MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON THURSDAY 10TH SEPTEMBER 2020, 10.00AM,
VIA MS TEAMS

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**MINUTES OF THE OPEN AGENDA – 9TH JULY2020** *To APPROVE the minutes of the meeting held on 9TH JULY 2020*	Approve Enclosure 2
4.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
5.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive to include:*	Note Enclosure 4
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**PATIENT STORY – AMY DEGG – PSYCHIATRIC INTENSIVE CARE UNIT (PICU)** *To RECEIVE a Patient Story from Amy Degg, Psychiatric Intensive Care Unit (PICU) to be introduced by Kenny Laing, Executive Director of Nursing & Quality*	Verbal Video
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
8.	*To RECEIVE questions from members of the public* **BRIEFING ON KNIVEDON SERVICE, LEEK** *To RECEIVE a briefing on the Knivedon Service, Leek from Jonathon O'Brien, Executive Director of Operations*	Discussion Enclosure 4a

	TO ENHANCE SERVICE USER AND CARER COLLABORATION	
9.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from Sue Tams, Interim Chair Service User Care Council*	Assurance Enclosure 5
	INSPIRE AND IMPLEMENT INNOVATION AND RESEARCH	
10.	**RESEARCH AND DEVELOPMENT ANNUAL REPORT** *To RECEIVE the Research and Development Annual Report 2020/21presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 6
	TO PROVIDE THE HIGHEST QUALITY, SAFE AND EFFECTIVE SERVICES	
11.	**NURSE STAFFING MONTHLY REPORT (June / July 2020)** *To RECEIVE the Nurse Staffing Monthly Reports presented by Kenny Laing, Director of Nursing and Quality*	Assurance Enclosure 7
12.	**SERIOUS INCIDENT QUARTER 1 REPORT 2020/21** *To RECEIVE the Serious Incident Quarter 1 Report 2020/21presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 8
13.	**MORTALITY SURVEILLANCE QUARTER1 REPORT 2020/21** *To RECEIVE the Mortality Surveillance Quarter 1 Report 2020/21presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 9
14.	**ASSURANCE REPORT FOR QUALITY COMMITTEE** *To RECEIVE a Quality Committee Assurance report from the meeting held on 3rd September 2020 and a summary of the 6th August 2020 meeting for information only presented by Patrick Sullivan, Chair / Non-Executive Director*	Assurance Enclosure 10a & 10b
15.	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2020/21) – Month 4** *To RECEIVE the Month 4 Performance Report presented by Lorraine Hooper, Executive Director of Finance, Performance and Estates*	Assurance Enclosure 11
	EMBED AN OPEN AND LEARNING CULTURE THAT ENABLES CONTINUAL IMPROVEMENT	
16.	**No items**	
	MAXIMISE AND USE OUR RESOURCES EFFECTIVELY	
17.	**FINANCE REPORT – MONTH 4 (2020/21)** *To RECEIVE the Month 4 Financial position presented by Lorraine Hooper, Executive Director of Finance, Performance and Estate*	Assurance Enclosure 12

18.	**ASSURANCE REPORT FOR FINANCE & RESOURCE COMMITTEE** *To RECEIVE a Finance & Resource Committee summary from the meeting held on the 27th August 2020 and a summary of the 30th July 2020 meeting for information only from Russell Andrews, Chair / Non-Executive Director*	Assurance Enclosure 13a 13b
19.	**DATA SECURITY AND PROTECTION TOOLKIT AND DECLARATION** *To RECEIVE the Data Security and Protection Toolkit and Declaration presented by Chris Bird, Director of Partnerships, Strategy and Digital*	Discussion Enclosure 14
20.	**BOARD ASSURANCE FRAMEWORK QUARTER 1** *To RECEIVE the Board Assurance Framework Quarter 1 presented by Laurie Wrench, Associate Director of Governance*	Assurance Enclosure 15
	ATTRACT , DEVELOP AND RETAIN THE BEST PEOPLE	
21.	**WORKFORCE RACE EQUALITY STANDARD ANNUAL REPORT (WRES)** *To RECEIVE the Workforce Race Equality Standard (WRES) Annual Report presented by Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 16
22.	**WORKFORCE DISABILITY EQUALITY STANDARD ANNUAL REPORT (WDES)** *To RECEIVE the Workforce Disability Equality Standard (WDES) Annual Report presented by Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 17
23.	**PEOPLE PLAN** *To RECEIVE the People Plan presented by Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 18
24.	**ASSURANCE REPORT FOR PEOPLE, CULTURE & DEVELOPMENT COMMITTEE** *To RECEIVE a People, Culture & Development Committee verbal update from the meeting held on the 3rd September 2020 from Janet Dawson Chair / Non-Executive Director*	Assurance Enclosure 19
	TAKE A LEAD ROLE IN PARTNERSHIP WORKING AND INTEGRATION	
25.	**Received as Item 13 & 14 within Private Trust Board**	
	CONSENT AGENDA ITEMS	
26..	**No items**	
	ANY OTHER BUSINESS	

	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 12th November 2020 at 10:00am via MS Teams	
	MOTION TO EXCLUDE THE PUBLIC *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	

THE REMAINDER OF THE MEETING WILL BE IN PRIVATE

	DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS	Note
	SERIOUS INCIDENTS	Assurance
	PERFORMANCE	Assurance
	WORKFORCE	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

Minutes of the Open Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 9th July 2020 At 10:00am via MS Teams

Present:

Chairman:

David Rogers
Chairman

Directors:

Peter Axon
Chief Executive Officer

Tosca Fairchild
Assistant Chief Executive

Shajeda Ahmed
Director of Workforce, Organisational Development and Inclusion

Janet Dawson
Non-Executive Director

Lorraine Hooper
Executive Director of Finance, Performance and Estates

Patrick Sullivan
Non-Executive Director

Tony Gadsby
Associate Non-Executive Director

Phil Jones
Non-Executive Director

Kenny Laing
Executive Director of Nursing and Quality

Chris Bird
Director of Partnerships, Strategy and Digital

Dr Buki Adeyemo
Executive Medical Director

Russell Andrews
Non-Executive Director

Joan Walley
Non-Executive Director

Jonathan O'Brien
Executive Director of Operations

Dr Keith Tattum
GP Associate Director

Pauline Walsh
Associate Non-Executive Director

In attendance:

Lisa Wilkinson
Corporate Governance Manager

Jenny Harvey
Union Representative

Joe McCrea
Associate Director of Communications

Billie Lam
Trainee Non-Executive Director (NExT Director Programme)

Zoe Grant
Freedom to Speak Up Guardian (for Item 25)

The meeting commenced at 10:00am.

87/2020	**APOLOGIES FOR ABSENCE** Sue Tams, Interim Chair, Service User Care Council The meeting was undertaken remotely due to the COVID19 pandemic and was completed in accordance with the recent governance guidance circulated within the Trust in relation to the functioning of the Board and Committees.	**Action**

88/2020	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS** Janet Dawson advised she had been appointed as Deputy Chair of the Board at Manchester Metropolitan University	
89/2020	**MINUTES OF THE OPEN AGENDA – 14th May 2020** It was noted for the minutes that Pauline Walsh's title was Pro Vice Chancellor and Executive Dean of Keele University. The minutes of the open session of the meeting held on 14th May 2020 were approved following above amendment.	
90/2020	**ACTION MONITORING SCHEDULE AND MATTERS ARISING ASURING FROM THE MINUTES** The Board reviewed the action monitoring schedule and agreed the following:- ***56/2020 - Assurance Report for People, Culture and Development Committee – Tony Gadsby asked in terms of the apprentice levy whether it would be sensible to have a briefing pack for MPs and ask them to lobby the chancellor for the funding to be retained. The new MPs would want to make their mark and this would be an opportunity. An update was requested for the next board meeting*** *- Wider update paper forwarded to Non-Executive Directors for their further consideration of how this may be circulated to MPs for their attention. Joan Walley felt there was a short term issue that related to what money could be recovered from the unexpired use of the levy and felt the sooner the Trust could get MP's to argue its corner the better. Joan referred to the briefing she received from the Chamber of Commerce and the work being undertaken on behalf of Staffordshire University to set up an apprenticeship hub in terms of the Trusts partnership strategy highlighting a real opportunity to join up long term thinking about apprenticeships. Tony Gadsby agreed but wondered if there was a short term opportunity in terms of seeking an extension on the basis of the disruption of COVID-19 and request from the Treasury the deadline be put back 6-12 months. Pauline Walsh agreed in terms of partnership working there needed to be some conversations about what in the organisation we hoped to achieve and therefore looking at whether there is a new apprenticeship that could be developed in partnership across the patch. Pauline felt the Trust needed to be thinking what type of roles would be required moving forward. Joan Walley requested the action remain on the action log to ensure follow up.* ***65/2020 – Chief Executives Update – Video Consultation - Tony Gadsby asked if a comparison could be made between the volume of video consultation and face to face consultations used pre and post COVID. Chris Bird to action****. Chris Bird provided a summary which included some national analysis and the reduction in face to face contact during COVID. What he felt stood out was the continuing maturity of digital. CMHT, Crisis and CAMHS in particular had delivered 16% of appointments through digital but the vast majority remained via telephone. The Contact profile also provided pre and post COVID analysis by directorate of the proportions of media that were used to support appointments. Within Directorates there had been a big move away from face to face contacts to telephone. Video consultations had become more of a feature although telephone remained prominent. The data presented was up to and including May 2020. Chris Bird advised that further work would be undertaken by the Performance Team and others to ensure that data was being captured accurately. Tony Gadsby felt that should the data remain the same in June, then further work may be required to*	

	understand why the video element was not increasing. Phil Jones queried whether the data reflected a lack of digital maturity within the Stoke-on-Trent population. Chris Bird agreed there were some elements of this and highlighted one of the recurrent themes discussed at Q&A visits undertaken by Executives was around availability of equipment and connectivity for some service user communities and also the appropriateness in some respects; and concerns service user communities have in terms of engaging with digital. It was agreed this action would remain on the action log to remain abreast of developments and receive updated data going forward. *Dr Tattum added that Dr Ruth Chambers, Stoke Clinical Commissioning Group (CCG) had been looking at ways of overcoming the low level of digital competence within the population and had been looking at such things as Alexa for those with poor digital skills. Dr Adeyemo confirmed the Trust had been involved in the pilot previously.* ***77/2020 – Register of Board Members Declarations of Interest - Billie Lam advised she was offered an Interim Contract with a Healthcare Organisation outside of the region. Billie to complete a new declaration and amendment to be made to register.*** *Actioned.* ***Received***	
91/2020	**CHIEF EXECUTIVES REPORT** Peter Axon updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest. **COVID-19** Peter reported that Combined Healthcare had continued to rise to the challenge of COVID-19. Risk assessments for staff had been a real priority. Emerging evidence on a relatively regular basis nationally had enabled the Trust to evolve those risk assessments at a local level which increased the Trusts ability to manage and control risks for staff. **RESTORATION AND RECOVERY AT COMBINED** The clinical approach to recovery has focused on the directorates reviewing the service areas with managers and staff teams, giving all professional roles within teams the opportunity to evaluate the arrangements over the past 3 months. Service risk assessments and individual personal plans have been developed to inform action plans to recover services, which included infection prevention controls, health and safety of the workforce and patients, the use of Personal Protective Equipment (PPE) and addressing service location. From the corporate side, the work had been orientated around every member of staff completing a Personal Plan, looking at their own priorities and preferences as to how they would like to work going forward. The challenge will be aligning those individual Plans with team and directorate requirements, ensuring that they can be operationalised. The new ways of working will dovetail into the medium to long term with the Programme Management Office who will oversee and drive forward the transformational agenda. Peter provided an update in terms of system restoration and recovery. There had been some bigger challenges for the system. A number of services external to	

	Trust services were stood down in March 2020 and had been restored. Peter talked about the development of transformational programmes of work from Integrated Care Providers (ICPS) which he felt were critical as they would excite colleagues to want to come to together and build transformational programmes of work which would massively impact positively on how healthcare would be provided across Staffordshire. **INNOVATIONS IN EXECUTIVE AND BOARD ENGAGEMENT** The Trust continued to innovate ways in which the Executive Team and Board engaged with staff and service users: • Executive Online Drop-In sessions have been a considerable success, • The Ask the Board Online facility continued to attract interest. • A new and expanded version of Patient and Service User Stories, "Service User Story Plus" was made available from July 2020. Tosca Fairchild confirmed that Non Executives had made a request to partake in drop in sessions and confirmed that a meeting would be arranged to discuss with David Rogers with a view to moving this forward. Joan Walley asked for an update in terms of Brexit planning in anticipation of a no deal. There had been no further changes since the last update relating to Brexit. All contingency plans remained in place albeit the Trust would be less affected by Brexit than most North Staffordshire Trusts given the number of EU staff employed, R&D work aligned to the EU and supplies of medicines etc. Phil Jones enquired as to whether the Trust would be affected by drugs with a no deal Brexit. Jonathan O'Brien advised all drugs to the Trust were provided by Supplies from the University Hospital of North Midlands (UHNM) and everyone had been previously told not to stock pile drugs as they were being held centrally on a national basis. Any change in prescribing practice would be communicated centrally. ***Received***	**TF**
92/2020	**CHAIRS REPORT** David Rogers provided a verbal update. David talked about the impact of COVID being a catalyst for change partly due to challenges that had been dealt with and partly due to the Trust being able to make changes without working through a number of consent processes to do so which provided a sense of freedom that would be welcomed as part of the new normal. There was also a change in relationships between providers of healthcare and communities in terms of acceptance of remote consultation etc. David described the legacy of COVID being fear, individuals' mental health which would have built up substantially over this period and the prospect of ongoing inequality. David felt overcoming inequality would be the battle for years to come advising we are now looking at a more coordinated future for healthcare that's driven by data and by public health that involves integration which could demand a complete restructuring of the healthcare service. David felt there could be some reluctance to deal in legislation to change structures but felt this would be overcome and those changes made. Tosca Fairchild added that guidance had been received from NHS Improvement (NHSI) which advised the Trust should continue to work in virtual mode in respect of Board and Committees for the foreseeable future and this was likely to continue	

	until the new calendar year. ***Noted***	
93/2020	**PATIENT STORY – CHLOE HARRIS – LIAISON PSYCHIATRY** Kenny Laing, Executive Director of Nursing and Quality introduced Chloe's Story. Kenny advised that the patient story had been shared with the Quality Committee, following which he had agreed to a follow up meeting with Chloe to discuss what could be implemented across the Trust to help others that had a similar experience to Chloe. Chloe is 31 and has cerebral palsy. She is unable to stand, walk or sit and entirely reliant on a wheelchair and other people to support her with everyday tasks. Chloe has had lots of voluntary jobs where she has been able to raise awareness about the condition. Chloe's psychical condition has had a huge effect on her mental health due to the frustration she felt about the amount of control she had to hand to people in charge of her own recruitment and ultimately this led to Chloe's depression. In the first instance Chloe visited her GP who made a referral to Healthy Minds but they were only able to provide limited help as they were not aware of anyone else in Chloe's situation. Healthy Minds referred Chloe to the Bennett Centre, who did what they could. Chloe said that she would have liked to have stayed with them long term but they were unable to provide that level of support and Chloe was prescribed anti-depressants. Chloe was referred to Liaison Psychiatry under Dr Mike Jorsh. Chloe explained that people with her condition in their own home can employ their own team of staff. She felt people in the system needed to understand that and needed to find a way to help people who are struggling. Chloe said she felt she had been explaining what cerebral palsy was to people and services most of her life. Chloe explained she had regular 6 weekly appointments but saw a different doctor every time and she was tired of explaining what her condition was. Chloe added that she needed continuity and doctors rotate every 6 weeks. Chloe also added that there was no toilet access and a toilet with a hoist was required at the Harplands Hospital. Chloe felt there needed to be more awareness and more of an infrastructure for people who have mental health triggered by a physical condition. Chloe explained she had experienced feeling suicidal but talked positively about being able to talk to staff who wanted to listen to her and find out more about what they can do to help. Joe McCrea advised that Chloe's story was available on the Trust website and the follow up discussion with Kenny Laing and the Board discussion would be published as an edition of the Combinations Podcast. Russell Andrews thanked Kenny Laing for sharing the story with the Board and added that it was an incredibly articulate insight into the connection between physical and mental health. Patrick Sullivan felt there were real challenges in how the Trust dealt with some of these complicated issues in terms of how changes can be made adding it was not just about policy and procedure but about changing things in a positive way without appearing critical of the positive work staff are already doing. Kenny Laing commented that the Trust must aspire to ensuring every patient	

	journey is perfect all the time which is a real challenge. Ensuring safe systems of working and evidence based practice can sometimes risk losing the flexibility and adaptability and by its nature risk being not responsive to people who have needs different to those to whom the Trust provides a majority of services. David Rogers added that continuity can often be the crucial element that enables recovery. ***Received / Noted***	
94/2020	**QUESTIONS FROM MEMBERS OF THE PUBLIC** The Trust recently launched Ask the Board Online, a new online facility as part of its ongoing commitment to openness, transparency and innovation. The Board received the following questions: **Question:** The COVID-19 pandemic has certainly exposed fractures and challenges in care delivery nationally and locally (and of course internationally). A recent article in the Health Service Journal (HSJ) highlighted that NHS England (NHSE) and NHS Improvement (NHSI) have now ordered urgent reviews into deaths of people with Learning Disabilities (LD) and Autism. The Care Quality Commission (CQC) had published data in June 2020 which suggests death rates amongst those with LD and Autism had doubled during the pandemic. NHSE/I had previously refused to publish data from the Learning Disabilities Mortality Review (LeDer) programme or its data on LD deaths. Would Combined Healthcare care to comment on the above and is the Trust actively involved in providing data and information to both Public Health England (PHE) and NHSE/I review on what certainly appears a significant flaw in care delivery to an extremely vulnerable patient cohort? **Ian Syme – Local Health Campaigner Healthwatch** **Response:** The quarterly mortality review paper and annual paper to Board (the annual paper is on the Board agenda) provides data on a regular basis to Board. The Trust was proactive in reviewing deaths in LD and Autism whilst the LeDeR review process was being set up nationally so it could identify any learning and put actions in place should the need arise. The Trust is compassionate about learning from incidents when they occur. **Question:** "What events, activities and promotions did the Trust carry out for Stoke-on-Trent Pride this year and what has it done to ensure that the rights and profile of its lesbian, gay, bisexual, and transgender (LGBT) staff and service users are protected and promoted all year round, not simply during the annual Pride period?" **Andrew Budworth, Stoke on Trent Pride Treasurer** **Response:** The Trust has this year been able to celebrate and raise awareness about Pride, despite the pandemic. It is important to show support for all colleagues and service users and their families who are LGBT+. The Trust is proud to have held its own socially-distanced Pride 'flag wave of honour' at Harplands Hospital, led by a student nurse. The Trust has sent out some Pride-themed goodies to its teams, including 'Proud to be LGBT' inclusive stickers and Trans flag stickers which have been displayed across team and services. Thank you to Andrew Budworth of Stoke Pride for donating many of the Pride goodies.	

	The Inclusion Council was created to accelerate the development of a more inclusive culture. Supporting this Council, are a number of staff networks who represent, provide voice to and support groups of people from under-represented groups, which includes the LGBT+ staff network. On the 14 February 2020 the Trust ran its Annual LGBT+ Inclusion Conference. This was opened by CEO, Peter Axon and co-facilitated by Jonathan O'Brien, Director of Operations and Deputy CEO with Jenny Harvey, Staff Side Chair, both of whom are proud members of the LGBT+ community. High profile national guest speakers shone the spotlight on a range of LGBT+ topics which were supplemented by participant workshops. The event was open to anyone that wished to attend and not limited to staff working at the Trust. Colleagues from 3rd sector organisations, social care, other NHS providers and members of the public, as well as Trust staff, some of whom are from the LGBT+ community or allies, wanting to learn more to support their colleagues, service users or loved ones and families members from the LGBT+ community. **Question:** What action have you taken to support BAME members of staff and service users during the COVID period and what do you plan to do over the future period to continue that support? **Amjid Wazir – Councillor for Hanley Park and Shelton** **Response:** As a priority Trust managers have undertaken a risk assessment on BAME staff and have achieved a 100% compliance rate for all BAME clinical staff. Following the risk assessments staff were offered a Health Screening MOT by Occupational Health. The Trust has also offered the following support as part of our ongoing health and wellbeing commitment to BAME staff: • Counselling support (including opportunity to request BAME counsellor) • New rest room facilities (including access to vegetarian and culturally-appropriate microwave meals) • Strengthening infection, prevention and control by supplying access to disposal prayer mats and disposal religious /cultural headwear during COVID-19 The Trust recognises that in addressing the workforce inequalities that this will impact positively on addressing the health inequalities in the population and a number of measures have been put into place to support the service user experience such as: • The Trust has a Service User and Carer Council which is a group made up of representatives of the Trust Board, staff, service users, carers and parents. • Equality Impact Assessments are undertaken on any new services that are designed and delivered • An Interpretation & Translation Service is provided As part of the Accessible Information Standard (AIS) the Trust aims to make sure that people with a disability or sensory impairment have access to information that they can understand. There are the wider issues around the societal cultural transformation. To that end	

	the Trust will be developing a programme for its leadership to ensure that its leaders understand and can fluently talk about race and ethnicity. Jenny Harvey talked about encouraging board members to engage and promote this agenda. Trans awareness training is available and some board members have attended. Jenny added that Trans awareness had not been well served by the NHS in the last few years and there was a genuine need for services to do better. Tosca Fairchild agreed that there was a need to find a way of closing the gap between the board (corporate), managers and staff. David Rogers and Jonathan O'Brien congratulated Jenny Harvey on her brave podcast which they felt was fantastic in terms of raising awareness of issues and outlining why Pride is still so very important. Jenny's Story talks of life and experiences as a trans woman and is available to view on the Trusts website. Shajeda Ahmed talked about undertaking a leadership development piece across the system to enable people to have those difficult conversations as opposed to tolerating and highlighted the need for the Trust to be leading the way. Some funding has been received and an education / learning piece is being developed for September 2020. Shajeda Ahmed talked about the Inequality and Diversity Inclusion Network that reaches out to communities and welcomed anyone that would be benefit in attending. Shajeda explained that the network had been looking at the health inequalities aspect and a huge amount of work had been ongoing in the background. Pauline Walsh asked Shajeda to forward information regarding the network to enable her to share with one of the Keele University academic staff who had been leading on race equality initiatives. ***Noted***	**SA**
95/2020	**SERVICE USER CARER COUNCIL (SUCC)** Kenny Laing, Executive Director of Nursing and Quality presented the report. The Service User and Carer Council (SUCC) met successfully on Microsoft teams in May and June. Not all members had the necessary iPhones or laptops to take part however the draft minutes will be circulated early to ensure comments are received prior to the next meeting. Members of SUCC have continued to take part in on- line interviews when requested, including Director of Nursing and Learning Disability Consultant Nurse post during this period. The meetings discussed several agenda items including the Trust response to COVID-19 and its impact on service users and carers, the approach to restoration and recovery of services after COVID and issues relating to standard appointment letters. The SUCC was updated in relation to service user and carer surveys. Questionnaires were distributed throughout the directorates and online Survey Monkey to gain the views of service users and carers on services during the COVID-19 pandemic. There have been 4 questionnaires available, Community Service User, Inpatient, Carer and Easy Read to reach as wide a range of people as possible. There will be a summary report for July Service User and Carer Council meeting, once responses have been collated.	

96/2020	**NURSE STAFFING MONTHLY REPORT (April 2020 & May 2020)** David Rogers acknowledged and congratulated Kenny Laing on his successful appointment in the substantive post of Executive Director of Nursing and Quality. Kenny Laing, Executive Director of Nursing and Quality presented the reports. **April 2020** • During April 2020 an overall fill rate of 90.7% was achieved; a decrease of 1% from the March 2020 position (91.7%). • The fill rate for RN shifts increased from 77.8% in March 2020 to 80.8% in April 2020. • The coronavirus emergency planning response has continued to result in a significant reduction in our ward occupancy levels reducing the requirement to meet our usual safe staffing levels. • Registered Nurse vacancies within ward inpatient areas increased by 2.40 WTE to 33.35 WTE in April 2020. HCSW vacancies increased to 2.57 WTE. • In agreement with NHSE and the NMC and working in partnership with local universities, the Trust has secured the employment of a 26 year 2 and 23 year 3 Student Nurses who have opted to move into clinical practice during the emergency period of the COVID-19 outbreak. **May 2020** • During May 2020 an overall fill rate of 97.5% was achieved; an increase of 6.8% from the April 2020 position (90.7%). • The fill rate for RN shifts increased from 80.8% in April 2020 to 81.3% in May 2020. • Ward occupancy levels had started to increase from the very low levels that were reported following the early months of the coronavirus pandemic; these did however remain lower than usual. • RN vacancies within ward inpatient areas increased by 0.15 WTE from 30.95 WTE in April 2020 to 31.10 WTE in May 2020. HCSW vacancies decreased in May 2020 to 0.89 WTE • The additional 23 year 2 and 26 year 3 Student Nurses who joined the Trust during the emergency period of the COVID-19 outbreak have continued to have a very positive impact and this is reflected in the increased fill rate during May 2020. Kenny Laing wished to formally recognise the support Rachel Bloor, Clinical Placement Facilitator & Preceptor Lead had provided to student nurses since joining the Trust. Pauline Walsh agreed adding that Rachel's support had been very important and valued by both the students and the universities. Tony Gadsby commented in terms of recruitment and Year 3 recruiting in September / October there was a cohort of 26 and the Trust would be recruiting 15 of those. Tony felt this was considerably lower than recent years and this was the first cohort that had great exposure to the Trust having been with the Trust for two months. Tony asked if there was any indication as to why there were only 15 and if that figure was likely to increase. Kenny Laing confirmed that 15 had already accepted, 3 were	

	working towards their competencies to achieve their qualifications and had not finalised the recruitment, 5 were returning home as they were not from the area. Kenny explained the difference in approach had been that students were employed by the Trust when typically student nurses would have had long placements. Kenny felt there was no bearing on exposure to the organisation. ***Received***	
97/2020	**INFECTION PREVENTION AND CONTROL QUARTER 4 REPORT AND INFECTION PREVENTION AND CONTROL ANNUAL REPORT** Kenny Laing, Executive Director of Nursing and Quality presented both reports. During Quarter 4 there were: - 0 reports of MRSA - 1 episode of Clostridioides difficile infection (CDI) - 1 noravirus episode which was well managed - No endemic patterns of infection other than COVID. Kenny Laing advised that clinicians had been proactive when there was suspected infection and put in place outbreak measures very quickly. The Infection, Prevention and Control Team (IPCT) supported but were not required which he felt showed a responsive workforce in terms of being mindful of IPC issues. In terms of performance, 42 areas were audited and high scores were received between 97-100% in 40 of those areas. Stoke CDAS service was the only area that received scores below 90%. Actions are now in place to improve and ensure compliance. A target of 80% flu vaccination rate was achieved with 81% staff vaccinated. Plans are in place for next year's vaccination programme which will be seen by the system as a key enabler to prevent any unwarranted pressures over the winter period. There was a COVID outbreak on Ward 7 which was challenging but IPC supported clinicians managing those with conditions throughout the outbreak. Phil Jones queried the Florence Houses disability score of 84.62% within the Patient Led Assessments of the Care Environment (PLACE) scores. Kenny Laing advised Florence House was a rehabilitation unit in Longton. Although the building was of a good standard there were some issues with accessibility. Kenny Laing agreed to look into and supply further information. ***Received***	**KL**
98/2020	**SAFEGUARDING ADULTS AND CHILDREN QUARTER 4 REPORT** Kenny Laing, Executive Director of Nursing and Quality presented the report highlighting the following during Quarter 4: - There were 3 domestic homicide reviews which are ongoing	

	- Training compliance fell slightly below target. Level 3 children's training was at 83% against a target of 85% partially related to the lack of availability of staff during Quarter 4 and COVID. Level 3 adult was at 72% against a target of 85% however a new requirement for this financial year was to meet 85% by the end of the year. - Supervision has been provided virtually and has been successful. There was concern that due to COVID, staff would not be as vigilant with supervision but during March our referral rates through to supervision had been maintained and hopefully will continue into Quarter 1. ***Received***	
99/2020	**SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT** Kenny Laing, Executive Director of Nursing and Quality presented the report. - Referral rates are good - The Trust continues to work with the Multi-Agency Safeguarding Hub (MASH) - The Trust was on trajectory for Adult Level 3 and slightly under for Children's which should improve during Quarter 1. - The 2020/21 work plan has clear and detailed actions around how to improve safeguarding practice - Assurance of Lampard review implications now fully implemented David Rogers asked if the Trust had raised its game given the vulnerability issue that must be out there due to COVID. Kenny gave assurance that the Trust has ensured that everyone remained mindful of safeguarding risks. Kenny advised we are awaiting subsequent data to look at activity. ***Received***	
100/2020	**SERIOUS INCIDENT ANNUAL REPORT** Dr Buki Adeyemo, Executive Medical Director presented the report. The report was taken as read. Dr Adeyemo advised that the downward trend had continued. The reduction from 12-6 months could have impacted upon this but review of the data suggests there has been a limited impact given that serious incidents occur within 6 months and only a minority occurs outside of 6 months. Figures from Public Health England (PHE) have shown an increase in suicide rates above the England average. The Board were asked to take assurance that the Trust continues to work with wider Staffordshire and Stoke-on-Trent partners in suicide prevention. Tony Gadsby asked in terms of the increase in suicide rate the reason why the Staffordshire data could not be split between North and South. Dr Adeyemo advised that PHE provide the data and it was difficult for the Trust to make the split but it was something the Trust could work with partners on to better understand. Joan Walley acknowledged the need to have local informed detail about what is happening locally.	

	Joan Walley referred to a recent House of Lords report and asked if there was a link between suicide and gambling and asked if the Trust was undertaking anything locally to look at that collaboration. Dr Adeyemo advised that she was not familiar with that report but added it was a well-known established fact that addictions as a whole, mainly substances and alcohol were linked to suicide. Dr Adeyemo advised this would be reviewed within the Suicide Prevention Group and any update will be taken through quarterly reports to Quality Committee. Peter Axon added that serious incidents were one of a small number of key measures that had helped to indicate the risk of a mental health surge related to COVID19. As an Executive team this subset is being evolved to proactively monitor COVID19 mental health surge risk. ***Received***	
101/2020	**MORTALITY SURVEILLANCE ANNUAL REPORT** Dr Buki Adeyemo, Executive Medical Director presented the report. The report was taken as read. Since the requirement in 2017 before clarity was given with regards to mental health mortality review and learning disabilities, as a Trust we have proactively reviewed our deaths. The Learning Disabilities Mortality Review (LeDeR) deaths is a national issue however given the delay the Trust decided it did not want to wait and proactively reviewed deaths and made a decision when the national review took place to look at it again to ensure no issues had been missed. Joan Walley asked in terms of mortality gaps if figures were included on BAME. Dr Adeyemo advised that they were but were not split down into ethnicity which is something that could be done. Previously the Trust had also asked for the number of detentions under the Mental Health Act (MHA) to be included and they have not been yet but this request had been made again. Phil Jones commented that there had been facts emerging across all Trusts in terms of mortality gap increases in association with serious mental illness, substance misuse disorders, psychoses or organic brain syndromes and asked what were peoples thoughts as to the reasons for this and what the Trust was doing about this. Dr Adeyemo advised that the physical health of people with mental health and / or learning disabilities was related to the lack of timely reviews and with some of the medication prescribed for obesity and smoking. Dr Adeyemo advised she would bring a paper to the Quality Committee with more detail around what the Trust is doing and what is required from commissioning colleagues to move forward. ***Received***	**BA**
102/2020	**ASSURANCE REPORT FOR QUALITY COMMITTEE** Patrick Sullivan, Non-Executive Director / Chair presented an assurance report from the meeting held on the 2nd July 2020 which was held via MS Teams. Patrick highlighted the following:	

	The meeting commenced with Chloe Harris's patient story which had also been presented to Board members. A number of reports were received for assurance, review, information and/or approval. Patrick highlighted the Infection Prevention and Control Board Assurance Framework. The report was a response to a requirement from Care Quality Commission (CQC) to consider the issue of infection control in relation to the review and management of COVID-19 across the Trust. It is a self-assessment process providing internal assurance about ten different lines of inquiry. It is RAG rated based on the evidence and currently all areas are rated as green. **Policy Report** The following policies were approved for three years: • Transition Policy from CAMHS to Adult • NG150 – Supporting Adult Carers • Information Sharing Agreement – Safeguarding Information Requests • COVID Antibody Test Q & A's Tony Gadsby referred to the reopening of Dragon Square Respite Service on the 22nd June 2020 and asked if this had been successful or if they had encountered any issues. Jonathan O'Brien advised the reopening had been successful. The governance, health and safety measures and arrangements for reopening were very detailed and extensive. Every child had a personal risk assessment relating specifically to COVID completed had there were no concerns raised. A further review has been requested in the next few weeks when the service has been open for a period of time. Dr Adeyemo advised that the Dragon Square update and risk assessment was reviewed at the Clinical Professional Advisory Group (CPAG). ***Received / Ratified***	
103/2020	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2020/21) – Month 2** Lorraine Hooper, Executive Director of Finance, Performance and Estates presented the report: In Month 2 there were 24 RAG rated measures that have achieved target and 8 that have not achieved target and highlighted in red as exceptions. There are no special cause variations signifying concern and 14 special cause variations signifying improvement. There are 18 metrics flagged with a common cause variation. Lorraine talked about mental health surge planning and how the Trust was in the process of enhancing reporting and would incorporate this into future Board reporting. ***Received***	

104/2020	**MONTH 2 FINANCE REPORT (2020/2021)** Lorraine Hooper, Executive Director of Finance, Performance and Estates presented the report: To the end of Month 2, the Trust continued to break even. Forward planning and forecasting for the rest of the year in anticipation of what is expected to be a national exercise in the next few weeks has commenced. There was some uncertainty as to what would happen when the current temporary financial arrangements expire on the 31st July 2020, but it was thought a form of block arrangement would remain in place for the rest of the year although there is uncertainly, the Trust has looked to ensure that no critical service developments are held up. There have been multiple requests for capacity returns. Most of the recent ones have been focused towards acute care, recovery and winter planning which the Trust has been involved in to some extent. There was a separate mental health request around dormitories linked to a recent announcement of £250m capital funding for the elimination of dormitories for this financial year. It will be an extensive piece of work removing dormitories but the Trust has been planning for that and ensuring it receives an appropriate fair share of funds. In terms of learning disabilities and autism, there was some uncertainty as to where that fell in terms of any form of capital return, requirement or request. ***Received***	
105/2020	**ASSURANCE REPORT FROM THE FINANCE AND RESOURCES COMMITTEE** Russell Andrews, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 25th June 2020. The meeting was held as a MS Teams conference meeting. Russell highlighted the following: **Capital IT Device Replacement Business Case** An overview of the contents of the capital business case was given to the Committee. It was noted that the approval was for spend up to £537k in line with the capital plan and that the programme would be reviewed and flexed over the course of the year as it was acknowledged that as we enter the recovery phase from COVID19 digital requirements and priorities may change. The Committee approved the business case for £537k and recommendation for Trust Board final sign off. Tony Gadsby highlighted a news feature he saw recently whereby there was a lack of computers for children in under privileged areas and the BBC were donating a coordination of computers and asked if there was an opportunity for the Trust to link into that for some of the items it is no longer going to be using. Joan Walley added there was an issue as to what extent young people in the area have access to computers. Joan felt this would be opportunity to look at recycling and how the Trust can improve access to mental health services as part of this. Janet Dawson advised she was supportive of the Trust using redundant equipment in	

	that way but there seemed to be a financial link with the IT provider or a contract for consideration and the Trust needs to understand if this is the best use of public funds. Pauline Walsh suggested including this as a requirement into contracts as they are renegotiated. Chris Bird felt this was something that could be looked into but advised the Staffordshire and Shropshire Health Informatics Service (SSHIS) arrangement was a shared service across several partners and the Trust would need to understand the impact across the partners, including the financial impact which subsidises the SLA value. Tosca Fairchild suggested as a starter that the Trust should look at the IT needs of the young people in its care to ensure they have what they need to access care. **Moorcroft Lease Arrangements** Chris Bird advised that under the normal scheme of delegation, a lease would require signature by the Chair. The structure of the deal has been agreed by both sets of legal advisors but we are not in a position as yet to sign and therefore were seeking Board delegation to Russell Andrews in his capacity as Finance and Resources Chair to receive the lease documentation and advice from our solicitors together with Chris Bird acting for Primary Care. Lorraine Hooper as Director of Estates to inform a recommendation through to David Rogers in his capacity as Chair to sign the legal agreements and then a full update will be taken to the next Finance and Resource Committee and subsequently to the Board for assurance via the summary report. This was agreed. **Community Personality Disorder Business Case** It was noted that this was an area of high clinical risk for the Trust and therefore was being proposed to commence "at risk" whilst the financial regime for investments is being worked through. The Committee were advised that the Sustainability Transformation Programme (STP) Directors of Finance agreed that the shadow Intelligent Fixed Payment (IFP) contract agreed prior to COVID would form the start point for future contracting rounds and the Community Personality Disorder development was included in this at £350k per annum. Given recruitment lead time, the maximum exposure in 2020/21 would be £175k based on an October start date. Should the Trust not receive any income for this, it is expected there will be sufficient non recurrent benefits during the year to manage this expenditure. The Committee approved the investment of £350k on a recurrent basis. The Board was asked to approve on recommendation of the Chair: • Capital IT Device Replacement Business Case of £537k. • The approval of the Moorcroft Lease contingent on resolution of the legal structure being in place ahead of the Board meeting ***Received / Approved***	
106/2020	**ASSURANCE REPORT FOR EXTRAORDINARY AUDIT COMMITTEE MEETING** Phil Jones, Non-Executive Director / Chair, presented an assurance report from the meeting that took place on the 24th June 2020 via MS Teams. **ISA260**	

	The Committee received the ISA260 paper in March and as a result, External Auditors, EY, highlighted the key changes. The auditor's opinion included an emphasis of matter (EOM) in relation to both going concern and valuation (estimation uncertainty). The EOMs draw the reader's attention to the notes in the accounts which refers to these matters. Specifically: **Going Concern** The Trust's valuers disclosed a material uncertainty in respect of the valuation of property, plant and equipment. The auditor has not qualified their opinion in respect of either of these matters, nor does the Trust have any concerns relating to its ongoing financial viability. The auditor explained that the firm has applied the same judgements (i.e. the EOMs) to all of its NHS Trust clients, given the current unusual circumstances caused by the Covid pandemic. The Committee was assured that the Trust would continue to monitor its finances robustly in the coming year, as it has in previous years, to ensure that it remains in balance. Following all the above, EY were in a position to issue the Trust with a clean audit opinion, albeit with the two emphasis of matter, and would provide their submissions to the National Audit Office (NAO) in line with their deadline. **Sign off and approval of final accounts** The Committee approved the accounts that had been fully audited by EY and were the accounts that had been inserted into the Annual Report. **Final Management Representation letter** The Committee approved the final Management Representation letter was a letter that was signed by the Director of Finance, Performance and Estates and the Chair of the Audit Committee on behalf of the organisation. **Final Going Concern Statement** The Committee first received the draft going concern statement in March 2020. The final going concern statement was approved by the Committee **Final Annual Report 2019/20 and Final Annual Governance Statement 2019/20** Both documents were accepted by the Committee. **Head of Internal Audit Opinion** KPMG presented the Head of Internal Audit opinion which contained some updated figures. The Head of Internal Audit Opinion was accepted by the Committee. ***Received***	
107/2020	**FIRE SAFETY ANNUAL REPORT** Jonathan O'Brien, Executive Director of Operations presented the report. Report was taken as read.	

	There were 129 reported fire and smoking related incidents during the period 1st April 2019 to 31st March 2020.This is a significant reduction in incidents from the previous year. Jonathan provided assurance that the Trust had a good overview of incidents relating to fire. The reason for the increase was understood but there was now a reduction. There had been a good level of fire safety training. Over 75% of staff have consistently been trained all departments. The report had been supplemented in terms of COVID-19. ***Received***	
108/2020	**FREEDOM TO SPEAK UP (FTSU) ANNUAL REPORT** Zoe Grant, Freedom to Speak Up Guardian presented the report. There were 57 FTSU concerns raised a 100% increase to the previous year. 95% of concerns went directly to the FTSU guardian. And there are 15 champions across the Trust. Themes of concerns raised were discussed; the highest through the year was patient safety concerns. 16 of those were generated within Assessment & Treatment (A&T) via a collective group of staff raising concerns around a specific incident. Zoe advised that she was invited proactively as FTSU Guardian to support staff with that concern which was addressed successfully and the team were very pleased with the resolution. A wider range of groups had spoken up during the year the highest proportion being nursing staff. At directorate level, the Specialist Directorate generated the majority of concerns but this was thought to be related to the 16 concerns at Assessment &Treatment. Throughout the year, the team continued to promote Freedom to Speak Up. A key piece of work going forward will be the development programme for Champions. There has been a national publication from the Freedom to Speak Guardians office, '100 Voices' which was a success story from one of the Trusts Community Teams. An audit of the processes undertaken and concerns was undertaken which recognised that more work was required to support people to speak up in directorates and a key focus on engagement at directorate level. A Board action plan has been developed and one of the recommendations from that was to take a collective look to realise the benefits from within that. A follow up survey monkey will be issued Trust wide to obtain wider feedback on experiences when concerns are raised. Dr Tattum asked if there were any trends and themes coming from safety concerns particularly Assessment & Treatment. Zoe advised that the issue raised was around the environment and a significant issue around an individual patient that was a particular challenge for the service and the environment was not necessarily as adequate as it could be and this had	

	been addressed. ***Approve / Received***	
109/2020	**DIVERSITY AND INCLUSION REPORT** Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion presented the report. The report presented some of the highlights of the Trust's work in developing diversity and inclusion through 2019-20, a year that ended with the COVID-19 lockdown, an unprecedented scenario which has raised a whole range of inclusion issues on a scale not seen before. The report summarised some of the key progress made through 2019-20, but firmly places this in the context of the huge amount of work that is required across the NHS and wider society to address the inclusion gaps that have been recently brought into such sharp relief. Shajeda advised that the Trust remained one of the few Boards that was diverse and this had been noted by NHS Improvement / England (NHSE/I). The Board had completed reverse mentoring and was looking to roll out system wide, held conferences and recognised that recruitment was an essential part in terms of widening the diversity of its workforce demographics. The Trust has an Inclusion Council with wide and diverse representation. Looking at inclusive culture is not without its challenges and we will be looking at how we can support people who have been through the Aspirants Support Programme. Pauline Walsh asked Shajeda for more information on the Stepping Up BAME Leadership Programme. Shajeda advised this was initially a Health Education England (HEE) programme with 90 spaces nationally which was insufficient, as a system we were successful in receiving funding for Band 5-7 Aspirant leaders from a BAME background, the course helps to build confidence, behaviours and emotional intelligence. Peter Axon thanked Shajeda and the team for their hard work around this agenda locally and nationally. ***Received***	
110/2020	**ASSURANCE REPORT FOR PEOPLE, CULTURE & DEVELOPMENT COMMITTEE** Janet Dawson, Non-Executive Director and Committee Chair presented a summary of the meeting that took place on the 2nd July 2020. The report was taken as read as most items had been covered during the course of the Board meeting. **Staff Stories** The Committee heard a harrowing account of a lack of support for a staff member subjected to racial abuse from a patient. Jonathan O'Brien apologised on behalf of the Trust and Executive Team for the staff inaction and lack of support at the seriousness of the incident. It was acknowledged that within the working environment there needed to be	

	more robust and transparent actions with regards to management of racial abuse. The Committee also heard from a staff member about the personal impact of the Black Lives Matter movement on her and her son. She was glad to be working from home at a time of aggression against them which made her feel scared. This coupled with the subsequent social media posts had added to the difficult situation. She wanted to make it clear that no-one was saying that white lives did not matter, that she had no desire to rewrite history, but for the real truth to be told. It was noted that whilst initially staff had been sceptical of the confidentiality aspect of the BAME MOTs, the service, support and knowledge from Team Prevent had resulted in an excellent personally tailored session which had made her feel valued; she thanked the Trust for providing this offer of support. **BAME Risk Assessments and Health MOTs** As a priority Trust managers have undertaken a risk assessment on the BAME workforce. As at the 22 June 2020, risk compliance levels were at 97% for BAME clinical staff and 93% for all BAME staff after those not currently active in employment are excluded. The Trust also continues to complete these risk assessments as and when our BAME bank staff choose to work their shifts. Recognising staff shift patterns and leave, we are working towards achieving our internal target of 100% completion by the 30 June 2020. **IQPR** Vacancy Rate – Performance in Month 2 had improved to 7.4%. The vacancy standard has been achieved in Acute & Urgent Care, North Staffs Community and Corporate, with the other directorates over target in Month 2. There has been a significant improvement as a result of a temporary workforce supply injection, as part of the COVID-19 major incident support and the step down of student nurses into HCSW 6 month fixed term contracts. The Specialist Services Directorate and Stoke Community Directorate are not actively recruiting to a number of vacancies, as a result of the pending Section 75 TUPE Transfer which is due to be transacted in early July 2020 and will lead to a reduction in their respective vacancy positions. Peter Axon noted in terms of recruitment for the first time since he had been in post there were now zero vacancies within the Greenfields Centre which as the Board will be aware had been under significant pressure over recent months, Peter congratulated Operational and Recruitment Teams for their excellent work. **Update on Student Nurse Pay** Student nurses being directly employed by the Trust are part of a national programme which has been led by Health Education England; the Trust is part of that national programme. Nationally, the student nurse central funding stream ceases on 31st July 2020, leaving a potential gap in the student nurses income until qualification in September 2020. The exercise undertaken by the Trust is to ensure that our student nurses do not face this gap in income	

	Terms of Reference The Committee approved the requested changes made following the May Committee meeting, subject to minor amendments. **Policies** The Committee approved the following policy: • 2.16 Expenses Policy The Committee approved the 6-month extension of the following policies: • 3.13 Bullying and Harassment at Work Policy (due date 30.09.2020) • 3.46 NSC Cover Arrangements (Agreement for Consultations, SAS and SPR Doctors covering acting up and down – expires 31.07.2020) The Committee noted the following policies and procedures that have been developed to address Covid-19 concerns: • COVID-19 Manager Risk Assessment Tool • Recording Absence due to COVID-19 • Guidance for Managers • DSE Home Working Risk Assessment (COVID-19) • Staff Support and Counselling Support Information (COVID-19) Janet talked about the ability to keep our Board and Committees online longer and suggested more thought was required as to how the meetings would run and whether taking everything as read was the way forward for Committees on the basis that we lose sometimes the opportunity for discussion. Janet advised the People, Culture and Development Committee that month had been 3.5hrs in length and suggested thinking about the structures of the Committees and how they are operated if this is going to be long term approach as peoples personal welfares needed to be considered. Phil Jones talked about the focus on black lives issues and advised he would be interested to hear what the Trust does to help staff that are racially abused and secondly suggested there must be a complication in terms of looking at patients who may be in differing states of mental health. Janet advised if someone with a mental health condition killed someone they would not be exempt from being tried. Racial abuse is a crime and we have to deal with it sensitively. The particular issues raised during the staff story at the Committee was the lack of support from colleagues when something happened. Shajeda Ahmed gave assurance that all the correct processes were in place. Zoe Grant advised that a framework was well established now but it was the immediate response and lack of support that needed more focus. Tosca Fairchild advised there is a lot of work being undertaken on behalf of the charity Show Racism the Red Card within the NHS. The Trust was seen as an organisation that is tackling this issue from a national perspective applying appropriate challenge going forward. The challenge is closing the gap between staff, Managers and the Board in openly challenging racism situations that staff might be subjected to. It is for us as a board to ensure that the message translates to the Managers and gives them the confidence to challenge racism when it happens rather than waiting for someone else to do it.	

	Phil Jones asked how the Trust dealt with the patients if they particularly have diminished capacity. Dr Adeyemo reassured as we do not want to treat mental health patients differently than physical health patients this must include that too. ***Received***	
111/2020	**CONSENT AGENDA ITEMS** **FINANCE & RESOURCES COMMITTEE ASSURANCE REPORT** Russell Andrews, Chair / Non-Executive Director of the Finance & Resources Committee presented the assurance report from the meeting held on 28th May 2020 for information only. ***Received***	
112/2020	**AUDIT COMMITTEE ASSURANCE REPORT** Phil Jones, Chair / Non-Executive Director of the Audit Committee presented the assurance report from the meeting held on 28th May 2020 for information only. ***Received***	
113/2020	**QUALITY COMMITTEE ASSURANCE REPORT** Patrick Sullivan, Chair / Non-Executive Director of the Quality Committee presented the assurance report from the meeting held on 4th June 2020 for information only. ***Received***	
114/2020	**ANY OTHER BUSINESS** No further items for discussion.	
115/2020	**DATE AND TIME OF NEXT MEETING** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 10th September 2020 at 10.00am via MST video facility.	
116/2020	**MOTION TO EXCLUDE THE PUBLIC** The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12.20pm

Signed: _____ Date_____
Chairman

Board Action Monitoring Schedule (Open Section)

Trust Board - Action monitoring schedule (Open)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
1	12th March 2020	56/2020	**Assurance Report for People, Culture and Development Committee** - Tony Gadsby asked in terms of the apprentice levy whether it would be sensible to have a briefing pack for MPs and ask them to lobby the chancellor. The new MPs would want to make their mark and this would be an opportunity. An update was requested for the next board meeting. **14.05.20** - Joan Walley asked if there had been interest from MP's. Shajeda Ahmed advised there had not therefore an action was agreed for Shajeda to share the paper wider for sign off and send to MP's. **09.07.20 -** Wider update paper forwarded to Non-Executive Directors for their further consideration of how this may be circulated to MPs for their attention.Joan Walley felt there was a short term issue that related to what money could be recovered from the unexpired use of the levy and felt the sooner the Trust could get MP's to argue its corner the better. Tony Gadsby agreed but wondered if there was a very short term opportunity in terms of seeking an extension purely on the basis of the disruption COVID-19 and request from the Treasury the deadline be put back 6-12 months.Joan Walley requested the action remain on the action log to ensure follow up.	Shajeda Ahmed	10-Sep-20	**Action Closed.** The Apprenticeship Levy concerns have been raised as an issue nationally; NHS Employers will now be taking this forward on behalf of NHS organisations with the government.
2	9th July 2020	91/2020	**Chief Executives Report - Innovations in Executive and Board Engagement** Tosca Fairchild confirmed that Non Executives had made a request to partake in drop in sessions and confirmed a meeting would be arranged to discuss with David Rogers with a view to moving this forward.	Tosca Fairchild	10-Sep-20	**Action complete.** Non-Executives will beinvited to attend future Executive Drop In Sessions.

Board Action Monitoring Schedule (Open Section)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
3	9th July 2020	94/2020	**Ask The Board - Support to BAME members** Pauline Walsh asked Shajeda to forward information regarding the Equality and Diversiity Inclusion Network to enable her to share with one of the Keele University academic staff who had been leading on race equality initiatives.	Shajeda Ahmed	10-Sep-20	**Action complete** Details of our Trust Staff Networks and coordination of our Diversity and Inclusion Programme of Work have been forwarded to Pauline Walsh, with the contact details of the Trust's Diversity & Inclusion Lead (Lesley.Faux@combined.nhs.uk).
4	9th July 2020	97/2020	**Infection Prevention and Control Annual and Quarter 4 Report** Phil Jones queried Florence Houses disability score of 84.62% within the PLAICE scores. Kenny Laing advised Florence House was a rehabilitation unit in Longton although the building was of a good standard there were some issues with accessibility. Kenny Laing agreed to look into and supply further information.	Kenny Laing	10-Sep-20	**Action complete.** The lower disability scores in last year's PLACE assessment are as a consequence of the revision and refinement of the questions asked in relation to Disabilities The assessment asked if an access audit or review of reasonable adjustments had been completed in the last 2 years and if so had we involved disabled people or a disability group in the review process. The Trust had not undertaken this within the required timeframe. Consequently the estates department will complete an access audit engaging with service users and representatives from disability groups during 2020-21
5	9th July 2020	101/2020	**Mortality Surveillance Annual Report** Phil Jones commented that there had been facts emerging across all Trusts in terms of mortality gap increases in association with serious mental illness, substance misuse disorders, psychoses or organic brain syndromes and asked what were peoples thoughts as to the reasons for this what the Trust are doing about this. Dr Adeyemo advised the physical health of people with mental health and / or learning disabilities was related to the lack of timely reviews and with some of the medication prescribed with obesity and smoking. Dr Adeyemo advised she would take a paper to Quality Committee with more detail around what the Trust is doing and what is required from commissioning colleagues to move forward.	Dr Adeyemo	10-Sep-20	September Quality Committee is Directorate focussed therefore this item will be discussed at October Quality Committee

North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 4

Date of Meeting:	10h September 2020		
Title of Report:	CEO Board Report		
Presented by:	Peter Axon, Chief Executive Officer		
Author:	Peter Axon, Chief Executive Officer		
Executive Lead Name:	Peter Axon, Chief Executive Officer	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This Report updates the Board on recent activities, developments and news of interest across Combined and the wider STP.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance			
STP Alignment / Implications:	N/A		
Recommendations:	Note contents		

North Staffordshire Combined Healthcare NHS Trust

Chief Executive's Report to the Trust Board
10th September 2020

PURPOSE OF THE REPORT

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

1. NHS PEOPLE PLAN

The long awaited National 2020-21 NHS People Plan was launched this month, which provides the National direction, Promises, Commitments and Practical Actions we are signed up to delivering in order to make our NHS the best place to work.

