</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Agency Spend (£000)</td>
<td>1,205</td>
<td>2,101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency %</td>
<td>3%</td>
<td>(4%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agency Spend Metric</strong></td>
<td>1</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Use of Resource</strong></td>
<td>2</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
9. Better Payment Practice Code

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

During month 6, the Trust has over-achieved the 95% target in terms of the total value of invoices paid, and has achieved the 95% target for the total number of invoices paid. Table 10 below shows the Trust’s BPPC performance split between NHS and non-NHS suppliers.

NHS (92% in month) missed the target by 4 invoices all relating to West Midlands Ambulance Services due to a delay in supplying a waiver; 34 Non NHS invoices missed the target relating to Clarity Travel and Agency charges due to late authorisation by the budget holders.

The finance team will continue to review performance and take action where necessary to improve timely authorisation of invoices and avoid retrospective raising of purchase orders.

<table>
<thead>
<tr>
<th>Table 10: Better Payment Practice Code</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of Invoices</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total Paid</td>
</tr>
<tr>
<td>625 10,935 11,560</td>
</tr>
<tr>
<td>Total Paid within Target</td>
</tr>
<tr>
<td>581 9,914 10,495</td>
</tr>
<tr>
<td>% Number of Invoices Paid</td>
</tr>
<tr>
<td>93% 91% 91%</td>
</tr>
<tr>
<td>% Target</td>
</tr>
<tr>
<td>95% 95% 95%</td>
</tr>
<tr>
<td>RAG Rating (Variance to Target)</td>
</tr>
<tr>
<td>-2% -4% -4%</td>
</tr>
<tr>
<td><strong>Value of Invoices</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total Value Paid (£000s)</td>
</tr>
<tr>
<td>6,449 35,113 41,562</td>
</tr>
<tr>
<td>Total Value Paid within Target (£000s)</td>
</tr>
<tr>
<td>6,100 33,819 39,919</td>
</tr>
<tr>
<td>% Value of Invoices Paid</td>
</tr>
<tr>
<td>95% 96% 96%</td>
</tr>
<tr>
<td>% Target</td>
</tr>
<tr>
<td>95% 95% 95%</td>
</tr>
<tr>
<td>RAG Rating (Variance to Target)</td>
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<tr>
<td>0% 1% 1%</td>
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</tbody>
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NHS Trust
NHS Trust Combined Healthcare
12 | Page
10 Risks

There is risk within the 2019/20 financial position, which will need to be closely monitored in order to deliver the Trust control surplus of £338k. The risks are summarised within the table below.

1. **System wide programme savings** - Risk = £1m, £586k of savings are understood and have been reflected in system positions at Q2
   Mitigations
   - Monthly tracking of savings through STP DoF
   - Leading on developments of PIDs with the STP

2. **2019/20 Cost Improvement** – Risk = £789k recurrently against internal trust target with remaining CIP unidentified.
   Mitigations
   - Recruitment to transformation team underway
   - Ongoing development of schemes with divisional and corporate teams
   - Monthly review of CIP progress through Finance, Performance and Estates Committee. This includes 2 x annual presentations by each directorate.
   - Plan is based on full recruitment to posts, which is unlikely from 1st April therefore contributing non recurrently to CIP.

3. **Management of in year cost pressures** – No funding held to offset
   Mitigations
   - Residential placements are forecasting £1m overspend in the worst case. The Trust is working with the council to address the overspend.
   - Darwin is forecasting to under deliver against the income target, admissions process under discussion with NHSE
   - Primary Care forecast is to breakeven, with a downside risk of £367k.
   - In year management of budgets and forecasting to enable early sight of areas of pressure to enable early action.
   - Pressures offset by non recurrent benefits
11 Recommendations

The Finance, Performance & Estates Committee are asked to:

Receive the Month 6 position noting:

• The reported year to date surplus of £238k against a planned surplus of £161k. **This is a favourable variance to plan of £77k.**

• The M6 CIP achievement of £1,086k; **an adverse variance of £564k to plan**

• The cash position of the Trust as at 30th September 2019 with a balance of £10,952k; **£1,750k higher than plan.**

• Total Agency expenditure of £1,205k against the agency cap of £1,175k; **an adverse variance of £30k to plan**

• Capital expenditure at £1,020k compared to planned capital expenditure of £1,126k.

• Use of resource rating of 2 against a plan of 3.
REPORT TO OPEN TRUST BOARD

Enclosure No: 14

Date of Meeting: 28th November 2019
Title of Report: Finance, Performance and Estates Committee Assurance Report – October
Presented by: Tony Gadsby
Chair/Non-Executive Director
Author: Kimberli McKinlay – Acting Deputy Director of Finance
Executive Lead Name: Lorraine Hooper – Executive Director of Finance, Performance and Estates

Executive Summary:
This paper details the items discussed at the Finance, Performance and Estates Committee meeting on the 7th November 2019

Purpose of report
- Approval ☐
- Information ☒
- Discussion ☐
- Assurance ☒

Seen at: SLT ☒ Excs ☐

Committee Approval / Review:
- Quality Committee ☐
- Finance & Performance Committee X
- Audit Committee ☐
- People, Culture & Development Committee ☒
- Charitable Funds Committee ☐
- Business Development Committee ☐
- Primary Care Committee ☐

Strategic Objectives
(please indicate)
1. To enhance service user and carer collaboration ☐
2. To provide the highest quality, safe and effective services X
3. Inspire and implement innovation and research. ☐
4. Embed an open and learning culture that enables continual improvement. ☐
5. Attract, develop and retain the best people. ☐
6. Maximise and use our resources effectively. X
7. Take a lead role in partnership working and integration. ☐

Risk / legal implications:
Risk Register Reference
Oversees the risk relevant to the Finance, Performance and Estates Committee

Resource Implications:
None applicable directly from this report

Funding Source:

Diversity & Inclusion Implications:
(Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&I Guidance
There are no direct impact of this report on the 10 protected characteristic of the Equality Act

STP Alignment / Implications:
The Trust Financial performance feed into the overall STP Financial Position.

