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Meeting of: Joint Scrutiny Panel for Pennine Care (Mental Health) Trust
Date: Tuesday, 15th October, 2019
Time: 2.00 pm.
Venue: Training and Conference Suite, First Floor, Number One Riverside, Smith Street, Rochdale, OL16 1XU

This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Item No.	AGENDA	Page No
1.	APOLOGIES To receive any apologies for absence.	
2.	DECLARATIONS OF INTEREST Members are required to declare any disclosable pecuniary, personal or personal and prejudicial interests they may have and the nature of those interests relating to items on this agenda and/or indicate if S106 of the Local Government Finance Act 1992 applies to them.	
3.	URGENT ITEMS OF BUSINESS To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.	
4.	MINUTES To consider the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care held 23 rd July 2019.	4 - 8
5.	INFORMAL MEETING To receive the notes of the informal session of the Joint Health Overview and Scrutiny Committee for Pennine Care's membership held 10 th September 2019.	9 - 10
6.	FINANCIAL UPDATE Pennine Care NHS Foundation Trust to report	11 - 19

7. **CQC INSPECTION AND ACTION PLAN** 20
Pennine Care NHS Foundation Trust to report
8. **ELECTRONIC PATIENT RECORDS** 21
Pennine Care NHS Foundation Trust to report
9. **STAFF WELFARE STRATEGY**
Pennine Care NHS Foundation Trust to verbally update the Committee on developments.
10. **MIXED SEX ACCOMMODATION**
Pennine Care NHS Foundation Trust to verbally update the Committee on developments.
11. **COMMISSIONING PSYCHIATRIC INTENSIVE (PICU) CARE BEDS ACROSS THE PENNINE CARE FOOTPRINT** 22 - 24
Pennine Care NHS Foundation Trust to report
12. **DATES OF FUTURE MEETINGS**

It is proposed that future meetings of the Committee be held:

- a. Tuesday, 21st January 2020 at 2.00pm at the Council Offices, Rochdale
- b. Tuesday, 17th March 2020 at 2.00pm at the Council Offices, Rochdale

It is proposed that Informal meetings of the Committee be held:

- i. Tuesday, 19th November 2019 at 2.00pm at the Trust's Offices in Ashton-under-Lyne
- ii. Tuesday, 18th February 2020 at 2.00pm at the Trust's Offices in Ashton-under-Lyne
- iii. Tuesday, 14th April 2020 at 2.00pm at the Trust's Offices in Ashton-under-Lyne

Joint Scrutiny Committee – Pennine Care NHS Foundation Trust:

Councillor Patricia Dale (Rochdale Borough Council)
Councillor Joan Grimshaw (Bury MBC)
Councillor Louie Hamblett (Oldham MBC)
Councillor Keith Holloway (Stockport MBC)
Councillor Janet Mobbs (Stockport MBC)
Councillor Eddie Moores (Oldham MBC)
Councillor Susan Smith (Rochdale Borough Council)
Councillor Patricia Sullivan (Rochdale Borough Council)
Councillor Ruji Surjan (Oldham MBC)
Councillor Roy Walker (Bury MBC)
Councillor John Wright (Stockport MBC)
Tameside MBC – 3 vacancies

For more information about this meeting, please contact:
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**JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH)
TRUST**

**MINUTES OF MEETING
Tuesday, 23rd July 2019**

PRESENT: Councillors Dale, Susan Smith and Sullivan (Rochdale Borough Council), Councillors Hamblett, Moores and Surjan (Oldham MBC), Councillors Holloway, Mobbs and Wright (Stockport MBC) and Councillor Walker (Bury MBC).

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: C. Molloy (Chief Executive – Pennine Care NHS Foundation Trust), C. Parker (Executive Director – Pennine Care NHS Foundation Trust), J. Stewart (Executive Director – Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor – Pennine Care NHS Foundation Trust).

APPOINTMENT OF CHAIR AND VICE CHAIR 2019/20

1 The Committee considered appointing its Chair and Vice Chair for 2019/20.

Resolved:

1. Councillor Susan Smith (Rochdale Borough Council) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health Trust, for the 2019/20 Municipal year.
2. Councillor Patricia Sullivan (Rochdale Borough Council) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health Trust, for the 2019/20 Municipal year.

Councillor Susan Smith in the Chair.

APOLOGIES

2 Apologies for absence were received from Councillor Grimshaw (Bury MBC).

DECLARATIONS OF INTEREST

3 Councillor Keith Holloway (Stockport MBC) declared a personal interest insofar as his daughter was employed by the Pennine Care NHS Foundation Trust.

MINUTES

4 The Committee considered the minutes of its most recent meeting held 21st March 2019.

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 21st March 2019, be approved as a correct record.

PENNINE CARE NHS FOUNDATION TRUST - OUTLINE PRESENTATION

5 It was noted that the Joint Scrutiny Panel's membership in 2019/20 comprised a number of Councillors who had not previously been members of the Committee. In this regard Pennine Care Trust's Chief Executive gave a presentation which outlined the configuration and operations of the Trust, noting that they were in the midst significant structural changes that would see a large proportion of the community based services, currently provided being transferred to other organisations. The Trust staffing complement was expected to reduce from its current level of approximately 5,000 to around 4,200 by the end of March 2020, when the Trust would be focussed on the delivery of mental health services for the six boroughs in the Trust's footprint: Trafford, Stockport, Tameside, Oldham, Rochdale and Bury.

In considering the presentation Members of the Committee sought clarification on a number of issues including the Trust's strategy, going forward, for the provision of learning disability services, the Trust's contribution to the Greater Manchester Health Care Plan and the provision of electronic patient records..

Resolved:

1. The presentation be noted.
2. The Trust's Chief Executive be requested to report to the Committee's next meeting, on 15th October 2019, detailing the Trust's proposed contribution to the Greater Manchester Health Care Plan.
3. The Trusts Chief Executive be requested to report to a future meeting of the Committee, detailing the Trust's Learning Disability Strategy.
4. The Trust's Chief Executive be requested to provide an update to the Committee's next meeting, on 15th October 2019, on electronic patient records.

MIXED SEX ACCOMMODATION

6 The Committee considered a report of the Trust's Executive Director of Nursing, Healthcare Professionals and Quality Governance which updated and advised of the next steps with regards to the Trust's intention to meet statutory mixed sex accommodation (MSA) requirements.

The Trust's 2016 CQC inspection report highlighted a failure to comply with the Department of Health guidance on single sex accommodation on older people and acute wards for working age adults, which was the catalyst for the programme of consultation on this matter that has subsequently been undertaken.

A wide ranging survey that was undertaken in 2018/19 into the provision of hospital accommodation had yielded 674 responses the majority of which were in favour of moving towards single gender accommodation with shared spaces. The results of the survey had been scrutinised at a previous meeting of the Committee and were considered by the Board. The findings of the

survey were reflected in the Trust's preferred position, moving forward, which was also for the provision of single gender accommodation with shared spaces. It was anticipated that a report would be presented to the Trust's Board in September or October 2019 with this as its principal recommendation. The Trust intended to forward details of reports, on the subject of hospital accommodation, to members of the Committee so that any views/opinions expressed thereon can be reported to the Trust's Board prior to any decisions being made.