The People Plan sets out practical actions for employers, systems and NHS England and NHS Improvement and Health Education England for 2020/21, grouped under the following 4 people commitments:

- Looking after our people particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- Belonging in the NHS highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- New ways of working and delivering care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- Growing for the future particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

The key themes from the plan include;

- A commitment to look after the workforce with particular focus on tackling the discrimination that staff from the BAME community can face.
- The NHS needs more people, working differently, in a compassionate and inclusive culture.
- Covid-19 should be viewed as "springboard" for further change and innovation - harnessing the momentum, scale and pace of transformation that Covid-19 has brought about.
- Implementation plans will differ across settings but there is a need for local systems to work together to deliver the Plan's principles.
- The Plan calls for all systems to develop a local People Plan, with organisations encouraged to develop these alongside partners – including in social care and public health. In particular, all systems should review their local workforce position with providers and implement arrangements for their areas to "increase resilience and capability".
- On expanding the workforce fit for the future, including the plans for education and training details are pending and subject to the Government's autumn spending review commitment.

The launch of the People Plan supports our Trust Vision, Corporate Objectives and the work we are already carrying out to help further improve Combined as a place to work.

Building on our cultural development work, we have a continued focus on developing our culture of inclusivity, with particular focus on racial inclusion and addressing health inequalities.

The health and wellbeing of our people was already very important to us, but in light of the unique challenges of the Covid-19 pandemic, we have taken additional steps and measures to ensure we are better able to support the physical and psychological wellbeing needs of our people. This will continue to be a focus as we expand the breadth and depth of our health and wellbeing offer.

We want our People to stay with us because they have the opportunity to contribute their thoughts and ideas for change, they can personally and professionally develop with us and for those that have the aspirations to develop and progress their careers, they have opportunities to do so.

We fully endorse and support the National People Plan as our People are the lifeblood of this organisation and the key to successfully delivering high quality, person-centred care to our communities and local populations.

2. INNOVATION NATION IS BACK

Innovation is something that is very close to my heart and to which I'm absolutely fundamentally committed to as a Chief Executive. As the Board will know, ever since I took up my post, I have made clear that I think it's one of the key elements to a successful organisation. So I am delighted that our Innovation Nation initiative is back – in a new virtual format, given the constraints of COVID-19.

We are inviting all staff to join us at our our third Innovation Nation Event, via MS Teams. This virtual event aims to enable all staff an opportunity to share and find our more about the innovative changes and new ways of working over the last few months.

The morning will consist of a range of presentations from staff across the Trust, followed by a series of breakout sessions to attend.

Although this is a virtual session we wanted to provide staff with some refreshments, therefore with confirmation of their place, they will receive a lunch voucher which can be used when they are next at the Cafe at Harplands.

I really look forward to seeing the latest ideas and innovations that continue to flow from this fabulous initiative.

3. HARPLANDS ROYAL RECOGNITION FOR ALL OUR STAFF

It's great from time to time to see that wider world shares the esteem and recognition we have for each other.

In that vein, it was a genuine pleasure to receive a message from Mr Ian Dudson CBE KStJ, Her Majesty's Lord-Lieutenant of Staffordshire. Ian is HM The Queen's personal representative in the County. He represents Her Majesty on a wide variety of occasions which merit Royal support and which celebrate significant achievement in the public, private and voluntary sectors.

I was delighted and honoured to receive a thank you card and message from him on behalf of the Queen thanking each and every one of our staff for their efforts to combat Covid-19. In turn, I have sent a personal thanks to Ian for his thoughtfulness in challenging times.

The card was accompanied by a request that I find ways to cascade the message down to all our staff. This CEO Board Report is one way of doing that, as well as similar messages in my CEO Blog this week and a message that our Comms Team included in the weekly staff Newsround. We'll also be framing the card and putting it on display in reception at Harplands Hospital.

We have also suggested that team managers help us make sure all of our staff see the message from Her Majesty, by downloading a copy of the message and card and displaying them on their team and ward noticeboards or bring it to staff's attention in their next team meeting.

4. HARPLANDS NURSE RECEIVES PERSONAL MESSAGE FROM THE PRIME MINISTER!

If royal recognition wasn't enough, congratulations are due to student nurse Hollie Shepley who was selected to be part of a video by the Prime Minister's/Cabinet Office. Their Communications team came into Harplands Hospital to film Hollie and presented her with a surprise - a personal message from Prime Minister Boris Johnson.

You can watch the video by this link - https://northstaffordshirecombinednhstrust.cmail20.com/t/d-l-codrx-ekitjthhh-j/ - Hollie also talks about her experience of being in the video and her journey towards becoming a nurse here. https://northstaffordshirecombinednhstrust.cmail20.com/t/d-l-codrx-ekitjthhh-o/

Hollie, in Year 2 of BSc Nursing (Mental Health) at Keele University, was approached after her case study was highlighted by Health Education England. The video was also released on 10 Downing Street social media channels.

Laura Jones, Ward Manager at Harplands Hospital, commented: "I'm immensely proud of all the students for stepping up and supporting the NHS during these unprecedented times.

"Hollie has stepped out of her comfort zone to highlight the amazing work that she and her fellow students have done during their time on extended placement.

"Hollie is an absolute role model for her peers and those aspiring to go and do their nurse training, she is motivated, compassionate & a true asset to any team."

5. "LET'S TALK ABOUT RACE" CONVERSATION AT THE LEADERSHIP ACADEMY

Our first Leadership Academy since the COVID-19 pandemic was successfully held virtually during August, with nearly 70 participants taking part, including a few regional and national colleagues keen to learn from our conversations and the work we are doing. It was a really good session with lots of debate and discussion.

Our Director of Workforce, OD & Inclusion, Shajeda Ahmed, introduced the session explaining the real need to have fluent conversations about race and equality in the workplace, recognising both the national and local picture from BAME colleagues around wanting to see visible change on being supported.

With our focus on Race Inclusion, we had the pleasure of a special guest speaker, Jagtar Singh OBE, who is the current Chair of Coventry and Warwickshire Partnership Trust and the Asian Fire Service Network. Jagtar was also voted one of the top influencers on race inclusion in the NHS.

Jagtar's insight, experience and conversational style approach really helped to enrich participant's insight and understanding, whilst also stimulating open conversations and lots of healthy chatroom comments and ideas.

These conversations on Race Inclusion will be the first of many conversations as we recognise that as part of developing our inclusive culture everyone's feedback is really important to help us progress our work around inclusion.

6. A MONTH OF AWARDS, RECOGNITION AND DEVELOPMENT

As a Trust, we are proud to be the regular recipients of awards and recognition. But the past month has been quite unprecedented, so I wanted to bring some of the details to the Board's attention as proof of our ability to continue to attract praise and develop our staff in the midst of the most challenging of times.

NURSING TIMES AWARDS 2020

This year is the 30th anniversary of the annual Nursing Times awards. And what better time to receive a fantastic number of shortlisting finalists. In particular, many congratulations are in order for our LD Team, who have been successful in being shortlisted in no fewer than 4 categories - an amazing haul.

1. LD Champion Scheme

Kieran Uttley, Acute Liaison Nurse, Jacquie Shapland Health Facilitation Lead Nurse, Rosie Zacune Health Facilitation Community Learning Disability Nurse, Angela Wilson LD Enablement Worker, Sue Phillips Team Administrator and Amanda Forrester Expert by Experience Volunteer have all been shortlisted for a Nursing Times Award in the Category of Learning Disability Nursing for their work on the LD Champion Scheme. They have worked really hard on this project and successfully recruited 116 LD Champions from the staff and volunteers from across UHNM, Combined MH services, and Primary Care. The LD Champions help to make the services they work in accessible for people with a learning disability; they lead change, share knowledge and provide support to help improve outcomes and peoples experience of health care.

2. Emotional Regulation Group

Hannah Bloor, Community Learning Disability Nurse, Community Learning Disability Team has been shortlisted for a Nursing Times Award in the Category of Learning Disability Nursing for leading a group approach to improve emotional literacy and increase emotional coping skills for adults with learning disabilities.

3. Promoting safe sexual wellbeing

Phil Emery, Community Learning Disability Nurse, Community Learning Disability Team has been shortlisted for a Nursing Times Award in the Category of Learning Disability Nursing for being proactive and collaborative with the MDT to ensure service users receive effective support with their emotional and sexual well-being needs.

4. PBS Clinics

Emma Baker, Community Learning Disability Nurse, Community Learning Disability Team has been Shortlisted for a Nursing Times Award in the Category of Learning Disability Nursing for her work improving service efficacy and efficiency using an MDT education and clinic based approach for PBS (Positive Behavioural Support) interventions

In addition, Tracey Hird (Clinical Pharmacist) and Mike Groden (Senior Advanced Nurse Practitioner) have been shortlisted in the **Care of Older People** category, having co-designed the **'Parity of Esteem in Action - Fit for Frailty in Mental Health Care'** quality improvement project for ward 4. This was delivered collaboratively through multidisciplinary working across the health economy. The project sought to introduce frailty assessments to the mental health setting and unlock the potential benefits of optimising physical health medications. This holistic approach to address individual patient need took into account the frailty syndromes of a falls risks, delirium, sudden changes in continence and side effects of medication and used the START/STOP tool to make incremental changes that informed decision-making and optimised care. The subsequent co-authored report highlighted:

STOP

- 55% of patients had their regular medicines reduced by 1 or more
- 17% of patients had an inappropriate PPI stopped
- 22% of patients had their antihypertensive medication stopped or reduced

START

- In patients that had their medications increased this was primarily starting medications for dementia, optimising pain relief or starting bone protectors in patients were these where indicated.

It's hats off to Hannah Bloor Community LD Nurse CLDT, Heather Dunn Senior Nurse A&T, Becky Jones Ward 7 and Aimee Bramwell CAMHS. All have been successfully accepted onto the **Florence Nightingale Foundation Nurse Leadership Programme.**

Congratulations to everyone and we'll be keeping an eagle eye out for the announcement of the winners on 14th October!

And finally. huge congratulations are in order for Rachael Birks and Marie Barley, who found out this month that they have achieved their **Masters in Senior Leadership and Strategic Management**.

The Stoke Community Mental Health Services Directorate have undoubtedly benefitted from the fresh ideas and knowledge that Rachael has bought back to the teams. It really demonstrates the value of embracing and supporting apprenticeships at every level within the professional structure. We look forward to jointly building on the skills that this qualification has provided Rachael with and using it as a platform to support service development.

The OD team are delighted with Marie's success and absolutely thrilled they been able to offer support, challenge and opportunities to support her development. The team have always appreciated Marie challenging them with critical topics and putting some energy into our lively meetings. In this way, Marie has helped every member of the team to think differently. This is Marie's time to shine now by putting those theories into practice. Combined and team OD are justifiably proud of her achievement and wish her every good wish for her future career in the NHS.

7. DEAR PETER – A VALUED RESOURCE TO ME

Notwithstanding this slew of good news, I have also used my CEO Blog to provide a note of reassurance to everyone working for Combined that our entire Leadership Team, and myself personally, are under no illusions about how difficult it is out there for our staff and the several extra miles - never mind a single extra mile - they are all going in very challenging circumstances.

I'm a relentlessly optimistic chap by nature and will always look to praise achievements and successes, banging the drum for us all - and this CEO Board Report is another example of that. But I attach equal importance to hearing when things are tough and doing what I can - together with my senior colleagues - to acknowledge and address concerns, worries and problems.

To that end, I have made a point of thanking everyone who has made use in recent weeks of the Dear Peter facility - available at http://dearpeter.org. This is a totally anonymous entirely separate, secure website that allows anyone to raise concerns they have about quality or any other related issue in our Trust. Contributors don't need to give any information about themselves, and are free to say as much or as little as they are able about their concerns. I personally read every single submission that comes in to Dear Peter and wherever possible, we always publish my response on the CAT Intranet. In return, I ask that any submissions are honest and specific.

In that regard, hearing first hand for example about the realities of day to day challenges faced, for example, by services such as Summers View or Kniveden or Crisis Access, is always welcome and will always be treated by me with respect and the utmost seriousness.

Of course, we attach equal importance to mechanisms such as our Freedom To Speak Up Champions as an alternative route to raise concerns. Whilst the first port of call, if at all possible, should be to discuss concerns with your line manager, I know sometimes people can feel this isn't something they feel comfortable doing.

Offering and supporting the ability for everyone to "speak truth to power" is one of the signs of a humane and outstanding organisation and it's something to which I attach real importance.

8. SYSTEM UPDATE

The STP has continued to progress key initiatives throughout August and September, including the creation and submission of a refreshed plan for the remainder of this year. Within this all providers have been asked to describe how restoration and recovery targets will be achieved. Our specific focus has been on delivery of the ambitions within the National Mental Health long term plan (MHLTP). I'm pleased to report that our system is one of the highest performers within the region across a range of MHLTP ambitions. Additional funding allocated to Mental Health this year over and above our baseline is expected to be in the order of £10m, all of which will go into increasing access to front line services.

Our focus on the development of Integrated Care Partnerships has also progressed well with the announcement that Chris Bird, our Director of Strategy, Partnerships and Digital will take over the Executive Lead role for ICP development across the county. Chris has also agreed to oversee the co-ordination of our system wide sustainability programme.

9. LOTS DONE, MORE TO DO

Finally, as we all get ready for the months ahead, I'd like to look forward as we being to gear up for Autumn and Winter.

There is a massive agenda in our in-tray for our Trust, our local health and care system, the NHS nationally and all of us a society.

Opportunities as well as challenges. Things to celebrate and things to address. But NEVER anything to fear. As a brilliant US President, Franklin D. Roosevelt said nearly ninety years ago - "The only thing to fear is fear itself'.

Combined Healthcare, its Board and its people have never seemed to me to be an organisation or a collection of friends and colleagues who have EVER feared a challenge or failed to rise to it. I am 100 per cent confident we'll prove that again over the coming weeks and months.

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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 4a

Date of Meeting:	10th September 2020		
Title of Report:	Briefing on Kniveden Service, Leek		
Presented by:	Jonathan O'Brien, Executive Director of Operations		
Author:	Samantha Mortimer, Associate Director – North Staffordshire		
Executive Lead Name:	Jonathan O'Brien, Executive Director of Operations	**Approved by Exec**	☐

Executive Summary:		**Purpose of report**	
The attached briefing provides the Trust Board with an overview of the current situation regarding the Kniveden Service, located at the Spring Hill site. The Trust has recently been informed that Staffordshire County Council plan to use the site for capital redevelopment.		**Approval**	☐
		Information	☒
		Discussion	☒
		Assurance	☐
Seen at:	SLT ☐ Execs ☒	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration ☒ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications: Funding Source:	The Social Care service is currently not commissioned by Local Authorities and the Trust has been informed that to continue to occupy the site, lease costs will be required.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	The Trust Board is asked to: • Note the written notification from Staffordshire County Council that there is no intention to commission the service for local residents. • Note the requirement from Staffordshire County Council to pay rent if occupation continues on the site should the service return. • Note the work being undertaken by the Trust to ensure service users have access to alternative local services. • Discuss & agree the Trust's response.		

Front Sheet Template V12 01.04.20

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Introduction

The Trust has historically provided Community Day Services and the Kniveden Project offers a range of meaningful day activities where people can learn a range of skills, undertake formal and less formal training opportunities, enjoy leisure, recreational and therapeutic activities in a supported and safe community environment.

The services are provided by Support, Time & Recovery workers. The Kniveden Project, in Leek specifically is a vocational, recreational and social horticultural project.

The service provided as described above is a social care based model and would not qualify as a heath provided / funded service.

Commissioning Arrangements

The Trust historically had Section 75 Agreements in place with both Staffordshire County Council and Stoke-on-Trent City Council. These agreements enabled the Trust to deliver integrated social care and mental health services on behalf of the two Local Authorities and fulfil the statutory responsibilities of the Local Authorities for this cohort of service users. In both agreements, the Trust was fully remunerated for executing these duties and had an element of freedom to configure and establish services to meet the needs of the local population. The Kniveden Project was such a service established under the Section 75 agreements

The Section 75 agreement with Staffordshire County Council was dissolved on 1st October 2018. This was a decision made by Staffordshire County Council and to which records will attest the Trust objected to at the time. At this point, the Trust was effectively decommissioned to provide any social care assessments, services or statutory duties on behalf of the County Council. The responsibilities for executing such duties returned to the Council on this date.

The Trust continued to provide the Kniveden Project after this date as the team worked in tandem with the Growthpoint service, which was separately commissioned under the Section 75 agreement in place with Stoke-on-Trent City Council. The Trust was able to do this at minimal cost.

The Section 75 agreement with Stoke-on-Trent City Council ended in July 2020 and associated services transferred back into the City Council.

As a result of the above decisions by each Local Authority, the Trust as a provider is no longer commissioned to provide social care assessments, care or statutory duties.

Current Service Status

The service is currently staffed by two members of staff who the Trust has retained employment of despite the Section 75 agreements being resolved.

The Kniveden Project current provides the above described service to 58 service users, some of whom remain under the care of health mental health services and some who do not and only attend the Kniveden Project. The Trust has details of all service users and their assessed needs for support.

Site Repurposing

In March 2020, like many of the Trust's services, the service temporarily closed due to the lockdown and social distancing requirements in response to the COVID-19 pandemic.

In July 2020, the Trust was contacted by a senior officer from Staffordshire County Council and informed that should the Trust wish to reopen the service and continue using the Spring Hill site for the Kniveden Project, the Council would require the Trust to enter into a formal lease agreement and

pay the County Council for the use of the site. In the same correspondence, the officer made clear that the Council did not consider or recognise the Kniveden Project as a social care service for local residents and would not consider any arrangement for the County Council to commission the service from the Trust.

Essentially, the Trust has been asked to pay the County Council to provide a social care service for their local residents, with no corresponding income stream to fund the service.

The Trust subsequently discovered via an article published in the Leek Post and Times on 5th August 2020 that the site is planned to be sold for capital redevelopment for housing.

The County Council's position on both commissioning arrangements and the Trust's occupation of the site was reiterated formally to the Trust in writing via letter, dated 23rd July 2020 but received on 19th August 2020 (Appendix A).

Service User Communication / Care

As a result of the above, the Trust wrote openly to all service users in August 2020 outlining that each Service User's Care Coordinator or Key Worker would work be working with them on an individual basis to assess their current mental health care needs. This letter is included for reference in Appendix B. The letter confirmed that the Trust would not forego its responsibility of ensuring mental health care to service users and that Trust staff would work with each service user to assess their needs and develop a plan with each service user that met these needs.

The Trust recognises that some service users will have continuing social care needs that require assessment. A number of service users may be entitled to their social care needs being formally assessed and this may require referral to social care services for assessment of those needs. For these service users, a referral will be made to County Council's social care services via established routes.

As of Wednesday 9th September 2020:

- There are 24 service users who are under the care of Mental Health services at the Ashcombe Centre, Leek. 16 of these have had reviews completed with their care coordinator and the remaining 8 will have been completed by Friday 18th September 2020.
- There are 7 service users receiving care from other teams in the Trust and these service users will have their care reviewed no later than Friday 25th September 2020.
- There are 27 further service users who attend the Kniveden Project who are no longer under the care of mental health services. These service users will have their needs reviewed by the Kniveden staff no later than Friday 25th September 2020.

The Trust will make best endeavours to ensure that all service users are supported appropriately into alternative services which are commissioned by the County Council.

Summary & Conclusion

The Section 75 agreement between Staffordshire County Council and North Staffordshire Combined Healthcare NHS Trust, which included the commissioning of the Kniveden Project by the Council, was dissolved on 1st October 2018. The Trust continued to provide the Kniveden Project in the interim period after this date and after funding through the Section 75 agreement was withdrawn.

The responsibility for providing social care services no longer rests with the Trust and the position of the Council has been made clear to the Trust in that the service will not be commissioned for local residents. Furthermore, the Council have been clear that to remain on site, the Trust must enter into a lease agreement for which, in line with the Council's position, no funding will be made available.

As a result of the above requirements, the Trust will work with service users as described to support them into alternative services that are available locally.

The Trust Board is asked to:

- Note the written notification from Staffordshire County Council that there is no intention to commission the Kniveden Project for local residents.
- Note the requirement from Staffordshire County Council to enter into a lease agreement if occupation continues on the site, should the service return.
- Note the work being undertaken by the Trust to ensure service users have access to alternative local services.
- Discuss & agree the Trust's response.

Ian Turner
Assistant Director of Commercial and Assets

Staffordshire County Council
2 Staffordshire Place
Tipping Street
Stafford, ST16 2DH

Telephone: 01785 277228
e-mail: ian.turner@staffordshire.gov.uk

Jonathan O'Brien
Director of Operations &
Deputy Chief Executive Officer
North Staffordshire Combined
Healthcare NHS Trust
Lawton House,
Bellringer Road,
Trentham,
ST4 8HH

Our Ref: IT/GE Your Ref: Date: 23 July 2020

Dear Jonathan,

Reference: SCC's Kniveden/Spring Hill site Leek

Following recent email exchanges and communication between our organisations, I wanted to clarify SCC's position in relation to the above site, and your current use of it.

Your current provision, for people suffering from mental health issues, has been running from our adjacent Springhill/Kniveden sites for several years. This arrangement does not appear to have any formal basis.

In addition, I can confirm that SCC has never commissioned the service from NSCHT. Further, that this is not a social care provision. We would not commission or provide anything of a similar nature.

You have made it clear that you do not wish to have a lease for the site if SCC has no commissioning intentions. Therefore, it would be useful to understand your plans for your service at this location, as in the longer term we do anticipate releasing the site for a capital receipt. As you may know, SCC no longer provides any services from this location and has no intention of doing so.

In the short to medium term, if you plan to re-open your service then we would need to regularise your occupation of the site and I would be grateful if you will make the appropriate contact to arrange for that.

Yours sincerely

Ian Turner
Assistant Director for Commercial and Assets

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Dear ……

Knivedon Project

It is with regret that you may have seen an article in the Leek Post indicating that Staffordshire local Authority has an intention to change the use of their Mount Road site that incorporates Knivedon. As a Trust we were unaware of this press release and were not provided with notification or sight of this publication beforehand.

In addition to this Staffordshire and Stoke Local Authorities have made the decision to deliver social care themselves and as a result of this we, as a Trust, are no longer in a position to undertake this function. As a consequence of this, it also means that our licence, issued Care Quality Commission has been amended removing the authority to provide this service.

I do understand that this will have been distressing for you to read and would like to take this opportunity to provide you with reassurance that as a Trust, we will do all that we can to support your current and future individual mental health needs.

With regard to your current care, during the COVID19 lockdown and in line with national guidance relating to social distancing, we have been unable to deliver services out of Knivedon. I am however assured that you are being supported through other mechanisms and that this will continue during this uncertain time.

Over the next few weeks your care coordinator or key worker will be working with you on an individual basis to assess your current mental health care needs. A coordinated plan will be developed with you, this may include a referral to social care to enable a further assessment of needs to be completed.

I am sorry that this change comes during such difficult time because of the pandemic, and can only assure that every effort is being made to provide you with support and I am grateful for your understanding. If you have any concerns or queries please in the first instance direct these to your care coordinator or key worker.

Alternatively you may wish to raise a concern with our Patient Experience Team who can be contacted as follows:

•Single Freephone telephone number – 0800 389 9676
•Freepost address: RSRS-YTLU-UBBY North Staffordshire Combined Healthcare NHS Trust, PALS & Complaints Department, Harplands Hospital, Hilton Road, Stoke on Trent ST4 6 TH
•Dedicated text phone: 07718 971123
•Email – PatientExperienceTeam@combined.nhs.uk

We will then be able to direct concerns to the local authority as required.

Can I also remind you that you can gain mental health support 24/7 365 days a year through our all age Crisis Care Centre, Harplands Hospital, Hilton Road, Stoke-On-Trent, ST4 6TH, Telephone: 0300 123 0907 Option 1

Yours Sincerely

Peter Axon

Chief Executive

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No:5

Date of Meeting:	10th September 2020		
Title of Report:	Service User & Carer Council Report		
Presented by:	Kenny Laing, Director of Nursing & Quality		
Author:	Sue Tams (Interim Chair) Service User & Carer Council / Veronica Emlyn Patient Experience Facilitator		
Executive Lead Name:	Kenny Laing Executive Director of Nursing & Quality	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This report has been prepared to provide an update to Trust Board of the Service User & Carer Council since the last meeting		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	None identified		
Resource Implications: Funding Source:	None identified		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Service User & Carer Council supported the principle of increasing representation across the Protected characteristics when reviewing the Diversity and Inclusion Strategy. They also committed to supporting inclusive services and workforce in their review of the Strategy		
STP Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP workstreams		
Recommendations:	The Trust Board receives the update for information and assurance		
Version	Name/Group	Date issued	

North Staffordshire Combined Healthcare NHS Trust

Service User and Carer Council
September 2020
Trust Board meeting

The Service User Care Council (SUCC) have continued to meet during June and July via Microsoft teams, some members have been unable to access the meetings due to internet problems or lack of suitable IT; however they have received copies of the minutes, telephone calls and emails so they have been able to participate and add to the agenda and while this this has been very useful. I feel we have lost some the `soft information` we would gain in face to face meetings

The service users and carer council members are planning have an informal meet up within current social distancing regulations before the next SUCC meeting 23rd September to reconnect and discuss issues face to face

We are also going to hold the next SUCC meeting on 23rd September at Lawton House with some attendees face to face, those who have not been able to access remotely and the others to continue by Teams. This will be in line with Covid 19 guidance. Thanks go to Karen Day, Mandy Brown and Dan Crick for their support in making this happen

SUCC members were pleased to see the advertising of the Experts by Experience posts in the Learning Disability and CAHMs services which supports a key objective of increasing lived experience in our service offer

An ongoing issue raised by members is the level of helpfulness/clarity in some appointment letters sent to patients/service users It has been escalated to the Director of Nursing who has been helpful.

Members have continued to take part in staff interviews as required and send a representative to Trust Board, Finance and Resources Committee hopefully we will have representative on the Quality Committee shortly.

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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 6

Date of Meeting:	10th September 2020		
Title of Report:	Research and Development Team Annual Report 2019/20		
Presented by:	Dr Buki Adeyemo, Executive Medical Director		
Author:	Research and Development Team		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	

The 2019/20 Research and Development (R&D) Team Annual report shares our research and innovation journey over the last 12 months, 1 April 2019 to 31 March 2020, highlighting achievements, successful projects and performance. To see our online version of the R&D Annual Report 2019/20 click here.
 	
Successes and achievements to note include:
 	
• Five Board Assurance Framework (BAF) objectives fully achieved, with ongoing work planned to take forward three into 2020/21;
• Fantastic year for our National Institute of Health Research (NIHR) recruitment recruit with a fantastic achievement and the highest number of recruits in the last five years, with 309 participants – enabling us to meet our 2019/20 Trust NIHR target;
• Successful implementation of the Contact for Research initiative across the Trust, which led to an increase in engagement with service users, carers and staff for research and helped us to achieve our 2019/20 recruitment target;
• Significant progress was made to support and develop Innovation, with a number of developments and initiatives aimed to springboard Innovation across Combined, including;
  ○ Successful relaunch of Dragons' Den 2019, with six projects funded;
  ○ Second Innovation Nation 2019 event;
  ○ Development and establishment of the Innovation Collaborative; a group to support innovation generation and adoption.
• 2020/21 will see a revision of the Research and Innovation Strategy, led by our R&D Director and R&D Lead and will aim to explore key areas for developing, implementing and inspiring research and innovation over the next five years.
	Approval	☐

	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☐		

	7. Take a lead role in partnership working and integration. ☐	
Risk / legal implications: Risk Register Reference	No risk implications highlighted	
Resource Implications: Funding Source:	No resource and/or funding implications	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	No diversity and inclusion implications.	
STP Alignment / Implications:	No STP Alignment implications highlighted	
Recommendations:	For receive for assurance and information	
Version	Name/group	Date issued

Outstanding
Our journey continues...

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RESEARCH AND DEVELOPMENT TEAM

ANNUAL REPORT 2019/20

PROUD TO CARE

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TABLE OF CONTENTS

MESSAGE FROM THE R&D TEAM

We would like to share with you our research and innovation journey over the last 12 months, 1 April 2019 to 31 March 2020, highlighting achievements, successful projects and performance.

2019/20 was a fantastic year for research and innovation at Combined. The year saw the Research and Development (R&D) team, along with our research-active clinicians, continue to contribute to high-quality national portfolio research. We continued to work with the Clinical Research Network West Midlands (CRN WM) supporting our High Level Objectives (HLOs') and meeting our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

Due to an emphasis on engagement with clinicians and clinical teams, we had fantastic achievement and saw the highest number of recruits in the last five years, with 309 participants, which enabled us to meet our 2019/20 Trust NIHR target.

Significant progress was made to support Innovation, with a number of developments and initiatives aimed to springboard Innovation across Combined; including the successful relaunch of Dragons' Den, our second Innovation Nation 2019 and the development around collaborative working with the establishment of the Innovation Collaborative.

During 2019/20 we successfully led and supported innovation across the Trust by forming partnerships with various teams, to give innovation a platform and opportunity to thrive and further adopting innovative approaches in our practice, with the successful Contact for Research initiative - which led to an increase in engagement with service users, carers and staff for research.

We would like to thank all of our patients, carers, staff and the Trust Board for their support, time and enthusiasm in research and innovation.

1. BOARD ASSURANCE FRAMEWORK(BAF)

The Trust Board is responsible for ensuring that the Trust consistently follows the principles of good governance. The BAF identifies the procedures for risk management against key strategic objectives and the controls and assurances in place. R&D's BAF Objectives were mapped against the Trust's 2019/20 objectives for research, namely to, inspire and implement research and innovation at all levels.

During 2019/20 the BAF identified eight objectives for research and innovation and we are pleased to report that five objectives were fully achieved, with ongoing work planned for three and to take forward into 2020/21.

Page 7

Optimise the use of 'Consent to Research' initiative

20% increase in consenting to be contacted for research against 2018/19 figures of 702

Support and develop roles within the Trust structure

Identify one Principal Investigator (PI) within each speciality to ensure research delivery

Page 13

Develop links with Stakeholders

Develop and implement an 'Innovation Strategy' with support from MIDTECH and the Academic Health Science Network (AHSN)

Collaborating to support and develop innovation

Establish an Innovation Group, incorporating expertise across the Trust

Page 13

Launch Mandatory Good Clinical Practice

training for clinical professionals, with medics acheiving compliance

Page 10

Springboard Innovation

Establish Innovation nation as the springboard for Dragons' Den to inspire and engage staff as part of an annual cycle to embed a culture of innovation

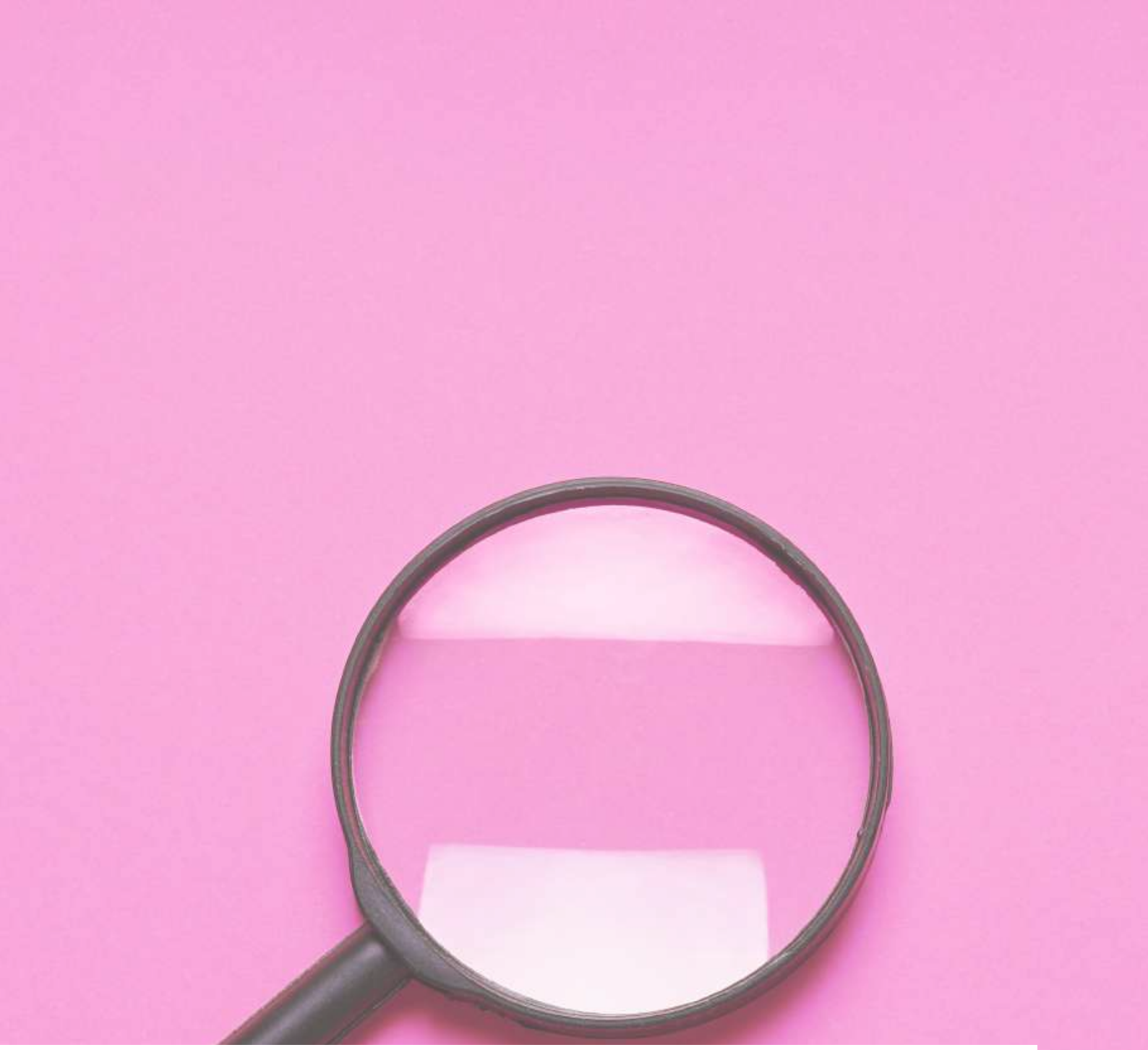
Ensure alignment with Directorates

developing capacity and capability to deliver R&D within Directorates

Page 4

Develop University links and partnerships

Continue to strengthen Keele and Staffordshire University Partnership



2. SUPPORTING RESEARCH 2019/20

This section provides an overview of research activity over the last 12 months, highlighting; engagement, key performance targets, governance and initiatives to support research delivery at Combined.

2.1 ENGAGEMENT

Engagement in research has gained momentum over this past year, utilising digital platforms to reach a vast audience across the Trust and engaging further with our clinical team to develop positive relationships that maximise the profile of research.

The R&D Steering Group, a central meeting for research and innovation, remains a bi-monthly meeting between senior management, the core R&D team and representatives from each directorate and the Clinical Research Network West Midlands (CRN WM), to review performance, research activity and any other arising matters that concern research. It provides a platform to be able to progress our research strategy and engage with key stakeholders in research.

Engagement with directorates and senior staff is maintained through bi-monthly reports for each directorate which summarises research delivery and how this performance compares to their recruitment target. It also provides an overview of development within each directorate, focusing on student projects, innovations and evaluations. This report is shared at the Clinical Effectiveness Group (CEG), which consists of representatives from all of the directorates and professional groups within the Trust, to ensure the information is communicated widely.

During 2019 the R&D Forum evolved into the R&D Virtual Forum, which is sent out to all staff on a monthly basis to showcase research, evaluation and innovation that is taking place across the Trust.

The transition to a virtual platform promotes a double aspect of engagement; giving more staff the opportunity to showcase their work and an opportunity to learn about what is happening across the Trust - to inspire and motivate each other. The increase in the adoption of online research studies, that are suitable for staff and service users to participate in, has resulted in a greater emphasis on communication across the Trust to promote these studies. This includes the distribution of leaflets across various teams, attending meetings and events, and utilising communication platforms, such as Newsround, Team Brief and Twitter.

The impact that these promotional approaches has had on engagement are demonstrated in the Clinical Informatics for Mind and Brain Health (CLIMB) study and Genetic Links to Anxiety and Depression (GLAD) study which have been widely successful.

2.2 GOVERNANCE

The role of Research Governance is to ensure patient safety and the highest standards of quality in research. At Combined processes and procedures are in place to ensure that; researchers adhere to the principles of Good Clinical Practice (GCP), all studies are risk assessed, and any non-compliance or safety issues are reported, reviewed and monitored.

2019/20 was a productive year for meeting our 40 day target regarding set-up metrics and 30 day first patient consented. Overall, 18 studies were approved (eight portfolio and 10 non-portfolio), with 16 (eight portfolio and eight non-portfolio) meeting the set-up metric of 40 days.

Of the portfolio studies (n=8) six met the first patient metric of 30 days, with six meeting the overall metric of 70 days.

It is a local requirement that all staff involved in research at Combined undertake GCP training as a minimum requirement. To support this the R&D team facilitated on-site on-line sessions by enabling access to the free on-line NIHR courses. 18 staff (nine introduction and nine refresher) undertook GCP training during 2019/20, a slight increase from the previous year (n=2)

During 2019/20 the R&D team continued to support staff undertaking research as part of an educational qualification at local Universities of Keele and Staffordshire, in particular, supporting staff through the University and NHS approvals and set up processes. 11 staff members accessed support during the year. Seven projects progressed to obtaining approvals (six professional doctorates, one masters), with four projects pending approvals.

STUDENT FEEDBACK

"I found the process very helpful – I think it's quite tricky to navigate the NHS ethical approval process for the first time so it was really valuable to have you guide me through it. It was also very helpful to meet with you to go through my first version of the form, and then have email correspondence regarding the rest. I don't really have any suggestions, possibly just on a couple of occasions there was a bit more of a wait for a response but I think that's either when you were getting signatures or were busy so it's unavoidable really!"

2.3 PERFORMANCE

During 2019/20 research-active clinicians and the R&D team worked together to recruit patients, carers and staff into 18 National Institute for Health Research (NIHR) studies on the research portfolio.

The NIHR set the 2019/20 recruitment target at 298 for the Trust to achieve and contribute to our wider NIHR recruitment target. Due to an emphasis on engagement with clinicians and clinical teams, we saw a 49% (n=102) increase, from 2018/19, in the number of participants recruited into research studies. Recruitment rose from 207 in 2018/19 to 309 participants in 2019/20, the highest number of recruits in the last five years – enabling the Trust to meet its NIHR target.

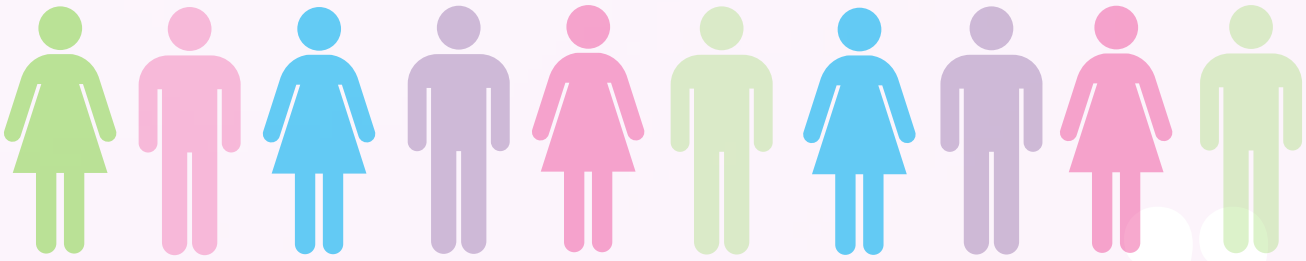
Our figure for 2019/20 recruitment into dementia studies was 39, with six active portfolio studies, a dip from the previous year's total of 100, due to the closure of two high recruiting studies. We had seven active Principal Investigators during the year. There were also 10 active non-portfolio studies.

Two of the three portfolio studies that closed during the period met their set recruitment target, with the third only one recruit slightly below the target.

This fantastic achievement was complemented on an individual study basis, as 2019/20 saw Combined become the top recruiting site for the 'Saccadic Eye Movements as an early indicator of impairment in patients with Alzheimer's disease' (MODEM) study, with Lancaster University.

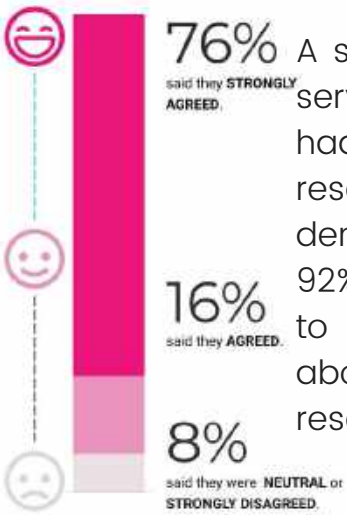
Working closely with our clinicians and clinical teams has been key to the successful delivery of our 2019/20 NIHR portfolio studies, achieving our NIHR research recruitment target and contributing to our R&D Strategy.

The R&D team would like to thank all our service users, carers, clinical teams and partners for their ongoing support and enthusiasm for research delivery over the last 12 months.



2.4 CONTACT FOR RESEARCH

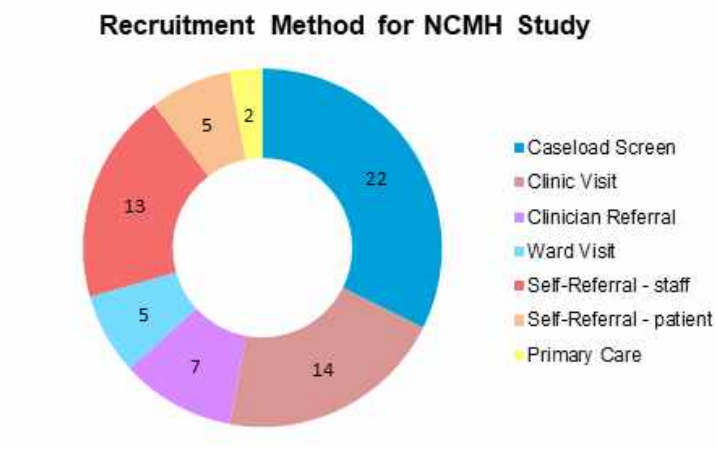
Contact for Research enables service users to give generic consent for research at their core assessment. Acting as an additional recruitment method to support activity and engagement with clinicians and service users, the initiative was implemented during 2018/19 and has led to the creation of a caseload of 1000 service users within Lorenzo for R&D to contact about future research studies.



A survey sent out to service users who had taken part in research previously demonstrated that 92% (n=34) wished to be informed about future research studies.

The adoption of Contact for Research has proven to be effective in recruiting participants to research studies. This is demonstrated through the National Centre for Mental Health (NCMH) study, which was frequently sent to eligible service users at the point of initial contact on to the caseload.

The Caseload Screen represents service users whose participation to the study can be attributed to Contact for Research. It is evident that this method has had a significant impact on recruitment as it is the greatest recruitment method for this study, accounting for 32% of participants enrolled in the NCMH study (n=22).



Contact for Research has been constantly reviewed and developed over the last 12 months to improve the efficiency of the process, with future developments planned to expand this initiative to engage with more service users and teams across the Trust. These future developments include:

- Utilising digital platforms, such as a text messaging service;
- Exploring the introduction of the research question at different time points within an individual's care.

A data-set of three months was reviewed to obtain a snapshot of how many individuals said 'Yes' to being contacted about research (referrals received) in a month and of these how many had a referral created for research and had relevant study information sent out to them.

On average, there were 99 referrals received each month and of these 77% of participants had a referral created for research and 66% had research information sent out, accounting for 65 service users per month.

	Referrals Received n=	Referrals Created n=	Referrals Created %	Information Sent n=	Information Sent %
November	104	86	83%	78	75%
December	82	56	68%	45	55%
January	111	86	77%	73	66%

WHAT WE FOUND

Clinical information was being sent to R&D, as service users had an open referral on Lorenzo.

Some service users were being missed off the monthly report, due to the date of their referral to services.

Reviewing all of the service users on the caseload for future studies was very time-consuming.

The promotional material that was produced was not appropriate for service users within Learning Disability (LD) services.

WHAT WE DID

Changed the referral name to 'Non-Clinical Use' and circulated communication about research.

Changed the reporting system so all core assessments conducted in the time-period were included.

Developed caseload pots, to reflect the primary diagnosis of service users, to aid identification for future studies.

Engaged with clinicians and produced a leaflet specifically for these service users, that is currently being reviewed by the LD team.

3. INNOVATION

This section provide an overview of innovation platforms and projects over the last 12 months, highlighting key aspects such as; the relaunch of Dragons' Den 2019, our second successful Innovation Nation event and the development of the newly formed Innovation Collaborative.

3.1 INNOVATION NATION 2019

Innovation Nation was developed in response to clinicians sharing that they would like find out more about what was going on in the Trust – thus creating a platform to share good practice.

September 2019, saw Dr Rebecca Chubb (Locum Consultant) and Kerri Mason (R&D Lead), supported by the R&D team, host Combined's second Innovation Nation event. Innovation Nation 2019 built on the previous year's success, giving staff an opportunity to find out more about the fantastic innovations and work taking place across the Trust.

Through a series of presentations, with presenters sharing their experiences, journeys of the failures and successes of Innovation, the audience learned ways to motivate, keep trying new things, ideas on improving patient care, and many simple yet inspiring ways to bring new ways of thinking into daily work.

Dr Amie Burbidge, Consultant Acute and General Medicine at University Hospitals Coventry and Warwickshire NHS Trust, opened the event as our key note speaker with an honest account of "How to fail successfully". Dr Burbridge shared her experiences of innovation - highlighting that only through failure can we recognise success.

The day further comprised of a networking lunch and breakout sessions exploring the themes around collaborations and creativity within innovation. Poster presentations, showcase stalls and interactive sessions were delivered throughout the day, with staff given the opportunity to Take part in the "Get Networking and Be Creative "competition.

3.2 DRAGONS' DEN 2019

A SUCCESSFUL RELAUNCH OF DRAGON'S DEN AT COMBINED

April 2019 saw the Trust host a successful relaunch of Dragons' Den. The event was the second Dragons' Den event, taking forward successful applicants from the review process and enabling an opportunity to present and pitch their idea to "Combined Dragons" (pictured above).

Led by the R&D team, the focus of the 2019 Dragons' Den relaunch was to support and develop small-scale projects within practice, requesting financial and/or project support. This positive event saw six of the ideas (two showcased below) agreed to be taken forward. Pitches were well-presented and demonstrated a real commitment to improve service user care and experiences.

Dr Becky Chubb – Frailty Simulation Suit

Dr Becky Chubb, Locum Consultant, pitched for a frailty simulation suit to improve the understanding and empathy of healthcare staff when managing frail older people. The suit was purchased in July 2019 and is now available for all staff to use as part of dementia, frailty or other relevant training.

The suit is stored on Ward 4, with staff completing a log in order to review how often it is been used and provide feedback if the suit has been effective.

Katie Lear-Thompson - Video Rehab and Movement Therapy

Katie pitched to purchase a MOTOmed bike and Spoteee, a system of virtual reality video walk and cycle routes for patients to explore distant locations while exercising on the MOTOmed bike.

Katie's pitch was successful and the panel agreed to fund the rental of one bike and the virtual reality system, for a period of six months. It was also agreed a review of the bike and system was to be completed to secure further funding to purchase the bike and system.

As part of Dragons' Den funding it was agreed that a review was to be undertaken to inform purchasing of the MOTOmed and Spotteee system. Data was collated to demonstrate an improvement in both mobility and grip strength of participants, using the Elderly Mobility Scale and grip strength using a Dynometer.

Findings from the review highlighted that 100% of service users either maintained or increased in their physical activity enjoyment when reporting after using the MOTOmed bike. Overall 39 responses reported a benefit of using the MOTOmed bike, with a small proportion (n=4) seeing only Slight or Moderate benefits.

Overall, the project team involved in supporting the implementation and evaluation of the MOTOmed bike shared they felt it had been beneficial for the patients, improving mobility and a real asset to the Ward.

The pilot of MOTOmed bike was successful and funding was agreed to purchase the bike.

3.3 INNOVATION COLLABORATIVE

Dragons' Den inspired the R&D and Digital teams to review how Innovation is embraced across the Trust and how to support innovation further. Building on existing work and developments, Combined supported by the West Midlands Academic Health Science Network (WM AHSN), undertook a process-mapping exercise to review and evaluate existing innovation practices and processes.

Subsequently, the Innovation Collaborative was established as forum to bring together existing Trust expertise, resources and processes to drive forward, support and facilitate development and adoption of innovation. The Innovation Collaborative aim is to link departments and teams across the Trust, bringing together knowledge and expertise to review, triage and support Innovation ideas; both creation and adoption.

Clinical Audit

Quality Improvement

Digital Team

Professional Groups

Research and Development

The Innovation Collaborative meet every six week to discuss all things Innovation and how best to drive forward and further develop an innovation culture at Combined. To date the group have developed a submissions form, which makes seeking guidance and support for ideas easier and have developed a dedicated Innovation page on CAT.

4. NEXT STEPS

Although the start of 2020 left some research and innovation projects in an uncertain place, due to COVID-19, 2020/21 brings further opportunities and exciting initiatives

2020/21 will see a revision of the Research and Innovation Strategy, led by our R&D Director and R&D Lead, strategy development and engagement will take place during Summer 2020, with key stakeholders, both internal and external such as, Keele University, the Clinical Research Network West Midlands.. The strategy will aim to explore key areas for developing, supporting and enabling research and innovation over the next five years - watch this space!!

The passion and drive to support and develop innovation ideas during 2019/20 will be taken forward into 2020/21. Innovation platforms such as Innovation Nation will be delivered virtually, on the 7 October 2020. The virtual event will showcase changes and innovation during the COVID-19 pandemic and new ways of working.

We will be taking forward recommendations and actions from the Contact for Research review and look of how we can better support clinical teams and service users to gain access to research studies and get involved.

The R&D will continue to support and contribute towards achieving our 2020/21 BAF objectives, taking forward key objectives to strengthen research delivery; creating new Principal Investigators and ensuring GCP compliance across the Trust and stregthen links and partnerships with local Universities.

The R&D team will continue to be responsive and adapt to the needs of the Trust, our clinical teams and the CRN WM.

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 7a

Date of Meeting:	10th September 2020		
Title of Report:	June 2020 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	☐

Executive Summary:	Purpose of report	
Purpose: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during June 2020 in line with the National Quality Board requirements. Key Findings: • During June 2020 an overall fill rate of 101.9% was achieved; an increase of 4.4% from the May 2020 position (97.5%). • The fill rate for RN shifts increased to 81.5% in June 2020 from 81.3% in May 2020. • Ward occupancy levels have continued to increase with a number of wards returning to their pre-COVID occupancy level. • RN vacancies within ward inpatient areas increased by 3.78 WTE from 31.10 WTE in May 2020 to 34.88 WTE in June 2020. HCSW vacancies increased by 5.78 WTE in June 2020 from 0.89 WTE in May 2020 to 6.67 WTE in June 2020. Recommendations: The Quality Committee and Trust Board are asked to note the challenges in filling shifts, the challenges with recruitment to nurse vacancies and to acknowledge and support the mitigations that are currently in place. The Trust Board should be assured that during this time of national emergency planning we are continuing to maintain safe staffing levels within our ward inpatient areas.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☒ Virtually	Document Version No.	1
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that		

Risk Register Reference	the Trust complies with National Quality Board standards.	
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend.	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None	
STP Alignment / Implications:	None	
Recommendations:	To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	4.8.20
	Quality Committee	6.8.20

1 Introduction

This report details the ward daily staffing levels during the month of June 2020 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2 Background

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

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

3 Trust Performance

During June 2020 the Trust achieved a staffing fill rate of 84.4% for Registered Nurses and 124.6% for care staff on day shifts and 75.1% and 105.9% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 101.9% was achieved. This is an increase from the 97.5% fill rate reported in May 2020.

The current coronavirus pandemic and the Trusts subsequent response planning initially resulted in decreased ward occupancy levels. These are now beginning to return to the typically expected level.

Details of the actions taken to maintain safer staffing are provided below. Staffing data, including established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1.

The impact of unfilled shifts alongside the additional contributory factors are also provided below and are summarised in Appendix 2.

The Safer Staffing Group continues to oversee the safer staffing work plan and recommendations are followed and recorded within a Safer Staffing Action Plan.

4 Care Hours per Patient Day (CHPPD)

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

5 Impact

WMs report the impact of unfilled shifts on a shift by shift basis.