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

<table>
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<th>Version</th>
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Assurance Report to the Trust Board
28th November 2019


This paper details the items discussed at the Finance, Performance and Estates Committee meeting on the 7th November 2019. The meeting was quorate with minutes approved from the previous meeting on the 18th October 2019. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Estates Update

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

- **Financial Planning** – The Director of Finance advised the committee that the system submitted a further update to the draft plan for 2020/21 however the financial plan position for the Trust remained unchanged. The committee were advised of a number of system “lock in” meetings over the coming weeks to discuss possible further amendments.

- **PFI** – The committee received details of the assessment, were assured that the final outcome is satisfactory to the Trust and accepted the recommendations.

- **Other Updates** – The committee also received and noted updates on the national financial position which is showing a deficit at Q1 and the System wide finance position which is forecasting a system deficit adverse to plan in 2019/20.

**Finance**

- **Finance Update**

The Committee received an update on the financial position which is on track to deliver the 2019/20 plan against all key metrics, with the exception of recurrent CIP. Agency expenditure is over the NHSI agreed ceiling at M6, the committee acknowledge this is a challenging position to recover by the end of the year.

The committee were assured around the Trust ability to deliver the financial plan and key metrics for 2019/20.

- **Cost Improvement Programme (CIP)**

The Committee received “Deep Dive” presentations on the following:-

- CIP Checkpoint – Acute and Urgent Care Directorate
- CIP Checkpoint – Partnerships, Strategy and Digital

In both cases the committee were assured by the work being done to maximise the CIP opportunity.

The Committee received an update for Cost Improvement for 2019/20, which is forecasting to deliver £3.1m against the £3.5m target for 2019/20. This recurrent value of these schemes is £2.3m, representing a £1.2m shortfall including system savings. The Committee were assured that there was sufficient focus being placed on Cost Improvement; they were not assured
around recurrent delivery of 2019/20 programme. The committee also received updates on capital affordability and working capital and were assured by the management in these areas.

- **Performance**

The committee received the performance report and acknowledged that the number of exceptions had reduced from 20 to 15 in month 6. Ongoing focus to maintain this trend was noted.

**Other:**

- **Estates Update:**

The Committee received a report detailing ongoing Estates projects and were assured by the progress to date.

- **Risk Register**

The Committee received an update of the Finance, Performance and Estates Risk Register and noted the inclusion of a new risk regarding the potential impact the deteriorating SOT LA financial position could have on the Trust following discussions at last months committee.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- STP Finance Report
- Agency Utilisation
- Capital Report and Capital Affordability – Q2
- Working Capital update – Q2
- Improving Quality and Performance Report - IQPR
- Activity Report M6
- Data Quality Report Q2
- Board Assurance Framework 2019/20 Q2
- Cycle of Business 2019/20
- Finance, Performance and Estates Monitoring Schedule

**Recommendation**

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

On Behalf of Tony Gadsby
Chair of Finance, Performance and Digital Committee
# REPORT TO OPEN TRUST BOARD

**Date of Meeting:** 28th November 2019  
**Title of Report:** Primary Care Committee Assurance Report  
**Presented by:** Tony Gadsby, Chair, Primary Care Committee  
**Author:** Chris Bird, Executive Director of Partnerships and Strategy  
**Executive Lead Name:** Chris Bird, Executive Director of Partnerships and Strategy  

## Executive Summary

This report is presented to the Trust Board as an Assurance Report for the Primary Care Committee held on 8th November 2019.

## Purpose of report

<table>
<thead>
<tr>
<th>Approval</th>
<th>Information</th>
<th>Discussion</th>
<th>Assurance</th>
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## Seen at:

- SLT  
- Execs  

## Committee Approval / Review

- Quality Committee  
- Finance & Performance Committee  
- Audit Committee  
- People, Culture & Development Committee  
- Charitable Funds Committee  
- Business Development Committee  
- Primary Care Committee

## Strategic Objectives

1. To enhance service user and carer collaboration  
2. To provide the highest quality, safe and effective services  
3. Inspire and implement innovation and research.  
4. Embed an open and learning culture that enables continual improvement.  
5. Attract, develop and retain the best people.  
6. Maximise and use our resources effectively.  
7. Take a lead role in partnership working and integration.

## Risk / legal implications:

Risk Register Reference: 1103 & 1293

## Resource Implications:

None directly arising from this report

## Funding Source:

None directly arising from this report

## Diversity & Inclusion Implications:

None directly arising from this report

## STP Alignment / Implications:

None directly arising from this report

## Recommendations:

The Trust Board are invited to:  

i) Note the contents of this report

## Version

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PCC Assurance 08.11.19 – Chris Bird, Director of Partnerships, Strategy & Digital
Assurance Report to the Trust Board
Primary Care Committee
8th November 2019

Introduction
This paper details the issues discussed at the Primary Care Committee on 8th November 2019. The meeting was quorate with minutes approved from the previous meeting on 27th September 2019. Progress was reviewed and actions confirmed from previous meeting.

Action Items
The meeting received updates against all actions that had been carried forward from previous meetings and noted that all but one were completed. The residual action relates to the establishment of the ‘Committee in Common’ which is on track to be established by the end of the 2019 calendar year.

Clinical Model & Workforce
The Committee received an update from Dr Mark Williams on the clinical model and workforce position.