The Committee, in considering the report, asked if visits could be arranged for Members to view the Wards in question, at locations across the Trust's footprint.

Resolved:

1. The report be noted.
2. The Trust be requested to arrange visits for Members of the Joint Overview and Scrutiny Committee to view hospital wards across the Trust's footprint.

NICHE SERVICES

7 Members of the Joint Overview and Scrutiny Committee received a presentation which outlined 'niche services' that were aimed at achieving sustainable and effective mental health.

The Trust had held a series of internal workshops regarding the provision of niche services, which were attended by around 180 people, with a good range of interests represented. The sessions had resulted in positive local conversations about models, performance and developments. It was found that a spirit of 'joint endeavour' still prevails, so a good platform was present for the next stages. There was a wide interest in understanding what was being discussed across the Pennine area.

The niche presentation had sought clarity on the financial envelope, and highlighted a need for a strategic financial steer prior to a second round of locality events. There was broad agreement that emerging models needed to be judged against financial realities and strategic agreement on priorities going forward – but with the ambition to be "good" if possible. A further workshop was due to be held on 7th August 2019 to consider work on models, options, costs and priorities – and in particular to act as a clear "watershed" between the 'possible and the impossible'.

Resolved:

That the Chief Executive of Pennine Care NHS Foundation Trust be requested to report to the Committee's next meeting, on 15th October 2019, reviewing the progress of niche services.

FINANCIAL POSITION OF THE TRUST

8 The Trust's Chief Executive reported upon Pennine Care's current financial situation. Presently, based on information currently available, it was

projected that there would be a budget deficit by the end of the 2019/20 financial year. However it was added that these current figures did not account for expected significant financial contributions to be forthcoming from the Department of Health and it was expected that the Trust would indeed have a 'balanced budget' by the end of March 2020. The Trust has established a Budget Monitoring Sub-Committee that monitor and control the Trust's budgetary performance throughout 2019/20. The Trust had introduced a savings programme to help reduce costs whilst the filling of some staffing vacancies was being delayed. In terms of staffing vacancies the Committee requested the submission of a report to a future meeting updating Members on the Staff Welfare Strategy.

Resolved:

1. The report be noted
2. The Chief Executive of Pennine Care NHS Trust be requested to update the Committee on the Trust's overall financial situation, throughout 2019/20.
3. The Chief Executive of Pennine Care NHS Trust be requested to provide an update report, to a future meeting of the Committee, on their Staff Welfare Strategy.

TRANSITIONAL ARRANGEMENTS

9 The Committee received a report which updated the Committee on the transfer of community services from Pennine Care NHS Foundation Trust to a range of alternative providers. It was reported that this was a complex set of transfers, involving the transfer of community services to a number of different providers at different timescales during 2019/20. A summary of each transfer, timescales and issues was detailed in the report.

The main issues were:

- a. Transfer of community services to Salford Royal NHS Foundation Trust
- b. Transfer of community services to Manchester Foundation Trust
- c. Transfer of children's services in Heywood, Middleton and Rochdale
- d. Transfer of Dental Services to alternative providers
- e. Child Health Information Service CHIS to a new provider

Resolved:

That the report be noted.

DATES OF FUTURE MEETINGS

10 Resolved:

It was agreed that:

1. The next formal meetings of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Tuesday, 15th October 2019, Tuesday, 21st January 2020 and on Tuesday, 17th March 2020; all three meetings to be held in the Council Offices, Number One Riverside, Smith Street, Rochdale, commencing at 2.00pm.
2. Informal meetings of the Committee's membership be held with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-

Lyne) on Tuesday, 10th September 2019, Tuesday, 19th November 2019, Tuesday, 18th February 2019 and Tuesday, 14th April 2020: all meetings commencing at 2.00pm.

Agenda Item 5

INFORMAL MEETING OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

NOTES OF A MEETING Tuesday, 10th SEPTEMBER 2019

PRESENT: Councillors S. Smith (Rochdale Borough Council (in the Chair), P. Sullivan (Rochdale Borough Council), J. Grimshaw (Bury MBC), R. Walker (Bury MBC), L. Hamblett (Oldham MBC), J. Mobbs (Stockport MBC), and J. Wright (Stockport MBC).

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: C. Molloy (Chief Executive - Pennine Care NHS Foundation Trust), L. Bishop (Trust Secretary –Pennine Care NHS Foundation Trust), D. Wallace (Engagement Lead – Pennine Care NHS Foundation Trust) and Sian Wimbury (Pennine Care NHS Foundation Trust).

Apologies for absence: Councillor K. Holloway (Stockport MBC), P. Dale (Rochdale Borough Council), E. Moores (Oldham MBC) and R. Surjan (Oldham MBC)

MIXED SEX ACCOMMODATION

The Trust's Engagement Lead updated Members on the current situation regarding mixed sex accommodation (MSA) at the Trust's hospital wards.

An outline business plan, with an outline implementation plan for the introduction of single sex wards, was to be presented to the Board meeting of the Pennine Care Trust to be held on 25th September 2019, prior to the proposed submission of a full business case to the following Board meeting on 30th October 2019.

The proposed implementation plan was subject to a phased introduction:

- a. Phase 1: Tameside Adults (following the introduction of this there would be a period of reflection to determine the effectiveness of the action.
- b. Phase 2: Fairfield Hospital, Bury (Ramsbottom Ward) and Rochdale Infirmary (dormitory Ward)
- c. Phase 3: Stockport Adults
- d. Phase 4: older people's wards across Greater Manchester's North East Sector (Bury, Rochdale and Oldham)
- e. Phase 5: Stockport and Tameside adults
- f. Phase 6: Heywood, Middleton and Rochdale.

In considering the proposed implementation programme it was suggested that member of the Committee be invited to visit wards at different hospital sites across the Trust's footprint, beginning with the Aspden and Hope Ward at the Royal Oldham Hospital.

Members of the Committee sought clarification on patient's electronic records; which the Committee members were advised would be undertaken as part of the roll-out of single sex wards. Committee members also sought clarification on how the proposals would affect patients living with dementia and on the staffing levels of the Trust.

It was agreed that the update report be noted and welcomed and that the request, by Members of the Joint Overview and Scrutiny Committee, to visit hospital wards across the Trust's footprint, be actioned.

CQC INSPECTION AND IMPROVEMENT PLAN

The Trust's Chief Executive reminded the meeting that the Care Quality Commission (CQC) had undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams and crisis services and walk-in centres across the Trust's footprint.

The CQC's report was presented to the Trust's Board in December 2018 with an overall 'requires improvement' rating, although it was acknowledged (by the CQC) that many individual services were improving. The Board was also presented with an Improvement Plan which addressed the specific issues raised in the CQC's inspection report.

It was agreed that the Trust's Improvement Plan be a standing item on the agenda of future formal meetings of the Joint Overview and Scrutiny Committee for Pennine Care, insofar as the Committee is to be appraised of steps that the Trust is taking to carry out the necessary improvements.

FINANCIAL UPDATE REPORT

The Trust's Chief Executive updated the meeting with regard to the Trust's current financial position.