5.1 Impact on Patient Safety

There were nil incidents reported in relation to ward nurse staffing levels during June 2020.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During June 2020 there were 21 occasions, when patient activities had to be cancelled as a result of shortfalls in nurse staffing levels. Ward 1 cancelled 10 hours of patient activity, all of which were unable to be rescheduled. Ward 2 cancelled 1 hour of patient activity, this was rescheduled. Darwin Centre cancelled 10 hours of patient activity of which 5 hours were rescheduled. During June 2020 the ward activities have continued to be supported by an additional 23 year 2 student nurses who joined Trust on a fixed term basis during the coronavirus pandemic. They are working in a supernumerary capacity alongside the ward Activity Workers.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during June 2020:

- 133 staff breaks were cancelled (equivalent to approximately 2.8% of total breaks). This figure has increased slightly from May 2020. The PICU and Edward Myers Unit reported the highest number of missed

breaks; at PICU this was predominantly due to short notice increases in acuity. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There was one occasion reported during June 2020 when a staff supervision session had to be cancelled to support staffing levels; and 1 occasion when a staff appraisal was cancelled. These incidents both occurred at Ward 6.

- Face to face mandatory training sessions have been suspended during the current coronavirus pandemic. All mandatory training is being provided using the web-based Learning Management System therefore, no mandatory training sessions were cancelled in June 2020. To support this interruption in face to face training a number of new e-learning modules have been developed.

- Some exceptions to e-learning for training have been required to maintain safety. We have delivered and plan to deliver some face to face sessions during July and August 2020 in the Harpland's Sports Hall. These courses are Management of Aggression and Potential Aggression (MAPA) training and Resuscitation and Safer People Handling Train the Trainer courses.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. A total of 353 RN shifts were covered by HCSW's where RN temporary staffing was unavailable. A total of 122 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

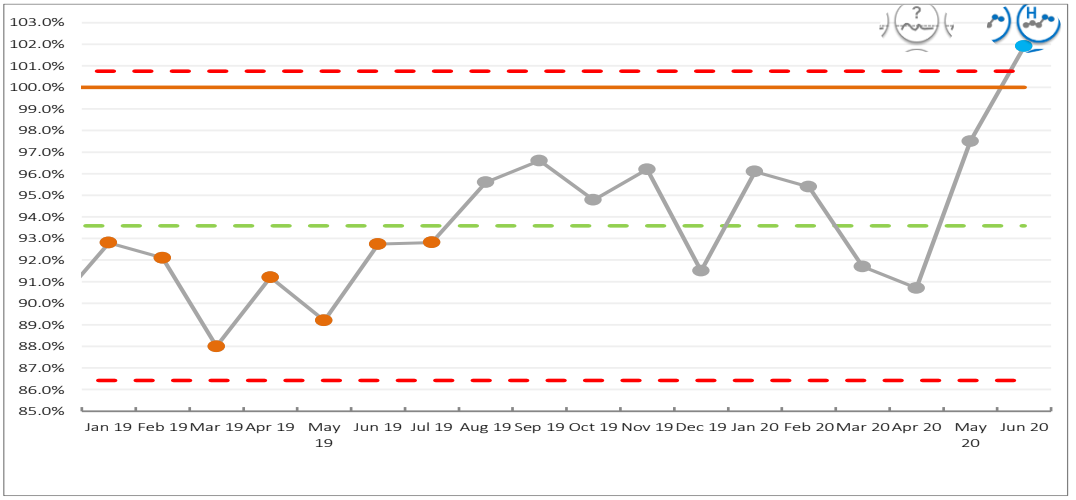
There were 8 occasions in June 2020 (12 hours total) when additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels. This occurred at Ward 1 and Ward 6.

There were 41 occasions when staff worked additional unplanned hours to cover shortfalls in nurse staffing levels; these incidents occurred at Ward 3, Ward 6 and Darwin Centre and have a combined total of 91 hours, of which 84 hours were attributed to the Darwin Centre.

5.5 Overall Fill Rate

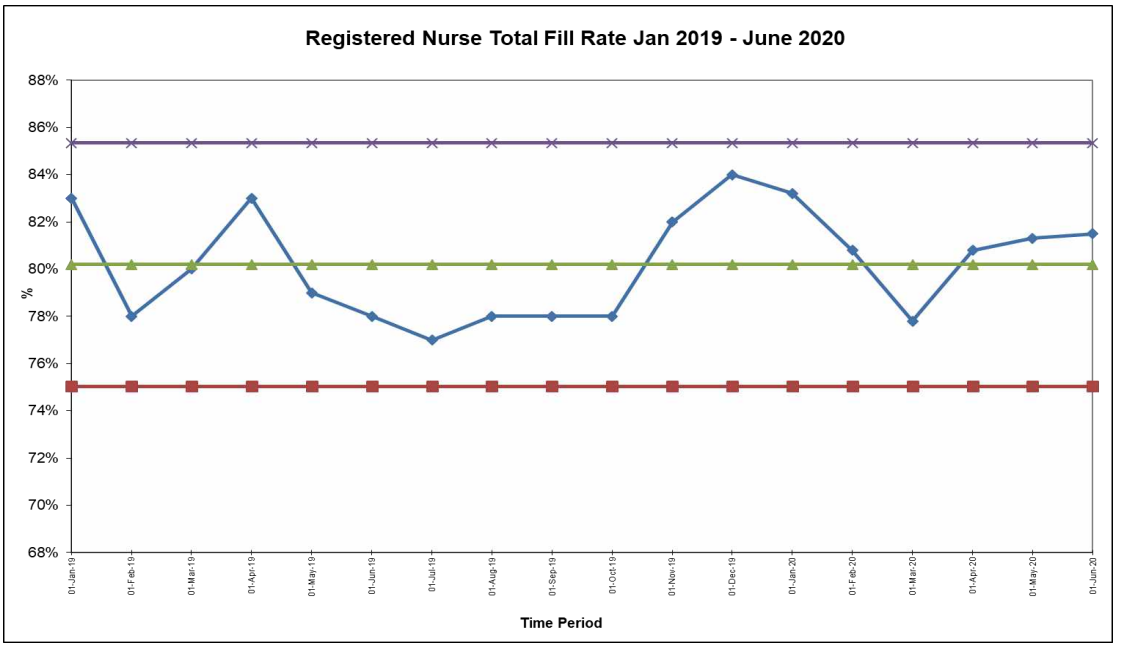
Overall staffing fill rate during June 2020 was 101.9%. This has increased from 97.5% reported in May 2020 and is the highest reported fill rate in the past 18 months; this is outlined on the graph below. It is recognised that this increase remains due to the number of year 3 student nurses who joined the Trust as HCSW's on a non-supernumerary basis during the coronavirus pandemic. They have been contracted until September 2020. The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is outlined in section 5.6.

Overall Fill-Rate December 2018 – June 2020



5.6 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during June 2020 was 81.5%. This is a slight increase from 81.3% reported in May 2020. There has been no statistically significant change in this position since December 2018. The chart below shows increases in RN staffing in the Q1 and Q3 periods which coincide with our key recruitment periods for graduate nurses.



5.7 Recruitment

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

In agreement with NHS England and the NMC and working in partnership with local universities, the Trust has secured the employment of a 23 year 2 and 26 year 3 Student Nurses. All have agreed to opt-in to an arrangement whereby they will move into clinical practice working as HCSW's until September 2020 during the emergency period of the COVID-19 outbreak.

24 of the year 3 students will transition into Registered Nurse positions during September and October 2020. The Year 2 students have maintained their supernumerary status whilst working in our ward inpatient areas.

The Trust continues to participate in the NHSI Retention Support Programme. This includes a number of initiatives including, involvement with national return to practice campaigns; the strengthening of the nursing career pathway through our partnership work with Staffordshire and Keele Universities; and the ongoing development of our HCSW apprenticeship programmes including the recruitment of a number of ward based apprentices.

Furthermore, we are continuing to support a number of nurses who trained overseas, to undertake further qualifications to enable their registration to be recognised in the UK.

We continue to deliver a robust programme of preceptorship to our newly qualified nurses. We also support a number of academic programmes which

run alongside significant work based and placement learning. These programmes have been adapted in response to the coronavirus pandemic and our Practice Education Team have been working with students and our local universities to ensure an optimal level of support, supervision and preceptorship during this time.

5.8 Registered Nurse Retention

During June 2020 5 Registered Nurses (4.60 WTE) left the Trust. 1 RN (1.00 WTE) was from Ward 1 and 4 RN's (3.60 WTE) were from the Community Services. Reasons given for leaving were: retirement, promotion, lack of opportunity, end of contract and work life balance.

No HCSW's left the Trust during June 2020.

6. Summary

The fill rate for RN shifts increased from 81.3% in May 2020 to 81.5% in June 2020.

RN vacancies within ward inpatient areas increased by 3.78 WTE from 31.10 WTE in May 2020 to 34.88 WTE in June 2020.

HCSW vacancies increased by 5.78 WTE in June 2020 from 0.89 WTE in May 2020 to 6.67 WTE in June 2020.

Although reported vacancies have increased this month, vacancies and staffing shortfalls continue to be well managed.

The Trust has secured the employment 49 Year 2 & Year 3 Student Nurses. All have agreed to opt-in to an arrangement whereby they will move into clinical practice during the emergency period of the COVID-19 outbreak.

The Trust has successfully recruited 24 newly qualified RN's who will commence in October 2020. A majority of these new starters will be within the inpatient areas with 4 commencing in community services.

We are continuing to employ a number of strategies with the support of the HR and the Communication Team to attract both RNs and HCSW's during this time of national shortage. Recent recruitment events have proved successful in filling some of these posts.

The Trust Recruitment and Retention Action Plan continues to be monitored via the Safer Staffing Group; we also remained fully engaged with the NHSE/I Retention Support Programme.

7. Recommendations

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and the mitigations that are currently in place
- Note the challenge in filling shifts in June
- Be assured that safe staffing levels have been maintained.

Appendix 1 June 2020 Safer Staffing

	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
Ward	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)
Assessment & Treatment	906.00	906.00	785.75	666.00	666.00	333.00	1485.00	1485.00	1207.75	666.00	666.00	887.50	86.7%	50.0%	81.3%	133.3%
Darwin Centre	1290.00	1290.00	1123.25	666.00	666.00	400.50	1125.00	1395.00	1673.66	666.00	943.50	1226.75	87.1%	60.1%	120.0%	130.0%
Edward Myers Unit	930.00	930.00	904.50	333.00	333.00	333.90	765.00	765.00	1057.98	666.00	666.00	622.73	97.3%	100.3%	138.3%	93.5%
Florence House	615.00	615.00	647.33	321.60	321.60	322.53	900.00	900.00	795.25	321.60	321.60	321.50	105.3%	100.3%	88.4%	100.0%
Summers View	900.00	900.00	449.82	321.60	321.60	323.00	900.00	900.00	1208.23	643.20	643.20	643.00	50.0%	100.4%	134.2%	100.0%
PICU	975.00	975.00	1067.50	666.00	666.00	602.87	810.00	1807.50	2382.50	666.00	1542.90	1534.90	109.5%	90.5%	131.8%	99.5%
Ward 1	1290.00	1290.00	874.50	333.00	333.00	333.00	1125.00	1275.00	1561.47	666.00	954.60	1065.67	67.8%	100.0%	122.5%	111.6%
Ward 2	1290.00	1290.00	1142.00	666.00	666.00	479.10	1125.00	1125.00	1669.23	666.00	732.60	937.40	88.5%	71.9%	148.4%	128.0%
Ward 3	1290.00	1290.00	1134.43	666.00	666.00	466.20	1125.00	1162.50	1697.37	666.00	754.80	879.40	87.9%	70.0%	146.0%	116.5%
Ward 4	1455.00	1455.00	1114.92	333.00	333.00	334.35	1125.00	1920.00	1959.42	999.00	1665.00	1228.10	76.6%	100.4%	102.1%	73.8%
Ward 5	1290.00	1290.00	1008.50	666.00	666.00	368.10	1125.00	1140.00	1688.03	666.00	666.00	945.75	78.2%	55.3%	148.1%	142.0%
Ward 6	1290.00	1290.00	1182.69	666.00	666.00	345.00	1125.00	1942.50	2418.34	999.00	1853.70	1885.05	91.7%	51.8%	124.5%	101.7%
Ward 7	1290.00	1290.00	1068.00	333.00	333.00	344.10	1125.00	1140.00	1812.50	999.00	1010.10	969.20	82.8%	103.3%	159.0%	96.0%
Totals	14811.00	14811.00	12503.19	6637.20	6637.20	4985.65	13860.00	16957.50	21131.73	9289.80	12420.00	13146.95	84.4%	75.1%	124.6%	105.9%
Dragon Square	1065.00	1065.00	266.50	300.00	300.00	87.83	1125.00	1125.00	314.50	300.00	300.00	90.00	25.0%	29.3%	28.0%	30.0%

	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies		
Ward	Overall RN %	Overall Care Staff %	Overall Staffing							Bed occupancy June 2020	Movement
Assessment & Treatment	71.2%	97.4%	86.3%	3446.50	79.00	43.63	Nurses working additional unplanned hours and altering the skill mix	2.76	0.88	34%	↓
Darwin Centre	77.9%	124.0%	103.0%	4875.66	224.00	21.77	Nurses working additional unplanned hours and altering the skill mix	4.96	2.95	49%	↔
Edward Myers Unit	98.1%	117.5%	108.4%	2919.12	250.00	11.68	Nurses working additional unplanned hours and altering the skill mix	2.53	0.02	76%	↑
Florence House	103.6%	91.4%	96.7%	2229.12	238.00	9.37	Nurses working additional unplanned hours and altering the skill mix	-0.08	1.20	99%	↑
Summers View	63.3%	120.0%	94.9%	2766.55	300.00	9.22	Nurses working additional unplanned hours and altering the skill mix	0.79	0.20	99%	↑
PICU	101.8%	116.9%	111.9%	5737.77	146.00	39.30	Nurses working additional unplanned hours and altering the skill mix.	6.48	3.07	78%	↑
Ward 1	74.4%	117.8%	99.5%	4300.63	194.00	22.17	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	0.92	0.39	52%	↓
Ward 2	82.9%	140.3%	110.9%	4822.07	371.00	13.00	Nurses working additional unplanned hours and altering the skill mix.	1.94	0.55	69%	↑
Ward 3	81.8%	134.4%	107.9%	4927.40	438.00	11.25	Nurses working additional unplanned hours and altering the skill mix	2.02	1.81	91%	↑
Ward 4	81.1%	88.9%	86.3%	5246.04	206.00	25.47	Nurses working additional unplanned hours and altering the skill mix.	1.84	-0.72	43%	↓
Ward 5	70.4%	145.8%	106.6%	4215.88	234.00	18.02	Nurses working additional unplanned hours and altering the skill mix	4.89	-1.79	57%	↓
Ward 6	78.1%	113.4%	101.4%	6337.08	381.00	16.63	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	4.59	-1.93	84%	↑
Ward 7	87.0%	129.4%	111.1%	4837.30	419.00	11.54	Nurses working additional unplanned hours, altering the skill mix.	1.24	0.04	89%	↑
Totals	81.5%	116.7%	101.9%	56661.11	3480.00	16.28		34.88	6.67		
Dragon Square	26.0%	28.4%	27.2%	758.83	18.00	42.16		0.40	0.34	33%	↑

11

Appendix 2 Staffing Issues

- At the end of June 2020 RN vacancies within ward inpatient areas had increased by 3.78 WTE from 31.10 WTE in May 2020 to 34.88 WTE. HCSW vacancies have increased during the same period to 5.78 WTE.

- The Darwin Centre, PICU, Ward 5 and Ward 6 continue to have the highest number of RN vacancies. The overall vacancy figure continues to show a positive reduction throughout this financial year.

- Overall staffing fill-rates have increased significantly during June 2020 with the short-term recruitment of a number of student nurses into HCSW positions having a positive impact on these figures.

- RN night shift cover continues to remain challenging particularly in those areas with this highest RN vacancies and where more than one RN are required for the night-time shift.

- Ward occupancy levels have continued to increase with some wards returning to their pre-COVID levels.

- Ward teams continue to be supported by Quality Improvement Lead Nurses, Nurse Practitioners and a Site Manager who is further supported by an On-Call Manager out of hours. Furthermore, during the current coronavirus pandemic we have introduced daily Safer Staffing Huddles.

- Dragon Square Children's Specialist Short Breaks Service was initially stood down due to the coronavirus pandemic, this service reopened from 1st June 2020 on a reduced occupancy basis.

- Staffing levels continue to remain under constant review as part of our response to the coronavirus pandemic. The function of all Trust services has been reviewed to ensure that we are as responsive as possible to a changing situation and to make certain that we can maintain safe staffing levels within our ward inpatient areas, these being our most critical services.

- We have begun to recommence some face to face training sessions where it has been difficult to provide an electronic alternative. To date this training has been very successful and well received by the participants.

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 7b

Date of Meeting:	10th September 2020		
Title of Report:	July 2020 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	☐

Executive Summary:	Purpose of report	
Purpose: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during July 2020 in line with the National Quality Board requirements. Key Findings: • During July 2020 an overall fill rate of 101.8% was achieved; a decrease of 0.1% from the June 2020 position (101.9%). • The fill rate for RN shifts decreased to 77.8% in July 2020 from 81.5% in June 2020. • Ward occupancy levels have continued to increase with a number of wards returning to their pre-COVID occupancy level. • RN vacancies increased to 41.14 WTE and HCSW vacancies have decreased to 3.45 WTE in July 2020. Despite this reported increase in vacancies staffing shortfalls continue to be well managed. Recommendations: The Quality Committee and Trust Board are asked to note the challenges in filling shifts, the challenges with recruitment to nurse vacancies and to acknowledge and support the mitigations that are currently in place. The Trust Board should be assured that during this time of national emergency planning we are continuing to maintain safe staffing levels within our ward inpatient areas.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☒ Virtually	Document Version No.	1
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that		

Risk Register Reference	the Trust complies with National Quality Board standards.	
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend.	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None	
STP Alignment / Implications:	None	
Recommendations:	To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	
	Quality Committee	3.9.20

1 Introduction

This report details the ward daily staffing levels during the month of July 2020 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2 Background

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

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

3 Trust Performance

During July 2020 the Trust achieved a staffing fill rate of 79.6% for Registered Nurses and 127.3% for care staff on day shifts and 73.7% and 110.4% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 101.8% was achieved. This is a very slight decrease from the 101.9% fill rate reported in June 2020.

The coronavirus pandemic and the Trusts subsequent response planning initially resulted in decreased ward occupancy levels. These have now returned to the typically expected level.

Details of the actions taken to maintain safer staffing are provided below. Staffing data, including established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1.

The impact of unfilled shifts alongside the additional contributory factors are also provided below and are summarised in Appendix 2.

The Safer Staffing Group continues to oversee the safer staffing work plan and recommendations are followed and recorded within a Safer Staffing Action Plan.

4 Care Hours per Patient Day (CHPPD)

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

5 Impact

WMs report the impact of unfilled shifts on a shift by shift basis.

5.1 Impact on Patient Safety

There were two incidents reported in relation to ward nurse staffing levels during July 2020. Assessment and Treatment and Ward 2 both reported working below minimum numbers for 1 night shift, additional support was provided by the Site Manager when required.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During July 2020 there were no occasions, when patient activities had to be cancelled as a result of shortfalls in nurse staffing levels. Ward activities have continued to be supported by an additional 23 year 2 student nurses who joined Trust on a fixed term basis at the start of the coronavirus pandemic. They are working in a supernumerary capacity alongside the ward Activity Workers.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during July 2020:

- 140 staff breaks were cancelled (equivalent to approximately 2.9% of total breaks). This figure has increased slightly from June 2020. Assessment and Treatment and the Darwin Centre reported the highest number of missed breaks. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There were 4 occasions reported during July 2020 when staff supervision sessions had to be cancelled to support staffing levels;

and 9 occasions when staff appraisals were cancelled. These incidents all occurred at Ward 1.

- Face to face mandatory training sessions have been suspended during the pandemic. All mandatory training is being provided using the web-based Learning Management System therefore, no mandatory training sessions were cancelled in July 2020. To support this interruption in face to face training a number of new e-learning modules have been developed.

- Some exceptions to e-learning for training have been required to maintain safety. We have delivered and plan to deliver some face to face sessions during July and August 2020 in the Harpland's Sports Hall. These courses are Management of Aggression and Potential Aggression (MAPA) training and Resuscitation and Safer People Handling Train the Trainer courses.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. A total of 431 RN shifts were covered by HCSW's where RN temporary staffing was unavailable. A total of 95 HCSW shifts were covered by RN staff where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

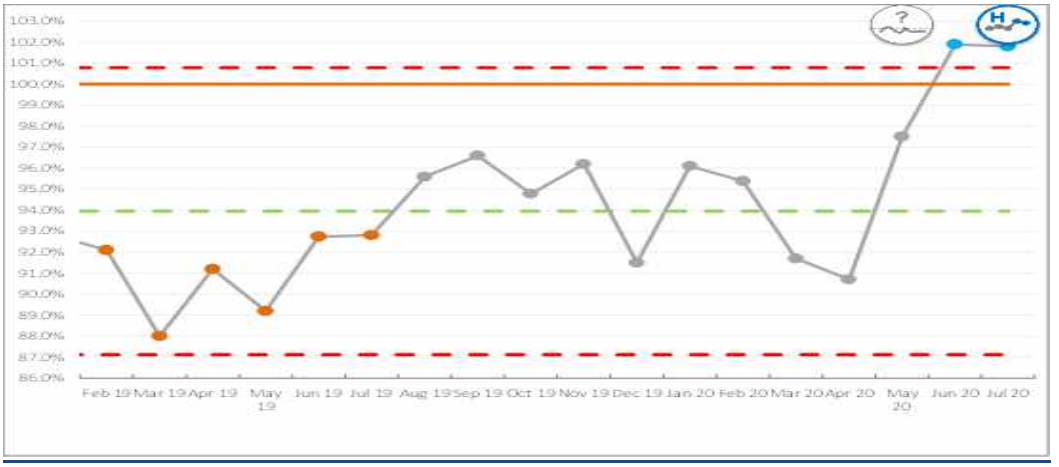
There were 11 occasions in July 2020 (26 hours total) when additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels. This occurred at Ward 1 and Ward 3.

There were 11 occasions at Ward 3 when staff worked additional unplanned hours to cover shortfalls in nurse staffing levels; these incidents totalled 32 hours.

5.5 Overall Fill Rate

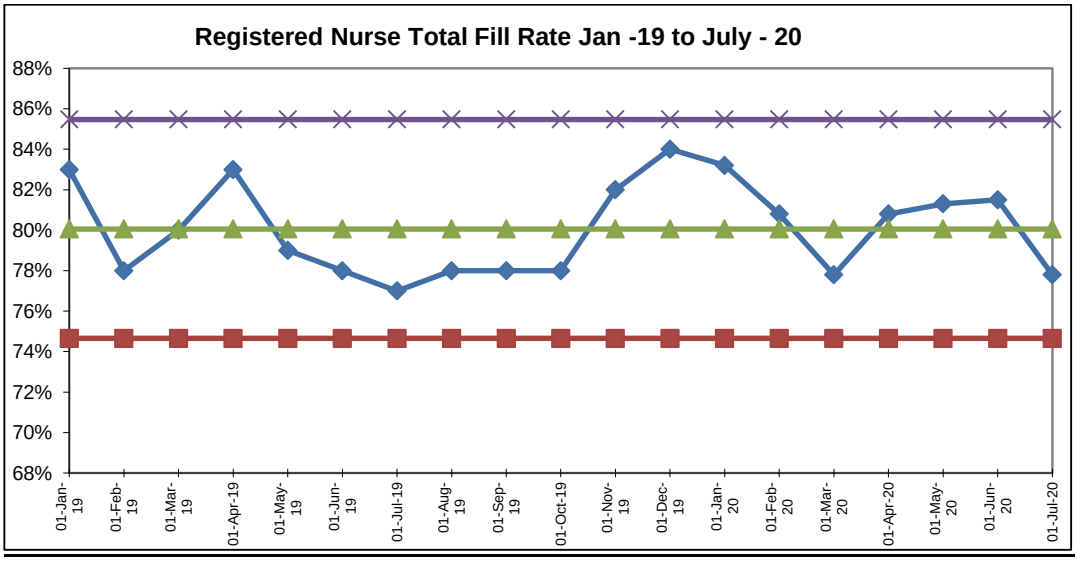
Overall staffing fill rate during July 2020 was 101.8%. This has decreased slightly from 101.9% reported in June 2020 and is outlined on the graph below. It is recognised that this increase remains due to the number of year 3 student nurses who joined the Trust as HCSW's on a non-supernumerary basis. They have been contracted until September 2020. The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is outlined in section 5.6.

Overall Fill-Rate February 2019 – July 2020



5.6 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during July 2020 was 77.8%. This is a decrease from 81.5% reported in June 2020. There has been no statistically significant change in this position since December 2018. The chart below shows increases in RN staffing in the Q1 and Q3 periods which coincide with our key recruitment periods for graduate nurses.



5.7 Recruitment

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

In agreement with NHS England and the NMC and working in partnership with local universities, the Trust has secured the employment of a 23 year 2 and 26

year 3 Student Nurses. All have agreed to opt-in to an arrangement whereby they will move into clinical practice working as HCSW's until September 2020 during the emergency period of the COVID-19 outbreak.

22 of the year 3 students will transition into Registered Nurse positions during October 2020. The Year 2 students have maintained their supernumerary status whilst working in our ward inpatient areas.

The Trust continues to participate in the NHSI Retention Support Programme. This includes a number of initiatives including, involvement with national return to practice campaigns; the strengthening of the nursing career pathway through our partnership work with Staffordshire and Keele Universities; and the ongoing development of our HCSW apprenticeship programmes including the recruitment of a number of ward based apprentices.

Furthermore, we are continuing to support a number of nurses who trained overseas, to undertake further qualifications to enable their registration to be recognised in the UK.

We continue to deliver a robust programme of preceptorship to our newly qualified nurses. We also support a number of academic programmes which run alongside significant work based and placement learning. These programmes have been adapted in response to the coronavirus pandemic and our Practice Education Team have been working with students and our local universities to ensure an optimal level of support, supervision and preceptorship during this time.

5.8 Registered Nurse Retention

During July 2020 10 Registered Nurses (7.80 WTE) left the Trust. 6 RN's (4.60 WTE) were transferred as part of local authority contractual changes. 3 RN's (2.20 WTE) from Community Services too age retirement (2) better work-life balance (1). 1 RN (1.00 WTE) left an inpatient area to take up a promotion with a neighbouring organisation.

No HCSW's left the Trust during July 2020.

6. Summary

The fill rate for RN shifts decreased from 81.5% in June 2020 to 77.8% in July 2020.

RN vacancies within ward inpatient areas increased by 6.62 WTE from 34.88 WTE in June 2020 to 41.14 WTE in July 2020. HCSW vacancies have decreased to 3.45 WTE in July 2020. Despite this reported increase in vacancies staffing shortfalls continue to be well managed.

The Trust has secured the employment 49 Year 2 & Year 3 Student Nurses until the end of September 2020. All have agreed to opt-in to an arrangement whereby they will move into clinical practice during the emergency period of the COVID-19 outbreak.

The Trust has also successfully recruited 22 newly qualified RN's who will commence in October 2020. A majority of these new starters will be within the inpatient areas with 4 commencing in community services.

We are continuing to employ a number of strategies with the support of the HR and the Communication Team to attract both RNs and HCSW's during this time of national shortage. Recent recruitment events have proved successful in filling some of these posts.

The Trust Recruitment and Retention Action Plan continues to be monitored via the Safer Staffing Group; we also remained fully engaged with the NHSE/I Retention Support Programme.

7. Recommendations

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and the mitigations that are currently in place
- Note the challenge in filling shifts in July
- Be assured that safe staffing levels have been maintained.

Appendix 1 July 2020 Safer Staffing

Jul-20	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
Ward	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)
Assessment & Treatment	939.00	939.00	829.42	688.20	688.20	346.80	1534.50	1534.50	1439.25	697.50	919.50	1218.90	88.3%	50.4%	93.8%	132.6%
Darwin Centre	1335.00	1335.00	1110.50	688.20	688.20	355.20	1162.50	1372.50	1569.50	688.20	1043.40	1402.85	83.2%	51.6%	114.4%	134.4%
Edward Myers Unit	963.00	963.00	960.75	344.10	344.10	344.10	790.50	790.50	1079.25	688.20	688.20	688.70	99.8%	100.0%	136.5%	100.1%
Florence House	697.50	697.50	551.25	332.32	332.32	332.32	930.00	930.00	918.48	332.32	332.32	332.32	79.0%	100.0%	98.8%	100.0%
Summers View	930.00	930.00	642.22	332.32	332.32	335.35	930.00	930.00	1092.69	664.64	664.64	664.84	69.1%	100.9%	117.5%	100.0%
PICU	1009.50	1009.50	1062.50	688.20	688.20	610.50	837.00	2232.00	2413.50	688.20	1376.40	1478.55	105.3%	88.7%	108.1%	107.4%
Ward 1	1335.00	1335.00	719.92	344.10	344.10	344.10	1162.50	1335.00	1709.00	688.20	1110.00	975.38	53.9%	100.0%	128.0%	87.9%
Ward 2	1335.00	1335.00	1119.50	688.20	688.20	465.20	1162.50	1162.50	1577.83	688.20	765.90	1063.00	83.9%	67.6%	135.7%	138.8%
Ward 3	1335.00	1335.00	1095.73	688.20	688.20	477.90	1162.50	1207.50	1767.52	688.20	765.90	971.30	82.1%	69.4%	146.4%	126.8%
Ward 4	1507.50	1507.50	1103.75	344.10	344.10	346.15	1162.50	1402.50	2047.50	1032.30	1209.90	1151.63	73.2%	100.6%	146.0%	95.2%
Ward 5	1335.00	1335.00	988.58	688.20	688.20	366.30	1162.50	1162.50	1962.08	688.20	688.20	979.87	74.1%	53.2%	168.8%	142.4%
Ward 6	1335.00	1335.00	1027.73	688.20	688.20	388.50	1162.50	1740.00	2293.10	1032.30	1465.20	1365.60	77.0%	56.5%	131.8%	93.2%
Ward 7	1335.00	1335.00	1041.00	344.10	344.10	344.10	1162.50	1162.50	1721.25	1032.30	1032.30	1021.20	78.0%	100.0%	148.1%	98.9%
Totals	15391.50	15391.50	12252.85	6858.44	6858.44	5056.52	14322.00	16962.00	21590.95	9608.76	12061.86	13314.14	79.6%	73.7%	127.3%	110.4%
Dragon Square	1102.50	1102.50	706.50	310.00	310.00	299.78	1102.50	1102.50	1071.75	310.00	340.00	420.00	64.1%	96.7%	97.2%	123.5%

Jul-20	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy July 2020	Movement
Ward	Overall RN %	Overall Care Staff %	Overall Staffing								
Assessment & Treatment	72.3%	108.3%	94.0%	4006.87	98.00	40.89	Nurses working additional unplanned hours and altering the skill mix	2.76	0.88	52%	↑
Darwin Centre	72.4%	123.0%	100.0%	4908.55	292.00	16.81	Nurses working additional unplanned hours and altering the skill mix	4.96	2.94	59%	↑
Edward Myers Unit	99.8%	119.6%	110.3%	3072.80	257.00	11.96	Nurses working additional unplanned hours and altering the skill mix	2.53	0.02	75%	↓
Florence House	85.8%	99.1%	93.1%	2306.87	226.00	10.21	Nurses working additional unplanned hours and altering the skill mix	0.92	1.50	93%	↓
Summers View	77.4%	110.2%	95.7%	2937.60	310.00	9.48	Nurses working additional unplanned hours and altering the skill mix	0.2	0.79	100%	↑
PICU	98.5%	107.9%	104.9%	5700.05	179.00	31.84	Nurses working additional unplanned hours and altering the skill mix.	8.48	3.67	85%	↑
Ward 1	63.4%	109.8%	90.9%	4243.40	280.00	15.16	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	3.92	0.79	74%	↑
Ward 2	78.3%	136.9%	106.9%	4823.92	425.00	11.35	Nurses working additional unplanned hours and altering the skill mix.	1.94	-0.55	81%	↑
Ward 3	77.8%	138.8%	107.9%	5024.95	381.00	13.19	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	2.02	0.81	80%	↓
Ward 4	78.3%	122.5%	104.1%	5395.53	325.00	16.60	Nurses working additional unplanned hours and altering the skill mix.	1.84	-1.72	68%	↑
Ward 5	67.0%	159.0%	110.9%	4434.08	313.00	14.17	Nurses working additional unplanned hours and altering the skill mix	4.89	-2.79	67%	↑
Ward 6	70.0%	114.1%	97.1%	5664.16	434.00	13.05	Nurses working additional unplanned hours, altering the skill mix.	4.59	-2.93	92%	↑
Ward 7	82.5%	125.0%	106.5%	4804.80	432.00	11.12	Nurses working additional unplanned hours, altering the skill mix.	2.09	0.04	100%	↑
Totals	77.8%	120.3%	101.8%	57323.58	3952.00	14.50		41.14	3.45		
Dragon Square	71.2%	103.4%	87.5%	2498.03	61.00	40.95		0.40	0.34	32%	↔

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Appendix 2 Staffing Issues

- At the end of July 2020 RN vacancies within ward inpatient areas had increased by 6.62 WTE from 34.88 WTE in June 2020 to 41.14 WTE. HCSW vacancies have decreased during the same period to 3.45 WTE.

- The Specialist Directorate has 16.66 WTE RN vacancies and 3.68 WTE HCSW vacancies (this includes vacancies at Dragon Square). The Darwin Unit and Ward 5 having the highest number of RN vacancies.

- The Acute and Urgent Care Directorate has 24.88 WTE RN vacancies and 0.11 WTE HCSW vacancies. PICU and Ward 6 continue to have the highest number of RN vacancies.

- Despite the increased vacancy level staffing fill-rates have remained high during July 2020 with the short-term recruitment of a number of student nurses into HCSW positions continuing to have a positive impact on these figures.

- RN night shift cover continues to remain challenging particularly in those areas with this highest RN vacancies and where more than one RN are required for the night-time shift.

- During July 2020 10 Registered Nurses (7.80 WTE) left the Trust. 1.00 WTE being from an inpatient area.

- 22 newly qualified RN's who will commence in October 2020. A majority of these new starters will be within the inpatient areas with 4 commencing in community services.

- Ward occupancy levels have continued to rise in 10 of the 14 inpatient areas. All areas with the exception of Dragon Square have returned to their pre-COVID occupancy levels.

- Ward teams continue to be supported by Quality Improvement Lead Nurses, Nurse Practitioners and a Site Manager who is further supported by an On-Call Manager out of hours. Daily Safer Staffing Huddles continue to provide an efficient and effective response to identifying and mitigating potential staffing shortfalls.

- Dragon Square Children's Specialist Short Breaks Service continues to operate with a reduced (post-COVID) occupancy level.

- Staffing levels remain under constant review as part of our response to the coronavirus pandemic; ensuring that the Trust is as alert as possible to any changing situation and to make certain that we can maintain safe staffing levels within our ward inpatient areas, these being our most critical services.

- Face to face, on-site training sessions were recommenced in July for those mandatory requirements that cannot be delivered electronically.

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 8

Date of Meeting:	10th September 2020		
Title of Report:	Q1 Serious Incident Report		
Presented by:	Dr Buki Adeyemo, Executive Medical Director		
Author:	Jackie Wilshaw. Head of Patient and Organisational Safety		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☒

Executive Summary:	Purpose of report	
This report provides the Trust with Assurance relating to the nature and status of SI's currently open and the trend data for Q4 2019/20 and Q1 2020/21. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. The Duty of Candour report is also included.	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People & Culture Development Committee • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services. ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	nil		
Resource Implications: Funding Source:	nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Consideration of Diversity and Inclusion issues is given during the SI investigation processes and the analysis provided in this report. There have been no issues raised with regards to D+I during these processes.		
STP Alignment / Implications:			
Recommendations:	For the Board to take assurance in the process by which Serious Incidents are monitored in the Trust To note the downward trend in Serious Incidents The focus in the Trust for Learning from Serious Incidents The work done in the Trust and wider health economy with regards to Serious Incidents		

Version	Name/group	Date issued
1	CSIG	24/07/20

1. Purpose of the report

This report provides assurance to the Quality committee of the Trust processes relating to Serious Incidents (SIs) and Duty of Candour. The report covers the period from 1st April to 30th June 2020 (Quarter 1, 2020/21) and details the following:

- The status of SIs currently open and trend data for Q4 2019/20 and Q1 2020/21.
- Serious Incidents by category reported by quarter.
- Themes, learning and change arising from Serious Incident investigations.
- The quarterly Duty of Candour report.

2. Serious Incidents Q1

SI investigations are undertaken following incidents involving people in receipt of services or who have been in receipt of services in the previous 6 months. Investigations are completed for incidents where death, serious injury or serious event has occurred. For the purposes of this report, investigations are not completed for those service users whose deaths are determined by HM Coroner to be the result of natural causes. The table below illustrates the total number of SIs reported by quarter for the period April 2019 to June 2020.

StEIS Incident category	Q1	Q2	Q3	Q4	Total 2019/20	Q1	Q2	Q3	Q4	Total 2020/21
Apparent/actual abuse	1	0	0	0	1	0				
Unexpected potentially avoidable injury causing serious harm: this is subdivided as shown below										
Apparent/actual/suspected self-harm criteria meeting SI criteria	2	1	3	2	8	1				
Slip, trip, fall	1	2	2	4	9	1				
Unexpected potentially avoidable injury causing serious harm	0	0	0	0	0					
Disruptive, aggressive behaviour meeting SI criteria	0	0	0	0	0					
Unexpected/Potentially avoidable serious assault (inc Suspected Homicide)	2	1	0	1	4	1				
Under 18 admission	0	0	0	0	0					
Incident demonstrating existing risk	0	0	0	0	0					
Contact/collision with a stationary object	0	0	0	1	1					
Unexpected potentially avoidable death: This is subdivided as shown below										
Pending review	9	5	6	11	31	7				
Apparent/actual/suspected self-harm criteria meeting SI criteria (suspected suicide)	4	6	2	6	18	6				
Total	19*	15	13	25	72	16				

*this figure is changed from that reported during Q1 2019/20 due to a number of investigations being downgraded from SI investigations in the event of HM Coroner determining a natural cause death. Reviews of these deaths were therefore transferred to the mortality surveillance process.

The table below shows the incidents reported in Q1 by team.

Team	Apr 20	May 20	June 20	Total
Access/NS Wellbeing		1		1
CDAS	1	1	1	3
Greenfields	1	1	1	3
Healthy Minds			1	1
HVU*/HHT/Ward 3			1	1
Liaison and Diversion			1	1
Old Age Outreach	2			2
Street Triage			1	1
Ward 2*/HTT		1		1
Ward 7		1		1
PICU		1		1
Grand Total	**4**	**6**	**6**	**16**

*Indicates lead team for purposes of SI investigation

The table below shows the incidents reported in Q1 by Directorate.

Directorate	Apr 20	May 20	Jun 20	Total
Acute and Urgent care		4	1	5
N Staffs Community			3	3
Specialist Services	1	1	1	3
Stoke Community	3	1	1	5
Total	**4**	**6**	**6**	**16**

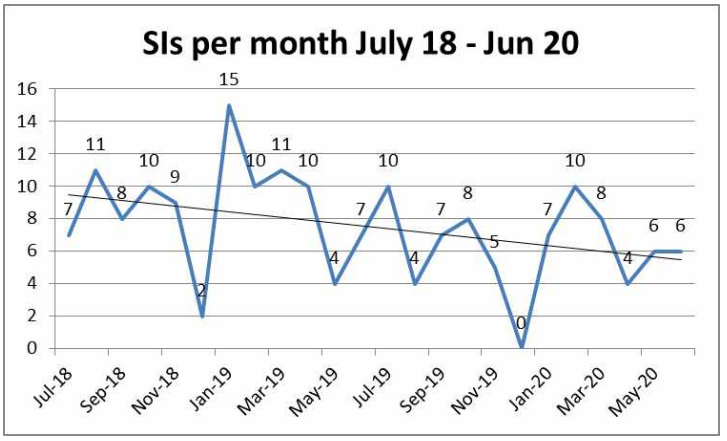
During Q1, 16 incidents were reported into StEIS and have undergone or are in the process of undergoing SI investigation. The main points to note are:

- There were 3 serious incidents reported for the Specialist Services Directorate. These were all classified as unexpected, potentially avoidable deaths.
    - These events were all in substance misuse services (CDAS) and are classed as 'pending review' i.e. it is not possible to reasonably believe that suicide was intended.
- There were 5 serious incidents reported for the Acute & Urgent Care Directorate.
    - This includes 4 unexpected, potentially avoidable deaths: Two of the deaths appear to be as a result of deliberate actions taken. The third death was that of an inpatient whose physical health deteriorated suddenly. He was transferred to RSUH but died a short time later. This death is being reviewed using the Panel Review process methodology. The cause of the final death is not yet known and a natural cause death may still be determined as alcohol may be a causative factor. HM Coroner has requested toxicology testing before a decision is made.
    - There was 1 slip, trip, fall that resulted in the person sustaining a fracture to his cheekbone/eye socket.
- In the Stoke Community Directorate, 5 serious Incidents were reported.
    - There were 3 incidents of unexpected, potentially avoidable death, where suicide is suspected.
    - There was one incident of serious self –harm reported by the Older Person's team..

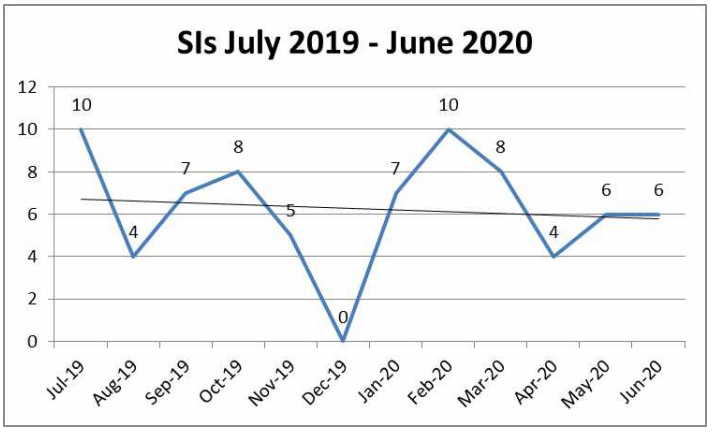
  - There was one incident of suspected homicide by a mental health patient. This report will be submitted to NHS England by the CCG Clinical Support Unit as per the SI Framework guidance.
- There were 3 incidents of unexpected, potentially avoidable deaths in the North Staffordshire Community Directorate.
  - 2 incidents are suspected to be deaths by suicide.
  - The third death is 'pending review' as it is not immediately reasonable to suspect that the person intended to take their own life. HM Coroner has requested toxicology testing.

3. Themes and Trends

The graph below shows the number of Serious Incidents reported monthly over a 2 year period, where a clear reduction in the number of SI's reported by the Trust.



When viewed over a shorter timeframe (see graph below) the decreasing trend for serious incidents is less evident however the downward trend does continue.



4. Learning from Serious Incidents

Recommendations and learning from investigations are disseminated upon completion of the SI investigation. The learning that was found from closed SI's during Q4 and Q1 included the following:

- Changes to staff management across all inpatient areas ensures that senior nursing staff are available across all shifts. This ensures that skilled senior staff are available particularly at weekends when there is a reduced MDT available.

- Gatekeeping staff ensure that requests for information are made to the care teams of out of areas patients. This relates to risk assessments and care plans for service users who are not known to Combined Healthcare but who may be admitted to our in-patient areas. This action is being supported by the Patient and Organisational Safety Team at a corporate level, with meetings in place with MPFT to discuss the learning from Serious Incidents.

- Greater discussion of possible psychological therapies incorporated into MDT meetings and a more robust process in place for the follow-up of internal referrals to psychologists.

- Medical staff were reminded that they should complete the entries in the electronic notes after any patient reviews, rather than relying on nursing or administrative staff to complete on their behalf: Practice note sent to all junior doctors by senior medical clinician.

During Q1, the panel review of the inpatient death which occurred in November 2019 was concluded and submitted to the Trust commissioners. There have been a number of recommendations made for both inpatient and community teams across adult and younger peoples services. The report was also shared with the family of the deceased for their review.

Actions recommended by the Review Panel included the following:

- Completion of the development and implementation of a pathway for the care of people with a diagnosis of Personality Disorder. This work is ongoing and a pre-mobilisation plan is in place prior to the business case being agreed by the commissioners.

- The development and introduction of a CAMHS home treatment team.

- A discussion with NHS England regarding improved gatekeeping processes: this would potentially involve national improvements across the whole of the CAMHS systems.

- Improved training for staff in the care of bereaved families

- Further development of the Positive Behaviour Support planning framework: This includes supporting staff in the management in cases of differing opinions between clinicians and service users.

It should be noted that the action plan following this review has been implemented with 85% (22/26) actions fully implemented and completed. The remaining 4 recommendations are partially completed with identified timescales for full completion.

Following submission of the report the Trust met with the Quality Commissioners to explore and discuss the findings and recommendations. The commissioners reported that they found the report to be well presented with robust and thoughtful findings and recommendations. They appreciated that good practice was identified as well as areas for improvement. They also recognised that care was taken to involve the person's mother and to incorporate her views into the Terms of Reference and they also liked the fact that the Trust utilised the post box approach to further explore the culture of the areas involved.

As previously stated the Trust is committed to joint learning events with other NHS providers. Past joint learning events have been facilitated by the commissioners however the P+OS Team and the safety and risk team at MPFT are meeting in order to develop our relationships. It is hoped that we can soon to be in a position where we can independently explore any learning issues as they arise and potentially to mitigate against possible SIs.

As in previous reports, documentation and communication issues can be found across a range of investigation reports. Action plans for improvements are in place for individuals and teams in relation to specific incidents. We continue to monitor that learning is embedded and that the messages are cascaded across the organisation.

As in previous reports there were a number of investigations where no recommendations for change were made.

This action plans are reviewed at 6 and 12 monthly intervals post incident in order to ensure that the learning from investigations has been embedded into practice. Directorate assurance from this process is through the Clinical Improvement and Safety Group (CSIG) where reports by exemption are made and any issues escalated to the Medical Director.

5. Duty of Candour (Quarter 1 report)

The Trust continues to strive for open and transparent practice in our delivery of mental health and learning disability services. All reported incidents are scrutinised at the weekly meeting of the incident review group. This meeting provides secondary monitoring and identification of all incidents which may potentially meet the criteria as Duty of Candour (DoC) reportable incidents.

In the case of SIs, it is not always possible to immediately determine which, if any of the deaths under investigation meet the Duty of Candour requirements. Letters are issued by the Directorate of the treating team, expressing the Trust condolences and explaining that the Trust will be undertaking a review of the care provided. However should any investigation identify causal links between patient harm and service delivered, the DoC process would be initiated and a letter outlining the issues sent to the patient or next of kin. The current ongoing SI investigations may identify issues that meet the DoC criteria and therefore the requirements for DoC would be met through the SI process.

During Q1, there have been three incidents where the criteria for reporting under the Duty of Candour requirements were considered by the clinical teams. It is noted that there was full adherence to the process regarding the DoC reporting requirements and no breach in the DoC reporting process occurred.

The first incident followed the completion of a SI review and was regarding a slip, trip, fall incident that occurred in Q4 2019/20 (March 2020).

- It was determined that newly prescribed medication may have contributed to the fall and that action had not been taken to ensure that the medication was/would be reviewed. Good practice requires prescribers to ensure that any newly prescribed medication is monitored with respect of both efficacy and possible side effects. Following completion of the SI investigation and the identification that the incident met the requirements for the DoC, a

letter was sent to the family of the person who fell. This letter was sent within the timescales set by the DoC requirements.

The second incident was also identified through a SI review: A female patient suffered a fracture following being pushed over by another patient. This incident occurred in Q4 2019/20 (February 2020).

- The investigation found that the ward staff had not taken action to safeguard this lady following a report of an altercation the previous day, between the lady and the person later identified as the assailant in the incident where she sustained the injury. It was found that the observation levels of each patient were not reviewed following the report of this earlier incident which subsequently meant that no staff were alerted to be vigilant when the two people were in close proximity and therefore the incident was not witnessed or able to be prevented.

- In addition, there was a delay between a request for an Urgent CT scan being and the date of the scan taking place. This was due to the ward staff not actively pursuing the referral with the scanning department at RSUH.

The third incident was not part of the SI process but was identified through incident reporting and teams challenging each other to provide the best possible care to our service users.

- The incident involved a person whose mental state was deteriorating whilst in the community and an apparent delay in providing care. A meeting held to discuss the care delivered by the Trust teams involved in this person's care. It was agreed that there had been a delay in care provision and that this had resulted in the person not being offered care in a timely manner. This delay in care provision meant that the person was not able to be offered the least restrictive care option because by the time another mental health team became aware of the person's situation, they required detention under the Mental Health Act. It was agreed that this met the criteria required for the Duty of Candour to be applicable. A letter of apology was immediately written to the service user and was delivered within the required timescale.

6. Conclusion

- The Trust continues to monitor all incidents on a weekly basis and this report demonstrates compliance with Trust policies and processes.
- The number of unexpected, potentially avoidable deaths during Q1 is 13; this is in line with the average figure for 2019/20 where the monthly average was 12.25.
- The learning from investigations, as outlined above, is cascaded across the Trust through a variety of governance processes. From the internal team and directorate processes across to full Trust cascade and through the Learning Lessons framework. This is to ensure that the learning from investigations is not completed in isolation and that a positive learning culture is maintained, through supporting staff with the opportunity to reflect and share learning.

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REPORT TO PUBLIC TRUST BOARD

Enclosure No:9

Date of Meeting:	10th September 2020		
Title of Report:	Q1 2020-2021 Mortality Surveillance Report		
Presented by:	Dr B Adeyemo Executive Medical Director		
Author:	Jackie Wilshaw. Head of Patient and Organisational Safety		
Executive Lead Name:	Dr B Adeyemo Executive Medical Director	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People & Culture Development Committee • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☒ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Issues relating to Equality, Diversity and Inclusion were not identified during the MS process or the writing of this report		
STP Alignment / Implications:	Nil		
Recommendations:	To receive for assurance and information		

Version	Name/group	Date issued
1	CSIG	17th August 2020
	Quality Committee	3rd September 2020

1

1. Introduction

In 2017 the National Quality Board published new guidance on learning from deaths. As a result there is a need to ensure that the Trust can be confident that all unexpected deaths are reported and investigated appropriately. Additionally, information contained within its databases must be accurate and comply with the Trust standard of transparency and accountability. This report is for the Q1 reporting period 2020/21 and provides information for the time frame April to June 2021.

2. Trust reporting and data collection

During Q1 the mortality surveillance group reviewed the care of 26 people (meetings took place on 19th May and 2nd June). The analysis of these deaths is shown in the table below.

Meeting Date	Identifier	Death category	Level of care	Death occurred as a result of problems in healthcare?	DoC applies	Domain
May 2020	20387	EN1 Expected Natural	4. Good Care	No	No	Physical health (Learning Disability)
	33139	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	28858	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	27775	EN1 Expected Natural	4. Good Care	No	No	Physical health
	30673	EN1 Expected Natural	3. Adequate Care	No	No	Physical health (Learning Disability)
	28347	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	32760	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	31570	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	29710	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	31484	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	29601	EN1 Expected Natural	4. Good Care	No	No	Physical health
	31035	EN1 Expected Natural	4. Good Care	No	No	Physical health
	32681	EU Expected Unnatural	4. Good Care	No	No	Physical health
	32930	UN2 Unexpected Natural	4. Good Care	No	No	Physical Health Drugs and alcohol
	32928	EN1 Expected Natural	4. Good Care	No	No	Physical health
June 2020	30066	EN1 Expected Natural	4. Good Care	No	No	Physical health
	32683	EN1 Expected Natural	4. Good Care	No	No	Physical health
	28037	EN1 Expected Natural	4. Good Care	No	No	Physical health (Learning Disability)

	32492	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	31763	EN1 Expected Natural	4. Good Care	No	No	Physical health
	33067	EU Expected Unnatural	4. Good Care	No	No	Drugs and alcohol
	22485	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	32571	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	31836	UN2 Unexpected Natural	3. Adequate Care	No	No	Drugs and alcohol
	31381	UN1 Unexpected Natural	4. Good Care	No	No	Physical health
	30743	EN1 Expected Natural	4. Good Care	No	No	Physical health

The definitions for the death category are shown below:

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

As previously stated, there is no national guidance on the criteria for the level of care determination. However the mortality surveillance group considered that good care had been provided where there was evidence of the staff providing a good level of support, had responded quickly and appropriately to situations where deterioration in physical health was noted. Adequate care is determined to be care where the basic standards of expected support are given. Poor Care is determined where the group consider that the actions of the clinicians did not meet the standards required by the Trust. However in part these determinations are dependent upon the quality of the documentation contained within the mortality surveillance review tools and the electronic patient records. Feedback to the directorate/team on the quality of documentation is sent to the clinical teams in order to improve future entries in the patient records.

Of the reviews undertaken during this timeframe, care was rated to be good in all cases; it was agreed by the group that there was evidence of care being provided in a timely manner and that the actions taken by Trust staff demonstrated their support to people who were physically unwell.

During this review, it was noted that one person was found to have died as a result of contracting COVID-19.New and underlying physical health issues were responsible for 19 out of the 26 (73%) of the deaths reviewed; this also includes one case where the person had alcohol related issues in addition to poor physical health. In the remaining 7 cases (27%), alcohol abuse was determined to be the principle cause of the person's death.