A summary of the headlines in relation to the clinical model is set out below:

- Analysis of a 10 month period in 2018 and 2019, i.e. pre and post integration, identifies an increase of 24,752 booked appointments since the service was integrated to the Trust and the new clinical model introduced. This equates to an increase of 67% and is driven by an increase in the service offered through Advanced Nurse Practitioners & Allied Health Professionals (Physician’s Associate, Clinical Pharmacist and Urgent Care Practitioner).
- The improved triage functions also has meant that over 10,000 patients have been seen as ‘urgent on-the-day’ appointments meaning patients have better access for urgent issues and are consequently less likely to attend other urgent care settings (e.g. Walk-In Centres, A&E).
- This is consistent with the findings of the recent post-project review which reported an increase in the number of appointments per 1,000 population from 56/1,000 to 76/1,000 in the post-integration period.

In relation to workforce issues, the salient points are as follows:

- The Primary Care Team are hosting a series of engagement conversations with patient-facing colleagues to gauge their views on workload. More Senior or long-serving GPs feel the workload offers a much better balance post integration, this is echoed by ANPs and AHPs, but there are some concerns being expressed by younger GPs, particularly in relation to the Duty role. As an output from these listening events; a small number of items have been identified which will be progressed over the coming months. It is understood that clinicians do have confidence the actions will lead to improvements.
- GP recruitment continues following two recent resignations, there has been considerable interest in the roles with the clinical model being cited as a key factor. One GP has been recruited and discussions are progresser with other candidates to return to a full compliment.
- A new pilot for Urgent Care Practitioners to provide home visit triage and cover will commence this month.

The Committee received an update on the ‘Medical Monitoring Metronome’ project which aims to rationalise patient appointments for blood tests and investigations. Following approval through the Trusts Clinical Research Group, a small task and finish group has been established with clinical oversight from the Primary Care Service – Clinical Lead to implement the scheme.
The Committee were also advised that a specification for the improvements to the Practice website had been approved and the supplier would be commencing work shortly.

CQC Action Plan

The Committee received an update on the preparedness of the service ahead of an anticipated CQC review later this year. A working group has been established across Trust Corporate Services and Primary Care Services to ensure that all CQC lines of enquiry are captured, a position documented and any resultant actions identified and progressed.

The Committee were advised that there are currently no RED rated items for escalation and there is a strong level of confidence that the alignment of CQC preparedness with the Trust's existing arrangements would support the service to in an improved position at the point of inspection. It was noted that a discussion with the CQC was scheduled for the 15th November 2019 to work through the exact arrangements.

It was also confirmed that the Freedom to Speak Up Guardian had visited the practice, raised awareness of her role and contact details. The FSUG also advised she would be attending the practice later in the month for a more involved session as part of the continued harmonisation of the service into the Trust.

Finance

The Committee received the Month 6 Finance Report which shows an adverse YTD of £2k – this is a £5k improvement on the M5 position and the fourth consecutive month of a favourable movement in the YTD position. The Forecast Outturn position has been agreed as break-even (i.e. expenditure will match budget). This includes provision for the AfC harmonisation offer referenced elsewhere in this report.

Consistent with previous months, the main drivers of the financial position are an over-spend on agency staff offset somewhat by an underspend on the medical & nursing budget lines due to vacancies. The Practice has developed a plan to reduce locum use in the second half of the year. This has been reflected in the forecast outturn which includes a residual contingency for the latter half of the year to provide for temporary need for locum staff linked to recent resignations and seasonal variation throughout Winter. The run-rate on agency has reduced in each of the past three months and is expected to outturn below the NHSI agency ceiling of £300k.

The non-pay budget and commitments are due for a ‘deep-dive’ over the next two months which will further refine the accuracy of the forecast outturn.

Performance

The Committee received the Month 6 Performance report and considered the update on the nature of the performance metrics and performance against them. An overview of the performance report is included below:

- The service is on track to achieve the 2019/20 Prescribing Incentive Scheme – the design of the scheme has increased in difficulty from previous years and to earn the financial incentive the service needs to deliver against each of three key metrics; financial growth cap, prescribing levels of ‘Over the Counter’ medicine (i.e. medicines which do not need prescription and are often low cost e.g. mild pain killers, cough suppressants) and prescribing
levels for Antibiotics (all measures relative to 2018/19). The rate of difficulty in achievement is expected to increase as the winter period approaches. The financial incentive due from this scheme is not included in the ‘most likely’ out-turn scenario so there would be no adverse financial impact on the revenue position if this scheme was not delivered.

- The 2019 QOF & QIF schemes have now been rolled out and performance is reported against these new arrangements. It makes longitudinal analysis over time more difficult but in general terms the issues of concern remain constant with Diabetes services continuing to present a significant challenge.
- FFT results continue to be sustained at a high level although there is some evidence of deterioration in more recent results. The Team will bring through more in-depth analysis to the next meeting to identify any thematic trends.
- Three ‘Significant Events’ with details shared at the Committee all of which were investigated and concluded.
- Statutory & Mandatory performance improved on the previous month and several areas are now reported as being above the requisite threshold for compliance.

The Committee received an update on the development of a bespoke performance management framework to ensure that there is direct visibility from a clinical, operational and assurance perspective. This remains on track to be rolled out in shadow form during the final quarter of the 2019/20 financial year.

The Committee received the report.

**Primary Care Review**

The Committee considered the Primary Care Review which was published to the October meeting of both the Business Development Committee and Trust Board. Whilst seemingly retrospective in nature, it provided an important opportunity to recognise the input of members of the Committee into the development of the review and for the Committee to formally acknowledge the outcome of the Board position regarding the future direction for primary care strategy.

