

**Board of Directors – Public Session**

Meeting to be held on Thursday 26<sup>th</sup> June 2014 at 09:30  
in The Green Britain Centre (formerly Eco-Tech)  
Turbine Way, Swaffham, Norfolk, PE37 7HT

(Please allow ample time for travel as this is also the date of the Norfolk Show)

**AGENDA**

Time	Item No		
09:30	<b>14.75</b>	<b>Chair’s welcome, apologies for absence and notification of any urgent business.</b> Gary Page, Graham Creelman, Hadrian Ball, Peter Jefferys	
	<b>14.76</b>	<b><u>Standing Item:</u> Declarations of Interest</b>	<b>Verbal</b>
09:35	<b>14.77</b>	<b>To note the minutes of the previous meeting in public, held on 24<sup>th</sup> April 2014</b>	<b>Attachment A</b>
09:45	<b>14.78</b>	<b>To address any matters arising from the minutes of the previous public meeting not covered by the agenda</b>	<b>Attachment B</b>
10:15	<b>14.79</b>	<b>Chair’s report</b> ( <i>Barry Capon</i> )	<b>Attachment C</b>
10:25	<b>14.80</b>	<b>Chief executive’s report</b> ( <i>Michael Scott</i> )	<b>Attachment D</b>
	<b>14.81</b>	<b>Items For Approval</b>	
10:40	<i>i.</i>	<i>Trust 5 year strategic plan</i> ( <i>Leigh Howlett</i> )	<b>To follow (E)</b>
11:05	<i>ii.</i>	<i>Patient Safety and Quality Report (incl. Safe Staffing update)</i> ( <i>Jane Sayer</i> )	<b>Attachment F</b>
11:20	<i>iii.</i>	<i>Infection prevention and control report, and Physical Health report</i> ( <i>Jane Sayer, Sara Fletcher in attendance</i> )	<b>Attachment G</b>
11:30		<b>BREAK</b>	
11:40	<i>iv.</i>	<i>Finance report for M02 2014-15</i> ( <i>Andrew Hopkins</i> )	<b>Attachment H</b>
11:50	<i>v.</i>	<i>Monitor governance compliance statements</i> ( <i>Robert Nesbitt</i> )	<b>Attachment I</b>

Time	Item No		
12:00	vi.	<i>Communication Committee Terms of Reference (Leigh Howlett for Graham Creelman)</i>	<b>Attachment J (App1 and App2)</b>
	<b>14.82</b>	<b>Items for Information</b>	
12:10	i.	<i>Care pathways (including discharge planning) (Kathy Chapman)</i>	<b>Presentation K (To follow)</b>
12:35	ii.	<i>Update on Trust research activity (Jon Wilson and Bonnie Teague in attendance)</i>	<b>Attachment L</b>
	<b>14.83</b>	<b><u>Standing Items:</u></b>	
12.50		Have the most pertinent items of the agenda have been reviewed adequately and at the beginning of the agenda? <i>(All)</i>	<b>Verbal</b>
12.55	<b>14.84</b>	<b>Any other urgent business, previously notified to the Chair</b>	
	<b>14.85</b>	<b>Date, time and location of next meeting</b>  The next meeting in public of the Board of Directors will be held on:  28 <sup>th</sup> August 2014 at Endeavour House, Russell Road, Ipswich, IP1 2BX from 09:30	
13:00		<b>CLOSE</b>	

**Lunch 13:00 – 13:30**

**Robert Nesbitt**  
Trust Secretary  
20<sup>th</sup> June 2014

**Confirmed**

**Minutes of the Board of Directors – Public Session**

Held on 24<sup>th</sup> April 2014 at 09:30

In the Kings Centre, Kings Street, Norwich, NR1 1PH

**Present:**

Gary Page: Chair  
 Andrew Hopkins: Acting Chief Executive  
 Hadrian Ball: Medical Director  
 John Brierley: Non-Executive Director  
 Barry Capon: Non-Executive Director  
 Kathy Chapman: Director of Operations – Norfolk & Waveney  
 Cynthia Conquest: Interim Director of Finance  
 Graham Creelman: Non-Executive Director  
 Leigh Howlett: Commercial Director  
 Peter Jefferys: Non-Executive Director  
 Jane Marshall-Robb: Director of Workforce & OD  
 Brian Parrott: Non-Executive Director  
 Jane Sayer: Director of Nursing, Quality & Patient Safety  
 Stuart Smith: Non-Executive Director  
 Adrian Stott: Non-Executive Director  
 Debbie White: Director of Operations – Suffolk

**In attendance:**

Robert Nesbitt: Trust Secretary  
 Alex Petty: Acting Assistant Trust Secretary (minutes)  
 Sharon Picken: Service User & Carer Experience Lead (present for Item 14.48iv)  
 Sara Fletcher: DIPC: Physical Health Team Leader (present for Item 14.48v)  
 Ravi Seenan: Equalities & Engagement Manager (present for Item 14.48iii)

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 1 of 12	Date produced: 24April2014	Retention period: 30 years

There were 8 governors, 5 members of staff, 1 member of the public and a representative of the press in attendance.

**Meeting commenced at: 09:30**

**14.43 Chair's welcome, notification of any urgent business and apologies for absence**

The Chair welcomed all those present and advised that there were no apologies or notifications of urgent business.

**14.44 Standing Item: Declarations of Interest**

There were no declarations of interest.

**14.45 To approve the minutes of the previous meeting held on held on 27<sup>th</sup> February 2014.**

Min 14.18vii, Ratification of consultant doctor appointments: "Sarah More" to read: "Sarah Rowe".

Min 14.18iv, Fire Policy for approval - Leigh Howlett requested it be noted that the relationship was positive with both Norfolk and Suffolk Fire and Rescue Services.

Min 14.18vi, Annual Review of Standing Financial Instructions / Scheme of Delegation - Cynthia Conquest said that the amended figures that she reported last month had not been incorporated into the minutes. Robert Nesbitt undertook to complete this task.

The minutes were approved for release in accordance with the Freedom of Information Act subject to the above changes being made

**14.46 To address any Matters Arising from the minutes of the previous meeting, not covered by the Agenda**

*i. Min 14.18ji: Out of hours access to records*

This matter had been reported to the Board by Kathy Chapman and it was agreed that the email correspondence should be appended to the minutes of this meeting to stand as a record. (See appendix 1).

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 2 of 12	Date produced: 24April2014	Retention period: 30 years

ii. Min 14.39: *Executive team review of recruitment*

An update will come to the June 2014 Board.

**Action 14.46i** Executive team review of the recruitment report to return to the June 2014 Board. (Andrew Hopkins)

**Action 14.16ii** Report on Mandatory Training to come back to the May 2014 Board. (Andrew Hopkins)

**Action 14.16iii** The report on the flu vaccination plan will come back to the June 2014 public Board meeting. (Jane Sayer)

#### 14.47 Chair's report

Gary Page presented his report. Lady Dannatt MBE, Sherriff of Norfolk, has chosen mental health services as her main cause during her period in office. Gary Page requested that Lady Dannatt be invited to visit a selection of services and attend events. Coordination will be via Gary Page & Angela Pardon with Greta Neiss involved for events and Faye Quayle for wider communications aspects.

Non-executive directors asked for clarification as to the executive approach to locality management in relation to performance issues. Andrew Hopkins explained that this was addressed through the monthly Performance Review Group chaired by Cynthia Conquest. Monitoring of both wider governance issues and implementation of learning from Serious Incidents was also addressed through this Group.

Brian Parrott asked for clarification about the medical vacancy in CAMHS (Child and Adolescent Mental Health) services and asked whether this was a cause for concern. Hadrian Ball agreed that it did need to be addressed. As a part time post it was proving difficult to recruit to the post and changing this to a full time post was under consideration.

Hadrian Ball added that in relation to learning disability services, historically medical input had not been strong. This was now being reviewed by Suffolk's lead clinicians and managers with a view to improving this function. In response to a query, Hadrian Ball said that he would check the locum arrangements for Lothingland and advise the Board.

**Action 14.47i**

Arrangements to be made for Lady Dannatt MBE to visit a selection of services & attend events. (All)

**Action 14.47ii**

Hadrian Ball will check the adequacy of locum medical cover for Lothingland LD services and advise the Board.

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 3 of 12	Date produced: 24April2014	Retention period: 30 years

## 14.48 Items for Approval

### *i. Patient Safety and Quality Report*

Jane Sayer presented the report to the Board and drew attention to s.1.1 community caseloads in Norfolk.

Kathy Chapman explained that both the West and Central Norfolk Adult Community Teams were a key area of concern with current caseloads in Central Norfolk reaching 140% of plan and with staffing at 80%. In West Norfolk caseloads are at 130% with staffing at 100%. Children, Young People and Families was on plan and Dementia & Complexity in Later Life (DCLL) caseload figures were imminent.

Kathy Chapman said that the focus needed to be on appropriate discharges. On average there were 40 cases for every qualified staff member across all types of services. She described the difference between types of unallocated cases. Many that showed as 'unallocated' were under a team's care and receiving treatment so these cases were of less concern. Some were not yet in this position although all cases were reviewed and risk assessed. Kathy Chapman explained that the number of cases where patients were unallocated and not receiving treatment was lower but the precise number was not known yet. At present reports have to be manually collated which was labour intensive. In addition, some cases would not be expected to be allocated (for example where a case had been referred but not yet assessed).

Stuart Smith said that he followed the argument but that the report didn't provide a picture of the more human impact that this waiting issue was having on service users and staff and wanted a better understanding of the emotional consequences. He said that staff were reported to be at the end of their tether and asked if the voice of the service user was being heard and whether the Trust knew the consequences in this area. Kathy Chapman explained that all adult teams were in transition under the plan until March 2015. In West Norfolk caseloads were coming down with staffing now up to 100%. The numbers of unallocated cases were coming down and staff members were beginning to feel more in control. The message from service users was that they felt they were waiting longer with the average time for non-urgent cases being 50 days. The standard waiting time was 8 weeks from referral.

Gary Page commented that this area was the most stressed part of the Trust at the moment and echoed Stuart Smith's need for assurance that staff and service users were noticing an improvement as the planned date of March 2015 seemed too long to wait.

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 4 of 12	Date produced: 24April2014	Retention period: 30 years

Peter Jefferys noted that a 1:40 ratio was an over simplification as it did not take into account the input of support workers. It was agreed that the use of the term 'unallocated cases' was somewhat unhelpful since it covered a wide range of scenarios and in many cases was not a cause for undue concern. Several non-executive directors expressed concern that the size of the problem had not been highlighted to them earlier although it was acknowledged that the issue had been flagged to the Audit and Risk Committee. Whilst the action plan seemed appropriate it was not clear what proportion of the unallocated cases were CPA cases requiring care coordination and non-executive directors asked whether services were safe.

Jane Sayer agreed that safety was a key consideration and that more work was required to ascertain which of the cases awaiting a named worker could be considered truly unallocated. Together with Kathy Chapman she will update the Board as soon as the information was available and there will be a formal update to the next Board meeting. She suggested doing a snapshot survey with Health Watch Norfolk to see whether service users were noticing improvements. Kathy Chapman acknowledged that this was an issue and said that the trajectory for Central Norfolk meant that a net 15 cases would be discharged each week.

Debbie White clarified that this was not a problem in Suffolk where caseloads were on target at 28-30.

In relation to contract negotiations with CCGs, Andrew Hopkins said that a major focus had been on beds in Central Norfolk. There was a national 1.8% deflator on mental health budgets resulting, for NSFT, in a £3.6m income reduction. Some of this has been recouped through the contract negotiations. This would be used to support staffing levels.

In response to questions from the public, Kathy Chapman said that she was aware that there would be increasing demand, especially in dementia and that as highlighted by Andrew Hopkins, resources will be increased slightly. However, it was important to recognise that these numbers represented people and not just statistics. Kathy Chapman added that a senior manager (Band 8a or 8b) reviewed everyone before they were discharged and that prior to this there would be a meeting or series of meetings with the service user along with a letter to them and their GP.

Summarising, Gary Page said that the length of time spent on the item showed how important this issue is for the Trust, for service users and carers and also for staff morale. Whilst the cause of the problem was understood, actions were required to relieve pressure as a matter of

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 5 of 12	Date produced: 24April2014	Retention period: 30 years

urgency. Contract negotiations had been helpful in reducing the impact of the deflator.

**Action 14.48i**

Breakdown of unallocated case figures to be circulated to the Board as soon as available and presented at the May 2014 Board – Kathy Chapman.

*ii. Hard Truths: Proposed improvements to the way we respond to and learn from complaints*

Jane Sayer introduced the item.

Peter Jefferys welcomed the report saying it highlighted the need to strengthen the process, analysing complaints to aid the learning of lessons in: “Real time”.

In response to Graham Creelman’s concerns that a dedicated complaints function might be marginalised, Hadrian Ball said there were ways to mitigate this and that without a dedicated team there was a greater risk of falling behind on Root Cause Analysis (RCA) timescales.

Kathy Chapman said that it was intended to promote secondments of high performing staff to the new complaints team who would in turn be overseen by the executive team. Jane Marshall-Robb added that the secondment proposal fitted well with the Workforce Strategy’s flexible working plan.

Jane Sayer said that a single, executive point of sign off would be very helpful. She agreed that defensiveness had been a problem in the NHS and pointed out that if the first response was appropriate and effective, complaints would be concluded swiftly. Rather than clinicians being shielded from the complaints process, feedback will go to them and that she would be working with the complaints team to strengthen this. Pat Southgate asked the Board to note that the name “complaints” can have negative connotations and does not foster the idea that compliments should also be heard. She requested that the word “feedback” be considered in order to encourage people to share positive as well as negative information.

Approved.

**BREAK 11:20 – 11:30**

*iii. Equality Delivery System report for 2013/14 and priorities 2014/15*

Ravi Seenan introduced this paper, explaining that the Board was asked to review progress to date and approve the proposed objectives for 2014/15. It was noted that the Trust is compliant with those parts of the Equality Act (2010) public sector equality duties that were easily measured (such as the publication of objectives) but that some aspects (such as promoting better relations) were more difficult to evidence, although the Trust was able to demonstrate work across many of these areas.

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 6 of 12	Date produced: 24April2014	Retention period: 30 years



Gary Page said that the Board's development session on equality and diversity later that day would ensure that the changes would be modelled from the top (of the organisation) down.

Board members welcomed the progress already achieved and acknowledged that there was still considerable scope for development. The EDS objectives were approved.

Approved.

iv. *Triangle of Care (ToC)*

Gary Page welcomed Sharon Picken who said that she was seeking approval from the Board to sign up to the ToC and explained the scheme's criteria as detailed in the report.

Non-executive directors commented that carer engagement was good in places but not consistent across the Trust and said it was important not to sign up for the ToC unless real change could be achieved in the timescale required.

Sharon Picken confirmed that signing up would mean that within 12 months 80% of teams would need to have completed their self-assessment but there was no requirement to achieve a "green" rating by the end of that period.

Executive directors agreed that the work required for ToC was significant but said that it was nonetheless important to adopt the approach since carer engagement should be part of the Trust's normal way of working.

Executive ownership of the ToC will sit with Jane Sayer, supported by the Operational Directors.

Monitoring of progress will be via the ToC steering group and reporting via the Service User and Carer Partnership Board. There will be an interim report to the Board in six months' time.

**Action 14.48iv**

Interim report on progress for Triangle of Care Compliance (Jane Sayer) to be added to the public Board agenda for October 2014. (Trust Secretariat)

v. *Infection Control Annual Report 2013-2014*

Sara Fletcher presented the Annual Report of the Director of Infection Prevention and Control (IPAC) 2013-2014 to the Board. Sara Fletcher said that it had been a successful year for IPAC services with continuing improvement and that they were committed to ongoing work.

The Board thanked Sara Fletcher and colleagues for their work.

Approved.

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 7 of 12	Date produced: 24April2014	Retention period: 30 years

## 14.49 Items for Information

### *i. Membership strategy update*

Robert Nesbitt introduced the update for the Board's approval drawing their attention to the figures in the membership report which did not always tally due to some members preferring not to state all their personal data.

In response to questions Robert Nesbitt confirmed that there was a communications team member of the Membership Sub-Group and that the membership strategy included how membership was promoted.

Approved.

### *ii. Learning disability declaration – confirmation of evidence*

Jane Sayer presented the report emphasising that whilst the Trust was compliant with the Monitor declaration requirements there was considerable scope to improve access to mental health services for people with a learning disability.

Following discussion it was agreed that there were several aspects of the Trust's services that needed to be strengthened in order to ensure that people with a diagnosis of a learning disability were more easily able to access their mental healthcare entitlements with the Trust. It was agreed that a report would come to the July 2014 Board scoping the actions required.

#### **Action 14.49ii**

Report on access to mental healthcare for people with a Learning Disability to be brought to July 2014 Board Public Session - Jane Sayer.

### *iii. Hard Truths: Safe Staffing*

Jane Sayer introduced this paper which set out plans to meet these requirements and in response to questions assured the Board that in the majority of cases the Trust is already in a position to show compliance. Jane Sayer said that the Government would not be setting required staffing numbers but that the supernumerary Band 7 was a Hard Truths' requirement and would have cost implications.

Andrew Hopkins confirmed that the executive team would consider this and Jane Marshall-Robb added that a report would be made to the Organisational Development & Workforce Committee, which Jane Sayer was joining. The budgetary implications will be considered by the Finance and Performance Committee. The Board will receive further updates on progress as part of Jane Sayer's monthly report.

#### **Action 14.49iii**

Monthly update on progress on safe staffing to be included in Patient Safety Report - Jane Sayer.

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 8 of 12	Date produced: 24April2014	Retention period: 30 years

iv. *Update on financial position (there is no formal report in M1 due to year-end arrangements)*

Cynthia Conquest said that as usual for M1, a written report was not available due to year end timings and added that from June 2014 the finance report would be reported in the public Board session.

The draft accounts were submitted to Monitor on Tuesday 22<sup>nd</sup> April 2014 and the Final Accounts will be submitted at the end of May 2014. Cynthia Conquest explained that these were preliminary figures and may be adjusted.

The forecast surplus of £1.97m had been revised and the figure was now £1.82m. Further analysis was being carried out on this movement although part of the change may be due to drugs expenditure.

The planned £15m cash position reported at the end of March had risen to £19m largely due to early payment of invoices by commissioners.

The CoSRR was in line with plan at 3.

100% of CIP had been achieved at £14.9m. £8.7m of this figure was recurrent and had already been reflected in 2014/15 budgets.

Capital expenditure was 86% of plan which was within Monitors tolerance of 85%.

Non-executive directors acknowledged the efforts of the executive team and Trust staff in achieving this satisfactory financial position in difficult circumstances.

Approved.

**14.50 Standing Item: To agree items to be reported to the Board of Governors**

Gary Page agreed to summarise these points separately.

**14.52 Have the most pertinent items of the agenda been reviewed adequately and all at the beginning of the agenda?**

Gary Page acknowledged the length of time (1 hour) spent discussing item 14.48i 1.1 (Patient Safety & Quality Report – Risk management: community caseloads in Norfolk) meant that that the latter part of the meeting had been more hurried than he would have hoped but said that the importance of the issue merited the time allowed. Sue Whitaker added that she was surprised that the item had only been allotted 15 minutes for review. Gary Page agreed and said that timings would be looked at by him and Robert Nesbitt for future meetings.

**14.53. Date, time and location of the next meeting**

The next meeting of the Board of Directors will be held in public on Thursday 26<sup>th</sup> June 2014 at 09:30 in the Ecotech Centre, Swaffham

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 9 of 12	Date produced: 24April2014	Retention period: 30 years

**Meeting closed at: 12:50. NOTE - At lunchtime the Board of Directors hosted the launch of the Trust's Challenge, Educate, and Support work, tackling discrimination.**

Chair: .....

Date: .....

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 10 of 12	Date produced: 24April2014	Retention period: 30 years

1 of 2

Dear colleagues

As requested by Board of Directors at meeting of February 2014

Kathy Chapman

---

**From:** Arundel Anita (NSFT) **On Behalf Of** Sunghuttee Veno (NSFT)  
**Sent:** 19 March 2014 15:12  
**To:** Chapman Katherine (NSFT)  
**Subject:** FW: transfer of health records/patient notes

**In hours**

**Bed Management Team will provide appropriate clinical detail to the receiving ward, and then locate the patient's notes.**

**They will inform the appropriate team administrator to forward the patients notes to the receiving ward. This will be via the internal courier service**

Transport department will be doing an internal Health Records run to destinations below five working days a week for a trial period. Any records and mail etc for these destinations will be same day delivery for most places, some will be next day delivery (which Royal Mail won't guarantee). Any mail sent on a Friday will be at its destination on the Monday.

**The run will go from Transport Department, Hospital Road, Bury St Edmunds to:**

Hellesdon Hospital, Norwich

Northgate Hospital, Great Yarmouth

Lothingland, Oulton

Grange Lodge, Kesgrave

Woodlands Unit, Ipswich

St Clements Hospital, Ipswich which will include any items for Mariner House, Endeavour House and IDT Teams Stowmarket

Then back to Hospital Road, in Bury St Edmunds, which will include Wedgwood House, SWS Child Health Centre and IDT Teams at G Block and Newmarket Hospital

**Out of hours (Mon – Fri)**

**Assessor or AMHP faxes risk assessment and any other relevant information to the receiving ward, observing the Trust's fax protocol.**

**Bed management team will be advised of the admission the next day. Bed management team will arrange for the notes to be sent via the internal courier service, the next day.**

**For an urgent request over the weekend, where notes are available, a taxi can be used to convey the patient's notes to the receiving ward. Please use appropriate despatch bags.**

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 11 of 12	Date produced: 24April2014	Retention period: 30 years

An update making the arrangements for West Norfolk and YW clear,  
Kathy

**Kathy Chapman From:** Arundel Anita (NSFT) **On Behalf Of** Sunghuttee Veno (NSFT)  
**Sent:** 19 March 2014 15:12  
**To:** Chapman Katherine (NSFT)  
**Subject:** FW: transfer of health records/patient notes

**In hours**

**Bed Management Team will provide appropriate clinical detail to the receiving ward, and then locate the patient's notes.**

**They will inform the appropriate team administrator to forward the patients notes to the receiving ward. This will be via the internal courier service**

Transport department will be doing an internal Health Records run to destinations below five working days a week for a trial period. Any records and mail etc for these destinations will be same day delivery for most places, some will be next day delivery (which Royal Mail won't guarantee). Any mail sent on a Friday will be at its destination on the Monday.

**The run will go from Transport Department, Hospital Road, Bury St Edmunds to:**

Hellesdon Hospital, Norwich

Northgate Hospital, Great Yarmouth

Lothingland, Oulton

Grange Lodge, Kesgrave

Woodlands Unit, Ipswich

St Clements Hospital, Ipswich which will include any items for Mariner House, Endeavour House and IDT Teams Stowmarket

Then back to Hospital Road, in Bury St Edmunds, which will include Wedgwood House, SWS Child Health Centre and IDT Teams at G Block and Newmarket Hospital

Carlton Court – Monday to Friday there is a daily service between Waveney sites, (including Carlton Court and Victoria House and Northgate Hospital), leaving Northgate about mid-day.

Chatterton House and the Fermoy Unit. The "hub" for post to and from the West Norfolk Locality, is the Hellesdon site. Monday to Friday there is a daily delivery and collection from Hellesdon to Kings Lynn that leaves Hellesdon about 10.30am.

**Out of hours (Mon – Fri)**

**Assessor or AMHP faxes risk assessment and any other relevant information to the receiving ward, observing the Trust's fax protocol.**

**Bed management team will be advised of the admission the next day. Bed management team will arrange for the notes to be sent via the internal courier service, the next day.**

**For an urgent request over the weekend, where notes are available, a taxi can be used to convey the patient's notes to the receiving ward. Please use appropriate despatch bags.**

Board of Directors - Public 24April2014 Minutes - Confirmed	Version 1	Author: Alex Petty Department: Corporate
Page 12 of 12	Date produced: 24April2014	Retention period: 30 years

Date:	26 <sup>th</sup> June 2014	<b>B</b>
Item:	14.78	

Matters Arising not addressed on the agenda

<b>Action 14.46i</b> Executive team review of the recruitment report to return to the June 2014 Board. (Andrew Hopkins)	Following executive discussion it is proposed that JMR leads on this paper and that it comes to the July 2014 board.
<b>Action 14.16ii</b> Report on Mandatory Training to come back to the May 2014 Board. (Andrew Hopkins)	Complete
<b>Action 14.16iii</b> The report on the flu vaccination plan will come back to the June 2014 public Board meeting. (Jane Sayer)	Covered at May 2014 meeting.
<b>Action 14.47i</b> Arrangements to be made for Lady Dannatt MBE to visit a selection of services & attend events. (All)	N/A
<b>Action 14.47ii</b> Hadrian Ball will check the adequacy of locum medical cover for Lothian LD services and advise the Board.	Complete
<b>Action 14.48i</b> Breakdown of unallocated case figures to be circulated to the Board as soon as available and presented at the May 2014 Board – Kathy Chapman.	Complete
<b>Action 14.48iv</b> Interim report on progress for Triangle of Care Compliance (Jane Sayer) to be added to the public Board agenda for October 2014. (Trust Secretariat)	On agenda planner
<b>Action 14.49ii</b> Report on access to mental healthcare for people with a Learning Disability to be brought to July 2014 Board Public Session - Jane Sayer	No public board meeting in July 2014. Scheduled for August 2014.
<b>Action 14.49iii</b> Monthly update on progress on safe staffing to be included in Patient Safety Report - Jane Sayer.	Ongoing

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors - Public
<b>Meeting Date:</b>	26 <sup>th</sup> June 2014
<b>Title of Report:</b>	Chairs Report
<b>Action Sought:</b>	For Information
<b>Estimated time:</b>	10 minutes
<b>Author:</b>	Gary Page, Chair
<b>Director:</b>	

## Executive Summary:

The report details my most significant meetings and my key observations over the last month.

### 1.0 Interaction with External Organisations

- 1.1 Together with Debbie White I signed the **Suffolk Mental Health Crisis Care Concordat**. The event was attended by Daniel Poulter MP, Minister at the Department of Health and the Chief Constable of Suffolk. The latter spoke very encouragingly about the early success of the pilot project whereby our staff are accompanying police officers in the community.
- 1.2 I met with the new **Chair of Suffolk Healthwatch, Tony Rollo** who was keen to find out more about our services but was very supportive of the work that we are doing together.
- 1.3 I met with **Shelia Lock, Director of Childrens Services at Norfolk County Council**. They are working on submitting a bid for some funding from the Department of Communities and Local Government around prevention and would welcome a joint bid together with health providers; Kathy Chapman is following up on this.
- 1.4 I met with **Lady Dannatt**, and discussed her participation in a number of events/visits. During the remainder of her term in office we will arrange visits to Kings Lynn, Great Yarmouth, Norvic and PICU in Norwich. We have also discussed the potential for a large event early in the New Year highlighting the way in which mental health services have developed over the last few decades. This would be an opportunity to really showcase the improvements that have taken



place to a high profile audience. I am in discussions on this with Fay Quayle and will pick this up on my return.

## **2.0 Interaction with Services and Staff**

- 2.1 Together with other members of the Board I attended the **Lorenzo Programme Launch** in their new office space at Hellesdon. Great to see a highly motivated team focused on the job at hand.
- 2.2 I met with **Sue Barratt** to discuss how we can improve the engagement around the quality account in future and a proposal will come to the Board later in the year.
- 2.3 As the nominated NED I attended a meeting to discuss the **Suffolk Substance Misuse Tender**. Given the available level of funding for the contract and issues around the forming of a consortium there is still work to be done before we are in a position to submit the bid.

## **3.0 Service User and Carers Interaction**

- 3.1 I met with **Kevin James** to discuss the upcoming review of the Service User Locality Forums in Norfolk. There is considerable attention being given to this by some Service Users and Governors and Jane Sayer has instigated a review of where we are, which will involve getting Service User and Carer feedback across the county.
- 3.2 I met with **Brian Southey, Service User and Governor in Suffolk**. His experience would be of real benefit to the Board of Governors and he was especially complimentary of the Recovery College.

## **4.0 Key Observations**

- 4.1 Michael Scott's arrival has been well received inside and outside of the Trust. I detect a very business-like approach to the challenges that we are facing which is to be welcomed.
- 4.2 Pressures on the service in Central Norfolk continue to have an impact more widely throughout the Trust but it is clear to me that this is getting the necessary attention from the Executive Team.

**Gary Page**  
Chair  
10<sup>th</sup> June 2014

---

Board of Directors – Public 26 <sup>th</sup> June 2014 Chairs Report	Version 1.0	Author: Gary Page Department: Corporate
Page 2 of 2	Date produced: 10 June 2014	Retention period: 30 years

Date:	26 <sup>th</sup> June 2014	<b>D</b>
Item:	14.80	

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors – Public
<b>Meeting Date:</b>	26 <sup>th</sup> June 2014
<b>Title of Report:</b>	CEO Update
<b>Action Sought:</b>	For Information
<b>Estimated time:</b>	15 minutes
<b>Author:</b>	Michael Scott, Chief Executive
<b>Director:</b>	Michael Scott, Chief Executive

## Executive Summary:

This report provides an update on the main issues and activities undertaken by the Chief Executive from start date in May 2014. During this time the focus was on an induction into the trust whilst being involved in on-going day to day business.

### 1.0 Induction

- 1.1 I visited some of the trust sites in my first month with the Trust including services in central Norfolk, such as Norfolk Recovery Partnership, Wards on the lower plateau Hellesdon Hospital, The Peddars Centre, Conifers and Justin Gardner House. Also services in the West Norfolk locality, the Norvic Clinic, Gateway House, Northgate Hospital site and a whistle stop tour of Ipswich services. I have visited staff at our Newmarket Office and spent the afternoon at the West Suffolk Hospital site.
- 1.2 I have also embarked upon a series of stakeholder and partner meetings, including Chief Officers of Great Yarmouth and Waveney, and South Norfolk CCG and the Chief Executive of the James Paget Hospital.

### 2.0 Engagement on plans for future Mental Health Services:

- 2.1 I attended the engagement meetings in Yarmouth and Ipswich which were well attended and received.

### 3.0 Safer Care Pathways in Mental Health Project Launch

- 3.1 I attended the launch with several staff members. This national pilot involves our teams at Julian Hospital pro-actively designing in safety into care pathways.

Board of Directors Chief Executive Report	Version 1.0	Author: Michael Scott Department: Corporate
Page 1 of 2	Date produced: 16 Jun2014	Retention period: 30 years

#### **4.0 Suffolk System Leadership Partnership**

- 4.1 I attended this important partnership forum. Items discussed included inter-operating of information systems and the commissioners plans to reform the urgent care response in Suffolk.
- 4.2 I also attended the Suffolk Health & Wellbeing Board where I received a warm welcome from stakeholders.

#### **5.0 Strategic Management Forum**

- 5.1 We held the first SMF meeting for some time, this month where I engaged with senior team members showing a presentation highlighting the vision of the future Trust. We are preparing an annual agenda and revised membership to re-energise this important forum.

#### **6.0 Media Interviews**

- 6.1 ITV Anglia. I was interviewed about my first impressions of my new role and the Trust. A relatively short edit of the conversation was used in the Evening News.

#### **7.0 AMHP's**

- 7.1 The Trust has received a grievance from our AMHP's which is being effectively responded to.

#### **Recommendations:**

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

Board of Directors Chief Executive Report	Version 1.0	Author: Michael Scott Department: Corporate
Page 2 of 2	Date produced: 16 Jun2014	Retention period: 30 years



**Norfolk & Suffolk NHS Foundation Trust**

**Draft Strategic Plan for 2014-19**

## Strategic Plan for y/e 31 March 2015 to 2019

This document completed by (and Monitor queries to be directed to):

Name	Leigh Howlett
Job Title	Commercial Director
e-mail address	Leigh.howlett@nsft.nhs.uk
Tel. no. for contact	01603 421150
Date	30 <sup>th</sup> June 2014

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name <i>(Chair)</i>	Gary E Page	Signature
------------------------	-------------	-----------

Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Michael Scott	Signature
----------------------------------	---------------	-----------

Approved on behalf of the Board of Directors by:

Name <i>(Finance Director and Deputy Chief Executive)</i>	Andrew Hopkins	Signature
--	----------------	-----------

# Contents

Page number

---

Executive Summary

---

Declaration on Sustainability

---

Market Analysis and Context

---

Sustainability and Strategic Options

---

Strategic plans

---

Financial plans

---

Appendices

---

Appendix 1 Engagement outcomes

---

---

---

# Executive Summary

To be completed following Board discussion and agreement on themes.

Will reference we have the CCG commissioning outcomes for 14/15 but, as yet, not the strategic intentions for next 5 years.

# Declaration of Sustainability

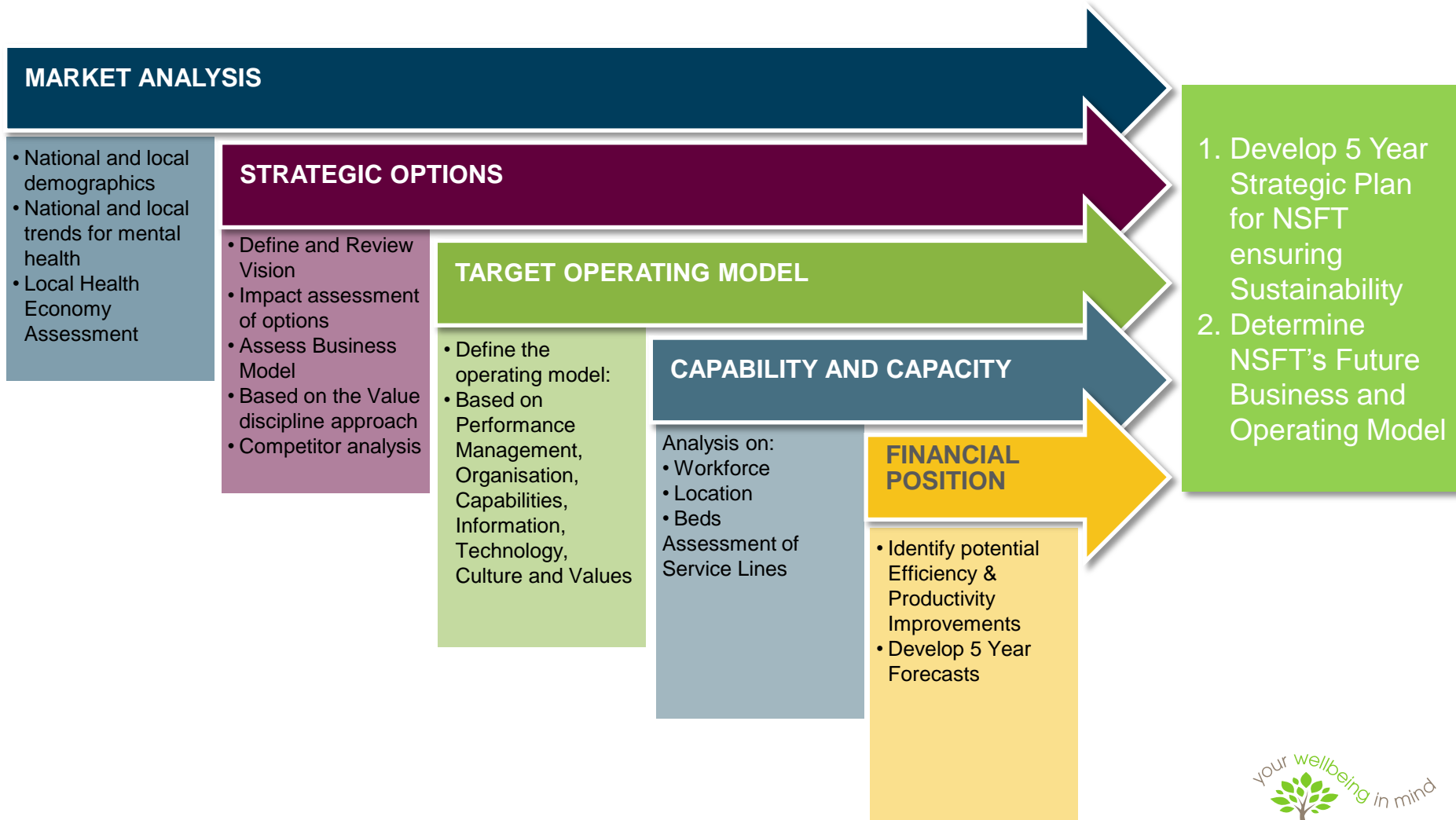
The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.