3. LeDeR

There were three people with a learning disability whose care was reviewed during this time frame. In addition to the mortality surveillance reviews completed by the Trust all deaths of

people with Learning Disabilities are reported to a national reviewing board based at the University of Bristol. The deaths are then allocated to regional offices for review. To ensure oversight of all deaths of people known to the Trust, the decision was made to include the deaths of people with Learning Disabilities in the mortality surveillance process. However the Specialist Directorate have newly commenced a separate piece of work to review the care provided to the people in receipt of the services at the time of death. This is part of their ongoing commitment to learning and sharing good practice, including good end of life planning with partner agencies.

4. Conclusion

The Trust continues to monitor the deaths of people whose deaths are outside of the Serious Incident process. The monthly Mortality Surveillance Group receives and reviews investigations in order to provide assurance as to the quality of the care provided by the Trust. The group identifies any learning from the reviews and offers recommendations for practice when required. In the deaths reviewed during Q1, there was no evidence of deficits in the healthcare provided by the Trust which may be considered to have contributed to the death of any individuals.

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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 10a

Date of Meeting:	10 September 2020		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Patrick Sullivan, Non-Executive Director/ Justine Scotcher Executive PA.		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on the 3 September 2020.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration ☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications: Funding Source:	None highlighted		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
STP Alignment / Implications:	None as part of this report		
Recommendations:	Receive for assurance purposes and ratify policies highlighted		

Version	Name/group	Date issued

Front Sheet Template V11 15.05.19

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Report from the Quality Committee meeting held on 3 September 2020 for the Trust Board meeting on 10 September 2020

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives. The meeting was completed using Microsoft teams.

The meeting commenced with a patient's story which was a moving account of an individual's experience of the services provided by the Trust. The patient was a young woman who experienced a psychotic breakdown and has received support both as an inpatient at the Harplands and through the Early Intervention Team. The account she provided included both positive and negative experiences which emphasised the importance of psychological support, a focus on recovery, involvement of the family and engaging the individual in a compassionate and respectful way.

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

- **COVID-19 Update –** Currently no new cases in the inpatient wards although the Trust needs to remain aware of the local outbreaks and any increases in prevalence. Two local increases in Silverdale and Normacot. New national guidance has been received in relation to Infection control and the implications of this on the local policy and procedural framework are being considered.

- **IQPR M4 2020/21 –** There are 24 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions. There is 1 special cause variation (orange variation flags - signifying concern) - Staff Turnover - and 15 special cause variations (blue variation flags - signifying improvement). There are 19 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value. It is important to note the following:

    - Emergency Readmission-Highest number of emergency readmissions recorded since April 2017
    - Section 136 - Six assessments occurred outside the 3-hour response time
    - Service users on CPA in settled accommodation–at 48.3% the Trust is well below the national average of 61 %
    - Service users in employment – although the target is met performance has declined steadily since December 2019
    - A number of the targets have been met but the overall demand has reduced due to COVID 19

- **Safe Staffing Report –July 2020** – During July 2020 an overall fill rate of 101.8% was achieved; a decrease of 0.1% from the June 2020 position (101.9%). The fill rate for RN shifts decreased to 77.8% in July 2020 from 81.5% in June 2020. It is important to note that registered nurse vacancies increased to 41.14 WTE in July 2020. In October 2020 22 registered nurse are due to join the Trust after completion of Student Nurse training.

- **CQC Update Report –** The planned reinspection remains on hold due to the COVID 19 situation although the Trust has responded to concern raised in relation to the Trusts reporting of incidents through the StIES system.

- **Risk Register -** The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. It was agreed that the current risks remain relevant and should remain on the register in their current form with the exception of the risk associated with pharmacy which could now be closed. No additional risks were identified.

  The current risks are as follows:

  - Risk of self-harm due to ligature anchor points
  - Risk to patient safety due to non-anchored ligatures
  - Risks to service quality as a result of COVID 19
  - Risk to patient safety due to the lack of development of a community pathway for patients with a personality disorder which results in admission to hospital where community support would be more clinically effective
  - Risk of poor compliance in relation to the Mental Health and Mental Capacity Act
  - Risks associated with complaints management
  - Risks to the quality of the pharmacy services due to sustainability and capacity issues
  - Risk to services quality due to the cuts imposed on substance misuse services by commissioners
  - Risk associated with poor response times to Section 136 detentions
  - Risks associated with Brexit and pharmacy supplies
  - Risk associated with limited 136 suite capacity

  All the above risks have mitigations in place.

- **Clinical Professional Advisory Group (CPAG)** - This summary provided assurance regarding the activities and outputs from the Clinical Professional Advisory Group (CPAG). This group was set up to support the clinical management of patients who are positive for COVID 19.

- **Board Assurance Framework Q1 2020/21 –** The Committee reviewed **t**he Q1 2020/21 BAF which provides oversight and update of the key controls and assurances introduced to ensure delivery of the seven strategic objectives. The BAF will be reviewed in line with a review of the Trusts strategic objectives.

3. Directorate Dashboards

Each Clinical Director (or nominated deputy) presented the report and the balanced scorecard for their area of responsibility. Areas of good practice were highlighted, challenges to services identified and areas of continued improvement noted. It is important for the Board to note the following:

- Progress of work to reduce the ligature risks at the Harplands is progressing
- Increased demands on services, this is noted in community services and the inpatients wards are seeing an increase in occupancy and a high level of acuity associated with new onset psychosis and the complications that result from associated substance misuse

- It is important to monitor the impact of substance misuse on the Trust's services with increased evidence of dual diagnosis. This appears to be impacting on the readmission rates which are the highest since April 2017 and the demands being made on the Early Intervention service. In addition, we continue to see number of serious incidents involving the death of individuals with substance misuse problems
- It is important that the Board notes the impact of Local Authority funding on services in both the City and the County. Directorates are beginning to note the serious implications on the quality of care on some individuals with serious and long-standing mental health problems
- A significant increase in CAMHS referrals is now likely given that children have now returned to school
- Performance against the main KPIs remains positive given the current pressures associated with COVID 19. This impacts on the number of people that can be seen and the service that can be offered.
- Substance misuse services are currently developing a clinical model that takes into account a £500K reduction in funding from the Local Authority

4. Reports received for scrutiny and assurance

The following reports were circulated prior to the meeting for review and were received under the Consent agenda;

- Learning from Experience – May to June 2020
- Annual Health and Safety Report 2019/20
- Mortality Surveillance Report Q1 2020/21
- Research and Development Annual Report 2019/20

5. Policy Report

- SOP Out of hours Discharge Process for Out of Area patients
- Police and Health Partner Agency Agreement
- 4.26 Listening and Responding PALs and Complaints Policy

The Board is asked to ratify the approval of each of these policies for three years.

Next meeting: 8 October 2020

Committee Chair, Mr Patrick Sullivan
Non-Executive Director
4 Sept 2020

NHS
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Combined Healthcare
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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 10b

Date of Meeting:	10th September 2020		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Patrick Sullivan, Non-Executive Director/ Justine Scotcher Executive PA.		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on the 6 August 2020. The meeting was held on MS teams.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration ☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications: Funding Source:	None highlighted		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
STP Alignment / Implications:	None as part of this report		
Recommendations:	Receive for assurance purposes and ratify policies highlighted		

Version	Name/group	Date issued

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Report from the Quality Committee meeting held on 10 September 2020 for the Trust Board meeting on 6 August 2020

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives. The meeting was completed using Microsoft teams and was quorate.

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

- **COVID-19 Update –** The Trust is working towards establishing services and fully meeting the current demand. No positive COVID cases in the inpatient facilities for over three weeks. The Trust is working as part of a whole system approach to meet the requirements of the phase 3 letter which outlines the requirements of health services across the NHS.

- **IQPR M3 2020/21 –** There were 27 RAG rated measures that have achieved target and 5 that have not achieved target and highlighted in red as exceptions.

  There are no special cause variations (orange variation flags - signifying concern) and 12 special cause variations (blue variation flags - signifying improvement). There are 19 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value. Particular areas of concern for the Quality Committee were:

  1. Section 136 Place of Safety
  2. Admission of a minor (under 18years) to an adult inpatient unit
  3. Service users on CPA in settled accommodation

- **Safe Staffing Report – June 2020** - During June 2020 an overall fill rate of 101.9% was achieved; an increase of 4.4% from the May 2020 position (97.5%). The fill rate for RN shifts increased to 81.5% in June 2020 from 81.3% in May 2020. There remain a significant number of vacancies on the inpatient wards and it was agreed that this would be reviewed in more detail at the People, Culture and Development Committee. Some issues with both recruitment and retention remain.

- **CQC Update Report –** No well led inspection planned as it remains on hold. Focused inspections have replaced routine visits. A new lead inspector has been allocated to the Trust – Paul Bingham. In future changes to the way information is collated will reduce the demand on staff.

- **Risk Register -** The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. The current risks relate to:
  1. Self-harm/anchored ligature
  2. Self-harm/non anchored ligature
  3. Impact of COVID 19
  4. Community pathway to support individuals with a personality disorder
  5. Mental Health Act/Mental Capacity Act compliance
  6. Substance misuse funding and the impact on the quality of care
  7. Section 136 Mental Health Act – place of safety
  8. Primary /secondary care management of prescriptions in the community

It was agreed that the current risks remain relevant and should remain on the register in their current form. No additional risks were identified

- **CQC Assessment of Trust Infection Prevention Control Report Board Assurance Framework –** The committee received this summary and noted **t**he decision of the CQC is that the Trust has provided all necessary assurance within the Board Assurance Framework and has made effective plans to limit the spread of infection.

- **Board Assurance Framework –** The committee received this report which provides the updates for Q1 2020/21 for assurances purposes.

- **Learning from experience (March to April 2020) -** This report provided a summary of all patient related incidents/events**.** Overall there had been a reduction in incidents although there had been an increase in the number of falls. Medication incidents were considered in some detail particularly an incident involving an error involving the administration of Methotrexate. There has been an increase in violence and aggression and in one incident of restraint two staff sustained fractures to their ribs. Both are making a full recovery.

- **Clinical Professional Advisory Group (CPAG)** - This group was set up in response to COVID 19. It is the main forum for coordinating senior professional and clinical advice which informs the working of the Incident Management Group. This summary provided assurance regarding the activities and outputs from The Clinical Professional Advisory Group (CPAG).

- **Clinical Effectiveness Report** - This report provided a summary of all sub-committees which report to the Quality Committee. The report covers the outputs from;

  Medicines Optimisation
  Mental Health Law Governance
  Research and Development
  Clinical Records and System Design
  Clinical Effectiveness Group

  It is to be noted that the Liberty Protection Standards will not now be introduced until 2022.

- **Serious Incident Report Q1 2020/21** - This report provided assurance relating to the nature and status of serious Incident's currently open and the trend data for Q1 2020/21. The Duty of Candour report was also included within the report. A verbal update was received, and some discussion took place regarding the following:
  1. Current situation in relation to serious incidents and the rapid review process that had been undertaken
  2. Broader information about COVID 19 and the partnerships that are part of the suicide prevention work associated with the zero-suicide alliance
  3. Information available to individuals in need of support

3. Annual Reports received for scrutiny and assurance

- Pharmacy Annual Report 2019/20
- Medicines Optimisation Report 2019/20

4. Policy report

Approve for 3 years

1.44 Policy for Mental Health services working with service users with co-occurring mental health and substance misuse difficulties
4.30 Policy for the development and management of Trust wide procedural / approved documents
SOP for Informed Consent for Hosted Research
SOP for Trust Authorisation of Pandemic Priority & Expedited Hosted Research
SOP for Trust Authorisation of Hosted Research
SOP for Identifying & Reporting Serious Breaches of GCP or Protocol of Hosted Research
1.64 Effective Care Planning
SOP – EMU Out of Hours

Extend to 31st September 2020

1.71 Duty to cooperate with MAPPA Policy
4.26 Listening and Responding (PALS and Complaints Policy)
1.08 Missing Persons Policy
1.83 Safer Staffing Policy

Next meeting: 3 September 2020

Committee Chair, Mr Patrick Sullivan
Non-Executive Director
7 August 2020

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No:11

Date of Meeting:	10TH September 2020		
Title of Report:	Improving Quality & Performance Report (IQPR) Month 4 2020/21		
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates		
Author:	Victoria Boswell, Associate Director of Performance		
Executive Lead Name:	Lorraine Hooper, Director of Finance, Performance & Estates	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
In M4 there are 24 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions. There is 1 special cause variation (orange variation flags - signifying concern) - Staff Turnover - and 15 special cause variations (blue variation flags - signifying improvement). There are 19 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☐ Performance review 25.08.20	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not achieved target. In addition, they may be required for those measures showing a special cause variation indicating concern. The PIPs require directorates to set out the issues, actions and a trajectory for improvement to mitigate any risks in achieving compliance and maintaining the standard required. There have been no PIPs issued in M4.		
Resource Implications:	A Data Quality Improvement Plan is in place and monitored through the Data Quality Forum There is a particular focus on maintaining the Trust's		

Front Sheet Template V12 01.04.20

Funding Source:	performance in meeting the DQMI standard (Data Quality Improvement Index) as a key mental health indicator in the Single Oversight Framework	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population.	
STP Alignment / Implications:	None at the present time	
Recommendations:	Trust Board is asked to: • Receive the report as outlined • Note the Management actions	
Version	Name/group	Date issued
1.1	Finance and Resource Committee	19/08/20

Front Sheet Template V12 01.04.20

North Staffordshire Combined Healthcare NHS Trust

IQPR

Improving Quality & Performance Report

Board Report

Month 4: July 2020

Contents

1. Using Statistical process control (SPC)

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

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

2. Highlights and Exceptions

There are 24 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions.

There is 1 special cause variation (orange variation flags - signifying concern) - Staff Turnover - and 15 special cause variations (blue variation flags - signifying improvement). There are 19 metrics flagged with a common cause variation (grey variation flag). A grey shaded icon signifies no data or a zero value.

Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not achieved target. In addition, they may be required for those measures showing a special cause variation indicating concern. The PIPs require directorates to set out the issues, actions and a trajectory for improvement to mitigate any risks in achieving compliance and maintaining the standard required. No PIPs have been requested during M4 and will be resumed in M5.

Measure	Type	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Trust stretch target	G				There continues to be improvement during M4 from 98.1% to 98.8%
2 - Referral to Treatment within 18 weeks	Contractual target	G				The target has been achieved during M4 with performance at 99.1%
3 - CAMHS Compliance with 4 week waits (Referral to Assessment)	Trust stretch target	G				It is positive to note that overall performance has been achieved at 98.4%
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Contractual target	G				Performance has been sustained during M4 at 99.4%
5 - CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week	National target					Reported quarterly
6 - CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks	National target					Reported quarterly
7 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Contractual target	G				M4 performance is reported as 85.7%, above the 60% threshold
8 - MH Liaison 1 Hour Response (Emergency)	Contractual target	G				Performance has been maintained during M4 at 95.5%

Measure	Type	Met/Not Met	Assurance	Variation	Exception	Narrative
9 - MH Liaison 4 Hour Response (Urgent)	Contractual target	G				96.2% of patients were assessed within 4 hours by the MH Liaison team during M4
10 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Contractual target	G				Performance has improved during M4 to 98.6% from 95.5%
11 - IAPT: Referral to Treatment (6 weeks)	National target	G				Performance has been maintained during M4 at 99.3%
12 - IAPT: Referral to Treatment (18 weeks)	National target	G				The M4 position continues to be highly performing at 100%
13 - Care Programme Approach (CPA) 7 day Follow Up	National target	G				The standard has been sustained during M4 with performance at 100%
14 - 7 Day Follow Up (All Patients)	Contractual target	G				97 % of all patients discharged from inpatient wards in M4 were followed up within 7 days of discharge
15 - 48 Hour Follow Up	Trust stretch target	R			*	Performance during M4 has declined to 94.7% from 95.2% during M3, just under target.
16 - Delayed Transfers of Care (DTOC)	National target	G				Delayed discharge performance has positively decreased to 1.8% from 3.4% during M3
17 - Emergency Readmissions rate (30 days)	Trust stretch target	R			*	Performance continues to be unpredictable and at 8% in M4. Further work is underway to understand this further, including the volatility of this measure.
18 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Trust stretch target	R			*	There were 6 assessments that occurred outside the 3 hour response time with no clinical grounds for delay
19 - Under 18 Admissions to all adult inpatient wards	Trust target	G				There have been no under 18 year olds admitted to an adult inpatient ward during M4
20 - Friends and Family Test – Recommended	National					There have been 72 FFT returns received during M4, with 92% of these recommending the Trust
21 - Number of inappropriate OAP bed days that are either "internal" or "external" to the sending provider	National					There are no OAP admissions in M4 outside Staffordshire
22 - Care Plan Compliance	Trust stretch target	G				During M4 performance has been achieved at 95.5%.
23 - Risk Assessment Compliance	Trust stretch target	G				Performance has remained relatively static at 95.8% during M4, meeting the required standard

Measure	Type	Met/Not Met	Assurance	Variation	Exception	Narrative
24 - CPA 12 Month Review Compliance	National target	G				Performance during M4 is at 95.1% a decrease from 97.4% during M3
25 - IAPT : Recovery	National target	G				Performance during M4 is 53.2% against the 50% target
26 - Service Users on CPA in settled accommodation	National target	R			*	Performance during M4 has remained static at 48.3% and significantly falls below the 61% national average.
27 - Service Users on CPA in Employment	National target	G				Performance has been in steady decline since December 2019 however, the 8% national average continues to be met at 8.8% during M4
28 - Serious Incidents	Trust measure					There are 8 serious incidents reported during M4
29 - Patient Safety Incidents	Trust measure					The number of patient safety incidents was 466 in M4
30 - Complaints Open Beyond Agreed Timescale	Trust stretch target	G				There were no outstanding complaint responses during M4
31 - Sickness Absence	Trust stretch target					April figures have now been confirmed and sickness levels are reported above the 4.95% threshold at 5.13%.
32 - Vacancy Rate	Trust stretch target	G				Overall performance in M4 has positively decreased to 5.1%.
33 - Staff Turnover	Trust stretch target	R			*	Performance is above the 10% threshold at 17.2% during M4. If the latest TUPE transfer is excluded, this provides a mitigated turnover position of 12.5%.
34 - Safe Staffing	National (Trust stretch target)	G				It is positive to the note the safe staffing fill rate has improved to over 100%. This is due to the recruitment of several year 3 student nurses which has had a positive impact on ward staffing levels
35 - % Year to Date Agency Spend compared to Year to Date Agency Ceiling	National target	G				Agency spend during M4 is 24.3% below the agency ceiling, compared to 11% above the agency ceiling in M12

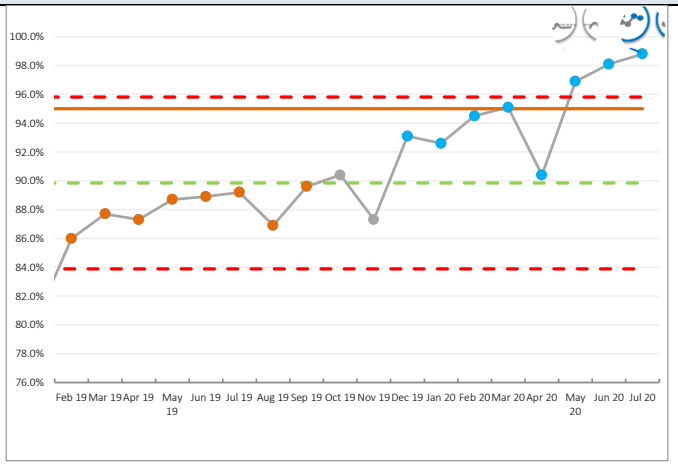
Measure	Type	Met/Not Met	Assurance	Variation	Exception	Narrative
36 - Clinical Supervision	Trust stretch target	R			*	Performance has fallen below the required standard during M4 at 83%. This is being focused on through performance review meetings with directorates.
37 - Appraisal	Trust stretch target	R			*	The appraisal requirement was resumed from 19 June 2020 (post Covid).
38 - Statutory & Mandatory Training	Trust stretch target	G				Performance during M4 is 91% with all localities having met the required standard.

Access and Waiting Times

G - Referral to Assessment within 4 weeks ↗

A Higher Value Is Better

Actual	98.8%	M4	**Exec. Director of Operations**	Responsive
Target:	95.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
86.9%	89.6%	90.4%	87.3%	93.1%	92.6%	94.5%	95.1%	90.4%	96.9%	98.1%	98.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
98.8%	99.0%	96.8%	89.6%	99.7%

-- Context --
Trust indicator to ensure that service users referred receive a timely assessment and access to services - based on time between referral and first successful contact for current service users with an incomplete pathway

-- Monthly Narrative (Key Issues and Actions) --
There continues to be improvement to performance during M4 from 98.1% to 98.8.

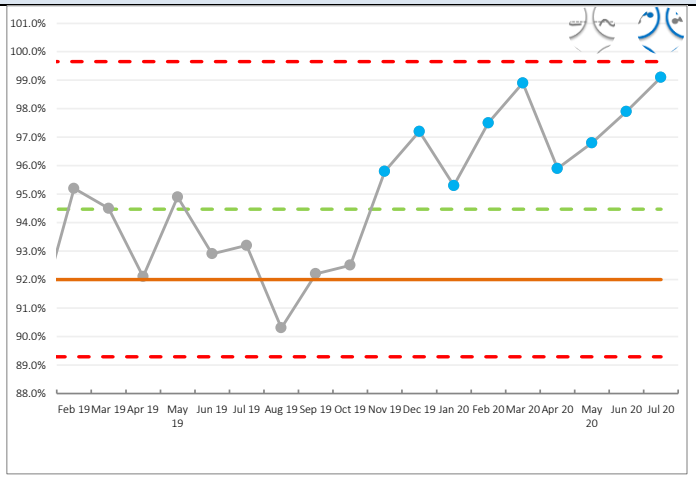
This metric is currently operating outside of its normal control limit. This is associated with improved waiting times during the Covid pandemic following the overall reduction in the number of referrals being received. All directorates, with the exception of Specialist Services, have met the 4 week RTA standard in M4. The challenge for the Specialist Services Directorate is associated with the delay for MRI scans undertaken at UHNM for Neuro services, which is being worked through as part of system wide restoration and recovery plans.

1

G - Referral to Treatment within 18 weeks ↗

A Higher Value Is Better

Actual	99.1%	M4	**Exec. Director of Operations**	Responsive
Target:	92.0%	Monthly	CCG	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
90.3%	92.2%	92.5%	95.8%	97.2%	95.3%	97.5%	98.9%	95.9%	96.8%	97.9%	99.1%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
99.1%	97.4%	99.4%	90.9%	100.0%

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

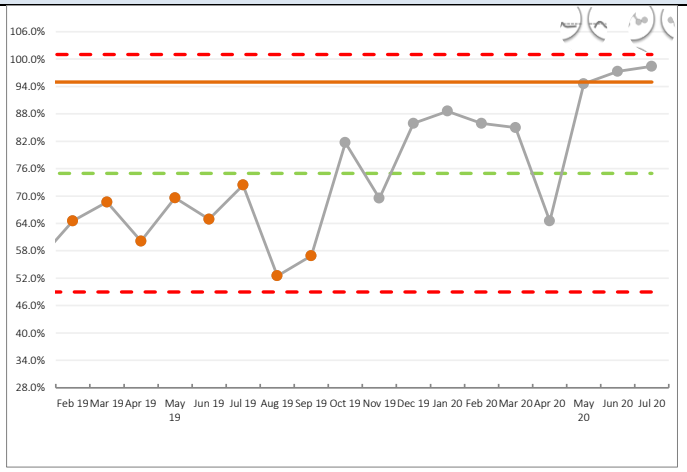
-- Monthly Narrative (Key Issues and Actions) --
The target has been achieved during M4 with performance at 99.1%. All localities are achieving the 18 week standard with the exception of Specialist Services, where there is an action plan in place to address these waits.

2

G - CAMHS Compliance with 4 week waits (Referral to Assessment) ↗

A Higher Value Is Better

Actual	98.4%	M4	**Exec. Director of Operations**	Responsive
Target:	95.0%	Monthly	Trust Measure	



-- Context --
Trust indicator to ensure that service users referred receive a timely assessment and access to services - based on time between referral and first successful contact for current service users with an incomplete pathway

-- Monthly Narrative (Key Issues and Actions) --
It is positive to note that overall performance has been achieved for this aspirational Trust target, with performance at 98.4%. It is anticipated that this may not be sustainable during the coming months as primary care services are resumed and children return to school, resulting in an increase in referral rates. Surge panning is underway in directorates.

12 Month Trend

52.5%	56.9%	81.7%	69.5%	85.9%	88.6%	85.9%	85.0%	64.5%	94.6%	97.3%	98.4%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

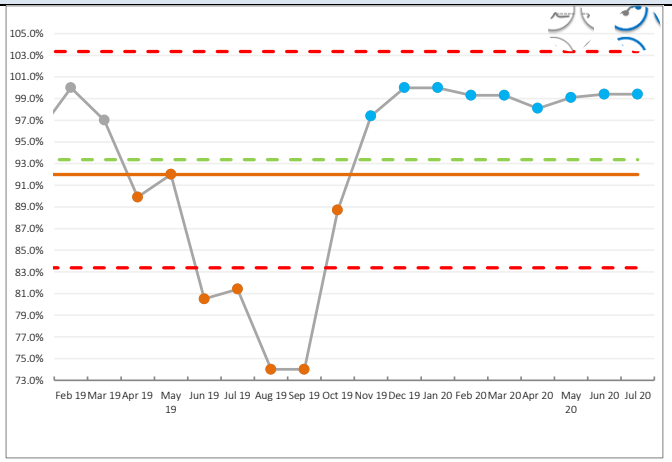
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✘		✓
98.4%	100.0%	16.7%	# N/A	100.0%

3

G - CAMHS Compliance with 18 week waits (Referral to Treatment) ↔

A Higher Value Is Better

Actual	99.4%	M4	**Exec. Director of Operations**	Responsive
Target:	92.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance has been sustained in M4 at 99.4%. All directorates are achieving the 18 week standard, with the exception of the Stoke Community (8 out of 9 patients).

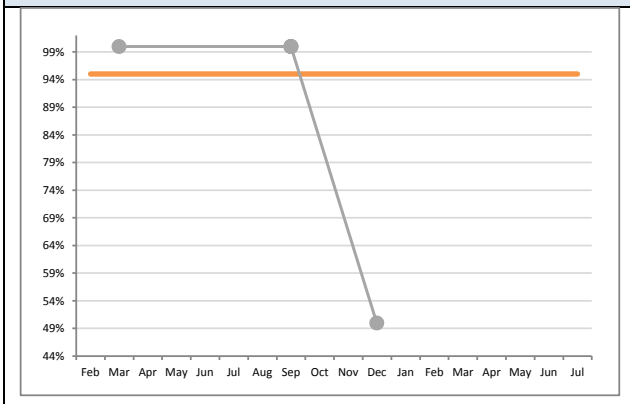
12 Month Trend

74.0%	74.0%	88.7%	97.4%	100.0%	100.0%	99.3%	99.3%	98.1%	99.1%	99.4%	99.4%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

National	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✘		✓
99.4%	100.0%	88.9%	# N/A	100.0%

4

- CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week A Higher Value Is Better	Actual M4 Target: 95.0% Quarterly	Exec. Director of Operations Responsive National



12 Month Trend

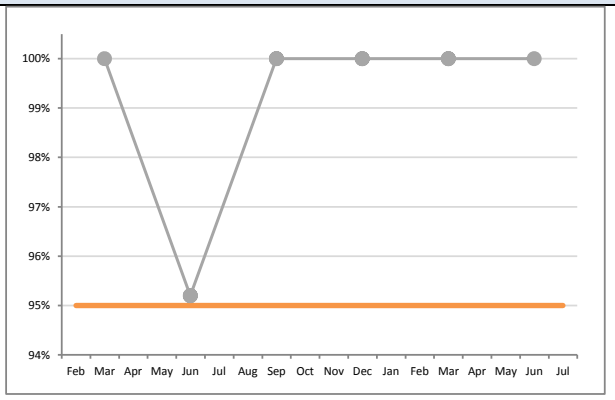
-- Context --
National target - 1 week or less from referral to entering a course of treatment under urgent ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as second successful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

-- Monthly Narrative (Key Issues and Actions) --
There have been no urgent referrals for Children and Young People with Eating Disorders during Quarter 1.

Trust

5

- CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks A Higher Value Is Better	Actual M4 Target: 95.0% Quarterly	Exec. Director of Operations Responsive National



12 Month Trend

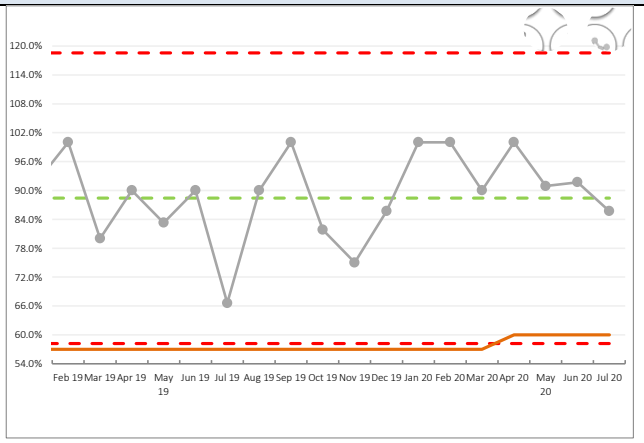
-- Context --
National target - 4 weeks or less from referral to entering a course of treatment under routine ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as second successful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

-- Monthly Narrative (Key Issues and Actions) --
100% of children and young people referred for an assessment have been seen within 4 weeks during quarter 1.

Trust

6

G - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment ↘	Actual 85.7% M4	Exec. Director of Operations: Responsive
A Higher Value Is Better	Target: 60.0% Monthly	National



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
90.0%	100.0%	81.8%	75.0%	85.7%	100.0%	100.0%	90.0%	100.0%	90.9%	91.7%	85.7%

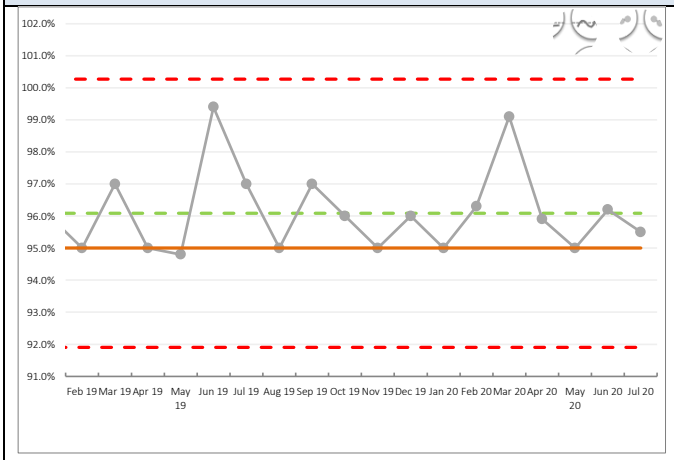
Trust
✓
85.7%

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

-- Monthly Narrative (Key Issues and Actions) --
During M4 performance is reported as 85.7%, remaining above the 60% threshold.

7

G - MH Liaison 1 Hour Response (Emergency) ↘	Actual 95.5% M4	Exec. Director of Operations: Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
95.0%	97.0%	96.0%	95.0%	96.0%	95.0%	96.3%	99.1%	95.9%	95.0%	96.2%	95.5%

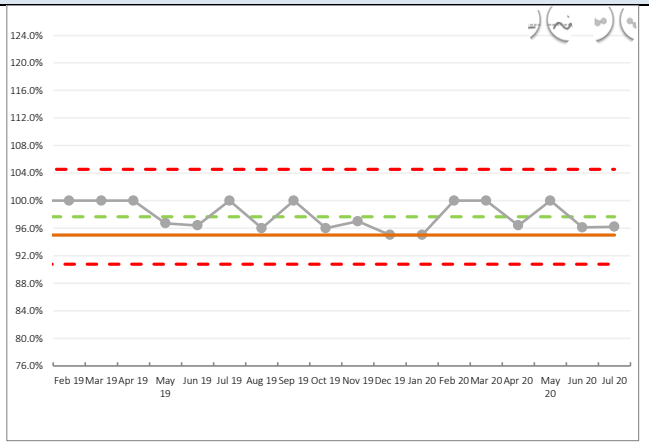
Trust
✓
95.5%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance has been maintained during M4 at 95.5%

8

G - MH Liaison 4 Hour Response (Urgent) ↗	Actual 96.2% M4	Exec. Director of Operations Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



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

-- Monthly Narrative (Key Issues and Actions) --
96.2% of patients were assessed within 4 hours by the MH Liaison team during M4.

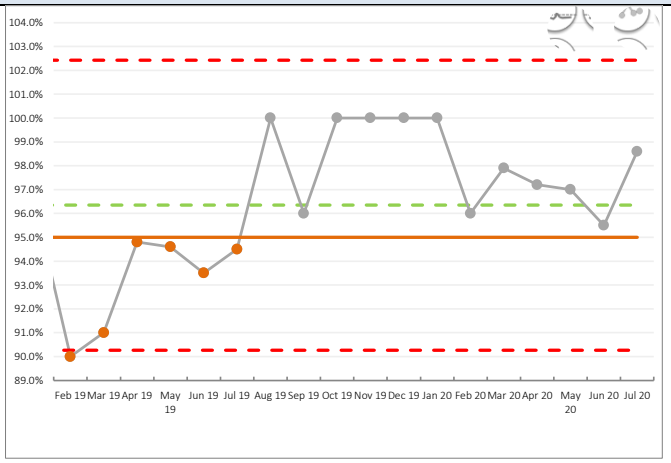
12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
96.0%	100.0%	96.0%	97.0%	95.0%	95.0%	100.0%	100.0%	96.4%	100.0%	96.1%	96.2%

Trust
✓
96.2%

9

G - MH Liaison 24 Hour Response (Urgent from General Hospital Ward) ↗	Actual 98.6% M4	Exec. Director of Operations Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



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

-- Monthly Narrative (Key Issues and Actions) --
Performance has improved during M4 to 98.6% from 95.5%.

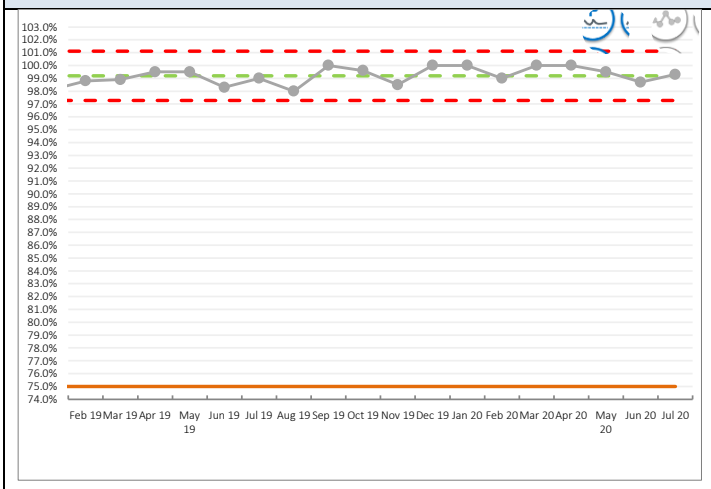
12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
########	96.0%	100.0%	100.0%	100.0%	100.0%	96.0%	97.9%	97.2%	97.0%	95.5%	98.6%

Trust
✓
98.6%

10

G - IAPT: Referral to Treatment (6 weeks) ↗	Actual 99.3% M4	Exec. Director of Operations	Safe
A Higher Value Is Better	Target: 75.0% Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
98.0%	100.0%	99.6%	98.5%	100.0%	100.0%	99.0%	100.0%	100.0%	99.5%	98.7%	99.3%

Trust
✓
99.3%

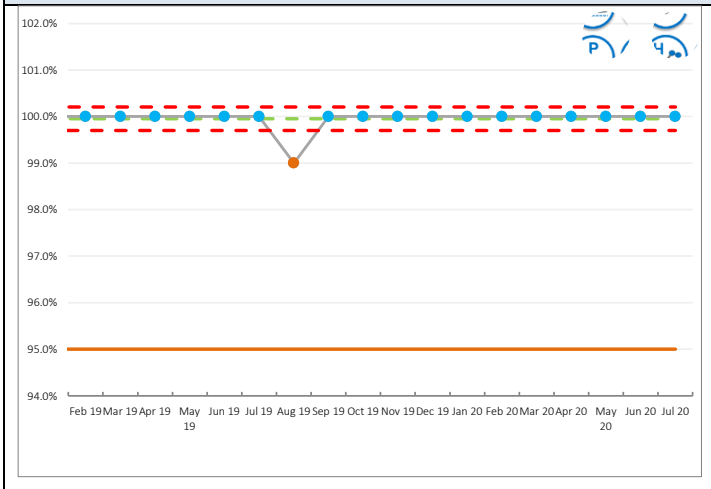
-- Context --
National indicator - 6 weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the 2nd successful contact.

-- Monthly Narrative (Key Issues and Actions) --
Performance against the 6 week referral to treatment standard is 99.3% in M4.

The lead contract provider is now MPFT. The Trust continues to report the measure as part of our core service.

11

G - IAPT: Referral to Treatment (18 weeks) ↔	Actual 100.0% M4	Exec. Director of Operations	Safe
A Higher Value Is Better	Target: 95.0% Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Trust
✓
100.0%

-- Context --
National indicator - 18 weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the2nd successful contact.

-- Monthly Narrative (Key Issues and Actions) --
Performance during M4 continues to be highly performing at 100%.

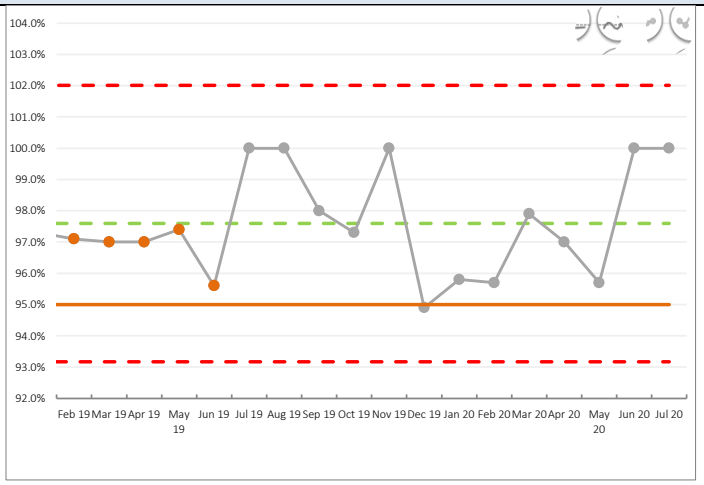
The lead provider is now MPFT. The Trust continues to report the measure as part of our core service.

12

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

A Higher Value Is Better

Actual	100.0%	M4	**Exec. Director of Operations**	Safe
Target:	95.0%	Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
The standard has been sustained during M4 with performance at 100%.

12 Month Trend

#######	98.0%	97.3%	100.0%	94.9%	95.8%	95.7%	97.9%	97.0%	95.7%	100.0%	100.0%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

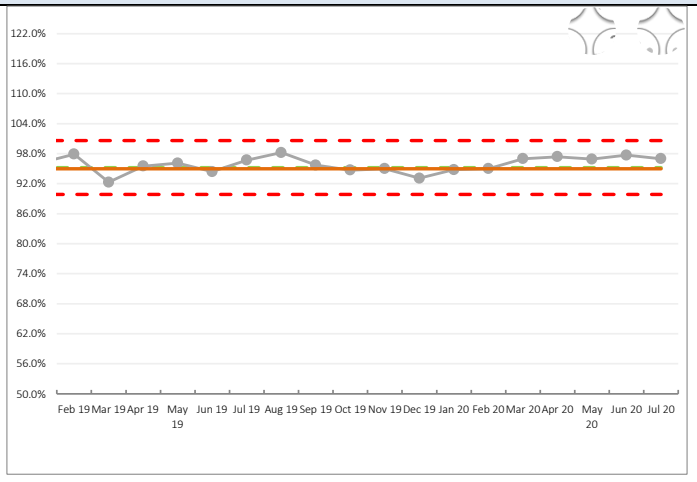
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
100.0%	100.0%	100.0%	100.0%	100.0%

13

G - 7 Day Follow Up (All Patients) ↘

A Higher Value Is Better

Actual	97.0%	M4	**Exec. Director of Operations**	Safe
Target:	95.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
97.0% of all patients discharged from inpatient wards in M4 were followed up in 7 days of discharge, with the exception of Specialist Services. Three patients were not seen within seven days (96 out of 99) with breach forms completed to confirm the circumstances and that follow up had occurred and that no harm was observed as a result of the delay..

12 Month Trend

98.2%	95.7%	94.7%	95.0%	93.1%	94.8%	95.0%	97.0%	97.4%	96.9%	97.7%	97.0%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

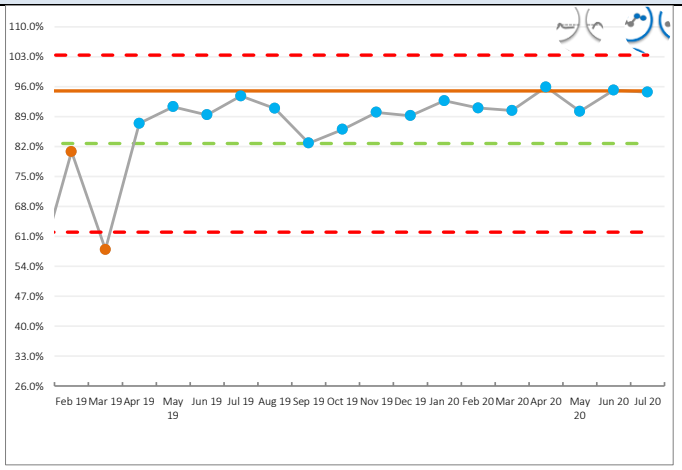
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✖	✓
97.0%	97.6%	97.2%	83.3%	100.0%

14

R - 48 Hour Follow Up ↘

A Higher Value Is Better

Actual	94.7%	M4	**Exec. Director of Operations**	Safe
Target:	95.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
90.9%	82.8%	86.0%	90.0%	89.2%	92.7%	91.0%	90.4%	95.9%	90.2%	95.2%	94.7%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✖	✓	✖	✓	✖
94.7%	97.6%	91.7%	100.0%	93.3%

-- Context --

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

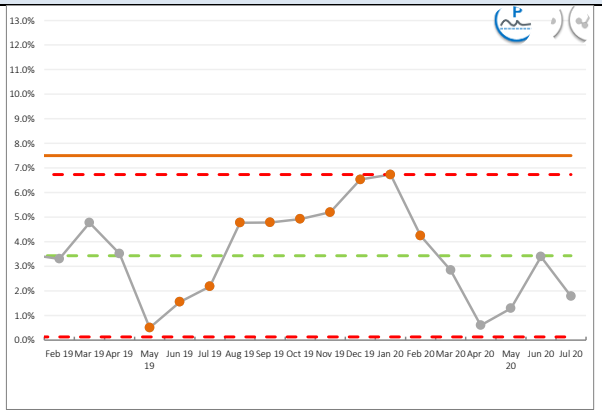
-- Monthly Narrative (Key Issues and Actions) --

Performance during M4 has declined to 94.7% from 95.2% during M3. This equates to 5 patients not followed up within 48 hours, in all cases it is reported that no harm was observed as a result of the delay.

15

Inpatient and Quality Metrics

G - Delayed Transfers of Care (DTOC) ↗	Actual 1.8% M4	Exec. Director of Operations Responsive
A Lower Value Is Better	Target: 7.5% Monthly	National



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

-- Monthly Narrative (Key Issues and Actions) --
Delayed discharge performance has positively decreased to 1.8% from 3.4% during M4, which is well within the 7.5% threshold.

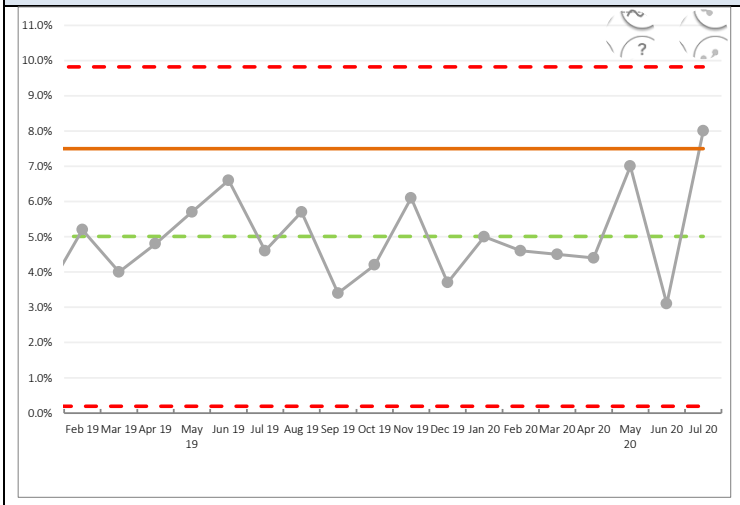
12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
4.8%	4.8%	4.9%	5.2%	6.5%	6.7%	4.2%	2.8%	0.6%	1.3%	3.4%	1.8%

Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
18%	4.2%	0.8%

16

R - Emergency Readmissions rate (30 days) ↘	Actual 8.0% M4	Exec. Director of Operations Responsive
A Lower Value Is Better	Target: 7.5% Monthly	Trust Measure



-- Context --
To measure the prevalence of emergency readmissions - linked to patient outcomes and use of resources

-- Monthly Narrative (Key Issues and Actions) --
Performance continues to be unpredictable during M4 at 8.0% which is the highest number of emergency readmissions recorded since April 2017 associated with adult acute wards with 17 emergency readmissions.

Out of 23 Acute readmissions

- 12 had relapsed and been readmitted as a result of substance misuse.
- 3 had not engaged with their care team and relapsed
- 6 recorded as relapse due to non concordance with medication
- 2 recorded as crisis re-admissions having voiced ideas to end their life

A clinical audit has been undertaken to enable a full understanding of the issues and actions required. The Dual Diagnosis Nurse Consultant is working with ward managers to deliver dual diagnosis training for staff nurses, having a dual diagnosis champion on wards and ensuring that staff are aware of referral pathways for substance misuse services. In addition, there is close liaison with Stoke and North Staffs Community to strengthen discharge pathways.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
5.7%	3.4%	4.2%	6.1%	3.7%	5.0%	4.6%	4.5%	4.4%	7.0%	3.1%	8.0%

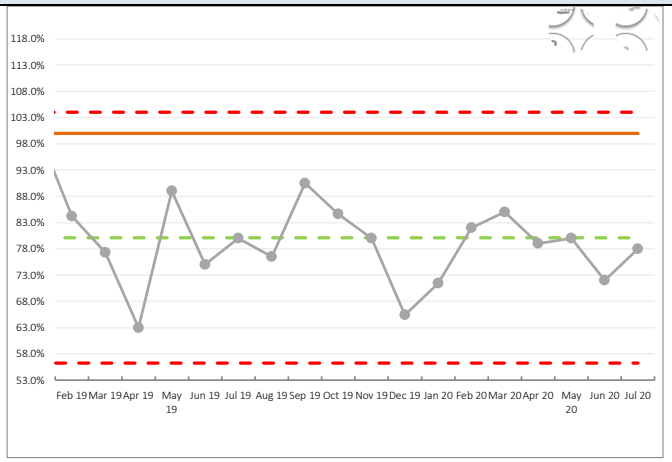
Trust	Specialist Services	Acute and Urgent Care
✗		✗

17

R - Place of Safety assessment carried out within 3 hours (where clinically appropriate) ↗

A Higher Value Is Better

Actual	78.0%	M4	**Medical Director**	Safe
Target:	100.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
76.5%	90.5%	84.6%	80.0%	65.4%	71.4%	82.0%	85.0%	79.0%	80.0%	72.0%	78.0%

-- Context --
The recommendation that PoS assessments are carried out within 3 hours is driven by service user experience and clinical outcomes, as well as availability of PoS for other service users.

-- Monthly Narrative (Key Issues and Actions) --
Out of 27 assessments in M4 (26 at Harplands, 1 at RSUH), 15 assessments occurred within the 3 hour target plus 6 which had agreed clinical grounds for delay. The reason for the 6 assessments that occurred outside the 3 hour response time without agreed clinical grounds are;

- 4x Staffs Emergency Duty Team delays
- 2x Stoke Emergency Duty Team delays

3 of the delays are associated with the out of hours service handing over to the day team (2 Staffs and 1 Stoke).

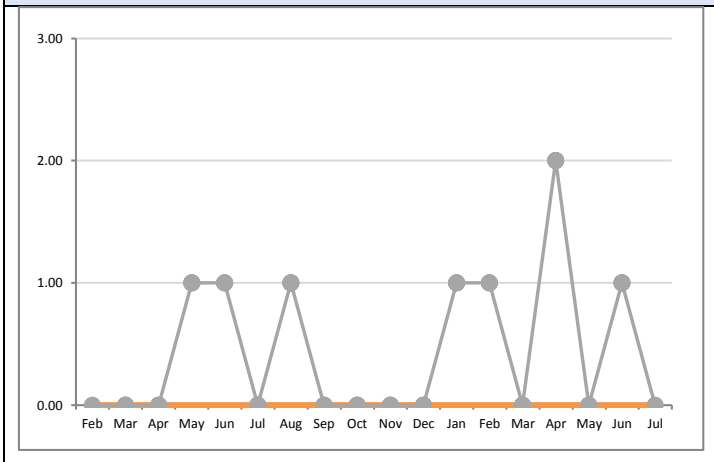
Trust
✘
78.0%

18

G - Under 18 Admissions to all inpatient wards ↗

A Lower Value Is Better

Actual	0.00	M4	**Exec. Director of Operations**	Safe
Target:	0.00	Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1	0	0	0	0	1	1	0	2	0	1	0

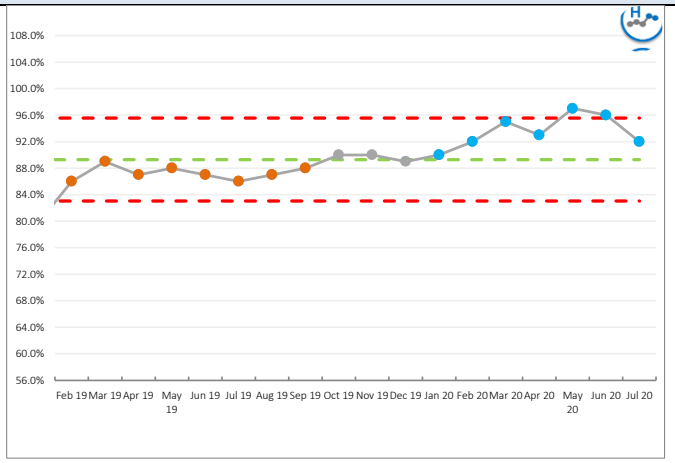
-- Context --
National indicator - The number of children and young people who are admitted to an adult inpatient ward. This is a count of people, aged under 18, who were on an adult ward at any point during the month.

-- Monthly Narrative (Key Issues and Actions) --
There have been no under 18 year old admissions to an adult inpatient ward during M4.

Trust
✓
0.00

19

- Friends and Family Test – Recommended ↘	Actual 92.0% M4	Executive Director of Nursing and Quality	Caring
A Higher Value Is Better	Target: Monthly	National	



-- Context --
National indicator - This measure is a proxy for patient experience, and measures where the services user would recommend the Trust to others.

-- Monthly Narrative (Key Issues and Actions) --
There have been 72 FFT returns received during M4, which is a 63% decrease in response when compared to M3. 92% (73) would recommend the Trust, 1% (1) said they would not recommend the Trust and 6% (5) were undecided.

The FFT cards can now be completed at any time during care (not just at CPA or discharge stage) and available online. It is anticipated that this will result in an increase in the response rate.

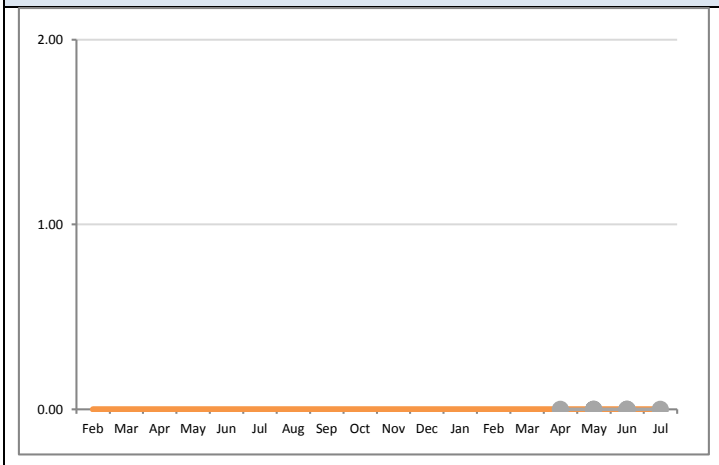
12 Month Trend

87.0%	88.0%	90.0%	90.0%	89.0%	90.0%	92.0%	95.0%	93.0%	97.0%	96.0%	92.0%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
92.0%	100.0%	89.0%	100.0%	90.0%

20

- Out of Area ↔	Actual 0.00 M4	Exec. Director of Operations	Responsive
A Lower Value Is Better	Target: Monthly	National	



-- Context --
National indicator - Number of inappropriate OAA bed days that are either "internal" or "external" to the sending provider in the reporting period. This new national metric for 20/21 combines both adult/older adult acute and PICU out of area placements who were inappropriately redirected to out of area beds. For our reporting purposes this would be outside Staffordshire. This replaces the 4x OOA measures reported in 2019/20.