**Primary Care Task & Finish Group**

The Committee received a report from the DoPS on the work being undertaken to ensure that the Trust completes the mobilisation of the primary care service and transition to business as usual. This includes:

- **HR**
  - Recruitment to Primary Care Team – completed August 2019
  - AfC Harmonisation Offer – the offer to all TUPE staff to harmonise to AfC terms will be launched on 19th November. The offer will be done on the basis of ‘engagement’ rather than ‘consultation’ with the agreement of HR and Staffside. The offer will be available for a four-week period and the outcome processed in the January 2020 payroll
  - GP Contract and 2% pay award – this has been included within the offer above
- **Finance & Estates**
  - Lease agreements – Moorcroft will be complete by end of calendar year 2019, Moss Green see below
  - Finance harmonisation – completed
  - Performance reporting – development of performance framework over next 6 – 12 months with support from AQuA. Design of framework in Q3, shadow running in Q4, operational from 2020/21

The Committee noted the progress that had been made in each area and was content that the mobilisation work was continuing on a satisfactory basis. Of particular note, the Committee discussed the scale and nature of the challenge in agreeing a lease for the Moss Green Practice which is located in a PFI-build, owned by Stoke-on-Trent City Council, operated by NHS Property Services.
and consists of multi-occupancy enterprises including both public and private sector. Negotiations on a lease agreement have commenced but are likely to follow a protracted timeline.

Risks

The Committee agreed to close risk 1205 relating to the AfC harmonisation offer following the Executive Team decision to support the proposal and the consequential impact being included in the M5 Finance Outturn position.

At their October meeting, the Committee discussed risks 1103 and 1293 which consider the risk to the Trust’s reputation and financial position respectively if the Trust’s integration strategy were to fail. It was agreed that this would be revisited at the November meeting following consideration of the Primary Care Review to the October meeting of the Trust Board. The Committee further agreed to defer a decision until the December meeting.

Recommendation

The Trust Board is asked to:

1) Note the contents of this report

Chris Bird, Director of Partnerships, Strategy & Digital
On behalf of Tony Gadsby, Chair
20th November 2019
REPORT TO OPEN TRUST BOARD

Date of Meeting: 28th November 2019
Title of Report: Register of Board Members – Declarations of Interest
Presented by: Laurie Wrench, Associate Director of Governance
Author: Lisa Wilkinson, corporate Governance Manager
Executive Lead Name: Tosca Fairchild, Assistant Chief Executive

Executive Summary:
The report provides an update as at November 2019 of current member's interests.

It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view.

Seventeen:
SLT ☐ Execs ☐

Committee Approval / Review
- Quality Committee ☐
- Finance & Performance Committee ☐
- Audit Committee ☐
- People, Culture & Development Committee ☐
- Charitable Funds Committee ☐
- Business Development Committee ☐
- Primary Care Committee ☐

Strategic Objectives (please indicate)
1. To enhance service user and carer collaboration.
2. To provide the highest quality, safe and effective services.
3. Inspire and implement innovation and research.
4. Embed an open and learning culture that enables continual improvement.
5. Attract, develop and retain the best people.
6. Maxmise and use our resources effectively.
7. Take a lead role in partnership working and integration.

Risk / legal implications:
Risk Register Reference: The register enclosed is in line with current legislation.

Resource Implications:
Funding Source: N/A

Diversity & Inclusion Implications:
(Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups. See wider D&I Guidance)
There is no direct impact of this report on the 10 protected characteristics of the Equality Act

STP Alignment / Implications:
N/A

Recommendations:
To accept the register as a true and accurate record. This will be uploaded to our external Trust website.

Version
Name/group
Date issued
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<tr>
<th>NAME OF DIRECTOR</th>
<th>INTEREST DECLARED</th>
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<tbody>
<tr>
<td>D Rogers</td>
<td>Crystal Care Solutions Ltd Chairman</td>
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<td></td>
<td>Staffordshire Wildlife Trust Trustee</td>
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<td></td>
<td>CQC Executive Reviewer</td>
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<td>Positive Practice (Healthcare Collaborative) Advisory Board</td>
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<td></td>
<td>GGI (Good Governance Institution) Non-Executive Director</td>
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<tr>
<td>Peter Axon</td>
<td>No interests declared</td>
</tr>
<tr>
<td>A Gadsby</td>
<td>CQC Executive Reviewer</td>
</tr>
<tr>
<td>P Sullivan</td>
<td>Health and Social Care Mental Health Specialist Lay Member First Tier Tribunal</td>
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<td>HMP/YOI Drake Hall (Local Prison) Chair Independent Monitoring Board</td>
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<tr>
<td>J Walley</td>
<td>Burslem Regeneration Trust Trustee</td>
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<td>Carrick Court Freehold Company Director</td>
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<td></td>
<td>Electoral Commission Nominated Commissioner</td>
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<tr>
<td>Janet Dawson</td>
<td>No interests declared</td>
</tr>
<tr>
<td>Russell Andrews</td>
<td>Board Member for four other Boards but none have any relevant or material interests connected to North Staffordshire Combined Healthcare.</td>
</tr>
<tr>
<td>K Tattum</td>
<td>BGS Medical Ltd Owner</td>
</tr>
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<td></td>
<td>Baddeley Green Surgery Senior Partner</td>
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<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Dr O Adeyemo</td>
<td>Executive Medical Director</td>
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<tr>
<td>L Wrench (In attendance)</td>
<td>Associate Director of Governance</td>
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<tr>
<td>J Harvey (In attendance)</td>
<td>Staff Side Representative</td>
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<tr>
<td>Jonathan O’Brien</td>
<td>Director of Operations</td>
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<tr>
<td>J McCrea (In attendance)</td>
<td>Associate Director of Communications</td>
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<tr>
<td>J Harvey (In attendance)</td>
<td>Staff Side Representative</td>
</tr>
<tr>
<td>Chris Bird</td>
<td>Director of Partnerships and Strategy</td>
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<tr>
<td>Lorraine Hooper</td>
<td>Director of Finance, Performance and Estates</td>
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<tr>
<td>Shajeda Ahmed</td>
<td>Director of Workforce, Organisational Development and Inclusion</td>
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<tr>
<td>Tosca Fairchild</td>
<td>Assistant Chief Executive</td>
</tr>
<tr>
<td>Julie Anne Murray</td>
<td>Acting Director of Nursing and Quality (1st September 2019 – 31st October 2019)</td>
</tr>
<tr>
<td>Kenny Laing</td>
<td>Executive Director of Nursing and Quality</td>
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<td>Kenny Laing</td>
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No interests to declare
Guidance issued by NHS England in February 2017 regarding NHS Conflicts of Interest outline the definition for a ‘conflict of interest’ and this may be Actual or Potential. Interests can arise in a number of different contexts and fall into the following 4 categories:

<table>
<thead>
<tr>
<th>Financial interest</th>
<th>Non-financial professional interests</th>
<th>Non-financial personal interests</th>
<th>Indirect interests</th>
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<tr>
<td>Direct financial benefit from the consequences of a decision</td>
<td>Non-financial professional benefit</td>
<td>Personal benefit</td>
<td>Close association with someone who has an interest</td>
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### 7.1.2 Interests which are relevant and material (Standing Orders Policy 4.4)

(i) Interests which should be regarded as "relevant and material" are:

- a) any directorship of a company;
- b) any interest held by a director in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
- c) any interest in an organisation providing health and social care services to the health service;
- d) a position of authority in a charity or voluntary organisation in the field of health and social care

**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.
REPORT TO Open Trust Board

Date of Meeting: 28th November 2019
Title of Report: People, Culture & Development Committee Summary
Presented by: Janet Dawson, Non-Executive Director
Author: Janet Dawson, Non-Executive Director
Executive Lead Name: Shajeda Ahmed, Director of Workforce, OD, & Inclusion

Executive Summary:
A summary of the People, Culture & Development Committee meeting held on Monday 11th November 2019 and chaired by Mrs Janet Dawson.

Purpose of report
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<th>Approval</th>
<th>Information</th>
<th>Discussion</th>
<th>Assurance</th>
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Seen at: SLT ☑ Exec ☐

Date: N/A

Committee Approval / Review
- Quality Committee ☐
- Finance & Performance Committee ☐
- Audit Committee ☐
- People, Culture & Development Committee ☒
- Charitable Funds Committee ☐
- Business Development Committee ☐
- Primary Care Committee ☐

Strategic Objectives (please indicate)
1. To enhance service user and carer collaboration ☒
2. To provide the highest quality, safe and effective services ☒
3. Inspire and implement innovation and research. ☐
4. Embed an open and learning culture that enables continual improvement. ☒
5. Attract, develop and retain the best people. ☒
6. Maximise and use our resources effectively. ☒
7. Take a lead role in partnership working and integration. ☐

Risk / legal implications:

The Committee reviewed the following risks, which all have mitigating plans in place to address the concerns:

Risk 12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals.
Risk 868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI.
Risk 900 There is a risk that the Trust does not provide inclusive services that recognises the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & the inclusion needs of our local communities.
Risk 901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff.
<table>
<thead>
<tr>
<th>Risk 1072</th>
<th>There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements or their professional responsibilities and as a result may not feel supported in practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Implications:</td>
<td></td>
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<td>Funding Source:</td>
<td></td>
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<tr>
<td>Diversity &amp; Inclusion Implications:</td>
<td>The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to: • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations</td>
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<tr>
<td>(Assessment of issues connected to the Equality Act ‘protected characteristics’ and other equality groups). See wider D&amp;I Guidance</td>
<td></td>
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<tr>
<td>STP Alignment / Implications:</td>
<td>N/A</td>
</tr>
<tr>
<td>Recommendations:</td>
<td>The Board are asked to approve the Pay Protection policy for ratification and receive the summary for assurance purposes.</td>
</tr>
<tr>
<td>Version</td>
<td>Name/group</td>
</tr>
</tbody>
</table>
1.0 **Introduction**

1.1 This paper details the items discussed at the People, Culture and Development Committee meeting held on the 11 November 2019. The meeting was quorate with minutes approved from the previous meeting held on the 9 September 2019. The progress around the work to date on the workforce, organisational development and inclusion agenda was reviewed and actions confirmed from previous meetings.

2.0 **Staff Story**

2.1 The Committee heard from Sharon Black, Senior Counsellor and I APT Team Lead with the Healthy Minds IAPT Consortium.

Sharon had joined the Stepping Up Programme and as part of the programme had been asked to create her timeline which she presented to the Committee. Her timeline detailed her Windrush generation family who had moved to the local area; subsequently moving into an affluent white area of Stoke on Trent where a petition was raised against her family living in the street. The timeline reflected on her experiences of being bullied at school and feeling undervalued. From joining North Staffs Mind in 2005, who demonstrated great inclusivity, she later joined the NHS where she experienced examples of blatant unconscious bias, of not being able to progress, and again was made to feel undervalued.

Sharon decided to gain additional qualifications to assist her in securing promotion; her motto on surviving is that ‘the best form of respect is self-respect.’ Reverse mentoring now provides an invaluable insight on those experiences.

Sharon has since trained to become a Reverse Mentor, supported to do so by the belief that people had in her. By joining the Stepping Up Programme Sharon was able to meet with other people, who had experienced similar situations, she no longer felt alone and it also allowed her to grow her self-confidence. The Inclusion Council has also been instrumental in providing support and a voice. Sharon has also applied for the High Potential Scheme (HPS) and had found the process to be greatly supportive and inclusive.

3.0 **Director of Workforce, OD & Inclusion Update**

3.1 The Director of Workforce, OD & Inclusion provided a written update on the national, regional / system and local highlights.
3.2 National Highlights

- **NHS Confederation Strategic Workforce Forum 2019**
  This annual event for NHS HR Directors took place on the 15-16 October 2019 with the key focus being around the HR community contributing to the development of the People Plan, understanding the global healthcare labour market and developing OD capability. The outcomes from the day will support in shaping the finalised People Plan.