Current predictions were projecting a funding shortfall of £23.1 million by the end of the 2019/20 financial year. However, to offset this the Trust were to embark on a savings programme (Value Improvement Programme) that was expected to reduce the projected deficit by £11.2 million with the rest of the deficit to be recouped via grant funding from the government.

It was agreed that the financial update report be noted.

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Key Financial Indicators	YTD Plan £'k	YTD Actual £'k	YTD Var £'k	FY Plan £'k	FY Actual £'k	FY Var £'k
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Performance against control total (Surplus)/Deficit

Excluding PSF/FRF	6,724	6,482	(242)	11,936	11,936	0
Including PSF/FRF	3,317	3,075	(242)	(89)	(89)	0

Cash

Closing Cash Balance	2,295	9,434	7,139	2,768	1,550	(1,218)
DHSC Interim Support				4,209	2,717	(1,492)

Capital

Total Spend	2,171	889	(1,282)	6,532	6,114	(418)
DHSC Funding	113	0	(113)	500	300	(200)

Efficiency Savings

Total Savings	3,254	3,479	225	11,250	11,250	0
Recurrent Efficiencies	627	62	(565)	5,947	5,947	0

Agency Spend

NHSI Ceiling	3,130	4,889	1,759	7,511	10,373	2,862
Trust Plan	4,412	4,889	477	9,312	10,373	1,061

Use of Resource Metric (UoR)	M5 Plan	M5 Actual	Year End Plan	Year End Forecast
Capital Service Capacity	4	4	3	2
Liquidity	4	3	2	2
I&E Margin	4	4	2	2
I&E margin: distance from plan		2		1
Agency Spend (against cap)	3	4	2	3/4
Overall Score	3	3	2	2

Summary of Position:

Control: August's position is £0.2m favourable to the plan (£0.1m in month) and the forecast is to deliver a breakeven outturn position; budget pressures such as Medical agency are offsetting the over achievement of non-recurrent savings; it should be noted however that, as anticipated, the level of non-recurrent savings is reducing each month. Both the plan and actuals- exclude technical adjustments.

Cash: balances are **£7.1m** higher than plan; largely due to the receipt of 2018/19 PSF monies of £5.8m in July of which £2.3m was not included in the plan due to notification being received after submission of the 19/20 plan. In addition a VAT reclaim of £0.8m was received in month following the end of year review. Receivables have also decreased by £1.6 in month positively impacting on the Trust's cash position.

Capital: expenditure is £1.3m (59%) below the original plan. A revised plan was submitted to NHSI in July to reflect a more accurate spend profile. NHSI have not reflected this update in the plan for the Trust's monthly returns however, internally we are monitoring against this updated profile. The revised year to date plan is £1.4m showing a variance to this of £0.6m (38%). Actual spend to date has reduced from last month reflecting the VAT reclaim secured and a review of all accrued capital expenditure, together these are £0.3m. The full year forecast of £6.1m is a reduction of £0.4m from plan representing the impact of the transfer of NES community services and the reduction in forecast spend on the PICU in 19/20 of £0.2m reflecting the delay to the approval of the full business case and spend anticipated in quarter 4 only in 19/20.

Efficiency: is **overachieved by £0.2m** at the end of month 5, the savings achieved to date are **98% non recurrent** schemes and driven by the high level of vacancies. The **£11.25m** target is split between recurrent **£5.9m** (53%) and non-recurrent £5.4m (47%) with the Community Services element being non-recurrent; therefore all of the recurrent value must be identified from within the remaining directorates within the Trust. Delivery of recurrent efficiency savings remains challenging within only a limited number of schemes having been identified to date.

Agency staff expenditure: spend is **£4.9m** to date, this reflects the significant increase in the cost of medical agency. Overall expenditure is above the Trust plan (+£0.5m) and above the NHSI ceiling (+£1.8m); high levels of vacancies and patient acuity continues to be supported by agency staff across operational areas. The month 5 position has seen a slight reduction in agency; however the forecast out-turn spend remains prudent at £1.1m above the plan and reflects the current workforce/recruitment challenges, particularly around consultant posts. During the month there has been a positive increase in bank usage on wards, signalling that the Trust may start to see a small reduction in future agency costs. To note the forecast remains high risk and includes a number of assumptions around future cost reduction. The NHSI ceiling will reduce to £6.8m to account for the transfer of community services (-£0.9m FY -£0.7m PY) and performance against this metric will deteriorate further, to a 4. This is expected to be transacted by NHSI in month 6.

Executive Dashboard 2019/20 – Period Ending 31st August 2019

TOP Risks to delivery of plan

Risk	RAG	Impact	Description of Risk	Current Mitigation
Agency Costs	HIGH 	Delivery of plan and UoR metric	<p>Latest forecast assumes outturn spend will be £1.1m above plan, due to significant workforce/ recruitment challenges, particularly around consultant posts.</p> <p>There has been a reduction in the month 5 agency spend, mainly medical, further work is underway to assess this and if it will continue, the forecast remains prudent until completed.</p> <p>If the rate of average spend continues, outturn costs would be £11.7m, £2.4m above the Trusts internal target and £4.2m above the current NHSI cap deteriorating the UoR metric to a 4</p> <p>The NHSI ceiling will reduce to £6.8m to take account of the NES transfer (-£0.9m FY -£0.7m PY) and will be actioned in month 6.</p> <p>The affect of this will be:</p> <p>NHSI Ceiling - £6,820 FY Outturn £10,373 Variance £3,553 Trust Plan - £8,621 FY Outturn £10,373 Variance £1,752</p>	<p>Agency processes have been strengthened to validate the appropriate use of agency and improve the use of the Trust bank staffing. These include:</p> <ul style="list-style-type: none"> • Establishment of agency control targets across directorates • Strengthened deep dive reporting of agency utilisation at borough level • Standard operating procedure incorporating approval process that has been in place since October 2016 has been revisited. • Re-establishing fortnightly conference calls to constructively challenge /explore to support alternative staffing arrangements. • Medical Director directive that all medical engagements to be processed via staff flow <p>A review of medics working above capped rates, long term booking of consultant posts and staff who are leaving and returning to work via agency contracts is has been requested via Medical Managers.</p> <p>A more detailed improvement plan will be provided to the Performance & Finance Committee in September.</p>
Efficiency	HIGH 	Recurrent savings - impact on access to FRF (c.£9m planned) and 20/21 plan.	<p>Receipt of FRF monies (£9m) is predicated on the release of recurrent savings, a minimum of 1.6% -c. £5m in year. At the end of month 5, only £62k of recurrent savings have been realised, the forecast of £1.75m (29% of the target).</p> <p>Progress in the identification and release of recurrent savings will need to ramp up significantly over the coming months to ensure achievement of the target.</p>	<p>The Improvement Programme has been launched with initial meetings taking place in September. This incorporates a revised governance process for investment decisions with emphasis on benefits realisation and efficiency tracking.</p> <p>There has been progress against the recurrent corporate savings target during the month with recurrent savings to the value of £0.4m now identified against a target of £500k.</p> <p>Progress against the recurrent deliver fo savings from clinical areas remains challenging. As part of a enhanced budget setting process for 20/21 all vacancies over 6 months old will be reviewed and managers will be supported to consider the service impact of the release of the vacancy to support delivery of the recurrent target if alternative schemes cannot be identified.</p>