-- Monthly Narrative (Key Issues and Actions) --
There were no OOA admissions in M4 outside Staffordshire (considered to be local beds as accessible to family, friends and care coordinator).

12 Month Trend

								0	0	0	0
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust
0.00

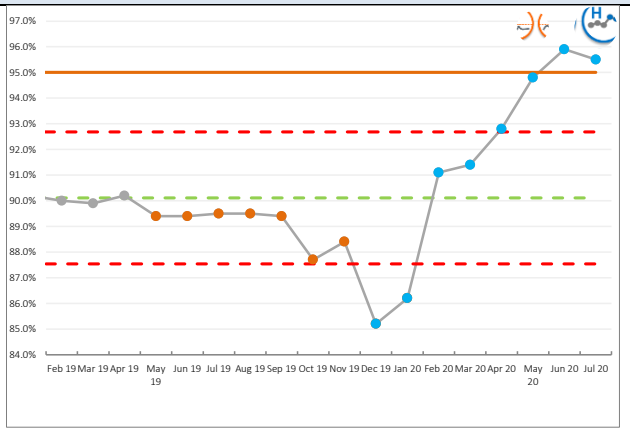
21

Community and Quality Metrics

G - Care Plan Compliance ↘

A Higher Value Is Better

Actual	95.5%	M4	**Executive Director of Nursing**	Safe
Target:	95.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
89.5%	89.4%	87.7%	88.4%	85.2%	86.2%	91.1%	91.4%	92.8%	94.8%	95.9%	95.5%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
95.5%	95.0%	95.1%	97.3%	99.0%

-- Context --
Service users are entitled to have a care plan that's regularly reviewed. A care plan sets out what support will be provided day to day and who will provide it. The care plan should include details of what should happen in an emergency or crisis.

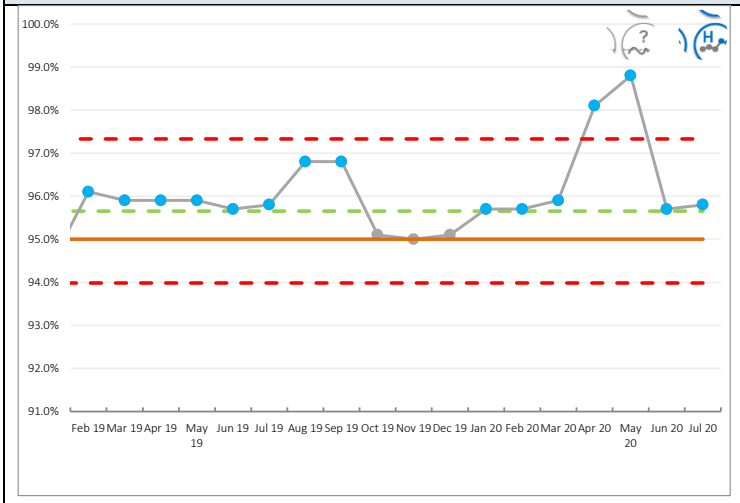
-- Monthly Narrative (Key Issues and Actions) --
During M4 the performance standard has been achieved at 95.5%. The variation acknowledges the special cause of an improving nature over the last eight months.

22

G - Risk Assessment Compliance ↗

A Higher Value Is Better

Actual	95.8%	M4	**Exec. Director of Operations**	Safe
Target:	95.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
96.8%	96.8%	95.1%	95.0%	95.1%	95.7%	95.7%	95.9%	98.1%	98.8%	95.7%	95.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✘	✘
95.8%	96.9%	95.9%	93.9%	92.2%

-- Context --
To measure availability of risk assessments for all service users - patients who have been accepted into service and had a first contact are expected to have a risk assessment (exception is Memory Clinic where it is expected after second appointment) - intended to minimise harm to service users and others.

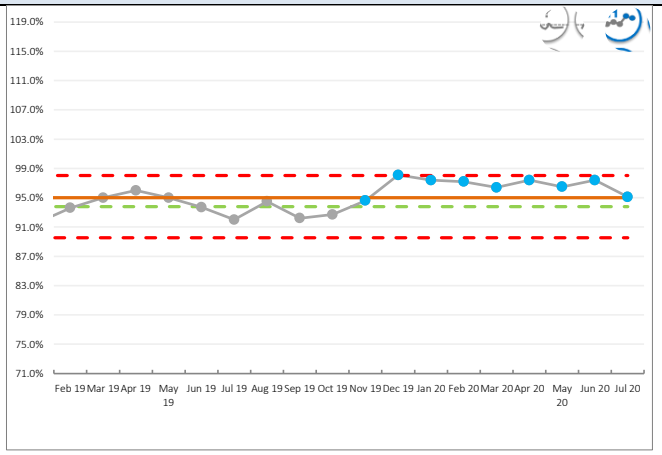
-- Monthly Narrative (Key Issues and Actions) --
Performance has remained relatively static at 95.8% during M4, which is within the required standard. Both variation and assurance indicates inconsistency in overall performance. Specialist Services and Acute & Urgent Care directorates have not met the required threshold.

23

G - CPA 12 Month Review Compliance ↘

A Higher Value Is Better

Actual	95.1%	M4	**Exec. Director of Operations**	Safe
Target:	95.0%	Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
94.5%	92.2%	92.7%	94.6%	98.1%	97.4%	97.2%	96.4%	97.4%	96.5%	97.4%	95.1%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✓	✓
95.1%	94.3%	95.1%	96.1%	100.0%

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

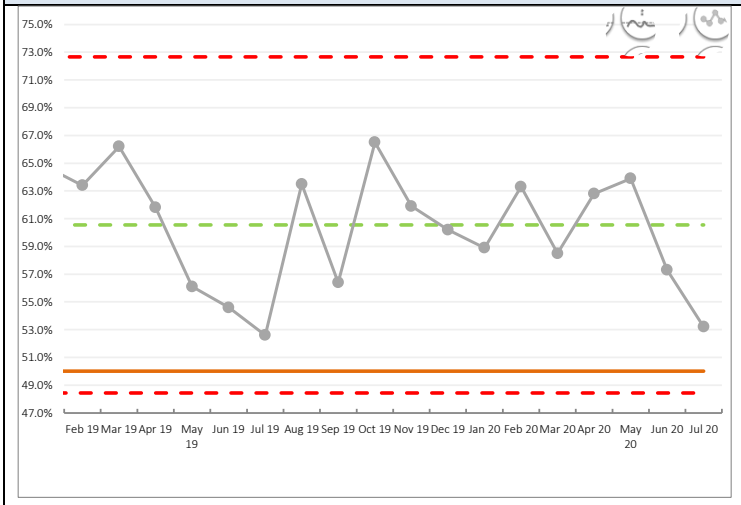
-- Monthly Narrative (Key Issues and Actions) --
Performance during M4 is at 95.1% a decrease from 97.4%. All localities have achieved the required standard with the exception to North Staffs Community.

24

G - IAPT: Recovery ↘

A Higher Value Is Better

Actual	53.2%	M4	**Exec. Director of Operations**	Safe
Target:	50.0%	Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
63.5%	56.4%	66.5%	61.9%	60.2%	58.9%	63.3%	58.5%	62.8%	63.9%	57.3%	53.2%

Trust
✓
53.2%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance during M4 is 53.2%.

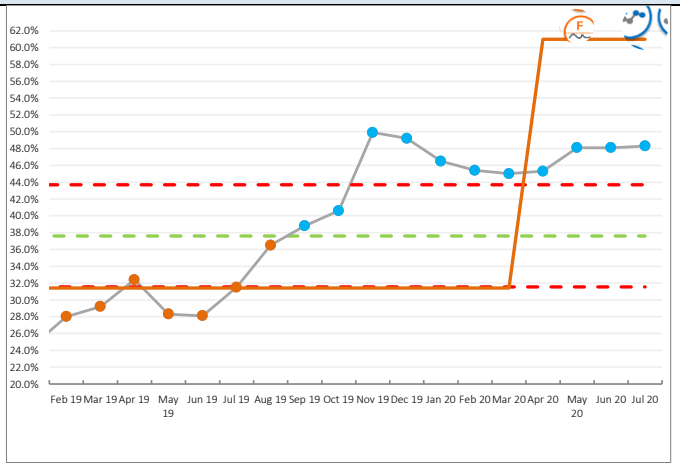
The lead contract provider is now MPFT. The Trust continues to report the measure as part of our core service.

25

R - Service Users on CPA in settled accommodation ↗

A Higher Value Is Better

Actual	48.3%	M4	**Exec. Director of Operations**		Safe
Target:	61.0%	Monthly	National		



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

-- Monthly Narrative (Key Issues and Actions) --
Performance during M4 has remained static at 48.3% and remains well below the required 61% national standard (based on the national average).

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
36.5%	38.8%	40.6%	49.9%	49.2%	46.5%	45.4%	45.0%	45.3%	48.1%	48.1%	48.3%

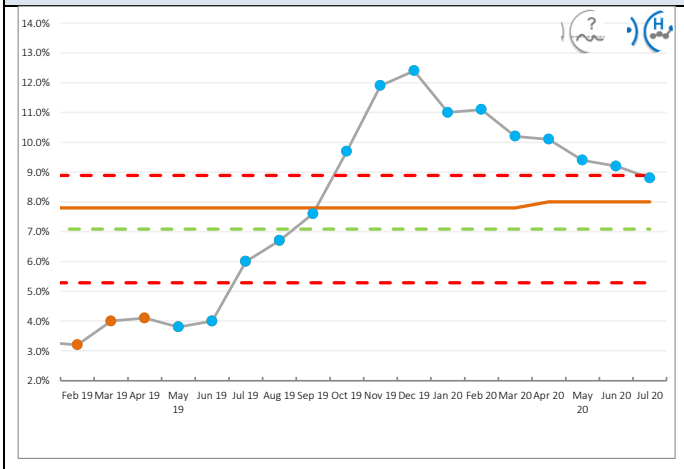
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✓	✗	✓
48.3%	23.5%	70.8%	40.6%	100.0%

26

G - Service Users on CPA in Employment ↘

A Higher Value Is Better

Actual	8.8%	M4	**Exec. Director of Operations**		Safe
Target:	8.0%	Monthly	National		



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

-- Monthly Narrative (Key Issues and Actions) --
Performance has been in steady decline from December 2019. However, the 8% target continues to be met at 8.8% during M4.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
6.7%	7.6%	9.7%	11.9%	12.4%	11.0%	11.1%	10.2%	10.1%	9.4%	9.2%	8.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✗	✗
8.8%	3.2%	15.0%	1.9%	0.0%

27

- Serious Incidents ↘

A Lower Value Is Better

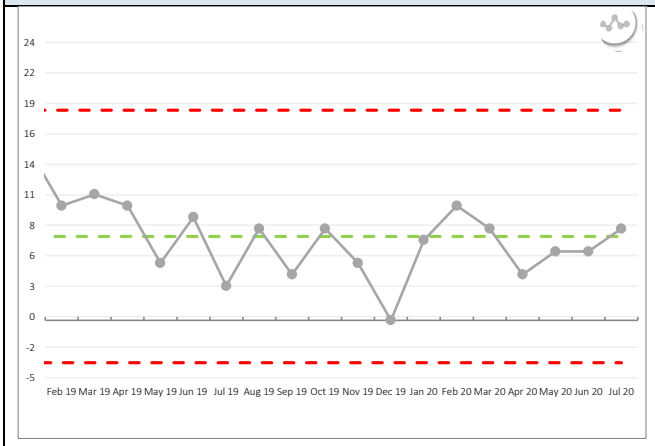
Actual 8.00 M4

Target: Monthly

Executive Director of Nursing and Quality

Safe

Trust Measure



-- Context --
Responding appropriately when things go wrong in healthcare is a key part of the way that the NHS can continually improve the safety of the services we provide to our patients.

-- Monthly Narrative (Key Issues and Actions) --
There are 8 serious incidents reported during M4. There are no observable immediate linking factors.

12 Month Trend

8	4	8	5	0	7	10	8	4	6	6	8
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
8.00	2.00	100	2.00	3.00

28

- Patient Safety Incidents ↘

A Lower Value Is Better

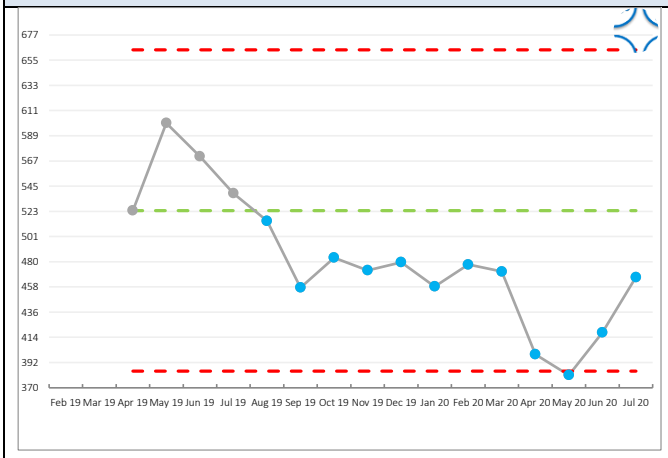
Actual 466.00 M4

Target: Monthly

Executive Director of Nursing and Quality

Safe

Trust Measure



-- Context --
Incident reporting is vital for improving patient and staff safety through the Trust's ability to learn when things go wrong and identify what, if anything could have been done differently. An incident is any event that has, or may have, impacted upon the safety of patients, staff, and delivery of service or health improvement.

-- Monthly Narrative (Key Issues and Actions) --
The number of patient safety incidents was 466 during M4. This reflects the increase in bed occupancy post COVID period when occupancy levels were below 50% for some weeks.

12 Month Trend

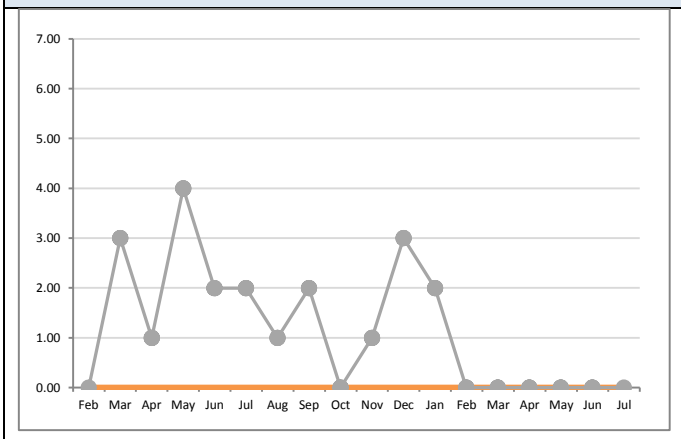
515	457	483	472	479	458	477	471	399	381	418	466
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
466.00	19.00	3100	125.00	285.00

29

Organisational Health and Workforce

G - Complaints Open Beyond Agreed Timescale ↔	Actual 0.00 M4	Executive Director of Nursing and Quality	Caring
A Lower Value Is Better	Target: 0.00 Monthly	Trust Measure	



-- Context --
All formal complaints will receive a response detailing the outcome of investigation within 40 working days or, where an alternative timescale has been agreed with the complainant.

-- Monthly Narrative (Key Issues and Actions) --
There were no outstanding complaint responses during M4.

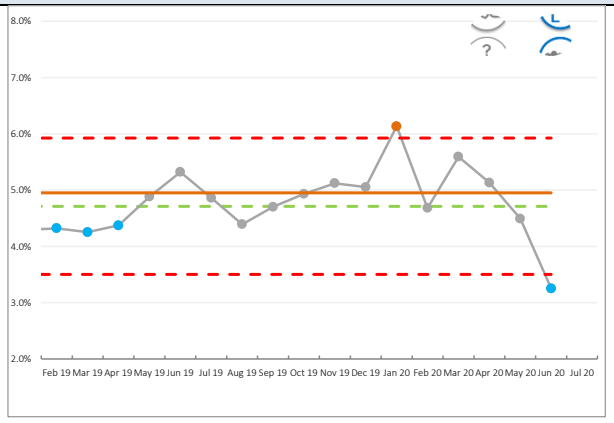
12 Month Trend

1	2	0	1	3	2	0	0	0	0	0	0
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust
✓
0.00

30

- Sickness Absence	Actual #N/A M4	Executive Director of Workforce	Organisational Health
A Lower Value Is Better	Target: 4.95% Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
The April figure has now been confirmed and sickness levels are reported above the 4.95% standard at 5.13%. May and June unconfirmed figures have been updated and the latest data suggests that sickness absence for both May and June are within the 4.95% threshold.

12 Month Trend

4.39%	4.70%	4.93%	5.12%	5.05%	6.13%	4.68%	5.59%	5.13%	4.49%	3.25%	
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

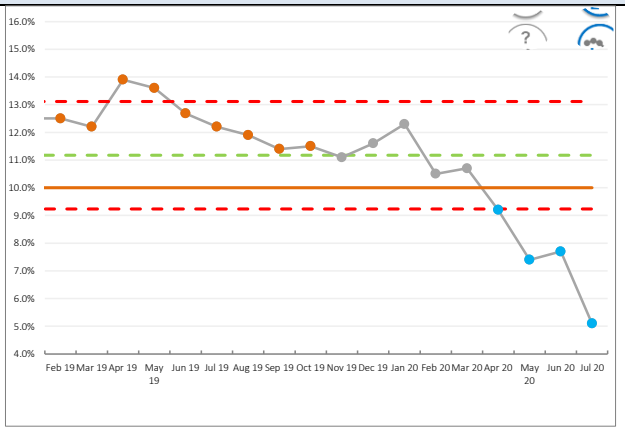
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

31

G - Vacancy Rate

A Lower Value Is Better

Actual	5.1%	M4	**Executive Director of Workforce**	Organisational Health
Target:	10.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
11.9%	11.4%	11.5%	11.1%	11.6%	12.3%	10.5%	10.7%	9.2%	7.4%	7.7%	5.1%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✓	✓	✓	✓	✗	✗	✓
5.1%	7.4%	3.6%	7.1%	13.5%	16.1%	7.4%

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

-- Monthly Narrative (Key Issues and Actions) --
Overall performance in M4 has positively decreased to 5.1%. The Trust is incorporating a number of strategies for staff recruitment and retention. It is noted that the Trust's position has seen a significant improvement. All localities remain within the threshold with the exception to Acute & Urgent Care and Primary Care, both of which are actively recruiting.

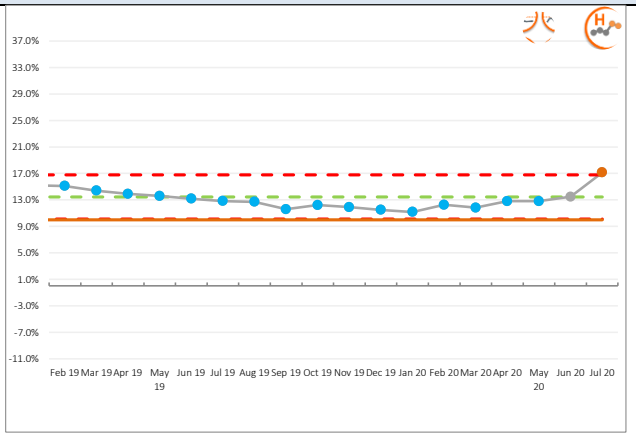
The latest reported national NHSI/E KPI for vacancy is 9%.

32

R - Staff Turnover

A Lower Value Is Better

Actual	17.2%	M4	**Executive Director of Workforce**	Organisational Health
Target:	10.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
12.7%	11.6%	12.2%	11.9%	11.5%	11.2%	12.3%	11.8%	12.8%	12.8%	13.5%	17.2%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✗	✗	✗	✗	✗	✗	✗
17.2%	17.9%	19.7%	23.1%	10.2%	22.5%	13.8%

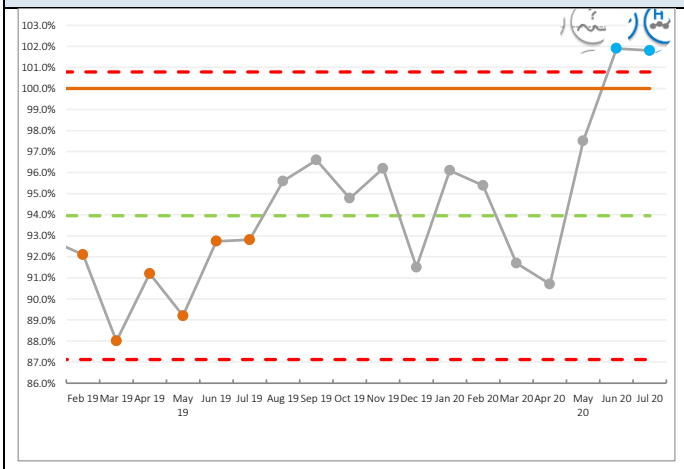
-- Context --
Trust measure - High turnover represents an unstable workforce with high costs associated with turnover - retention represents a more stable organisation that is a positive place to work and provides continuity of care to service users.

-- Monthly Narrative (Key Issues and Actions) --
Performance is consistently above the 10% threshold at 17.2% during M4, this is the highest staff turnover recorded since April 2017.

It is noted that in the last 12 months the Trust has facilitated two TUPE Transfers, the last one occurring in July 2020. If the latest TUPE transfer is excluded, this provides a mitigated Turnover position of 12.5%.

33

G - Safe Staffing ↘	Actual 101.8% M4	Executive Director of Nursing and Quality	Responsive
A Higher Value Is Better	Target: 100.0% Monthly	National	



-- Context --
National measure (Trust target) - This measures the total planned hours divided by the actual hours.

-- Monthly Narrative (Key Issues and Actions) --
It is positive to note that the safe staffing fill rate has increased to 101.8% during M4. This is due to the recruitment of several year 3 student nurses into non-supernumerary positions that has had a positive impact on ward staffing levels.

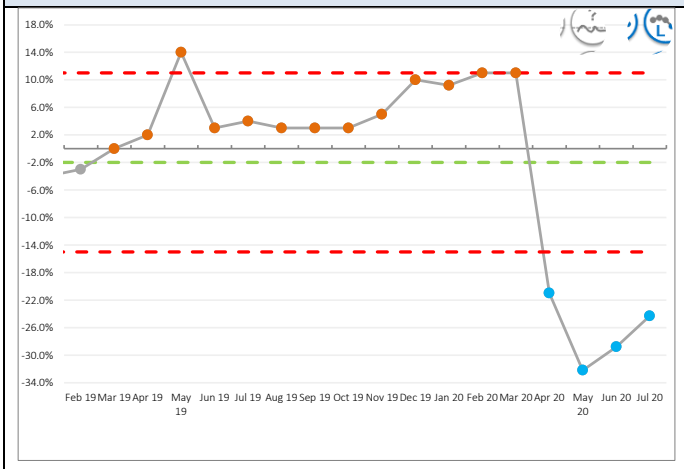
12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
95.6%	96.6%	94.8%	96.2%	91.5%	96.1%	95.4%	91.7%	90.7%	97.5%	101.9%	101.8%

Trust
✓
1018%

34

G - % Year to Date Agency Spend compared to Year to Date Agency Ceiling ↘	Actual -24.3% M4	Exec. Director of Operations	Organisational Health
A Lower Value Is Better	Target: 0.0% Monthly	National	



-- Context --
National measure - The agency ceiling is set as part of the Trust Financial Plan and reported to NHSI.

-- Monthly Narrative (Key Issues and Actions) --
Agency spend during M4 is 24.3% below the agency ceiling, compared to 11% above the agency ceiling in month 12. This is due in the most part to a reduction in agency spend in month 1. It is noted that in April two new Consultant Psychiatrists were appointed.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
3.0%	3.0%	3.0%	5.0%	10.0%	9.2%	11.0%	11.0%	-21.0%	-32.2%	-28.8%	-24.3%

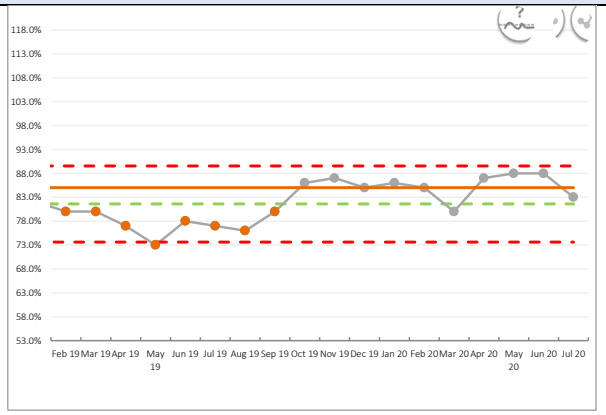
Trust
✓
-24.3%

35

R - Clinical Supervision ↘

A Higher Value Is Better

Actual	83.0%	M4	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
76.0%	80.0%	86.0%	87.0%	85.0%	86.0%	85.0%	80.0%	87.0%	88.0%	88.0%	83.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✘	✓	✘	✘	✘	✘	✓
83.0%	910%	78.0%	84.0%	84.0%	67.0%	90.0%

-- Context --
Clinical Supervision is key to the delivery of quality patient care.

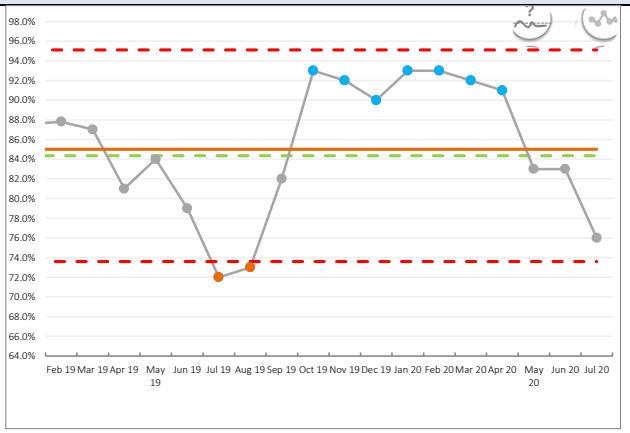
-- Monthly Narrative (Key Issues and Actions) --
Performance has fallen below standard during M4 at 83.0% from 88.0% during M3. All localities with the exception of North Staffs Community and Corporate teams are all below the required standard. Directorates have plans in place to deliver clinical supervision face to face or virtually and to meet the standard in August 2020.

36

R - Appraisal ↘

A Higher Value Is Better

Actual	76.0%	M4	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
73.0%	82.0%	93.0%	92.0%	90.0%	93.0%	93.0%	92.0%	91.0%	83.0%	83.0%	76.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✘	✘	✘	✘	✘	✘	✘
76.0%	80.0%	76.0%	79.0%	82.0%	37.0%	66.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Overall performance has been in steady decline since October 2019, with all localities being unable to reach the 85% threshold, most notably for Primary Care.

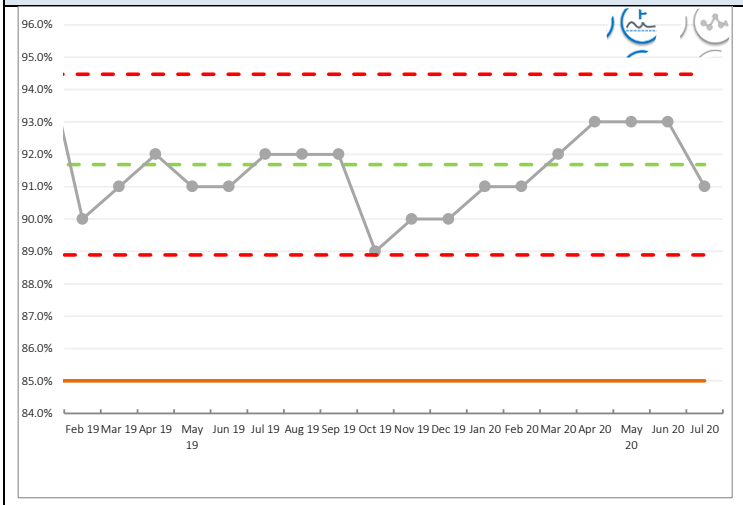
It should be noted that the Trust made the decision to close down Appraisals from April for 3 months (re-opened again in July). Directorates have plans in place to deliver appraisal face to face or virtually. Regular reminders are sent out to managers/staff when appraisals have expired and are also provided 30 days before compliance drops to remind people to complete any individual due for appraisal.

37

G - Statutory & Mandatory Training ↘

A Higher Value Is Better

Actual	91.0%	M4	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



-- Context --
Trust measure - Statutory and mandatory training is determined essential to the safe and efficient delivery of services, therefore completion links directly to care quality and efficiency.

-- Monthly Narrative (Key Issues and Actions) --
Performance in M4 at 91% with all localities having met the required standard.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
92.0%	92.0%	89.0%	90.0%	90.0%	91.0%	91.0%	92.0%	93.0%	93.0%	93.0%	91.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✓	✓
910%	92.0%	94.0%	94.0%	92.0%	92.0%	910%

38

Statistical Process Control

What is It?

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

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

When to use it

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

How to use it

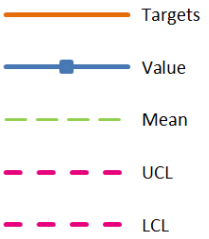
An SPC chart has a mean line and two control lines, both of which allow more statistical interpretation. These control lines are 3σ (3 Sigma) away from the Mean - with recalculation of these lines occurring when significant changes in the process occur.

Additional points of interest are the zones, calculated in the same manner as the control lines, with Zone C within 1σ of the Mean, Zone B within 2σ of the Mean, and Zone C within 3σ of the Mean (within the control lines).

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

Interpreting the Report

Variation			Assurance		
					
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target



Variation icons: Orange indicates concerning special cause variation requiring action; **Blue** indicates where improvement appears to lie, and Grey indicates no significant change (common cause variation).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A Grey icon tells you that sometimes the target will be met and sometimes missed due to random variation - in a RAG report this indicator would flip between Red and Green.

Directional Arrows:

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

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

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

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No:12

Date of Meeting:	10th September 2020		
Title of Report:	Finance Position Month 4		
Presented by:	Lorraine Hooper – Executive Director of Finance, Performance & Estates		
Author:	Michelle Wild – Financial Controller		
Executive Lead Name:	Lorraine Hooper – Executive Director of Finance, Performance & Estates	**Approved by Exec**	☒

Executive Summary:		Purpose of report	
The report summarises the finance position at month 4 (July 2020)		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position.		
Resource Implications: Funding Source:	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;		
STP Alignment / Implications:	Part of the aggregate STP reported financial position		

Front Sheet Template V12 01.04.20

Recommendations:	Trust Board are asked to: Note: • The reported year to date position of breakeven against the interim NHSI plan. • The CIP is postponed until further notice from NHSI. • Note the 2020/21 capital plan • The cash position of the Trust as at 31st July with a balance of £21,375k; £9,317k higher than the closing cash balance at 31st March 2020. • Total Agency expenditure of £554k against the draft agency cap of £732k; a favourable variance of £178k to the draft agency cap. • Price cap breaches for Medics and off-framework use at M4.	
Version	Name/group	Date issued
1	N/A	19/08/2020

Front Sheet Template V12 01.04.20

Finance and Resource Committee
Finance Position Month 4

31st July 2020

Introduction:

The Trust's 2020/21 draft financial plan as per the draft NHSI submission on 5th March 2020 is to deliver a trading position of £1,211k surplus. However, as a result of COVID19 usual operational planning and contract negotiation processes were postponed nationally and a new interim financial regime has been introduced for the period 1st April 20 to 31st July 20, with recent confirmation from the phase three letter this will continue to 30th September.

National guidance has been released and as a result, the Trust has been issued with a plan for months 1 – 6 mainly based on its run rate position for the latter part of 2019/20 and includes the assumptions of no CIP delivery or service developments. This includes commitment to ensuring all NHS Trusts financially breakeven for this period through a national income "top up" process.

At the time of the change to planning and finances for 2020/21 budget setting in the Trust was well underway. As with the national position, the aim will be to maintain the status quo. Budgets has been recast appropriately as part of the budget setting and these have been set for directorates both clinical and corporate with no CIP as this is all held centrally at present. Detailed budgets set on this basis are important at directorate level, however, in year reporting for at least the period 1st April to 30th September will focus on run rates and establishing where changes are taking place.

1. Income & Expenditure (I&E) Performance

Table 1 below summarises the Trust Income and Expenditure position for month 4 and year to date in line with NHSEI return requirements:

- During month 4, the trust has reported a breakeven position against a plan of breakeven, additional COVID costs have in the main continued to be offset by underspends in other areas such as establishment costs, property costs etc.

- The NHSE Monthly Plan value is consistent across months 1 – 4.

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Combined Healthcare
NHS Trust

Table 1

High Level Run Rate Analysis	NHSE Monthly Plan*	Mth 4 Actuals	Variance	NHSE YTD Plan*	YTD Actuals	YTD Variance
	£000	£000	£000	£000	£000	£000
Pay Costs	(5,701)	(5,736)	(35)	(22,805)	(22,736)	69
Non Pay Costs	(1,949)	(1,558)	391	(7,797)	(7,490)	307
Finance & Other Non Operating Costs	(359)	(319)	40	(1,436)	(1,524)	(88)
Sub-total - Monthly Costs	**(8,010)**	**(7,613)**	**397**	**(32,039)**	**(31,750)**	**288**
Confirmed Block Contract Income (CCGs & NHSE)	6,130	6,137	8	24,518	24,550	31
Confirmed Monthly Central Top Up	125	(76)	(201)	500	59	(441)
Local Authority Income	713	408	(305)	2,852	2,410	(442)
R&D, Education & Training Income	302	231	(71)	1,208	843	(365)
Other Income	740	912	172	2,960	3,889	929
Sub-total - Monthly Income	**8,010**	**7,613**	**(396)**	**32,038**	**31,750**	**(288)**
Surplus / (Deficit) per Month	**(0)**	**0**	**0**	**(0)**	**0**	**0**
Expected Retrospective Top Up payable	0	0	**0**	0	0	0
Revised Surplus / (Deficit) per Month	**0**	**0**	**0**	**(0)**	**0**	**0**

2. Risks

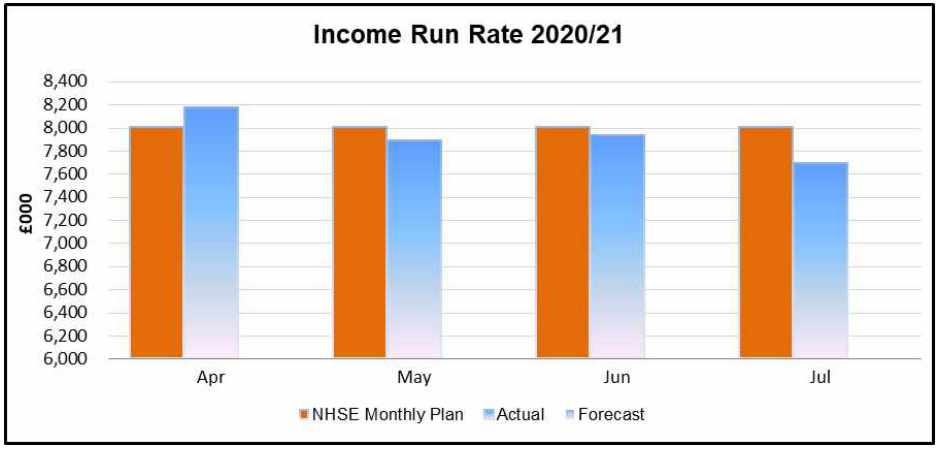
An assessment of financial risks has been undertaken and updates made to the Risk Register. Given the current period of significant uncertainty surrounding the longer term financial regime which is developing rapidly the risk register will be reviewed and updated regularly.

3. Run Rates

3.1 Income Run Rates

Monthly Plan and Actual income run rates are shown.

- Income in April is higher mainly due to the impact of the new IAPT contract which was not taken account of in the NHSE calculated plan
- Income in July is lower due to the transfer of Section 75
- Top up income across months 1 – 4 has been flexed to breakeven the Trust position as mandated.



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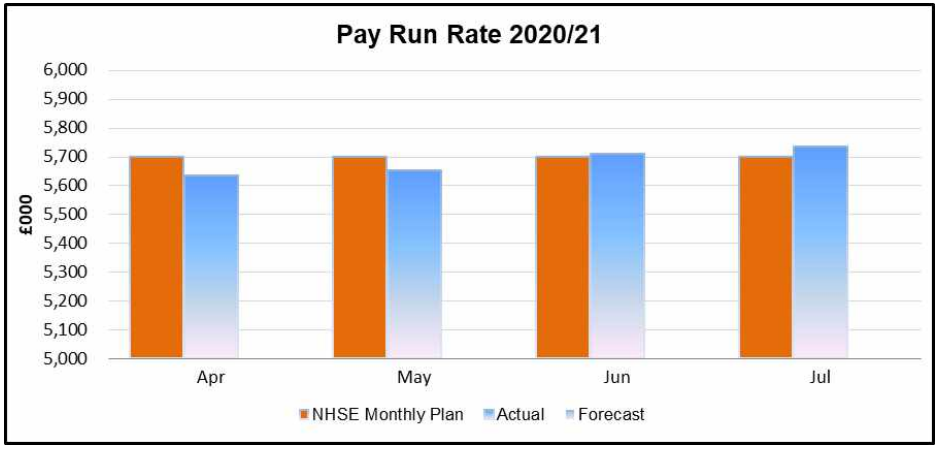
3.2 Pay Run Rates

Monthly Plan and Actual pay run rates are shown.

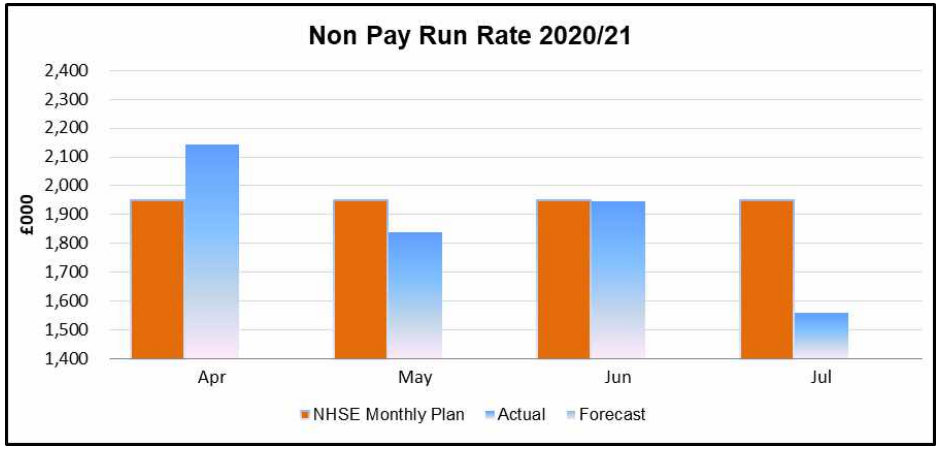
- The NHSE plan did not adjust for non recurrent items in 2019/20, therefore the expected split of pay/non pay in the plan is not accurate.
- Agency run rates are lower than the NHSI plan
- Nursing Pay costs increased during months 1 - 4 due to the commencement of a number of student nurses as a result of COVID19 (see appendix D for detail) and recruitment to some vacancies. Month 4 sees the loss of S75 staff but this is offset by spend being re-categorised from non pay to pay in month 4.



3.3 Non Pay Run Rates

Monthly Plan and Actual non pay run rates are shown.

- The NHSE plan did not adjust for non recurrent items in 2019/20, therefore the expected split of pay/non pay in the plan is not accurate.
- The reduction in non pay costs forecast in month 4 relates mainly to the Section 75 transfer on 5th July and a re-categorisation of expenditure from non pay to pay.



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4. Income

Table 2 below shows the Trust income position.

- The CCG/NHSE block income is fixed for the first 4 months of the year, indications are this will continue until month 6.
- Local authority income is lower due to the loss of the Staffordshire substance misuse inpatient contract and drops in month 4 due to the S75 transfer.
- Education & Training income is lower than plan due to trailblazer income moving from HEE to CCG funded in 20/21 and Non-NHS Other actual income relates to Moorcroft income and Humankind income.
- Late in 19/20 there were re-classifications of income relating to P2P, Moorcroft etc which has led to the NHSE calculated plan having classification errors.
- Overall income is £288k lower year to date than the NHSE run rate plan, as a result of the movements explained above.
- Top up income year to date is lower than plan mainly as a consequence of the additional IAPT income and partly due to a reduction in non-pay due to the impact of COVID, therefore the Trust does not require the full top up income to break even at month 4.

Table 2: Income	NHSE Monthly Plan	Mth 4 Actuals	Variance	NHSE YTD Plan*	YTD Actuals	YTD Variance
	£000	£000	£000	£000	£000	£000
Income From CCGs and NHSE / Block Contract Income	6,130	6,137	8	24,518	24,550	31
Local authorities	713	408	(305)	2,852	2,410	(442)
Non-NHS: Private Patients	7	9	2	28	19	(9)
Non-NHS: other	773	231	(542)	3,092	1,011	(2,081)
Total Income From Patient Care Activities	**7,623**	**6,786**	**(836)**	**30,490**	**27,990**	**(2,500)**
Research and development	11	11	(0)	44	37	(7)
Education and training	291	220	(71)	1,164	806	(358)
Non-patient care services to other bodies	198	598	400	792	2,458	1,666
Other Income	(238)	74	312	(952)	400	1,352
Total Income	**262**	**903**	**641**	**1,048**	**3,701**	**2,653**
Top Up Income	125	(76)	(201)	500	59	(441)
Total Income Incl. Top Up	**8,010**	**7,613**	**(396)**	**32,038**	**31,750**	**(288)**

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5. Expenditure

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

- Pay costs in month 4 are broadly in line with expected run rate.
- Non-Pay under spend of £307k relates mainly to lower establishment, drugs costs and premises costs, partially offset by increased P2P contracts agreed for 20/21 and COVID19 spend.
- Year to date COVID-19 expenditure totalling £955k is split between pay of £418k and non-pay of £537k, appendix D provides the detail regarding these costs incurred.
- Residual CIP schemes not transacted in 19/20 awaiting QIA only are being progressed for transacting in 2020/21.

Table 3: Expenditure	NHSE Monthly Plan	Mth 4 Actuals	Variance	NHSE YTD Plan*	YTD Actuals	YTD Variance
	£000	£000	£000	£000	£000	£000
Medical	(574)	(571)	2	(2,295)	(2,278)	17
Nursing	(1,853)	(1,843)	10	(7,411)	(7,194)	217
Other Clinical	(2,024)	(1,996)	29	(8,097)	(8,174)	(77)
Non-Clinical	(1,040)	(1,030)	9	(4,158)	(4,120)	38
Agency	(211)	(157)	54	(844)	(551)	293
COVID-19 Pay Costs	0	(139)	(139)	0	(418)	(418)
Total Pay	**(5,701)**	**(5,736)**	**(35)**	**(22,805)**	**(22,736)**	**69**
Drugs & Clinical Supplies	(297)	(273)	23	(1,186)	(961)	226
Establishment Costs	(189)	(51)	139	(757)	(234)	523
Premises Costs	(406)	(334)	72	(1,623)	(1,379)	245
Private Finance Initiative	(257)	(261)	(4)	(1,027)	(1,030)	(3)
Services Received	(344)	(453)	(109)	(1,377)	(1,916)	(540)
Residential Payments	(178)	(51)	128	(714)	(730)	(16)
Consultancy & Prof Fees	(34)	(2)	32	(134)	(26)	108
External Audit Fees	(5)	(9)	(3)	(22)	(42)	(20)
COVID-19 Non Pay Costs	0	(163)	(163)	0	(537)	(537)
Other	(239)	38	277	(956)	(635)	321
Total Non-Pay	**(1,949)**	**(1,558)**	**391**	**(7,797)**	**(7,490)**	**307**
Finance Costs	(227)	(225)	2	(907)	(900)	6
Dividends Payable on PDC	(53)	23	76	(212)	(159)	53
Investment Revenue	6	0	(6)	24	2	(22)
Depreciation (excludes IFRIC 12)	(85)	(117)	(31)	(342)	(467)	(125)
Total Non-op. Costs	**(359)**	**(319)**	**40**	**(1,436)**	**(1,524)**	**(88)**
Total Expenditure	**(8,010)**	**(7,613)**	**397**	**(32,039)**	**(31,750)**	**288**

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5.1. Agency Utilisation

Headlines - Trust Agency Use

The agency ceiling of £2,185k is based on the draft 2020/21 plan submission to NHSI on 5th March 2020, however, the current finance regime does not include an agency ceiling.

Month 4 expenditure on agency is £160k; **which is under the draft agency ceiling by £18k.**

- This is a level 1 in the Use of Resources year to date.

	Actual				
Total Agency	Apr-20 (£'000)	May-20 (£'000)	Jun-20 (£'000)	Jul-20 (£'000)	YTD (£'000)
Medical	(133)	(112)	(105)	(149)	(500)
Nursing	(8)	(9)	(8)	(5)	(30)
Other Clinical	0	0	0	0	0
Non Clinical	(1)	0	0	0	(1)
Sub Total	**(143)**	**(121)**	**(113)**	**(155)**	**(532)**
Primary Care	(8)	(4)	(5)	(6)	(23)
Total Agency	**(151)**	**(125)**	**(118)**	**(160)**	**(554)**
Agency Ceiling	(191)	(216)	(147)	(178)	(732)
Surplus / (Deficit)	**40**	**91**	**29**	**18**	**178**

Use of Resources	**1**	**1**	**1**	**1**	**1**

The YTD spend against YTD ceiling by category is summarised in the table below:

Agency	YTD Ceiling (£'000)	YTD Actual (£'000)	YTD Variance (£,000)
Medical	(521)	(500)	21
Nursing	(78)	(30)	48
Other Clinical	(16)	0	16
Non Clinical	(16)	(1)	15
Sub Total	**(631)**	**(532)**	**100**
Primary Care	(101)	(23)	78
Total Agency	**(732)**	**(554)**	**178**

- Nursing is £48k below the agency ceiling year to date.
- Medical is £21k below the agency ceiling year to date.
- Primary Care is £78k below the agency ceiling year to date.

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6. Statement of Financial Position

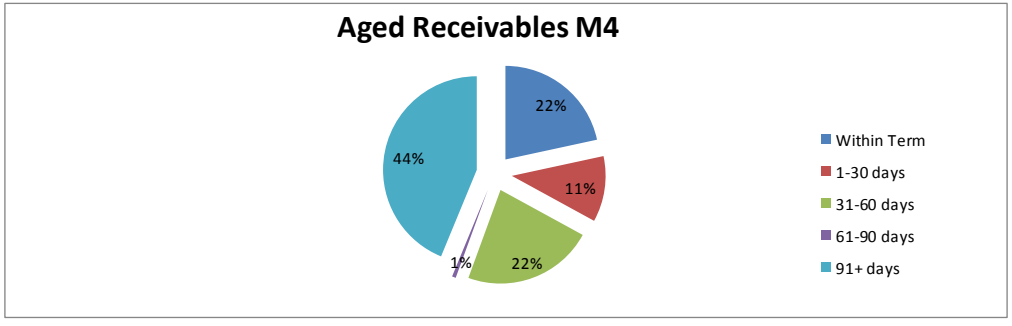
Table 6 below shows the Statement Financial Position of the Trust.

Table 6: SOFP	31/03/2020 £'000	31/05/2020 £'000	30/06/2020 £'000	31/07/2020 £'000
Non-Current Assets				
Property, Plant and Equipment - PFI	13,897	13,841	13,814	13,780
Property, Plant and Equipment	15,368	15,236	15,157	15,097
Intangible Assets	184	168	160	152
NCA Trade and Other Receivables	53	53	53	53
Other Financial Assets	657	657	657	657
Total Non-Current Assets	**30,159**	**29,955**	**29,841**	**29,738**
Current Assets				
Inventories	106	103	101	98
Trade and Other Receivables	7,235	7,339	7,861	5,248
Cash and Cash Equivalents	12,059	18,399	18,178	21,375
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	**19,400**	**25,842**	**26,140**	**26,721**
Current Liabilities				
Trade and Other Payables	(9,262)	(15,658)	(15,896)	(16,353)
Provisions	(486)	(434)	(429)	(415)
Borrowings	(628)	(633)	(633)	(633)
Total Current Liabilities	**(10,376)**	**(16,724)**	**(16,957)**	**(17,401)**
Net Current Assets / (Liabilities)	**9,023**	**9,118**	**9,183**	**9,320**
Total Assets less Current Liabilities	**39,182**	**39,073**	**39,023**	**39,059**
Non Current Liabilities				
Provisions	(783)	(783)	(783)	(783)
Borrowings	(10,293)	(10,183)	(10,131)	(10,079)
Total Non-Current Liabilities	**(11,076)**	**(10,966)**	**(10,914)**	**(10,862)**
Total Assets Employed	**28,106**	**28,106**	**28,109**	**28,197**
Financed by Taxpayers' Equity				
Public Dividend Capital	8,287	8,287	8,287	8,377
Retained Earnings reserve	12,155	12,155	12,158	12,155
Other Reserves (LGPS)	657	657	657	657
Revaluation Reserve	7,008	7,008	7,008	7,008
Total Taxpayers' Equity	**28,106**	**28,106**	**28,109**	**28,197**

Current receivables are £5,248k, of which:

- £3,172k is based on accruals (not yet invoiced) relating to income accruals for services invoiced retrospectively at the end of every quarter.
- £2,129k is trade receivables; based on invoices raised and awaiting payment of invoice. (£460k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.

		Days Overdue				
Table 6.1 Aged Receivables/Payables	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	352	226	453	4	215	**1,250**
Receivables NHS	108	16	28	10	717	**879**
Payables Non NHS	(185)	(282)	(1)	(9)	(24)	**(501)**
Payables NHS	(33)	(66)	0	0	(23)	**(122)**



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7. Cash Flow Statement

The Trust cash position at 31st July 2020 is £21,365k actual bank balance plus £10k cash in hand giving a total of £21,375k. The Trusts bank balance is **£9,317k** higher than the balance at 31st March 2020. This is as a consequence of the funding arrangements for month 1 – 6 of this year whereby the trust has received both April and May CCG and NHSE contract related funding in April with funding in the following months being received a month in advance. We have assumed that post Month 1 – 6 block income arrangements that the funding will revert to contract payments but still a month in advance, resulting in all 12 monthly payments being received by February. Month 1 – 4 actual balances and month 5 and 6 forecast are shown below:

	April £000	May £000	June £000	July £000	August £000	September £000
Balance b/fwd	**12,048**	**18,530**	**18,386**	**18,166**	**21,365**	**21,571**
Staffs STP CCGs - Block Income	11,620	5,810	5,810	5,810	5,810	5,810
Cheshire CCG - Block Income	62	31	31	31	31	31
NHS England - Block Income	578	289	289	289	289	289
NHS England - Central Top Up payment	268	125	125	125	125	
NHS England - Retrospective Top Up Payment						
COVID-19 March cost reimbursement		80				
PY& other CCG Invoices (inc £463k MHIS 19-20)	1,194	71	626	464	525	185
PY & Pharmacy NHSE settlements	97	50	101	50	50	50
PDC Funding Received				91		
Stoke on Trent CC - DOLs - Q4 19-20 & Q1 20-21					181	
Stoke on Trent CC - Section 75	451			300	100	
Stoke on Trent CC - CDAS Q1 & Q2 2020-21				1,995		
ADS 2019-20 Q4		372				
Health Education England	873	28		292		
GMS/Moorcroft income	100	200	200	100	282	194
Other income (NHS Trust, FT's and Non NHS)	345	475	639	1,805	1,151	1,322
Total Receipts	**15,588**	**7,531**	**7,820**	**11,352**	**8,544**	**7,881**
Payroll Costs	(5,366)	(5,443)	(5,504)	(5,388)	(5,480)	(5,575)
Payment Runs	(2,268)	(1,513)	(1,826)	(2,051)	(2,045)	(1,567)
Capital Payments	(811)	(26)	(2)	(15)	(96)	(20)
Town Hospitals PFI Payment	(661)	(693)	(708)	(699)	(717)	(717)
PDC half year payment						(250)
Total Payments	**(9,106)**	**(7,675)**	**(8,040)**	**(8,153)**	**(8,338)**	**(8,129)**
Balnk Balance C/fwd	**18,530**	**18,386**	**18,166**	**21,365**	**21,571**	**21,323**

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8. Capital Expenditure

The Trust's gross capital expenditure plan for 2020/21 has been agreed at £4.922m, including £250k PFI Capital Lifecycle. A further £91k PDC funding has been received in June to reimburse for COVID-19 related capital expenditure which the Trust funded in 2019/20. This is included in the contingency line in the table below. As the purchase of the Moorcroft GP site will not go ahead, the funding relating to this has also been added to Contingency as agreed at CIG. Capital expenditure at month 4 is shown below and relates mainly to a small amount of slippage from 2019/20, equipment purchases at COVID-19 related capital purchases.