Confirmed/ Not  
Confirmed



# Approach

The Trust adopted the following approach in developing the 5 year strategic plan. Some elements the work are still underway, such as defining the final business and operational model



## National Policy and Context

The NHS is facing an unprecedented set of challenges. The widespread financial recession has led to a year on year real terms funding reduction of 4 - 5% since 2010/11. Some of the latest projections from the Nuffield Trust and NHS England suggest that the funding gap will grow to £30 billion a year by 2021. Nationally and locally, measured action will need to be taken to maintain a sustainable financial position. In addition, the most recent NHS re-structures and increased emphasis on competition has led to extra pressure on NHS Trusts with the potential loss of business.

The parity of esteem agenda is increasing and, locally, mental health receives circa 10% of CCG budgets as compared to circa 45% for secondary care, against a background of predicted average growth of 4.4% in referral rates and local population increases in ages 65 plus of in both Norfolk and Suffolk.

The current government policy and direction is placing heightened importance on integration across local health communities. In a competitive context NHS providers are moving towards greater independence than ever before. Therefore integration relies on commissioners commissioning and contracting in such a way that integration rather than competition and competitive behaviours are rewarded. Indeed commissioners are increasingly looking to contract with providers that can demonstrate partnership working and integrated services covering whole patient pathways rather than just isolated aspects of the pathways.

Commissioners are also being encouraged to expand the number of providers in the NHS market place to create a more competitive health economy. This is in keeping with the shift from NHS-provided, to NHS-funded, care. However, it places financial and commercial pressure on NHS Trusts and presents challenges in maintaining funding levels.

Within the NSFT economy there are 7 CCGs who while they have themes for mental health, such as dementia, however their differing priorities and approaches will provide significant challenge for the Trust and health economy in delivering efficiencies either in service provision or financial savings.

This is at the same time as demand, a national push on patient choice, and, public expectations of NHS services are rising. There is a significant risk that the rise in public/service user demands will diverge from the commissioning or funding intentions of Clinical Commissioning Groups (CCGs).

The Trust has conducted engagement events across the two counties it serves, inviting service users, carers, commissioners, key stakeholders, the public and staff. These have been well received and have influenced the development of this plan. The outcomes are noted in Appendix 1.

There has been some uncertainty given the changes taking place in the regulatory landscape. Not least the national moves towards mental health payment systems has slowed with clustering having been implemented for some time but limited progress having been made on other aspects which means that the majority of Trusts, including NSFT, have not moved from block contracts. This adds significantly to the financial pressure on mental health NHS providers at a time when demand for our services is increasing.

## National mental health trends

By 2030, one in five people in England will be over 65 (House of Lords 2013). For Norfolk and Suffolk this population will grow from 372,000 (2014) to 411,000 by 2019

Nationally society is also ageing. Compared to 2010, by 2030 there will be 51 per cent more people aged 65 and over, and a doubling of the numbers of people aged 85 and over in England.

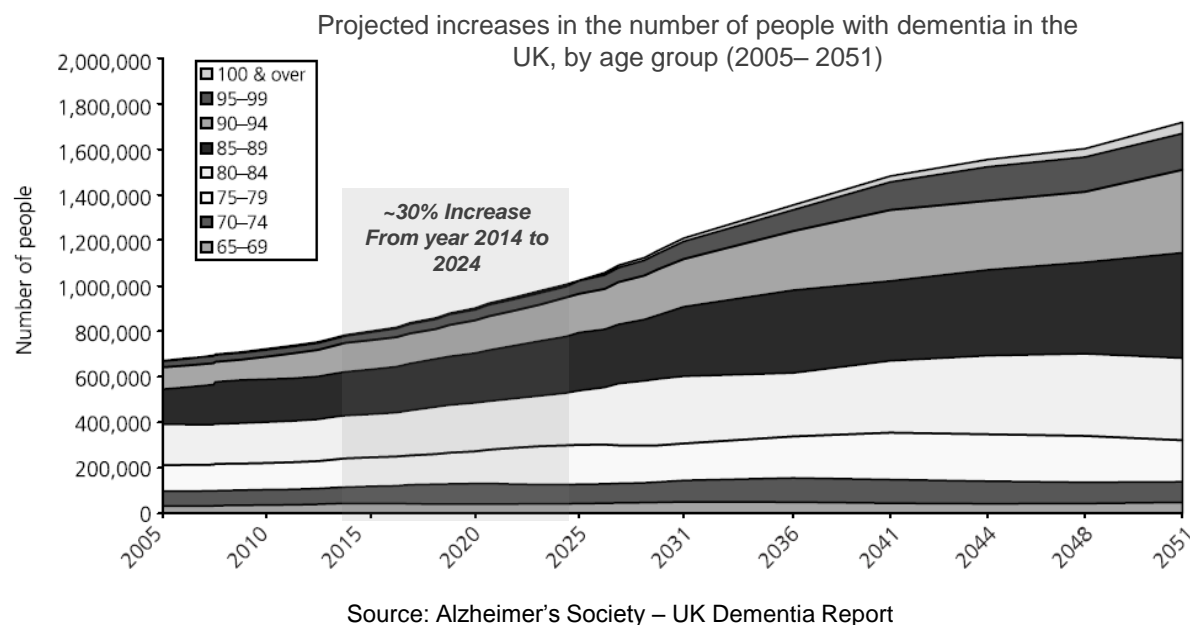
Evidence points to prevalence rates of common mental health disorders rising over time. The 2007 adult psychiatric morbidity survey found that the proportion of the English population aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.

One of the more common mental disorders is Dementia; currently one in six people over 80 has a form of dementia and this is one in 14 for people over 65, and costs the UK over £17 billion per year.

The total number of people with dementia in the UK is forecast to increase to 940,110 by 2021 and 1,735,087 by 2051, an increase of 154%.

The accompanying graph shows the this increasing trend focusing on people aged 65 and above.

A high proportion of people with dementia need some care, ranging from support with activities of daily living, to full personal care and round-the-clock supervision. This is a cohort of the population which both Norfolk and Suffolk will see an above UK average increase over the lifetime of this strategy.



## National mental health trends

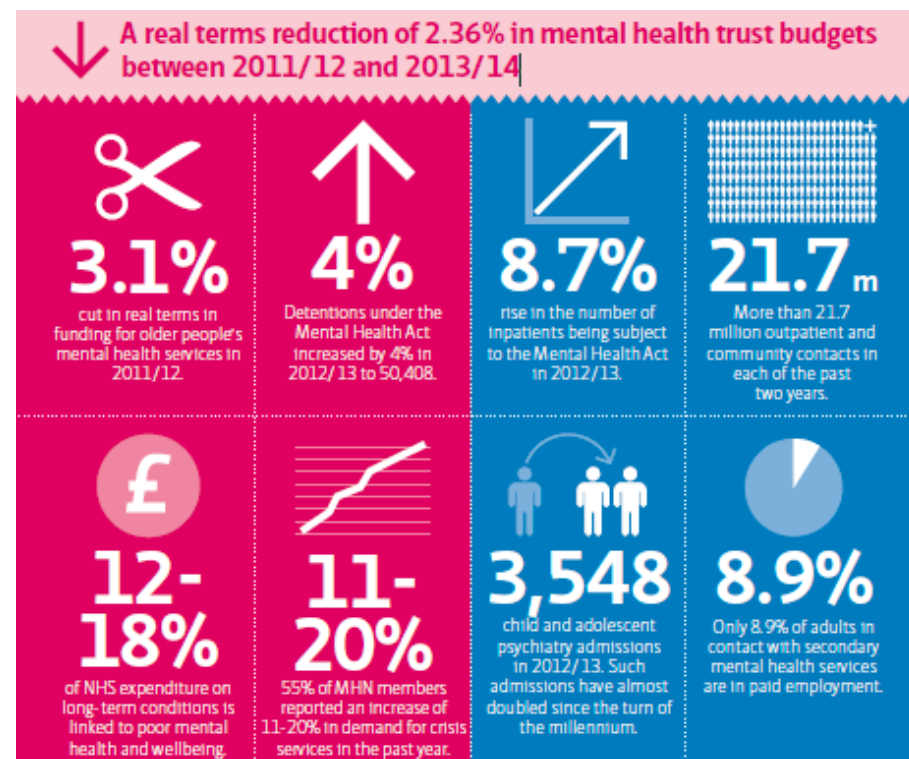
Depression is predicted to be the second leading cause of global disability burden by 2020, currently affecting between 8-12% of the UK population in any year.

The Health & Social Care Information Centre states that amongst statutory NHS providers, the 2012/13 data shows an 8.7 per cent increase in the number of inpatients being subject to the Mental Health Act during the year. This suggests a continuing trend for psychiatric beds to be increasingly occupied by people subject to some form of legal restriction.

In 2004, the Office for National Statistics estimated that one in ten children and young people between the ages of five and 16 had a clinically diagnosed mental health disorder.

About half of people with common mental health problems are no longer affected after 18 months, but poorer people, the long-term sick and unemployed people are more likely to be still affected than the general population\*.

Unmet need is already high. The London School of Economics and Political Science recently estimated that just a quarter of people with mental health problems currently receive any treatment



There were nearly 1.6 million (1,590,332) people in contact with specialist mental health services in 2012/13. With over 21.7 million outpatient and community contacts across England. (NSFT had over 736,000 contacts in 2013/14).

## National mental health trends

People with long-term conditions account for around 64 per cent of outpatient appointments and 70 per cent of hospital bed days (Department of Health 2012). Around 70 per cent of total health and care expenditure in England is attributed to people with long-term conditions (Department of Health 2012).

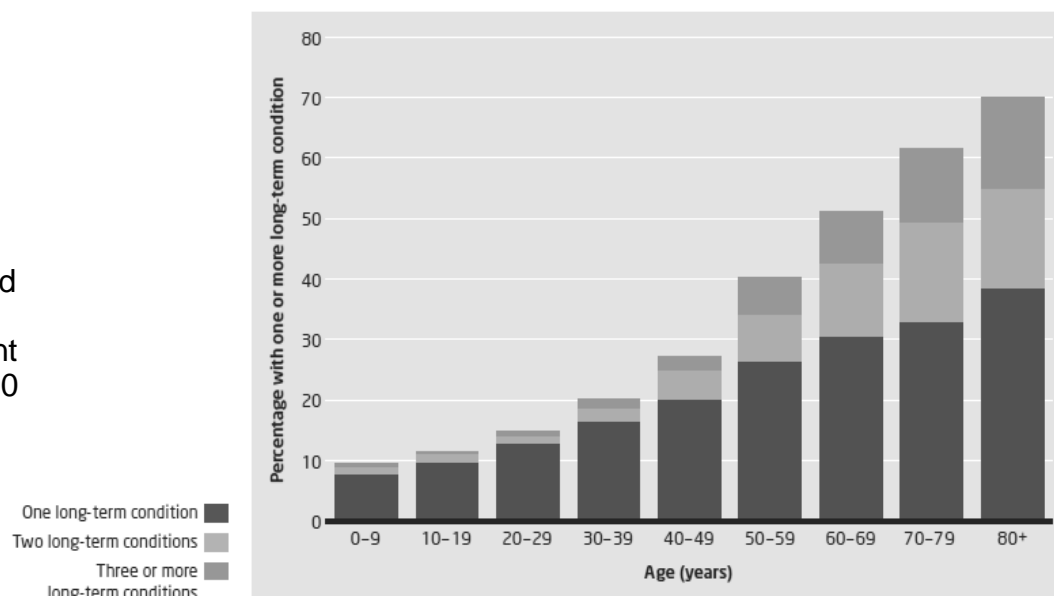
People diagnosed with a number of long-term conditions are the most intensive users of health and social care services because their needs are usually more complex than those of people with single diseases. Most people aged 65 and over have multi-morbidity, indicating its implications for the population as a whole (Barnett *et al* 2012). *Multi-morbidity increases with deprivation. The likelihood of having a mental health problem increases as the number of physical morbidities a person has also increases.*

According to one projection model, the number of people aged 65 and over in England with care needs, such as difficulty in washing and dressing, will grow from approximately 2.5 million in 2010 to 4.1 million in 2030, an increase of 61 per cent (Wittenberg *et al* 2011).

Between 2010 and 2030, it is estimated that the number of younger adults with learning disabilities (aged 18–64) will rise by 32.2 per cent from around 220,000 to around 290,000, and the number of younger adults with physical or sensory impairment by 7.5 per cent from almost 2,900,000 to 3,100,000 (Snell *et al* 2011).

Patient and public expectations are rising. Increasingly, patients and service users expect health and social care services to be like other service industries and are willing to do more for themselves and interact with services via technology. They expect to be offered choice and variety and to experience services that are convenient, personalised and provided in modern buildings and healing environments.

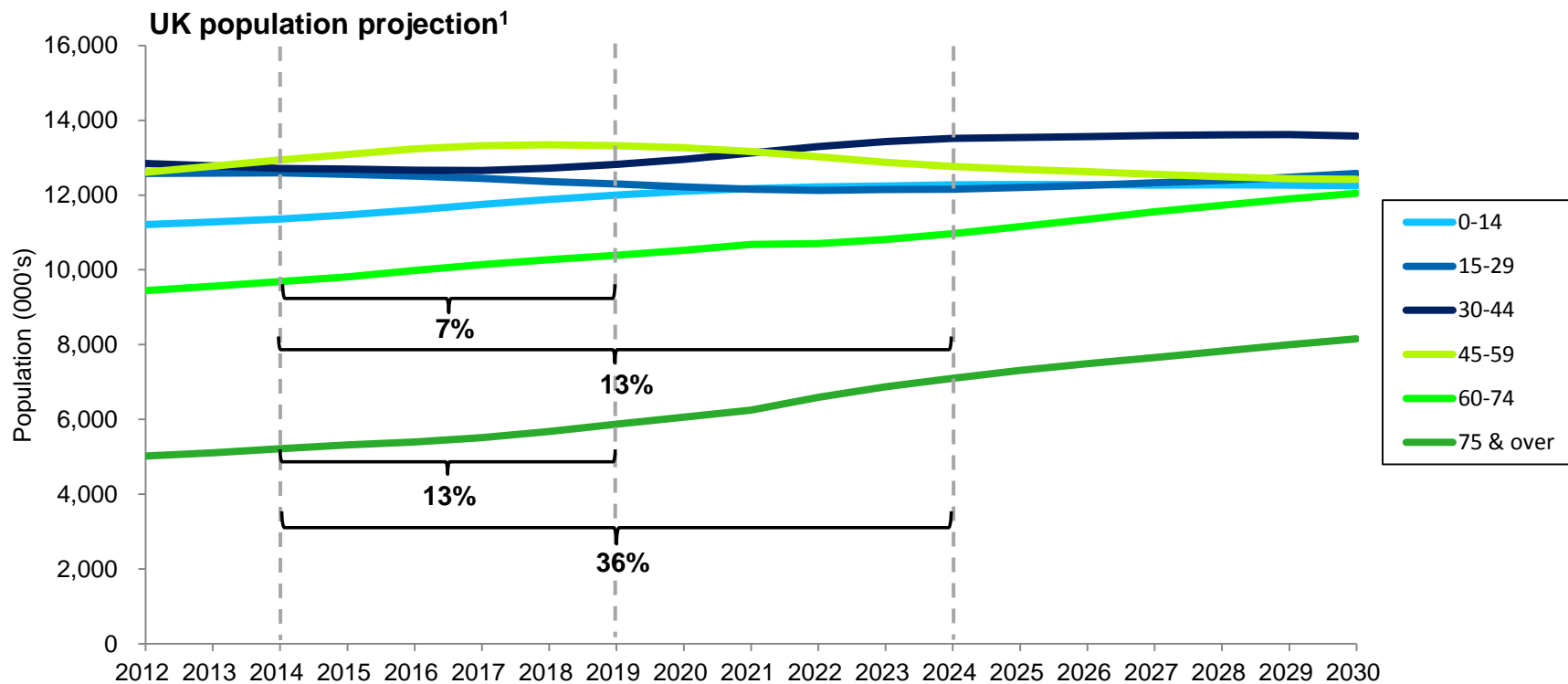
Proportion of people with long-term conditions by age, England, 2009



Source: Department of Health (2012a)

# Overview of UK demographic trends

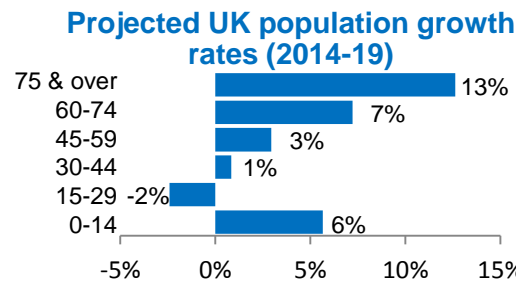
The UK population aged between “60-74” and “75 and over”, have the most considerable growth over the next decade. This signifies UK’s ageing society, due to the 1960’s baby boom and increasing longevity. The data below is based on the ONS - 2012 population projections.



The largest growth seen in people aged 75 and over, with a future 5 year growth of 13% and a 10 year growth of 36%.

The only age group projected to show a declining growth is the 15-29 age group.

In overall terms, the UK population is expected to increase by 2.2million people from 2014 to 2019, an increase in growth of 3.4%, following a lower growth rate increase of 3.1% from 2019-24.

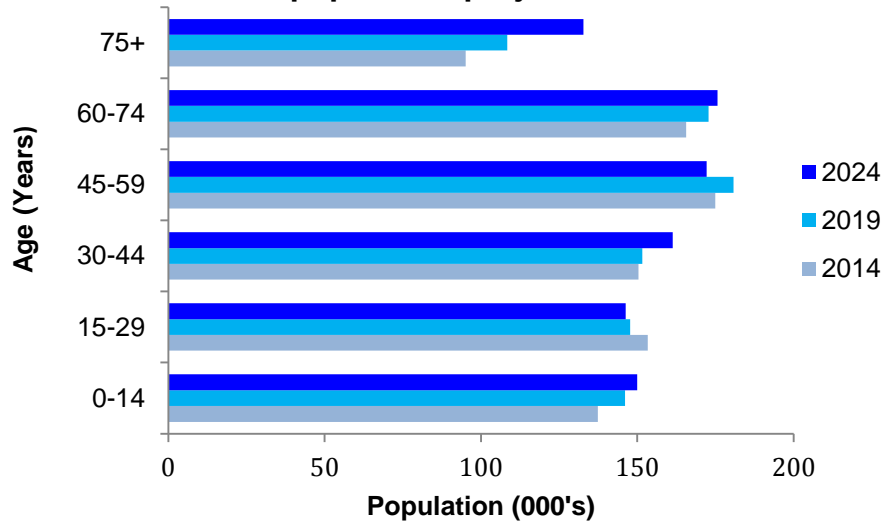


Source: 1. ONS – 2012 based Population Projections

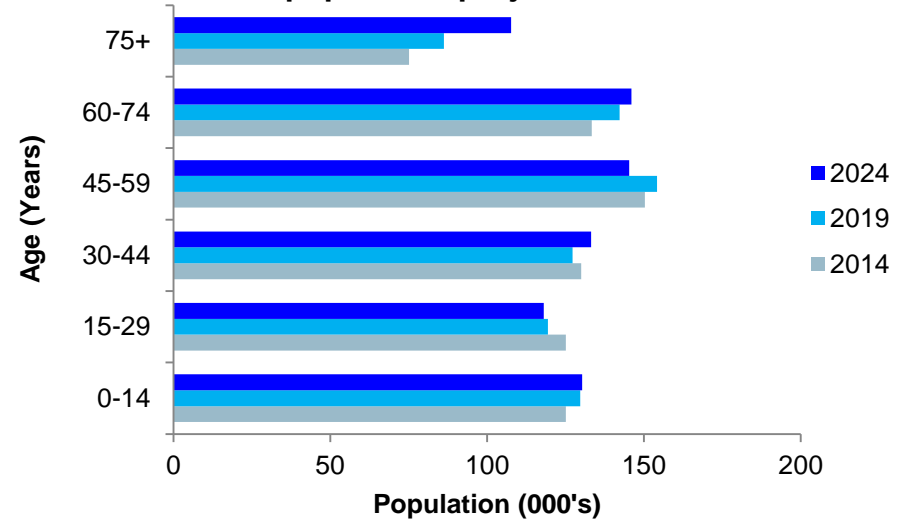
# Overview of local demographic trends

The population for most age groups across Norfolk and Suffolk are increasing apart from those aged 15-29 and 45-59. The largest population growth is for those aged 75 and over. The data below is based on the ONS - 2012 population projections.

Norfolk population projection<sup>1</sup>

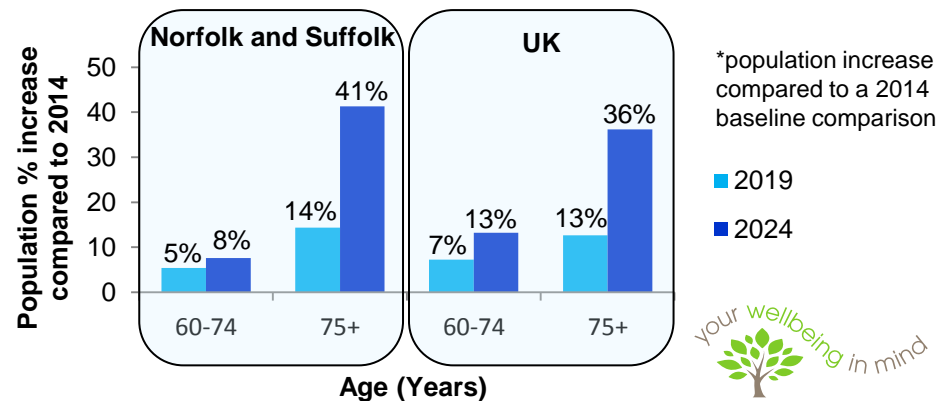


Suffolk population projection<sup>1</sup>



The projected population growth from 2014 to 2019 for those aged 75+ in Norfolk and Suffolk is 14%, compared to a 13% growth for UK. Therefore the population growth is approximately the same for Norfolk and Suffolk as in the UK. However, by 2024, the population increase (compared to 2014) in Norfolk and Suffolk for people aged 75 plus is far greater at 41% compared to 36% in the UK.

Population % increase comparison between Norfolk & Suffolk and UK\*

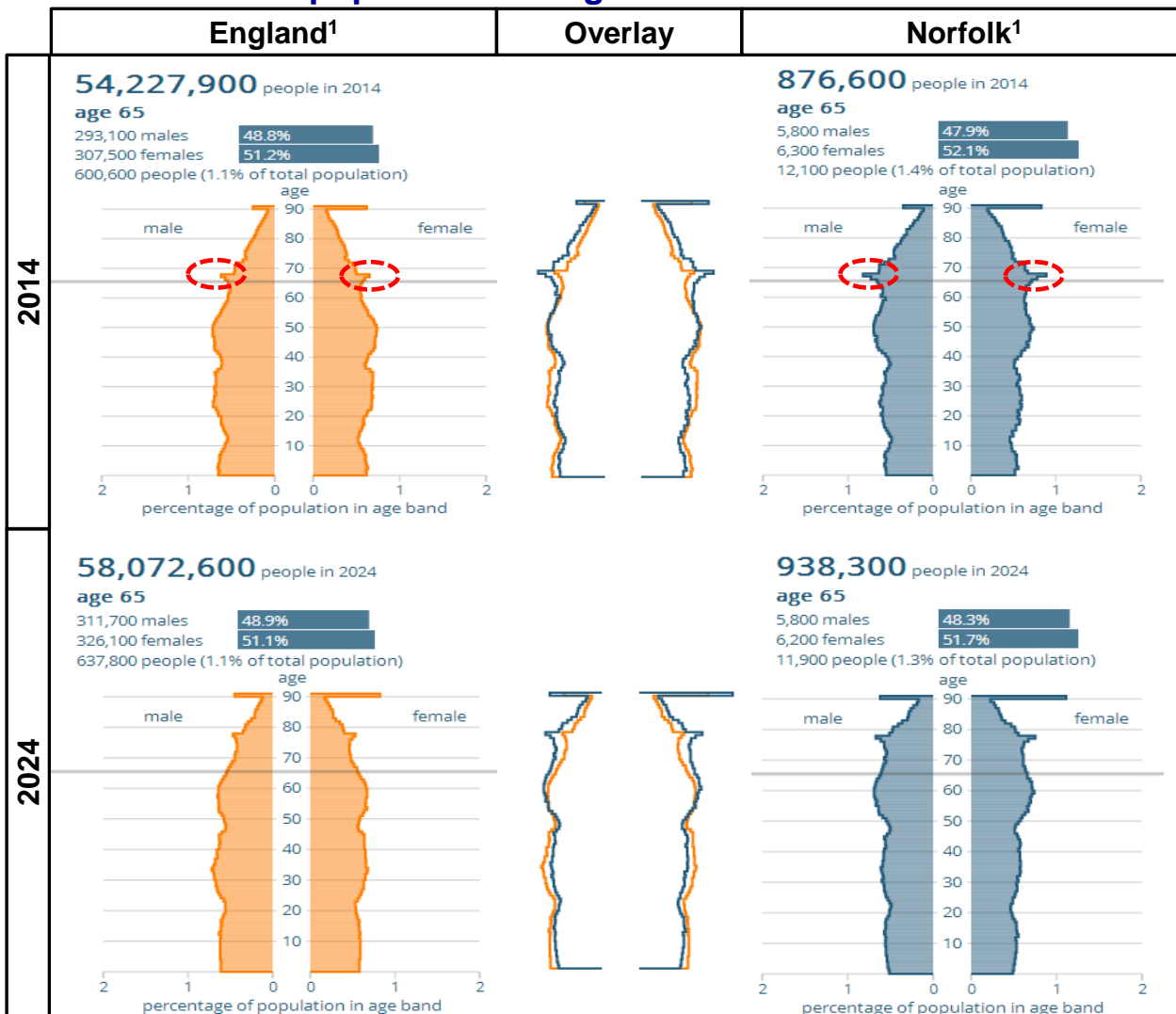


\*population increase compared to a 2014 baseline comparison



# UK versus Norfolk bulge trending

Norfolk has a larger population percentage aged 58 and above compared to England. The key bulge occurs at 67 years old, where in Norfolk this equates to 1.7% of the total population compared to 1.3% of the total population in England.



From the 2014 population projection diagrams, Norfolk has a higher population percentage of those aged 58 and above compared to England as a whole (seen from the overlay outline). A decade later (in 2024) this changes where the age range increases to where those aged 55 years and above have a higher population percentage in Norfolk compared to England. This illustrates, over the next 10 years, Norfolk will have a higher population of older people compared to nationally, with this age range increasing (from 58 to 55).

The key bulges (highlighted in red) signify that those aged 67 years old, form the largest proportion of Norfolk's old age community – forming 1.7% of Norfolk's total population, compared to 1.3% to that nationally (England).

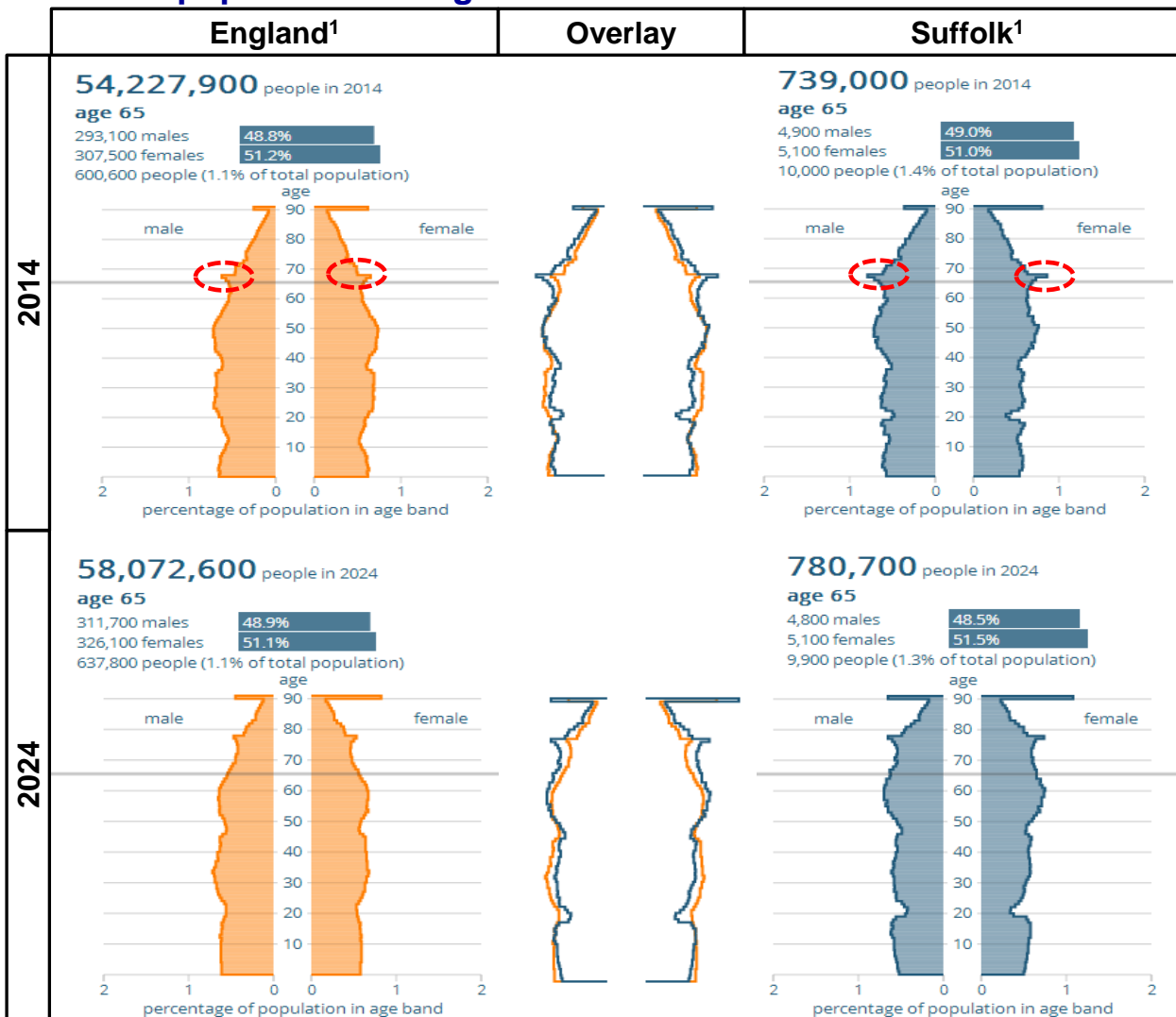
This trend is the same as the Suffolk bulge diagrams.





# UK versus Suffolk bulge trending

Suffolk has a larger population percentage aged 55 and above compared to England. The key bulge occurs at 67 years old, where in Suffolk this equates to 1.7% of the total population against 1.3% of the total population in England.



From the 2014 population projection diagrams, Suffolk has a higher population percentage of those aged 55 and above compared to England as a whole (seen from the overlay outline). A decade later (in 2024), this still remains the same with those aged 55 years and above having a higher population percentage in Suffolk compared to England. This in contrast to Norfolk is different where Norfolk's age range increases (from 58 and above in 2014 to 55 and above in 2024).

The key bulges (highlighted in red) signify that those aged 67 years old, form the largest proportion of Suffolk's old age community – forming 1.7% of Suffolk's total population, compared to 1.3% to that nationally (England).

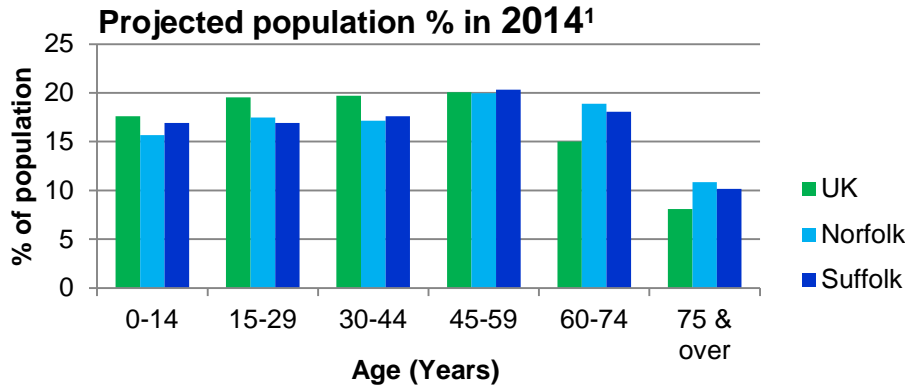
This trend is the same as the Norfolk bulge diagrams.



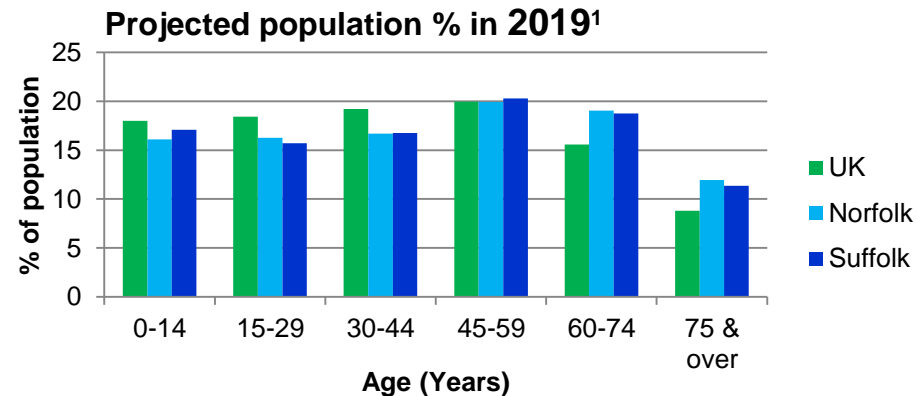
Source: 1. ONS – 2012 Population Projections

# UK versus Norfolk/Suffolk comparison

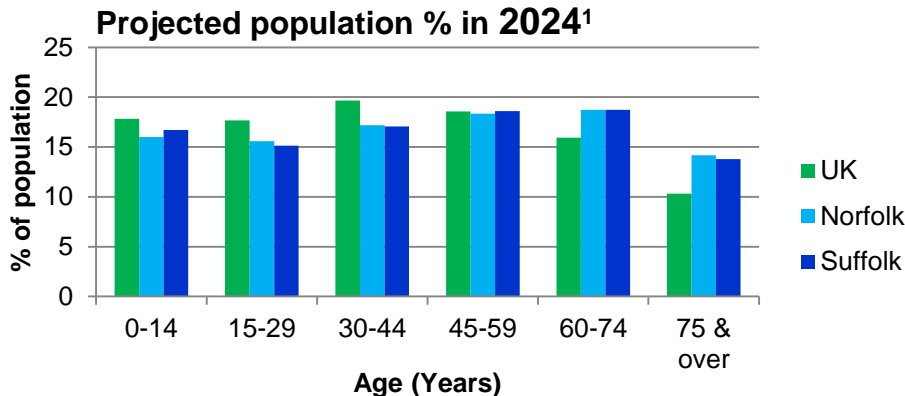
The key theme across the next decade shows people within Norfolk and Suffolk aged 60-74 and 75 plus outweigh the national UK population projections.



For the 0-14, 15-29 and 30-44 age groups, the UK has a greater population % compared to Norfolk and Suffolk, from 2014 through to 2024.



For those aged 45-59, both the UK and Norfolk and Suffolk have very similar population %, from 2014 through to 2024.



The tipping point is for the 60-74 and 75 and over age groups, where Norfolk and Suffolk have a larger population % compared that to the UK, from 2014 to 2024.

Source: 1. ONS – 2012 based Population Projections



# Ethnicity – population versus referrals

Over 83% of Norfolk and Suffolk population is compiled of a 'White' ethnic group, with the second largest ethnic group, 'Black/African/Caribbean/Black British' forming 0.73%.