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Risk	RAG	Impact	Description of Risk	Current Mitigation
Capital Plans	MEDIUM 	External funding not forthcoming for priority projects.	<p>Capital funding is constrained which has led to a delay in notification of funding for schemes such as EPMA and E-Rostering.</p> <p>Internal capital funding is constrained and there remains a challenge in terms of available resources to proceed with further operational capital priorities; including MSA, privacy and dignity, and updating of IT equipment</p>	<p>The Trust has received notification from Julian Kelly that capital plans as submitted will be honoured by the treasury. The PICU scheme is therefore not expected to be impacted on recent calls to reduce capital spend.</p> <p>Digital bids to the value of £915k have recently been submitted. If successful this would provide c. £0.8m to support the continued roll out of mobile working.</p> <p>It is proposed to defer 19/20 approved capital funding set aside for agile working to support the commencement of MSA MSA works.</p> <p>The bidding process for e-rostering has been opened, bids are to be submitted by the 24th September, decision expected Nov '19.</p> <p>The Trust has been advised that the prioritisation of EPMA bids is taking place and as a result has been asked to confirm that we are ready to progress with implementation if successful. Given the delays in funding urgent notification work is now taking place to re-assess the existing business case. If appropriate a revised case will be represented to PFC in October 2019.</p>
Stranded costs	MEDIUM 	Impact of transactions on delivery of control total	<p>Early assumptions around the full year effect of stranded costs were £6.6m (full year) of which £3m related to the transfer of NES Services and £2.6m Trafford.</p> <p>Full year mitigations of £2.5m were planned to reduce the impact of stranded costs to £4.1m (of which £1.2m related to NES and £2.1m Trafford, this would mean in year stranded costs of £0.9m and £1.6m respectively).</p> <p>The working assumption is that stranded costs will be underwritten by Commissioners; however in Trafford there is no contractual commitment to this.</p> <p>The transfer of out of hours dental services is due to take place on the 1st October. Existing contractual arrangements means that both income and costs are not easily aligned to this individual component of the current service.</p>	<p>The first transfer has been transacted, current in year stranded costs for NES commissioners stands at £2.2m at the end of August. Further work to reduce all corporate non-pay budgets is ongoing this includes commencing negotiations of corporate contracts for goods and services.</p> <p>A full cost recovery model is in place in year with Trafford Commissioners whilst services are retained, this made provision for additional costs of £1.8m above the opening contract value .</p> <p>Continuing discussions with both Trafford and Dental commissioners to understand the impact of service transfers and what mitigation is available to offset stranded costs in year.</p> <p>More detailed analysis of the risk and mitigations will be presented as part of the quarter 2 deep dive</p>

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Key DBU issues:

YTD Variance Adverse/ (Favourable) to plan	Division	Forecast Outturn Variance Adverse/ (Favourable)	Movement in Forecast	Narrative
£0.2m adverse	NES Community Services (excluding Children's Services)	£0.3m adverse		The retained Children's services have now been split out of North East Sector (NES) Community Services. NES Community services are showing an overspent at month 5 by £0.2m against plan. Risks associated with the transfer have had an effect on the position with the Trust seeing higher levels of pay cost arrears being processed, relating to quarter 1 expenditure over the expected rate. The Trust continues to have SLAs in place and all costs relating to NES services, from quarter 2 are offset with income from SRFT. A full review of all prior year accruals will take place in quarter 2 to identify potential mitigations.
In line with plan	Retained Children's Services	In line with plan		The retained children's services relating to the NES community are in line with plan and will transfer later in the financial year.
£0.1m adverse	Trafford Community	£0.1m adverse		The Trafford division is on a full cost recovery contract and is on track to outturn in line with the negotiated value.
£0.8m favourable	MH & LD Services – (excluding safer staffing divisional reserve)	£0.6m adverse		The Division has a month 5 I&E position £0.8m favourable to plan; this is reflected in the overall CIP delivery which shows an over achievement against the plan mainly driven by underspends on pay across North and South. However the forecast outturn has deteriorated due to the financial pressures in Specialist Services. Vacancy underspends have been masking the financial pressures in some areas. Specialist services (RHSD) is the main driver of the cumulative pressure with Low Secure Services (Prospect Place) having continued challenges with 1-1 observations amongst their current care provision. It is anticipated that some income can be recouped from NHSE for specialist patient cases; this has not yet been quantified and therefore reflected in the forecast. A review of the Prospect place action plan is required. Action plans are also being formulated to assess requirements to mitigate pressure areas in inpatient wards across North and South. The deterioration in the forecast position reflects anticipated recruitment to vacancies and the high risk around non delivery of recurrent efficiency savings in future months.
£1.6m favourable	Safer Staffing Divisional reserve	£3.7m favourable		The forecast outturn at month 5 assumes any further increase in substantive recruitment to safer staffing posts will either lead to a reduction in temporary staffing usage or impact on business as usual vacancies across the Mental Health Division. Work to correlate safer staffing funding and ward establishments is currently being re visited and reported to the Safer staffing steering group.
£0.4m adverse	Corporate	£0.5m adverse		The forecast position has improved in the month due to the continued assessment of the impact of transactions relating to the transfer of services and stranded costs but still reflects a number of pressures including: sessional space recharges on leased premises ; estates maintenance, increased mobile data usage and non-recurrent pressures associated with Mental Health Records Management with the project commencing later than planned in 2018/19 which has resulted in the costs continuing into 2019/20. Mitigations are being reviewed and an update will be provided in month 6.
£0.1m favourable	Dental	£0.2m favourable		There remains a small improvement in the forecast due to vacancies not currently being backfilled with agency in the service. Staffing is being reviewed regularly due to the transfer of urgent care dental services to take place in October. Work is currently being completed to confirm the TUPE arrangements.
£0.7m adverse	Medical & Pharmacy	£1.7m adverse		All working age medical budgets (with the exception of Bury) report significant overspends, year to date and forecast. Currently there are 19 agency doctors with a premium of circa 50%, this includes 8 doctors over the framework cap. There has been a reduction in agency during the month which is being reviewed to understand if this is due to tightening of the process and if this will continue; however there has been an increase in drugs expenditure.
£0.8m adverse	Reserves & Financing	£0.6m adverse		The forecast position assumes a requirement of further in-year cost avoidance against all of the remaining reserves and the projected release of c. £1.6m of reserves to support delivery of recurrent CIP targets if other mitigations to the financial pressures forecast above cannot be identified.