		Year to Date			Outturn		
Capital Expenditure	**Annual Plan £000**	**YTD Plan £000**	**Actual £000**	**Variance £000**	**Revised Plan £000**	**Actual £000**	**Variance £000**
Strategic Schemes							
Learning Disability Facilities	400	0	0	0	400	400	0
Detox Suites Pre Works	200	200	0	(200)	200	200	0
Detoxification Suites and Crisis Café	1,600	0	0	0	1,600	1,600	0
Operational Schemes							
Environmental Improvements (Backlog Maintenance)	123	30	16	(14)	123	123	0
Environmental Improvements (Reduced Ligature Risks)	600	50	1	(49)	600	600	0
Dormitories Conversion	500	0	2	2	500	500	0
Crisis Centre	100	0	0	0	100	100	0
Replacement Equipment	80	30	15	(15)	72	72	0
Digital							
IT Replacement and Agile Working	537	0	0	0	537	537	0
Digital Innovations	50	0	0	0	50	50	0
Business Intelligence	50	0	0	0	50	50	0
Contingency / Reactive							
Purchase of Moorcroft GP Site	300	0	0	0	0	0	0
Contingency	132	40	2	(38)	531	531	0
Total Trust Gross Capital Expenditure	**4,672**	**350**	**36**	**(314)**	**4,763**	**4,763**	**0**
PFI Capital Lifecycle	250	50	0	(50)	250	250	0
COVID-19 Capital - awaiting central reimbursement	0	0	29	29	0	83	83
Total Gross Capital Expenditure	**4,922**	**400**	**65**	**(335)**	**5,013**	**5,096**	**83**

Business cases are in the process of being drawn up and presented at CIG for approval.

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9. Better Payment Practice Code

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

During month 4, the Trust has achieved above the 95% target in terms of the total value and number of invoices paid. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

	2019/20			2020/21 Month 4			2020/21 Total		
Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices									
Total Paid	603	9,820	10,423	42	895	937	156	2,854	3,010
Total Paid within Target	567	9,193	9,760	41	895	936	149	2,802	2,951
% Number of Invoices Paid	94%	94%	94%	98%	100%	100%	96%	98%	98%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-1%**	**-1%**	**-1%**	**3%**	**5%**	**5%**	**1%**	**3%**	**3%**
Value of Invoices									
Total Value Paid (£000s)	7,481	39,301	46,782	1,762	3,085	4,847	3,917	13,401	17,318
Total Value Paid within Target (£000s)	7,201	38,394	45,595	1,722	3,085	4,807	3,661	13,305	16,966
% Value of Invoices Paid	96%	98%	97%	98%	100%	99%	93%	99%	98%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**1%**	**3%**	**2%**	**3%**	**5%**	**4%**	**-2%**	**4%**	**3%**

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

10. Recommendations

The Finance and Resource Committee are asked to:

Receive the Month 4 position noting:

- The reported year to date position of breakeven against the interim NHSI plan.
- The CIP is postponed until further notice from NHSI.
- Note the 2020/21 agreed capital plan and current spend position.
- The cash position of the Trust as at 31st July with a balance of £21,375k;
- Total Agency expenditure of £554k against the draft agency cap of £732k; **a favourable variance of £178k to the draft agency cap.**

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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 13

Date of Meeting:	10TH September 2020		
Title of Report:	Finance & Resource Committee Assurance Report		
Presented by:	Russell Andrews Chair/Non-Executive Director		
Author:	Kimberli McKinlay –Deputy Director of Finance		
Executive Lead Name:	Lorraine Hooper – Executive Director of Finance, Performance and Estates	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This paper details the items discussed at the Finance & Resource Committee meetings on the 30th July 2020 and 27th August 2020.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee X • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☐ 2. To provide the highest quality, safe and effective services X 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. X 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance & Resource Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
STP Alignment / Implications:	The Trust Financial performance feed into the overall STP Financial Position.		
Recommendations:	The Trust Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Version	Name/group	Date issued

Finance and Resource Committee
Assurance Report to the Trust Board
27th August 2020

Finance and Resource Committee Report to the Trust Board – 10th September 2020

This paper details the items discussed at the Finance and Resource Committee meeting on the 27th July 2020. The meeting was held as a MS Teams conference meeting and was quorate with minutes reviewed and approved from the previous meeting on the 30th July. Progress was reviewed and actions confirmed from previous meetings.

Due to the temporary arrangements put in place for all Trust Committees during the period of national emergency relating to Coronavirus presenters took papers as read and asked for any clarifications or questions on the conference call.

Finance

- **Finance Update**

Month 4 Position - The Committee received an update on the financial position for month 4 of the financial year 2020/21 which saw the Trust break even against the NHSI monthly plan which had been issued to the Trust for months 1 – 6 due to the national postponement of operational planning and contract setting. The breakeven position is a requirement from regulators and had been achieved in month 4 by the inclusion of "top up" income to offset an increase in COVID19 costs mainly relating to further investment in agile working. The Committee sought further clarification of how top up funds not required by the Trust are reported as well as ensuring that all eligible costs were allocated to covid costs.

The committee noted the month 4 position and were assured on processes in place for the ongoing monitoring of the financial position in this period of interim financial measures.

2020/21 Financial Forecasting – The committee received a paper detailing a financial forecast for the remainder of the year following receipt of the phase 3 letter from NHSEI at the end of July. The Deputy Director of Finance (DDOF) explained that detailed financial envelopes are not expected until early September, however NHSEI has stated that it is likely that income for the second half of the year was likely to be the same as current blocks and prospective top ups. Covid expenditure was likely to be a system wide envelope. National guidance states that Mental Health Investment Standard (MHIS) must be met by CCGs. A base case forecast as well as a best and worst case scenario was presented to the Committee building on that presented at month 3. This demonstrated the ability to deliver breakeven on the basis of income remaining the same in the second half of the year plus the addition of MHIS funding for service developments. The worse case scenario modelled income reducing and the best case modelled vacancies not being filled at the rate expected in the base case. This gives a range of deficit of £1.2m to a surplus of £1.3m. Work continues with directorates to refine the expenditure forecast ahead of the income envelope being notified to the Trust.

The Committee queried how an estimate had been derived for the potential costs to manage a C19 surge and DDoF described the work to date and explained there would be further work within services on implications.

The Committee agreed to submission to the system for the first draft phase 3 plan of the base position plus the estimated £1.2m surge costs, pending further work in September. An extraordinary Committee would take place in September ahead of the final deadline for planning for the second half of the year on 21st September.

- **Performance**

IQPR - The committee received the IQPR and noted that there are 24 RAG rated measures that have achieved target and 7 that have not achieved target and highlighted in red as exceptions. The committee noted an overall position, of particular note was the continued improvement to access, care plan targets and vacancy rates. The committee were also advised of an increase in readmissions and were informed of an audit that had taken place to understand the reasons. Further discussion was had regarding work ongoing to understand reasons for readmission as well as audit being undertaken regarding reasons for repeat presentation with the access team. Appraisals were expected to return to mandated performance levels within the next 2 months.

The committee noted the report.

Activity and capacity report – The Committee consider the report that detailed where there may be surge pressures within mental health services. The MPFT MERIT tool had been used to understand where there may be surge based on diagnoses. In addition the Committee reviewed data regarding referrals, activity and waiting times pre and post covid. The Committee queried how this information was being used to support surge planning and V Boswell provided updates on the engagement with directorates as well as the oversight through performance meetings. Further work was ongoing on the surge plan and would be completed in September.

The Committee noted the report and requested an update on surge planning at the next meeting.

- **Capital and Estates:**

The Committee received an update on capital spend at month 4 which is slightly behind plan but noted a number of project updates were due at the next CIG meeting. The Associate Director of Estates provided an update to the development of Dormitory Eradication plans, including ongoing discussions with NHSEI regarding the availability of national funding to support the programme. Detail on any potential funding award was awaited, however the internal business case development is continuing well.

The Committee discussed the need to accelerate spending to deliver the capital plan in year. Assurance was given that projects were under review via CIG and that the pattern of expenditure is not uncommon to previous years.

The committee received the update and were assured that progress is being made.

Strategy, Partnerships and Digital

- **Digital Update**

The Committee received the update across all live projects. The Committee discussed the process to support the 'pausing' of certain projects and assurance was provided that this was directly related to capacity constraints linked to COVID response and was done in

conjunction with project stakeholders.

- **Digital Leadership Group Terms of Reference**

The Committee received the Terms of Reference (ToR) for the Digital Leadership Group and confirmation was sought that this Group reported the Committee. It was requested that the ToR was updated to clearly reflect this.

- **Finance and Resources Risk Register 2020/21**

The committee reviewed the risk register and discussed and amended where appropriate all risks held by the committee.

Recommendation

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

On Behalf of Russell Andrews
Chair of Finance, Performance and Estates Committee

North Staffordshire Combined Healthcare NHS Trust

Finance and Resource Committee
Assurance Report to the Trust Board
30th July 2020

Finance and Resource Committee Report to the Trust Board – 13th August 2020.

This paper details the items discussed at the Finance and Resource Committee meeting on the 30th July 2020. The meeting was held as a MS Teams conference meeting and was quorate with minutes reviewed and approved from the previous meeting on the 26th June. Progress was reviewed and actions confirmed from previous meetings.

Due to the temporary arrangements put in place for all Trust Committees during the period of national emergency relating to Coronavirus presenters took papers as read and asked for any clarifications or questions on the conference call.

Finance

- **Finance Update**

The Director of Finance, Performance and Estates (DoFPE) provided the committee with an update on the national finance position for both revenue and capital financing. The Committee were advised that guidance had not yet been released on the financial arrangements for the remainder of 2020/21 and there remained a level of uncertainty, however, the regional finance team had confirmed the current block arrangements would remain in place until 31st August with further extension likely to 30th September. There had also been a number of national announcements relating to capital and the Trust had submitted a costing for consideration for national funding for the dormitories conversion programme. An additional £600m has been made available nationally to support reduction in critical infrastructure risk (CIR). This is a total of £4m to the local STP and discussions are ongoing regarding deployment of this funding. The committee noted the update on the national financial arrangements.

Month 3 Position - The Committee received an update on the financial position for month 3 of the financial year 2020/21 which saw the Trust break even against the NHSI monthly plan which had been issued to the Trust for months 1 – 4 due to the national postponement of operational planning and contract setting. The breakeven position is a requirement from regulators and had been achieved in month 3 by the inclusion of "top up" income to offset an increase in COVID19 costs mainly relating to further investment in agile working. The Trust had not yet been issued an Agency cap or a requirement to report against the use of resources metrics, however the Committee noted that Agency spend in month 3 continued to see a lower run rate than last year, however, the Committee noted the need to closely monitor this position over the coming months.

The committee noted the month 3 position and were assured on processes in place for the ongoing monitoring of the financial position in this period of interim financial measures.

2020/21 Financial Forecasting – The committee received a paper detailing a financial forecast for the remainder of the year. The DoFPE explained that stress testing of both income and expenditure had taken place and demonstrates the potential level of risk the Trust would be exposed to in a number of scenarios and proposals for how a breakeven position could be achieved in these scenarios.

The committee were advised that the most likely level of risk exposure was less than 1% of turnover, with a worst case modelled at 1.3%. The committee were advised that a number of actions were being worked through to mitigate potential risk which included ensuring MHIS funding is transferred to support service developments, challenge within the directorates as current run rates appear overly prudent, a process is in place to identify and manage longer term covid spend and consideration of non recurrent options.

The committee endorsed this exercise and were assured that appropriate financial due diligence was in place to manage the ongoing uncertainty in the national financial planning position.

- **Performance**

The committee received the IQPR and noted that there are 27 RAG rated measures that have achieved target and 5 that have not achieved target and highlighted in red as exceptions. The committee noted an overall position, of particular note was the continued improvement to access an care plan targets. The committee were also advised of an improvement in readmissions following a swift deep dive into the data behind last months drop in performance. Appraisals were expected to return to mandated performance levels within the next 2 months.

The committee noted the report.

- **Capital and Estates:**

The Committee received an update on capital spend at month 3 which is slightly behind plan but noted a number of project updated were due at the next CIG meeting. The Associate Director of Estates provided an overview of the current position for major capital estates projects and highlighted to the committee two significant developments via information request from NHSe/i in the context of the current UK government initiative of public sector investment to support improvements within the national economy relating to dormitories and critical infrastructure risk.

The committee received the update and were assured that good progress is being made.

Strategy, Partnerships and Digital

- **Digital Update**

The Committee received the update across all live projects. The Committee discussed the process to support the 'pausing' of certain projects and assurance was provided that this was directly related to capacity constraints linked to COVID response and was done in conjunction with project stakeholders.

The Committee discussed the current level of digital delivery across the Trust which, performance shared with the latest Trust Board meeting, was a lower proportion of contacts than had been anticipated. The Digital Team were able to confirm the 'Attend Anywhere' solution has been fully deployed and is available for all clinicians to use to conduct video consultations.

The Committee also reviewed the 'Lorenzo Digital Exemplar' close-out report which also acted as the final report to NHS Digital who sponsor the programme. The Committee were advised on the scale and nature of the projects that had been implemented to support the

optimisation of Lorenzo as well as the key learning that had been distilled over the course of the programme life. The Trust's relationship with DXC, as a strategic partner for digital transformation, will conclude with the end of this programme and revert back to a more typical supplier/client relationship for the on-going maintenance of the Lorenzo solution.

- **Digital Aspirants**

The Committee received confirmation that the Trust will be awarded Digital Aspirant funding in 2020/21. The Trust received £0.5m capital in 2019/20 and is now set to receive a further £3.5m revenue funding split over 20/21 and 21/22.

The Trust is one of only 25 Trusts nationally to receive this funding and one of only two in the West Midlands region. The Trust has been selected by NHS Digital based on their confidence in our ability to enhance our own digital maturity as well as our ability to work with those Trusts who need more support, the Trust has been partnered with Norfolk and Waveney Mental Health Foundation Trust and contact between the respective Digital Teams has been established.

The Trust now needs to refresh its original business case for submission by 31st August 2020 in order to draw down the allocated funds. The focus of the business case will continue to be centred around four key themes:

1. **Clinical Readiness and Mobilisation:** delivered through £0.5m capital received 2019/20
2. **Combined Care System:** transformation to a self-empowered model where service users and professionals can access advice, materials and support.
3. **Business Intelligence and Integration:** transition away from retrospective reporting to prospective insight and intelligence to improve quality, efficiency and patient care.
4. **Optimisation and Transformation:** a range of targeted digital solutions enabling the Combined Care System

The funding provides an opportunity for the Trust to continue its development as one of the most digitally ambitious Mental Health service providers and central to this will be a continuation of the strategic transformation partnership with DXC.

The Committee received the presentation and supported its content to be reflected in the refreshed business case.

- **Business Development Update**

The Committee received an early opportunity to review the 'Commercial Strategy'.

The Commercial Strategy is a response to the increased likelihood of traditional opportunities becoming more constrained due to a combination of downward pressure on public finances and changes to the legislative environment on public procurement.

The strategy sets out a model for considering how the Trust may seek to diversify its income base as well as evolve its commercial systems and processes so that more time is focussed on identifying opportunities at an earlier stage and on supplier management as oppose to the transactional aspect of tender responses.

The Committee agreed to provide comments and observations to the DoPS.

- **Finance and Resources Risk Register 2020/21**

The committee reviewed the risk register and discussed and amended where appropriate all risks with a score of 12 +. Additionally, it was agreed to consider offline for presentation to the next committee the impact of covid surge and inclusion where appropriate of new risks.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- BAF

Recommendation

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

On Behalf of Russell Andrews
Chair of Finance, Performance and Estates Committee

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 14

Date of Meeting:	10th September 2020		
Title of Report:	Data Security & Protection Toolkit Summary		
Presented by:	Chris Bird, Director of Partnerships, Strategy & Digital		
Author:	David Hewitt, Chief Information Officer		
Executive Lead Name:	Chris Bird, Director of Partnerships, Strategy & Digital	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
The Data Security and Protection Toolkit replaces the Information Toolkit and is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. Typically due at 31st March, the submission for the 2019/20 year has been extended to 30th September 2020 as part of the response to the COVID-19 pandemic. The Trust has successfully completed its assessment in compliance and in each instance, the Trust declared it had met the assurance threshold required. Across the multiple lines of enquiry there are three areas in particular which presented a level of risk to a successful declaration. • Compliance with IG Training needs to be 95% or higher • Third party assurance on services provided by SSHIS • Third party assurance on NSCHT data viewed/provided by other providers as part of a contracted service A more detailed update on each of the areas above will be provided at the Board meeting. The IG Team will develop an IG Improvement Plan pending national feedback which will feed into the planned refresh of the Digital Strategy.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒		

	5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐	
Risk / legal implications: Risk Register Reference	N/a	
Resource Implications: Funding Source:	N/a	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/a	
STP Alignment / Implications:	N/a	
Recommendations:	The Board is asked to: 1) Note that the submission will be made in accordance with national timelines 2) Receive this paper for information and assurance.	
Version	Name/group	Date issued

North Staffordshire Combined Healthcare NHS Trust

Executive Meeting
Data Security and Protection Toolkit Summary
10th September 2020

1. Introduction

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The Toolkit provides;

- An Online data security self-assessment tool
- Replacement for the IG Toolkit
- Measurement for organisations against the NDG Data Security Standards
- Help for organisations with support to comply with GDPR

2. What has changed from the IG Toolkit to the Data Security and Protection Toolkit?

- There has been a move away from level 1,2,3 and towards 'mandatory' evidence items
- Removed duplication within the toolkit
- Aligned with NDG Standards and GDPR
- More concise requirements
- Documentary evidence only required where it adds value
- Exemptions for organisations which use NHS Mail or have in place a relevant standard (PSN IA or Cyber Essentials PLUS)
  Provide greater intelligence to CQC for inspections.

3. Reporting timeline

Reporting for the Data Security and Protection Toolkit is typically 31st March however as part of the national COVID-19 response arrangements a number of returns were subject to a relaxation in their timelines. The revised date for submission is 30th September 2020 and the toolkit will be submitted on time.

4. Requirements of the Toolkit

The Trust completed the Toolkit self-assessment, by providing evidence and judging whether we meet the assertions and demonstrate that we were working towards or meeting the NDG standards. The toolkit was split into 10 standard area's;

- **Personal Confidential Data** - All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.

- **Staff Responsibilities** - All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.

- **Training** - All staff complete appropriate annual data security training and pass a mandatory test, provided linked to the revised Information Governance Toolkit.

- **Managing Data Access** - Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.

- **Process Reviews** - Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.

- **Responding to Incidents** - Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.

- **Continuity Planning** - A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.

- **Unsupported Systems** - No unsupported operating systems, software or internet browsers are used within the IT estate.

- **IT Protection** - A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually

- **Accountable Suppliers** - IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.

The Trust confirmed for each of these sections and underlying questions that they had met the standards required and supplied the appropriate evidence.

5. Outputs

The outputs of the assessment will be reviewed by NHS Digital and confirmation around specific items raised as required, it is not clear if these will be analysed to provide benchmark information available to Trusts as previously available from the IG Toolkit.

6. Next steps

Through the Data Protection Team we will need to maintain the standards we have met and will be reviewing the current assertations made to ensure we can comply with them moving forward.

7. Recommendation

The Board is asked to:

1) Note that the submission will be made in accordance with national timelines
2) Receive this paper for information and assurance.

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 15

Date of Meeting:	10th September 2020		
Title of Report:	Board Assurance Framework Q1 2020/2021		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Peter Axon, Chief Executive Officer	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
The Board Assurance Framework (BAF) for 2020/21 aligns the Trusts strategic objectives to our quality priorities and key risks. The BAF provides oversight of the key control and assurances to be introduced to ensure delivery of the seven current strategic objectives that have been rolled over to Q1 and Q2 2020/2021. This provides the update for Q1 and the report is submitted to Trust Board for assurances purposes, noting updates are presented against the current existing objectives in light of a refresh of objectives to be received during October Trust Board		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☐ Date: 1st September 2020	Document Version No.	1
Committee Approval / Review	• Quality Committee ☒ • Finance and Resources Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Ref	The paper describes the Trust's strategic risks and associated trust wide 12+ risks		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The BAF describes the ongoing work regarding diversity and inclusion		
STP Alignment	N/A		
Recommendations:	The Trust Board is asked to receive the Q1 2020/2021 BAF for information and assurance purposes		

Board Assurance Framework (BAF) 2020/2021 – Quarter 1 Update – Quality Committee

Welcome to the Board Assurance Framework for North Staffordshire Combined Healthcare NHS Trust.

The Trust Board is responsible for ensuring that North Staffordshire Combined Healthcare NHS Trust consistently follows the principles of good governance applicable to NHS organisations. The Board does this through the development of systems and processes for financial and organisational control, clinical and information governance and risk management.

Our Board Assurance Framework identifies the procedures for risk management against our key strategic objectives, encompassing the management of all types of risk to which the Trust may be exposed, our controls and the assurances we have in place. This includes the effective integration and management of clinical and non-clinical risk.

Those key risks, mapped against our current seven strategic goals are set out in the following pages. We have also categorised each objective against our quality priorities – SPAR. This provides the interim update for Q1 2020/2021 as agreed by the Board on a temporary 6 month basis due to COVID-19 challenges. A full refresh of the BAF will be undertaken in the publication of pending national guidance and agreement of the new Trust strategic objectives.

BAF 2020/2021 Q1 – 04th August 2020

Objective 1:	**To enhance service user and carer collaboration**									
SPAR PRIORITY										
Exec owner:	Director of Nursing and Quality									
Assurance Committee:	Quality Committee									
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation			
RISK: *The Trust fails to collaborate with service user and carer involvement resulting in an inability to deliver responsive services.* *Risk Trend Arrow*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	3	12	3	3	9	2	3	6
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 900 – Diverse and Inclusive services									
Internal Assurance Examples							**External Assurance Examples**			
Level 1	**Level 2**						**Level 3**			

BAF 2020/2021 Q1 – 04th August 2020

• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**
Number of Controls		

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q1 RAG	On Target RAG	Year End RAG
R	Enhance Service User & Carer Collaboration - Focus on Service Users Recovery.	2	Embed the Wellbeing Academy to support recovery with greater participation of peers. Aim to have SU attend at least one of the Well Being Academy's. Measure SU experience of the Academy and report to QC.	DON		Q4	Well-being academy has delivered sessions virtually as part of Q1 activity following suspension during early COVID response. SU co-production in delivery remains challenging due to restrictions in place relating to COVID and training generally			
AR		2	Further embed Peer Support Workers and Peer Support Mentor roles, as a key component of our	DON		Q4	CAMHS and Learning Disability services have identified and are in process of recruiting to			

			workforce having lived experience. This will be evidenced by increased numbers of service users and carers in our workforce on either a voluntary or paid basis year on year.				peer workers during 2020-21			
SPAR		3	The Trust will achieve a year on year improvement for the overall indicator of "better" in the Community Mental Health Survey. 2018 score = 6.7	DO		Q4	Awaiting findings of survey results – expected November 2020			
ARP	Ensure we are constantly pushing channel development to ensure the Trust is at the forefront of digitalisation that will enhance service user engagement.	2	Embed digital channels across all service areas including the use of Combined Podcast. Create subtitled versions on Youtube to ensure inclusive as possible. Implement Social Media Optimisation Plan.	ACEO		Q3	Combined Podcast established, now has 26 episodes with over 3164 listeners since launch. Subtitled versions and Social Media Optimisation Plan will follow in Q2/Q3.			

Objective 2:	**To provide the highest quality, safe and effective services**											
SPAR PRIORITY												
Exec owner:	Director of Nursing and Quality and Medical Director											
Assurance Committee:	Quality Committee											
Risk appetite	Financial	3	Quality (Innovation)	3	Regulation	2	Reputation	3				
RISK: *The Trust fails to deliver safe and effective services, resulting poor care, reputational harm and regulatory restrictions* *Risk Trend Arrow*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	4	16	3	4	12	2	4	8
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 – Staffing • 440 – Place of Safety • 441 – PICU • 423 – Compliance with MHA/MCA • 725 – Medicines Management								

	• 900 – Diverse and Inclusive services • 901 – Diverse and inclusive workforce • 907 – Delayed transfers of care • 1009 – Pharmacy provision • 1111 – Locality restructure • 1112 – Ligature points • 1113 – Community pathway • 1019 – ROSE and quality • 1028 – Winter planning • 1034 – Staff engagement/PDR • 1135 – Quality and safety as part of a reorganization of services • 1136 – CQUIN targets

Internal Assurance Examples		External Assurance Examples
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**

Number of Controls										
SPAR Reference	**CONTROLS to Mitigate Strategic Risk**	**Level of Assurance**	**Description of Assurance**	**Exec Owner**	**Year Start RAG**	**Qtr Due**	**Forward Plan/Progress**	**Q1 RAG**	**On Target RAG**	**Year End RAG**

BAF 2020/2021 Q1 – 04th August 2020

SPAR	CQC Rating of 'Outstanding' is maintained.	3	A rating of 'good' for all core services in the Safe domain (Adult Inpatient Wards).	CEO		Q4	Inspection preparation was well underway and then stood down by CQC due to COVID-19	No RAG as currently on hold		
SPAR		3	An increase in the number of core services rated as 'outstanding' currently 3/11).	CEO		Q4	Inspection preparation was well underway and then stood down by CQC due to COVID-19	No RAG as currently on hold		
SPAR	Continue work to strengthen approach to risk management including:	1	Risk appetite analysis is undertaken for strategic risks.	ACEO		Q3	On hold pending agreement of new strategic objectives	No RAG as currently on hold		
		2	Undertake residual and target score gap analysis 6 monthly.	ACEO		Q3	Deep dive undertaken for Trust wide risks – to continue			
		2	Undertake deep dive for long standing risks 6 monthly.	ACEO		Ongoing				
SPAR	Develop a Trust wide systematic approach to quality improvement.	1	Continue to strengthen relationship with the CQC via regular engagement meetings and new inspection team	DON		Q4	Regular engagement meetings with the CQC have taken place through the COVID period. The CQC have reviewed the Trust IPC BAF and have responded with no concerns			
		2	Develop and implement Combined Quality Improvement (QI) strategy	DON		Q4	The release of the refreshed Trust strategies have been delayed due to the response to COVID, however are planned to be approved at board in September			

		3	Embed SPAR accreditation across all inpatient wards (pilot completed 18/19).	DON		Q4	The full implementation has been delayed due to COVID response			
R	Develop our social work partnership with Stoke on Trent City Council to ensure professional support for social workers in the Trust	2	Social work Network took place 27.3.19. Tasked with completed Strategy May 2019.	DON		Q4	Section 75 transfer has now been completed, following delay due to COVID. New relationship in place and professional social work network to be established			
S	People with complex needs are supported.	2	PD Pathway	DO		Q4	PD Pathway Business Case approved			
S	Zero Suicide Ambition – 2019/20 is the third year of this collaborative journey with partners to reduce deaths by suicide as part of the county wide strategy.	1	• Provide 8 NSCHT staff members with 'Train the Trainer suicide response training' NEW for 20/21 - Change objective to - Cascade 'Connecting with People' training approach	MD		Q3	Train the Trainer Training that was planned for April 2020 was cancelled due to Covid restrictions. Rescheduling for Autumn. Provider is 4mental health. Demo of the training documents embedded on Lorenzo was shared with 4mental health on 23/7/20- system requires additional changes before this can go live.			
S		1	Work with partners to deliver Suicide Charter: • Deliver Annual STP	MD		Q3	2020 conference was cancelled due to Covid restrictions- a virtual event is being planned for this year			

			Zero Suicide Conference				with plans for next year. MPFT leading 2020.			
S		2	Investment in environmental ligature improvements as per the capital plan.	DOF		Q4	Capital Investment Group to receive case for ward 3 in July. Links to national bid for dormitories			
S		2	Complete PDSA cycle into panel review methodology to improve learning from serious incidents.	MD		Q3	Findings of review to inform the Trust's approach to structuring 'Panel Reviews' throughout the Trust.			
SPAR	Every patient can expect Mental Health Law compliance.	1	Zero tolerance for failure to comply with the MHA:	MD						
			• Two LiA workshops (informed by QI methodology) to be held for section 17 leave and consent.	MD		Q4	Pass it on event for Consent held in November 2019. Following the conversation about Section 17 held in November 2019, the steering group formed and have reviewed all actions and Quick Wins. The Steering group has two work streams Digital Group and Practice/Process Group with meetings set to end of May			

							2020 which have had to be postponed due to COVID19.			
		1	• 100% compliance with requirements for Section 17 leave.	MD		Ongoing	Results of Q1 MHL audit indicates 85.5% compliance with S17 leave. Further work is underway with Directorate leads and through LIA process to improve performance for Q4.			
		1	• 100% compliance with requirements for consent.	MD		Ongoing	Due to the restrictions of COVID audit activities pertaining to this objective have had to be stood done. Q3 = 79% overall compliance with mental health law Consent to medication at the point of admission = 95%.			
AR	Dual Diagnosis – 2020/21 is the third year for this programme of work. Delivery of the Trust wide Strategy for service users with Dual Diagnosis.	2	• Integrate DD strategy by disseminating and publicising.	MD		Q1	The Trusts DD consultant nurse is trialling moving DD training onto Microsoft Teams. They also have continued to engage with colleagues and publicise the DD strategy through formal and informal meetings.			
AR		1	• Establish joint case review processes in all Directorates for all service users with DD.	MD		Q2	Due to the Trust's adoption of Microsoft Teams there has been improved attendance within the Stoke CMHT. In County links have been established with staff within Humankind to begin joint			

							reviews. Initial meeting with locally service managers scheduled for w/c 27th July.			
S	Revise Pharmacy strategy to ensure delivery of integrated working within the community teams.	1	Each Pharmacist to complete an innovation project within their Directorate.	MD		Q3	To support the transfer of discharge information to be primary care pharmacy the pharmacy team has been working with the AHSN and LPN to broaden the scope of TCAM. Pharmacy working with Care Home Liaison to scope a quality improvement project.			
A	Services are responsive to the needs of service users.	1	92% compliance for referral to treatment (2nd contact) in 18 weeks.	DO		Quarterly	Q1 = 93.3% Q2 = 91.9% Q3 = 97.2% Q4 = 97.3% Q1 = 97.0%			
SA		1	100% compliance with 3 hour assessment target for service users entering the Place of Safety (where clinically appropriate).	DO		Quarterly	Q3 = 65.4% Q4 – 79.5% Q1 = 77.0%			
A		1	90% compliance referral to assessment within 4 weeks (CAMHS).	DO		Quarterly	Aspirational Trust target Q1 = 34.1% Q2 = 32.7% Q3 = 69.5% Q4 = 54.2%			

S		1	Deliver substantial compliance against EPRR core standards in annual declaration.	DO						
A		1	There are zero acute adult mental health out of area placements.	DO		Quarterly	No out of area placements			
SPAR	**ON HOLD**	2	Drive CIP and productivity through the Directorates utilising Model Hospital, NHS Benchmarking Network and other national productivity benchmarks.	DO				No RAG as currently on hold		
A	Provision of more accessible services through the Trust wide use of video conferencing services to make life more convenient for service users, carers and staff.	1	Pilot video conferencing across inpatient and community site to assess compatibility with services design.	MD		Q1	Due to COVID19 pandemic video consultation was rapidly rolled out across the Trust utilising Attend Anywhere for patient/carer consultations and MS Teams for staff/team discussions/meeting. Attend Anywhere is currently under review, gaining feedback from service users and staff on usability and experience, and gaining an overall picture of the usage of video			

							consultation across Combined. Draft report due 1 Aug 2020 to the Innovation Collaborative and supporting group			
S	Protect the Trust from Cyber Threats.	1	Work in partnership with UHNM & MPFT to deliver Cyber Security project. • Project plan Q1.	DPS		QQ2 Q2	Agreed new service with SSHIS to enhance Cyber Security for immediate deployment			
S		1	• Project mobilisation from Q2.	DPS		Q2	In deployment			
SPAR	Improve the accessibility of data across multiple providers - ICR Procurement.	22	Mobilisation from Q2 onwards.	DPS		Q2	In deployment mode – NSCHT data is flowing into ICR			
	Become a more digitally mature organisation - Align with action to review Digital Governance architecture.	2	Implementation Q2 20/21.	DPS		Q2	New Digital Leadership Group established to coordinate delivery of digital strategy incl. new governance architecture. First meeting of DLG August 2020 but new architecture will now go live in Q3 to ensure reflects revised national guidance			

Objective 3:	**Inspire and implement innovation and research**								
SPAR PRIORITY									
Exec owner:	Medical Director								
Assurance Committee:	Quality Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		
RISK: *The Trust fails to exploit its potential in research and innovation, resulting in a loss of credibility and a failure to improve services.* *Risk Trend Arrow* 	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	3	12	3	3	9	2	3	6
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 440 – Place of Safety • 441 – PICU • 933 – Rose								

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Internal Assurance Examples		External Assurance Examples
Level 1	**Level 2**	**Level 3**
• Corporate Performance Report/ Dashboard • Internal Performance • Reportable Issues Alert • Quality Account • Practice Improvement & Lessons Learnt Report • Complaints and Concerns Report • Incident Reports • SI Reports	• Strategy implemented • Plan realised • Clinical Audit • Unannounced Assurance Visits • Performance Scrutiny	• Internal Audit (linked to annual plan) • National Patient Satisfaction Surveys (F & F Test) • Healthwatch Reports • Independent Reviews (e.g. Ombudsman Reports) • External Visits / Inspection Reports • CQC • EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control) • NHS Benchmarking Club • Quality Account • Annual Governance Statement • INSIGHT • NHSI Oversight • AQUA

Number of Controls

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
A	Ensure delivery of the Research Strategy.	2	Optimise use of 'Consent to research initiative' – 20% increase on consenting to research against 2018/19 figure of 702 (13%).	MD		Q1	Q4 Update: 8425 service users have been asked if they would like to take part in research with 990 (12%) consenting to be contacted for research. This has translated into 37 service users, 21% of overall recruitment consenting to take part in research from Lorenzo. Consent for Research review was presented to R&D			

							Steering group and is awaiting feedback from the Clinical Research Network West Midlands before being taking to SLT.			
A		1	Launch mandatory GCP training for clinical professionals – 85% medics achieving compliance.	MD		Q3	No change from Q4 figures, with approx. 30 clinicians GCP trained across the Trust. 2018/19. GCP continues to be monitoring and fed back through the Performance reporting updated to CEG, MACE,R&D steering group			
SPAR		2	Continue to strengthen Keele & Staffordshire University Partnership. • Formalise Honorary lecture roles in: Nursing, Psychology, AHP and Social Work. • Meet criteria to become a University Trust. • Appoint a NED from academia.	MD		Q2	Work is on-going to strengthen relationships to build on the 4 medical Honorary Lecturer roles in place. Workshop booked with Keele to explore University opportunities and enhance partnership with Keele University			
SPAR		1	Support and develop roles within the Trust	MD		Q1	Six research specialties identified for research; Five			

			structure. Identify one Primary Investigator (PI) within each specialty to ensure research delivery.				PI's identified to date in five specialties; Dementia, Substance Misuse, Adult and Older Peoples Mental Health, Learning Disability and Neurodegenerative. • To date no PI identified within Children and Young Peoples Services - no open studies			
SPAR	Implement a Trust wide innovation Strategy to support widespread engagement and to celebrate the successes achieved.	1	Establish an Innovation Group incorporating expertise from across the Trust • 10% increase of ideas presented at Innovation Nation	MD		Q3	Innovation Collaborative group established. Terms of References agreed by SLT. Innovation Nation held virtually for 2020, with EOI sent out.			
SPAR		2	Develop and implement an 'Innovation Strategy' with support from MIDTECH and AHSN – to be approved by QC.	MD		Q2	Innovation Collaborative group established. Research and Innovations strategy under review. Internal stakeholder session held with planned external sessions for August 2020.			
A	Increase Digital profile as national exemplar improving access to services within CYP through the use of digital technology.	2	Delivery of the Lorenzo digital	DPS		Q1	CAMHS Digital Portal went live in Q1 as planned via			

			exemplar pilot within the CYP Directorate.				launch at St Thomas More Academy			

Objective 4:	**Embed an open and learning culture that enables continual improvement**								
SPAR PRIORITY									
Exec owner:	Director of Workforce, Organisational Development and Inclusion								
Assurance Committee:	People and Culture Development Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		
RISK: *The Trust fails to continually learn and improve resulting in poor staff and service user experience.* *Risk Trend Arrow* 	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
	3	4	12	2	4	8	2	4	8
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 901 – Diverse and inclusive workforce • 1034 –Staff engagement/PDR • 1072 – Clinical supervision								
Internal Assurance Examples				**External Assurance Examples**					

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Level 1	Level 2	Level 3
• Corporate Performance Report/ Dashboard • Internal Performance • Reportable Issues Alert • Quality Account • Practice Improvement & Lessons Learnt Report • Complaints and Concerns Report • Incident Reports • SI Reports	• Strategy implemented • Plan realised • Clinical Audit • Unannounced Assurance Visits • Performance Scrutiny	• Internal Audit (linked to annual plan) • National Patient Satisfaction Surveys (F & F Test) • Healthwatch Reports • Independent Reviews (e.g. Ombudsman Reports) • External Visits / Inspection Reports • CQC • EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control) • NHS Benchmarking Club • Quality Account • Annual Governance Statement • INSIGHT • NHSI Oversight • AQUA

Number of Controls

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q1 RAG	On Target RAG	Year End RAG
SPAR	Develop and deliver a strategy for the Psychology workforce with the key objectives of research, recruitment and retention.	1	Develop a programme of 'Inspiring Clinical Psychologist' events for undergraduates.	MD			In January 2020 a Programme was established on a rotational bimonthly basis across specialties for volunteers in the Trust and those considering a future in clinical psychology. Due to COVID19 this programme has been postponed with ambitions to recommence XXX. A process is in place to invite people requesting psychology work experience placements to these events.			

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SPAR		1	Deliver psychology led conference in partnership with Staffordshire University to Launch new Psychology Strategy.	MD			Psychology conference to be rearranged due to COVID-19. Exploring opportunities for a virtual conference, no date set.			
SPAR	Embed and deliver Medical Transformation Programme.	2	Deliver Medical Strategy through Medical Transformation Programme: • MDT care co-ordination	MD						
SPAR		2	Deliver Medical Leadership programme with Keele.	MD						
SPAR	Upskilling our workforce (new, existing and those returning).	2	Maximise the apprenticeship levy to meet the future needs of the workforce based on the care pathways and business plan. Meet and exceed our public sector target for use of apprenticeship levy.	DWODI		Q4	Public sector target for 2020/21 is 37 new starts, however 70 new apprentice starts will be needed in year to account for shortfall in numbers 2017-2020. In Q1 we had 4 new apprentice starts, with a further 3 already started in Q2.			

SPAR	Maximise collaborative working across the STP to build skills and capacity in the local health economy.	1	Continue to develop programmes in collaboration with delivery partners and other NHS Trusts and stakeholders. Cohorts of staff from local health economy learning together.	DWODI		Q4	The Trust has procured and delivered a suicide training course for GPs across the STP. In addition, across the STP we have developed and trained two Train the Trainers Dementia courses and two Dementia Tier 2 courses. A provider has been identified and funded for the delivery of the Suicide Train the Trainer course which was due to run in March 2020, but put on hold due to Covid-19 restrictions. Planned delivery in Q2: Suicide Prevention training as follows: 1. Suicide Awareness, Suicide Response 1 & 2. This course has been procured and funded to provide 20 Train the Trainer places across the STP. Appropriate organisations in the STP have been approached for nominations for the allocated places: D&B, UHNM, MPFT, Stoke Council, Staffs Council and			

							NSCHT. Any shortfall leaving available places are to be given to Staffordshire and Keele Universities with agreement that all Student Clinicians will receive training during their education. Venues have been sourced and original dates amended with venues and providers due to Covid-19 – provisional dates have been identified. Project plan for HEEWM amended and returned to reflect changes due to Covid-19. All monies secured for delivery in 2020-21: venues, resources, organisational registrations etc. Prospective trainers from across the Stoke and Staffs STP have been identified, HRD's across the STP have agreed to support the cascaded delivery throughout the system over at least the next 2 years.			

							Dementia Tier 2 Train the Trainers courses (2) and Dementia Tier 2 courses (2). Dementia courses have been successfully developed and run in Sept/Nov/Dec/Feb 2020/21, providing each organisation with cascade Dementia Trainers able to deliver both Tier 1 & 2 training within their organisations. Project plan completed and returned to HEEWM. Remaining funds will be utilised to develop online learning resources to share with Primary Care Service 20/21.			
SPAR	Learning and development options reflect the demands of our sector and the investment in Mental Health through the 10 year Plan.	1	Develop a suite of learning and development options that reflect the demands of our sector.	DWODI		Q4	Development of organisation and personal development; including clinical, service improvement and leadership skills. Train the Trainer courses for a number of specialist subject areas (suicide/self-harm domestic abuse/mental health			

							awareness/dementia/frailty, stress in the workplace etc) and Stat/Mand education (SaferPeople Handling/Resus/Fire)			
SPAR	**Equality Delivery System (EDS2)** The care that services users and carers receive respects the diverse requirements of our local population	2	The workforce more accurately represents the community it serves through themes identified within the: • Staff Survey • WRES • WDES • Annual D&I report • Deliver 1st cohort of Reverse Mentoring • Inclusion Council embedded and mainstreamed into normal business	DWODI		Q4	Significant progress made towards being more representative of our local population. As at the end of March 2020, the Trust has achieved the following:- • Workforce Representation: ACHIEVED Whilst there is more to achieve, good progress has been made on workforce representation in relation to ethnicity, LGB and Disability as follows:- • Ethnicity (BAME v white: as at 31st March 2020 8.05% of the Trust workforce are BAME (when not known excluded). Local population is 7.6% according to 2011 census.			

							• LGB status 3.00% of those who stated sexual orientation stated they were LGorB (compared to national rate of approx. 6% and rate of 2.7% in 2019 ie minor improvement). 415 staff chose not to disclose (24%) which remains the same as the 2019 figure. • Disability 7.7% (96 people) of the Trust workforce have declared a disability (after not known excluded; 5.5% of whole workforce which is an improvement on the rate reported in our 2019 WDES of 2.4% (34 people)). We have reduced the not know gap from 33% in 2019 to 28% in 2020, so heading in the right direction, but still a large gap. • Deliver 1st cohort of Reverse Mentoring: ACHIEVED: we are additionally planning further cohorts of Reverse			

							Mentoring following the commencement of usual business following the end of COVID-19, including opportunity to work across STP organisations • Inclusion Council embedded and mainstreamed into normal business: ACHIEVED: Bi-monthly meetings, chaired by CEO /Director of Workforce, widened remit to cover broader diversity characteristics (not just BAME).			

Objective 5:	**Attract, develop and retain the best people**								
SPAR PRIORITY									
Exec owner:	Director of Workforce, Organisational Development and Inclusion								
Assurance Committee:	People and Culture Development Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		
RISK: *The Trust fails to attract, develop and retain talented people resulting in reduced quality and increased cost of services*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow	4	4	16	4	4	16	3	4	12
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 – Staffing • 901 – Diverse and inclusive workforce • 1011 – Exec capacity and STP • 1034 – Staff engagement/PDR								

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	• 1072 – Clinical supervision • 1111 – Locality Restructure and staff engagement

Internal Assurance Examples		External Assurance Examples
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**

Number of Controls

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q1 RAG	On Target RAG	Year End RAG
SPAR	Deliver Talent Management Strategy linking Trust People & OD strategy and the Regional Talent Review	1	Gather talent management ratings electronically.	DWODI		Q3	Appraisal module is live on LMS. All new appraisals include talent rating which can be reported on for the Trust, this element of LMS will be live by 31st March 2020. LMS Module complete. Work completed to address the Talent element of the Appraisal.			

		1	Hold staff engagement sessions.	DWODI		Q3	RISK – Capacity issues - Mitigation of risk capacity temporarily increased until. 30.06.2020 Engagement has now concluded and a talent management strategy is being drafted, ready to launch post-Covid-19, alongside the launch of our newly updated talent section of appraisal, and after the launch of the new national People P			
		1	Launch Talent Management Steering Group.	DWODI		Q4	RISK – Capacity issues - Mitigation of risk capacity temporarily increased until 30.06.20 On hold - Steering Group was originally to be set up once national People Plan launched, but this has been suspended due to Covid-19 New NHS People Plan to contain framework for Talent Management and Succession planning linked to Regional Talent Boards.			

		1	Approve Talent Management Strategy.	DWODI		Q2	See above note. RISK – Capacity issues - Mitigation of risk capacity temporarily increased until 30.06.20 See above note. Staff engagement underway and drafting basic draft strategy. This will be shaped and amended following further staff engagement and launch of national People Plan, before going out to consultation			
		1	Form Talent Management Steering Group project teams.	DWODI		Q3	RISK – Capacity issues - Mitigation of risk capacity temporarily increased until 30.06.20 Due to dependency on above 2 actions, this action is likely to be carried over into Q1 of 2020/21 BAF.			
Building our capacity - Recruiting and retaining – Making Combined Healthcare a workplace destination										
SPAR	Establish the Trusts employment offer.	1	Develop comprehensive and competitive attraction and retention offer	DWODI		Q1	Q4: Both the Trust's Vacancy and Turnover position have significantly improved in year.			

							Vacancy rate – from 14.5% in April 2019 to 12.5% in March 2020 Turnover position - from 14.4% April 19 to 11.8% March 2020.			
SPAR	Enhance our staff and wellbeing activities and initiatives to ensure that our working environment is supportive and encourages self-care.	1	Refresh workforce Health and Wellbeing Strategy – focused work streams regarding: • Musculoskeletal • Stress, Anxiety and Depression	DWODI		Q2	H & W group now has local representatives from directorate teams to enhance engagement. Strategy and action plan in development. H&W is currently being supported by the OD & Education Team due to the Covid-19 crisis: thus the focus is on addressing issues relating to COVID-19 as a priority over and above all previous strategy documentation.			
		1	Enhanced presence of H&W via CAT and supporting communications	DWODI		Q3	Business case presented to Exec Team and SLT with aim to roll out Wellbeing and benefits platform in November 2019. In response to the COVID-19 major incident dedicated H&W pages have been developed			

							which encompass both a comprehensive national and local offer.			
SPAR	Deliver OD interventions to support staff engagement aligned to staff survey trends	2	Facilitate the development of staff survey action plans through staff engagement. Ensuring they reflect the Directorates ownership of their action plan.	DWODI		Q2	Each Directorate have developed their own action plans. OD Engagement Lead identified for Staff Survey, to support directorate action planning and developments in line with the Staff Survey – work on-going The Workforce Business Partner Team will also be providing Directorate support, advice and guidance with regards to this matter.			
Valuing and recognising individual contributions										
SPAR	Encouraging an open, fair, inclusive, transparent and just culture.	1	Widen the focus of the Inclusion Council to include other protected characteristics.	DWODI		Q2	Complete (subject to ongoing review and maintenance as membership changes). It is now embedded within the Inclusion Council that we now take a multi-stranded approach to inclusion across the wider remit of diversity and inclusion, including protected and non-			

							protected characteristics, rather than a single focus on BAME Inclusion. BAME inclusion, of course, remains an important area of focus within this. Our Inclusion Council membership includes our Staff network leads (BAME, LGBT+ and Neurodiversity, with Disability Network to follow when launched later this year). We additionally have membership including a number of staff with disabilities (physical, sensory, mental health, neurodiverse all represented). We have a diverse range of BAME and white colleagues (including black and Asian heritage, white British and white European). We have a number of members who are LGBT+, including people representing all 4 letters of the acronym. We also have a good gender			

							balance (including trans membership). Many of our Inclusion Council members have intersectional identities (crossing 2 or more equality groups)			
			Explore Merseycare approach to Just Culture and how it can be applied here.	MD		Q3	The MD is working with advisors from Lockton to develop survey tools to aid reflection of existing processes and culture. The data gathered from these surveys will inform the next stages.			
	Co-create with staff and service users relevant and appropriate communication and engagement opportunities.	2	Build and extend Awareness Days calendar by liaison with staff groups and service users.	DWODI		Q3	Awareness Days Calendar now operational via MOOD and Comms Outlook account, cross-checking with national Awareness Days resource. Specific social media and Podcast activities timetabled to coincide with Ramadan, national Apprenticeship Week, world Autism Week, Parkinson UK Day, LD Awareness Week, Mental Health Awareness Week, Volunteers Week, Stress			

							Awareness Month, Cares Week and national `Share a Story` Month, National Smile Month.			
	Raise the profile of the Trust through enhanced reputation, brand and innovation.	2	Develop plan to increase external awareness of the corporate brand and straplines including profile in conferences, awards, thought leadership articles.	DWODI		Q3	In development. LEAP Active Partnerships Programme launched and initial sign-ups secured.			
SPAR	Embed Values and Behaviour framework.	2	Evidenced in all development programmes e.g. In Place Systems Leadership Programme	DWODI		Q1	**RISK – Capacity issues - Mitigation of risk capacity temporarily increased**			
		2	Develop a Values recognition scheme in addition to the current compassion scheme. Refresh staff REACH Awards criteria to embed values and behaviours in time for 2020 awards.			Q3	This approach has been placed on hold in light of Covid-19, with the compassion recognition scheme continuing to be a vehicle for staff to recognise and value each others compassionate acts.			
SPAR	Leadership framework is visible throughout our documentation	2	Leadership framework evidenced in all	DWODI		Q1	All current leadership development opportunities mapped			

			development programmes.				against our talent pipeline. Once our new People Plan has been written (following engagement), all current leadership offers will be reviewed.			
		2	Leadership development available at all stages of the talent pipeline in preparation for the link to the Regional Talent Board.	DWODI		Q4	All current leadership development opportunities mapped against our talent pipeline. Collaborative work is taking place with system NHS provider organisations to develop a new leadership offer that will strengthen our development throughout our leadership pipeline			
SPAR	Promote and extend our reach into all communities within our localities.	1	Stakeholder Engagement Map and Listening Landscape in MOOD. Develop Stakeholder Engagement Programme.	DWODI		Q3	LEAP programme launched and initial sign-ups secured. Stakeholder Map and Listening Landscape under construction.			

			Find SomeOne in Health and Windows on the World to identify and engage key targets. Build LEAPS (Listening and Engagement Activity Partnerships). Increase number of engaged groups, with emphasis on Seldom Heard Groups.							

Objective 6:	Maximise and use our resources effectively and sustainably									
SPAR PRIORITY										
Exec owner:	Director of Finance, Performance and Estates									
Assurance Committee:	Finance and Resource									
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation			
RISK: *The Trust fails to optimise its resources resulting in an inability to be sustainable.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**			
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
Risk Trend Arrow	4	5	20	4	4	16	3	4	12
COVID-19 Risk - There is a risk that as a result of COVID-19 business as usual and financial arrangements are not in place for 20/21 and there is insufficient monies to ensure continued abilities to pay staff and suppliers and so ensure business continuity	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 –Staffing • 843 – ROSE system change restrictions • 868 – Agency spend • 1010 – New models of care									

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	• 1111 – Locality restructure • 1071 – Contract for Estates services • 1019 – ROSE and quality • 1035 – CIP • 1037 – Substance misuse contract • 1069 – Carillion • 1124 – Financial risk re PICU beds

Internal Assurance Examples		External Assurance Examples
Level 1	**Level 2**	**Level 3**
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Number of Controls

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q1 RAG	On Target RAG	Year End RAG
-	Delivery of CIP targets. **ON HOLD PENDING NATIONAL GUIDANCE**	1	CIP target of £XXm for 2020/2021 is achieved recurrently.	DO						
		1	CIP target for CEO portfolio is achieved recurrently.	CEO						

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		1	CIP target for DoN portfolio is achieved recurrently.	DON						
		1	CIP target for MD portfolio is achieved recurrently.	MD						
		1	CIP target for DSDE portfolio is achieved recurrently.	DPS		Q4	Zero-based budget approach for 20/21 has identified CIP targets can be achieved on recurrent basis and CIP plans signed off by CIP Board. Majority can be achieved through recast of budget setting, remainder will need monitoring through year. M3 forecast shows on track.			
		1	CIP target for DOF portfolio is achieved recurrently.	DOF		Q4	CIP has been suspended for the first 5 months of 20/21 nationally and internally the same has taken place. National guidance is awaited on plans for the remainder of the year and 2021/22			
		1	CIP target for DWODI portfolio is achieved recurrently.	DWODI		Q4	Remains a challenge. Non recurrent monies identified.			