- **NHS Pensions Scheme Consultations**
  The DOSHC developed a new set of proposals published in September 2019 for consultation to offer more flexibility to senior clinicians in the pension scheme. The new proposals included:

  - a ‘flexible accrual’ option where members can choose an accrual level in 10% increments
  - the option to ‘fine tune’ pension growth towards the end of the scheme year, when total earnings are clearer

  The consultation closes on the 1 November 2019 after which the DOHSC will review and consider the responses to the consultation document. A consultation response will be published which will respond to views received and set out how the government will proceed.

  In terms of impact for NSCHT this remains remain high on the radar recognising the impact on high earners reaching the allowance thresholds. To support senior managers who may potentially be affected, independent financial advisers Chase de Vere have been invited to present two sessions on the pension scheme. These sessions has been confirmed for the 26 November and 4 December 2019.

- **People Plan**
  The finalised plan is now due to be published in the New Year, subject to ministry sign off. The plan will also include workforce KPIs/metrics which are likely to commence in 2020/21.

3.3 Regional Highlights

- **LTP and 5 Year Strategy Refresh**
  Work continues across the system to update the 5 year Mental Health Workforce Plan. Timescales for the final version submission are early November 2019.

  With the LTP strategy refresh for The Together We’re Better 5 Year Delivery Plan 2019/20-2023/24 this is currently being finalised with system partners ready for the November 2019 submission.

- **Collaborative Bank for Temporary Staffing**
  In light of the Agency Rules change in September regarding the use of off framework agencies for non-clinical and clinical unregistered roles and the use of agency workers for certain administrative and estates roles, the impact remains minimal for NSCHT. However a review will be undertaken with STP Provider
colleagues to explore the opportunities to expand our current collaborative bank worker arrangements to include Estates and Administrative staff.

3.4 **ICS Leadership/OD Highlights**

- **The High Potential Scheme (HPS)**
  This programme was launched at the end of July as a pilot for the system and is aimed at developing leaders to be the next Executives in the system. Due to the national profile and interest of this programme, the Trust joined NHSLA and NHSLE at the NHS Expo in September to present on this programme.

  The selection/assessment processes have been taking place throughout October and November and it is anticipated that the participants will receive feedback from this process in early December.

  For those participants who do not progress to become part of cohort one, tailored support will be provided from their respective sovereign organisations. For the successful participants there will be a launch event in January to which the sponsors and organisations will be invited to attend.

  The programme has also importantly demonstrated that where there is a common shared purpose, as is the case with the programme in building our future inclusive system leaders, true partnership and collaboration across the system has been seamless.

- **Stepping Up Programme / Alumni**
  The Stepping Up Alumni was held on Friday 25 October 2019 with roundtable discussions with Sir Neil McKay, STP and Independent Chair and Simon Whitehouse, STP Programme Director. There was exceptionally positive feedback from cohort members around the programme and discussion took place around next step actions to support the aspirations of the cohort.

  Key actions from the day were around mentoring, coaching, stretch opportunities and shadowing to support career progression. A system wide talent framework is being developed to map the journey of the members since partaking in the programme and identify areas of development to support career progression.

  There is another Alumni being planned for mid-next year where delegates will be providing feedback on progression to date.

- **System Leader ICS Development Programme**
  To support the transition to an ICS, 3 System Leader Professionals are being nominated to attend the NHSE/I funded system leader ICS Development Programme.

  The programme will offer development for 3 system leaders who are potential change-makers and problem solvers, keen to work across institutional, hierarchical and professional boundaries; leaders who are relatively new to system leadership roles from a variety of professional backgrounds e.g. doctors, nurses, allied health
professions, pharmacists, public health, social care; leaders who have had little, or no, access to system leadership development before.

3.5 **NSCHT Cultural Improvement / Leadership Development Highlights**

- **Organisational Development Strategy**
  NSCHT’s Organisational Development & People Strategic Plan will be refreshed in Quarters 3/4 in light of the People Plan and the national and local developments around leadership development and talent management. Trust wide consultation will take place on co-producing the strategy through various internal forums such as the HR Team Away Day, the Leadership Academy and also a wider consultation process via CAT.

- **Leadership Academy**
  A session on talent management is currently being developed for the Leadership Academy members to progress NSCHT’s approach to implementing a framework to support our talent. As part of this approach, our coaching offer will be further increased to support our workforce.

- **Diversity & Inclusion**
  - **Diversity & Inclusion Annual Report 2018/19**
    The annual report has been developed and presented. The report describes the 2018/19 achievements with a focus on our succession pipeline and creating an inclusive working environment.
  
  - **RCN Black History Month**
    NSCHT attended the above event to celebrate the occasion and explore issues that particularly affect BAME patients, services users and health staff. We are also delighted that Manuel Joseph Kallukalam, Practice Education Lead received an award at the event for his ‘Outstanding Contribution to Equality, Diversity & Inclusion in Health & Social Care.
  
  - **#WearRedDay #SaynotoRacism**
    NSCHT offered free cultural lunches to staff at Harplands in support of saying no to racism for a small donation to #ShowRacismTheRedCard charity.
  
  - **National BAME Health and Care Awards**
    Our Diversity & Inclusion Lead, Lesley Faux was shortlisted for the above award in recognition of her achievements for driving forward diversity and inclusion for our staff and patients.
  
  - **Inclusion Council Meeting – September 2019**
    There was a focus on reviewing the 5 BAME Workforce Inclusion Projects, summarised below:
    1. Developing Inclusive Recruitment & HR Processes
    2. Supporting the Development of our BAME Staff
    3. Reporting, Learning and Improving from Incidents
    4. Creating a Culture of Inclusion
    5. Communicating for Inclusion
The Terms of Reference are to be reviewed at the next meeting recognising the wider work that will need to be undertaken to creating a culture of inclusion in the Trust.