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Agency Staffing

In general the cost of agency is circa 30% higher than substantive pay (medical staffing c.50%). The Trust is currently monitored by NHSI against an agency cap of £7.5m; however the internal target is £9.3m as submitted in the 2019/20 plan. Due to the transfer of Community services the NHSI agency cap will reduce, this reduction will be actioned by NHSI in month 6. The NHSI ceiling will reduce to £6.8m (-£0.9m FY -£0.7m PY) ,the affect of this will be:

Revised NHSI Ceiling – from £7,511 to £6,820 **Revised Trust Plan** - from £9,312 to £8,621

The agency spend analysis table below shows the year to date spend compared to prior year, by division, highlighting an average increase of £0.45m per month

As at month 5 **Medical and Dental Agency spend** represents **32%** of total agency spend, and 14% of the total agency wte. The table highlights a significant increase in medical agency compared to 2018/19 (+£0.858m @ M5); however the medical agency spend has reduced in month by c.£0.14m and further work is underway to assess this and if it will continue, the forecast remains prudent until completed. The main drivers of the increase continue to be :

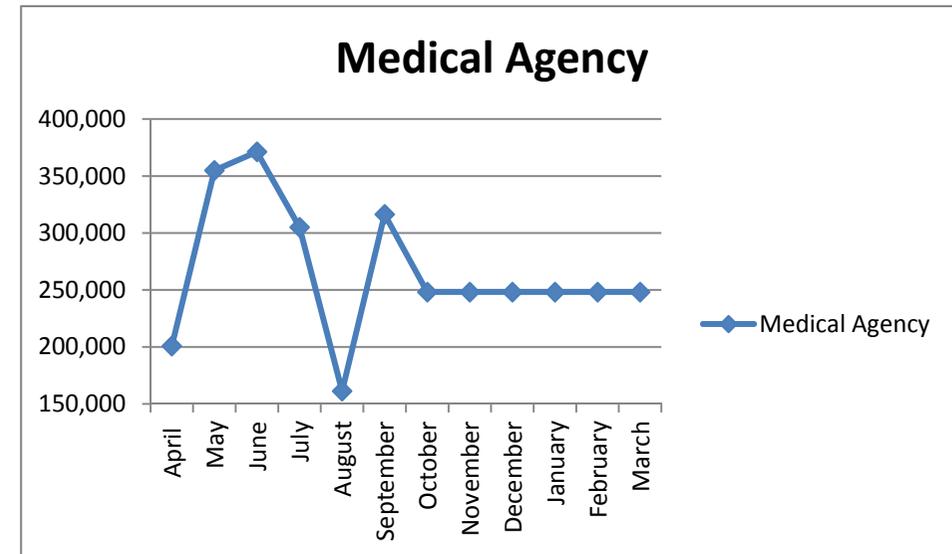
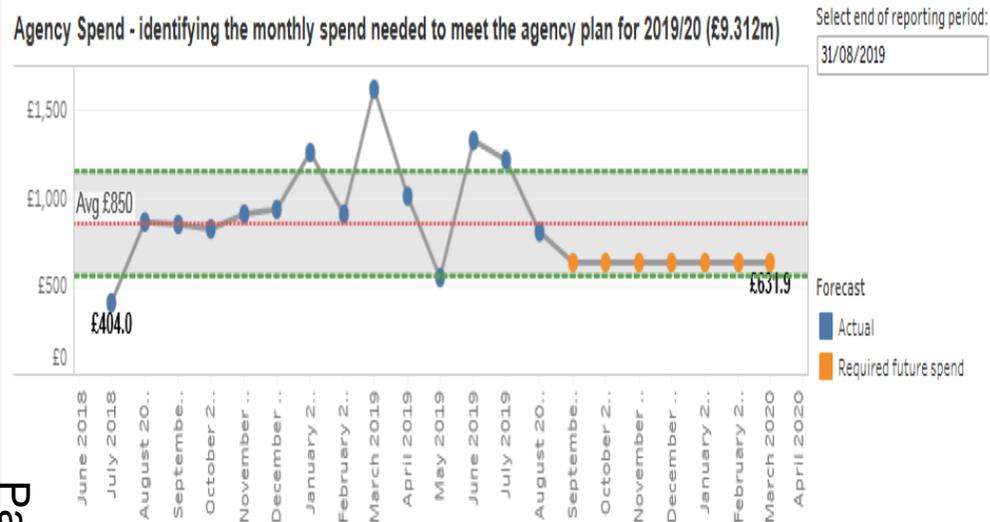
- Challenges in medical substantive recruitment, leading to agency usage over the NHSI cap rate and doctors leaving substantive posts to return to work via agencies. It should be noted that of the current number of consultants working above the framework cap rates there are 3 with contract agreements into 2020
- Agency doctors receiving non-clinical PAs
- Use of agency outside of the Staffflow framework leading to VAT costs

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Agency Spend Analysis	Month 5 YTD		Monthly Average		Movement	
	2018/19	2019/20	2018/19	2019/20	YTD	Average Spend
BURY COMMUNITY	170.5	182.6	34.1	36.5	12.1	2.4
HMR COMMUNITY	26.1	2.0	5.2	.4	(24.1)	(4.8)
OLDHAM COMMUNITY	131.9	206.0	26.4	41.2	74.1	14.8
TRAFFORD COMMUNITY SERVICES	234.7	267.6	46.9	53.5	32.9	6.6
NORTH MENTAL HEALTH	745.6	890.5	149.1	178.1	144.9	29.0
SOUTH MENTAL HEALTH	352.4	768.2	70.5	153.6	415.8	83.2
SPECIALIST SERVICES MENTAL HEALTH	273.0	782.7	54.6	156.5	509.7	101.9
MEDICAL & DENTAL	683.5	1,541.5	136.7	308.3	858.1	171.6
OTHER	33.8	248.0	6.8	49.6	214.2	42.9
Total	2,651.5	4,889.1	530.3	977.7	2,237.7	447.6

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Agency Staffing : Run Rates & Forecast



Extrapolating the month 5 ytd expenditure run rate of £0.98m per month would give an outturn of £11.7m, £2.4m over the current target (£3.1m over the revised target).

The forecast outturn position of £10.4m, assumes a significant increase in the level of substantive recruitment or bank staff usage in the second half of the financial year.

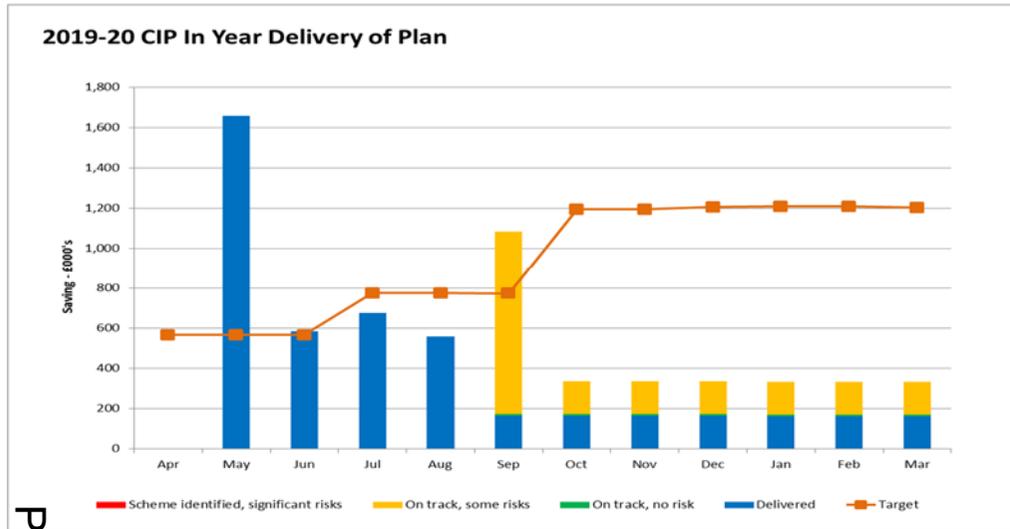
Detailed assumptions include :

- Substantive recruitment to medical posts will improve, however to note there has been a rise in substantive staff resigning in order to re-join through temporary assignments at increased pay rates.
- Mental Health Substantive recruitment will increase and both bank and agency will reduce as a direct correlation, (as a consequence safer staffing funding will support the overall financial position and delivery of non recurrent savings).
- Medical staffing payments will revert to Stafflow thereby reducing VAT costs and be within framework agreements by month 6. If the month 5 ytd agency position continues the medical agency spend could be as high as c£3.7m. The medical workforce team are currently pulling together a Recruitment & Retention paper in order to explore options to reduce our reliance on temporary staffing arrangements.