## Ethnicity % breakdown of population and Norfolk & Suffolk referrals

	White: English/Welsh/Scottish/Northern Irish/British	White: Irish	White: Gypsy or Irish Traveller	White: Other White	Mixed/multiple ethnic group: White and Black Caribbean	Mixed/multiple ethnic group: White and Black African	Mixed/multiple ethnic group: White and Asian	Mixed/multiple ethnic group: Other Mixed	Asian/Asian British: Indian	Asian/Asian British: Pakistani	Asian/Asian British: Bangladeshi	Asian/Asian British: Chinese	Asian/Asian British: Other Asian	Black/African/Caribbean/Black British: African	Black/African/Caribbean/Black British: Caribbean	Black/African/Caribbean/Black British: Other Black	Other ethnic group: Arab	Other ethnic group: Any other ethnic group	
Population <sup>1</sup>	England and Wales	80.5	0.9	0.1	4.4	0.8	0.3	0.6	0.5	2.5	2.0	0.8	0.7	1.5	1.8	1.1	0.5	0.4	0.6
	England	79.8	1.0	0.1	4.6	0.8	0.3	0.6	0.5	2.6	2.1	0.8	0.7	1.5	1.8	1.1	0.5	0.4	0.6
	East	85.3	1.0	0.1	4.5	0.6	0.3	0.6	0.5	1.5	1.1	0.6	0.6	1.0	1.2	0.6	0.2	0.2	0.3
	Norfolk	92.4	0.4	0.1	3.5	0.3	0.2	0.3	0.3	0.5	0.1	0.1	0.4	0.5	0.4	0.1	0.1	0.1	0.1
	Suffolk	90.8	0.5	0.1	3.8	0.6	0.2	0.4	0.4	0.5	0.1	0.3	0.3	0.6	0.4	0.3	0.2	0.0	0.3
	Norfolk and Suffolk Average	91.6	0.5	0.1	3.7	0.5	0.2	0.4	0.4	0.5	0.1	0.2	0.4	0.6	0.4	0.2	0.2	0.1	0.2
Referrals <sup>2</sup>	Norfolk and Suffolk Referrals	78.05	0.38	0.00	4.81	0.19	0.10	0.11	0.26	0.10	0.04	0.08	0.12	0.19	0.22	0.29	0.22	0.00	0.50

Comparing the England population to the Norfolk/Suffolk population, England has a larger population % for all ethnic groups bar the "White: English/Welsh/Scottish/Northern Irish/British" group compared to Norfolk and Suffolk population average.

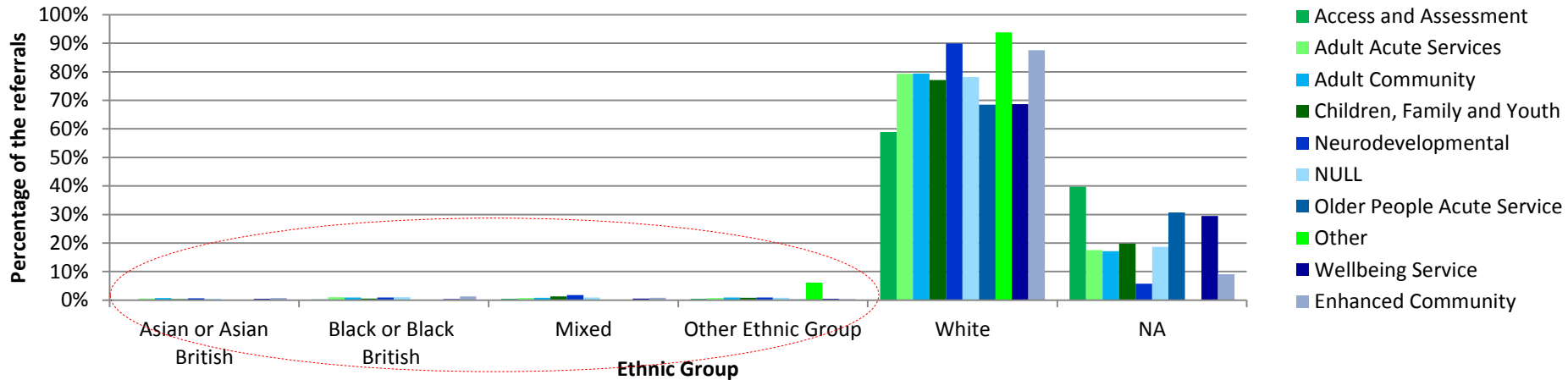
The 4 ethnic groups highlighted in red above illustrate where Norfolk and Suffolk referrals have a higher percentage than the Norfolk and Suffolk population average.

The population ethnicity data is based on data from the 2011 census with an average of the ethnicity referral data taken from April 2011 to December 2011 to derive the above Norfolk and Suffolk referral ethnicities. However, in addition to the above Norfolk and Suffolk referrals, ethnicity not declared equates to 14.34% which skews the overall picture.

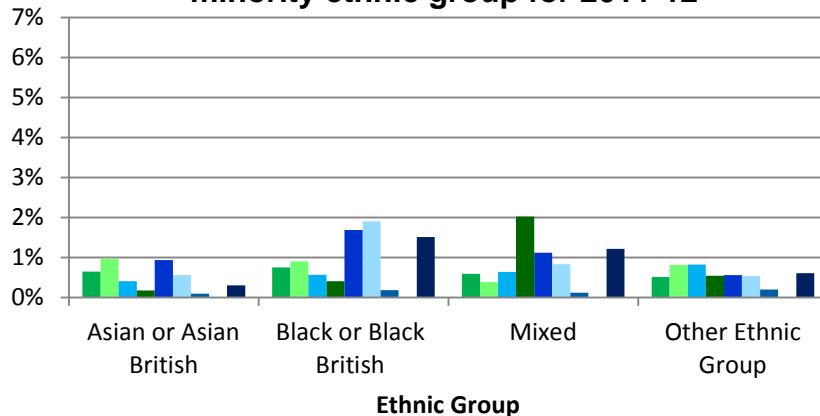
# Ethnicity by Service Line

The White ethnic group form the majority of service users for Norfolk and Suffolk – on average across service lines over 78% of service users are from a White ethnic group (with a slight decrease year on year)

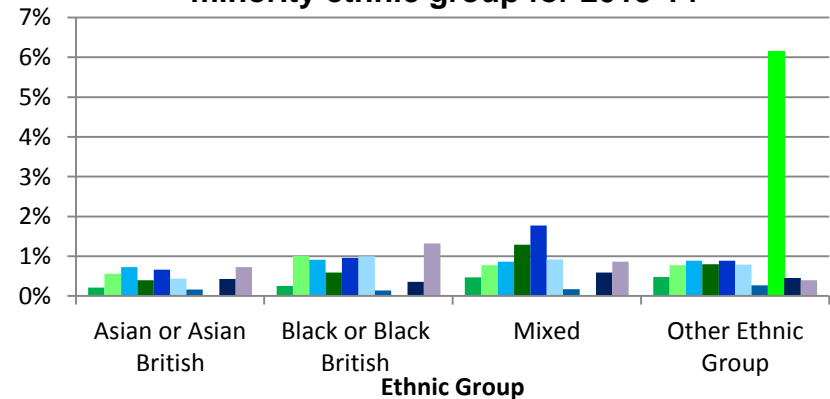
Service line breakdown by all ethnic groups for 2013-14



Detailed service line breakdown by minority ethnic group for 2011-12



Detailed service line breakdown by minority ethnic group for 2013-14



The white ethnic group makes up the majority of service users for Norfolk and Suffolk. However, this has been decreasing since 2011-12. Comparing the minority ethnic groups for 2013-14, there is no significant service being utilised by a particular minority ethnic group, apart from "Other" (6% of the 'Other' Ethnic group). Some of this is a result of a 14% non recording of ethnicity.



# Deprivation levels

**Norfolk has a number of large pockets of deprivation, whereas Suffolk has relatively few. Deprivation levels in the East of England as a whole rose by about 17% between 2007 & 2010**

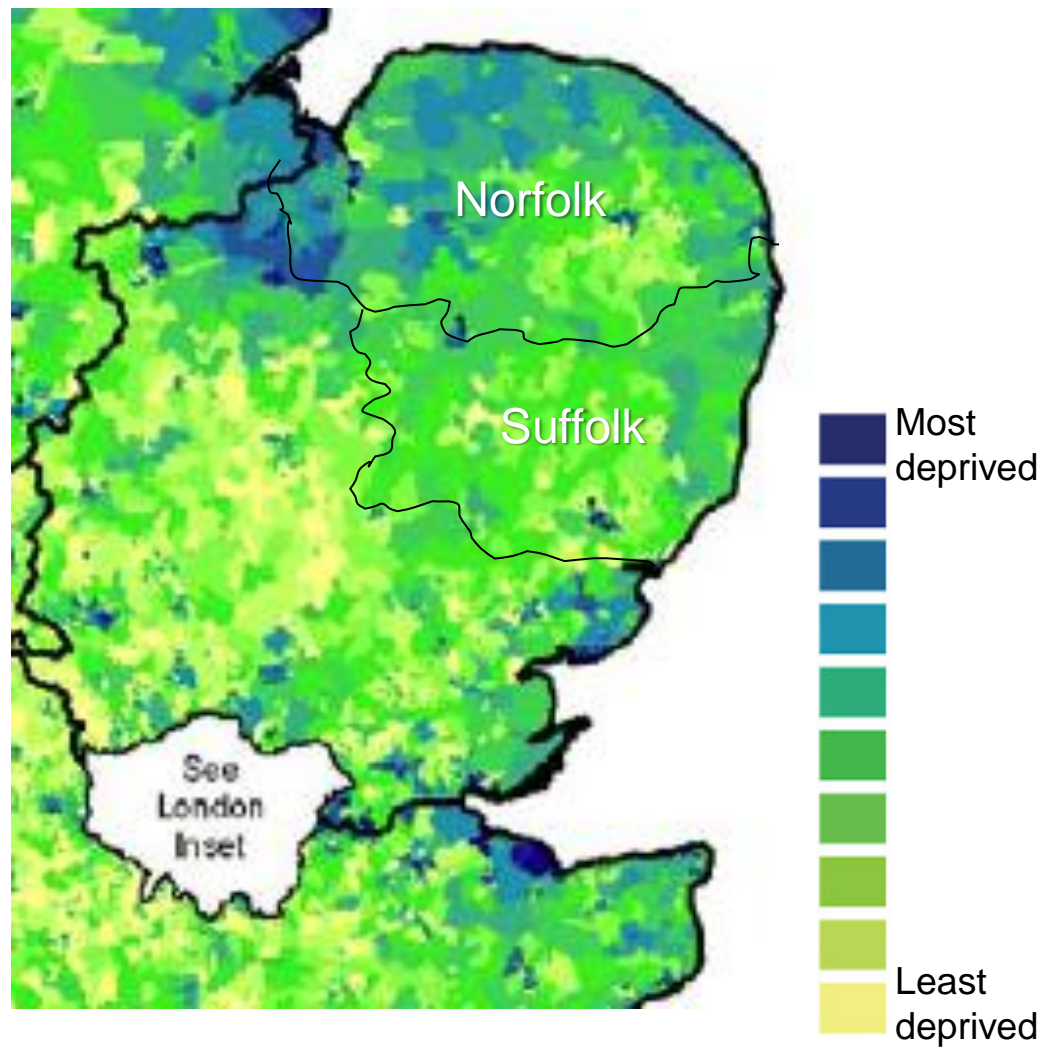


Figure 4: Change in the number of most deprived LSOAs in each region from 2007- 2010



Deprivation in this analysis covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial

The study states that 88 per cent of the areas that were the most deprived in 2010 were also amongst the most deprived in 2007, suggesting that deprivation levels do not rapidly change

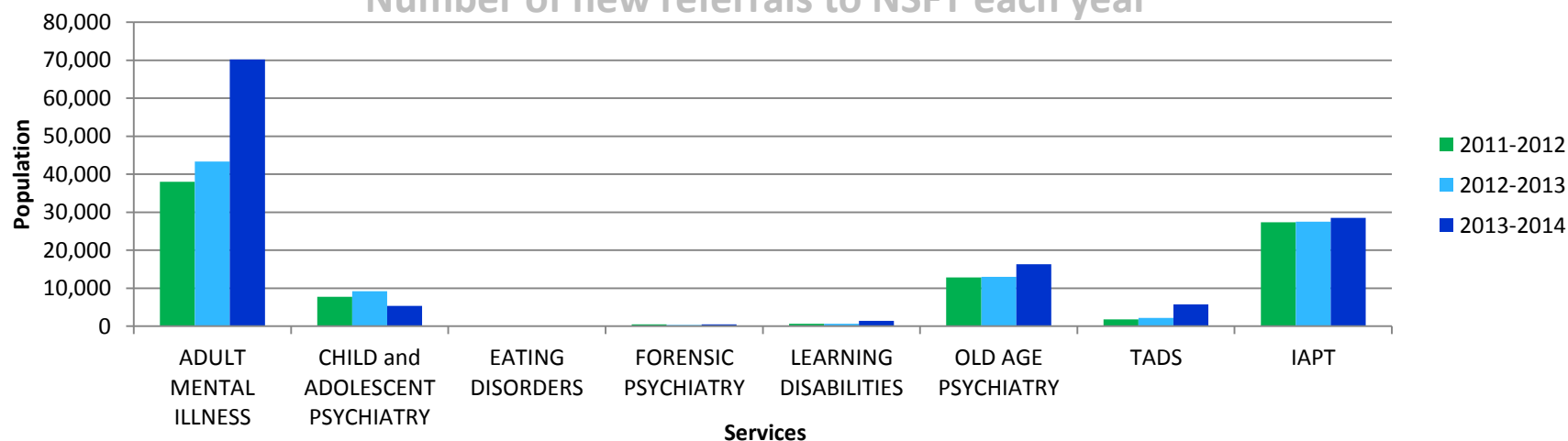
Source: The English Indices of Deprivation 2010



## NSFT referral analysis

The key specialisms which produce the most referrals are: **Adult Mental Illness, IAPT, Old Age Psychiatry and Child and Adolescent Psychiatry**. Various anomalies have caused higher than normal referral peaks across all specialisms such as the introduction of new community teams and the **Access and Assessment service**.

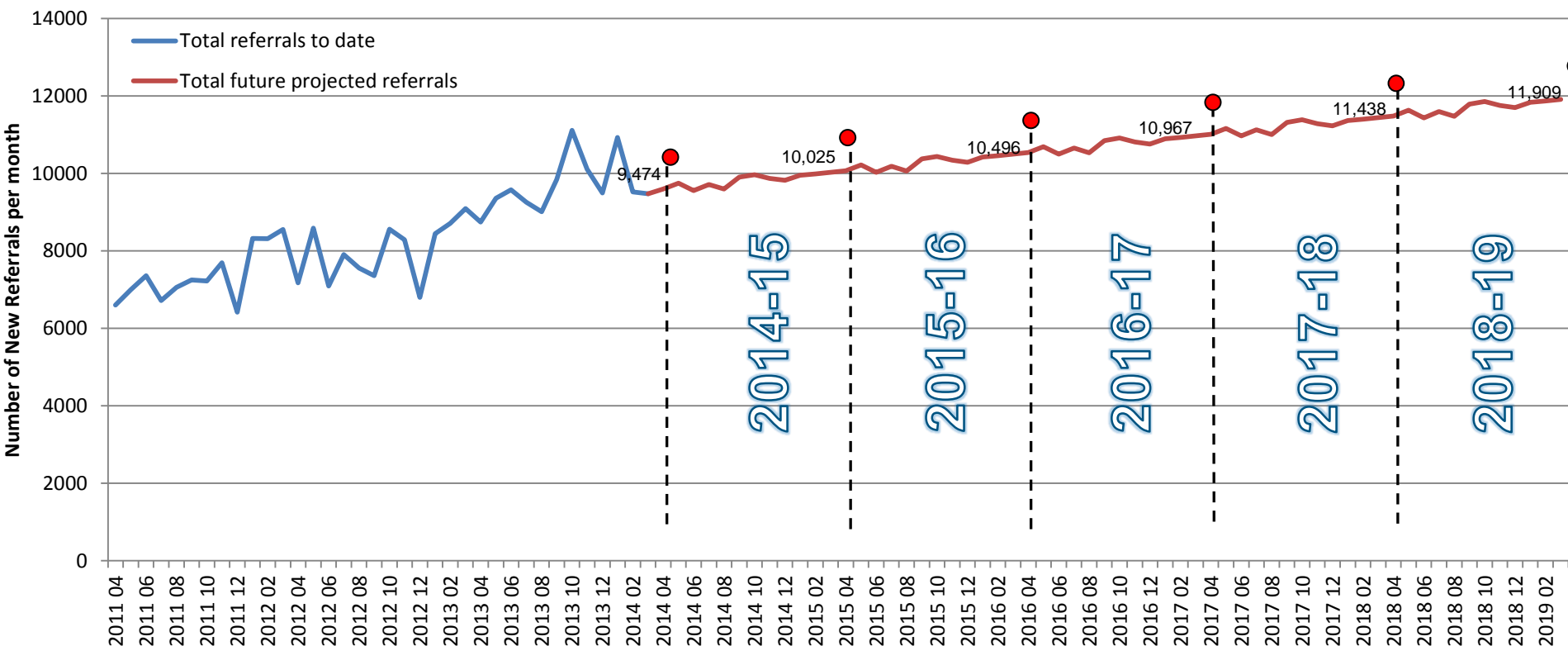
Number of new referrals to NSFT each year



Specialism	Years		
	2011-2012	2012-2013	2013-2014
ADULT MENTAL ILLNESS	38,014	43,306	70,200
CHILD and ADOLESCENT PSYCHIATRY	7,761	9,223	5,340
EATING DISORDERS	24	50	17
FORENSIC PSYCHIATRY	526	355	502
LEARNING DISABILITIES	612	641	1,413
OLD AGE PSYCHIATRY	12,887	12,997	16,361
SUBSTANCE MISUSE SERVICES (TADS)*	1,813	2,175	5,728
IAPT	27,391	27,515	28,524
NULL	36	75	1,629
<b>Totals</b>	<b>89,064</b>	<b>96,337</b>	<b>129,714</b>
<b>Service Users</b>		<b>59,164</b>	<b>67,371</b>

# Overall projected referrals

The average growth rate for referrals year on year is approximately 4.4%.



The Trust is planning on an average growth rate per year of 4.4%. The above trajectory shows a blended rate (i.e. eliminating any temporary peaks within the raw data such as the introduction of IDTs) across each service line which has been used to calculate the total referrals to date. The service specialisms modelled above include: Adult Mental Illness, Child and Adolescent Psychiatry, Learning Disabilities, Old Age Psychiatry, Substance Misuse Services and IAPT.

Eating Disorders and Forensic Psychiatry service lines have been excluded from the analysis, as current referrals data provided an inconclusive view of future demand.



# Workforce analysis

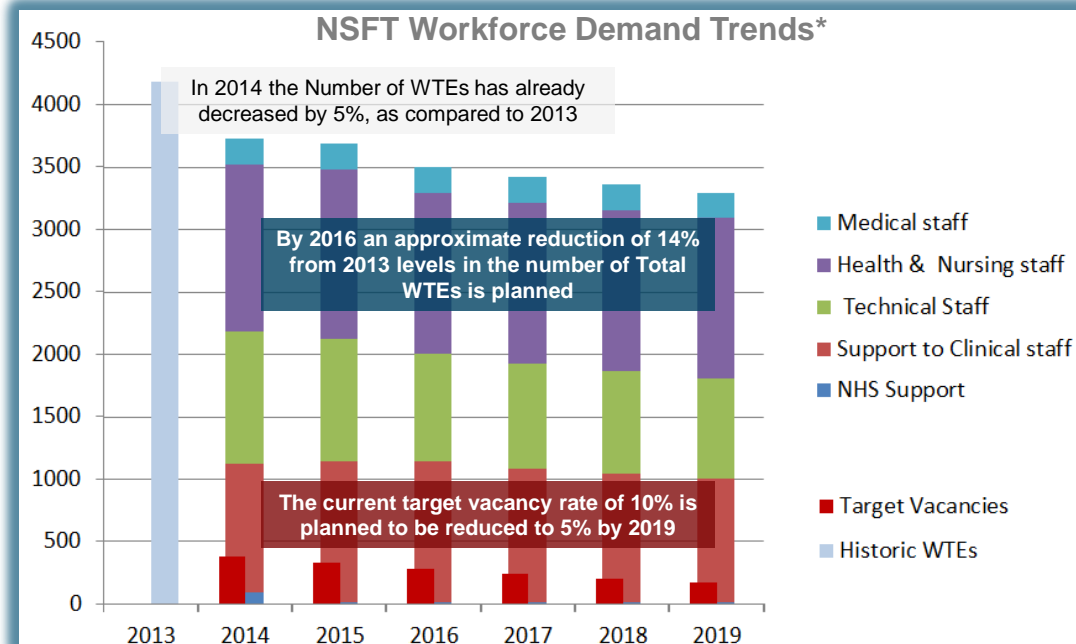
## The Trust has developed a 5 year Workforce and Organisation Development strategy.

Norfolk & Suffolk has an ageing population and an ageing workforce. It is a predominantly rural area and recruitment issues exist with many staff groups. Therefore great emphasis is being placed on “grow your own” strategies and retention and development of existing staff. These include the creation of a self-sustaining apprenticeship scheme, the development of increasing numbers of Assistant Practitioners, Peer Support Workers, return to work schemes and conversion courses enabling Assistant Practitioners to become qualified Nurses. Over time these initiatives will contribute to a reduction in the relative cost of service provision based on an increase in the proportion of unqualified staff in the workforce.

Skills shortages across NSFT mirror national skills shortages but are exacerbated in some areas with additional geographical challenges, in particular for nursing staff at Band 5.

The Trust will continue to invest in its staff, to build staff engagement and improve staff satisfaction and has developed a 5 year Workforce and Organisation Development strategy. The core objectives of which are to:

- Create a flexible, engaged and skilled workforce in line with organisation and service needs
- Ensure employment policies, processes and practices support the Trust vision, values and behaviors, the NHS Constitution, and professional codes of conduct.
- Operate as part of the wider health and social care workforce system, contributing to the system workforce priorities.





# NSFT location analysis

There are plans for disposal of various properties across the NSFT estate as part of the 5 Year Plan.

## Current Estate (2014)

Total Number of Buildings	134
Net Book Value	£130.79m
Total Value After Depreciation	£126.15m
Total Run & Maintain Costs	£10.68m

## Future Consolidation of the NSFT Estate

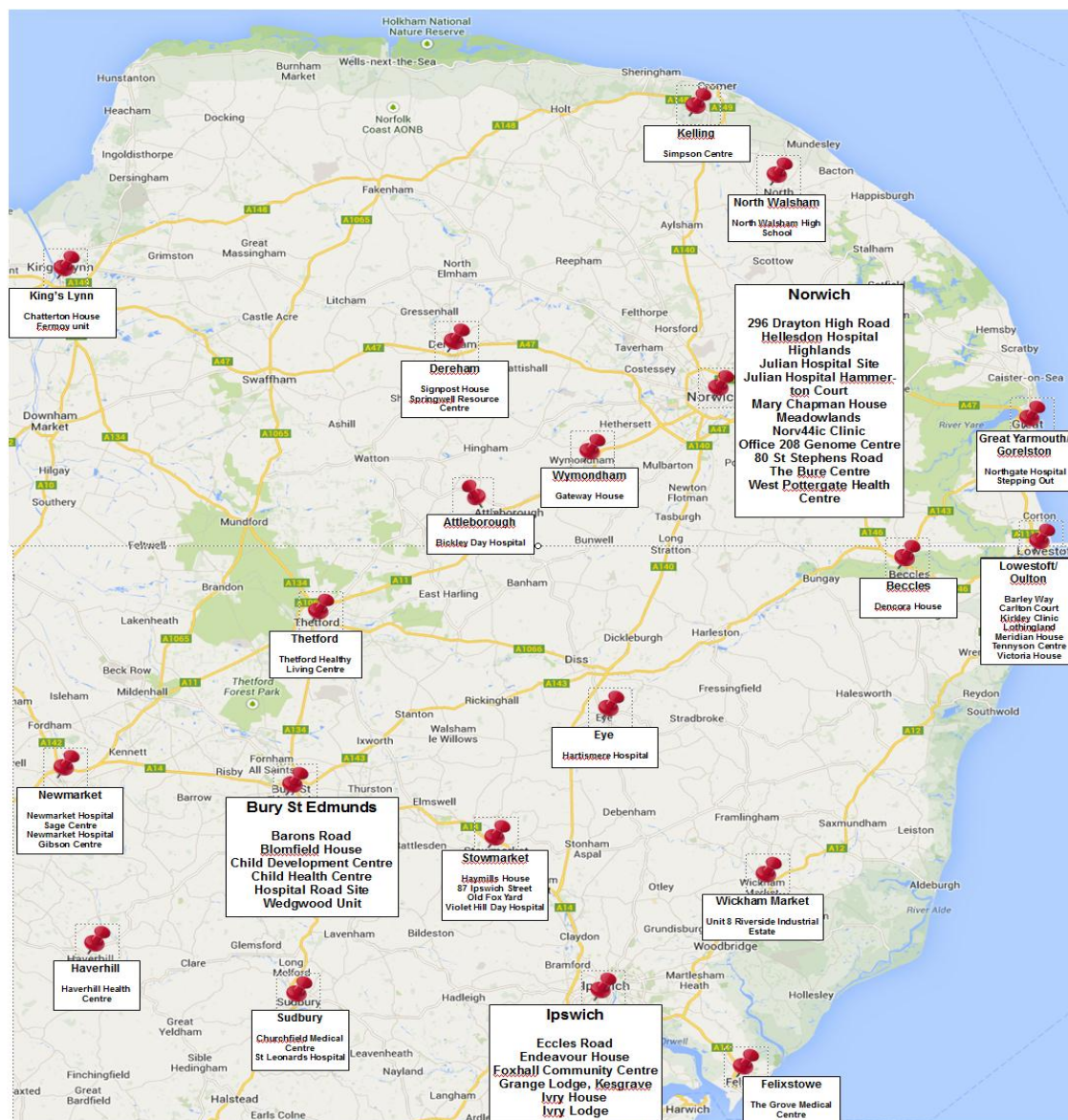
The Trust has a significant estate portfolio and has disposal plans for various properties as part of the 5 Year Plan. All estate to be disposed of is either not fit for purpose or will no longer be required. Realised sales of the properties under consideration in the next 2 years would yield results as shown in the table below:

Planned Sales	Freed Up Capital	£9.74m
	Resulting Operational Savings	£0.44m

Further potential sales under consideration in years 3-5 (or sooner if possible) would result in the following savings:

Sales under consideration	Freed Up Capital	£3.96m
	Resulting Operational Savings	£0.88m

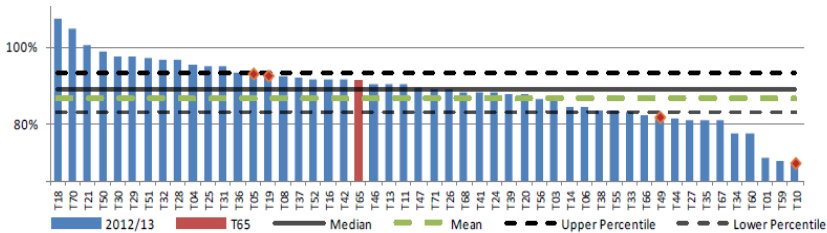
A key part to the future estates strategy will be working with other public sector providers to ensure all property owned by the public purse is used to maximum efficiency.



# Bed analysis

The chart indicates where the Trust in-patient services operate from.

NSFT's bed utilisation rates are very closely aligned to those of other trusts, according to the Benchmarking Network's 2013 report. This can be seen from the graph shown below displaying participating Trust's bed utilisation levels.



## Adult Acute Bed Occupancy Rate Benchmark

Locally there is regular pressure on bed availability, in particular in central Norfolk for adults with a regular need for the Trust to send service users out of area. This is under continuous monitoring and the Trust is working with commissioners to ensure this is managed and bed numbers are funded appropriately.



# NSFT Mental Health Outcomes

The introduction of Trust wide use of HoNOS as a robust, model for measuring mental health outcomes is a key objective for 2014/15.

There has been a lot of debate about how to measure the success of mental health services locally and nationally. A number of outcome measures have been developed but none are supported by a majority of clinicians. The result has been poor outcome data for mental health services. The feedback from our engagement events, was very clear that we must measure outcomes. This is supported by the Board and is one of the key objectives for the coming year.

The Trust has been part of national work, first under Department of Health, now under NHS England and Monitor, developing a payment system for mental health to replace the block contract. The current preferred approach is based on an assessment of service users' needs called "clustering". The service user is assigned to a needs based cluster. The intention is there will be an associated care packages and an agreed outcome measure, potentially Health of the Nation Outcome Scores, known as HoNOS, 4 factor. This work is still in progress at a national level.

The clustering assessment is based on HoNOS, one of the most broadly used outcome measures for mental health and covers a number of questions about the service users' wellbeing social functioning. HoNOS 4 factor is a variant on HoNOS which in the scores for each HoNOS question are aggregated to one of four groupings or factors:

**Factor 1: Personal Well-Being**

**Factor 2: Emotional Well-Being**

**Factor 3: Social Well-Being**

**Factor 4: Severe Disturbance**

It is our view that we need outcome data and as we already collect this information as part of clustering it is a good place to start.

# Strategic intentions

The following strategic intentions have been consulted on via engagement events held across the Trust. An analysis of feedback and attendees is available at Appendix 1. They represent the high level intentions that underpin any future strategic options.

## Integration

- We will work with commissioners, service users, carers and other providers (including the independent & charity sector) to:
  - Identify opportunities and develop integrated patient centred services
  - put mental health at the heart of services delivered in our area.

## Recovery and outcomes

- We will further implement the *Improving Recovery through Organisational Change* principles, putting this at the heart of what we do, changing the way we operate and deliver services, including:
  - Recovery & life beyond illness
  - Co-production
  - Self-directed care
- We will build a reputation for delivering good outcomes for service users that can be evidenced

## Being part of the community

- We will look for, and exploit, opportunities to work on prevention and anti-stigma by:
  - using our resources wisely
  - where possible, building prevention and anti-stigma work into the way we deliver our services
  - working with commissioners, service users, carers, schools, other providers and other willing partners (such as the local business community)

## We will explore ways to use technology appropriately to:

- Engage with service users and carers in a convenient and timely way
- Make best use of clinicians time (e.g. reduce travel) and freeing up clinical time for those with the most complex and severe needs.

# Strategic intentions continued...

## The Trust will offer choice to service users in terms of:

- Teams (as long as an appropriate service is offered)
- Appointment time and location
- Contents of care plans (as appropriate).

## Building on success

- We will build on successful delivery and look for opportunities to extend successful services such as Youth Service and the Dementia Intensive Support Teams.

## Learning and improving:

- We will review and evaluate service implementations, learning lessons and improving
- We will review good practice and research studies conducted by others to ensure we learn from other experience.

## Service delivery routes

- We will endeavour to deliver our services via the most appropriate route (within funding constraints):
  - for each service users
  - for the service type
- We will consider appropriate technology to deliver services, such as the *Big White Wall* use in Wellbeing services.

## Building confidence

- We will work to build and maintain the confidence of staff, service users and commissioners in the Trust and its services.

## Remaining sustainable

- We will work to remain a viable organisation from a financial and performance perspective.

Vision  
Values

To provide safe, sustainable services achieving positive patient outcomes, innovation and learning

*We care, we listen, we deliver*  
This means we will:

- deliver safe, effective services which meet local needs
- work together to achieve the best possible outcome for you
- keep our promises, with each of us accountable for what we do

Aims

**Improve our focus on quality**

**Improve patient experience, satisfaction and engagement**

**A sustainable workforce that is lead and engaged in developing and improving services**

**Ensure financial sustainability**

**Plan for our future and engage with the wider health economy**

Objectives

1. Implementation of Hard Truths recommendations so agreed inpatient staffing levels are achieved, maintained and published weekly from June 2014
2. Development of a Trust wide Operating Model that delivers standard ways of working by October 2014
3. Deployment of Lorenzo as a single electronic health record system by April 2015
4. Achievement of a positive CQC review in 2014
5. Achieve zero out of area non specialist bed placements by March 2015.
6. To agree recording and monitoring process for safe caseloads levels by October 2014.

1. Improve patient experience, satisfaction and engagement
2. The friends and family tests show quarterly improvements throughout the year 2014/15 (*measured quarterly on a rolling year*)
3. We will further implement *Improving Recovery through Organisational Change* principles, putting this at the heart of what we do, changing the way we operate and deliver services. The delivery of a recovery college by Oct. 2014.
4. Develop plans to enable measurement of patient level outcomes data by March 15.
5. We will look for, and exploit, opportunities to work on prevention and anti-stigma by development and delivery of a robust communication plan, evidenced by monthly positive media messages from launch in September 2014.

1. Delivery of a Workforce and OD strategy which delivers:
  - an improvement in the staff survey so that the Trust is no longer in the bottom 20% of Trusts in any category by 2016.
  - A decrease of staff turnover to a stable level of 9% by 2015
  - Improvement by 50% in number of staff who state in staff survey they have received regular communication from their line manager and had the opportunity to comment / feedback
  - 90% of staff participating have had an appraisal in the last 12 months
  - a 50% increase in the staff survey results of staff reporting they have had a meaningful appraisal
  - a sickness rate of no more than 4.5% in any area.
  - All staff undertake mandatory training with a target of 90% attainment by March 2015.
2. Become an employer of choice for healthcare staff with all vacancies recruited to within 8 weeks.
3. Develop plans to meet seven day working by end of 2014/15 financial year.

1. Delivery of the 2014/15 financial plan so the Trust achieves a COSRR of 3 as a foundation for 2015/16
2. Delivery of the 2014/15 CIP and capital programmes
3. Develop a new strategy for procurement by end of 2014/15 financial year
4. For the 2014/15 financial year: delivery of all operational targets including receiving 100% CQUIN and the avoidance of any operational penalties and zero contract query notices from commissioners in the final quarter of the year.

1. To ensure all service changes are underpinned with a quality impact assessment with an audit trail from any consultation of outcomes and changes and this is published on the intranet from September 14
2. Delivery of a Commercial Strategy to protect current services and develop new business by October 2014
3. Delivery of an ICT strategy which supports engagement with service users and carers in a convenient and timely way and makes best use of clinicians time (e.g. reduce travel) by August 2014
4. Engage with the wider health economy, third and voluntary sector to ensure the Trust is a known and trusted partner evidenced by a 10% increase in new partnerships.

# NSFT overall SWOT analysis

The Trust has considered options for its future sustainability, the SWOT analysis below is based on the Trust overall. On the following pages each of the potential options is described and has an associated SWOT analysis.