- **BITC Race at Work Charter**
  The Trust is now officially a signatory on the Business in the Community Race at Work Charter amongst organisations such as Sky, NHS England, Barclays and many more.

  This Charter is composed of five principle calls to action for leaders and organisations across all sectors. Signing up means taking practical steps to ensure that we are tackling barriers that ethnic minority people face in recruitment and progression and that we are representative of the communities we serve.

  This is an agenda item for the November Inclusion Council to discuss how we can continue to make improvements in addressing the barriers that BAME staff can experience within the working environment.

- **Health & Wellbeing**
  To support staff with mental health and wellbeing, NSCHT will be implementing a customisable platform, known as ‘vivup’ that encompasses all of our employees benefits and health and wellbeing initiatives in one place. The platform offers a range of initiatives to support;
  - Physical Health & Wellbeing
  - Financial Health & Wellbeing
  - Mental Health & Wellbeing

  The platform also comprises of an ever-growing range of partners offering discounts such as Currys PC World, Carphone Warehouse, John Lewis, Tescos and amazon.com.

  It is anticipated that this platform will be live from end of November onwards.

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**4.0 Recruitment & Retention Update**

**4.1** The Associate Director of Workforce delivered a presentation on the progress to date around the recruitment and retention proposition as summarised below:

1. To promote our profile as an employer of choice
2. Values based and highly skilled workforce to fill vacancies
3. To be competitive with other NHS and private sector employees
4. Actively retain our workforce

**4.2** Bespoke recruitment strategies are currently in place to target nursing, medical and psychology recruitment. The aim is to actively retain our workforce under the overarching themes of flexibility, health & wellbeing, Trust brand, culture and
leadership, understanding data, supporting new starters, career progression and supporting experienced staff.

4.3 In terms of the Trust's marketing/campaigning strategy, work is underway to promote the Trust as an outstanding Mental Health provider. As part of this strategy a local advertising campaign is planned from December 2019 with Signal Radio. The Trust is also now a recruiter on ‘Linked In’ for potential candidates. The Trust’s reputation within the local health economy as an employer of choice is being optimised via our social inclusive approach further enhanced by programmes such as the High Potential Scheme offer.

4.4 Discussions were held on recruiting to middle grade doctors’, as there were staff looking for posts who could then develop into the consultant roles. It was acknowledged that this should form part of the Trust’s workforce planning process recognising that some posts will always be difficult to fill due to the national workforce challenges and that the Trust needed to review how these posts can be filled differently.

4.5 The Committee had been asked by the Board to consider whether the target for the vacancy rate at 7% was realistic in the current environment. This was discussed at length as there is always a challenge with raising a KPI to reflect more closely actual performance running in September at 11.9%. However it was decided to accept the recommendation of 10% as a more realistic target that still represented a challenge for improvement with a caveat that the Trust will work towards reducing this further when possible and that this would be reviewed on an annual basis. The national rate was confirmed at 11%.

4.6 The Director of Workforce, OD & Inclusion commented that the learning from the earlier cohorts of the NHSI Retention Programme is of managers knowing their staff which allows for preventative dialogue to ensure that staff are not leaving with flexibility being key to retention. This will be a significant piece of communications work for the Trust’s workforce and Talent Management will heavily link in with this.

4.7 Discussions took place around the flexibility of the offer to staff but more needed to be done to progress this to evidence this was happening and that staff are being supported in their work-life balance to improve retention levels. It was recognised that the promotion of flexibility would enhance the Trust’s reputation of being an employer of choice. It was also recommended that the Trust needed to share case studies where flexibility has worked well so that the workforce could see that this was happening to enable a positive culture shift.

5.0 IPQR – Improving Quality Performance Report Month 6

5.1 The Associate Director of Workforce presented the performance against KPIs and reporting requirements.

- Sickness Absence – this remains significantly below the Trust target of 5%.
- Vacancy – for M6 this has improved from 11.87% in August to 11.56%, and the Trust is incorporating a number of strategies to recruit and retain staff to reduce the
vacancy rate.

- Turnover - there has been a substantial improvement in staff turnover for the last 8 months to 11.59% in M6.
- Agency – the spend continues to be 3% in M6. Agency as a whole is forecast to be within the ceiling by the end of the financial year. Medical locums continue on Ward 2 and in Darwin, Community LD and the Sutherland Centre.
- Clinical Supervision – there has been an improvement in M6 with Directorate plans in action to ensure that clinical supervision is recorded in a timely way.
- Appraisal - compliance levels are above target at 82%.
- Statutory / Mandatory Training – all Directorates are above target and work is ongoing to ensure that the position is sustained.

6.0 **Diversity & Inclusion (D&I) Annual Report – 2018/19**

6.1 The Associate Director of OD presented the full annual report to the Committee which sets out how the Trust has delivered on its diversity and inclusion agenda in 2018-19. A summarised version of the report was reviewed at Trust Board in October 2019 and will be published alongside the full annual report on the Trust’s Diversity and Inclusion pages.

It was noted that more collaborative work needed to take place across the system around supporting a more diverse workforce growth and that further work was required with schools for the 200+ types of roles that we have in the NHS, recognising that this had commenced. It was agreed that learning from Manchester Metropolitan University would provide an opportunity for the best intake of people from diverse communities, poor families.

Discussions were held around reviewing the workforce demographic trend lines in more detail with the NHS being a hard to enter organisation, and more focus needed on a values based recruitment approach to encourage people to enter the organisation.

7.0 **Apprenticeship Update**

7.1 The Committee had an update on the performance of the Trust as the end of Quarter 2 against the Public Sector target of 37 (internally adjusted to 47) new apprentice starts and the position of the trust in relation to spend on the Apprentice Levy.