The graphs above highlights the scale of challenge in reducing expenditure over the coming months, to achieve the current forecast (£10.4m), overall expenditure must run at a rate lower than the average rate observed over the last 12 months.

The month 5 position does signal that there has been an increase in bank usage within wards, this will be monitored to understand if there will be a positive affect on the future use of agency.

Executive Dashboard 2019/20 – Period Ending 31st August 2019
Efficiency Programme



Division	Year To Date £000's			Forecast Outturn £000's		
	Plan	Actual	Variance	Plan	Actual	Variance
Mental Health & Learning Disability Services (inc Medical)	343	2,017	1,674	2,000	2,125	125
Corporate	529	363	-165	1,502	570	-932
Community Services	880	1,099	219	2,111	2,184	73
Trust Wide	1,503	0	-1,503	5,637	1,691	-3,946
Total	3,254	3,479	225	11,250	6,569	-4,681
Recurrent	627	62	-565	5,947	1,746	-4,201
Non Recurrent	2,627	3,417	790	5,303	4,823	-480
Total	3,254	3,479	225	11,250	6,569	-4,681
Recurrent %	19%	2%		53%	27%	
Non Recurrent %	81%	98%		47%	73%	

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During the financial planning process it was recognised that a number of recurrent schemes were unlikely to be implemented by 1st April 2019. Budgets were adjusted to reflect this with **60%** of the overall target savings **planned to be achieved in the last 6 months** of the year. The graph above identifies the trajectory for the release of savings compared to the level of schemes which have been identified to date, there is currently a number schemes still under review, (rated as on track with some risks) and it is anticipated these will be finalised during September.; at present no additional schemes have been identified for potential implementation post September.

Year to date achievement is **£0.2m** above target however, **98%** of the savings are non-recurrent and have been delivered through budget underspends against pay budgets. The overachievement against the target within Mental Health is primarily linked to a higher level of vacancies following investment into safer staffing; however the level of net underspends due to vacancies has reduced and is expected to reduce further in future months. In month 4 Mental Health delivered £0.2m vacancy underspend compared to £0.07m in month 5.... The Trustwide target assumed full year savings of £1m against vacancies from new investment. It is anticipated that release of non-recurrent savings from vacancy underspends will become more challenging as the year progresses, particularly as any overachievement against the corporate target will be required as a mitigation against the impact of stranded costs.

Recurrently, schemes to the value of £1.75m have been identified to date, within this £0.4m has been identified from within delegated budgets (Corporate Services), the remainder is from Trust reserves arising from the cost avoidance against forecast non-pay inflationary cost pressures and the contribution to corporate overheads generated through contractual changes. Identification of further schemes from across clinical areas remains challenging, Within Community Services the target has been established

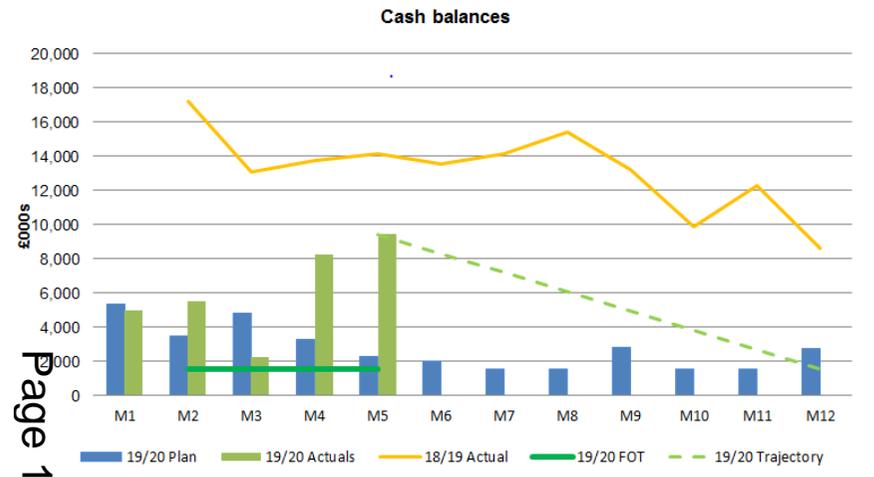
Efficiency Target £000's	Rec	Non Rec	Total
Original Plan FYE	5,947	5,303	11,250
Less:			
NES Transfer	0	911	911
Trafford Transfer	0	1,200	1,200
Revised FYE	5,947	3,192	9,139
As a % of Expenditure			3.4%

non-recurrently and has been fully delivered following successful negotiation of a full cost recovery agreement with Trafford Commissioners and agreement to an enhanced inflationary uplift with North East Sector Commissioners and vacancies. The table adjacent highlights there will be no change in the recurrent efficiency target following all transfers and that the residual target is 0.2% less than original planned with the Community target being a disproportionate share of the % of expenditure.

Executive Dashboard 2019/20 – Period Ending 31st August 2019

Cash

Key Financial Information (£000's)	YTD Plan	YTD Actual	YTD Variance	FY Plan	FY Actual	FY Variance
Cash	2,295	9,434	7,139	2,768	1,550	(1,218)



Other indicators	Year to date			
	Current month %	Previous month %	Movement %	Trend
BPPC % of bills paid in target				
- By number	97.3%	97.1%	0.2%	↔
- By value	92.3%	91.4%	0.9%	↘
Creditor days	196	188	8	↘
Debtor days	26	27	(1)	↘

Type of Debtor	Less than 30 Days overdue	Over 30 Days	Over 60 Days	Over 90 Days	Total as at 31.08.19	Total as at 31.07.19	Movement in the year
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Debtors	1,771	2,098	538	3,118	7,525	9,107	(1,582)
Non-NHS Debtors	735	385	86	840	2,047	2,806	(759)
Staff Debtors (External to Payroll)	3	26	0	174	203	177	26
TOTAL	2,510	2,509	624	4,132	9,775	12,090	(2,315)

Cash Position: The July closing cash balance was £9.4m, up £1.2m from July and £7.1m higher than plan. The variation to plan is largely due to the receipt of PSF 18/19 monies of £5.8m in July of which £2.3m was not included in the plan due to funding notification being received after submission of the 19/20 plan. In addition Northern Care Alliance continue to pay in advance for the costs incurred by the Trust in delivering the SLA's to the agreed timelines and non-pay costs until the end of September. Following the end of year VAT review, a VAT reclaim of £0.8m was received in August.