## S

### Strengths

- NSFT is the key provider of mental health services in the Norfolk & Suffolk region
- NSFT deliver safe, effective Mental Health (MH) services aligned to local needs
- Delivering successful services, in particular Youth Service and the Dementia Intensive Support
- NSFT has delivered efficient savings to date to maintain financial viability and sustainability e.g. service strategy

## W

### Weaknesses

- Complex funding landscape with 7 CCGs whilst Social Care and Community Care have different funding bodies
- Limited scope within the existing *block* contracts to take into consideration increasing demand for MH service
- Data quality is variable due to numerous IT systems (Clinical and Administrative) with manual data entry
- Limited Acute MH Bed capacity

## O

### Opportunities

- To maintain sustainability the Trust need to develop strategic alliance and partners with Commissioners and other Service Providers to deliver efficiency savings (to include potential integration of services)
- Successful implementation of Lorenzo (a common IT platform) to provide a single view of the Service User
- Use of technology to deliver services more efficiently, such as the Big White Wall use in Wellbeing services

## T

### Threats

- Further CCG budget cuts leading to a reduction in Trust income.
- Demographic changes with increasing elderly population
- Increasing demand for mental health services,
- Ongoing unmet demand with only 26% of adults with mental illness receiving care leading to increased referrals
- Increasing competition from other service providers to *'cherry pick'* key services
- Potential skill and staff shortage e.g. Band 5

## Option 0

No Change to delivery of current Mental Health services with Norfolk and Suffolk region, based on the following assumptions:

- Two separate health economies (Norfolk and Suffolk)
- Seven Clinical Commissioning Groups (CCGs) continue to commission as is with different priorities across the CCGs e.g. CAMHS are priority in 3 out of seven CCGs
- Regional specialist commissioning group (for the provision of specialist forensic mental health services, in-patient child & mental health services and substance misuse services) continues to commission as is
- Two local authorities (Suffolk County Council and Norfolk County Council)
- Two separate service models servicing Norfolk and Suffolk
- Services are managed and delivered by different operational models: by locality in Norfolk and integrated delivery teams in Suffolk
- Different clinical and administrative systems across NSFT with manual and paper based systems

**Hypothesis - not financially viable** based on existing CIPs and projected funding levels



# Option 0 SWOT Analysis

## S

### Strengths

- NSFT is the key provider of mental health services in the Norfolk & Suffolk region
- No disruption to the NSFT service (unchanged business and operating model)
- The Mental Health Services are aligned to the current requirements of the individual CCGs

## W

### Weaknesses

- Complex funding landscape with 7 CCGs with differing Mental Health Care priorities
- Limited integration with Social Care and Community Care
- Two separate service models aligned to Norfolk and Suffolk
- Fragmented clinical and administrative systems supported by manual processes with variable data quality
- Bed and associated staff profile does not fully meet service user demand

## O

### Opportunities

- Successful implementation of Lorenzo (a common IT platform) to provide a single view of the Service User and reduce manual processes
- Change the service model for Mental Health Services including eligibility criteria, reducing clinical interventions, to reduce cost base

## T

### Threats

- Further CCG budget cuts leading to a reduction in Trust income.
- Demographic changes with increasing elderly population
- Increasing demand for mental health services
- Significant efficiency savings are yet to be identified to maintain financial sustainability
- Potential skill and staff shortage e.g Band 5

## Option 1

Delivery of current Mental Health services with Norfolk and Suffolk region based on integration and collaboration across the local health economy, based on the following assumptions:

- Develop integrated plans for Mental Health services across the seven Clinical Commissioning Groups (CCGs) by aligning priorities across the CCGs based on local demographics profiles
- Standardise Mental Health services across Norfolk and Suffolk allowing for local variances, moving to a single service model (based consistent service user communities)
- Design the business and operational model for greater integration
- Migrate to standard contacts with CCGs (whilst catering for local variances)
- Leverage capabilities from other health sectors (independents, voluntary and charities)
- Implement a dedicated transformation approach to deliver initiatives that ensure the Trust is sustainable
- The development of a standard performance management framework.

Key risk is the health economy restructuring and outsourcing services which results in the Trust not being viable

Hypothesis - this option ensures that the Trust is financially sustainable with the caveat noted above.

# Option 1 SWOT Analysis

## S

### Strengths

- NSFT is the key provider of mental health services in the Norfolk & Suffolk region
- Funding better targeted to appropriate Mental Health services aligned to Commissioners priorities
- NSFT deliver safe, effective Mental Health (MH) services aligned to local needs
- NSFT has delivered efficient savings to date to maintain financial viability and sustainability e.g. service strategy

## W

### Weaknesses

- Complex funding landscape with 7 CCGs
- Fragmented clinical and administrative systems supported by manual processes with variable data quality
- No track record for collaboration and integration of health service within the LHE
- Bed and associated staff profile does not fully meet service user demand

## O

### Opportunities

- Standardisation of services, reporting and governance through implementation of Lorenzo (to provide common IT Platform)
- To develop strategic alliance and partners with Commissioners, Service Providers and the Third Sector to deliver greater efficiency savings (through integration of services)
- Change the service model for MH Services including eligibility criteria to reduce clinical intervention and manage demand

## T

### Threats

- Further CCG budget cuts leading to a significant reduction in Trust income.
- CCG and other Service Providers have conflicting priorities and do not actively participate with NSFT
- Competitors disrupt LHE collaboration
- Demographic changes with increasing elderly population increasing demand for mental health services,
- Potential skill and staff shortage e.g. Band 5

## Option 2

Precondition – Option 1 must undertaken

Delivery of current Mental Health and associated care services within Norfolk and Suffolk region extended by a partnership with, or acquisition of, another service provider within the local health economy to:

- facilitate better integration of care pathways
- leverage increased capability and capacity for delivery of services (for example 24 hour single point of access for all services)
- align priorities for the local health economy with the different funding bodies (CCGs, Local Authority and NHS England) for a wider portfolio of services
- drive efficiency savings whilst maintaining / improving patient outcomes.

Hypothesis - the Trust expansion of services with further opportunities to drive efficiency savings whilst maintaining / improving patient outcomes ensures an improved patient experience and the health economy / Trust is financially sustainable

## Option 2 SWOT Analysis

### S

#### Strengths

- Funding better targeted to appropriate Care Services aligned to Commissioners (CCGs and Local Authority) priorities
- Additional funding streams and a wider service portfolio provides greater financial independence for Trust
- Greater capacity and capabilities to leverage and deliver synergies across local health economy
- Opportunity to learn from goodpractice

### W

#### Weaknesses

- NSFT has a limited success in the integration of services to date (overlying a further service will drive complexity)
- Limited examples with the integrated care model still operating as pioneer schemes across England
- Insufficient data to undertake rigorous due-diligence of the targeted Service Provider
- Potential to distract from the core MH service

### O

#### Opportunities

- Opportunity to radically change the service model for mental health and social care services in the community
- Opportunity for earlier interventions (in the community) supported by a self management service model
- Greater use of self management supporting by an existing Community Care infrastructure and use of technology
- Rationalise the estate and back office functions across the integrated organisation

### T

#### Threats

- CCG do not agree with the strategy and do not support the integration with another Service Provider
- Any targeted Service Provider is not financially viable (only apparent post integration)
- Any targeted Service Provider is subject to a better competitive bid

## Option 3

Precondition – Option 1 must be undertaken.

Delivery of some or all of the NSFT Mental Health services into adjacent region subject to:

- Selecting a region where current services can be delivered, by leveraging on current capabilities
- Broadening current capabilities & services so that they can be delivered in a different region
- Larger economies of scale.

Hypothesis - Improve the Trusts financial sustainability whilst delivering and maintaining patient outcomes

# Option 3 SWOT Analysis

## S

### Strengths

- Potential for additional income and a wider Commissioner base
- Access to a wider resource pool (and ability to redeploy resources into areas with skill shortages)
- Greater brand recognition across the LHEs
- Greater capacity and capabilities to leverage (and deliver synergies across LHEs)

## W

### Weaknesses

- NSFT has a limited success in the integration of services to date (overlying a further service will drive complexity)
- Limited examples with the integrated care model across England, still operating as pioneer schemes
- Insufficient data to undertake rigorous due-diligence of the targeted Service Provider and region

## O

### Opportunities

- Further Back Office consolidation across the integrated organisation
- Identify and implement good practice across both organisations

## T

### Threats

- NHS England and CCG do not agree with the strategy and do not support the move into adjacent markets
- The targeted Service Provider is not financially viable (only apparent post integration)
- Targeted Service Provider subject to a better competitive bid

## Option 4

Delivery of current Mental Health and associated Care services with Norfolk and Suffolk region extended by the partnership or acquisition of another Service Provider outside the existing local health economy.

Precondition – Option 1 must be undertaken. Then both 2 & 3 in sequence or parallel.

Hypothesis - Improve the Trusts financial sustainability whilst delivering maintaining patient outcomes



# Option 4 SWOT Analysis

## S

### Strengths

- Potential for additional income and a wider Commissioner base
- Access to a wider resource pool (and ability to redeploy resources into areas with skill shortages)
- Greater brand recognition across the LHEs
- Greater capacity and capabilities to leverage (and deliver synergies across LHEs)

## W

### Weaknesses

- Requires a successful track record in the delivery of Option3 as a pre-requisite
- Potential to distract from the core MH service
- **Very limited** examples of this integrated care model across England
- Insufficient data to undertake rigorous due-diligence of the targeted Service Provider and region

## O

### Opportunities

- Further Back Office consolidation across the integrated organisation
- Identify and implement good practice across both organisations

## T

### Threats

- Depending on location, may go against the direction set by Monitor
- NHS England and CCG do not agree with the strategy and do not support the move into adjacent markets
- The targeted Service Provider is not financially viable (only apparent post integration)
- Targeted Service Provider subject to a better competitive bid

# Competitor SWOT Analysis – Other NHS Trusts

The Trust operates in an environment whereby any of its services could be tendered, the SWOT analysis below is based on any other NHS provider trying to enter the local market.

## S

### Strengths

- Understanding of service requirements and costs to deliver
- Access to a wider resource pool (and ability to redeploy resources into areas with skill shortages)
- Potentially greater brand recognition across the health economy
- Supports government agenda for competition

## W

### Weaknesses

- No established relationships with health economy CCGs
- Complicates health economy integration and collaboration agenda
- Limited examples where this has been successful
- Insufficient data to undertake rigorous due-diligence of the targeted service means potential financial risk
- Potentially high set up costs not recovered during life of contract

## O

### Opportunities

- Back office consolidation with existing out of area operation generates cost savings
- Identification and implementation of best practice generates cost savings
- Success provides platform for growth leading to virtuous circle of contract wins

## T

### Threats

- Government agenda moves away from competition towards more health economy integration
- The contract is financially unsustainable
- Poor understanding of contract requirements and health economy needs to poor performance and reputational impact
- Competitive tendering in immature market leads to “race to the bottom” on costs – government intervention required

# Competitor SWOT Analysis – Private sector

The Trust operates in an environment whereby any of its services could be tendered, the SWOT analysis below is based on any private sector provider trying to enter the local market.

## S

### Strengths

- Potential to “cherry pick” and under price contracts to gain experience (although not sustainable as a long term strategy)
- Access to leading edge commercial management and back office support
- Supports government agenda for competition

## W

### Weaknesses

- No established relationships with local CCGs
- Complicates local collaboration and integration agenda
- Limited examples where this has been successful
- Insufficient data to undertake rigorous due-diligence of the targeted service means potential financial risk
- Potentially high set up costs not recovered

## O

### Opportunities

- Back office consolidation with existing commercial contracts generates cost savings
- Identification and implementation of commercial best practice generates cost savings
- Success provides platform for growth leading to virtuous circle of contract wins

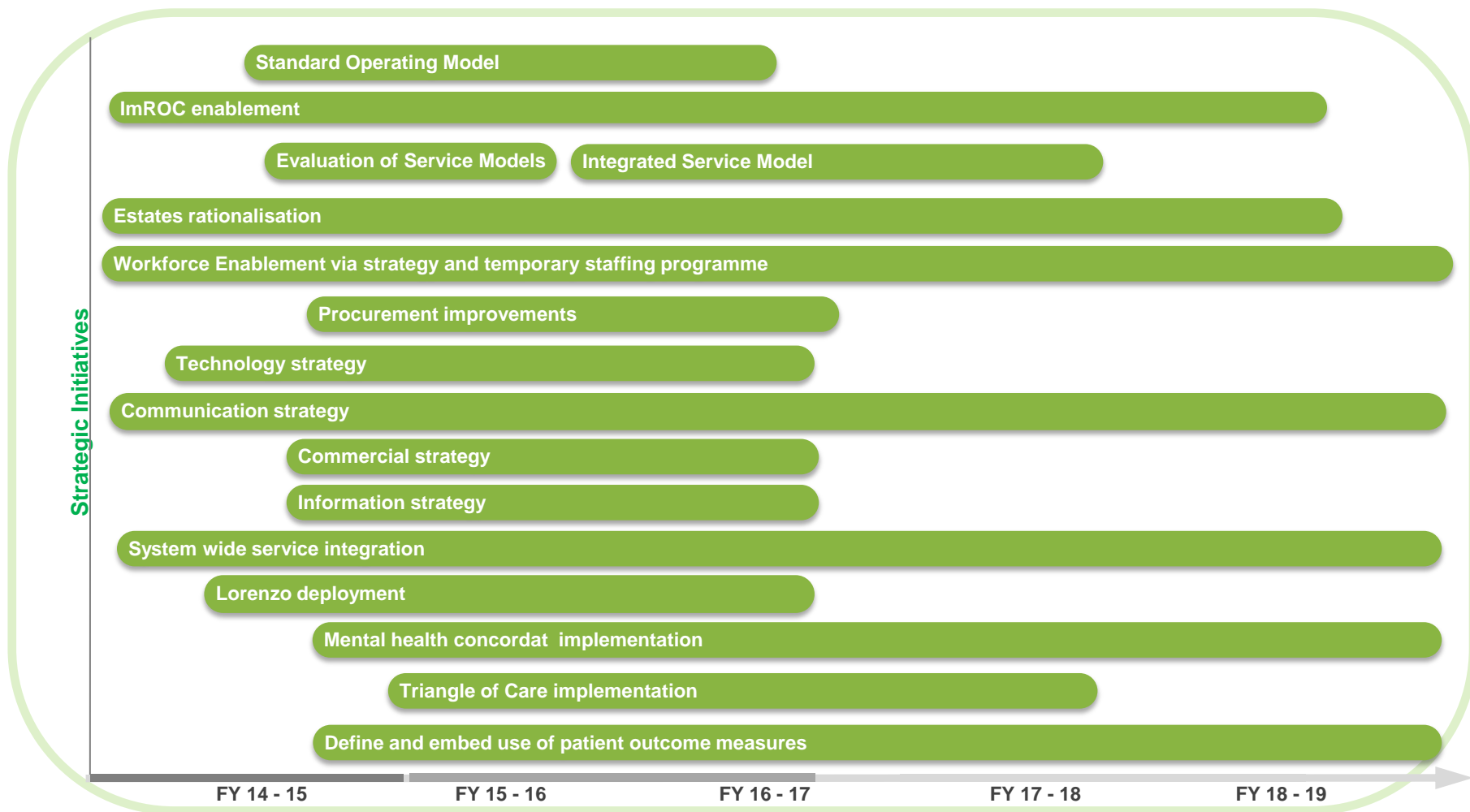
## T

### Threats

- Government agenda moves away from competition towards more local integration
- The contract is financially unsustainable
- Poor understanding of contract requirements and local needs leads to poor performance and reputational impact
- Shareholder interests not met - insufficient profit
- Competitive tendering in immature market leads to “race to the bottom” on costs – government intervention required

# Strategic plan timelines

The following timelines are an indication for the current strategic initiatives. This will be developed as plans are progressed.

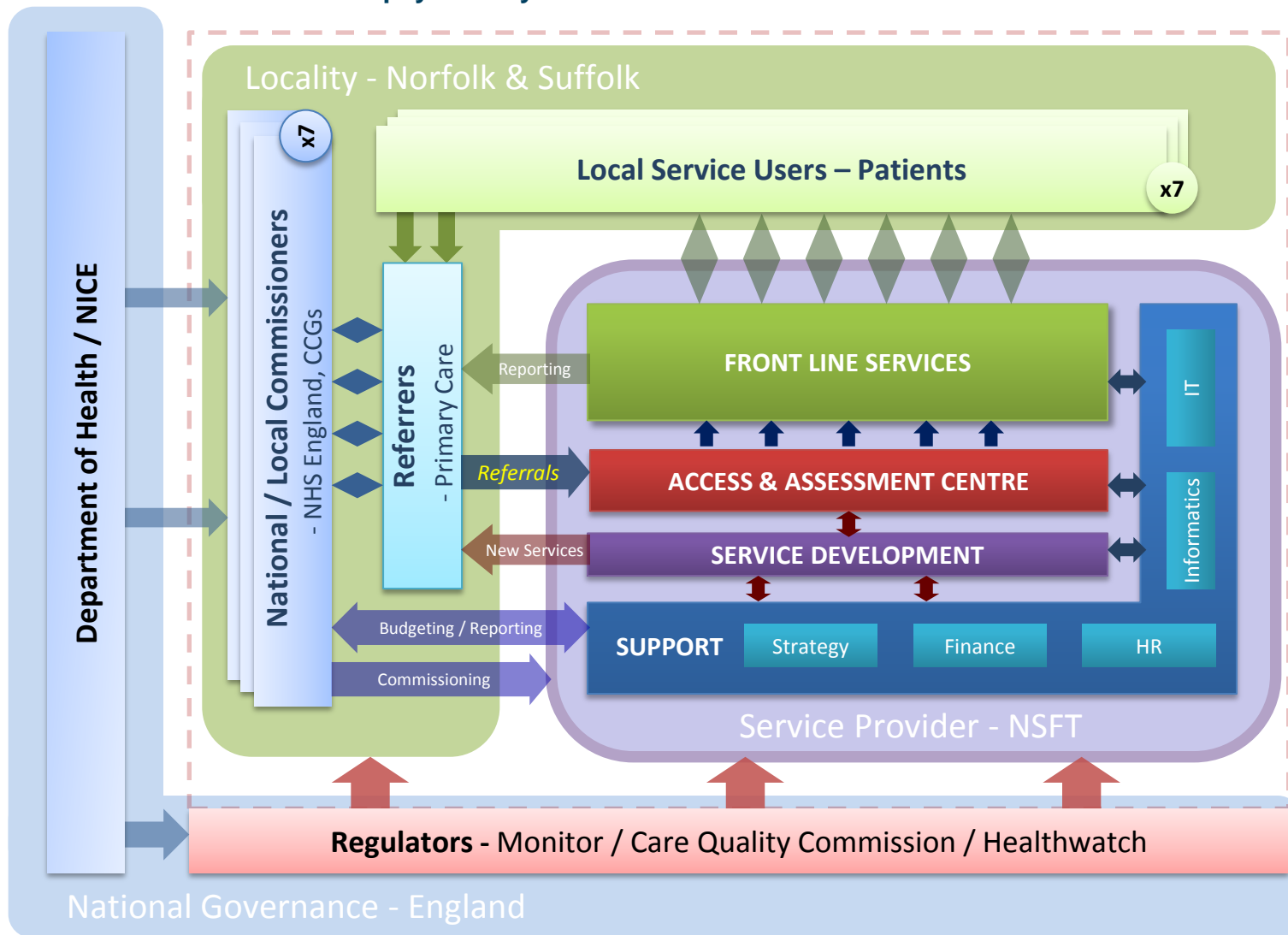


# NSFT Operating Model

Norfolk and Suffolk **NHS**

NHS Foundation Trust

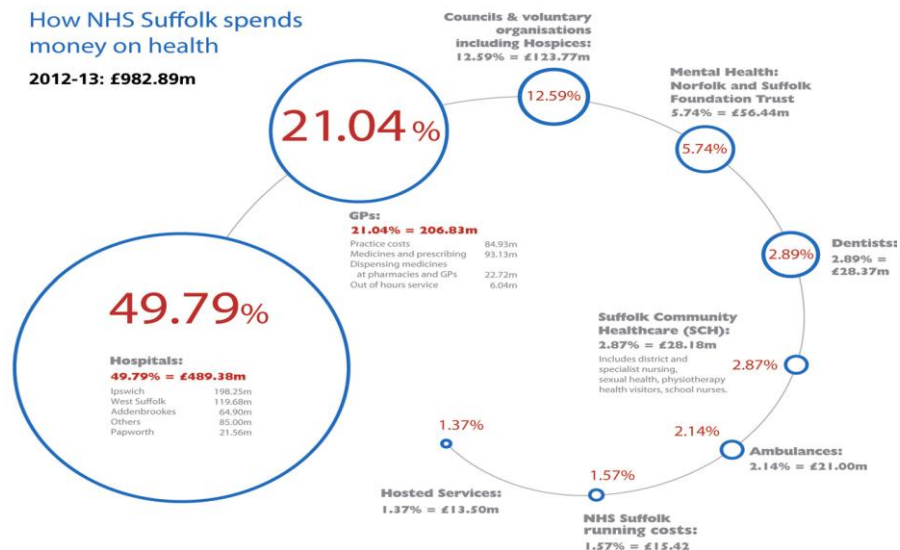
The following diagram represents an integrated operating model which will be developed over the coming year to include operational decision making frameworks, ensuring corporate responsibility and accountability. As part of the 5 year strategy, it will facilitate the move from being managed by locality to respective Service Lines in anticipation of the shift from block contracts to payment by outcomes.



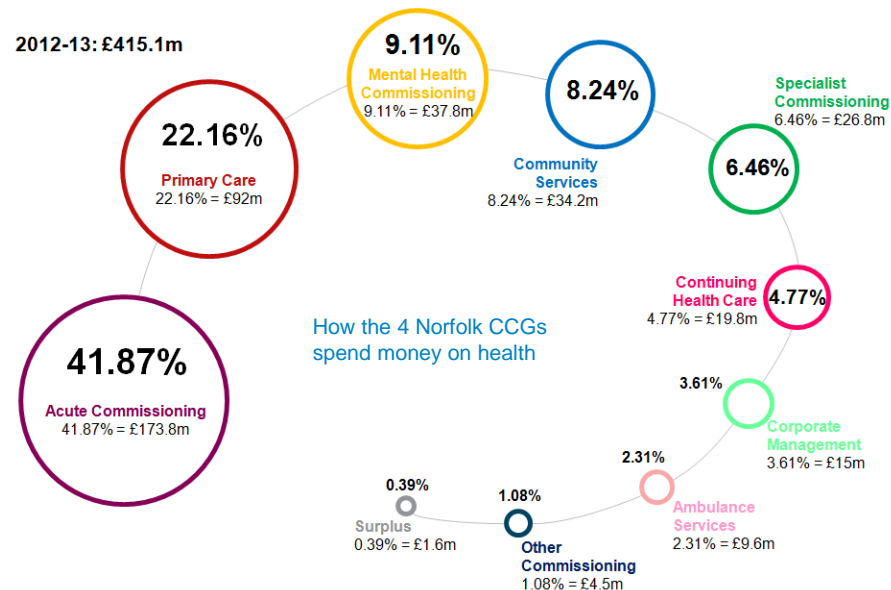
# Local health economy – overall CCG health spend

How NHS Suffolk spends money on health

2012-13: £982.89m

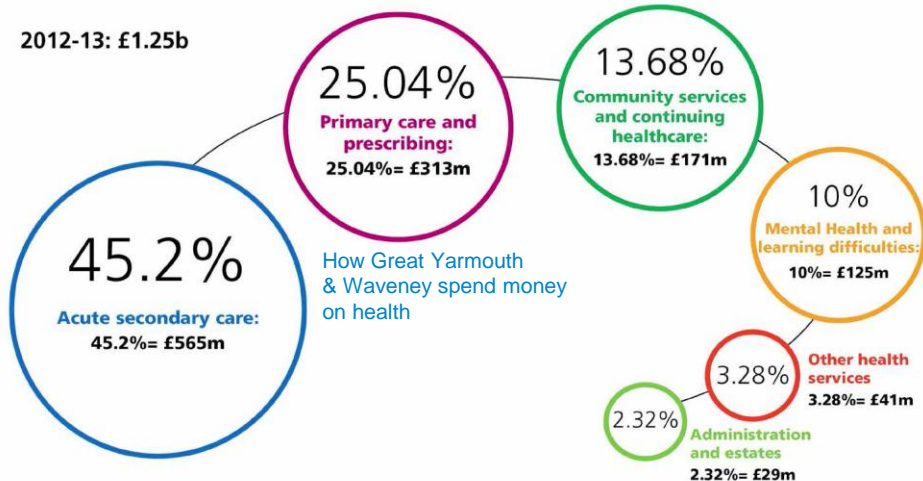


2012-13: £415.1m



How the 4 Norfolk CCGs spend money on health

2012-13: £1.25b



How Great Yarmouth & Waveney spend money on health

## Summary

**Total Population = 1.62m**

**Total local health economy budget: ~ £2.65b**

**Acute / Secondary Care spend: ~ £1.23b**

**Total Mental Health Spend: ~ £220m = 8.6%**

**NSFT share = £188m**

# Financial Overview

The financial plans show an operating surplus of £1.4m in 2016/17, £1.0m in 2017/18 and breakeven in 2018/19. The net deficit in 2017/18 is a “technical” deficit due to asset impairment as a result of planned asset disposals. The Trust’s cash position by the end of the 5 years will be £15.1m with a COSRR of 3 throughout the period.

The achievement of these plans will require a delivery of £44.1m of Cost Improvements (CIPs) over this time frame with a Capital Expenditure programme of £44.4m.

A summary of the planned I&E position for the 5 years is detailed below.

Income Statement	Plan	Plan	Plan	Plan	Plan
	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m
Operating Income	204.3	200.7	199.1	195.9	193.6
Pay Costs	(156.3)	(152.7)	(152.1)	(152.2)	(151.7)
Drug Costs	(3.1)	(3.1)	(3.3)	(3.4)	(3.6)
Other Costs	(31.5)	(32.5)	(29.9)	(26.4)	(24.6)
<b>EBITDA</b>	<b>13.3</b>	<b>12.4</b>	<b>13.7</b>	<b>13.9</b>	<b>13.7</b>
Depreciation	(6.9)	(7.0)	(7.8)	(8.4)	(9.2)
PDC Dividend	(3.5)	(3.5)	(3.5)	(3.5)	(3.5)
Other Costs	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
<b>Operating Surplus/Deficit</b>	<b>1.9</b>	<b>1.0</b>	<b>1.4</b>	<b>1.0</b>	<b>0.0</b>
Profit/(Loss) on asset sale	-	-	-	(1.3)	
<b>Net Surplus/Deficit</b>	<b>1.9</b>	<b>1.0</b>	<b>1.4</b>	<b>(0.3)</b>	<b>0.0</b>

# Financial assumptions

### Income

The Trust is not anticipating significant new revenue, but rather a reducing position based on the NHS deflator assumptions -1.8% on the main four contracts as per current understanding of Commissioning Intentions going forward, and demographic growth +0.5% with the 7 CCGs, but not with NHS EA.

Full CQUIN delivery is assumed in all 5 years.

There are no impacts of service developments factored in from 2016/17 onwards.

As within the existing 2 year plan already submitted to Monitor the impact of moving to a new Mental Health Payment System (MHPS) has not been factored into the remaining 3 years as joint work is still on-going with Commissioners to assess the Trust's readiness in terms of contracting on this basis.

Clinical income from other sources is assumed to remain constant with the exception of the Section 75 agreement with Norfolk County Council which will cease during 2014/15 with a corresponding reduction in costs.

Other income, Research and Development, Training and Education, non-clinical and trading, is expected also to continue at similar rates. No adjustment has been made in respect of potential Training and Education funding changes as the result of the Department of Health's planned transition to Training and Education tariffs.

	Suffolk	GY&W	Norfolk	NHS EA
<b>2016/17 onwards</b>				
Deflator	(1.80%)	(1.80%)	(1.80%)	(1.80%)
Demographic growth	0.50%	0.50%	0.50%	-
Net	(1.30%)	(1.30%)	(1.30%)	(1.80%)

### Expenditure

A basic pay award of 1% for all 5 years in addition to the estimate of on-going incremental increases gives a total pay inflation of just over 2% each year.

Non pay growth is assumed to be consistent with existing plans.

Expenditure on depreciation rises considerably during the 5 years as the capital programme becomes heavily weighted towards ICT investment during this time.

The capital impairment in 2016/17 relates to the revaluation of the Fermoy Unit in Kings Lynn based on the estimated current value compared to the existing net book value. This is effectively a technical accounting adjustment and has no impact on the Trust's COSRR.

	Plan 2014/15	Plan 2015/16	Plan 2016/17	Plan 2017/18	Plan 2018/19
Pay award	1.00%	1.00%	1.00%	1.00%	1.00%
Pay increments	1.00%	1.00%	1.01%	1.01%	1.01%
<b>Total pay</b>	<b>2.00%</b>	<b>2.00%</b>	<b>2.01%</b>	<b>2.01%</b>	<b>2.01%</b>
Drugs	5.00%	5.00%	5.00%	5.00%	5.00%
Other non-pay	3.00%	3.00%	3.00%	3.00%	3.00%



# Financial assumptions

## CIP

The total CIPs for the 5 years total £44.1m. The below table summarises these plans over existing Trust Service Strategy (TSS) schemes, Patient Administration System and other.

Given that the majority of the Trust's cost base is pay related then it has been assumed that for the purpose of planning a large proportion (64%) of the total £44.1m will be identified through pay savings. To date these type of efficiencies have been achieved through service redesign, corporate restructuring and reduction in temporary pay costs. For the purpose of this plan an assumption has had to be made that there will be continuing reductions in headcounts in order to achieve these targets with total planned WTEs reducing from 3,500 to 3,300 between 2015/16 and 2018/19.

It is the view of the Trust that in addition to any internal cost savings opportunities that may be identified going forward that a significant proportion of the £44.1m will need to be met from external system reviews or structural changes within the local Health Economy.

Year	Planned savings as a %age of operating expenditure			Total £m	%
	TSS £m	Patient Administration System £m	Other Schemes £m		
2014/15	6.2	-	8.5	14.7	7.0%
2015/16	3.2	-	6.1	9.3	4.7%
2016/17	-	2.1	4.4	6.5	3.5%
2017/18	-	2.3	4.1	6.4	3.5%
2018/19	-	2.3	4.8	7.1	4.0%
<b>Sub-Total</b>	<b>9.4</b>	<b>6.8</b>	<b>28.0</b>	<b>44.1</b>	

## COSRR

The COSRR throughout the 5 years is planned to be 3 overall. However the breakdown of this between the two metrics demonstrates that any significant variation in the liquidity metric will reduce the headroom and therefore reduce the rating to a 2.

Metric	2014/15		2015/16		2016/17		2017/18		2018/19	
	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
	Metric	Rating	Metric	Rating	Metric	Rating	Metric	Rating	Metric	Rating
Capital Service Cover Rating	2.33x	3	2.17x	3	2.41x	3	2.44x	3	2.39x	3
Liquidity Metric	(5.0)	3	(12.1)	2	(9.8)	2	(4.0)	3	(4.7)	3
<b>COSRR</b>		<b>3</b>		<b>3</b>		<b>3</b>		<b>3</b>		<b>3</b>

# Financial Sensitivity Analysis

Within the plans for 2015/16 are two sensitivity scenarios, one relating to the Norfolk IAPT/Wellbeing tender and one relating to the potential increase in employer pension costs. The first was originally included in the two year plan submission but not the second.

The IAPT/Wellbeing scenario models the loss of the existing contract along with an estimate of income associated with Clusters 1-4. This has then been mitigated by a reduction in expenditure although not full costs and therefore impacts adversely on the “bottom line” by £2.4m.

Further to the original 2 year plan submission where no impact of the potential increase to employer pension costs was taken into account this has now been factored into the sensitivity analysis. The estimate of this increase in costs is £1.3m in 2015/16 rising to £2.7m in 2016/17. These figures are based on a prudent assumption of 0.7% and 2.1% of operating costs respectively and not just pay costs. These are recurring. These percentages were taken using Monitor Annual Planning Guidance. These changes have only been modelled in as a sensitivity analysis as it is still not clear whether these increases will be funded centrally (as they have been in the past).

A third sensitivity analysis has been carried out in 2017/18 and 2018/19 in relation to additional pay cost pressures over and above those already built into the 2% uplift assumptions (see Table 3). This is to assess the impact of any other national decisions which could be made in the future in respect of increases in pay awards and other pay incentives. This additional 0.5% results in additional costs of £0.8m in 2017/18 and £1.5m in 2018/19.

The result of these scenarios is that should these transpire, with assumed mitigation then the COSRR will remain an overall 3 but will drop to a 2 in 2016/17 with a reduced liquidity metric of 1.

# Capital Expenditure

The Trust's capital programme of £44.4m over the 5 years is summarised in the table below.

Capital Expenditure	Plan	Plan	Plan	Plan	Plan	5 Yr
	2014/15	2015/16	2016/17	2017/18	2018/19	Total
	£m	£m	£m	£m	£m	£m
Property, Plant and equipment - other	5.4	5.6	6.5	5.8	3.2	26.4
Maintenance	0.8	0.8	0.5	0.8	0.8	3.7
ICT	2.7	3.6	2.0	2.0	4.0	14.3
<b>Total</b>	<b>8.9</b>	<b>10.0</b>	<b>9.0</b>	<b>8.5</b>	<b>8.0</b>	<b>44.4</b>

Since the capital return submitted to Monitor in January 2014, the capital investment plans have reduced for the periods 2014/15 to 2018/19 by £9.9m. This was necessary to ensure sufficient headroom in the cash flow projections for the Trust to maintain a satisfactory COSRR throughout the life of the plan.

Previous years have seen substantial investment in inpatient areas across both Norfolk and Suffolk. The plans over the next three years concentrate on ensuring the Trust has the appropriate estate in the correct location to deliver quality services in line with the Trust Service Strategy. As a result of this an estates review is being undertaken to identify if there are any further assets surplus to the Trust's requirements.

In addition to the planned disposal of the St Clements site in 2014/15 there is currently an additional £3.3m of property disposals planned in 2017/18.

The future years of capital expenditure anticipate significant continued investment in the ICT infrastructure which is required to ensure that Trust staff are working consistently across the various sites. This is reflected in the increased depreciation charges over the outer years.

The impairment for £1.3m in 2017/18 is based on the anticipated market value of the Fermoy Unit in King Lynn compared to the net book value. Future revaluations are planned as part of the three and five year revaluation exercises but it is not anticipated that there will be significant changes in the net book value of the Trust's estates and so no adjustment for these has been taken into account.

# Statement of Position and Cashflow

Statement of Position	Plan	Plan	Plan	Plan	Plan
	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m
Non-Current Assets	142.7	145.7	146.9	142.4	141.2
Current Assets	26.9	20.7	17.7	20.7	19.9
Current Liabilities	(29.2)	(26.8)	(22.5)	(22.4)	(21.9)
Non-Current Liabilities	(20.2)	(17.9)	(18.9)	(17.7)	(16.2)
<b>TOTAL ASSETS EMPLOYED</b>	<b>120.1</b>	<b>121.8</b>	<b>123.2</b>	<b>122.9</b>	<b>122.9</b>
Public Dividend Capital	80.6	81.3	81.3	81.3	81.3
Retained Earnings	13.8	14.8	16.2	15.9	15.9
Revaluation Reserve	25.7	25.7	25.7	25.7	25.7
<b>TOTAL FUNDS EMPLOYED</b>	<b>120.1</b>	<b>121.8</b>	<b>123.2</b>	<b>122.9</b>	<b>122.9</b>

The Statement of Financial Position remains relatively stable over the five year period.

The Trust is required to undertake a full property revaluation at the end of 2014/15 as part of the five year cycle as required by International Financial Reporting Standards. As there is a great deal of uncertainty as to property values at the time no impact has been included in the figures going forward.

The Trust will continue to manage working capital closely to ensure it meets its targets in the outer years. Control on the levels of accruals and provisions, as well as strong debt management will continue to play a key role in this.