7.2 Performance for 2018/19 was slightly below target at 32 against a target of 34 and the target for 2019/20 had been set at 47 to account for carried forward shortfalls. Performance has been steady with 9 new starts in quarters 1 and 2 and 10 more in train but this leaves 28 roles to fill in the balance of the year. The Director of Workforce, OD & Inclusion is to review the “Get Into the NHS” programme run by the Princes Trust which looks to support local young people to develop employability skills after which they can be supported into joining an apprenticeship scheme. It was also acknowledged that ties also need to be strengthened with the
local Universities and as part of its’ social inclusion approach the Trust needs to recruit a cohort of more diverse apprentices.

7.3 The Committee was advised that the apprenticeship levy is mainly the source of funding for apprenticeships but could also be used for CPD where the courses qualify. The levy accrues at £22,000 per month and in the last 12 months we have spent £94,500 and are forecast to spend £79,500 in the next 12 months on our known starts. The current levy in our account is £474,500 and while we have gifted some of this to partner organisations, we are clearly unlikely to utilise this amount which has now started to expire under the two year “use it or lose it” requirements.

8.0 **Health & Wellbeing VIVUP Proposal**

8.1 The Associate Director of Workforce presented the proposal to the Committee, which has also been presented to both Executives and the Senior Leadership Team in October 2019.

8.2 A review of the Trust’s existing health and wellbeing offer was undertaken whereby it was recognised that there was a need to enhance the offer both from a physical and also mental health provision. The Trust therefore underwent a process whereby VIVUP were the preferred partner to support us in our ambition to enhance our health and wellbeing offer to our workforce.

8.3 Vivup offers a fully customisable website (platform) where all of an organisation’s benefits can be accessed by staff in one place. With the added value of an in-house 24/7 Employee Assistance Provision (EAP), Vivup provides a full range of employee benefits and training tailored to support an organisation’s health and wellbeing agenda that will enhance what we currently offer.

It should be noted there is no direct cost for the following services:

- Physical health and wellbeing
- Financial health and wellbeing
- Mental health and wellbeing

8.4 The Vivup platform can also accommodate the following pay as you go services:

- Health & Safety Training
- Employee Assistance Provision Core Level 2 (Face to Face)
- Mental Health First Aid/Awareness Training
- Compliance Training
- Training & Development
- Consultation Services

It is not proposed to progress the above initiatives immediately as in the first instance the basic package will be used as a trial to evaluate and monitor employee uptake of the services.
8.5 Robust discussions were held around the impact of a reduction in pensionable salary and of life assurance which also reduces if/when staff purchase. The Trust is planning a robust communications plan with in-depth information provided to staff to make them fully aware of what they may be signing up to.

8.6 It was noted by Committee that the Trust will be encouraging the most favourable purchases in the scheme. The concern around a reduction in pension was also noted.

9.0 Guardian of Safe Working

9.1 The Medical Director presented the report for Q2 to Committee for assurance purposes.

9.2 The rotas remain compliant and satisfy the working hours rules laid down by the TCS with there being no exception reports raised during this quarter. The system of junior doctors meeting and mandated junior doctors’ forum meetings are working well, and doctors are regularly reminded that they should use the system if they have any concerns.

10.0 Psychological Professions Strategy

10.1 The Medical Director presented the strategy which sets out the vision for psychological professions in the Trust underpinned by six high level themes and primary objectives as summarised below:

- Ensure that all service user and carer contact across the Trust is psychologically informed.
- Ensure that all psychological practice is caring, responsive, and effective, well led, safe, compassionate and cost-effective.
- Support, value and develop our staff to deliver the highest quality care.
- Develop career pathways to attract, develop and retain our staff – underpinned by a continuing focus on promoting equity, diversity and inclusivity.
- Raise the profile of our activities in developing, delivering, leading, managing, and improving the quality of psychological services provided by the Trust.
- Identify, pursue and engage in research and innovation opportunities.

10.2 The themes will form the basis for work streams to operationalise and implement the strategy vision from 2020. The strategy will be reviewed on a three-yearly cycle commencing 2022. Progress will be monitored through updates to the Psychological Professions Advisory Group, Professional Leadership Advisory Group and MACE. There will be an official launch of the strategy on the 6 December 2019 following final submission to the November Trust Board.
11.1 **Annual Leave Management**

11.2 The Associate Director of Workforce presented a paper to Committee on the feasibility of introducing ‘variable leave years’ to alleviate potential pressures caused by employees taking leave at the end of the leave year (March). It should be noted that this model had been considered previously back in 2017 and a benchmarking exercise undertaken which confirmed that many Trusts had not progressed to this model of annual leave management.

Having considered the variable leave years approach, it has been determined that this would entail significant utilisation of resources to deliver this change in practice, added to which there no compelling evidence to suggest that there would be any return on this investment.

Based on this conclusion it was recommended that the current fixed annual leave year remains with additional support and guidance offered to Line Managers with regards to effective leave management.

12.0 **Update on Board Assurance Framework and Risk Register**

12.1 The Associate Director of Governance presented the Q2 2019/20 BAF Directorate update to the Committee. The Committee reviewed all risks and again paid attention to Risks 12, 868, 900, 901, and 1072 with detailed discussions taking place about the mitigating actions.

It was noted that the HR Team with Service leads are undertaking a deep dive to ascertain the number of new posts in year set against the baseline vacancy rate.

13.0 **Policies**

13.1 The Committee approved the Pay Protection Policy.

14.0 **PCD Reporting Groups - for information**

- Strategic Education & Learning Group (SEAL) – 11 September 2019
- Joint Negotiating Consulting Committee (JNCC) – 17 October 2019
- Joint Local Negotiating Committee (JLNC) – 10 October 2019
- Professional Leads Advisory Group (PLAG) – 19 September 2019
- Inclusion Council – 20th September 2019
15.0 **Recommendation**

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

On behalf of Janet Dawson Chair of People, Culture and Development Committee

18 November 2019