Cash balances are still expected to reduce by year end with the closing cash balance now forecast at £1.55m. This is the minimum balance to cover daily working capital requirement and greater emphasis continues to be placed on increasing the understanding of actual cash timings and the impact from the transfer of all community services. The current plan assumed a requirement for a loan in October 2019 however this continues to be reworked and currently shows a reduced loan requirement of £2.7m; draw down is now anticipated in quarter 4 of 2019/20.

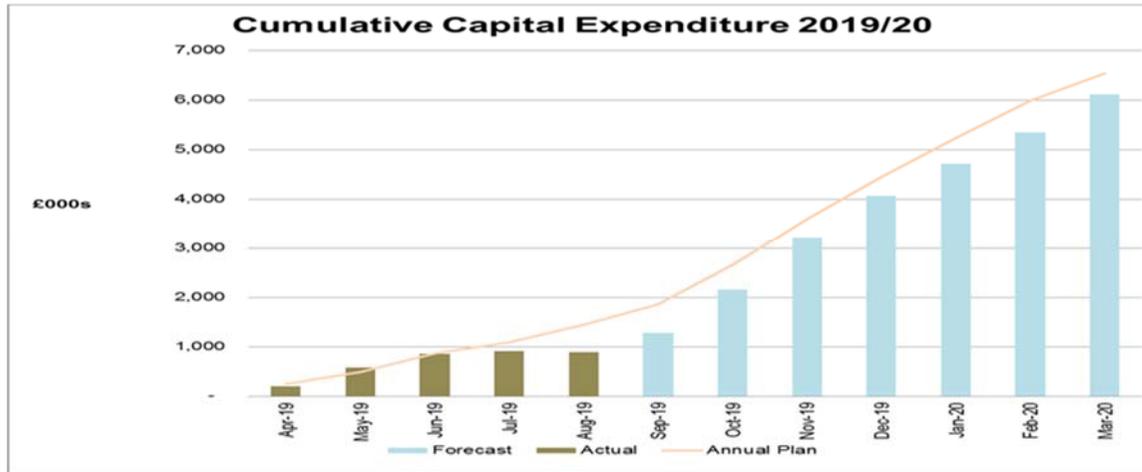
Payables and Better Payments Practice Code – Performance against the code has improved in August. The overall % of bills paid by number remains higher than the target of 95%, however, the overall % of bills paid by value performance has remained below the target for the year to date. When analysed between NHS and Non-NHS, non-NHS is meeting the target both by value and by number. This continues to be monitored as the year progresses and the cash position is tightly managed. The overall payables balance has reduced by £0.7m compared to last month with trade payables reducing by £1.3m; tax, social security and pensions payables increasing by £0.2m; and accruals increasing by £0.4m.

Receivables and Aged Debt – Total debt has decreased by £2.3m compared to the previous month, of which £0.6m relates to debt less than 30 days overdue.

NHS receivables have decreased by £1.6m compared to the previous month. This is comprised of a decrease in receivables less than 30 days of £0.4m and a decrease in receivables aged 30-60 days of £1.4m. This reflects the targeting of the conversion of accrued income to invoices and the subsequent collection of this income. Aged debt above 90 days remains high, (increase of £0.3m) as reported last month this has arisen due to technical issues with the NHS electronic invoicing system and the subsequent non- receipt of paper invoices by Shared Business Services (SBS) £0.9m in value at the end of the month. This is being addressed but due to 30 day payment terms is not expected to impact until month 6

Primary statements including a balance sheet and cashflow will be reported to the Committee in October as part of the quarter 2 deep dive process.

Executive Dashboard 2019/20 – Period Ending 31st August 2019 Capital



A revised plan was submitted to NHSI mid-July to reflect a more accurate spend profile. NHSI have not reflected this update in the plan for the Trust's monthly returns however, internally we are monitoring against this updated profile. The revised year to date plan is £1.4m showing a variance to this of £0.6m (38%).

The full year forecast of £6.1m is a reduction of £0.4m from the original plan of £6.5m. Of this reduction, £0.2m relates to the Female PICU project, where the full year forecast is £0.3m against a plan of £0.5m. This is due to further work required on the business case prior to approval of the full business case by Department of Health. This is expected to lead to a delay in the construction commencement date resulting in lower than planned expenditure in 19/20. The further £0.2m reduction in forecast is as a result of the transfer of NES community. This is expected to reduce by a further £0.2m following the Trafford transfer.

IT projects are showing a year to date spend of £0.9m which is £0.1m below the revised plan. This relates mainly to lower capitalised staff costs as a result of staffing transferring as part of the NES community service transfer. A further reduction of £0.2m is expected once the Trafford and CAON's transfers take place.

Estates schemes are showing a year to date spend of negative £0.008m against a revised plan of £0.4m. This is mainly due to VAT reclaims secured on a number of last year's schemes and a review of accrued capital expenditure. These adjustments have reduced the year to date expenditure by £0.27m. In addition, a number of schemes which had planned commencement dates in August have been delayed until September. The planned in month spend for these schemes was £0.17m. Excluding the Female PICU build costs, the level of estates expenditure is anticipated to be in line with plan by year end, with the VAT reclaims and accrual adjustments providing headroom for other minor schemes and expenditure including the additional PICU business case costs.

The contingency of £0.9m is anticipated to be utilised to support ICT replacement devices. This will be agreed by the end of Q2 for spend in year.

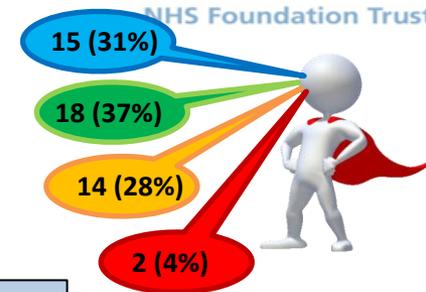
During August, the CEO has approved a budget transfer of £0.185m from the Henry Square Agile Working Scheme to the Mixed Sex Accommodation Scheme.

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Directorate	Scheme Name	YTD Plan £'k	YTD Actual £'k	YTD Variance £'k	FY Plan £'k	FY Forecast £'k	FY Variance £'k
IT Schemes	Improving the desktop and printing experience	115	88	(27)	220	184	(36)
	Developing Electronic referrals from GP	108	86	(22)	160	110	(50)
	Improving Clinical recording and information exchange	748	692	(56)	1,790	1,630	(160)
	Elevating patients identification	0	0	0	140	60	(80)
	CISCO hardware	0	0	0	169	169	(0)
	Network Equipment Refresh	0	0	0	131	131	0
	Other smaller schemes	31	31	0	91	91	0
	Total ICT	1,002	897	(105)	2,701	2,375	(326)
Estates Schemes	Deferred Schemes 2018/2019	296	(25)	(321)	800	833	33
	Estates Lifecycle	25	16	(9)	440	440	0
	Estate Utilisation & Rationalisation	35	0	(35)	645	612	(33)
	Fire Safety Works	0	0	0	75	75	0
	Medical Equipment Lifecycle	0	0	0	70	70	0
	Minor Improvement Works	43	0	(43)	500	500	0
	Minor Ward Refurbishments	40	0	(40)	150	150	0
	New Build	0	0	0	300	100	(200)
	Total Estates	439	(8)	(447)	2,980	2,780	(200)
Contingency (pre Trafford Transfer)	0	0	0	851	959	108	
Total Capital Plan	1,441	889	(552)	6,532	6,114	(418)	