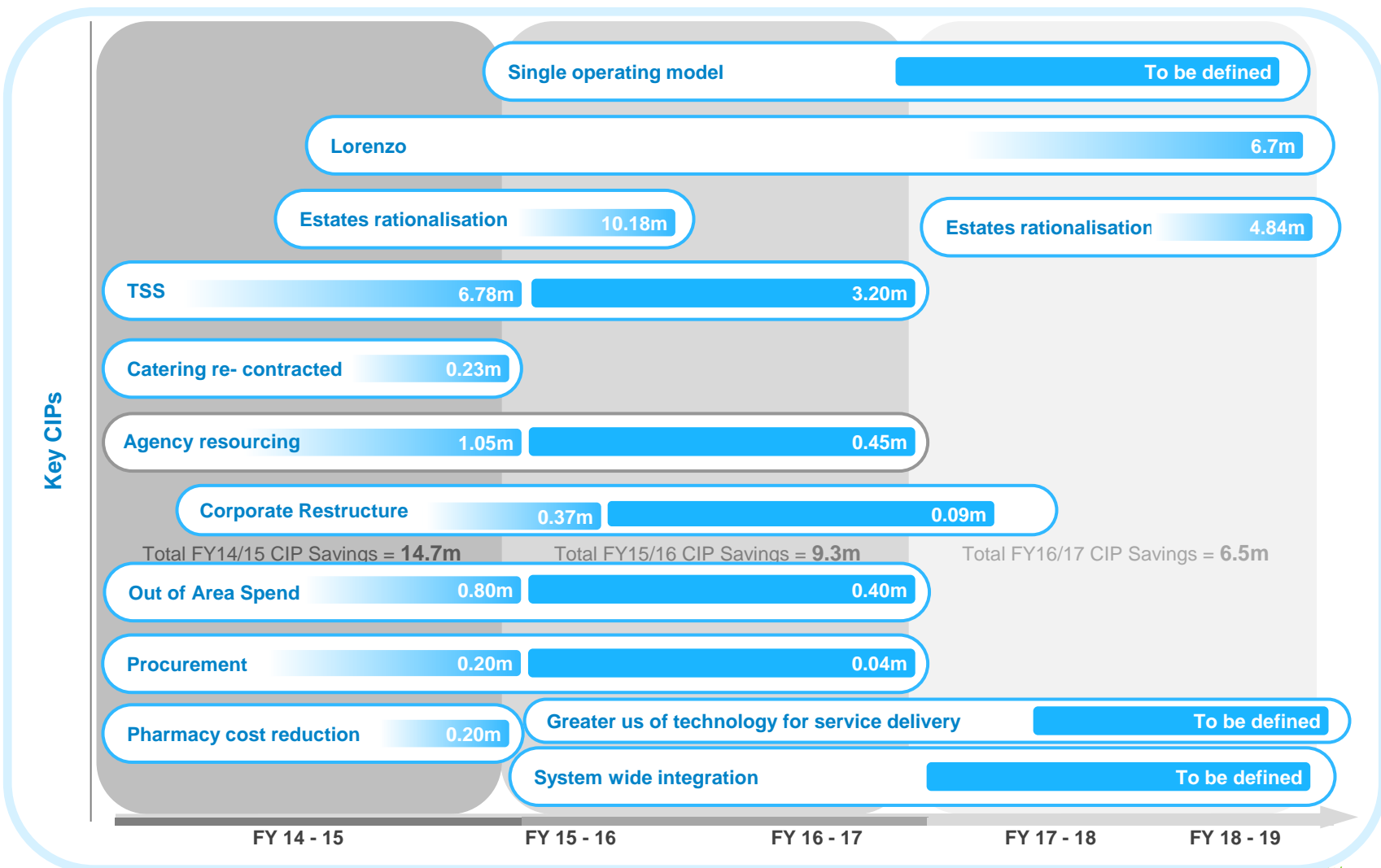
Cashflow	Plan	Plan	Plan	Plan	Plan
	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m
<b>Operating Cash Flow</b>	<b>12.3</b>	<b>11.1</b>	<b>12.7</b>	<b>12.9</b>	<b>12.7</b>
Increase (Decrease) in working capital	3.9	(2.6)	(3.0)	(0.0)	(0.8)
Capital Financing	(9.7)	(9.8)	(7.4)	(7.8)	(7.3)
Sale of Assets	4.8	-	-	3.3	-
Interest Paid	(1.0)	(1.2)	(1.2)	(1.2)	(1.2)
Interest Received		-	-	-	-
Dividend Paid/received	(3.1)	(2.3)	(3.1)	(3.1)	(3.1)
Loan Repaid	(1.1)	(1.1)	(1.1)	(1.1)	(1.1)
<b>Net cash inflow/(outflow)</b>	<b>6.3</b>	<b>(5.8)</b>	<b>(2.9)</b>	<b>3.1</b>	<b>(0.7)</b>
<b>Opening Balance</b>	<b>15.1</b>	<b>21.4</b>	<b>15.6</b>	<b>12.7</b>	<b>15.8</b>
<b>Closing Balance</b>	<b>21.4</b>	<b>15.6</b>	<b>12.7</b>	<b>15.8</b>	<b>15.1</b>

The one change to the 2015/16 Balance Sheet has been the inclusion of a post audit adjustment relating to 2013/14 outturn which related to an additional £708k of PDC Capital relating to the Technology Fund bid for “Safer Hospitals, Safer Wards” monies. It was not possible to adjust the 2014/15 Balance Sheet for this owing to the limitations of the Monitor model.

Delivery of the Trust’s CIP schemes remains a key component to the Trust achieving a robust cash and liquidity position. The plans are therefore to maintain this liquidity through a stable EBITDA and planned estate rationalisation through the sale of assets going forward.

# Key CIP timelines

The following timelines are an indication for the current CIP initiatives. These will be developed as plans are progressed.



# Quality and Safety Dashboard

## By Location and Specialty

### Q1 (Apr, May) 2014-2015 version 1.1

## Risk Management Data by Locality

Q1 (Apr, May) 2014-2015	Deliberate Self Harm	Physical Assault	Restraint	Slips Trips & Falls	Absconsions	Complaints	Medication Administration and Prescribing	Pressure Ulcers	Serious Incidents (Wards)	Serious Incidents (Community & Office)
Norfolk Central (Adult)	24	11	53	4	5	9	10		1	4
Norfolk Central (Child Family & Young People)	3								2	
Norfolk Central (Older Persons)	2	34	52	59		2	5	2	3	
West Norfolk (Adult) (Under 65 / Non Pt related)	8		13	1		1	9			1
West Norfolk (Older Persons 65+)	1			4		1	1			
Great Yarmouth & Waveney (Adult)	4	1	7	6	4	2	3		1	1
Great Yarmouth & Waveney (CAMHS)	3	1								
Great Yarmouth & Waveney (Older Persons)		12	28	28		1	6		2	
<b>Norfolk &amp; Waveney Total</b>	<b>45</b>	<b>59</b>	<b>153</b>	<b>102</b>	<b>9</b>	<b>16</b>	<b>34</b>	<b>2</b>	<b>9</b>	<b>6</b>
Suffolk East Assessment/Treatment	29	6	67	19	2	4	22		2	
Suffolk Countywide										
Suffolk East Central IDT									1	
Suffolk East Coastal IDT							1			
Suffolk East Ipswich IDT	1		1			1	1			1
Suffolk Specialist Services	16	3	63	2	1		2			
Suffolk West	1									
Suffolk West Assessment/Treatment	16		17	9	1	2	8		1	2
Suffolk West Bury North IDT	1					1				1
Suffolk West Bury South IDT			1			1			1	
<b>Suffolk Total</b>	<b>64</b>	<b>9</b>	<b>149</b>	<b>30</b>	<b>4</b>	<b>9</b>	<b>34</b>		<b>5</b>	<b>4</b>
Norfolk Recovery Partnership				1			2			
Other (Non Trust Incident)	1									4
Secure Services	43	12	123	4			7			
Corporate & Support Services						1	1			
<b>Other Total</b>	<b>44</b>	<b>12</b>	<b>123</b>	<b>5</b>		<b>1</b>	<b>10</b>			<b>4</b>
<b>Trust Total</b>	<b>153</b>	<b>80</b>	<b>425</b>	<b>137</b>	<b>13</b>	<b>26</b>	<b>78</b>	<b>2</b>	<b>14</b>	<b>14</b>

## Risk Management Data by Service Area

Q1 (Apr, May) 2014-2015	Deliberate Self Harm	Physical Assault	Restraint	Slips, Trips & Falls	Absconsions	Complaints	Medication Administration and Prescribing	Pressure Ulcers	Serious Incidents (Wards)	Serious Incidents (Community) & Office
(N & S) Access & Assessment	4									
(N & S) Adult Acute (TSS)	55	12	105	15			42		4	4
(N & S) Adult Community (TSS)	2				10		7			3
(N & S) Adults		1	2				1		1	1
(N & S) Alcohol and Drugs Service				1			2			4
(N & S) CAMHS										
(N & S) CAMHS/Youth (TSS)	6	1							3	1
(N & S) Children & Families			1							
(N & S) Community Services - Adults										1
(N & S) Criminal Justice Liaison				1						
(N & S) Learning Disabilities	15	3	63	2			2			
(N & S) Low Secure Services	2	6	15	2			4			
(N & S) Older People Acute Service	5	1	18	26			3			
(N & S) Other	1						1			
(N & S) PICU	18	5	34	2	2				1	
(N & S) Wellbeing Service					1					
(N only) Continuing Support										
(N only) Dementia & Complexity in Later Life (DCLL)	2	46	80	87			12	2	5	
(N only) Medium Secure Services	41	5	107	1			3			
(N only) Older People - Continuing Care										
(S only) Complexity in Later Life (CLL)							1			
(S only) Enhanced Community	1									
(S only) Neurodevelopmental	1									
<b>Trust Total</b>	<b>153</b>	<b>80</b>	<b>425</b>	<b>137</b>	<b>13</b>		<b>78</b>	<b>2</b>	<b>14</b>	<b>14</b>

Absconsions (N & S) Adult Acute (TSS) includes data from Glaven, and Northgate Wards, Waveney Acute Services and Yarmouth Acute Services

Absconsions (N & S) PICU includes data from Lark Ward

Absconsions (S only) Neurodevelopmental includes data from Walker Close Bungalow



## Workforce Data by Locality

Q1 (Apr, May) 2014-2015	% of Sickness Absence Episodes >= 21 Days	Absence Rate	% of Staff with an Appraisal in the Last 12 Months	Annualised Sickness Absence Rate	Turnover Rates	Vacancy Rate WTE	Workforce Planned Establishment	Number of Statutory / Mandatory Training Elements (which are 40% below compliance)#
Central Norfolk	11.9%		59.2%	6.0%	17.3%	9.7%	847.3	
Great Yarmouth & Waveney	11.1%		56.0%	4.5%	17.8%	8.8%	482.2	
West Norfolk Locality	14.6%		54.7%	7.6%	22.3%	10.1%	221.2	
<b>Norfolk &amp; Waveney Total</b>								
Suffolk East Assessment /Treatment	11.8%		37.3%	6.1%	14.2%	7.8%	555.2	
Suffolk Wellbeing	12.4%		59.7%	6.8%	20.2%	7.8%	102.4	
Suffolk West Assessment/Treatment	14.6%		28.1%	4.4%	20.3%	18.1%	330.8	
Suffolk Access & Assessment	9.4%		61.5%	5.4%	2.0%	13.4%	59.6	
<b>Suffolk Total</b>								
Norfolk Recovery Partnership							106.5	
Secure Services	17.5%		59.4%	8.2%	12.0%	4.8%	393.9	
Corporate	11.9%		39.8%	3.6%	19.5%	20.4%	767.9	
<b>Trust Total</b>	<b>15.5%</b>		<b>49.3%</b>	<b>5.6%</b>	<b>17.5%</b>	<b>11.6%</b>	<b>3,866.9</b>	<b>11/44</b>

Total Spend on Temporary Staffing - the total spend on temporary staffing is a consolidated figure for the whole of the Trust and includes total temporary pay and overtime pay for April and May.

#There are a total of 11/44 mandatory/statutory training elements which are 40% below compliance.

## Workforce Data by Service Area

Q1 (Apr, May) 2014-2015	% of Sickness Absence Episodes >= 21 Days	Absence Rate	Turnover Rates	Vacancy Rate WTE	Budgeted FTE
<b>Corporate Total</b>	<b>11.9%</b>	<b>3.6%</b>	<b>19.5%</b>	<b>20.4%</b>	<b>767.9</b>
Adult Acute	15.1%	7.2%	20.0%	13.4%	339.0
Adult Community	16.2%	8.2%	26.6%	15.6%	224.1
Children & Youth	6.2%	3.0%	8.8%	9.9%	253.1
Continuing Care	8.0%	4.8%	17.9%	7.1%	129.2
Iapt/Wellbeing	12.3%	4.9%	18.12%	9.95%	173.84
Management & Admin	8.5%	4.1%	12.6%		173.4
Older People	14.9%	6.2%	27.2%	6.0%	258.1
<b>Norfolk Total</b>	<b>12.4%</b>	<b>5.7%</b>	<b>19.0%</b>	<b>9.5%</b>	<b>1,550.7</b>
<b>Secure Services Total</b>	<b>17.5%</b>	<b>8.2%</b>	<b>12.0%</b>	<b>4.8%</b>	<b>393.9</b>
Substance Misuse / NRP	18.2%	8.1%	23.7%	6.1%	106.5
<b>Substance Misuse Total</b>	<b>18.2%</b>	<b>8.1%</b>	<b>23.7%</b>	<b>6.1%</b>	<b>106.5</b>
Adult Acute	8.5%	6.0%	15.0%	18.7%	265.5
Adult Community	11.3%	4.8%	34.2%	6.4%	63.2
Children & Youth	13.2%	3.9%	36.4%	7.7%	82.5
Enhanced Wellbeing	9.2%	3.4%	8.3%	7.1%	42.5
Management & Admin	17.2%	6.6%	8.7%	7.9%	122.1
Neurodevelopment	12.6%	6.1%	7.3%	2.7%	130.6
Older People	13.0%	5.3%	21.1%	14.9%	179.5
Suffolk Access & Assessment	9.4%	5.4%	2.0%	13.4%	59.6
Suffolk Wellbeing	12.4%	6.8%	20.2%	7.8%	102.38
<b>Suffolk Total</b>	<b>11.2%</b>	<b>5.5%</b>	<b>15.8%</b>	<b>11.4%</b>	<b>1,048.0</b>

**Risk Management Reporting - Definitions**

Q1 (Apr, May) 2014-2015	Risk Management Data by Locality and Service Area
<b>Deliberate Self Harm</b>	Where a service users harms themselves in any way. i.e. scratching, cutting, overdose, attempted hanging, strangulation, set light to self etc.
<b>Physical Assault</b>	Where one service user makes contact with another
<b>Restraint</b>	Where a service user needs to be restrained
<b>Slips Trips and Falls</b>	This is an obvious one but it is either a slip, trip or a fall.
<b>General Comment</b>	The data is selected from a pick list on the Datix database, users do not need to type in the information. The information is updated on the system by the Datix administrator.

**Human Resources Reporting - Definitions**

Q1 (Apr, May) 2014-2015	Human Resources Data by Location
<b>1. % of sickness absence episodes &gt; = 21 days.</b>	The total number of staff expressed as a percentage of sickness absence who have a sickness episode of more than 21 days
<b>2. % of staff with a Wellbeing interview.</b>	
<b>3. % of staff with an Appraisal in the last 12 months.</b>	The number of staff appraisals in rolling 12 months.
<b>4. Annualised sickness absence rate.</b>	The number of full time equivalent (FTE) calendar days lost to sickness absence in a rolling 12-month period expressed as a percentage of available FTE calendar days in a rolling year.
<b>5. Number of statutory / mandatory training elements which are below 40% compliance.</b>	Number of statutory/mandatory training elements which are below 40% compliance.
<b>6. Turnover rates.</b>	The number of leavers (HC) divided by average staff in post over the previous 12 months. Permanent staff only.

<b>7. Vacancy Rate (WTE).</b>	The vacancy rate calculation is the percentage of unfilled posts against the budgeted WTE's for the Trust, in the given month. Finance take the actual WTE's being reported from ESR, so this would include any WTE's reported for staff who left part month, who received a payment, and include those who started part way through the month (assuming that they had been set up on ESR and paid in the month), and those still employed but on maternity leave or in a nil pay situation.
<b>8. Workforce planned establishment (WTE).</b>	Funded establishment at end of month
<b>9. Total spend on temporary staffing.</b>	

**Workforce Data - Definitions**

Q1 (Apr, May) 2014-2015	Definition of How the Data is Calculated
% of sickness absence episodes > = 21 days	The total number of staff expressed as a percentage of sickness absence who have a sickness episode of more than 21 days.
% of Staff with a Wellbeing interview	We have no information on how this is calculated as yet.
% of Staff with an Appraisal in the Last 12 Months	The number of staff appraisals in rolling 12 months.
Annualised sickness absence rate	The number of full time equivalent (FTE) calendar days lost to sickness absence in a rolling 12 month period expressed as a percentage of available FTE calendar days in a rolling year.
Number of statutory/mandatory training elements which are below 40% compliance.	Number of statutory/mandatory training elements which are below 40% compliance.
Total Spend on Temporary Staffing	This includes the total staff payments for temporary staff for the month with an additional figure for overtime.
Turnover Rates	Number of leavers (HC) divided by average staff in post over the previous 12 months. Permanent staff only.
Vacancy Rate (WTE)	The vacancy rate calculation is the percentage of unfilled posts against the budgeted WTE's for the Trust, in the given month. Finance take the actual WTE's being reported from ESR, so this would include any WTE's reported for staff who left part month, who also received a payment, and include those who started part way through the month (assuming that they had been set up on ESR and paid in the month), and those still employed but on maternity leave or in a nil pay situation.
Workforce Planned Establishment (WTE)	Funded establishment at the end of the month.

Date:	26 <sup>th</sup> June 2014	<b>F</b>
Item:	14.81ii	

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors – Public
<b>Meeting Date:</b>	26 June 2014
<b>Title of Report:</b>	Patient Safety and Quality Report for May 2014
<b>Action Sought:</b>	For Approval
<b>Estimated time:</b>	15 minutes
<b>Author:</b>	Jane Sayer, Director of Nursing, Quality and Patient Safety
<b>Director:</b>	Jane Sayer, Director of Nursing, Quality and Patient Safety

## Executive Summary:

This is a report on current quality and patient safety issues. Information is reported on key areas of concern or activity since the last report to the Board in May 2014. The main messages for the Board to note in this report relate to:

- Trends in complaints received relating to waiting times and communication
- Notification of the CQC's intention to conduct a full inspection of the Trust in October 2014.
- Safe staffing report, and key issues in provision of Registered Nurses in some settings.

Action being taken by the Executive in response to these issues will be discussed.

## 1.0 Report contents

- 1.1 Patient safety indicators, including complaints and compliments, serious incidents, medication incidents, harm free care, absconsions and assaults.
- 1.2 Safety and quality reports, including safeguarding, inquests, and clinical issues.
- 1.3 Benchmarking, including CQC visits.
- 1.4 Safe Staffing.
- 1.5 Service user and carer experience.
- 1.6 Quality dashboard.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 1 of 20	Date produced: 17Jun2014	Retention period: 30 years

## 2.0 Patient Safety Indicators

### 2.1.1 Complaints and Compliments

There were 26 complaints received in this period, all were assessed at a Low/Moderate level and addressed by managers within the locality named as subject of the complaint. This represents a decrease of 19 from the 45 complaints received in April 2014. Of the above 26 complaints, one has been responded to and was not upheld.

The Complaints team has begun to collate information on complainant characteristics in order to identify any groups who have concerns about care. This has been done sensitively, as often complainants do not want to engage further with sharing information. For the complaints received in May 2014, the team has identified that 11 men and 12 women sent formal complaints, and 18 complaints came from service users, and 8 from carers.

In total during May 2014 52 complaints have been responded to (including complaints received in previous reporting periods). Just over half of the responses were upheld or partially upheld. No complaints have been referred to the Ombudsman during May.

The following compliments were formally received in May.

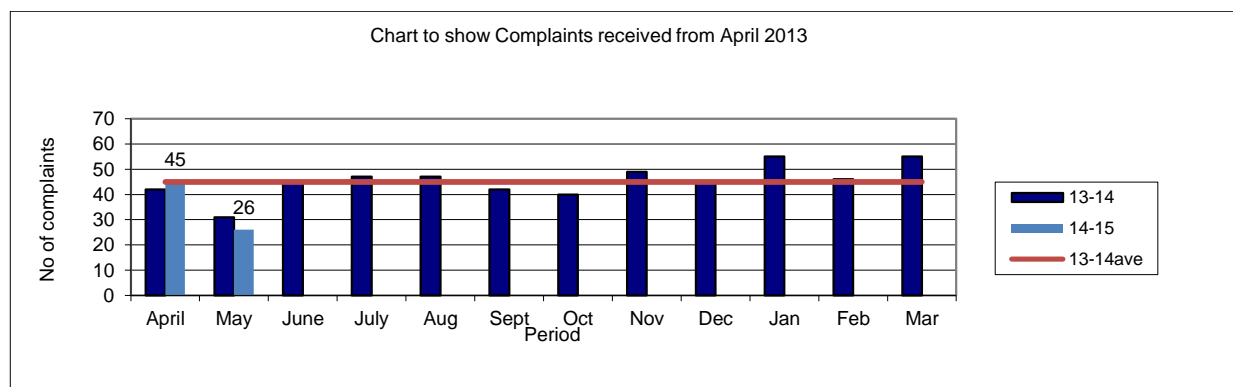
Norfolk: Churchill Ward = 2

Suffolk: Suffolk Wellbeing Service – various staff = 9  
Stress Control Group – various staff = 2  
Southgate Ward = 3

Compliments were predominantly directed at a particular member of staff for exemplary service.

The number of complaints received this year appears to reflect a similar pattern to last year (Chart 1).

Chart 1: Number of Complaints received monthly from April 2013



Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 2 of 20	Date produced: 17Jun2014	Retention period: 30 years

Following on from last month's report, those teams that received more than ten complaints in 2013-2014 are detailed below, with data from the previous year, and from April 2014 (Table 1). Further work is going on with Informatics to be able to report complaints by Occupied Bed Days and by community contacts to provide more comparable data.

Table 1: Teams receiving more than ten complaints per year, 2012 – May 2014

Team	Complaints received to date during year April 2014 – March 2015	Complaints received to date during previous year April 2013 – March 2014	Complaints received during total period (April 2012-March 2013)
<b>East Suffolk</b>			
Avocet Ward	1	13	11
Poppy Ward	6	12	5
East Ipswich IDT	5	15	
<b>Great Yarmouth and Waveney</b>			
Primary Care/Wellbeing		8	10
<b>Central Norfolk</b>			
AAT	2	35	1
IAPT	1	11	8
Primary Care		12	23
CRHT	2	14	11
Glaven ward	2	10	13
Waveney ward		13	10
Rollesby ward	3	23	9
Recovery services	3	49	39
<b>Secure</b>			
Drayton		12	11
Acle		4	10
Catton	3	17	4
<b>West Norfolk</b>			
Assertive Recovery		13	4
Primary Care		11	15
<b>West Suffolk</b>			
West Bury South IDT	1	13	
<b>Percentage of total complaints received</b>	<b>41%</b>	<b>52%</b>	<b>43%</b>



## 2.1.2 Indicators of potential emerging themes and systemic issues

Waiting times- Waiting times across a range of services within the Trust are recorded as a concern for complainants. For the majority it is the length of time to a recommended appointment (this may be with a range of specialisms- Psychologist, Psychiatrist) with limited information to keep them updated. This has the outcome of the service user or their guardian having to make repeated contacts to get an update on their place in a waiting list, often causing frustration and concern at a lack of intervention for their assessed needs. There are occasional clinical areas/services where complaints report a sharp trend in this issue (e.g. Child and Youth Services, Psychology) but more often there are low numbers of complaints across wider service areas.

Communicating change- Communicating change of Care Coordinator or other professional (e.g. Consultant Psychiatrist) to a service user requires sensitivity and planning. Such changes cause anxiety and concern because it requires the service user and their carers to end and then build a new relationship. There have been complaints that reflect occasions of a professional moving out of the individual's care but they do not have the information of who will be taking over or this is not clearly communicated. The Trust's CPA policy provides direction that best practice is to hold a joint appointment with the incoming professional to enable a supportive transfer of care, however complaints provide evidence to question its sustained and consistent application. A recent Root Cause Analysis report highlighted a similar issue that was related to the change in Consultant Psychiatrist identifying there is currently no guidance on the manner in which to effectively convey this information for the changes in this professional group. A recommendation recorded has directed the area to develop some guidance/principles which will then be shared across the Trust.

## 2.2 Serious Incidents

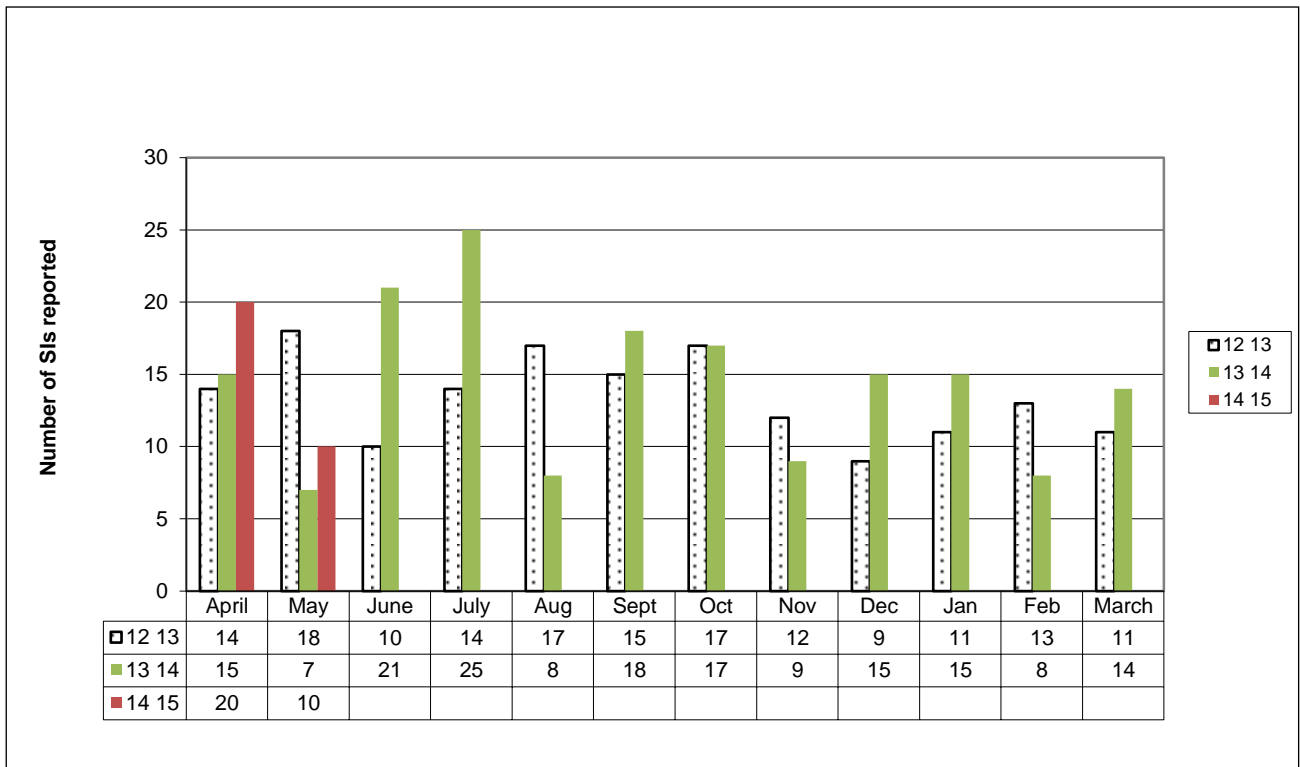
During May there were ten (10) SIs reported

- Unexpected deaths community 3
- Safeguarding issued 2
- Patient accidents 2
- Grade 3 pressure ulcer 1 (since downgraded)
- Serious incident by inpatient 1
- Other 1

This represents a decrease of ten from the previous month (see Chart 2).

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 4 of 20	Date produced: 17Jun2014	Retention period: 30 years

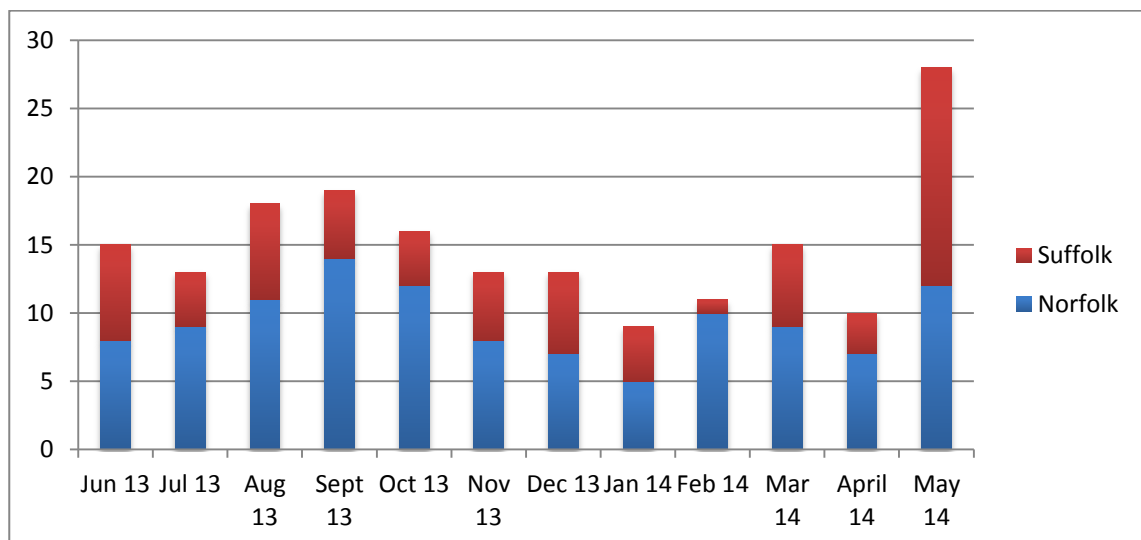
Chart 2: Trustwide serious incidents reported, January 2012 – May 2014



### 2.3.1 Medication Administration Errors

There has been an increase in the total number of medication errors to 28 in May 2014 (Chart 3).

Chart 3: Trustwide medication administration errors, June 2013 - May 2014



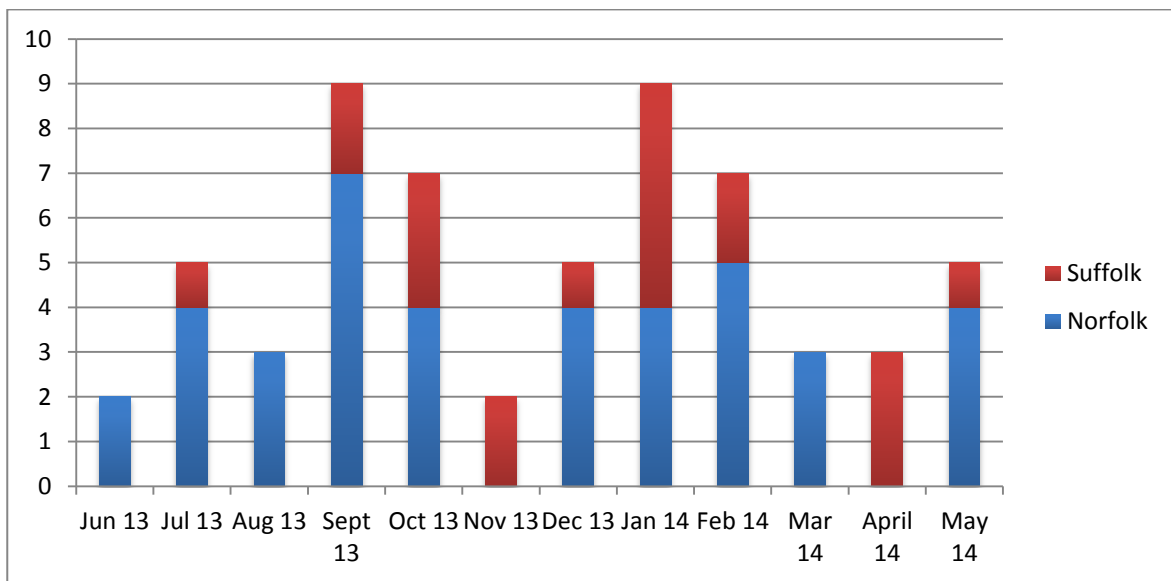
There is no identified reason for the increase from 7 to 12 events across Norfolk sites. Most were single events on each site, although over the past year Sandringham and Churchill Ward have been the highest reporters with 10 and 9 respectively, both had clusters of 4 and 3 in August and July and intermittent events over the last quarter. These will be highlighted at Drugs and Therapeutic Group.

In Suffolk an audit identified 16 patients had not had records signed or otherwise identified on medication charts between 22/5/2014 - 31/5/2014, this area reported single events throughout October - January and is the highest reporter now with 22 incidents. An action plan has been shared with staff to prevent disruption during medication rounds. The next highest reporter is Willow Ward with 12 events, following two clusters of 4 in December 2013 and 3 in March 2014. Lessons learnt from Avocet will be shared with community and in-patient areas.

### 2.3.2 Prescribing Errors

Reporting of prescribing errors remains low (Chart 4).

Chart 4: Trustwide medication prescribing errors, June 2013 – May 2014



## 2.4 Harm-free Care

### 2.4.1 Pressure ulcers

One patient developed a grade 2 pressure ulcer across the Trust in-patient areas between April and the end of May 2014. The area resembled a blister and healed within three weeks of developing. The root cause analysis classified this as avoidable as there was a delay of 24 hours in obtaining the air-loss mattress. Actions relate to continued training to recognise different aetiologies of wounds and to ensure ordering processes are robust.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 6 of 20	Date produced: 17Jun2014	Retention period: 30 years

During this time period, one patient was admitted from a care home with a grade 2 pressure ulcer on the ankle.

All actions identified by the clinical teams are monitored for completion.

There were two study days on wound care and pressure ulcers in May led by the physical health team with the main speaker being the senior clinical tutor in tissue viability from University College Suffolk: these were well attended and positively evaluated by all who attended.

## 2.4.2 Slips, trips and falls

Table 3 demonstrates the total number of falls across the Trust during 2014 by locality with the central Norfolk cluster having the highest numbers. This is the Julian hospital site and reflects the numbers of patients and the patient group.