		1	CIP target for DO portfolio is achieved recurrently.	DO						
		2	Granular CIP plans are developed for 20/21.	DO						
SPAR	Five year financial model aligned to organisational and STP strategy (year 1 of 5). **ON HOLD PENDING NATIONAL GUIDANCE**		Five year plan is developed which describes plans for sustainability.	DOF						
			Delivery of the control total.	DOF						
			Use of resources level 1.	DOF						
			Agency spend contained within the agency cap throughout the year.	DO						
SPAR	Delivery of STP Financial Plan. **ON HOLD PENDING NATIONAL GUIDANCE**	3	Work with the STP long-term financial plan for system solutions to. resolve the deficit.	DOF						
SPAR	Rationalisation of the Trust Estate ensuring value for money.	2	Development of a five year Estates Strategy aligning the estate to operational delivery, locality working and strategic direction.	DOF		Q3	Process for developing the estates strategy underway. Working to develop appropriate strategies post covid, so aligned with recovery and transformation plans			
SPAR	Capital Plan	2	Implement 20/21 capital plan:	DOF		Q4	Capital plan implementation			

							overseen by Capital Investment Group. Revised plan in place following system capital envelopes. Further developments system wide may			
A		1	Develop ESR Self Service capabilities and efficiencies	DWOD I			Project paused as a result of COVID-19. Business case in development to support Trust roll out.	No RAG as on hold		

Objective 7:	Take a lead role in partnership working, integration and well-being											
SPAR PRIORITY												
Exec owner:	Director of Partnerships and Strategy											
Assurance Committee:	Finance and Resource Committee											
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation					
RISK: *The Trust fails to lead in partnership working resulting in an absence of system and clinical integration.* *Risk Trend Arrow*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/20)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	4	16	4	4	16	2	4	8
COVID-19 Risk - There is a risk that the Trust cannot maintain business critical functions due to the impact of COVID-19	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** •								

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert**	• **Strategy implemented** • **Plan realised** • **Clinical Audit**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports**

BAF 2020/2021 Q1 – 04th August 2020

• **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**

Number of Controls

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan / Progress	Q1 RAG	On Target RAG	Year End RAG
SPAR	Enhance approach to Sustainability Development Goals.	2	DPS will bring forward an assessment of the Trust's position against the SDGs with a plan for further development	DPS		Q3	Will be included in refresh of org strategy in Q3 following publication of refreshed national guidance. The Trust has committed to the 'NHS Plastics Pledge' and has made some positive movement towards improving sustainability in recent Estates upgrades (e.g. introduction of energy efficient lighting)			
SPAR	Commitment to the STP as a willing partner in deploying the skills and expertise of our workforce outside of our immediate organisational boundaries.	3	CEO is the lead for the Mental Health work stream.	CEO		Ongoing				
		3	Trust is the lead for the OD work stream.	CEO (DWO DI)		Ongoing				

		3	Trust is Programme Director lead for the Mental Health work stream.	CEO (DO)		Ongoing				
SPAR	Alliance Board	2	The system has agreed to manage the entire Recovery agenda through ICP footprints. Which essentially means that the next stage of system change will be done through the lens of ICPs	DPS		Q3	NS Alliance has transitioned into NS ICP. Core Group established coordinated through DPS to lead development of ICP roadmap for establishment of formal shadow arrangements from April 2021.			
SPAR	Continue to identify and develop further primary care service offerings.	2	Continued dialogue with GP Practices who have shown an interest in NSCHT service menu.	DPS		Q4	Ongoing process of dialogue with GPs			

NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 16

Date of Meeting:	10th September 2020		
Title of Report:	Workforce Race Equality Standard (WRES) Report and Action Plan		
Presented by:	Shajeda Ahmed, Director of Workforce, OD& Inclusion		
Author:	Lesley Faux, Diversity & Inclusion Lead		
Executive Lead Name:	Shajeda Ahmed, Director of Workforce, OD& Inclusion	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This is the Trust's fifth annual WRES report. Since April 2015, all NHS organisations were required to demonstrate through the nine point WRES metrics. This report sets out the Trust's findings/progress against the 9 WRES indicators over 2019-20, along with our action plan for the current year. The Trust should be assured that we are generally making tangible and measurable progress against the WRES indicators, and have laid solid foundations for further improvement, to support acceleration in the pace of change going forward.		**Approval**	☒
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	• Annual WRES reporting forms part of the NHS Standard Contract since 2015 • Our WRES report and action plan each year are published on the Trust's website and data shared with NHS England and our lead commissioner		
Resource Implications: Funding Source:	Within existing resources N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The WRES is specifically designed to support greater diversity and more positive inclusion experiences across NHS workforces, particularly in relation to developing greater race equality. As such, a positive effect is intended, such as improved access to employment and promotion opportunities, better workplace experiences for BAME staff, and a more diverse workforce with regard to ethnicity. This ultimately leads to make diverse and inclusive experiences for our service users also.		
STP Alignment / Implications:	All NHS Trusts are required to participate in the WRES process. There are opportunities for the alignment of activity under the WRES across the ICS Trusts and this will be explored by the EDI Network.		
Recommendations:	1. Note the progress with our 2019-20 WRES actions and journey, as set out in this report and at Appendix 2. 2. Approve this 2020 WRES report and Action Plan for 2020-21 (Appendix 3) for publication with the WRES Team, on the Trust's website and sharing with our lead commissioners.		

	3. Continue to individually and personally contribute to the ongoing development of tangible and measurable change on race equality and inclusion, and for each member to further challenge themselves to step this 'up a gear' in 2020-21, at Trust level and in their individual area of responsibility

Version	Name/group	Date issued

Workforce Race Equality Standard (WRES) Trust Report 2020 & Action Plan for 2020-21

Image: The King's Fund (2020),
Workforce race inequalities and inclusion in NHS providers

Date: **September 2020**

Author: **Lesley Faux, Diversity & Inclusion Lead**

Lead Director: **Shajeda Ahmed, Director of Workforce, OD & Inclusion**

NHS
North Staffordshire
Combined Healthcare
NHS Trust

NSCHT Workforce Race Equality Standard (WRES) Report 2020

1. Introduction

1.1 The Workforce Race Equality Standard (WRES) was introduced in April 2015 and mandated as annual part of the NHS Standard Contract. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

1.2 The WRES is a key component in how the Trust works to deliver tangible and lasting improvement on race inclusion, also supporting how as an organisation we deliver on our obligations under the Public Sector Equality Duty (PSED) to:

i. **Eliminate unlawful discrimination**, harassment and victimisation and other conduct prohibited by the Act.
ii. **Advance equality of opportunity** between people who share a protected characteristic and those who do not.
iii. **Foster good relations** between people who share a protected characteristic and those who do not.

1.3 The WRES ultimately supports the Trust to increase its diversity and inclusivity enabling us to deliver services for all people within our communities. It is not possible to deliver safe, personalised, accessible and recovery-focussed services if we are not diverse and inclusive.

1.4 This report contains the Trust's fifth annual WRES report which will be published on our website and shared with NHS England and our local commissioners, as well as being reviewed as part of any CQC inspection processes as may be required.

1.5 Key purposes of the WRES are to:

- 'hold a mirror up to the NHS and spur action to close gaps in (established and persistent) workplace inequalities between our black and minority ethnic (BME) and white staff'
- prompt inquiry and assist organisations to develop and implement evidence-based responses to the challenges their data reveal
- complement national NHS workforce policy on diversity and inclusion, and support delivery of national policy frameworks, recently including the NHS People Plan (2020)

1.6 <u>WRES Reporting Requirements</u>

1.6.1 NHS Trusts produced and published their first WRES baseline data in July 2015. Since then, NHS England have published a number of reports sharing updates on the WRES data nationally, and also offering guidance and advice on what constitutes effective action. These reports can be accessed here. Trusts are required to submit and publish two documents to Commissioners and NHS England to comply with the WRES:

1.	NSCHT spreadsheet data set	- *Complete – data uploaded to NHS England* (see ***Appendix One***)
2.	A WRES progress report and Action Plan to be published on	- ***This report*** when finalised and agreed at PCD *Trust Board. Including action plan progress*

the Trust's website by 30/9/20 (***Appendix 2***) *and 2020-21 action plan (**App 3**)*

The above information will be published on our Trust website and will also be shared with our lead commissioners.

1.7 Note on terminology:

The term Black, Asian and Minority Ethnic (BAME) will be used throughout this report as this is widely used in the UK and is the Trust's preferred term, felt to be more inclusive and representative of our local BAME population (overtly recognising our Asian ethnicity population). The term Black and Minority Ethnic (BME) is used where this is quoted by the WRES Team as this remains the term used by that team, having been used since the inception of the WRES.

2.0 National Context to the WDES

2.1 The **2019 WRES (national) report** found evidence of advances being made, as well as real challenges that remain:-

> *NHS employers are making genuine progress towards equalising core HR processes of recruitment and selection, training opportunities, and disciplinaries. And, over the last four years, the number of BME very senior managers has increased by 30%. However, staff survey results lag these HR changes, with continuing high levels of reported concerns on key WRES Indicators.*

2.2 The WRES team concluded this report by stating:

> *..The case for this agenda is a powerful one and cannot be underestimated; NHS organisations need to take the implementation of the WRES, and the evidence base that underpins it, seriously. We now know, from data analyses, that not doing so is likely to have detrimental impact on outcomes including: staff sickness rates; staff engagement levels; temporary staff spend; Friend and Family Test results, and on Care Quality Commission ratings.* (p69)

2.3 The events of 2020 (including the COVID-19 impact on BAME communities, Black Lives Matter campaign) have made it abundantly clear that race inequality is not just an NHS issue, but a global challenge. Striving to achieve greater workforce race equality is not change for the sake of political correctness. Rather, it is a moral, legal and financial imperative, as well as key to the quality of patient care. It is well documented (WRES annual reports) that where genuine improvements are made against the 9 WRES indicators, all staff benefit - not just those staff with BAME ethnicity. This is good for NHS organisations, workers and patients/service users.

2.4 Key national WRES findings for 2019 are set out in *Box 1* below:

In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BME) background; this has been increasing over time.	
Across all NHS trusts and CCGs, there were 16,112 more BME staff in 2019 compared to 2018.	8.4% of board members in NHS trusts were from a BME background; an improvement from 7.4% in 2018 and 7.0% in 2017.
The relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff was 1.15. This remained the same as last year.	The total number of BME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019, and is up by 30% since 2016.
WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse, and on beliefs	White applicants were 1.46 times more likely to be appointed from shortlisting compared to BME applicants; a similar

regarding equal opportunities in the workplace, have not changed for both BME and white staff.	figure to that reported in 2018, and an improvement on the 1.6 times gap in 2017 and 2016.
The number of BME board members in trusts increased by 35 in 2019 compared to 2018 – an additional 18 executive and 17 non-executive board members.	The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has reduced year-on-year, from 1.56 in 2016 to 1.22 in 2019.

Box 1: Key national WRES findings 2019, NHS England (2020)

2.5 In addition to the usual annual WRES process and national annual report, late in 2019, the WRES Team issued each Trust with a bespoke set of 'aspirational targets' for year-on-year improvement in the BAME representation in senior posts (band 8A and above). These targets seek to attain a minimum of 7.6% (local BAME population in 2011 census) in each senior band/grade by end of March 2028. Progress with these aspirational targets would form part of the appraisal of every Trust CEO from 2020-21 onwards.

2.6 Last year (2019 WRES), the Trust reported that it had improved its performance on 4 indicators, and maintained performance on a further indicator. Four indicators had unfortunately worsened. It was clear that we had much work to do to create our vision of a truly diverse and inclusive organisation. Our aspirational targets set us a further additional (but attainable) challenge. During 2019-20 we have worked hard to really embed our work on race inclusion much deeper into all our services across the organisation. This report sets out what we have been doing to bring about positive change on race inclusion.

3. What we have been doing since the 2019 WRES

3.1 We set a challenging WRES action plan for 2019-20, progress against which is set out at ***Appendix 2***. All set action was completed, with the exception of the establishment of further cohorts of the Staffordshire Stepping Up (positive action BAME leadership development) programme. This programme was a local health system opportunity and it was felt that further support was required for the existing alumni group, before delivering further cohorts of the programme.

3.2 The Trust has continued to increase awareness and understanding on race inclusion, and the imperative to act throughout the organisation. Our Trust Inclusion Council continues to meet on a bi-monthly basis, led by our Chief Executive and our Director of Workforce, OD and Inclusion. Race inclusion is a key area of discussion and development. The Inclusion Council project manages the Trust's 4 key inclusion projects, as well as being a key forum for discussion and advancement of all aspects of diversity and inclusion. BAME colleagues continue to be released from their normal duties on a regular basis to support the work of these 4 projects.

3.3 The Trust's 4 **ongoing workforce projects** are:-

i. Developing inclusive **recruitment and selection** processes (building in inclusion from start to finish of the process)

ii. Developing equal and inclusive access to **development and career progression opportunities**

iii. Learning lessons, responding better to, and preventing/reducing **incidents of racist and other personal abuse** and aggression

iv. Developing our **Culture of inclusion** (supporting more inclusive practise and more equitable and inclusive treatment of colleagues; addressing micro-assaults and other inequalities)

3.4 **In addition to the work of these inclusion workforce projects**, the Trust has delivered the following action over the last 12-18 months to further develop greater race inclusion:-

a) The Trust have been keen to establish a **more diverse Trust Board** over the past 12-18 months. In addition, to having one of the relatively few Trusts with a BAME Medical Director (Dr Buki Adeyemo), we have been delighted to have additionally appointed:-

- Shajeda Ahmed as our Director of Workforce, OD and Inclusion, since October 2019
- Tosca Fairchild as our Deputy Chief Executive from November 2019 (Tosca also holds the position of Chair of the Show Racism the Red Card Charity)

Our Trust Board is well-versed in diversity and inclusion matters, including race equality. Buki, Tosca and Shajeda are all experienced in talking about race inclusion both within the Trust and at external events, and do so regularly.

b) Completion of the Trust's first cohort of BAME & LGBT+ **Reverse Mentoring**, involving 13 members of the senior leadership team, with plans for a further round in 2020-21. The Trust's Reverse Mentoring approach involved 6 meetings as standard. Some pairings have continued well beyond this number, and some pairings have moved on to a more traditional mentoring approach. All Trust participants of the first 3 cohorts of Stepping Up were offered the opportunity to take part in Reverse Mentoring.

c) Continued further development of the role and impact of our ***BAME Staff Network***, building membership and regular attendance. The BAME Network will be key to development of our WRES approach from 2020-21 onwards. Further consultation will take place with the BAME Network as to the continuing action they would like to see to make an impact on race inclusion. Our BAME Network Lead has been involved in collaborating at local and national level with regard to the development of the network and we have plans to grow our links with the BAME Networks at our health system partner organisations over the coming months.

d) The Trust was fortunate to be successful in its bid to host one of the pilot projects for the **NHS High Potential Scheme (HPS)** in 2019. This programme has been designed around a strong set of principles linked to diversity and inclusion. The assessment and selection process for the programme had been designed with inclusion in mind and the results appeared to demonstrate that we can achieve more diverse and inclusive outcomes of recruitment processes by making smart adjustments to process, including ensuring that assessors are well-versed in unconscious bias and that the process ensures, as far as possible, objective assessment. The target of at least 18% of successful participants having BAME ethnicity was achieved.

e) The **launch of the HPS** took the form of **'mini-conference' with over 100 attendees** and the focus of presentations was around inclusive leadership. Andrew Foster attended and gave an inspiring, people -focussed presentation in her place. Also speaking was Gaynor Walker, Senior Programme Manager for Equality and Health Inequalities, NHS England and NHS Improvement, as well as our own Shajeda Ahmed, Director of Workforce, OD and Inclusion. All 3 speakers focussed heavily on race inclusion and exclusion within their presentations.

f) The Trust has continued to roll out its **Introduction to Inclusion and Unconscious Bias** training across the organisation. In 2019-20, the Trust made this training mandatory for those working at band 7 and above. By end of March, compliance across this group was 55% and this has continued to rise through the use of e-learning since the COVID-19 pandemic, reaching 75% at the end of July 2020. This training focusses heavily on race inclusion, alongside other single-stranded and intersectional equality characteristics,

seeking to influence hearts and minds and to bring about long-term attitudinal change. This training is being mandated for band 6 and above employees from August 2020.

g) The **COVID-19** pandemic period has very much shone a light on the global and UK inequalities linked to race. This has been a cause for us to significantly step up our approach and to ensure that all employees recognise race inclusion as their individual responsibility. When faced with evidence of the disproportionate impact of the COVID-19 virus on the BAME population, the Trust was fast to respond with a tailored risk assessment process, backed up by compassionate and supportive leadership. Our approach was to ensure that BAME colleagues with COVID risk factors were very much protected from higher risk areas of work. The Trust reached 100% compliance for BAME COVID risk assessments by end June 2020. The Trust built on this period of heightened awareness by hosting its first Leadership Academy session (held online) since the outbreak of the pandemic on ***'Let's Talk About Race'***, led by Shajeda Ahmed, and with special guest speaker Mr Jagtar Singh, OBE. This session attracted record attendance for our Leadership Academy, with 62 participants. Other support during the pandemic period has included 'MOT' Health Checks offered to all BAME staff; BAME Staff Network dedicated to supporting people with the impact of the 'lockdown'; 1-2-1 support offered to BAME staff via the BAME Practice Education Facilitator; personalised letter to all BAME colleagues from the Chief Executive; frequent information, awareness and support for race inclusion in Trust communications; sharing of details about access to BAME Freedom to Speak Up Champions and BAME Staff Counsellors if preferred.

h) In addition to the work of our Inclusion Council racist incidents project, a series of **action-oriented focus groups** on responding to racist abuse have been held in response to an apparent increase in such incidents at the Harplands since COVID-19. These sessions, chaired by our Head of Nursing, Zoe Grant, have been well-attended by frontline staff as well as senior leaders, and are supporting the Trust in making timely changes to practice to better support BAME colleagues and enhance our response when such incidents occur.

i) The Trust have been developing our approach to inclusive recruitment through the Inclusion Council and our Inclusive Recruitment Project. It was decided to make BAME representation on interview panels for posts at Band 7 and above mandatory from April 2020, whilst being desirable for posts at other levels. Other changes included:-

- BAME representation should extend into the long listing and shortlisting process as well as the selection process itself wherever possible
- 'Block' recruitment processes, rather than individual adverts wherever possible
- Encouraging people to take more time to reflect, not be rushed into making recruitment decisions, letting all panel score before discussing candidates, asking the lower power panellists to feedback before the higher power panellists and chair etc
- Using Assessment Centres / simulation exercises where possible to get a more 'all round' view of performance
- New Inclusive Recruitment programme mandatory for recruiting managers to be launched from later in 2020-21 (launch delayed due to COVID-19)

j) Continued and highly visible focus on the development of our **Culture of Inclusion** through the work of our Inclusion Council and associated project and the wider work of the Trust, with inclusion (and specifically race inclusion) being established through the core as 'how we do things round here'.

3.5 Whilst being aware of the scale of change still required, we believe that these steps will have built a firm platform for our continued ongoing development as an organisation offering outstanding experiences for our BAME employees.

4. NSCHT WRES 2020 Performance

4.1 The work outlined and in the WRES Action Plan Progress Report (*Appendix 2)* has supported the Trust in continuing to improve its performance in relation to the 9 WRES indicators during 2019-20. The section below sets out in detail the Trust's performance and progress against the 9 indicators as at 31st March 2020. *Appendix 4* additionally contains a summary of the Trust's WRES performance year-on-year, compared to the national average.

Summary	Performance and Progress Detail
INDICATOR 1:	
IMPROVED SIGNIFICANTLY **(matching/ exceeding local BAME population)**	**Workforce Profile: BAME representation through organisation hierarchy** • Overall the BAME % in our workforce profile **has IMPROVED** since 2019-20. This now matches our local BAME population (based on 2011 census) at 7.6% [up from 6.3% in 2019]. • When 'ethnicity unknown' are excluded, this rises to **7.8%.** • This is the biggest change in the Trust's workforce race profile seen since the WRES was introduced and the first time we have achieved equity with our local population figure. • However, it is noted that when medical staff are excluded, this reduces to 5.7% of the workforce (5.6% in 2019). • The Trust's clinical workforce continues to under-represent for BAME staff in all bands except bands 4 and 5. However, it is encouraging to see that the Trust has increased the number of BAME employees in bands 3, 4, 5, 6 and 7 (4 additional appointments at band 7, which should help us to meet our WRES aspirational targets in the coming years) • The Trust's non-clinical workforce still has a very low BAME % (3.5%) but, encouragingly, this has more than doubled since 2019. BAME colleagues are still under-represented in all banding groups for non-clinical staff. • It is additionally noted that our local BAME population has grown in recent years and it is anticipated that the 2011 census figure of 7.6% is likely to be an under-representation.
INDICATOR 2:	
IMPROVED (still worse than national average)	**Recruitment: relative likelihood of being appointed from shortlisting** • **Improved to 1.89** from a score of 2.07 in 2019 • Still much worse than the national average in 2019 of 1.46 • While this indicator is a significant concern for the Trust, we are extremely optimistic that measures developed during 2019-20 and implemented from April 2020 will create a step change in recruitment practise and outcomes • This indicator remains a key priority for 2020-21 • Our 2019-20 recruitment data is set out at ***Appendix 5***.
INDICATOR 3:	
WORSE (worse than national average)	**Formal Disciplinary cases: relative likelihood of entering process** • At 2.95, our disciplinary WRES score is much worse than our 2019 score of 0.88. However, it is noted that the low number of Trust formal disciplinary cases (just 10 in total over the year, 2 of which involved BAME employees) means that the score will be skewed (positively or negatively) and the score is unlikely to be statistically significant. • Nevertheless, it is recognised that this is the fourth time (in five years of data) that the Trust has had a disproportionate number of disciplinaries involving BAME staff (see ***Appendix 4***) and this matter requires further attention.
INDICATOR 4:	
WORSE (but considerably better than national average and a score in	**Non-Mandatory Training: relative likelihood of accessing training** (% of staff undertaking at least one piece of non-mandatory development in the financial year 2017-18) • Overall the balance was **again in favour of BAME staff, with a score of 0.78** (compared to 0.68 in 2019) ie BAME staff were more likely to access at least one piece of non-

favour of BAME employees)	mandatory development than white staff. • 47% of BAME staff accessed development in 2019-20, (66% in 2018-19); compared to 37% for white staff (43% in 2018-19) • However, when medical staff are removed from the data, the balance changes heavily in favour of white staff to a score of 2.10. Further improvement in this area is required in 2020-21.
INDICATOR 5:	
IMPROVED (Average / slightly worse than average for benchmark group)	**Harassment, bullying & abuse from patients** (source = Staff Survey 2019) • 42% of Trust BAME respondents [54.5% in 2019] said they had experienced HB&A from patients • 40% of BAME respondents said they had experienced abuse from colleagues across benchmark Trusts
INDICATOR 6:	
WORSE (but average/ slightly better than average for benchmark Trusts)	**Harassment, bullying & abuse from staff** (source = Staff Survey 2019) • 24.5% of BAME respondents experienced HB&A from colleagues in the last year (up from 21.1% in 2019)
INDICTOR 7:	
IMPROVED (but worse than average for benchmark Trusts)	**Belief in equal opportunities** (source = Staff Survey 2019) • **Better than 2019,** with 67% of BAME respondents believing that the Trust offers equal opportunities for career progression and promotion, compared to 58.8% in 2019. However, the comparable score for white respondents was 87% in both years. • Still worse than the average score for our benchmark group (74%)
INDICATOR 8:	
WORSE (average/slightly better than average for benchmark Trusts)	**Experience of discrimination at work in the last 12 months** (source = Staff Survey 2019) • At 12.9%, much worse than last year's score of 3.3% of BAME respondents experiencing discrimination • The comparable Trust score for white respondents experiencing discrimination was 5% • Average / slightly better than the benchmark rate of 14% experiencing discrimination. • Last year's score seems to have been somewhat an outlier results, substantially below the national average
INDICATOR 9:	
IMPROVED Considerably better than national average	**Trust Board members profile (compared to local area)** • Board member BAME representation increased to 23.1% (from 14.3% in 2019) with 3 BAME executive members. • There are again two BAME Voting Board Members (also in 2018-19 and 2017-18, but this year both are executive director (NED) members (previously one executive and one non-executive). • There has been no BAME non-executive director in post for over 12 months and this should be a focus for positive action in the next NED recruitment campaigns

4.2 Summary of 2020 WRES indicator performance:-

- 5 indicators improved; 4 indicators worsened
- 5 better than average; 4 worse than average

4.3 It is clear from the above that the Trust continues to make progress on developing and embedding a culture of inclusion and improved BAME experience, but this progress is relatively slow and is marked by fluctuation in performance along the way. We also recognise and acknowledge the impact that systemic/institutional racism has, as has been spotlighted in recent events and reports. Achieving effective change on race inclusion is a long term goal and does not happen overnight, being inextricably linked to deeply-rooted in societal attitudes, culture and behaviours and culture, both conscious and unconscious. The Trust has undoubtedly made significant advances in facilitating the dialogue on race equality and inclusion and in enhancing the awareness of all our staff on these matters, which will support us in the work to come. Our BAME staff continue to assure us that the actions that Trust is taking to address racial inequality are much needed, and more and more BAME and white colleagues alike are putting themselves forward to be part of the process of bringing about positive change.

4.4 The WRES team concluded in the 2019 WRES data report (p67): 'Whilst there is, undeniably, more work to be done, we should be encouraged with the levels of improvement seen in these workforce indicators, over time.' Similarly, the Trust should be assured that we are generally making tangible progress and have laid a solid foundation for further improvement, supporting an accelerated pace of change going forward.

5. Conclusions and Recommendations

5.1 The need to develop greater race inclusion and equality remains both an immediate and a long-term challenge. The scale of the challenge has never been clearer than during this period following the global events of the first 6 months of 2020. However, the level of recognition and understanding of the issues has equally never been greater. Now is the time for the Trust to seize the opportunity to address the societal, historical, cultural and organisational factors which culminate in our BAME workforce (and our BAME service users) experiencing poorer employment prospects and experiences than their white counterparts in the NHS on a range of measures.

5.2 The Trust has worked hard in 2019-20 to keep the development of greater race inclusion as a high profile imperative and to further 'up its game' as to how it delivers on this. This has been at every level, from Board to service/team and individual staff levels. However, there is still much to do and there is a need to progress to measurable outcomes. It is acknowledged, however, that changing cultures takes time if the change is to be real and lasting and not 'flash-in-the-pan' or 'flavour of the month'.

5.3 The Trust has been proud to be an exemplar in how we have been working to develop workforce race inclusion over the past 12-18 months and much of this work is summarised above in this report and at ***Appendix 2***. The further work that we are committed to implementing through 2020-21 to take us to the next stage in our race inclusion journey is set out at ***Appendix 3***.

5.4 The Trust Senior Leadership Team (SLT) and members of the People and Culture Development (PCD) Committee are asked to:-

1. Note the progress with our 2019-20 WRES actions and journey, as set out above and at ***Appendix 2***.

2. Approve this 2020 WRES report and Action Plan for 2020-21(***Appendix 3***) for publication with the WRES Team, on the Trust's website and sharing with our lead commissioners.

3. Continue to individually and personally contribute to the ongoing development of tangible and measurable change on race equality and inclusion, and for each member to further challenge themselves to 'step this up a gear' in 2020-21, at Trust level and in their individual area of responsibility.

END

APPENDIX ONE

Trust WRES Data Spreadsheet Submission

The embedded document below contains the Trust's WRES data as submitted to NHS England. This data is also shared with our lead commissioners and will be publically available on the Trust's Diversity and Inclusion internet pages.

The document may be requested from Diversity@combined.nhs.uk should there be any issues in opening the embedded document.

FINAL WRES2 V7.1
RLY FINAL FOR SUBM

APPENDIX 2

NHS North Staffordshire Combined Healthcare NHS Trust

PROGRESS REPORT ON TRUST WRES ACTION PLAN 2019-20

Action	Progress
1. To continue with the five BAME Workforce Projects with a focus on key deliverables and on achieving tangible change outcomes	- **ACHIEVED (IN PLACE AND ONGOING)** - Projects ongoing and project managed via the Trust's Inclusion Council, chaired by Peter Axon, CEO and deputised by Shajeda Ahmed, Director of Workforce, OD and Inclusion. - Project 5 (Communication for Inclusion) embedded as usual business, so removed as a specific project group. - First 12 months of Inclusion Council focussing on BAME inclusion projects. After 12 months it was agreed to widen the scope of the BAME workforce projects to incorporate other equality groups. BAME inclusion would remain a key priority.
2. To deliver a BAME inclusion conference in June 2019	- **ACHIEVED AND COMPLETE** - The Trust's first BAME Conference was held on 13 JUNE 2019 and was highly successful. Attended by approximately 100 people from the Trust and partner organisations. A wide range of local and national speakers presented on the day.
3. To secure funding for and deliver two-three further cohorts of Staffordshire Stepping Up on a partnership basis with STP (now ICS) partner Trusts	- **ON HOLD - PENDING FURTHER ENGAGEMENT WITH EXISTING ALUMNI** - Following an alumni event held in October 2019 (at which a number of attendees expressed disappointment with the level of onwards development and progression since participating in the Stepping Up programme), it was decided to allow more time to focus support on this group and to allow time and opportunity for advancement. It was felt to be inappropriate to deliver further cohorts of Staffordshire Stepping Up until such time that there was evidence of reasonable levels of progression among the original alumni. It is noted that this is an ICS situation, with a relatively small number of NSCHT participants having been part of the original alumni. It is additionally noted that NSCHT alumni members have been able to access a wide range of development opportunities and a number of individuals have secured promotion and/or secondment appointments.

4. To fill the second BAME Inclusion Facilitator role and to agree key deliverables for the role with the postholder	- **ACHIEVED AND COMPLETE** - 3 BAME Inclusion Facilitator secondment appointments made (totalling 24 months) - One postholder secured a progression opportunity external to the Trust - Another postholder has secured a permanent progression opportunity within the Trust during 2020 - The third postholder has reverse mentored our CEO and is continuing to maintain close links with the Workforce Directorate and to advance a number of inclusion-focussed work programmes despite having completed her secondment - The Workforce Directorate is currently reviewing its structure and this will include consideration of how BAME inclusion can be most effectively supported going forward. Key deliverables have included:- - outreach and engagement with Trust BAME staff - development of the role of the BAME Staff Network - engagement with BAME service users and BAME community groups - advancement and embedding of the inclusive recruitment project - enhanced delivery of Inclusion and Unconscious Bias training through joint training delivery with BAME Inclusion Facilitator - skills development and exposure to Trust senior leadership team gained by BAME Inclusion Facilitator postholders
5. To have a Trust presence at the West Midlands Black History Month Conference in October 2019 (with a minimum of 7 BAME and 7 white colleagues attending).	- **ACHIEVED AND COMPLETE** - The Trust was a sponsor of the 2019 West Midlands Black History Month Conference held in Birmingham on 16th October 2019 - 10 Trust staff attended (5 BAME and 5 white colleagues) - Range of posts and levels of seniority - The Trust additionally showcased its good practise on developing BAME inclusion by hosting a stall - Trust senior leadership representation on the day via Alastair Forrester, Deputy Director of Nursing - Plans made for similar approach to Black History Month 2020 have unfortunately been hampered by the COVID-19 pandemic and there will not be a conference in the usual sense in 2020.
6. To produce a local Trust version of the 'Inclusion Starts with I' video and use this to support staff inclusion education and awareness, including Trust Induction.	- **ACHIEVED AND COMPLETE** - NSCHT Inclusion Starts With I video launched November 2019 - Used within Trust Induction and Introduction to Inclusion and Unconscious Bias Training

7. To hold regular BAME Staff Network meetings (minimum of 3 annually) and to receive positive feedback about the benefit of these meetings.	- **ACHIEVED AND ONGOING** - Amina Begum took over the role of BAME Staff Network Chair from Cherelle Laryea in Q3 of 2019, - Regular BAME Staff Network Meetings have been held (2-3 monthly) with staff participating from a range of services. - The COVID-19 pandemic has meant that face-to-face Network Meetings have not been appropriate since March 2020, however this has presented a new opportunity for virtual meetings, easing access to Network meetings for those not working at the Harplands site and those who are off-duty but wish to attend.
8. To introduce a BAME Practice Educator Role for a period of 12 months	- **COMPLETE** - 12 months+ BAME Education Practice Facilitator secondment appointment (one day per week) completed by BAME colleague working with Department of Nursing - Key deliverables include: o Establishment of a programme of support for 4 BAME colleagues with overseas nursing qualifications who are working in non-nursing roles within the Trust to aid them to gain their language testing certificates, with a view to enabling them to take up nursing roles within the Trust (see action 10 below) o Individualised support for BAME colleagues experiencing racist abuse o BAME Students Group established with regular meetings held o Support for BAME colleagues through COVID-19, including in relation to COVID-19 Risk Assessments and work arrangements o This role is now being recruited to on a permanent (substantive) basis.
9. Diversity and Inclusion Lead and Workforce Business Partners to link with clinical directorate leadership team to develop directorate priority actions on improving workforce race inclusion.	- **COMPLETE – New targets to be set for 2020-21** - Diversity and Inclusion Lead and BAME Inclusion Facilitator engagement with each of the 4 clinical directorates during Q2-3 2019, with Workforce Business Partner support. Discussed BAME workforce and service user goals. Agreed action with regard to seeking improvement in BAME service user recording of ethnicity (to be incorporated into monthly directorate reporting from 2020-21). Discussed aspirational targets and the desirability of BAME representation on interview panels and processes.
10. To identify and support employees working with the Trust as healthcare support workers who have overseas nursing or other professional nursing	- **COMPLETE AND ONGOING** - Drop-in sessions being held July & August 2019 to enable relevant individuals to share details of their situation and to discuss the various options available and what is involved - 4 individuals identified who were in need of this support - programme of support established and ongoing with a view to enabling them to take up nursing roles within the Trust

qualifications	

APPENDIX 3

TRUST WRES ACTION PLAN 2020-21

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WRES ACTION PRIORITIES	By Who	By When	Comments / Progress to date
ACTION 1: **Continue to progress the work of our 4 Workforce Inclusion Projects** with a view to tangible and measureable improvements being realised in year:- - Inclusive Recruitment - Inclusive Development - Improving our Response to Racist and Personal Abuse of Staff - Culture of Inclusion All 5 directorates (4 clinical and corporate directorate) to be able to identify at least one key action that they will take to support delivery of these imperatives and to demonstrate measureable progress by Mach 2021.	**Project Leads** **Associate Directors**	Bi-monthly progress reports to Inclusion Council Directorate Action Plans required by end of September 2020 and progress reports to Inclusion Council in January and March 2021.	
ACTION 2: **Deliver on our WRES Aspirational Target Action Plan:** i. Diverse shortlisting and interview panels as the norm ii. Batch recruitment whenever appropriate iii. Continuing to extend our established Reverse Mentoring programme with a further cohort (including opportunities cross-system) iv. Continuing to develop a culture of inclusion, addressing deep-rooted inequalities v. Recruitment drive for BAME Non-Executive Director (NED) representation at next opportunity vi. STP and wider-regional collaboration on development of our BAME talent pools	**Recruiting managers** **Recruiting managers** **D&I Lead** **All SLT. Inclusion Council. D&I Lead.** **Trust Bd Secretary / Rect Lead** **DofWF with D&I Lead**	Throughout year Throughout year Second Cohort launched in year Throughout year As opportunity arises Throughout year	

vii. Agree the broad long-term (5 year) targets and annual 'stepping stones' and deliver on those for 2020-21 viii. Working with directorate to encourage declaration of ethnicity (and other protected characteristics information) to close the gap of 'ethnicity not known' ix. Developing leadership appraisal objectives on BAME workforce representation x. Developing and supporting our BAME staff network and network chair to drive and actively develop meaningful change	**DofWF, D&I Lead, Rect Lead** **Associate Directors with Performance Team** **Chair & CEO with SLT** **DofWF with D&I Lead**	Agree by end Sept 2020 Attain 95% compliance in all areas by 31.03.20 Part of 2020-21 appraisals Throughout year	
ACTION 3: **Deliver a BAME Cultural Development Programme across the Trust.** Increase awareness and understanding of BAME inequality issues. Creating an active desire and skills to create change. Trailblazing approach, focusing on developing; • Knowledge of theory • Gaining insight into lived experience • Practical application through socially distanced role play using actors - Drive for inclusive change - Skills and confidence to converse and challenge Race and Inclusion issues - Platform on which to build local provider cultural change work - Possible blue-print for wider cultural development across ICS	**DofWF with D&I Lead & Leadership Development Lead**	To be rolled out from Q3 2020-21	
ACTION 4: To continue the **support to the original 3 cohorts of Stepping Up Alumni** from across the ICS to ensure that those who originally participated are fully supported to be able to access opportunities for further development, supporting them in advancing their careers in the direction aspired to by each individual. To include: • Alumni gathering Oct 2020 • Cross-Trust/ICS Reverse Mentoring opportunity • Cross Trust BAME Network joint working/event	**D&I Lead**		

ACTION 5: **To develop a plan to deliver Wave 2 Staffordshire Stepping Up.** There is an identified need for BAME colleagues from across the ICS to gain the opportunity to undertake BAME leadership development. Funding to be identified to deliver a further 1-2 cohorts.	**Dof WF With D&I Lead**	Plan in place by end of March 2021	
<u>ACTION 6:</u> **Deliver on our People Plan actions on Race Inclusion** Urgent action to address systemic inequality, experienced by some NHS staff, including BAME staff:- a) Development of joint action on inclusion across ICS b) Deliver/exceed against Model Employer aspirational targets year on year (as above) c) Develop BAME NED representation (as above) d) Consistently increase our BAME representation at band 6+ annually to reach our Model Employer aspirational targets (and review in light of emerging data on local BAME population) e) Further develop and embed role of staff networks links with Trust Board. Develop cross Trust network links. Have held a system-wide BAME and LGBT+ Network event. Establish dedicated time for Network Leads f) Hold a Leadership Academy session on Race g) Trust BAME Inclusion Cultural Development Programme (as above) – to reach all staff Sept-Dec 2020 h) Education across Trust around understanding different cultures and religions i) Lead system wide education piece on race inclusion j) Lead/host MERIT Trusts race inclusion education session k) Develop a more representative pool of coaches and mentors within the Trust l) Deliver second cohort of RM (as above) m) Review, develop and promote flexible working for all staff / roles n) Introduce Carer's Passport to support colleagues with caring responsibilities o) Talent management approach to supporting the development of staff in underrepresented groups, including BAME, LGBT+ and those with a disability. p) EDI to be part of H&W conversations for all staff q) Introduce measures to provide robust challenge in relation to BAME colleague disciplinary investigations/hearings	**DofWF with D&I Lead / WF Team**	Within year	

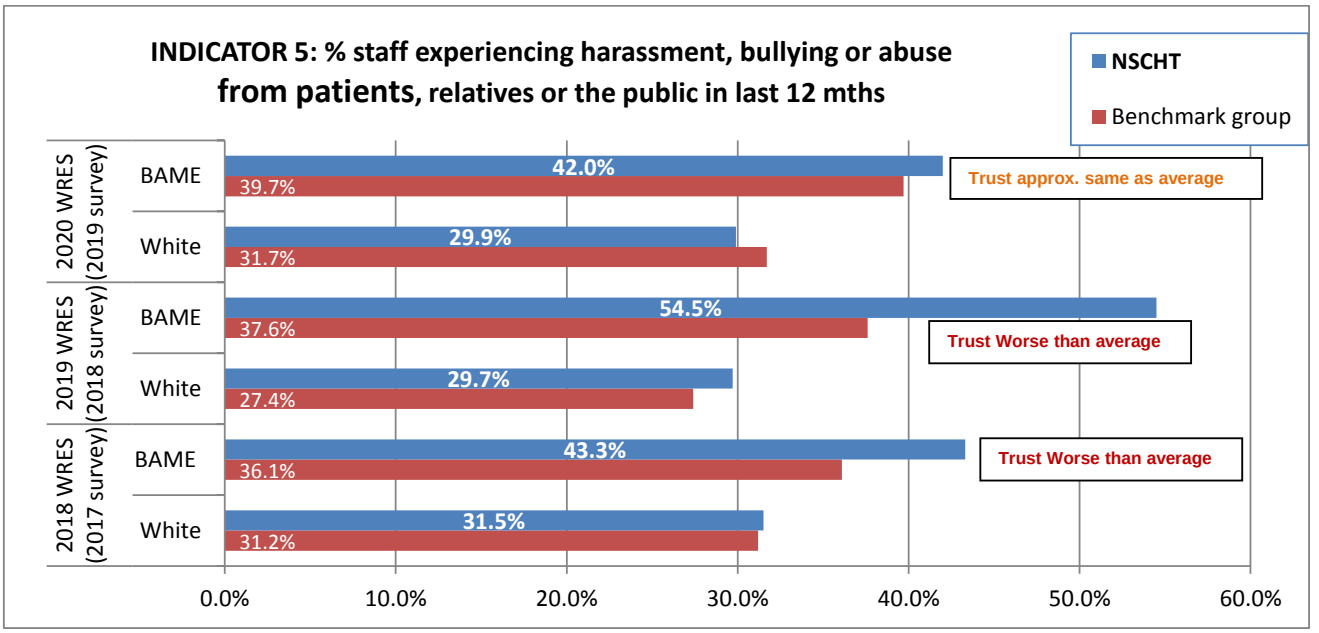
r) Recruit and develop more BAME colleagues to act as FTSU Champions with a view to being 'spoilt for choice'			
ACTION 7: The Trust will develop and recruit to a number of **new positive action roles** where BAME ethnicity will be a Genuine Occupational Qualification for the postholder, working to specifically develop inclusion for our BAME population. Sutherland Centre development. Proposed new 2 x Bd 6 posts & 2 x Bd 3	**Initial new roles will be in the Stoke Community Directorate** **AD: Jane Munton-Davies** **Lead manager: Darryl Gwynnitt**	Appointments made in financial year	

APPENDIX 4

Trust WRES year-on-year performance summary

WRES indicator	2016	2017	2018	2019	2020
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.57	1.60	1.45	1.46	Not yet available
NSCHT performance	**2.66** Worse than average	**1.20** Better than average	**1.96** Worse than average	**2.07** Worse than average	**1.89**
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.56	1.37	1.24	1.22	Not yet available
NSCHT performance	2.28 Worse than average	**1.77** Worse than average	**10.52** (outlier) Worse than average	**0.88** Better than average	**2.95**
4. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	1.11	1.22	1.15	1.15	Not yet available
NSCHT performance	**1.13** Approx same as average	**0.76** Better than average	**0.95** Better than average	**0.68** Better than average	**0.78**
9. BME board membership	7.1%	7.0%	7.4%	8.4%	Not yet available
NSCHT performance	**7.7%** Better than average	**7.7%** Better than average	**15.4%** Better than average	**14.3%** Better than average	**23.1%**

3 year performance on measures fed by annual NHS Staff Survey:-



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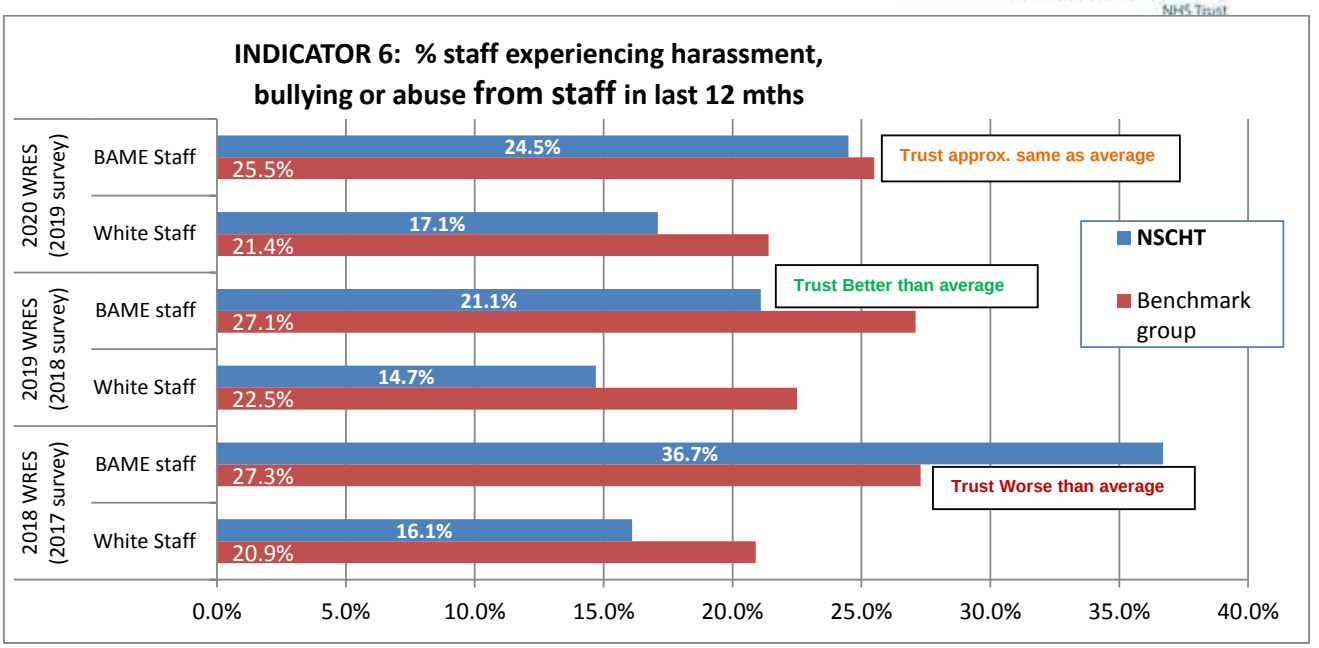

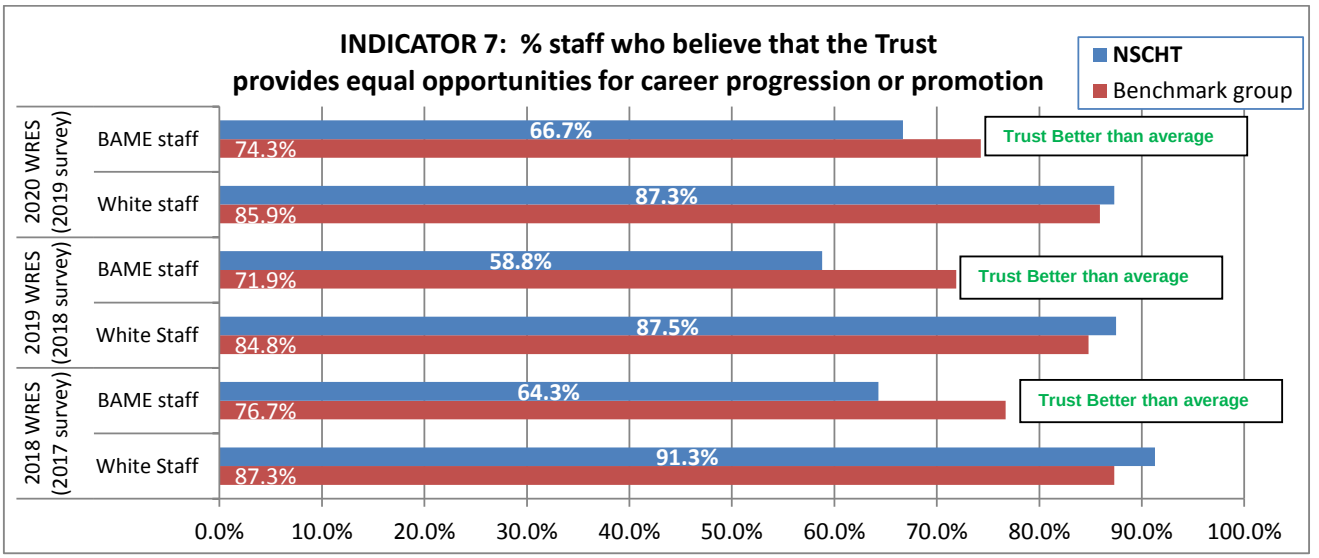

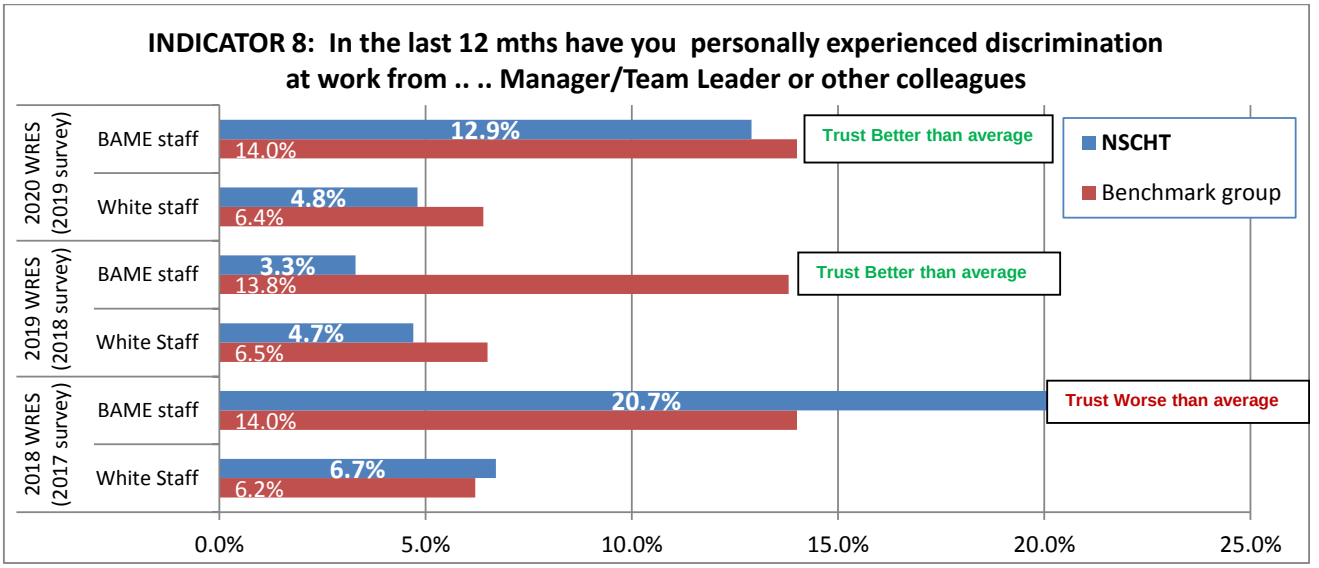

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APPENDIX 5

Trust Recruitment Data by Ethnicity 2019-20

Trust WRES recruitment data **APRIL 2019 - MARCH 2020**	All applications	Total Shortlisted*	Total Offered*
White - all white backgrounds	4383	1815	351
BAME - all BAME & mixed backgrounds	1203	439	45
Not known	95	41	7
Total	**5681**	**2295**	**403**

Trust WRES recruitment data **APRIL 2019 - MARCH 2020**	All applications %	Total Shortlisted* %	Total Offered* %
White - all white backgrounds	77.2%	79.1%	87.1%
BAME - all BAME & mixed backgrounds	21.2%	19.1%	11.2%
Not known	1.7%	1.8%	1.7%
Total	**100.0%**	**100.0%**	**100.0%**

*Note:
Shortlisted and Offered data feeds the WRES recruitment indicator calculation (number of applications not included)

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REPORT TO PUBLIC TRUST BOARD

Enclosure No: 17

Date of Meeting:	10th September 2020		
Title of Report:	Workforce Disability Equality Standard (WDES) First Year Report and Admin Plan		
Presented by:	Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion		
Author:	Lesley Faux, Diversity and Inclusion Lead		
Executive Lead Name:	Shajeda Ahmed, Director of Workforce, Organisational Development and Inclusion	**Approved by Exec**	☒

Executive Summary:		Purpose of report	
Similar to the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) is now mandatory for all NHS Trusts. This second WDES Trust report sets out the Trust's findings/progress against the 10 WDES indicators over 2019-20, along with our action plan for the current year.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	• Annual WDES reporting forms part of the NHS Standard Contract since 2019-20. • Our WDES report and action plan each year are published on the Trust's website and data shared with NHS England and our lead commissioner		
Resource Implications: Funding Source:	Within existing resources N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The WDES is specifically designed to support greater diversity and more positive inclusion experiences across NHS workforces, particularly in relation to staff with disabilities. As such, a positive effect is intended, such as improved access to employment and promotion opportunities, better workplace experiences for staff with disabilities and more diverse workforce with regard to disability and neurodiversity. This ultimately leads to make diverse and inclusive experiences for our service users also.		
STP Alignment / Implications:	All NHS Trusts are required to participate in the WDES process. There are opportunities for the alignment of activity under the WDES across the ICS Trusts (to be explored by the EDI Network).		
Recommendations:	To receive for assurance and information		
Version	Name/group	Date issued	

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2020 Trust Workforce Disability Equality Standard (WDES) Report and Action Plan

What our WDES data says and how we are responding to it

Date: September 2020
Author: Lesley Faux, Diversity & Inclusion Lead
Lead Director: Shajeda Ahmed, Director of Workforce, OD & Inclusion

North Staffordshire Combined Healthcare NHS Trust

Trust Workforce Disability Equality Standard (WDES) Report 2020

1.0 Introduction

1.1 This report sets out the Trust's data and response to the new Workforce Disability Equality Standard (WDES) in its second year of implementation. NHS organisations are expected to publish data for each of the metrics and use this information to develop local action plans to improve access to employment as well as the employment experiences of disabled staff. Year-to-year comparisons are anticipated to demonstrate progress and challenges for individual NHS employers.

1.2 Background

1.3 People with disabilities face considerable inequity in the workplace in the UK, and almost a third more likely to be unemployed (2018 data). Data from NHS national staff surveys suggests that employees with disabilities were:

- more likely to say they felt bullied by their manager
- more likely to say they felt pressured to work when unwell, and
- less likely to say their organisation acted fairly with regards to career progression

1.4 The WDES was launched from 2019 as part of the NHS response to these issues, designed to improve access to - and experience of - employment in the NHS by people with disabilities. Similar to the WRES, the WDES is a set of **ten specific measures** (Metrics) that will enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff.