CQC Improvement Plan Infographic

Current position September 2019



Must do's

Should do's

Well-led

Agenda Item 7

Achieved
On track for delivery
Some issues, being managed/closely monitored
Issues/barrier noted. Not on track

Adult wards and PICU

- Joint working to be implemented re reviewing effects of medication

100%

HBPOs

- Review borough leadership structures to ensure appropriate cover of 136 suites
- Supervision tree to be developed and policy to be reviewed
- Joint working to be implemented re safe management of meds
- Audit tool to be developed to capture quality of compliance with S136

25% 75%

Older peoples wards

- Covert meds audit to be undertaken
- Joint working implemented re recording rationale for administering meds and ensuring this is done safely
- DNACPR policy to be reviewed and audit to be undertaken
- Administration of covert meds to be included in care plans

25% 50% 25%

Adult wards and PICU

- Develop milestones to eliminate MSA
- Develop a policy re protected characteristics
- Develop a policy on blanket restrictions
- Care plan documentation updated to reflect individual needs
- Review CEST and IPDR compliance
- All adult inpatient posts have been recruited to in relation to psychological therapies
- Continue to implement EPR
- Liaise with LA to discuss level of advocacy commissioned
- Develop female PICU beds
- Policy in place re alternatives to admission
- Expand the care planning audit to capture a wider sample size
- Sub-contract in place for female PICU beds

43% 36% 21%

HBPOs

- Self-assessment tool to be developed to ensure patients are aware of how to complain/provide feedback
- CCTV leaflets have been adapted to include 136 suites
- Develop peer reviews and QI framework to improve learning and sharing best practice
- Patient information leaflets are available in various languages

25% 25% 50%

Dental

- All relevant staff to have up to date IRMER training
- X-ray audit to be carried out
- Establish formal structure to improve communication between the directorate and other teams

33% 67%

Older peoples wards

- Relevant information displayed on noticeboards
- Develop a policy on blanket restrictions
- Review supervision and IPDR compliance
- Joint working to be implemented to ensure meds management practice is consistent
- Engage staff in the development of the Trust Strategy
- Develop peer reviews and QI framework to improve learning and sharing best practice
- Patient information leaflets are available in various languages

22% 45% 33%

• Agree new visions and values and how to roll these out

• Quality Implementation Plan to be agreed

• Management Development Programme reviewed

• Review the patient experience structure and resource

• A process flowchart re MHA reviewer reports has been developed

• Equality, Diversity and Inclusion Steering Group established and agreed priorities around EDI

• Develop QI framework to improve learning and sharing best practice and offer training on QI

• Undertaken the NHSi Patient Experience Improvement Framework self-assessment

• Flowchart developed re governance arrangements for Clinical Audit for feedback loop to ILGs

• Line Management Development programme reviewed

EPR Update

- Currently on Cohort 3 – All in patients and all out patients
- Roll out will be completed in 2020
- Approx 2000 staff will come on line
- Takes the Trust to approx 95% staff on PARIS
- Cohorts 4 & 5 will follow (MAS, Day Hospital, remainder of older peoples CMHT's and Psychology)
- Aim to have 4 & 5 complete by April – July 2021
- Part of the Trust's transformation programme, enabling new ways of working.

Agenda Item 11



Commissioning Psychiatric Intensive (PICU) Care Beds across the Pennine Care Footprint

Background

What is a PICU?

A Psychiatric Intensive Care Unit (PICU) is a type of psychiatric in-patient ward. On these wards staffing levels are higher than on a normal acute admission ward. Many PICUs also have a seclusion room and most PICUs are single gender.

PICUs are designed to look after patients who cannot be managed on open (unlocked) psychiatric wards due to the level of risk the patient poses to themselves or others, acute levels of distress, absconding risk and suicidal or challenging behaviour. The patient's length of stay is normally short (a few weeks) rather than prolonged as the patient should be treated and returned to an open ward as soon as their mental state is stable.

PICU wards specialise in the assessment and comprehensive treatment of people with a broad spectrum of acute and enduring mental health needs. They provide care and treatment to inpatients who are experiencing the most acute phase of a mental illness.

PICU services are designed and delivered in line with national guidance, including the physical environment, numbers of beds, staffing ratios and disciplines, and the interventions provided.

Service provision

There is currently no local female PICU provided by PCFT. PCFT and commissioners have been working collaboratively to develop a local solution over a number of years. Currently the CCG commissioners sub-contract 4 female PICU beds from The Priory, Cheadle Royal, sub-contracted via PCFT.

PCFT are commissioned to provide the current male PICU service, which is provided in the Cobden unit in Stockport. This is a 10 bedded-unit, providing intensive care for male patients only and provides PICU services for patients across all PCFT boroughs (Bury, Rochdale, Oldham, Stockport, Tameside and Glossop). There is very limited choice given with regards to placement unless this is linked to safeguarding. The service has a seclusion room facility. All patients are transferred via secure transport (ambulance) with a team of specially trained staff.

In order to access the PICU services patients are referred to a central team who review the patient's current presentation and interventions attempted, eg: change to medication and management of the patient. This is in attempt to maintain the patients in the least restrictive environment and in a unit that is close to home.

If there is more demand than the 4 female beds in Cheadle and 10 male beds in Stockport can meet, then patients are placed out of area, sometimes as far as Northampton or Essex, which presents problems for patients, their families and staff supporting them. In addition, seeking assurance that good quality care is provided presents a problem as patients are placed so far away.

In February 2017, there was agreement from both Pennine Care and the five principle CCGs to progress with a project to commission female PICU beds provided by PCFT within the geographical footprint. In order to facilitate this PCFT, with commissioner support, bid for and was successful in obtaining agreement in principle for national capital monies to develop estates to support the development of female PICU services within the PCFT footprint.

The Trust and CCG commissioners aspire to develop a female PICU provision in the footprint and subsequently end the contract with The Priory and provide the services 'in house'.

Proposal

The Trust submitted a bid to NHS Improvement for a £4.5 million capital development for the purposes of female PICU services. In order to make best use of estates it is proposed that the current PCFT vacant ward in the basement area of the Buckton Building at Tameside General Hospital is demolished and rebuilt as a 12 bedded male PICU service and the men are transferred from Stockport to Tameside.

The current male PICU unit (Cobden Unit at Stepping Hill Hospital) will be redeveloped into a 10 bedded female PICU Unit. The rationale of developing the female unit in Stockport is to maintain the bed base at 10 beds (considered the largest number of beds for a female unit) and also moving the male provision to Tameside would link the PICU unit with the existing male Low Secure Unit (Tatton Unit) which is also based in the basement area of the Buckton Building at Tameside General, which supports sharing of staff expertise and expert response teams.

Next Steps

The Trust is currently developing a full business case to be submitted to NHS Improvement to gain full commitment to the capital investment agreed in principle.

Sian Wimbury
Deputy Managing Director
Mental Health and Learning Disability Services

7 October 2019