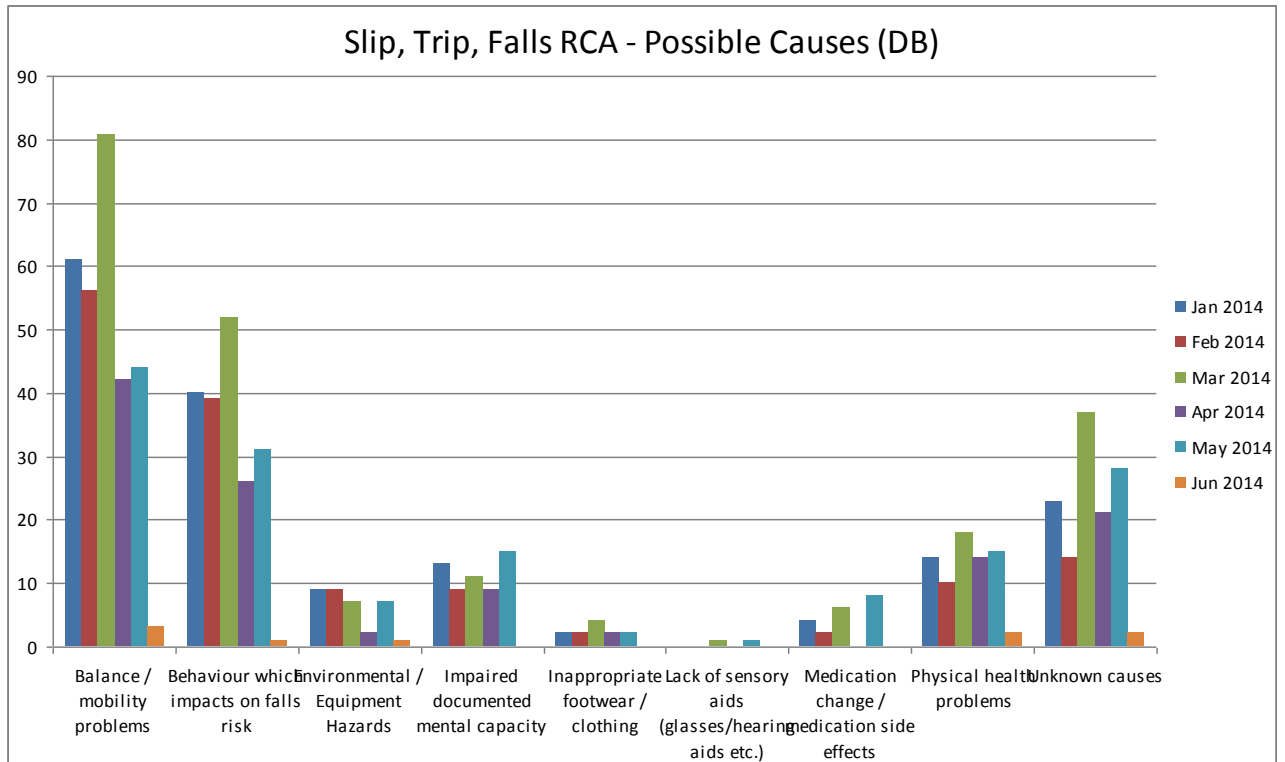
Table 3: NSFT total Slips, trips and falls data by locality – Jan – May 2014

	Central Cluster (Adult)	Central Cluster (Older Persons)	East Suffolk Locality Assessment/Treatment	East Ipswich IDT	Secure Services	Norfolk Recovery Partnership	Suffolk Specialist Services	West Suffolk Locality Assessment/Treatment	West Norfolk Locality (Older Persons 65+)	Gt Yarmouth & Waveney Locality (Adult)	Gt Yarmouth & Waveney Locality (Older Persons)
Jan 14	3	35	22	1	1	0	1	13	0	2	12
Feb 14	2	38	21	0	2	0	0	8	2	0	8
Mar 14	1	62	18	0	1	0	2	13	4	1	11
Apr 14	2	24	10	0	1	1	1	5	1	3	12
May 14	2	35	9	0	3	0	1	4	3	3	16

Chart 5 demonstrates the main causes documented for patients' falls with the majority due to balance, mobility and behaviour issues. All falls data is being cross-referenced and analysed to identify key risks for each area. This is being supported through Suffolk CCGs who have employed a consultant to guide representatives from the healthcare organisations on interpreting data collected. Learning is disseminated through the Trust falls groups and through the Physical Health Forum with the Trustwide action plan reflecting initiatives to address risk factors. A key initiative required for Suffolk to improve balance and mobility assessments is consistent access to physiotherapy services, as available for Norfolk wards.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 7 of 20	Date produced: 17Jun2014	Retention period: 30 years

Chart 5: NSFT Trustwide Slips trips and fall data (STF) – Possible causes Jan – May 2014



### 2.4.3 Safety Thermometer

The safety thermometer provides monthly point prevalence data on harm-free care. For May 2014, only two people were recorded with harms using the Safety Thermometer definitions (Chart 6): one was an 'old' pressure ulcer therefore only one new harm. This was a catheter-associated urinary tract infection. Training in continence is currently being arranged with a community lead through WFD. Individual area data is reported to local teams for information and action as necessary.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 8 of 20	Date produced: 17Jun2014	Retention period: 30 years

## Chart 6: Harm-Free Care

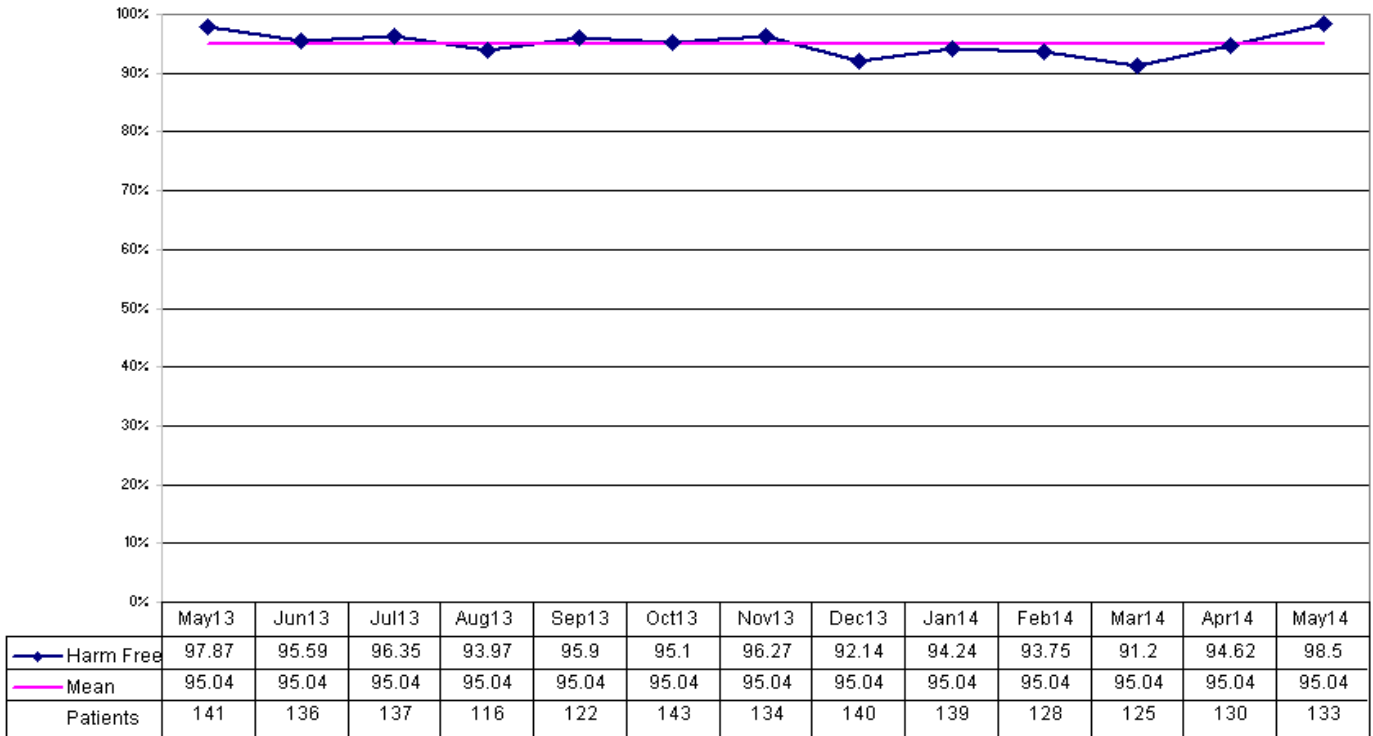
Harm Free  [Percent](#) [Summary](#) [Month](#) [Clear Filters](#) [Menu](#) [Export](#) [Print](#)

NORFOLK AND SUFFOLK NHS FOUNDATION TRUST - RMY

All Wards and Teams

All Settings  All Services

All Ages  All Sexes  All Tags



Copyright © 2014 The Health and Social Care Information Centre

There was a fall in the number of people over 18 years having an assessment for risk of venous thromboembolism, achieving only 90% compliance (Chart 7). Thirteen out of 133 patients on the later life wards on the survey day had not had a risk assessment: eight of these patients were on Sandringham ward. This has been raised with the doctors and the Modern Matron for action.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 9 of 20	Date produced: 17Jun2014	Retention period: 30 years

Chart 7: VTE Risk Assessments

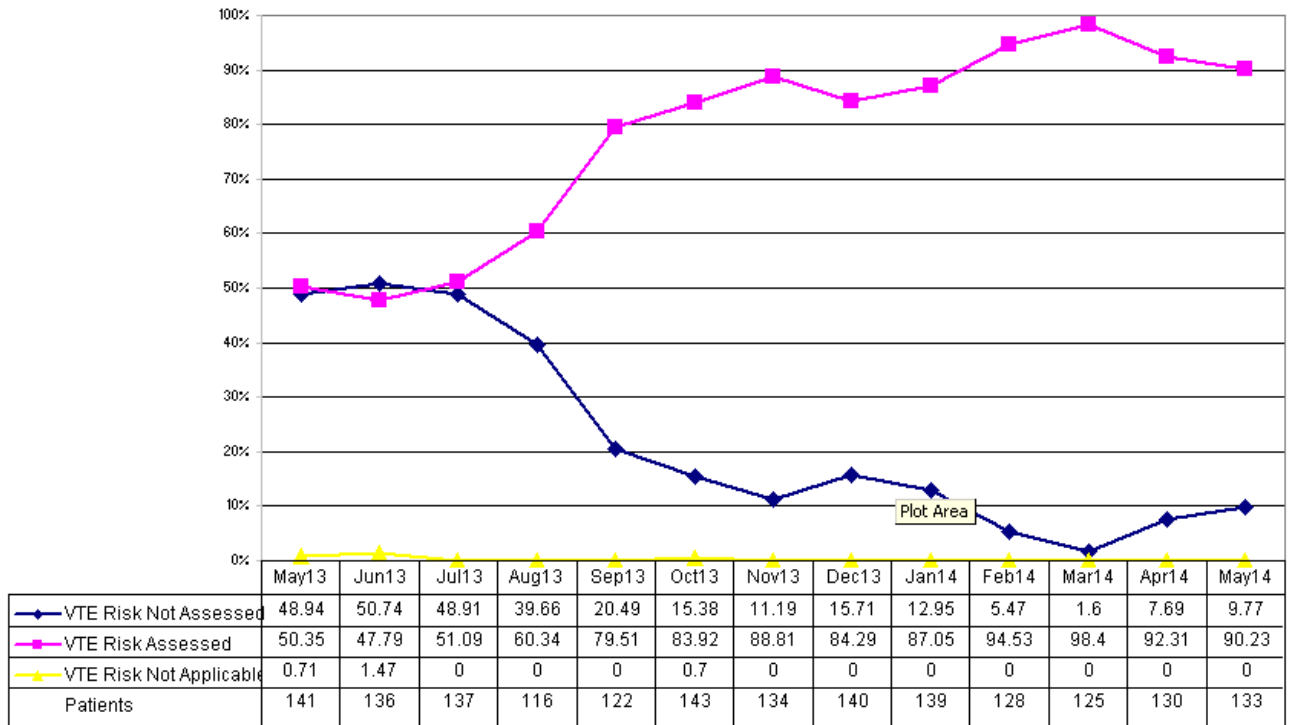
VTE Risk Assessment  [Percent](#) [Month](#) [Clear Filters](#) [Menu](#) [Export](#) [Print](#)

NORFOLK AND SUFFOLK NHS FOUNDATION TRUST - RMY

All Wards and Teams

All Settings  All Services

All Ages  All Sexes  All Tags



Copyright © 2014 The Health and Social Care Information Centre

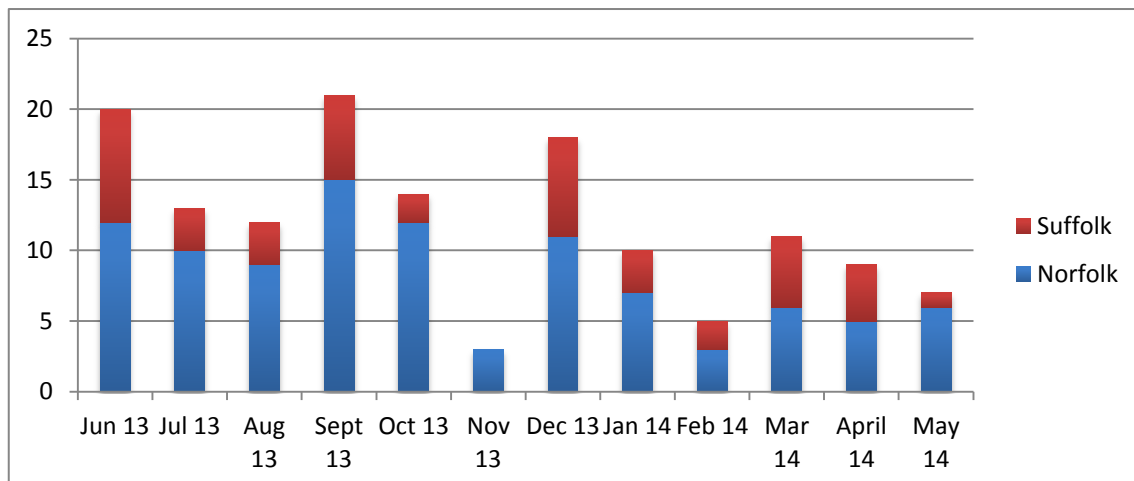
## 2.5 Absconsions

Norfolk's absconsions have reduced since the fencing has been changed at the Hellesdon site. However twice patients have used a window near the fence to abscond. Modifications have been made this month and reviews of absconsions out of the window will be prioritised with Estates.

Suffolk's only recorded absconsion this month occurred as a result of tailgating, all staff have been reminded to be vigilant and ensure doors close behind them.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 10 of 20	Date produced: 17Jun2014	Retention period: 30 years

Chart 8: Trustwide absconsions, June 2013 – May 2014

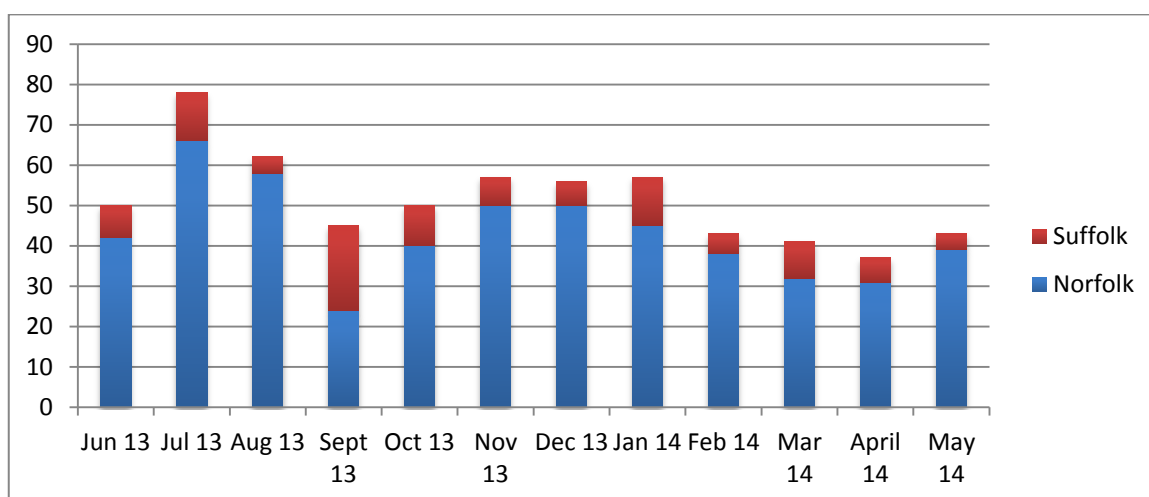


## 2.6 Assaults

Norfolk's assaults rose this month, following 12 incidents on Blickling Ward (four by the same patient) all targeting different service users. Assurance was given to all affected, and assessments undertaken, observations reviewed and safeguarding alerted in moderate cases. Rollesby recorded five incidents; one significant is being followed up by Norfolk police (harm to service user did not require hospital treatment).

Suffolk's reported events remain low, although consistent reports have been occurring at Airey Close where staff are endeavouring to manage the risk.

Chart 9: Trustwide service user to service user assaults, June 2013 – May 2014



### 2.6.1 Harm arising from Assault May 2014

There were no moderate or above events this month, however the Rollesby (as highlighted above) incident required medical attention.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 11 of 20	Date produced: 17Jun2014	Retention period: 30 years



### 3.0 Quality Reports

#### 3.1 Safeguarding

Level 3 training in Suffolk (previously very low), is at 92% now, as a result of the Domestic Abuse Conference and extra training sessions provided by the NSFT Safeguarding Team.

The final IMR's for the SCR in Suffolk have been submitted, and work on the multi-agency report will commence shortly.

The NSFT Safeguarding strategy is being printed, and will be launched in July 2014.

#### 3.2 Inquests

Inquests since the last report are detailed in Table 4.

Table 4: Summary of Inquests, May 2014

Inquest Verdicts as at 9.6.14				
RCA	Locality	DOD	Inquest date	Inquest Verdict
358	NRP	10.1.14	20.5.14	Drug and alcohol related death
321	NRP	27.10.13	30.4.14	Took his own life
357	NRP	8.1.14	8.5.14	Drugs related
373	Gt Yarmouth and Waveney	24.2.14	4.6.14	Took his own life

#### 3.3 Safer Care Pathway Launch

The Trust is a partner in a project to improve safety in pathways of care with other mental health Trusts in the East of England and academic partners. The partnership successfully bid for funding from the Health Foundation to use emerging techniques, including Human Factors approaches and Prospective Hazard Analysis to improve pathways of care. These approaches are based on applied engineering approaches, and are being evaluated over the two years of the project, which was launched on the 5<sup>th</sup> June. The Trust teams who are taking part include the central Norfolk DIST, Blickling Ward and Hammertoe Court, and the focus will be on reducing falls and a focus on challenging behaviour in people with dementia.

### 4.0 Benchmarking – Evaluation against National Standards and Reports

#### 4.1.1 Mental Health Act Commission (MHAC) CQC visits

No further CQC visits to Trust services have been made since the last report, but the Trust has now received reports that were outstanding from the CQC, as detailed in Table 5.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 12 of 20	Date produced: 17Jun2014	Retention period: 30 years

Table 5: CQC inspection visits, 2014

Area visited	Date of Visit	Issues identified
Waveney Acute Services, Carlton Court	9 <sup>th</sup> April 2014	<p>Updating S17 leave authorization forms (expired forms observed)</p> <p>Recording review dates on the forms (observed that many documents had not been fully completed)</p> <p>Communicating to service users the details (nature, likely effects and possible adverse outcomes) of treatments documented within T2 forms &amp; the clear documentation of these discussions (no evidence observed of this practice)</p> <p>Giving service users information about their rights in line with section 132 MHA</p> <p>Provision of in-patient beds in the local area (SU reported they had been admitted to private unit in Darlington on detention &amp; then transferred back to home area 5 days later due to unavailability of beds)</p> <p>Enabling service users to have regular contact with their RC</p> <p>Enabling service users to have regular therapeutic activities available to them specifically the use of the gym</p>
Waveney Ward	19 <sup>th</sup> March 2014	<p>Domain 1: How does the Trust plan to ensure that treatment options, including bed availability reflect the principles of the Code of practice chapter 1.</p> <p>Domain 1: How alternative to admissions be made available trust wide where required and communicated effectively.</p> <p>Domain 1: How the trust will improve conveyance of patients to Hospital.</p> <p>Domain 1: How the section 136 facility can be made fit for purpose.</p> <p>Domain 1: To look at increasing, through training, the number of staff who can receive section papers.</p> <p>Domain 1: How patient feedback to the IMHA be used to improve services.</p>

Eaton Ward, Norvic Clinic	4 <sup>th</sup> March 2014	Attention to recruiting to safe staffing levels Ensuring consent to treatment certificates (T2) are regularly reviewed with consent and capacity issues being recorded Ensuring the seclusion room environment complies with MHA Code of Practice Regular reviews of legal status and rights and rights to IMHAs
5 & 7 Airey Close	26 <sup>th</sup> February 2014	5 Airey Close. Domain 2: how will the trust ensure that rights information is regularly revisited. Domain 2: How the trust plans to ensure the treatment of a patient who consents is recorded. Domain 2: How the trust will ensure restrictive practices are proportionate and being individually risk assessed. Domain 2: How the Trust plans to ensure guidance on gender separation is adhered to.  7 Airey Close. Domain 2: Poster with pictorial prompts had a patients name on it. Domain 2: How and when patients on 7 Airey close will be able to access the internet. Domain 2: how the Trust will ensure that patients are cared for by staff who are confident in their roles and duties relating to the MHA and code of practice.

The reports continue to identify that issues are not being resolved between visits and that the same themes are emerging:

- T2 and T3 forms
- Reading patients' rights.

These issues have been discussed with Matrons and are included in their quarterly audits.

#### 4.1.2 CQC Full Trust Inspection

The CQC have announced that NSFT will have a full inspection commencing on 20<sup>th</sup> October. They have stated that they may undertake site visits before that date but compliance with the MHA will form part of that inspection in the future. The first requests for data has been received and submitted on the 18<sup>th</sup> June 2014. A project team is being assembled, led by the Director of Nursing and Quality and Head of Governance, and will report progress to the Board of Directors.

#### 4.1.3 Mock CQC inspections

The new series of mock inspections commenced in May with a visit to Wedgwood, this was followed by a visit to CFYP in West Norfolk and Norfolk secure services.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 14 of 20	Date produced: 17Jun2014	Retention period: 30 years

The findings from these visits will be reported in the July report.

## 5.0 Safe Staffing

In line with the Government's requirements as set out in Hard Truths, the Trust has submitted data on in-patient nurse staffing in May, reporting the actual staff on duty against the budgeted establishment. These data are reported in Appendix A. The mean staffing levels against establishment are shown in Table 6.

Table 6: Mean staffing, actual against establishment, May 2014

	RN % fill against establishment	HCA % fill against establishment
Day shifts	96.78%	119.53%
Night shifts	89.92%	125.04%

The headline fill rates show clearly that where there is a shortfall in Registered Nurses, this is often accounted for in terms of actual numbers by Health Care Assistants. In some areas, this shortfall in Registered Nurses is very pronounced, and risk assessments and action plans are being developed for all areas with lower than 80% Registered Nursing rates. NHSP has reported that the rise in demand for Registered Nursing temporary staff has been a trend across England.

### 5.1 Reporting of staffing concerns

In addition to the report submitted, the Trust has been asking staff to report any concerns about staffing through the DATIX system since December 2013. These concerns are reviewed by the Deputy Director of Nursing, reported to the Assistant Operation Directors, discussed with the Locality Managers, and highlighted for action in meetings with NHSP. A total of 577 concerns regarding staffing have been reported from December 2013 to May 2014. Of these the highest reporting category is low staffing levels with the following wards attributing the highest level of reporting in this category.

- 6 Airey Close – 65
- Catton Ward - 63
- Poppy Ward - 52
- Glaven Ward - 30

### 5.2 Issues reported in May 2014

During May 2014 a total of 155 reports were received related to staffing concerns with low staffing levels the highest reported category with a total of 80 reports submitted in this category (see Table 7).

Of the 18 low staffing incidents reported within Central Norfolk Acute Services, Rollesby accounted for six out of the 18 reported incidents with Waveney accounting for five. With regard to lack of trained staff available Glaven is the highest reporting area with nine shifts reported within this category.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 15 of 20	Date produced: 17Jun2014	Retention period: 30 years

Within East Suffolk Acute Services Lark ward accounts for a total of 17 of the 27 staffing concerns reported during May, with five of low staffing levels, four relating to lack of PMA trained staff, three incidents related to insufficient regular nursing staff and four to a lack of trained staff available.

Table 7: Staffing concerns reported in May 2014

Highest Number of Categories Reported	Highest Reporting Areas – Number of Reports
Low staffing levels - 80	Central Norfolk Acute services - 18 East Suffolk Acute services - 13 Suffolk Specialist Services - 19
No or lack of trained supervisory staff - 34	Central Norfolk Acute Services - 15 East Suffolk Acute service - 6 Great Yarmouth and Waveney Acute Services – 4 each
Lack of PMA trained staff - 10	East Suffolk Acute service - 6 Secure services - 3

Vacancies and short-term staffing issues will continue to be addressed within meetings with NHSP, and when possible, those wards with the most acute staffing issues have been prioritised within recent central recruitment events.

## 6.0 Service User and Carer Experience

6.1 A more structured approach has been taken with regards to the locality Groups, particularly the Norwich City group, where there will be robust staff representation and a structured agenda ensuring that there are a variety of subjects relevant to involvement and engagement brought to the group.

A proposal to link the central groups to the IMROC steering groups will be discussed at the June meetings in Norfolk.

In Great Yarmouth and Waveney - 'The Great Yarmouth and Waveney Engagement Roadshow' will take part in the East of Norfolk during the week of 18<sup>th</sup> August. The East Locality lead and the Service User and Carer Experience Lead for Norfolk will put together the 'travelling roadshow' to promote engagement and involvement opportunities within the Trust for Great Yarmouth and Waveney Partners to this project include; Healtheast, James Paget and Healthwatch.

A review of service user and carer involvement and engagement in Norfolk will take place in July to September. This is partially in response to some concerns raised by some service user and carer governors in Norfolk that the current

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 16 of 20	Date produced: 17Jun2014	Retention period: 30 years

structure is not working adequately, and also is an evaluation of one year's work with new systems and structures. The review will aim to look at the current structure in Norfolk only. The Suffolk structure is developing well at this time.

The Trust has now officially signed up to the Triangle of Care and will see the logo attached to all of our communication.

The next meeting of the Carers Leads Advisory Group is in July, this is where the TOC will be monitored and the implementation to all of our service areas will commence. There will be a TOC on line forum, set up for staff to monitor progress and share good practice. This will be open to all staff leading on the TOC in their area.

## 6.2 Digital pens

A pilot is commencing for Low Secure Services on 2<sup>nd</sup> June and on Later Life and Adult Acute in West Suffolk at the beginning of July. This pilot will include the Friends and Family test and will form part of the national roll out of the test as well as the CQUIN initiative which will be Trust wide.

## 7.0 Quality Dashboard (*Appendix B*)

The Quality Dashboard is still in development, with additional items reported since last month. Improvements planned in conjunction with the Informatics Team include:

- Development of denominators in order to compare between areas and national data (where available).
- Provision of trend data.
- Identification of key mandatory training items for reporting by locality.

The work plan for Staff Pathways indicates that the ability to produce Locality-specific training reports centrally will be in place by the end of July. Locality Managers are already able to produce their own locality report by logging on to Staff Pathways and pressing the 'Lara Overview' button, in the same way that any manager can log on and see in real time the compliance rates of their teams.

## 8.0 Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)

8.1 Quality and patient safety issues are fundamental to the delivery of Trust objectives, and the Board's ability to manage the performance of the Trust. Relevant mitigating action is included above, and residual risks are noted.

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 17 of 20	Date produced: 17Jun2014	Retention period: 30 years

## 9.0 Recommendations

9.1 The Board of Directors is asked to note and approve the contents of this report.

Jane Sayer  
Director of Nursing, Quality and Patient Safety  
17<sup>th</sup> June 2014

---

## Background Papers / Information

None

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 18 of 20	Date produced: 17Jun2014	Retention period: 30 years

## Appendix A, In-Patient Staffing, May 2014

Hospital Site name	Ward name	Specialty 1	Day				Night				Day		Night	
			Registered nurses		Care Staff		Registered nurses		Care Staff		Average fill rate as % of planned hours - registered nurses (%)	Average fill rate as a % of planned hours - care staff (%)	Average fill rate as a % of planned hours - registered nurses (%)	Average fill rate as a % of planned hours - care staff (%)
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Airey Close Tier 4 Adolescent Inpatient Unit	5 Airey Close	Child & Adolescent Psychiatry	930	802.5	1162.5	1095	232.5	232.5	465	472.5	86.29%	94.19%	100.00%	101.61%
Airey Close	6 Airey Close	Learning Disability	930	720	1395	1672.5	232.5	232.5	465	697.5	77.42%	119.89%	100.00%	150.00%
Airey Close	7 Airey Close	Learning Disability	465	577.5	1395	1290	232.5	232.5	232.5	315	124.19%	92.47%	100.00%	135.48%
West Suffolk Hospital	Abbeygate Ward	Old Age Psychiatry	930	937.5	1860	1897.5	465	420	465	607.5	100.81%	102.02%	90.32%	130.65%
Norvic Clinic	Acle Ward	Forensic Psychiatry	930	772.5	1395	1920	465	277.5	465	787.5	83.06%	137.63%	59.68%	169.35%
Ipswich Hospital	Avocet Ward	Adult Mental Health	1395	1357.5	1162.5	1687.5	465	457.5	465	780	97.31%	145.16%	98.39%	167.74%
Julian Hospital	Blickling Ward	Old Age Psychiatry	930	930	1860	2535	465	255	697.5	1155	100.00%	136.29%	54.84%	165.59%
Norvic Clinic	Catton Ward	Forensic Psychiatry	930	1035	1395	1350	232.5	240	697.5	660	111.29%	96.77%	103.23%	94.62%
Queen Elizabeth Hospital	Churchill Ward	Adult Mental Illness	930	1147.5	1395	1357.5	465	457.5	465	487.5	123.39%	97.31%	98.39%	104.84%
Norvic Clinic	Drayton Ward	Forensic Psychiatry	930	1020	1395	1687.5	232.5	270	465	502.5	109.68%	120.97%	116.13%	108.06%
Norvic Clinic	Eaton Ward	Forensic Psychiatry	930	712.5	930	1402.5	232.5	240	697.5	525	76.61%	150.81%	103.23%	75.27%
Carlton Court	Fernwood Ward	Old Age Psychiatry	465	517.5	1860	2377.5	232.5	232.5	697.5	930	111.29%	127.82%	100.00%	133.33%
Carlton Court	Foxglove Ward	Old Age Psychiatry	465	502.5	1860	1890	232.5	232.5	930	787.5	108.06%	101.61%	100.00%	84.68%
St Clements Hospital	Foxhall House	Forensic Psychiatry	930	540	1162.5	1680	465	232.5	465	787.5	58.06%	144.52%	50.00%	169.35%
Hellesdon Hospital	Glaven Ward	Adult Mental Illness	930	1117.5	1395	1110	465	367.5	697.5	750	120.16%	79.57%	79.03%	107.53%
Northgate Hospital	Great Yarmouth Acute Services	Adult Mental Illness	930	937.5	930	1425	232.5	495	465	555	100.81%	153.23%	212.90%	119.35%
Ipswich Hospital	Lark Ward	Psychiatric Intensive Care Unit	930	780	1395	1995	465	315	697.5	1110	83.87%	143.01%	67.74%	159.14%
Wedgwood House	Northgate Ward	Adult Mental Illness	1200	1282.5	1125	1005	232.5	232.5	465	472.5	106.88%	89.33%	100.00%	101.61%
Woodlands	Poppy Ward	Adult Mental Illness	1395	1237.5	1162.5	1845	465	442.5	465	765	88.71%	158.71%	95.16%	164.52%
Julian Hospital	Reed Ward	Old Age Psychiatry	930	630	1395	2707.5	232.5	247.5	465	727.5	67.74%	194.09%	106.45%	156.45%
Hellesdon Hospital	Rollesby Ward	Psychiatric Intensive Care Unit	930	1162.5	1395	1665	232.5	270	697.5	885	125.00%	119.35%	116.13%	126.88%
Julian Hospital	Rose Ward	Old Age Psychiatry	930	742.5	1395	2100	232.5	262.5	465	660	79.84%	150.54%	112.90%	141.94%
Julian Hospital	Sandringham Ward	Old Age Psychiatry	1395	1065	2325	3082.5	465	322.5	930	1260	76.34%	132.58%	69.35%	135.48%
Wedgwood House	Southgate Ward	Adult Mental Illness	1395	1402.5	1395	892.5	465	375	465	465	100.54%	63.98%	80.65%	100.00%
Carlton Court	Sweetbriar Ward	Old Age Psychiatry	465	465	1860	1920	232.5	217.5	465	645	100.00%	103.23%	93.55%	138.71%
Norvic Clinic	Thorpe Ward	Forensic Psychiatry	930	795	1162.5	1050	232.5	232.5	465	487.5	85.48%	90.32%	100.00%	104.84%
IP3 8LY	Walker Close	Learning Disability	930	937.5	1860	1860	465	442.5	697.5	742.5	100.81%	100.00%	95.16%	106.45%
Carlton Court	Waveney Acute Services	Adult Mental Illness	930	967.5	930	1132.5	465	442.5	465	487.5	104.03%	121.77%	95.16%	104.84%
Hellesdon Hospital	Waveney Ward	Adult Mental Illness	930	870	1395	1920	465	420	465	787.5	93.55%	137.63%	90.32%	169.35%
Hellesdon Hospital	Whitlingham Ward	Forensic Psychiatry	930	1065	1395	1230	465	232.5	465	690	114.52%	88.17%	50.00%	148.39%
Woodlands	Willows Ward	Old Age Psychiatry	1162.5	1245	1860	2610	465	472.5	697.5	941.25	107.10%	140.32%	101.61%	134.95%
Hellesdon Hospital	Yare Ward	Forensic Psychiatry	930	1012.5	1395	1590	232.5	232.5	930	750	108.87%	113.98%	100.00%	80.65%

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 19 of 20	Date produced: 17Jun2014	Retention period: 30 years



## Appendix B: Quality Dashboard

Board of Directors – Public 26 June 2014 Patient Safety & Quality Report	Version 1.0	Author: Jane Sayer Department: Trust Management
Page 20 of 20	Date produced: 17Jun2014	Retention period: 30 years

Date:	26 <sup>th</sup> June 2014	<b>G</b>
Item:	14.81iii	

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors – Public
<b>Meeting Date:</b>	26 <sup>th</sup> June 2014
<b>Title of Report:</b>	Physical Health and Infection Prevention & Control update
<b>Action Sought:</b>	For Information
<b>Estimated time:</b>	10 minutes
<b>Author:</b>	Sara Fletcher: DIPC, Physical Health Team Leader
<b>Director:</b>	Dr Jane Sayer: Director of Nursing, Quality and Patient Safety

## Executive Summary:

This report focuses on the physical health activity within Trust services: it outlines key achievements, work in progress and future aims and identifies associated risks to delivery. It includes all Trust services including Children and Adolescent Mental Health services (CAMHS) and Learning Disability (LD), both in-patient and community.

It is demonstrated and documented by research that there is a strong relationship between mental health and physical health: the aim is to ensure all clinical staff consider the physical health of their client group and the affect their mental illness, the drugs prescribed and their behaviours may have on this. It is recognised that levels of intervention and support vary dependant on the patient and the environmental factors and that communication with other health professionals, including primary care, are key, providing a shared care approach.

The models of delivery used are chosen to reflect the Trust recovery model of care.

The main current initiatives are to standardise the focus and documentation of physical health care support in the community where the national Rethink 'My Physical Health' tool is being trialled. It is also includes standard observations to be taken in Clozapine clinics and for patients receiving long term care such as depot injections.

The physical health team is focussing on achieving the standards of the National Institute for Health and Care Excellence (NIHCE) guidance 'Psychosis and schizophrenia in adults: treatment and management' and the commissioning for quality and innovation (CQUIN) goal related to this.

Systems are in place and being further developed to provide education and training to all staff in the necessary skills to deliver this agenda.

Work is being progressed to ensure appropriate equipment and environments are

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 1 of 10	Date produced:	Retention period: 30 years

available to deliver this agenda.

This report also informs the Board of progress against the Infection Prevention and Control (IPAC) annual programme and collates activity of the IPAC team, including the local infection prevention and control supporters (LIPACS), and of the Infection Prevention and Control committee.

The programme of annual training of local infection prevention and control supporters (LIPACS) is underway with good attendance from both community and in-patient areas. There have been no serious outbreaks of infection.

There had been one case of *Clostridium difficile* associated diarrhoea: the root cause analysis (RCA) of this, attended by a commissioner, concluded that this case was subsequent to a community episode and that it was dealt with exactly according to guidance by the clinicians.

Planning for the annual flu vaccination programme is underway: contractual requirements are that the trust achieves 75% coverage of frontline staff. Staff from Human Resources have been involved to support planning for this target.

## **1.0 Physical Health**

### **1.01 Physical Health Strategy Group**

This group is being established with draft terms of reference stating the purpose as to act to develop and implement the Trustwide strategy for monitoring, documenting and addressing the physical health of all service users. Membership has been requested from all localities and staff groups with the majority responding.

The functions of the group and its members include developing a prioritised action plan which also addresses contractual and CQUIN (Commissioning for Quality and Innovation) goal requirements, communicating initiatives for embedding with locality governance groups and making active recommendations to other committees and departments with regard to physical health requirements. It will also reflect key learning from serious incidents and outcomes from audit activity.

The first meeting is on June 24<sup>th</sup> 2014: a consultant psychiatrist has agreed to chair the group.

### **1.02 In-patient areas**

There has been considerable focus on raising awareness of measuring and reporting on physical health over the last eighteen months. During this period it has been recognised that there are considerable benefits from having a dual trained or a registered general nurse amongst the nursing establishment, particularly for later life wards. The physical health team have offered support in advertising to attract these nurses: it has also been suggested that visiting the local universities to talk to the final year pre-registration students may be helpful.

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 2 of 10	Date produced:	Retention period: 30 years

Recording of key physical observations is measured in the quarterly modern matrons' audits: the audit tool for this has been revised to ensure robust capturing of data. The results allow targeted local activity to make improvements. The physical health team members also carry out random spot checks of patient's records to monitor compliance with recording and taking appropriate action on physical observations.

The secure services were supported to achieve delivery of the 2013 – 2014 CQUIN goal to undertake cardio-metabolic screening for all relevant patients. The success of this will support Trustwide delivery of the 2014-2015 national CQUIN scheme to deliver this screening to 90% of patients with a diagnosis of schizophrenia.

Work is being undertaken with the Trust new electronic record system, Lorenzo, leads to ensure appropriate documentation is available for ease of use for staff to record, retrieve and audit patient information on physical observations and risk assessments.

The introduction of management of long term conditions clinics has been restricted to secure services where patients have been supported with a variety of conditions including diabetes and asthma.

In other areas of the Trust, individual patients have been supported at their, or ward staff request, to manage a range of physical health conditions. There has also been delivery of interactive sessions on healthy diet and weight management.

Improvements have been seen in the reduction in numbers of developed pressure ulcers across the Trust as regularly reported in the Director of Nursing, Quality and Patient Safety's clinical governance paper. The team recently had access to a senior lecturer in tissue viability who delivered a range of training, supporting by the physical health nurses, across all in-patient areas.

A member of the team is undertaking a further education module in end-of-life care. This has been instrumental in the refining of Trust policies to reflect related national guidance. It has also opened communication across the wider healthcare economy to improve pathways of care for this group of patients.

A Trustwide audit is being conducted on systems in place to support smoking cessation. The results of this will be used to inform the Trust strategy to achieve smoke free status: this initiative will be part of the work plan of the Physical Health Strategy Group.

Two audits have been carried to monitor the Trusts safe systems in resuscitation. The first audit used 8 criteria to evaluate adherence to Trust standards on ensuring availability of resuscitation equipment. An average of 41% was achieved in ensuring wards had standardised equipment with 29% of wards not storing replacement equipment. Clinical team leads developed action plans to address the deficits. A drive for sites to implement a central score for resuscitation equipment has been initiated by members of the resuscitation standards group. The second audit is in progress.

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 3 of 10	Date produced:	Retention period: 30 years

An audit was undertaken using the ward based scenarios to evaluate staffs' practice in carrying out cardiopulmonary resuscitation (CPR) practice and post resuscitation practice. Standards from the Resuscitation Council (UK) were used to measure compliance rate of staff's practice which is summarised in table below.

Summon help	Start CPR	Attempt defibrillation
100%	95%	100%

However, findings showed some deficits in skills including airway management and team working. These findings have been reflected in the revised curriculum for life support training. Emphasis will be on team working and on preventative systems. The second phase of scenarios is in progress.

### 1.03 **Community teams**

A nurse has been secured in a secondment post to the physical health team to support the coordinated and standardised focus on physical health for patients with a mental health problem.

Her role is to visit all community teams armed with a toolbox of information and skills to discuss requirements with teams, gather feedback from them and report back to the physical health team to ensure development of appropriate documentation and opportunities for education and training.

Another key facet of this initiative is communication with primary care to ensure that relevant patients are on the serious mental illness (SMI) register and therefore recognised as requiring an annual health check. Ideally systems are required where this health check data is available to mental health services. The Rethink 'My Physical Health' tool is being trialled in West Suffolk and is being suggested as an option for other teams. It supports the recovery model of care and builds to an action plan which is patient held although it will form part of the patient's care plan. Although this document can be scanned onto Lorenzo in future, key data from this will be require to be entered onto clinical forms for ease of retrieval, comparison and audit.

The introduction of this tool is currently being discussed with the service user groups across the Trust: feedback from these groups on the proposal has been very positive to date.

There is a good level of understanding of the importance of addressing patient's physical health needs in the community and a will to address, however there is general concern amongst staff on any additional time this may take. This is something which needs to be considered as part of service developments. Several areas are considering the introduction of clinics for the management of patients on long term medication which alleviates the individual patient visits for depot injections, for example.

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 4 of 10	Date produced:	Retention period: 30 years

The physical health team can support community staff in obtaining physiological observations where the patient will not attend a GP practice, particularly in relation to ECGs and phlebotomy. It is suggested that teams have access to equipment for routine measurements such as blood pressure and body mass index.

#### 1.04 **Education and training**

To deliver the physical health agenda, there needs to be sufficient staff with the required knowledge and skills: this includes medical staff.

To embed this within Trust systems, it has been requested that some relevant courses, for example completing the physiological workbook competency training, becomes a requirement on relevant staff locally assessed risk analysis (LARA) training templates – a decision on this has not yet been received.

The physical health team work with workforce development (WFD) staff to commission and deliver a range of learning opportunities.

Considerable work has been undertaken to review and revise the Trust life support training including commissioning from another preferred provider. The syllabus had been revised to include focus on the deteriorating patient, emphasising completion of specific risk assessment tools to measure and report on key parameters to ensure escalation for appropriate action. A second round of local scenario training is underway, focussing on learning from the previous sessions. The Trust Resuscitation Standards group monitors compliance with national standards and learning from analysis of untoward events.

Recognising the importance of recording an electro-cardiogram (ECG) tracing for most service users before prescribing and during delivery of many anti-psychotic drugs, a targeted delivery of ECG training is being developed, building on the current programme. The aim is to provide a minimum of 3-4 staff trained in each area. Local training in correct use of the machine is supported by a comprehensive education session available through the higher education institutes (HEIs) and booked through WFD.

This is a small representation of the range of education and training available: on many occasions training is cancelled due to poor attendance or is held for very small numbers of people. Work continues to deliver training in a variety of formats and locations but support is needed from managers to ensure staff are released to take part.

The Physical Health Strategy group will consider this as it develops the trust strategy.

#### 1.05 **Equipment and environment**

Work continues though audit, observation and communication to ensure that clinical staff have access to equipment necessary to carry out their roles in relation to monitoring the physical health of service users. There is a medical devices manual available on the trust intranet with explicit advice on specific models of

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 5 of 10	Date produced:	Retention period: 30 years

equipment which have been assessed in conjunction with the procurement team as being suitable for trust use.

The most recent focus has been on the provision and maintenance of ECG machines. This has highlighted that, although information is available for staff, it is important that responsibility is taken locally to maintain equipment so that it is ready for use when required.

There is a newly established Medical Devices Group developed and chaired by the Deputy Physical Health Team leader who is also the Trust Medical Devices Lead: the first meeting of this group was in April 2014. This group aims to advise and support to ensure that the Trust is adhering to national guidelines and CQC standards: to support the standardisation of medical devices equipment and in doing so measure quality, efficiency and economy of products: also to identify training requirements. Membership is wide ranging and includes procurement and Electronics and Medical Engineering department (EME) services.

Key actions in progress from this group are to raise the need for formal contracts to be written for EME services between NSFT and external trust service providers and to ensure that EME services are involved in the selection process for medical devices.

There are a variety of systems in place including the audit of clinic rooms and sluices, the IPAC joint visits with the non-executive director (as below) and working with link personnel, both for IPAC and for physical health, to review the provision of suitable environments, compliant with national standards, in which to carry out physical health interventions. Concerns have been identified in several community locations: staff are provided with information and advice at the time to ensure safe practice. Reports are produced and escalated for decision and action as appropriate considering the level of need.

## **1.1 Infection Prevention and Control**

### **1.11 Audit activities**

Overall compliance with the February 2014 trustwide hand hygiene audit was 98%. This was a significant increase on the previous audit score of 92%. The returned completed audit forms represented 80% of in-patient areas and 6 community teams. Considerable communication is carried out to achieve completion of the audit for all areas: non-compliant areas are highlighted through the Infection Control Committee when necessary.

Notably 98% of responses identified that there were available compliant hand wash facilities including access to alcohol gel.

Those areas not achieving 100% are required to submit an action plan which is monitored for completion.

The monitoring tool has been modified following feedback from teams: the May audit has a better return rate of completed audits, particularly from community teams. This reflects the LIPACS education and training, raising awareness. These results will be available for the July IPAC committee.

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 6 of 10	Date produced:	Retention period: 30 years

An audit of sharps management in compliance with health and safety regulations and trust policies was carried out in April 2014. Overall compliance was 96% an improvement of 3% from 2013: 84% of in-patient areas responded and 16 community teams.

The main area of failure in the audit is the non completion of the label (which is a requirement through waste management legislation for an audit trail): this is being emphasised through LIPACS training and the sharps management e-learning.

#### 1.12 Education

All staff receive an introduction to IPAC as part of the induction process with 133 staff attending these since April 2014.

11 estates staff attended a bespoke training session and 52 LIPACS have been trained to date with further sessions scheduled with bookings.

The figures for e-learning compliance have been requested for the July 2014 IPAC committee for review and action as required by the members.

There is a plan to work with a local college to develop a training DVD – this is in liaison with the communications team. This will supplement the current e-learning package.

#### 1.13 Infection Surveillance

There have been no confirmed outbreaks of gastrointestinal infections in the last quarter. The IPAC team continue to support areas where concerns are identified, treating as a potential outbreak until alternative explanations are available.

There has been one case of *Clostridium difficile* associated diarrhoea on Sandringham ward. This patient was admitted from the Norfolk and Norwich University hospital where they were being treated for the same condition. An RCA was conducted which showed the patient had received appropriate treatment according to policies whilst on Sandringham ward: the commissioner IPAC representative present commented on the excellent response of clinicians on Sandringham ward.

#### 1.14 Policy Review

Policy review continues as an ongoing process, monitored by the IPAC committee. All policies required by the NHS Litigation Authority are current and available to all staff on the Trust intranet.

#### 1.15 Estates and Facilities

IPAC training has been provided for Estates staff, emphasising the importance of ensuring the clinical environment meets national standards and liaising with the IPAC team during the planning stage for alterations and new developments.

IPAC training for facilities staff is booked for June and July 2014.

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 7 of 10	Date produced:	Retention period: 30 years



The programme of joint visits with the nominated non-executive director (NED), Stuart Smith, continues focussing on community team premises. The key concerns highlighted continue to be lack of designated hand wash basins and lack of access to a clinical environment for physical health interventions. Action plans are developed following these visits and monitored for completion, escalating as required with the support of the NED.

The IPAC team are included in the development of the tender specification for the housekeeping and domestic services and also in the review of cleaning and related products used by the facilities teams.

#### 1.16 **Seasonal flu vaccination programme**

Planning for the 2014 – 2015 seasonal flu vaccination programme is underway encompassing the learning from the previous programme. There is a contractual requirement to vaccinate 75% of all frontline staff. This will require the range of opportunities for vaccination available last year but more importantly, an understanding by frontline staff that this is a requirement for safe practice in their role. Therefore, Human Resources representatives will work with IPAC staff and Occupational Health services to agree actions to achieve this, overcoming barriers such as staff perceptions.

#### 1.17 **National documentation**

The Royal College of Nursing has published updated guidance on the management of healthcare waste (April 2014): the Trust Deputy DIPC contributed to the content and review of this document. Future revisions of relevant policies and guidance will be informed by this guidance.

### 2.0 **Financial implications (including workforce effects)**

2.1 Non-compliance with physical health and IPAC policies and guidance can contribute to longer in-patient stays for patients, influence the future health outcomes for patients with associated costs, and incur financial penalties as outlined in contracts for services. There is also a potential for litigation.

2.2 Failure to achieve physical health related CQUIN goals results in loss of potential related monies for the Trust.

### 3.0 **Quality implications**

3.1 Physical health remains a quality priority for NSFT as documented in the Quality Account. Addressing the physical health needs of Service Users, with staff proficient in both mental health and physical health skills, provides holistic care and is likely to improve the outcomes for health and well-being of individuals

3.2 As highlighted in the Francis report, staff should focus on protecting patients from avoidable harm. By carrying out, and acting on, appropriate risk assessments,

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 8 of 10	Date produced:	Retention period: 30 years

Service Users are less likely to suffer harm related to for example, falls, pressure ulcers, VTEs and infections.

- 3.3 Compliance with IPAC policy and guidance supports the Trust objective to retain and develop its focus on service quality by providing services in safe environments by informed and proactive staff.
- 3.4 IPAC and physical health standards are included in Care Quality Commission (CQC) inspections.

#### **4.0 Equality implications / summary of consultation**

- 4.1 Improving the access to physical health checks for people with severe mental illness and supporting them in lifestyle changes, provides an opportunity to address health inequalities and make a difference to the health and well-being of this vulnerable group.
- 4.2 This work supports partnerships between staff and organisations ensuring service users have access to choice and greater access to information and care.

#### **5.0 Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)**

- 5.1 Embedding physical health within the mental health Trust supports the delivery of a recovery culture as part of the service strategy.
- 5.2 Addressing physical health needs of Service Users supports the goal to improve the health and wellbeing of the population and therefore strengthens relationships with commissioners and partner organisations.
- 5.3 The activity related to IPAC is required for patient, staff and visitor safety, for registration with the Care Quality Commission and to achieve Trust NHS Litigation Authority (NHSLA) compliance.

#### **6.0 Recommendations**

- 6.1 The members of the Board are requested to review the information in this report for assurance that suitable systems and processes are in place and being developed within the Trust to address the physical health needs of service users in contact with mental health services.
- 6.2 The members of the Board are requested to review the information in this report for assurance that suitable systems and processes are in place within the Trust to prevent and control infections and to comply with relevant regulations.

**Name: Sara Fletcher**

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 9 of 10	Date produced:	Retention period: 30 years

## Background Papers / Information

Commissioning Framework - Choosing Health: Supporting the physical health needs of people with severe mental illness – DH Aug 2006

No health without mental health – implementation framework – DH Jul 2012

Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health, Royal College of Psychiatrists Occasional paper OP88, March 2013

Psychosis and schizophrenia in adults: treatment and management, NICE Feb 2014 (NICE clinical guideline 178)

'My Physical Health' Rethink Mental Illness 2012

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, DH (revised 14.12.2010)

Care Quality Commission (CQC) Provider Compliance Assessment, Regulation 12, Outcome 8, Cleanliness and Infection Control

The management of waste from health, social and personal care, RCN, April 2014

Board of Directors –Public Date 26 <sup>th</sup> June 2014 Physical Health and Infection Prevention & Control update	Version 1.0	Author: Sara Fletcher Department: Service Governance
Page 10 of 10	Date produced:	Retention period: 30 years

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors
<b>Meeting Date:</b>	26 <sup>th</sup> June 2014
<b>Title of Report:</b>	2014/15 Financial Performance Report (for the two month period ending 31 <sup>st</sup> May 2014)
<b>Action Sought:</b>	For Information
<b>Estimated time:</b>	10 minutes
<b>Author:</b>	Adrian Brooke – Business Accounting & Reporting Manager
<b>Director:</b>	Andrew Hopkins, Finance Director

## Executive Summary:

The purpose of this report is to inform the Board of the Trust's financial performance for the period 1 April 2014 to 31 May 2014. Key headlines for the month include:

- A year to date surplus at month two of £0.10m with a forecast outturn of £1.90m surplus in line with the original Annual Plan.
- The turnaround from month one deficit reported is as a result of higher than expected income against plan received during the month.
- Significantly higher than expected costs for out of area beds against original plan continues, although a reduction in expenditure on specialist placements from the prior month.
- A reported Continuity of Service Risk Rating (COSRR) of 3 for May.
- Capital expenditure of £0.64m for the period against a plan of £1.98m.

## 1.0 Financial Position

### 1.1 Year end forecast

As at the end of month two, the Trust is reporting a surplus position of £0.10m. This compares to an expected Annual Plan deficit of £0.07m giving a £0.17m favourable variance against plan.

The main reason for the change in position from last month is additional income receipts above those originally planned.

At this stage it is anticipated that the Trust will be on track to achieve its planned out turn position of £1.9m surplus.

## 1.2 Year to Date Continuity of Service Risk Rating (COSRR)

The Trust has achieved a COSRR of 3 in the month, which is as planned and shown below. See section 2.3 below for further information.

Risk Ratings		
Table	Actual May-14	Plan May-14
CoSRR	3	3

## 1.3 Summary of Performance

### *Income and Expenditure*

A summarised financial position is shown at Appendix 1.

As shown in Table 1, there is a surplus of £0.10m reported in the month, 0.17m favourable to the planned deficit position of £0.07m.

Table 1	Cumulative			
	Annual Plan	Revised Plan	Actual	Variance to Annual Plan
	£'000	£'000	£'000	£'000
<b>Income</b>				
Block Contracts	32,545	33,223	32,787	242
Other	1,877	2,880	3,187	1,310
	<b>34,422</b>	<b>36,103</b>	<b>35,974</b>	<b>1,552</b>
<b>Expenditure</b>				
Pay	(26,731)	(26,122)	(27,157)	(426)
Non Pay	(5,714)	(5,694)	(6,759)	(1,045)
Other	(188)	(188)	(183)	5
Reserves	0	(2,301)	0	0
	<b>(32,633)</b>	<b>(34,305)</b>	<b>(34,099)</b>	<b>(1,466)</b>
<b>EBITDA</b>	<b>1,789</b>	<b>1,798</b>	<b>1,875</b>	<b>85</b>
Depreciation	(1,106)	(1,115)	(1,052)	53
Interest	(749)	(749)	(722)	27
	<b>(66)</b>	<b>(66)</b>	<b>100</b>	<b>166</b>
EBITDA %	<b>5.20%</b>		<b>5.21%</b>	

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 2 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

The YTD Earnings before Interest Taxes Depreciation and Amortisation (EBITDA) reported to the end of May is £1.88m or 5.21% of Operating Income compared to 5.28% the prior month (Note that month 1 was incorrectly reported last month as 5.39%).

### 1.3.1 Secondary Commissioning and Out of Area Placement Costs

These costs are now broken down into four component parts:

- Specialist Placements i.e. cost of placements to specialist providers as the Trust does not provide these services. These relate to Norfolk and Great Yarmouth & Waveney. These costs are funded through an income stream from CCGs.
- Placements to external private providers for PICU
- Placement to external private providers for Acute beds
- NHS Funded care which relate to the on-going costs of a fixed number of service users in long term continuing care which will diminish over time as the number of users decline.

Table 2 shows the breakdown of overall costs by category against the budget set for the year.

<b>Table 2</b>				
<b>Specialist Placements</b>	<b>Actual</b>	<b>Revised Budget</b>	<b>Variation</b>	<b>Full Year Budget</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Specialist Placements (Cawston, Milestones)	352.4	264.5	(87.9)	2,222.0
Placements Due to Lack of Capacity (PICU)	248.4	0.0	(248.4)	0.0
External Acute Placements	481.5	0.0	(481.5)	0.0
NHS Funded Care	36.5	18.3	(18.3)	109.5
<b>Total</b>	<b>1,118.8</b>	<b>282.7</b>	<b>(836.1)</b>	<b>2,331.5</b>

### **Specialist Placements**

Expenditure levels on these placements, primarily Milestones and Cawston, total £0.35m, a monthly expenditure average of £0.18m. As per month one this is again a reduction on the average monthly cost in 2013/14 of £0.20m demonstrating measures which have been put in place to monitor and reduce this expenditure seem to be on track. YTD expenditure is however still £0.09m over the actual income level the Trust receives for these placements. Patients with personality

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 3 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

disorders are the main reason for these placements as the Trust does not have the expertise in house to be able to care for such patients and the demand for this care is currently over and above the income received from Norfolk CCG's. The Clinical Review Panel is continuing to meet on a regular basis to review all existing patients currently to ensure that these placements continue to be appropriate.

### ***Out of Area Placements (PICU)***

Expenditure levels reduced this month to £0.08m due to the repatriation of 2 patients into PICU, bringing the 14/15 monthly average down to £0.13m compared to an average of £0.04m for 2013/14. This is still a significant variance to prior year. Given that there is no specific funding for this, as this should already be incorporated in operational PICU budgets, this will, if it continues, severely impact on the Trust's forecast outturn position. Capacity, due to staffing issues is still the driver for placements having to be made outside of the Trust. The repatriation of these patients this month however has increased the occupancy for Central Norfolk PICU to 100% (up from 94% prior month). East Suffolk's PICU was 75% (up from 74%) giving an overall Trust occupancy of 87% (prior month 86%).

### ***Out of Area Placements (Acute)***

Expenditure in the month is £0.25m, up from last month's £0.23m and again, a significant variance when compared to the 13/14 monthly average of £0.08m. This area of expenditure also has no identified funding and the position is exacerbated by the fact that the Trust has received additional funding from the CCG for decant beds to alleviate this pressure which resulted in the Trust placing a contract with an external provider for 3 community decant beds on a pilot basis, with the potential to increase to 6 beds. These 3 beds are costing on average £7.5k per month, and have been fully utilised in May. One additional bed has recently been made available for June onwards. The cost of decant beds will rise to £15.3k per month for 6 beds if all beds are utilised. There were 28 patients in Acute out of area placements in May (22 in April) for a period of 401 days (356 days in April) at an average cost of £635 per bed day.

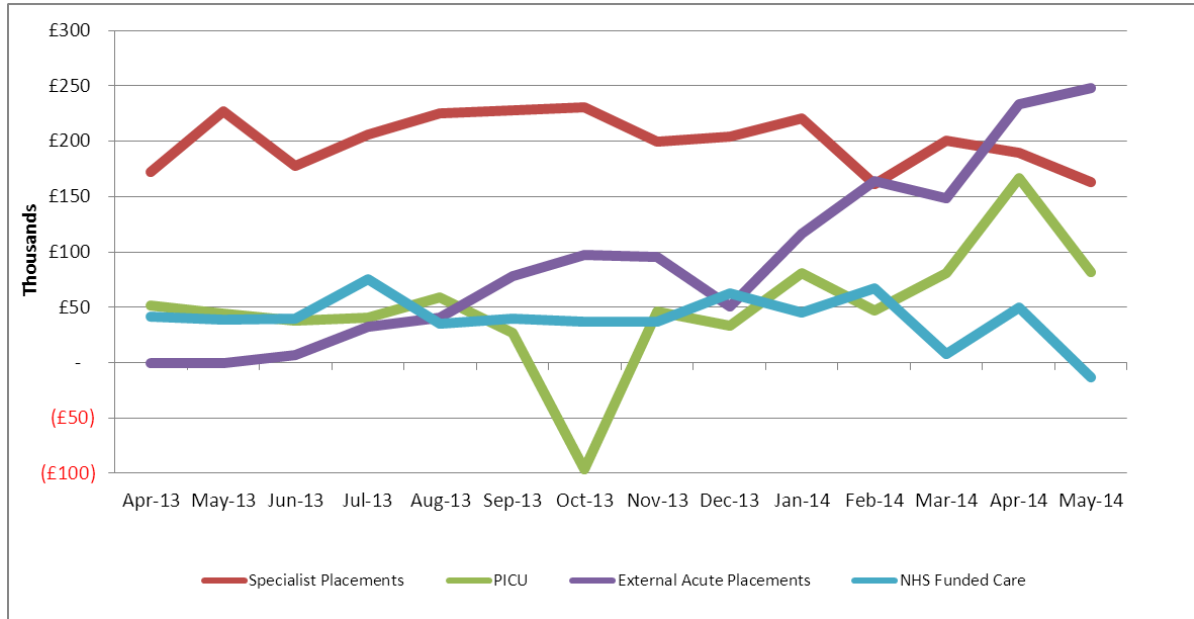
### ***NHS Funded Care***

There was an adjustment to the prior month's reported expenditure levels resulting in a YTD cost of £0.04m, a monthly average of £0.02m compared to the 13/14 monthly average of £0.05m.

A graphical presentation of these trends for 2013/14 month on month compared to May 2014 is shown in the chart below.

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 4 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

Chart Showing the Expenditure Trend for Secondary Commissioning from April 2013 to May 2014



### 1.3.2 Income

Income reports a favourable variance of £1.55m against Annual Plan. Table 3 shows the main reasons for this variance, which for clinical income, is due to contract movements against the Annual Plan assumptions compared to the final contracts that have now been signed and agreed. The favourable position on other income is driven by the release of both deferred income, and additional external trading income in respect of ICT contracts, both of which have matching expenditure levels but with a minimum 10% profit margin achieved against the trading accounts. The Lorenzo incentive fund of £0.2m was also received during May and is accounted for in these figures but with no associated expenditure.

Table 3	
Reason for variance	£'000
Contract Movements against Annual Plan	266
Special observations	66
CQUIN	(78)
Under occupancy	(94)
Other clinical	82
Clinical Income	242
Deferred income release	609
Lorenzo Incentive Fund	200
Lorenzo Income	78
Other Additional Income	112
External trading	311
Other Income	1,310
	<b>1,552</b>



### **1.3.3 CQUIN and Under Occupancy Levels on Secure Services and CAMHS**

As part of the block contract income, there is £4.26m relating to Commissioning for Quality and Innovation (CQUIN). The adverse position of £0.08m YTD is the prudent assumption that only 80% of target will be achieved. This will be reviewed at the end of Month 4 when actual achievement becomes clearer. I

In line with the 2014/15 contract with NHS England there has been under occupancy on both Medium Secure and Low Secure beds which for May were 85% (April – 84%) and 86% (April - 89%) respectively. Whilst the calculation is based on the year end average occupancy the estimated claw back is £0.06m to date as a result of being below the 90% threshold. The under occupancy is wholly demand driven for both units. Whilst the LSU should see an improvement in the coming months through increased referrals, MSU low occupancy level is set to continue.

Similarly with the CAMHS tier 4 beds the Contract was for 7 beds with any under occupancy returned at 100% of cost. The unit returned back to full capacity of 7 beds on the 19<sup>th</sup> May, having previously been only 6 due to staff shortages. Full capacity is now anticipated for the remainder of the year. Due to the bed closure during April and May the Trust will be required to return £32k back to the Commissioner.

### **1.3.4 Expenditure**

As shown in Table 1, expenditure is higher than the original plan in operational localities and corporate services by £1.87m. The favourable variance reported on depreciation is due to the slippage in Capital expenditure against Annual Plan to date.

Table 4 details the full year performance against budgets that Directors are held accountable for under the scheme of delegation from the Board. These budgets will deviate from the Annual Plan submission as they are revised throughout the year to reflect an agreed directorate budget position.

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 6 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

Locality Variances Table 4	Cumulative		
	Revised	Actual	Variance
	Budget		
	£'000	£'000	£'000
<b>Locality Position</b>			
Norfolk	(11,226)	(12,541)	(1,315)
Suffolk	(7,500)	(7,832)	(331)
Secure Services	(2,660)	(2,900)	(240)
Substance Misuse	(1,368)	(1,327)	41
Senior Operations Team	(218)	(204)	14
Service Governance	(494)	(461)	32
Medical	(858)	(842)	16
Chief Executive	(528)	(539)	(11)
Finance	(771)	(742)	28
HR	(398)	(471)	(73)
Estates	(2,734)	(2,702)	32
Commercial Services	(1,077)	(1,144)	(66)
<b>Sub Total</b>	<b>(29,832)</b>	<b>(31,705)</b>	<b>(1,873)</b>

Direct care services within Norfolk and Suffolk localities drive the current overspend. For Norfolk, a significant overspend on out of area placements has been the main driver (see section 1.3.1 above), together with less than planned achievement against the original cost improvement schemes identified (£0.21m).

The adverse position shown for both Suffolk and Secure Services is once again due to the result of underachieved cost improvement plans (£0.12m and £0.06m respectively), with continued high levels of temporary pay across most localities.

Both Corporate and Support service areas remain largely on target against their YTD plans, with no significant variances to report other than in HR which is as a result of additional temporary staff being brought in during May.

Table 5 shows the pay, non-pay and income variances against these locality budgets with further analysis to explain the overall variance.

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 7 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

### 1.3.5 Pay and temporary staffing

Locality Variances Table 5	Variances	
	Month £'000	YTD £'000
Income	90	223
Pay	(620)	(1,036)
Non-Pay	(339)	(1,060)
<b>Total Variance</b>	<b>(868)</b>	<b>(1,873)</b>
Explained by:		
Non-Achievement of Recurring CIP	(298)	(603)
Non-Recurring CIP	243	301
External Placements	(329)	(836)
Other Non-Pay	136	68
Income	90	223
Value of Vacancies / (Temporary Pay)	(710)	(1,026)
<b>Total Variance</b>	<b>(868)</b>	<b>(1,873)</b>

Pay costs report an adverse variance against plan of £1.04m as shown in Table 6:

Table 6	
Reason for variance	£'000
Recurrent CIP	(291)
Non-Recurrent CIP	281
Locums	(862)
Bank/agency/overtime (net of vacancies)	(164)
	<b>(1,036)</b>

The variance against plan reported is again due to the non-achievement of cost improvement plans, specifically recurrent savings, which during May underachieved by £0.60m overall, half of which relates to pay, with subsequent over achievement on non-recurrent pay costs of £0.30m related to the turnover allowance scheme.

Medical locum costs continue to remain high as they continue to fill vacant roles as well as providing cover for staff on sickness and maternity leave. The level of Locum expenditure is regularly highlighted to the budget and locality managers, and within this report, yet expenditure levels are not reducing. As previously reported it was the intention that temporary pay costs would reduce this year, yet costs have continued to rise, and expenditure levels have jumped again this month, exceeding

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 8 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

£2.22m in May, which in turn is again significantly higher than the £1.48m average monthly level of expenditure reported in 2013/14.

Table 7 below provides a breakdown of expenditure in the month by directorate and shows a comparison against expenditure levels for the same month the previous year.

<b>Table 7</b>			
<b>YTD Temporary Staffing</b>	<b>May-14</b>	<b>May-13</b>	<b>Variation</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Locality:</b>			
Norfolk	1,386	665	(721)
Suffolk	1,301	1,022	(279)
Secure Services	546	371	(176)
Substance Misuse	19	54	35
Corporate Services	962	509	(453)
<b>Total</b>	<b>4,214</b>	<b>2,620</b>	<b>(1,593)</b>

### 1.3.6 Non-operating income and expenditure

Depreciation costs of £1.05m are £0.05m favourable to plan in the month due to the slippage of capital expenditure against plan.

## 2.0 Statement of Financial Position

A Statement of Financial Position is shown in Appendix 1

## 2.1 Working Capital

The cash funds available at the end of the month two were £13.70m, which is £1.75m behind plan. The main reason for this is the much higher than expected figure for debtors where payment has yet to be received, mitigated by higher than anticipated liabilities and a lower level of capital spend than planned in the month.

Current assets are higher than plan as debtors are much higher than planned for the period. There have been a number of disputes on the first months for contract invoices with the Norfolk CCGs, due to Contract Query notices relating to 2013/14, (£600k expected to be released in June) and Norfolk County Council.(£700k) These have led to a delay in payments. In particular there is a single invoice outstanding for £2.2m for Great Yarmouth and Waveney CCG which was

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 9 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

outstanding at 31st May 2014. The issues for this have been resolved and payment is expected in June.

The Section 75 rolled-over agreement with Norfolk County Council has still not been formally signed off as there is still some dispute around the wording of payment terms for the 6 months left of the agreement. This has now been escalated to the Norfolk Head of Integrated MH & LD Commissioning with a meeting due to take place at the end of June to advance this. Informal communication received to date is that an interim payment has been authorised in the meantime and that resolution will be reached at the meeting to ensure timely payment of invoices going forward.

Current liabilities are higher than anticipated as provisions have not been utilised as yet. The issue regarding administrative and clerical agency staff VAT recovery is still to be clarified by HMRC. A provision was included in the year end accounts, but was not finalised until after the Annual Plan was set for 2014-15. This accounts for £0.98m of the variance.

## 2.2 Capital Programme

The Annual Plan for 2014-15 is based on a gross capital plan of £8.875m. If Trust expenditure falls outside +/-15% of plan, this will automatically trigger a risk on the quarterly Monitor return.

Table 9 shows the capital expenditure to month two. There is a significant year to date variance at present. In particular the level of capital asset repairs and minor refurbishment is very much behind plan. Work is being undertaken to investigate the reasons for this underspend and it is anticipated that this will catch up with the forecast in the coming months as orders have been raised but the works have not yet been completed...

Capital Expenditure Table 9	Original Plan £'000	YTD Plan £'000	YTD Actual £'000	Variance £'000	Year End Forecast £'000
Property - new land, buildings or dwellings	-		11	(11)	859
Property - maintenance expenditure	800	75	13	62	940
ICT	2,699	631	309	322	2,690
Plant and equipment - Other	264	42	70	(28)	612
Property, plant and equipment - other expenditure	5,112	1,230	235	995	3,774
<b>Total Capital Expenditure</b>	<b>8,875</b>	<b>1,979</b>	<b>638</b>	<b>1,341</b>	<b>8,875</b>

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 10 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

## 2.3 Liquidity & Cash Flow

The Continuity of Service Risk Rating (CoSRR) comprises the trust liquidity ratio and the debt service cover rating. The Trust liquidity ratio measures the number of days of cash we have available to meet our financial obligations and is currently - 4.4 days with a rating of 3. The liquidity ratio has equal weighting with a debt service cover rating to give an overall CoSRR. The debt service cover rating for month two is 3 to give an overall (average) rating of 3 which is as planned.

## 3.0 CIP Plans

The current CIP plans identified and to which progress will be reported throughout the year are set out in Table 10.

Table 10 CIP Performance	Variance					Variance					Rating
	CIP R	CIP NR	CIP Total	YTD CIP Target		CIP R	CIP NR	CIP Total	CYE CIP Target		
Trust Service Strategy	1,034	0	1,034	(1,034)	0	6,203	0	6,203	(6,203)	0	G
Catering Savings R	63	0	63	(38)	25	380	0	380	(230)	150	G
Corporate Restructure R	8	0	8	(24)	(16)	201	0	201	(334)	(133)	R
E-Rostering R	0	0	0	0	0	0	0	0	(553)	(553)	R
Fp10'S/Pharmacy	0	0	0	(33)	(33)	0	0	0	(200)	(200)	R
Hr Restructure R	0	0	0	0	0	0	0	0	(18)	(18)	R
Legal Services R	0	0	0	0	0	0	0	0	(41)	(41)	R
Other Planned Schemes Nr	0	131	131	(28)	103	0	277	277	(295)	(19)	R
Other Planned Schemes R	83	0	83	(256)	(174)	484	0	484	(2,441)	(1,957)	R
Out Of Area Placements R	0	0	0	(130)	(130)	0	0	0	(780)	(780)	R
Procurement R	0	0	0	0	0	0	0	0	(200)	(200)	R
Recruitment/Agency R	0	0	0	(83)	(83)	0	0	0	(500)	(500)	R
Turnover Allowance	0	504	504	(265)	239	0	565	565	(1,591)	(1,026)	R
Unidentified Cip	0	0	0	(236)	(236)	0	0	0	(1,328)	(1,328)	R
<b>Total</b>	<b>1,187</b>	<b>635</b>	<b>1,823</b>	<b>(2,129)</b>	<b>(306)</b>	<b>7,268</b>	<b>841</b>	<b>8,109</b>	<b>(14,714)</b>	<b>(6,604)</b>	<b>R</b>

Month two shows an overall under achievement of the Trusts savings plans of £0.31m.

A separate report based on a gateway reporting process was recently presented to the Executive Team that highlighted a number of schemes that will not materialise this year, or are not viable, to which subsequent mitigations are currently being reviewed with Directors in order to bring the Trust back to its original plans.

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 11 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

## 4.0 Conclusions and Recommendations

The Trust has over achieved against its planned target with a reported surplus of £0.10m resulting in a COSRR rating of 3.

The Board is therefore asked to:

- Note the continued high expenditure reported for Out of Area placement costs which will need to be proactively managed down.
- Note the current level of CIP achievement against recognised schemes and the fact that a number of mitigations will now need to be found in order to achieve original plans.
- Note the continuing high levels of temporary pay expenditure.

**Adrian Brooke**

Business Accounting & Reporting Manager

18<sup>th</sup> June 2014

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 12 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year

Statement of Comprehensive Income (SOC)	Actual	Plan	Variance (adverse)	Forecast	Plan	Variance (adverse)
	May-14	May-14	May-14	Mar-15	Mar-15	Mar-15
	YTD	YTD	YTD	FY	FY	FY
£m						
Operating Income	36.0	34.4	1.6	207.4	204.3	3.1
Pay Costs	(27.2)	(26.7)	(0.4)	(158.0)	(156.3)	(1.7)
Drug Costs	(0.5)	(0.5)	0.0	(3.2)	(3.1)	(0.1)
Other Costs	(6.4)	(5.4)	(1.1)	(32.9)	(31.5)	(1.4)
<b>EBITDA</b>	<b>1.9</b>	<b>1.8</b>	<b>0.1</b>	<b>13.2</b>	<b>13.3</b>	<b>(0.1)</b>
Depreciation	(1.1)	(1.1)	0.1	(6.9)	(6.9)	0.1
Net interest	(0.2)	(0.2)	0.0	(1.0)	(1.0)	0.0
Other	(0.6)	(0.6)	0.0	(3.5)	(3.5)	0.0
	<b>0.1</b>	<b>(0.1)</b>	<b>0.2</b>	<b>1.9</b>	<b>1.9</b>	<b>(0.0)</b>
Exceptionals	-	-	-	-	-	-
<b>Net surplus / (deficit)</b>	<b>0.1</b>	<b>(0.1)</b>	<b>0.2</b>	<b>1.9</b>	<b>1.9</b>	<b>(0.0)</b>
<i>EBITDA margin</i>	5.2%	5.2%	0.0%	6.4%	6.5%	(0.1%)

Statement Of Financial Performance (SOFP)	Actual	Plan	Variance (adverse)	Forecast	Plan	Variance (adverse)
	May-14	May-14	May-14	Mar-15	Mar-15	Mar-15
	YTD	YTD	YTD	FY	FY	FY
£m						
Non-Current Assets	143.3	145.7	(2.5)	142.7	142.7	-
Current Assets	29.8	24.5	5.3	27.2	26.9	0.4
Current Liabilities	(31.4)	(29.8)	(1.5)	(29.6)	(29.2)	(0.4)
Non-Current Liabilities	(22.8)	(22.2)	(0.6)	(20.2)	(20.2)	-
<b>TOTAL ASSETS EMPLOYED</b>	<b>118.9</b>	<b>118.1</b>	<b>0.7</b>	<b>120.1</b>	<b>120.1</b>	<b>0.0</b>
Public dividend capital	81.3	80.6	0.7	80.6	80.6	-
Retained Earnings (Accumulated Losses)	12.1	11.9	0.2	13.9	13.8	0.0
Revaluation reserve	25.5	25.7	(0.2)	25.7	25.7	-
Donated asset reserve	-	-	-	-	-	-
<b>TOTAL FUNDS EMPLOYED</b>	<b>118.9</b>	<b>118.1</b>	<b>0.7</b>	<b>120.1</b>	<b>120.1</b>	<b>0.0</b>

Statement of Cashflow (SOCF)	Actual	Plan	Variance (adverse)	Forecast	Plan	Variance (adverse)
	May-14	May-14	May-14	Mar-15	Mar-15	Mar-15
	YTD	YTD	YTD	FY	FY	FY
£m						
<b>EBITDA</b>	<b>1.9</b>	<b>1.8</b>	<b>0.1</b>	<b>13.2</b>	<b>13.3</b>	<b>(0.1)</b>
Change in working capital	(6.7)	0.7	(7.4)	3.9	3.9	-
<b>Cashflow from operations</b>	<b>(4.9)</b>	<b>2.5</b>	<b>(7.3)</b>	<b>17.2</b>	<b>17.3</b>	<b>(0.1)</b>
Net cash inflow / (outflow) from investing activities	(0.7)	(1.8)	1.1	(4.9)	(4.9)	-
Financing and other	(0.2)	(0.1)	(0.1)	(5.1)	(5.1)	-
<b>Net cash inflow / (outflow)</b>	<b>(5.7)</b>	<b>0.6</b>	<b>(6.2)</b>	<b>7.2</b>	<b>7.3</b>	<b>(0.1)</b>
Closing cash and cash equivalents	13.7	15.4	(1.8)	21.4	21.4	0.0

1415 BoD 02	Version 1.0	Author: Adrian Brooke Department: Finance
Page 13 of 13	Date produced: 18 <sup>th</sup> June 2014	Retention period: 1 year



Date:	26 <sup>th</sup> June 2014	I
Item:	14.81v	

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors – Public
<b>Meeting Date:</b>	26.06.14
<b>Title of Report:</b>	Monitor Governance Statements
<b>Action Sought:</b>	For Approval
<b>Estimated time:</b>	10 mins
<b>Author:</b>	Robert Nesbitt: Trust Secretary
<b>Executive:</b>	Robert Nesbitt: Trust Secretary

## Executive Summary:

Monitor has extended the Board compliance statement requirements that Boards are required to make.

At the May 2014 Board an initial set of statements were confirmed and this paper sets out the remaining statements which focus on Board capability, leadership, information quality and accountability.

Directors are asked to review the statements below and satisfy themselves that the Board is able to declare 'confirmed' in all cases.

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one.

5. The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure (a – f):

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;	Risks are that gaps in Board capability lead to lack of focus on quality and performance, impacting on patient care and organisational reputation.  Mitigation is that collectively the Board is very experienced and that recent external reviews (e.g. KPMG) have provided assurance on leadership and governance.	Confirmed
(b) That the Board's planning	Risk is that planning and decision making is	Confirmed

Board of Directors – Public 26Jun2014 Board Monitor Statements	Version 1.0	Author: Robert Nesbitt Department: Corporate
Page 1 of 3	Date produced: 16Jun14	Retention period: 30 years

and decision-making processes take timely and appropriate account of quality of care considerations;	<p>based on inadequate quality impact information or that information is available but that its significance is not noted and acted upon with sufficient rigour.</p> <p>Mitigation is that the committee structure supporting the Board, particularly Finance and Performance, Audit and Risk, Service Governance and Investment committees have time to consider the quality implications of planning and decision making processes and that these report to the board.</p>	
(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;	<p>Risk is that the weaknesses in data collection systems mean that information available to the Board is incomplete, inaccurate or out of date compromising decision making and so impacting on quality of service.</p> <p>Mitigation in the short term is that where data quality systems are known to be weak these are supplemented by manual data checking arrangements. The implementation of streamlined business processes supported by Lorenzo will address this risk once in place.</p>	Confirmed
(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	<p>Risk is that quality information does not reach the Board or that it is not taken into account when considering quality of care.</p> <p>Mitigation is that there is significant monitoring and probing of quality information via the Performance Review Group and via Board committees. At the Board meeting, quality is prioritised so that there is adequate time for Board focus. Quality information is triangulated by Board members with other sources of insight including feedback from partner organisations, service users, carers and governors.</p>	Confirmed
(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and	<p>Risk is that insight into quality issues is lacking because the Trust and Board does not engage with and listen to stakeholders. Opportunities to learn from feedback and improve quality are therefore lost.</p> <p>Mitigation is that there is an engagement structure that encourages services users, carers and other stakeholders to give feedback on services and proposals for service change. Feedback and consultation views are regularly reported to and considered by the Board as part of its routine business.</p>	Confirmed
(f) That there is clear	Risk is that diffusion of accountability for	Confirmed

Board of Directors – Public 26Jun2014 Board Monitor Statements	Version 1.0	Author: Robert Nesbitt Department: Corporate
Page 2 of 3	Date produced: 16Jun14	Retention period: 30 years

<p>accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>quality leads to a loss of focus which impacts on care, and that escalation systems are weak meaning that quality issues remain unresolved.</p> <p>Mitigation is that there is a structure that supports quality from the Board to the front line of service delivery. The Risk Management team in the Trust monitor incidents and escalate these where required. There is a well-established confidential whistle-blowing arrangement with a designated NED providing oversight. The Board committee structure, particularly Service Governance and Audit and Risk committees monitor the escalation of issues, reporting to the Board directly on any areas for concern.</p>	
<p>6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Risk is that the skills, experience and knowledge (and supporting arrangements to use these capabilities) are not in place on the Board allowing non-compliance with the license conditions.</p> <p>Mitigation is that the skill mix of the executive directors is overseen by the Remuneration and Terms of Service Committee, with the skill mix of the NEDs/ Chair kept under review by the Nominations Committee.</p>	<p>Confirmed</p>

## Conclusion

Board members are asked to confirm the above statements so that they can be submitted to Monitor by 30<sup>th</sup> June 2014.

**Robert Nesbitt**  
Trust Secretary

<p>Board of Directors – Public 26Jun2014 Board Monitor Statements</p>	<p>Version 1.0</p>	<p>Author: Robert Nesbitt Department: Corporate</p>
<p>Page 3 of 3</p>	<p>Date produced: 16Jun14</p>	<p>Retention period: 30 years</p>

Date:	26 <sup>th</sup> June 2014	<b>J</b>
Item:	14.81vi Appendix 1	

**Communication Committee**  
**Draft Terms of Reference**

**1. Purpose**

To support implementation of a robust communication and engagement strategy for the Trust which will ensure staff, stakeholders, service users, carers and the public are systematically engaged in service planning, prioritisation and monitoring.

To ensure the Trust listens to feedback received from staff, service users, carers, the public and wider health economy, and that any actions taken as a consequence are clearly communicated. This will include acting on learning from complaints and Trust communication activity.

**2. Membership**

The core membership of the group is:

- Non-executive Director (Chair)
- Commercial Director
- Director of Workforce and Organisational Development
- Head of Communication.
- (possibility of second NED)

The group may request others to attend its meetings for the purpose of providing guidance and advice.

**3. Accountability and Relationship to Other Committees**

The Communications Committee will be accountable to the Trust Board

Board of Directors - Pvt 26Jun 2014 - Draft Comms Ctte ToR	Version 0.1	Author: Leigh Howlett Department: Commercial Directorate
Page 1 of 2	Date produced: 09Jun2014	Retention period: 30 years

#### **4. Frequency of Meetings**

Meetings will be held monthly.

#### **5. Objectives**

The committee is formed to evaluate communication activity not undertake specific delivery. It aims to ensure NSFT has arrangements in place that:

1. Communicate the vision of the Trust and support implementation of the Trust's strategic objectives and service development plans
2. Actively engage staff, service users, carers, Governors, the wider health economy, local population, regulators and stakeholders (such as MPs, DoH and Trade Unions) in the work of Trust
3. Ensures forthcoming and emerging issues are appropriately managed and the outcomes are evaluated
4. Ensures Trust staff are aware of the communication function, their role and how to communicate both positive and negative activity
5. Assures that any consultation or event is well managed and evaluated for success
6. Establishes and evaluates whether the Trust is developing a positive profile and brand recognition is increasing amongst its staff and key stakeholders.

#### **6. Quorum**

The meeting shall be quorate when at least three members are present.

#### **7. Attendance**

Members are expected to regularly attend meetings and contribute to the discussions.

#### **8. Review**

The Terms of Reference will be reviewed annually.

Board of Directors - Pvt 26Jun 2014 - Draft Comms Ctte ToR	Version 0.1	Author: Leigh Howlett Department: Commercial Directorate
Page 2 of 2	Date produced: 09Jun2014	Retention period: 30 years

**Communication Committee**

Meeting to be held on **DATE** at **TIME**  
in the **ROOM**, **VENUE**

**AGENDA**

Time	Item No	
	14.01	Chair's welcome, notification of any urgent business and apologies for absence
	14.02	To approve the minutes of the previous meeting held on <b>DATE OF PREVIOUS MEETING</b> <span style="float: right;">Attachment A</span>
		<i>i. To approve the release of the minutes in accordance with the Freedom of Information Act</i>
	14.03	To address any Matters Arising from the minutes of the previous meeting, not covered by the Agenda
		<i>i. <u>Min 12.XXX</u>: Item (name)</i> <span style="float: right;">Attachment B</span>
		<i>ii. <u>Min 12.XXX</u>: Item (name)</i>
		<i>iii. <u>Min 12.XXX</u>: Item (name)</i>
	14.04	<b><u>Standing Item</u></b> : Summary and analysis of external coverage <span style="float: right;">Attachment C</span>
	14.05	<b><u>Standing Item</u></b> : Summary and analysis of internal communication performance <span style="float: right;">Attachment D</span>
	14.06	<b><u>Standing Item</u></b> : Emerging issues
		<i>i. Sub- item 1 – including Matter Arising <u>Min 12.XXX</u> (name)</i> <span style="float: right;">Attachment E</span>
		<i>ii. Sub-item 2 (name)</i>
		<i>iii. Sub-item 3 (name)</i>

**BREAK**

Time	Item No	
	14.07	<b><u>Standing Item:</u> Staff engagement / morale</b> <span style="float: right;"><b>Attachment F – to be tabled</b></span>
	14.08	<b><u>Standing Item:</u> Analysis of events</b> <span style="float: right;"><b>Attachment G</b></span>
	14.09	<b><u>Standing Item:</u> Future and emerging issues</b>
	i.	<i>Sub- item 1 – including Matter Arising <u>Min 11.XXX</u> (name)</i>
	ii.	<i>Sub-item 2 (name)</i>
	iii.	<i>Sub-item 3 (name)</i>
	14.10	<b><u>Standing Item:</u> Promotion opportunities</b>
	14.11	<b><u>Standing Item:</u> Consultations</b>
	14.12	<b><u>Standing Item:</u> Future events</b>
	14.14	<b><u>Standing Item:</u> Governor / stakeholder relations</b>
	14.14	<b><u>Standing Item:</u> To agree items to be reported to the Board of Directors</b>
		<b><u>Standing Item:</u> To agree items to be reported to the Board of Governors</b>
	14.15	<b>Any other business, previously notified to the Chair</b>
	14.16	<b>Date, time and location of next meeting</b>
		The next meeting of the <b>NAME OF MEETING</b> will be held on <b>DATE</b> at <b>TIME</b> in the <b>ROOM, VENUE</b>
		<b>CLOSE</b>

**Graham Creelman**  
 Non-Executive Director  
 DATE papers sent out

Board of Directors – Public 26 June 2014 Agenda	Version 1.0	Author: Department: Corporate
Page 2 of 2	Date produced:	Retention period: 30 years

Date:	26 <sup>th</sup> June 2014	<b>J</b>
Item:	14.81vi	

<b>Report To:</b>	Board of Directors – Public
<b>Meeting Date:</b>	26th June 2014
<b>Title of Report:</b>	Communications Committee Inaugural Meeting
<b>Action Sought:</b>	Approval
<b>Estimated time:</b>	10 minutes
<b>Author:</b>	Graham Creelman, Non-Executive Director
<b>Director:</b>	Graham Creelman, Non-Executive Director

### Executive Summary:

The newly established Communications Committee met for the first time on May 20<sup>th</sup> 2014, to construct Terms of Reference and an outline agenda. These are attached for the Board's approval.

The Committee's purpose is to help assure the Board that the Trust's communications processes are robust and flexible enough to combat misinformation and promote a positive, inclusive view of NSFT's activities, both externally and internally with the staff.

### 1. Report contents

- 1.1 The meeting attendees were Graham Creelman NED (Chair), Leigh Howlett, sponsoring executive; Fay Quayle, Head of Communications and Jane Marshall Robb, Head of Workforce. These will form the core of the committee. It is proposed that there should be a second Non-Executive Director attached to the committee, however we recommend that this does not happen until the new NED has been appointed, to allow as good a fit as possible. Other attendees will be as necessary according to the agenda.
- 1.2 It was agreed that the Committee should meet once a month, in time for a report to be prepared for that month's Board meeting. The committee considered that these

Board of Directors – Public 26Jun2014 Comm Ctte ToR	Version 1.0	Author: Graham Creelman Department: Corporate
Page 1 of 3	Date produced: 12Jun2014	Retention period: 30 years



reports would be appropriate for public and private meetings of the board. The members set a limit of one hour for its meetings.

- 1.3 The committee agreed a proposed Terms of Reference for the committee, which is attached for approval with this report. (Appendix A)
- 1.4 A draft standing agenda was approved by the committee, and is also attached for approval (Appendix B). The Board should note that this will almost certainly alter with experience, and that there would be little use at this stage of debating extra elements, or suggesting changes.

## **2. Financial implications**

- 2.1 The Board has previously approved enhanced funding for the communications team. The Committee will monitor the budget, with a view to assessing the effectiveness of the spend.

## **3. Quality implications**

- 3.1 Fundamentally, the reputation and perception of the Trust rests on the quality of our care for those who use our services, and how we nurture our staff. But reputation and perception can be greatly improved, or damaged, by poor external and internal communications. This committee will monitor the effectiveness of our communications efforts to ensure maximum clarity and timeliness of message to the media and external stakeholders, and a consultative, inclusive approach to internal messaging.

The committee will also monitor the quality of Trust publications, paper and on-line, and our events, to ensure that the Trust's key messages are clearly imbedded

## **4. Equality and diversity.**

- 4.1 The committee will help assure that the Trust's communications, in all media internal and external are inclusive, and clearly aimed at all audiences, recognising cultural and other differences in language and approach.

## **5. Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework**

- 5.1 If the Trust fails to manage and maintain its external reputation through effective communications, then a major risk is the loss of confidence in our Commissioners, in our stakeholders, our service users and ultimately in the wider community. This could lead to much greater scrutiny; the de-commissioning of services; loss of revenue and conceivably the Trust becoming unviable.

Board of Directors – Public 26Jun2014 Comm Ctte ToR	Version 1.0	Author: Graham Creelman Department: Corporate
Page 2 of 3	Date produced: 12Jun2014	Retention period: 30 years

5.2 If the Trust fails to maintain effective internal communications, then staff will not work to their capacity, again leading to a weakening of service delivery, and loss of confidence from stakeholders.

## 6. Recommendations

6.1 That the Board endorses this report, and approves the Committee's Terms of Reference and Draft Agenda.

**Graham Creelman**  
Non-Executive Director  
June 26, 2014.

---

## Appendices

App 1. ToR  
App 2. Sample agenda

Board of Directors – Public 26Jun2014 Comm Ctte ToR	Version 1.0	Author: Graham Creelman Department: Corporate
Page 3 of 3	Date produced: 12Jun2014	Retention period: 30 years

# Research Update

Dr Jon Wilson, Deputy Medical Director  
Dr Bonnie Teague, Research Manager

June 2014



# Research: Development Aim

➤ To strategically invest and develop 3 different areas of MH research:

➤ Youth

➤ Adult Recovery

➤ Dementia and Complexity in Later-Life services

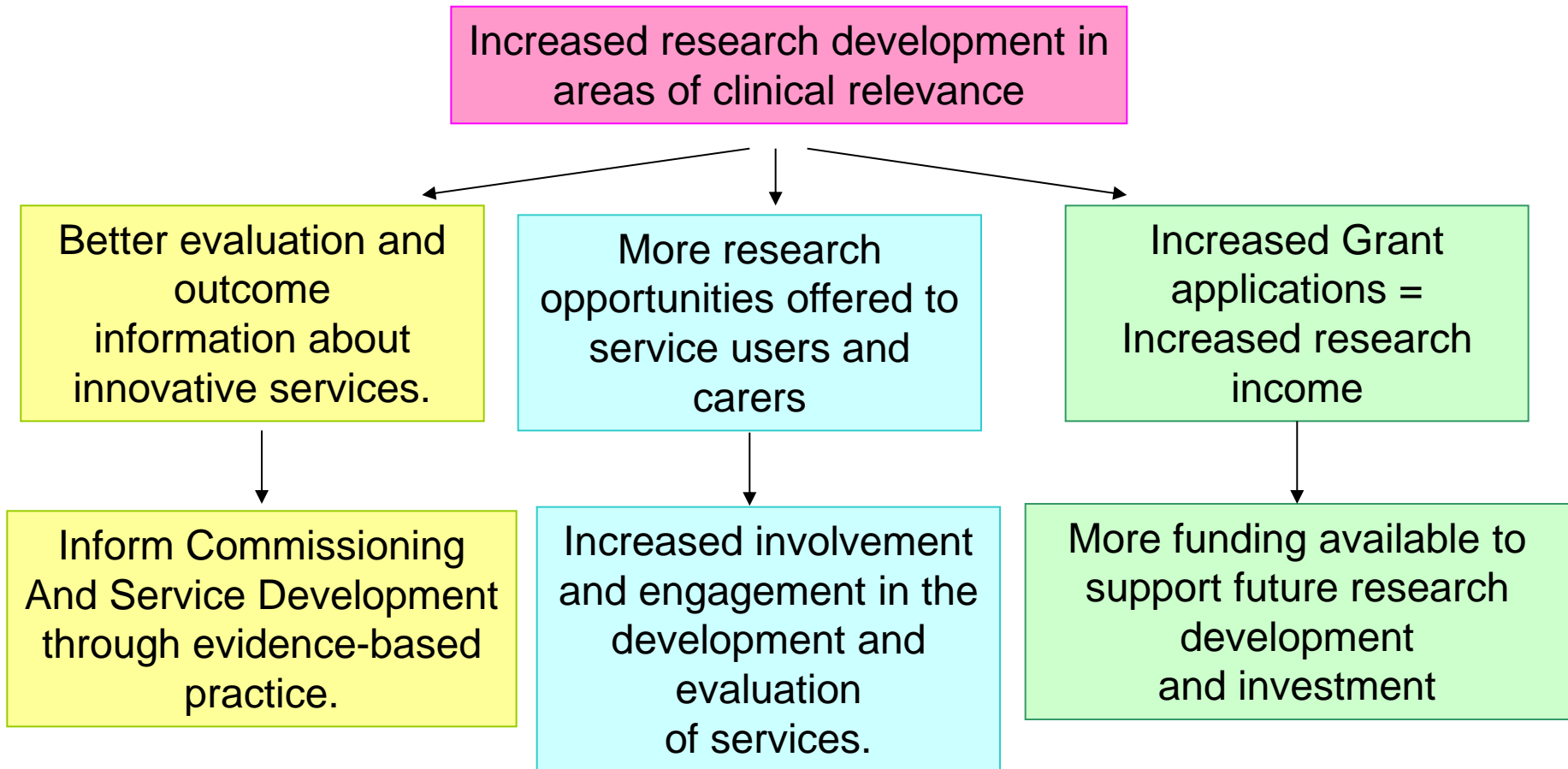
➤ Research in other areas will also be developed and supported.



# Research Development - Support

- Full training will be given to all staff involved in research development activities.
- Appropriate Service User and Carer Involvement will be assured through INSPIRE.
- Suitable academic leads and support are being identified for each area, to create clinical-academic-SU&C research groups.
- Research Development Officer will advise and support the preparation of funding applications and submission processes.

# Impact of Research Development



# Proposed Timelines

September 2014

Start of Research Development Programme

May 2015

First Submission of Research Grants

August-Sep 2015

Research Grant Review and Outcomes

Jan-Apr 2016

Research Studies and Funding Commences

Date:	26 <sup>th</sup> June 2014	<b>L</b>
Item:	14.82ii	

# Norfolk and Suffolk

NHS Foundation Trust

<b>Report To:</b>	Board of Directors (Public)
<b>Meeting Date:</b>	26 <sup>th</sup> June 2014
<b>Title of Report:</b>	Research Update
<b>Action Sought:</b>	For Approval
<b>Estimated time:</b>	15 minutes
<b>Author:</b>	Dr Bonnie Teague Job title: Research Manager Dr Jon Wilson Job title: Deputy Medical Director
<b>Director:</b>	Dr Hadrian Ball Job Title: Medical Director

## Executive Summary:

- In December 2013, the NSFT Research Director and Manager spoke to the Trust Board about the importance for the Trust to develop its own research profile, and highlighted that it was the lack of time of clinicians to develop and write research proposals which prevented the Trust from leading on national research projects.
- Research funding, used to support Research staff, clinical sessions and research services is received into the Trust as external ring-fenced income from the National Institute of Health Research and other research funders. The lack of Trust-led national research is putting this income at risk, and without additional support now, will lead to reduced research recruitment, income and staffing levels from 2015/15 onwards.
- Additional initiatives to support the generation of new research ideas are also detailed here, including an innovative service user and carer engagement initiative for mental health research, and expansion in other areas which enable the Trust to support the development and conduct of clinical research
- This report will provide an update on developments and strategies developed since that period, and will request that the Trust offers financial and strategic support for the plan detailed below in Section 4.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 1 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years



## 1.0 Report contents

1.1 From 2012-14, the Trust has witnessed a decrease in new research activity, with few research grant applications being developed by Trust staff. The decrease in the numbers of participants recruited into national research studies is linked to lower research income to the NSFT, as research funding is entirely activity-based. To enable more research to be set-up in the Trust, and more research offered to Trust service users, in 2014, the Trust Research Office launched a strategy for developing more research, with the emphasis on the following areas:

- a) Youth Mental Health Services
- b) Dementia and Complexity in Later-Life (Service-Level Research)
- c) Adult Recovery, led by the IMROC initiative.

These areas have been identified as they are national priorities in which little research has been conducted to date, but in which there is enormous potential to conduct high-quality national research. These are also clinical areas that the Trust is actively involved in and has the potential to be seen as the national research lead organisations in these areas.

1.2 All 3 areas have a nominated lead for research in their area and the overarching strategic aim for each area is to

- a) Develop clinician-academic-Service User/Carer research groups (supported through Inspire – see below) which meet regularly to build strategic partnerships.
- b) Identify specific and achievable research needs and topics for each area
- c) Develop evaluations and pilot/feasibility studies in each identified topic area.
- d) Apply for national funding once research ideas have been fully developed and agreed.
- e) Increase research capacity through supporting staff to undertake more research and apply for Level 4 staff development opportunities in these areas (MScs, PhDs, and Fellowships etc.).
- f) Develop self-sustaining Institutes of research in these areas.

1.3 The NSFT Research office, led by the Research Development Officer, will coordinate the process and advise the staff and teams to develop national funding applications.

1.4 The Trust is also working strategically with its primary academic partners, University of East Anglia and University Campus Suffolk, to ensure that academic researchers in those areas are fully informed and involved in the development of research. We have also been recently collaborating with third-sector healthcare partners, such as Suffolk MIND and Healthwatch, to develop research and evaluations in relevant areas of interest.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 2 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

1.5 The Research Office will shortly launch an internal grant development award system, which provides up to £4000 of funding to Trust staff to enable them to write and develop national grant applications. The funding is competitive and is awarded into the 3 targeted research areas of Child & Youth, Adult and Dementia, with a 4th award to support any other area of interest.

1.6 One limitation of the initiative is that, currently, NSFT clinicians do not have ring-fenced time to work on the development of research proposals and strategies for their areas, nor are there any dedicated staff members who could focus on helping clinicians to develop the projects. We have identified the research staff needs for each of the 3 strategic areas as described above linked to the development of specific projects. As such, the minimal staffing needs for 2014-15 to accomplish development goals have been identified below:

## **2.0 Supporting Initiatives: Inspire – Involving Service Users, Carers and the Public in Mental Health Research**

2.1 The inspiration behind Inspire – the Involving Service Users, Carer and Public in Mental Health Research strategy – came from lay representative partners on the Trust Research Management Committee with further consultation from Service User and Forum groups across the Trust. The representatives indicated that they felt valued on the committee, and held an important voice in the consultation of research proposals, but wished to become involved at a much more fundamental level. From this, the Inspire strategy was born

2.2 Inspire will help the Trust to meet the NHS Constitutional requirement that “The NHS also commits to inform [Service Users] of research studies in which you may be eligible to participate”. It will also help the Trust to meet the objectives set out in the NIHR Strategic plan for Public and Patient Engagement 2014-19 “Promoting a ‘research active’ nation”.

2.3 The current model is formed of 3 panels, aligned with Trust services and the Research Development Strategy – Children and Youth, Adult and Later-life. The panels work beyond the remit of the standard Public and Patient Involvement (PPI) models, and help to:

- a) Identify research needs, themes and areas of importance (which are linked to the development areas above to inform the specific needs of the service user populations in question).
- b) Collaborate on the development of specific research proposals from developing the research question to design of protocol and documentation.
- c) Involvement in the management of research studies from conduct through to analysis.
- d) Leading on the dissemination and publication of findings.
- e) Encourage and support service-user and carer-led research in the Trust.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 3 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

- 2.4 The panels are arranged and coordinated through the Inspire Co-ordinator, who is a member of the Research Office, and covers both Norfolk and Suffolk. The Co-ordinator is also responsible for ensuring that the Service User and Carer engagement agreed for each research project is adhered to – and this process is managed centrally across the Trust. The overall format of the panels is guided by the Inspire co-ordinator but is very much led by the panel members themselves, giving an empowered voice to the service users and carers in the Trust.
- 2.5 The Inspire panels are supported by a biannual public research forum, which is open to anyone interested in research. The forums are promoted in Trust publications, by partners such as Healthwatch and other PPI groups, and general media/publications in Norfolk and Suffolk.
- 2.6 The Inspire launch event, which took place on the 30th May 2014 in The Forum, Norwich, involved 3 research teams speaking about their projects. The 3 speakers represented projects across the 3 panel areas (Youth, Adult and Later-Life) and the projects showed different stages of the process (research development, research in conduct, research in publication) – but all highlighted the importance and equality of the service user in the research process. From this event alone, 30 people have registered their interest in being involved in the Inspire panels.
- 2.7 The second Forum will be held in Suffolk in October, and smaller events are planned in other areas across Norfolk and Suffolk to support the larger forums to maximise accessibility and interest in the large rural community we support.
- 2.8 Other Inspire initiatives to be launched later this year include an Inspire Research Activity Register, a biannual Inspire Newsletter and the development of a Participant Experience Evaluation, to be given to everyone involved in research projects, to understand how we can best serve research participants and improve their experience in research.
- 2.9 The Trust has been accepted to present a poster about Inspire in the INVOLVE National Conference in November 2014

### **3.0 Other Trust Research Initiatives**

#### **3.1 Research Training Programme**

The NSFT Research Office has been asked to broaden its existing successful Trust research training programme, and provide NIHR Good Clinical Practice (for Adults Lacking Capacity) and Principal Investigator Training for the Health Education East Deanery School of Psychiatry, starting October 2014. The courses will be run twice a year, with the intention that all Consultant Psychiatrists and trainee doctors in the eastern region will have the opportunity to be trained in research legislation and delivery skills, and will be 'research ready' to conduct new studies.

From 2014, the Research Office will also be providing training about research approvals and trial management for trainees on the doctorate in clinical psychology course at the University of East Anglia

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 4 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

### 3.2 Knowledge Centre Development

In late 2014, the NSFT Knowledge Centre will be launching a publication resource for all staff to use. The resource will include latest publications, reports, guidance, evaluations and findings in a central area, as organised by condition/service area. The resource will help to inform practice by bringing together the latest evidence in all areas and will be instrumental in helping to identify further research and evaluation areas. A newly created Knowledge Centre Board will have oversight of the resource, and will make practical recommendations for practice, training and policy suggestions after reviewing and discussing the latest evidence in each area. Members of the Board will include NSFT staff (research, clinical governance, clinical audit, workforce development and reps from clinical services) as well as Healthwatch and NIHR CLAHRC (Collaboration for Leadership in Applied Healthcare). The overall aim of the initiative is to a) increase the scale and speed of uptake of new evidence into clinical practice in a guided co-ordinated way b) improve clinical practice and inform resource needs across the Trust c) Identify further areas of development required in research and evaluation.

### 3.3 Trust Research Awards

In late 2014, the NSFT will be launching Trust Research Awards, which are open to nominations from staff and the public. The award areas will be:

- 1) Researcher of the year
- 2) Clinical Team in Research
- 3) Research Champion (those who may not conduct research themselves but are v supportive i.e. service/locality managers, directors, corporate staff etc).
- 4) Research Project of the year
- 5) Inspire award – Service User/Carer engagement in research award
- 6) Knowledge Centre Award (co-sponsored with the Library) – the publication or poster which is particularly good, or a research initiative which can show a real positive impact on practice

Each nominee will receive a certificate, and the winner of each category (as determined by a research award panel) will additionally receive a gift voucher.

The NSFT research awards will raise awareness of research being conducted in the Trust and will also reward individuals and teams who are particularly supportive and instrumental to the conduct of mental health research across Norfolk and Suffolk.

## 4.0 Financial implications (including workforce effects)

### 4.1 Youth MH research.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 5 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

**To assist with the development of research projects in the following areas:**

- Data collection leading to a national research grant application to evaluate the Youth mental health service and outcomes led by Dr Jon Wilson and Dr Jo Hodgekins.
- National clinical and cost-effectiveness evaluation of Youth mental health service models
- Effectiveness and cost-effectiveness of a computer-based therapy for social anxiety in young people.
- Evaluating an innovative therapy for children in support services (LAC).
- Developing a comprehensive public mental health awareness campaign aimed at younger people.

**Minimum support required to start research development:**

1 x 1.0 Band 4 research assistant psychologist (12 months Income secured from existing research funds to support Norfolk post)

**Additional support required to sustain/develop research development:**

1 x Band 8A research Psychologist in Norfolk and Suffolk (Substantive)

1 x 1.0 Band 4 research assistant psychologist in Suffolk

1 x 1.0WTE Band 4 Research assistant psychologist in Norfolk (Substantive)

#### **4.2 Adult Recovery Research**

**To assist with the development of research projects in the following areas:**

Aiding Adult Recovery – looking at the experience and outcomes of peer-support workers, Recovery Colleges, lived experience and organisation change of recovery.

- A bid developed with Suffolk MIND to evaluate the Waves project supporting people with Borderline Personality Disorder
- Cross-service research and evaluation examining pathways to care.
- The development and delivery of innovative physical health screening and management services for people with severe mental illness.
- A programme of work looking to develop support and services aimed to help Adult survivors of child sexual abuse.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 6 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

**Minimum support required to start research development:**

1 x 1.0 Band 4 research assistant psychologist

1 x 0.2WTE Clinical Psychologist

**Additional support required to sustain/develop research development:**

2 x 1.0WTE Band 4 to support evaluation work in peer-support workers, recovery colleges and organisational change.

#### 4.3 Dementia and Complexity in Later Life Service Research

**To assist with the development of research projects in the following areas:**

- The development work for a national feasibility study looking at an innovative therapy to reduce chronic anxiety and depression in older age populations, led by Professor Ken Laidlaw. The feasibility study will lead to larger national projects evaluating therapies and support packages in this population.
- National evaluation of personalised music therapy for people with dementia.
- Multi-agency projects to examine interventions needed to support supporters and people with dementia.
- National evaluation of Dementia Intensive Support Teams.

**Minimum support required to start research development:**

1 x 0.5WTE Band 4 research assistant psychologist to support development of programme of work led by Professor Ken Laidlaw

**Additional support required to sustain/develop research development:**

1 x 0.2WTE Clinical Psychologist

3 x 1.0WTE Band 4 research assistant psychologists to support evaluation of dementia intensive support teams.

4.4 The minimum support for the Youth research arm has been identified and can be funded for 12 months, due to the existing research income in this area. The Trust is also a co-applicant/partner organisation on two large grants currently submitted for funding consideration: A full trial of the PRODIGY feasibility study and a Programme Grant to study Detection and intervention with young people at high risk of social disabling severe mental illness. Both of these grants are led by the Sussex Partnership NHS Foundation Trust and University of Sussex rather than the NSFT.

But the lack of existing research activity in the other two arms means that there is no existing financial support available for Adult Recovery and Dementia and Complexity in Later-Life research.

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 7 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

The research office will provide full training and managerial/supervision support for the research assistant psychologists, and will organise honorary contracts with the relevant institutions required to develop and conduct the research.

4.5 Appendix 1 of this report shows a SWOT analysis of research development in the NSFT.

## **5.0 Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)**

5.1 Financial Plan: The funding should be considered a pump-priming investment – the future costs of the staff members will be written into national funding research proposals, and will be self-sustained if the projects are funded (each funded research project is on average, £210,000). Additional income for existing Trust clinicians to work on the research projects (usually 5-10% of their salary costs) can also be gained through funded national research proposals. Organisations which lead on national research projects also benefit from additional flexible research funding (~35% of the funded research study income), which can be used to fund research support infrastructure and additional or continuation of research development posts in other strategic areas.

## **6.0 Recommendations**

6.1 The Trust agrees to financially and strategically support the research development staffing infrastructure detailed above. Updates on the projects and funding submissions will be provided regularly.

**Dr Jon Wilson**  
Deputy Medical Director (Research)  
11<sup>th</sup> June 2014

---

**Background Papers:**  
**Appendix 1 (Referenced in Section 4.5)**  
**Appendix 2 Presentation**

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 8 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years

## Appendix 1: Research Development SWOT analysis June 2014

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Innovative services which require evaluation and evidence for commissioning.</li> <li>• Experienced in writing NIHR funded grant applications</li> <li>• Increased links with School of Psychology at UEA.</li> <li>• Well-linked with the Clinical Research Network and CLAHRC to support delivery of grants.</li> <li>• NSFT is growing in research skills– currently we have 2 CLAHRC fellows and 6 staff undertaking funded MScs and many clinicians who are ‘research ready’.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited time for clinical research development.</li> <li>• Few NSFT-led grants, leading to low research support funding.</li> <li>• A cultural lack of understanding of how research is linked to practice and service development.</li> <li>• No Trust investment into research development</li> <li>• No clinical academic posts to drive the research development agenda</li> <li>• Little link with academia beyond school of psychology.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• NSFT is well-placed to lead on National grant applications, leading to increased research funding.</li> <li>Increased research funding can be used to support</li> <li>More clinical academic posts</li> <li>More research staffing</li> <li>Which will lead to more research being developed and conducted.</li> <li>Increase the evidence-base for MH therapies and services to support commissioning and future service development.</li> <li>Improved partnerships with Community healthcare and third-sector organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Research Network funding linked to activity – few grants = few recruits = reduced funding = redundancies of existing research staff in 2015/16.</li> <li>• Loss of highly-skilled research and clinical staff in the Trust.</li> <li>• Little existing evidence for the effectiveness of many Trust services and MH therapies. Impacts commissioning and knowledge of cost-effectiveness.</li> <li>• Risk that the Trust will not be able to offer service users the opportunity to become involved in research.</li> </ul>

Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 9 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years



Board of Directors –Public 26June2014 Research Update	Version 1.0	Author: J Wilson Department: Research and Development
Page 10 of 10	Date produced: 11 <sup>th</sup> June 2014	Retention period: 30 years