1.5 This report sets out the Trust's WDES progress in relation to the 10 WDES metrics in the second year of implementation, together with our action plan for 2020-21.

2.0 2020 WDES Reporting Requirements

2.1 All Trusts are required to adhere to the following WDES reporting requirements:-

1. ***1.*** Submission of Trust WDES template spreadsheet by 31st August 2019 – ***Appendix 1 (complete)***
2. Submission of Trust Online Questionnaire by 31st August 2019 – ***Appendix 2 (complete)***
3. Publishing of Trust WDES Report and Action plan on Trust website and sharing with lead commissioner by 30 September 2019 (i.e. ***this report – following approval at PCDC and Trust Board***)

1. Trust Performance on 2020 WDES Metrics and proposed action

3.1 The Trust's performance in the first year of reporting against the WDES metrics is set out over the following pages, along with action to take place in 2019-20 to address identified areas for improvement.

Metric 1: ***Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.***

Our 2020 WDES workforce data (based on workforce headcount as at 31/03/20, bank staff excluded) is set out below. A more detailed breakdown is provided in Box 1 (next page) including split by clinical / non-clinical and different band groupings ('clusters').

(ESR data as at 31.03.20)	Headcount 2020	Percentage 2020	Headcount 2019	Percentage 2019
Disabled staff	**68**	**4.1%**	**37**	**2.4%**
Non-disabled staff	1108	66.1%	944	61.1%
Unknown/Null	417	24.9%	506	32.8%
Prefer not to say	51	3.0%	58	3.8%
TOTAL	1676	100%	1545	100%

The Trust's 2020 data is broadly similar to that found nationally in the first round of WDES. The first national WDES report (2019 data) found that 3.6% identified as disabled; 71% non-disabled, 25% disability status 'unknown'. Disability declaration rates ranged from 0.9% to 9.4% across Trusts.

Although some improvement has been made (in both the increased number of people declaring a disability and a reduction in the number of employees without any disability status recorded), the high number of unknown / null entries (approx. 25% of Trust employees) remains a significant concern and makes it impossible to know the true proportion of staff with a disability within the Trust. This remains a *KEY PRIORITY* for action. Trust data for 2020 shows that just over 4% of staff have a disability declared in ESR. It is anticipated that the actual proportion of staff with a disability is likely to be much higher. Indeed, 23% of Trust respondents (175 people) indicated that they had a disability in the 2018 NHS Staff Survey.

Staff with disabilities are mostly congregated in clusters 1 and 2 (bands 1-4 and 5-7 respectively). The largest cluster of staff with a disability (33 people) is clinical cluster 2 (clinical bands 5-7). There are only 2 non-clinical staff working at this level. In contrast, cluster 1 (up to and including band 4) is evenly divided between clinical and non-clinical staff (14 clinical & 14 non-clinical staff in cluster 1). There are only 5 people with disabilities outside of clusters one and 2 (including one medical consultant). However, this represents an increase compared to our 2019 data, where there were only 2 more senior staff. Our data again generally supports the

national picture of disabled people being more heavily congregated in lower-banded posts.

All Trust staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	28 (24)	371 (439)	237 (367)	**4%** (3%)	**58%** (53%)	**57%** (29%)
Cluster 2 (Band 5 - 7)	35 (19)	580 (539)	172 (272)	**6%** (2%)	**74%** (65%)	**22%** (33%)
Cluster 3 (Bands 8a - 8b)	3 (1)	74 (85)	32 (43)	**3%** (1%)	**68%** (66%)	**29%** (33%)
Cluster 4 (Bands 8c - 9 & VSM)	1 (0)	24 (57)	5 (12)	**3%** (0%)	**83%** (83%)	**17%** (17%)
Cluster 5 (Medical & Dental Staff, Consultants)	0 (0)	20 (16)	12 13)	**0%** (0%)	**63%** (55%)	**38%** (45%)
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	1 (1)	13 (7)	5 (3)	**5%** (9%)	**68%** (64%)	**26%** (27%)
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0 (0)	14 (13)	1 (1)	**0%** (0%)	**93%** (93%)	**7%** (7%)
Non-clinical staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	14 (6)	166 (133)	77 (98)	**5%** (3%)	**65%** (56%)	**30%** (41%)
Cluster 2 (Band 5 - 7)	2 (2)	48 (41)	32 (39)	**2%** (2%)	**59%** (50%)	**39%** (48%)
Cluster 3 (Bands 8a - 8b)	1 (0)	16 (19)	8 (9)	**4%** (0%)	**64%** (68%)	**32%** (32%)
Cluster 4 (Bands 8c - 9 & VSM)	1 (0)	13 (19)	1 (1)	**7%** (0%)	**87%** (95%)	**7%** (5%)
Clinical staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	14 (18)	205 (306)	160 (269)	**4%** (3%)	**54%** (52%)	**42%** (45%)
Cluster 2 (Band 5 - 7)	33 (17)	532 (498)	140 (233)	**5%** (2%)	**75%** (67%)	**20%** (31%)
Cluster 3 (Bands 8a - 8b)	2 (1)	58 (66)	24 (34)	**2%** (1%)	**69%** (65%)	**29%** (34%)
Cluster 4 (Bands 8c - 9 & VSM)	0 (0)	11 (38)	4 (11)	**0%** (0%)	**73%** (78%)	**27%** (22%)
Cluster 5 (Medical & Dental Staff, Consultants)	0 (0)	20 (16)	12 (13)	**0%** (0%)	**63%** (55%)	**38%** (45%)
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	1 (1)	13 (7)	5 (3)	**5%** (9%)	**68%** (64%)	**26%** (27%)
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0 (0)	14 (13)	1 (1)	**0**% (0%)	**93%** (93%)	**7%** (7%)

Box 1: Trust WDES Workforce Data as at 31st March 2020 (2019 data in brackets)

ACTION on WDES Indicator 1:

1.1 Continue to focus on improving disability declaration rates to give greater validity and understanding of our workforce data in relation to disability through a campaign inviting all staff to review their personal equality data. (lead: Diversity & Inclusion Lead)

1.2 The Trust should monitor appointments to band 8a+ roles and raise leadership awareness about the apparent lack of opportunity for people with a disability at this level in order to instigate change. Consider positive action approaches. (lead: Recruitment Lead)

1.3 To continue to develop as an 'employer of choice' for people with a disability through development of our performance against the Disability Confident standard, including the development of role models through our recruitment literature and social media. (lead: WFBP)

Metric 2: ***Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.***

Trust Recruitment and Selection Data 1 April 2019 – 31 March 2020

Disability status	No. of applicants	No. Shortlisted	No. Offered	% applications	% shortlisted	% offered
Yes (disability)	347	157	24	6.1%	6.8%	6.0%
No (no disability)	5184	2074	354	91.3%	90.4%	87.8%
Not known	150	64	25	2.6%	2.8%	6.2%
Total	5681	2295	403	100.0%	100.0%	100.0%

People with a disability made up approximately 6% of applicants for Trust posts, and also 6% of appointments made. This suggests that, generally, people with disabilities are being equitably treated when applying and being considered for posts in the Trust.

This data gives the Trust an **Indicator 2 score of 1.06**, further supporting the above assessment. This means that people with a disability are slightly disadvantaged in the interview / appointment process compared to their non-disabled peers (a score of 1.0 would mean equal treatment). By way of comparison, the national score on this measure in 2019 was 1.23, which suggests that the Trust is performing better than average on this measure. This is a considerable improvement from the Trust's 2019

score of 1.9 (which meant that it was almost twice as difficult to be successfully appointed with a disability than for non-disabled staff in 2018-19).

ACTION on WDES Indicator 2:

2.1 Invite staff with a disability to review our recruitment and selection processes to identify and address barriers faced by people with a disability and parts of the process, including potential for bias (conscious and unconscious) to influence decision making (lead: Recruitment Lead).

2.2 Continue to roll-out Inclusion and Unconscious Bias training to all Trust managers, and make reference within this to recruiting people with disabilities (lead: D&I Lead).

2.3 Introduce a new training programme on unconscious bias in recruitment, including focus on disabilities to be launched in 2020 (lead: Recruitment Lead).

Metric 3: ***Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure*** *(from 2020, over a 2 year averaging period).*

Trust score of 0.0 – there were no formal capability processes involving staff with a disability in either 2019 or 2020. There were only 3 cases in total in 2020 and 2 cases in total in 2019.

NO NEW ACTION INDICATED.

3.1 Continue to apply inclusive leadership in managing capability (poor performance) cases (lead: WFBPs and HR Advisers)

Metric 4:

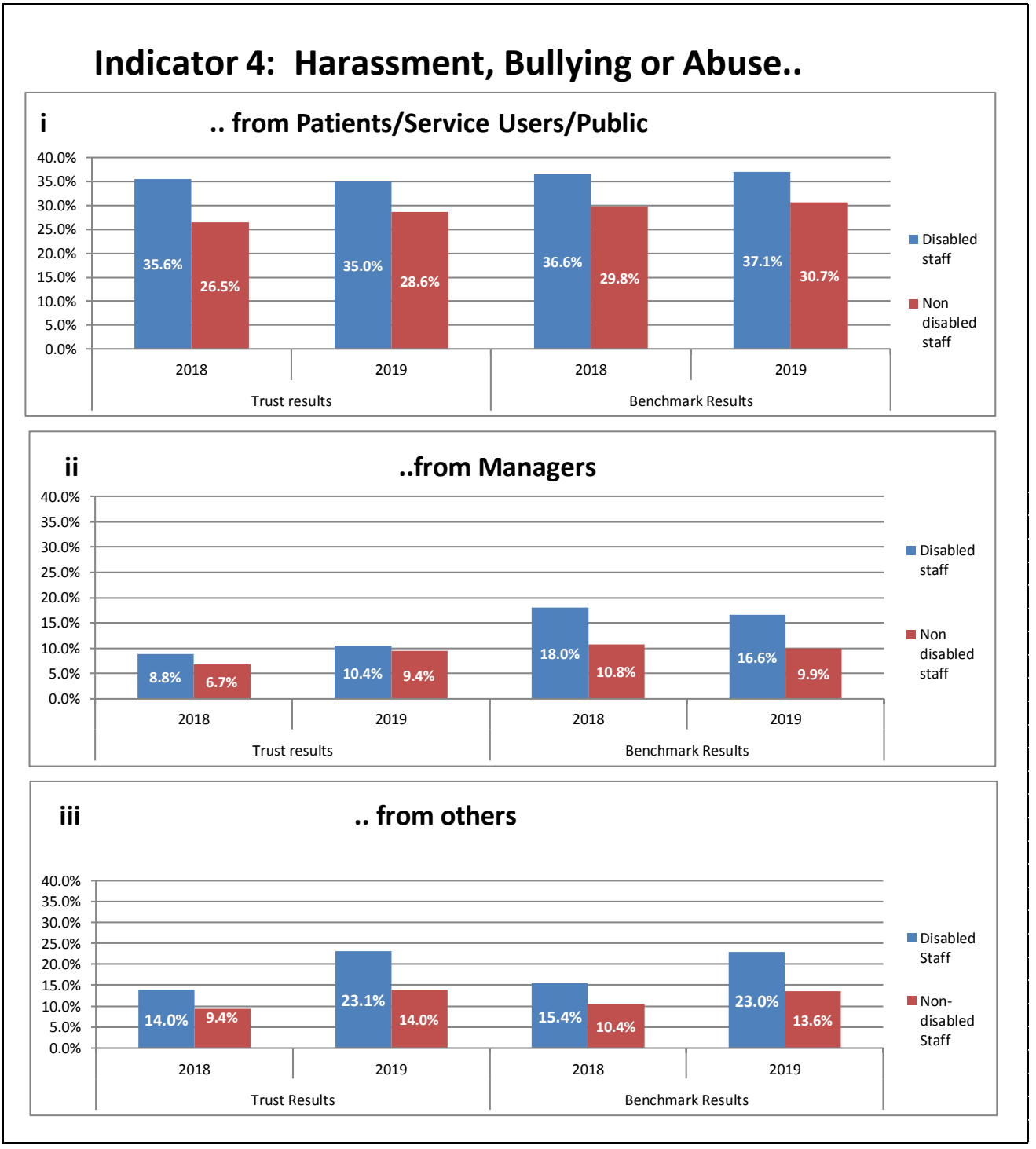
a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public; managers, or other colleagues:

Staff who reported a disability in the 2019 NHS Staff Survey were more likely than their non-disabled colleagues to experience harassment, bullying or abuse by:

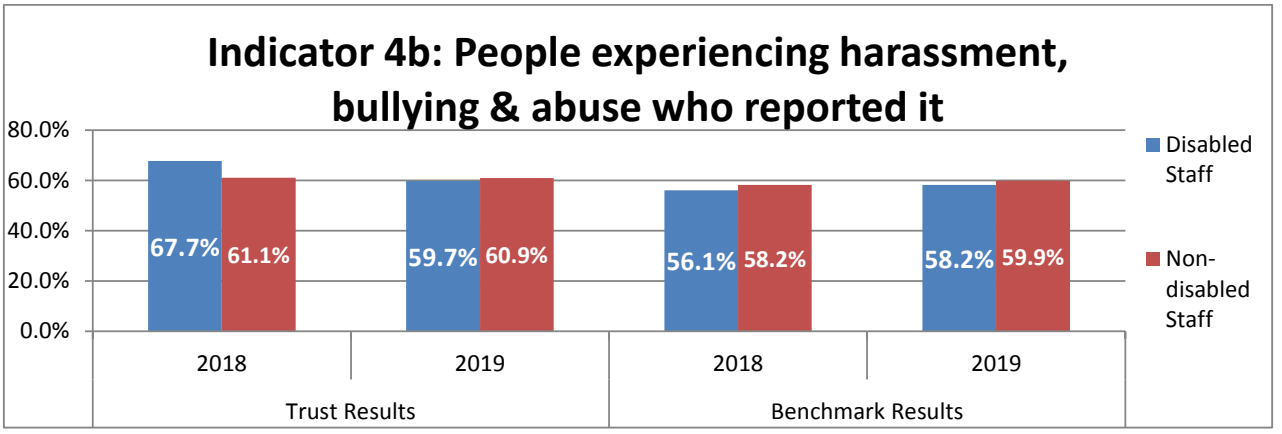
i. service users and the public,
ii. Managers, and
iii. Other colleagues

Data for 2020 (2019 staff survey) and 2019 (2018 staff survey) is set out as below.

Higher rates of harassment, bullying or abuse were reported by staff declaring a disability in the NHS Staff Survey than those without. This was seen in each of the three groups, within the Trust and also nationally with benchmark Trusts. Levels of abuse in the Trust from service users and the public were broadly consistent with those in 2019, but there was a slight increase in rates of HBA from managers and, particularly, a significant increase for HBA from other colleagues (although this was in line with the national trend).



4b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it:



In the 2019 Staff Survey, staff with disabilities who experienced harassment, bullying or abuse were as likely to report the incident as staff without a disability. This is an improvement on the 2018 survey position, where staff with disabilities were less likely to report such an incident.

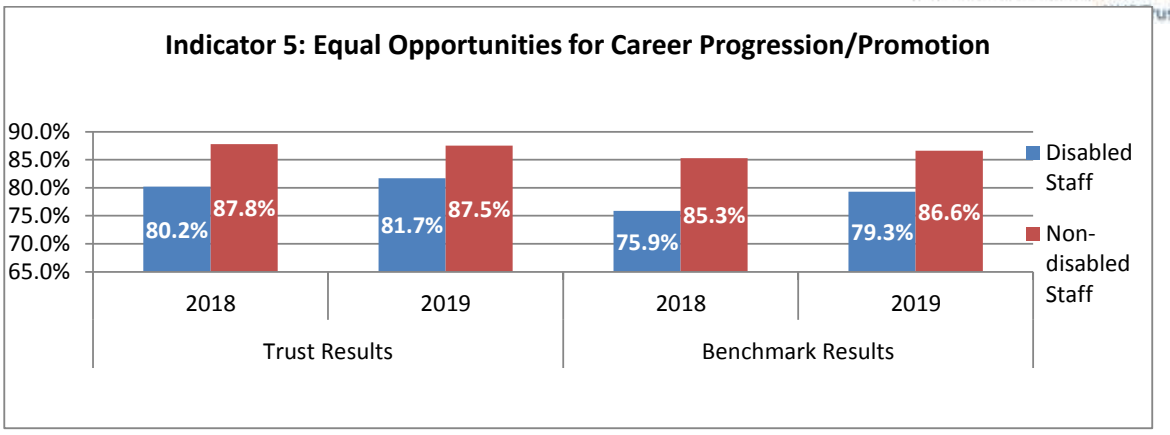
ACTION on WDES indicator 4:

4.1 To continue to develop a culture of inclusion and zero tolerance of harassment, bullying and abuse of NHS workers through the work of our Inclusion Council, including a specific focus on visible and non-visible disabilities (lead: Director of Workforce, OD & Inclusion with D&I Lead and Trust Inclusion Council)

4.2 To continue to promote reporting of all incidents of harassment, bullying or abuse at work by all staff via the Trust's Ulysses incident reporting system and via the appropriate HR procedures (lead: Health & Safety Adviser with sponsorship from the Executive Team)

Metric 5: ***Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.***

Staff reporting a disability in the 2019 NHS Staff Survey reported lower perceptions of the Trust as a provider of equal opportunities for career progression or promotion (82% of disabled employees believed the Trust offered equal opportunities for career progression / promotion, compared to 88% of non-disabled respondents). This marked a slight improvement since the 2018 survey. (See Chart below)

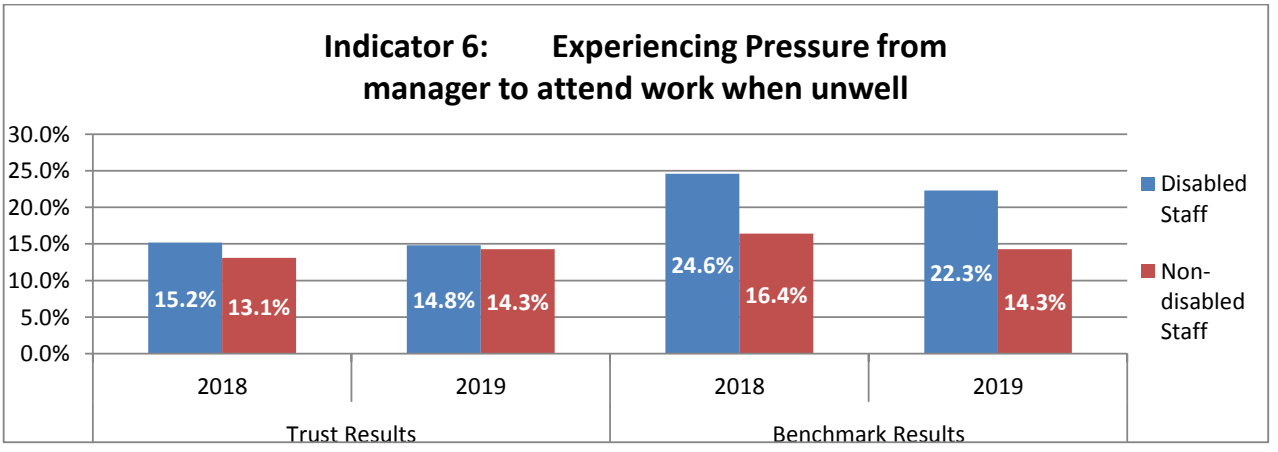


ACTION on WDES indicator 5:

5.1 Continue to develop a culture of inclusion through the work of our Inclusion Council, Trust Directorates, Workforce Team and Diversity and Inclusion Lead (lead: Director of Workforce, OD & Inclusion with D&I Lead).

- **Metric 6:** ***Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.***

Slightly more staff reporting a disability in the 2019 NHS Staff Survey said that they felt pressure to come to work despite not feeling well enough to perform their duties, but the difference had reduced to a mere half percentage points, marking an improvement on the 2018 data position. The experiences of disabled and non-disabled staff are much more aligned (equivalent) at the Trust, compared to the benchmark position in both 2018 and 2019.

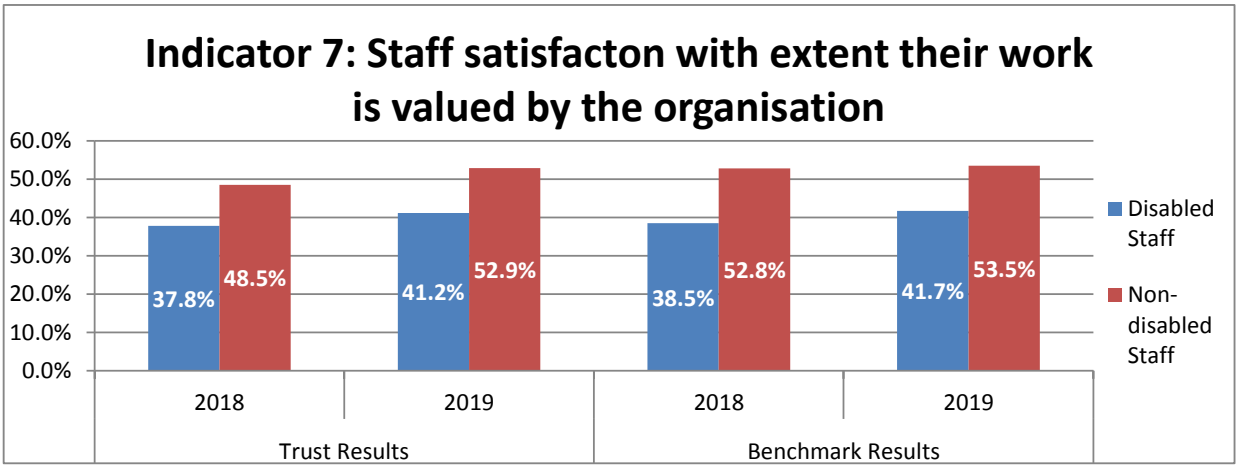


ACTION ON WDES INDICATOR 6:

6.1 In addition to the ongoing development of our Neurodiversity Staff Network, establish a new Disability Staff Network with a chair with a direct link to the Senior Management (lead: D&I Lead)

Metric 7: ***Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.***

Staff reporting a disability in the 2019 NHS Staff Survey were less likely to be satisfied by the extent to which their work is valued by the Trust (41% compared to 53% of non-disabled respondents). However, the experience of both groups appeared to have improved from the 2018 survey position and were now more aligned to the benchmark group levels.

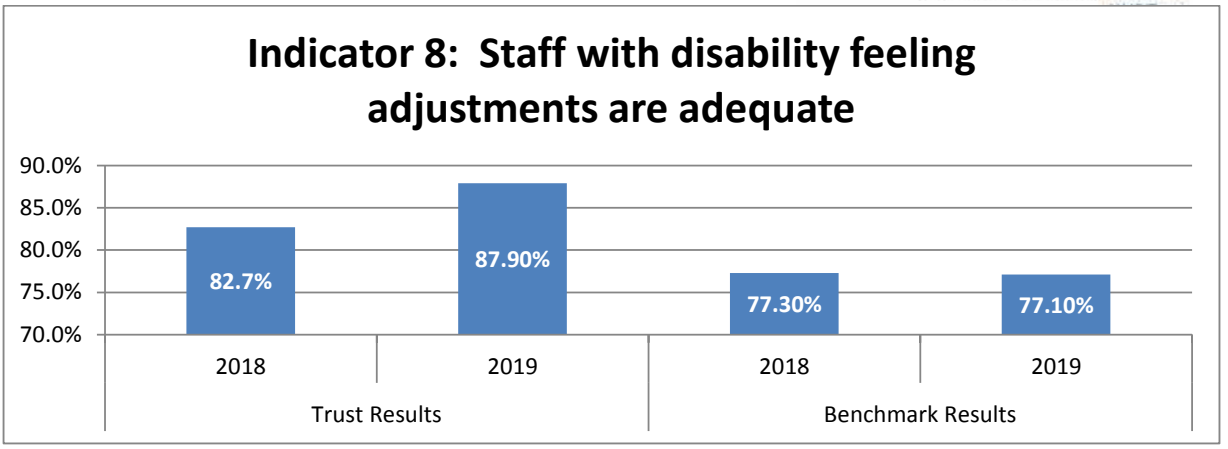


ACTION on WDES Indicator 7:

7.1 Empower the proposed Disability Staff Network and the existing Neurodiversity Staff Network to develop experience and engagement for people with disabilities across the Trust (lead: Director of Nursing and Quality, with Director of Workforce, OD & Inclusion, and D&I Lead).

Metric 8: ***Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.***

Of staff declaring a disability in the 2019 NHS Staff Survey, 88% said that their manager had made adequate adjustments to enable them to carry out their work. This was an improvement on the already strong position reported in the 2018 survey, and was significantly better than the benchmark position in both years.



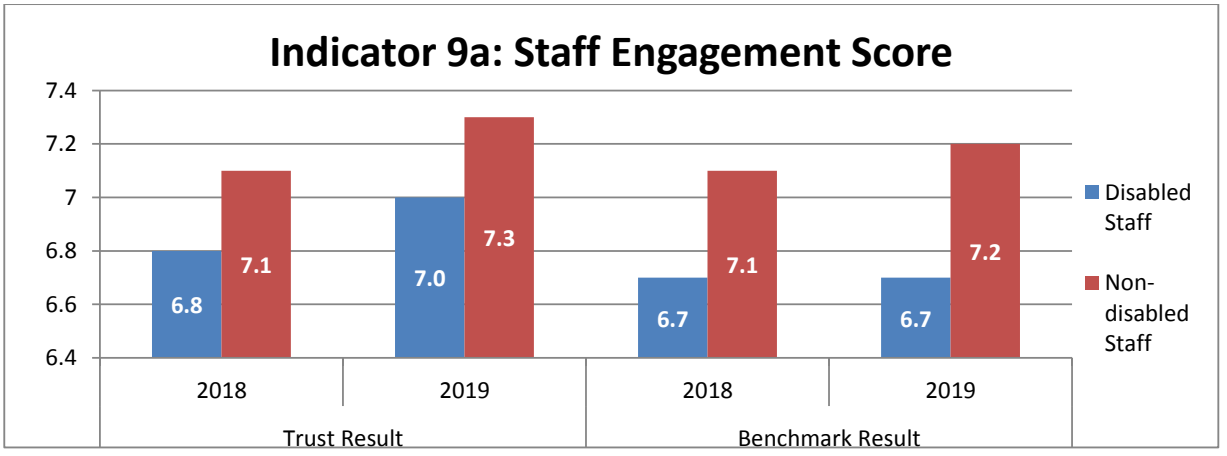
ACTION on WDES Indicator 8:

8.1 HR Team to continue to follow up reasonable adjustments made with individuals to review adequacy and effectiveness post-implementation. Seek feedback about how the reasonable adjustments process could be improved on from people who have experienced the process (lead: WFBPs and HR Advisers).

Metric 9:

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

The Staff Engagement score for staff declaring a disability in the 2019 Staff Survey was slightly lower than for non-disabled staff (7.0 compared to 7.3 for non-disabled staff). These rates represent an improvement in staff engagement for both groups of staff since the 2018 survey. The Trust staff engagement rate in both years for people with a disability was slightly higher than for the benchmark group (with a wider positive shift in the 2019 survey).



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b) ***Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) – If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.***

Yes. The Trust is facilitate the voice of disabled staff. This includes:-

i. Ongoing work of our Neurodiversity Staff network. The Trust has a Neurodiversity Staff Network which was established in May 2019 and which meets regularly (online via MS Teams since COVID19). This network is to support people with Asperger's, autism, dyslexia, dyspraxia and other neurodiversity.

ii. Neurodiversity Staff Network Lead has a place on the Trust's Inclusion Council and regularly participates in these meetings.

iii. We do not yet have a Disability Staff Network established, but have been working to lay the foundations for this. We have a number of interested members of staff and are working to identify our first Disability Network Lead. It is our intention to launch our Positive About Disability Staff Network during 2020-21.

iv. The Trust very much supports disability inclusion and participates in events to raise awareness and develop experiences for both staff and service users with disabilities. We endeavour to mark and share information on events such as Neurodiversity Celebration Week (13-17 May 2020), and Day of People with Disabilities (3 Dec annually). The Trust is very proud to have our own Umbrella Installation since Summer 2019 to celebrate and raise awareness about neurodiversity.

v. The Trust is keen to develop employment opportunities for people with learning disabilities and at the time of writing (August 2020) has an advert out for 3 new 'Expert by Experience' posts. These posts, each permanent and for 8 hours a week, are specifically designed to be for people with lived experience to work to help to develop service and experience for our service users with learning disabilities. The Trust is working to develop our processes to make this employment experience as accessible as possible from advert, to recruitment process, and (following appointment) from induction to ongoing experience of (and development within) the role.

vi. In relation to raising awareness and understanding and working to improve experiences for people with disabilities, the Trust recently shared Chloe's Story. Chloe is a young woman with cerebral palsy who has accessed Trust services. Chloe's Story was initially shared at our July 2020 Trust Board meeting and then wider on our Trust website and social media channels. Follow the link to Chloe's Story.

ACTION:

9.1 ***In addition to introduction of new disability staff network, continue to engage in direct communication with disabled staff in writing via e mail feedback requests/letter to remind individuals plus Newsround, CEO Blog etc. to reach staff with disabilities who have not disclosed/reported their disability (lead: D&I Lead)***

9.2 ***Disabilities Staff Network and Neurodiversity Staff Network to hold a focus group on employee experience (lead Network Leads with support of D&I Lead)***

Metric 10: Percentage difference between the organisation's board voting membership and its overall workforce, disaggregated

- By voting membership of the board
- By Executive membership of the board

Boards are expected to be broadly representative of their workforce. At Combined Healthcare currently there is one Board members with a disclosed disability. This individual is a member of the executive team and has voting rights on the Board.

No Board members have a NULL entry for disability (i.e. all have declared that they are non-disabled). There are no non-executive directors with a declared disability.

	Disabled	Non-Disabled	Not Known	TOTAL
No of Board members*	1	12	0	**13**
of which: -Voting Board members*	1	10	0	**11**
-Non Voting Board members	0	2	0	**2**
Exec members*	1	6	0	**7**
Non-Exec Members	0	6	0	**6**

*Note: Director of Nursing & Quality not included in data as seconded to Trust on 31.03.20 and not in the Trust's ESR system

ACTION on WDES Indicator 10:

10.1 ***As per action 6.1 and 7.1, Board Executive Sponsor for Disability to continue to champion disability matters with their board colleagues Develop the role of the chairs of the Disability Staff***

Network and the Neurodiversity Staff Network to liaise with this individual. (Director of Nursing & Quality).

10.2 Expressly seek participation in the Trust's second round of Reverse Mentoring by colleagues with disabilities to help inform and educate senior leaders with regard to the varied impacts of disability on individuals (now planned for 2020-21 – lead D&I Lead)

10.3 Consider a positive action statement seeking a non-executive director with lived experience of disability as part of the NED recruitment process, when this next arises (lead: Trust Board Secretary with Recruitment Lead)

4.0 Conclusion and Recommendations

4.1 This report has set out the Trust's progress against the new WDES standards, along with the continued roll-out of a detailed action plan designed to develop our performance against these indicators and improve the workplace experiences for people with disabilities working within the Trust now and in the future.

4.2 The Trust has taken steps to improve the experience of our disabled staff over recent years including:-

- Development of flexible working and flexible retirement (with more development in this area planned in 2020-21 as part of our delivery of the NHS People Plan)
- Development of approach and policy on management of ill health
- Development of approach and policy on management of capability (performance)
- Supporting numerous individual employees with adjustments and equipment to support them at work
- Attaining Disability Confident Employer status

4.3 It is clear, however, that there is still much to do to create more equitable and rewarding employment opportunities and experiences for disabled workers and, in so doing, enabling us to maximise on the talents that this under-utilised group can bring to delivering the highest quality health services for all our service users.

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4.4 Recommendations

1. It is recommended that the People and Culture Development Committee approve this report and associated action plan (collated at Appendix 5).

2. It is also recommended that Trust Senior Leaders demonstrate sustained and visible commitment to delivering on disabilities inclusion. This may include:-

    a) supporting our staffs networks and getting involved in developmental initiatives

    b) positively demonstrating their commitment to disabilities equality and inclusion; and

    c) considering what support, development opportunities and training should be made available to staff at all levels to support the process of change towards ***outstanding inclusion*** for our colleagues with disability.

4.5 Reporting and Monitoring

4.6 Members of the PCD Committee will continue to receive a minimum of **two WDES reports annually** and will provide monitoring and assurance checking that the Trust is not only meeting its responsibilities under the WDES but is continually seeking to improve experience and opportunity for people living with disabilities.

4.7 The annual WDES report will be signed off by the Trust Board prior to publication in line with national reporting requirements.

END

APPENDIX ONE: NSCHT WDES EXCEL SPREADSHEET SUBMISSION

The Trust's WDES Online Data Submission Spreadsheet 2020 was submitted on 19th August 2020 and a copy can be viewed via the embedded document below (copy available from Lesley.Faux@combined.nhs.uk in event of any difficulty in opening the document).

WDES V6.1 2020 RLY FINAL UPDATED FOR

APPENDIX 2: Trust 2019 WDES Online Submission, 30 July 2019

The Trust's WDES Online Reporting Form 2020 was submitted on 19th August 2020 and a copy can be viewed via the embedded document below (copy available from Lesley.Faux@combined.nhs.uk in event of any difficulty in opening the document).

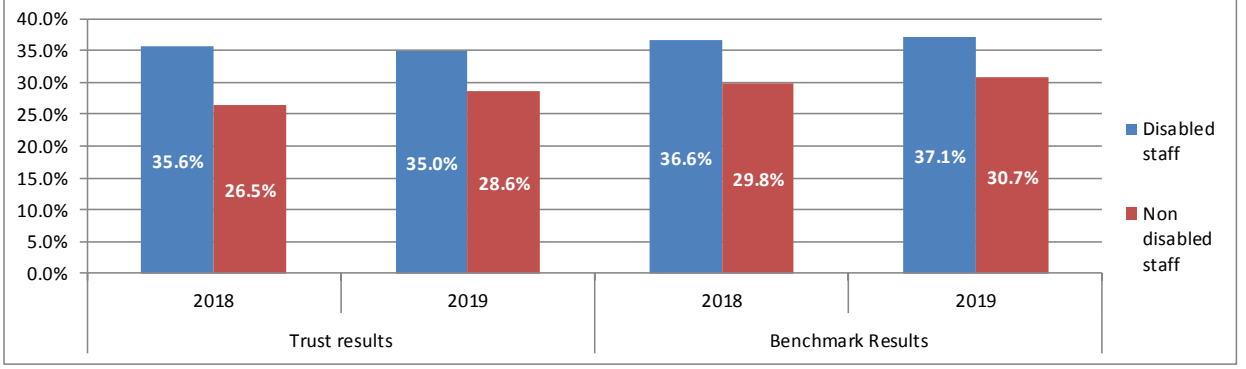
Copy Trust_response WRES 2020 online rep

NHS North Staffordshire Combined Healthcare NHS Trust

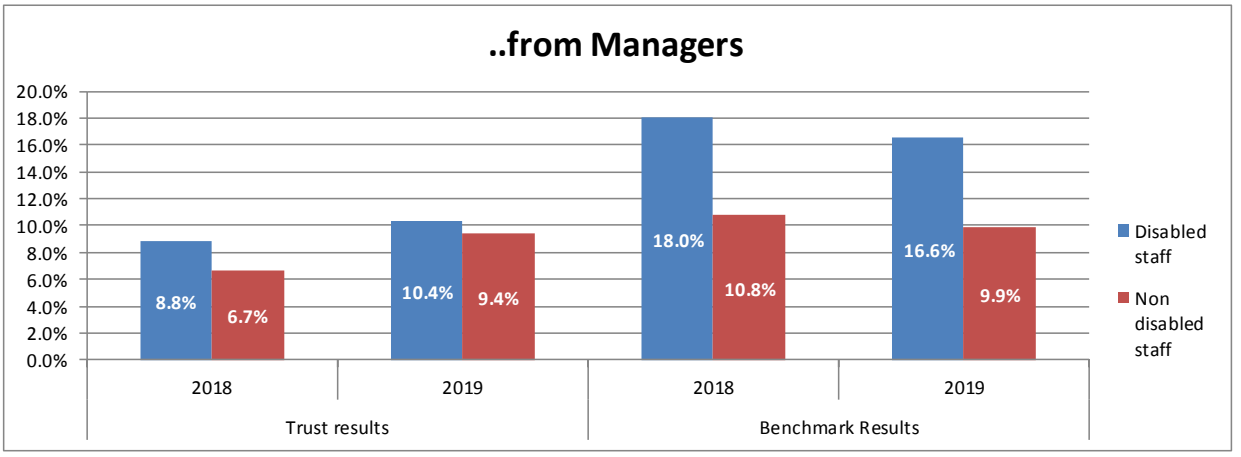
APPENDIX 3: NSCHT Staff Survey 2019 Data Supporting 2020 WDES

Indicator 4a: Harassment, Bullying or Abuse..

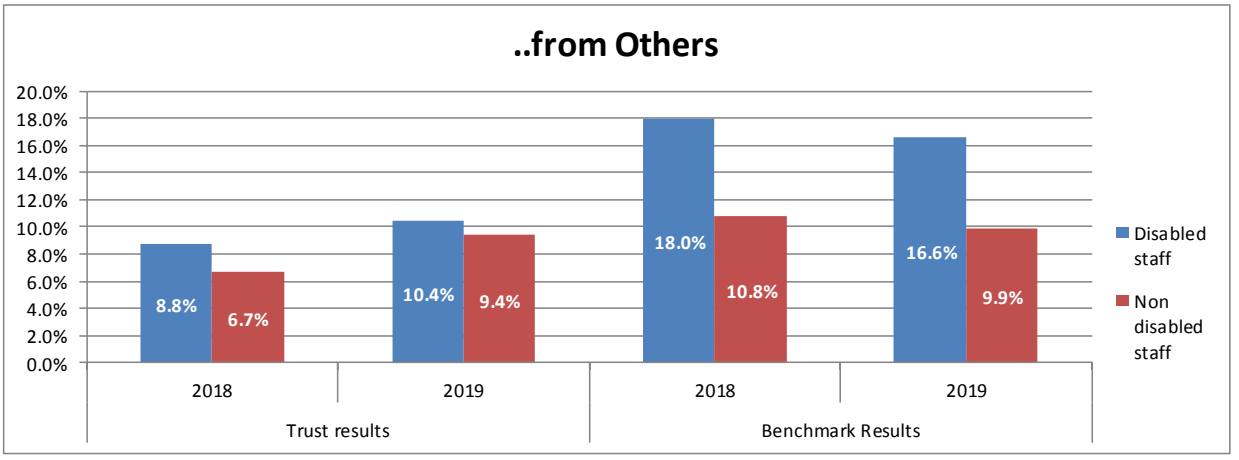
.. from Patients/Service Users/Public

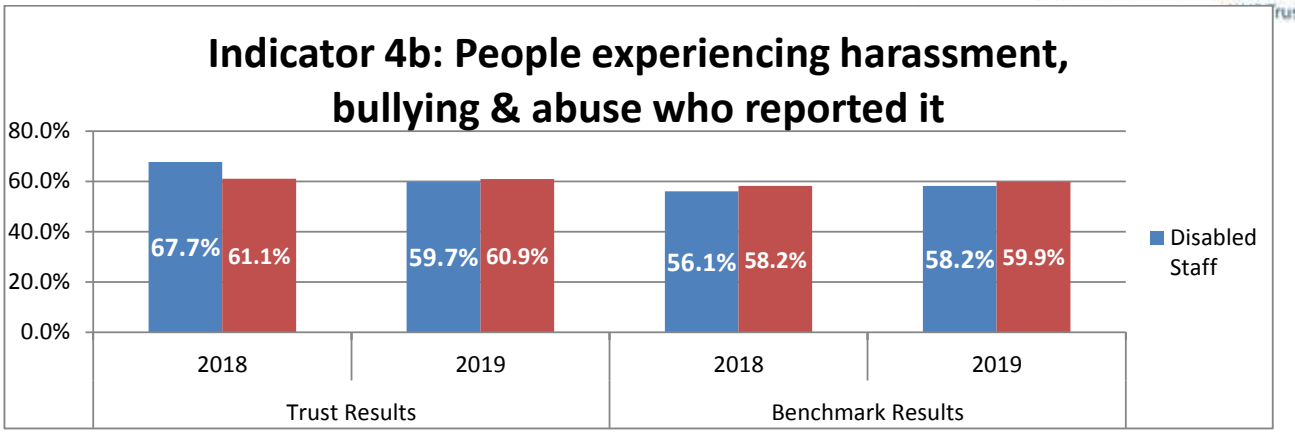


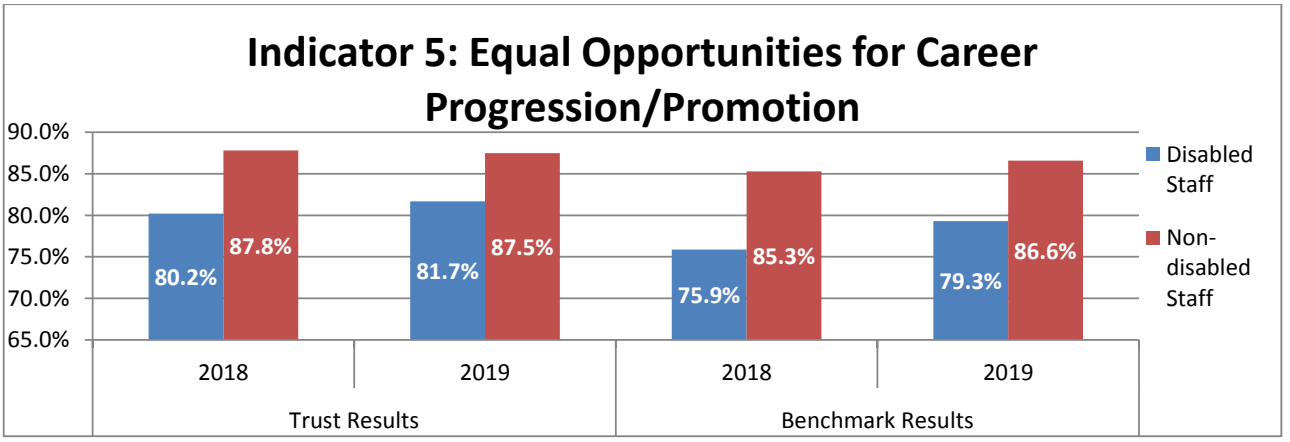
..from Managers

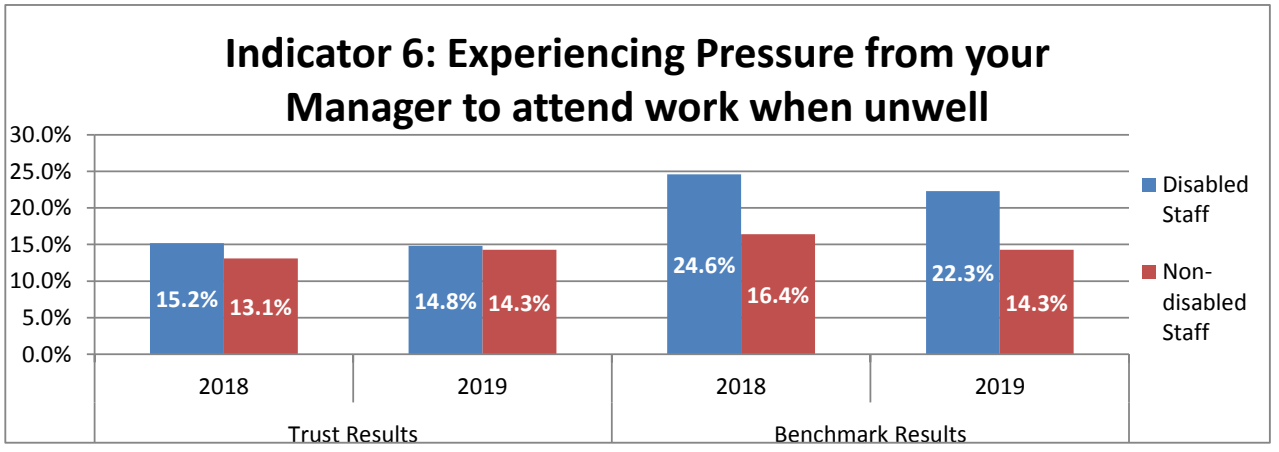


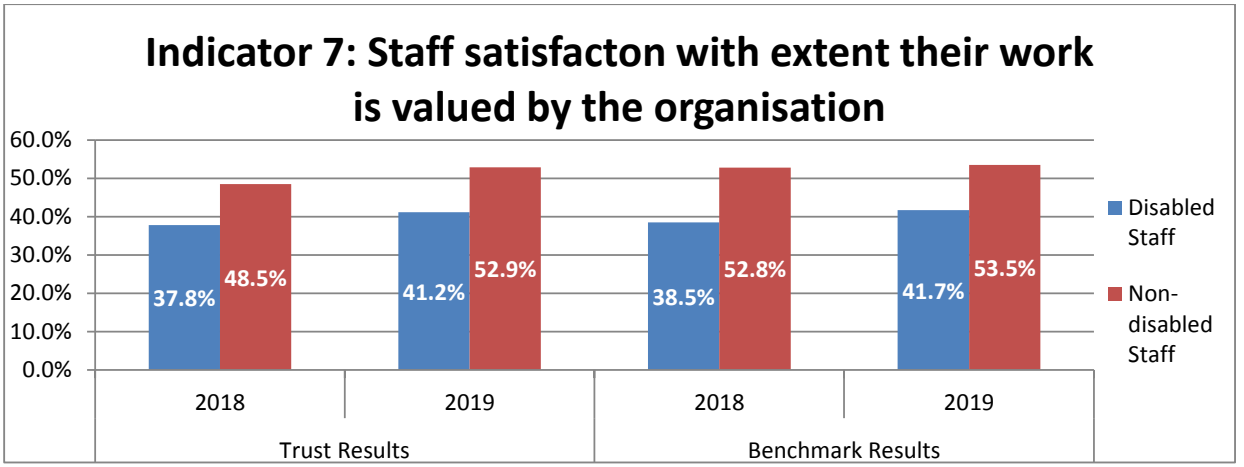
..from Others

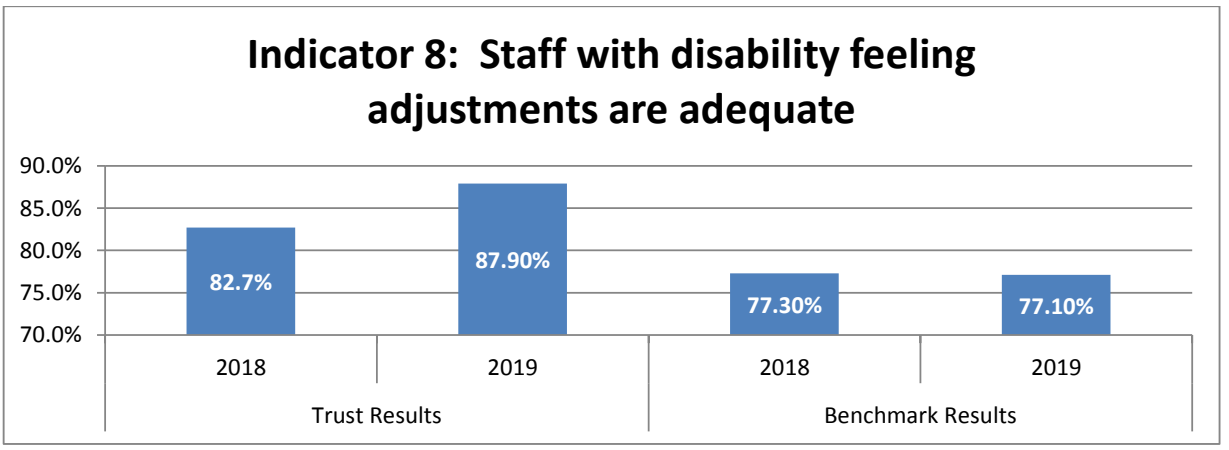


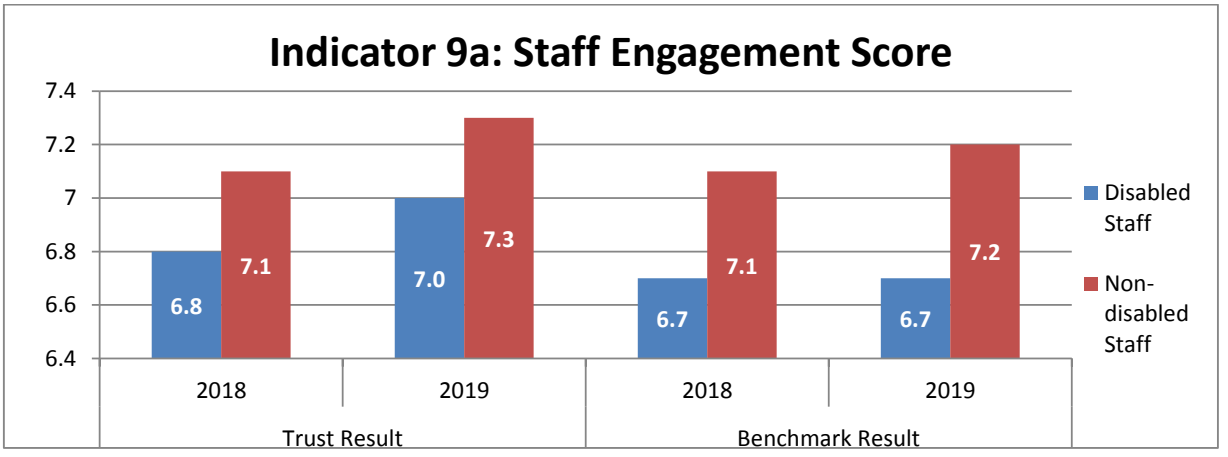

Indicator 4b: People experiencing harassment, bullying & abuse who reported it
80.0%
60.0%
40.0%
20.0%
0.0%
67.7%
61.1%
59.7%
60.9%
56.1%
58.2%
58.2%
59.9%
2018
2019
2018
2019
Trust Results
Benchmark Results
Disabled Staff


Indicator 5: Equal Opportunities for Career Progression/Promotion
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
80.2%
87.8%
81.7%
87.5%
75.9%
85.3%
79.3%
86.6%
2018
2019
2018
2019
Trust Results
Benchmark Results
Disabled Staff
Non-disabled Staff


Indicator 6: Experiencing Pressure from your Manager to attend work when unwell
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
15.2%
13.1%
14.8%
14.3%
24.6%
16.4%
22.3%
14.3%
2018
2019
2018
2019
Trust Results
Benchmark Results
Disabled Staff
Non-disabled Staff


Indicator 7: Staff satisfacton with extent their work is valued by the organisation
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
37.8%
48.5%
41.2%
52.9%
38.5%
52.8%
41.7%
53.5%
2018
2019
2018
2019
Trust Results
Benchmark Results
Disabled Staff
Non-disabled Staff


Indicator 8: Staff with disability feeling adjustments are adequate
90.0%
85.0%
80.0%
75.0%
70.0%
82.7%
87.90%
77.30%
77.10%
2018
2019
2018
2019
Trust Results
Benchmark Results


Indicator 9a: Staff Engagement Score
7.4
7.2
7
6.8
6.6
6.4
6.8
7.1
7.0
7.3
6.7
7.1
6.7
7.2
2018
2019
2018
2019
Trust Result
Benchmark Result
Disabled Staff
Non-disabled Staff

North Staffordshire Combined Healthcare NHS Trust

APPENDIX 4: The WDES Metrics

• **Metric 1:** Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
• **Metric 2:** Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
• **Metric 3:** Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
• **Metric 4:** a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
• **Metric 5:** Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
11 **Metric 6:** Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
12 **Metric 7:** Percentage of Disabled staff compared to non-disabled staff saying that they are extent to which their organisation values their work.
13 **Metric 8:** Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
14 **Metric 9:** (a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) – If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.
15 **Metric 10:** Percentage difference between the organisation's board voting membership and its overall workforce, disaggregated:- 15.1 By voting membership of the board **15.2** By Executive membership of the board

APPENDIX 5: NSCHT WDES ACTION PLAN 2020-21 – All actions by end March 2021 unless otherwise stated

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
1.1	Continue to focus on improving disability declaration rates to give greater validity and understanding of our workforce data in relation to disability through a campaign inviting all staff to review their personal equality data.	• Reduce 'Unknown'/ 'Null' rate from 15% or less by 31/3/21	• D&I lead with WFBPs and WF Info Team. Supported by Directorate & Service Managers	Action continuing from 2019-20 • Quarterly HR Reports to Directorates and PCD
1.2	The Trust should monitor appointments to band 8a+ roles and raise leadership awareness about the apparent lack of opportunity for people with a disability at this level in order to instigate change. Consider positive action approaches.	• Report quarterly on no of disabled applicants/shortlisted/appointed for all Band 8a + roles • Review positive action statement on NHS jobs adverts • Include specific positive action statement on disability in all Band 8a + adverts	• Recruitment Lead to PCD & Directorates • Rect. Lead with D&I lead • Rect. lead with D&I lead	Action continuing from 2019-20 • Workforce Team to review Directorate Quarterly Data • Adverts on NHS Jobs • Adverts on NHS Jobs
1.3	To develop as an employer of choice for people with a disability through development of our performance against the Disability Confident standard, including the development of role models through our recruitment literature and social media.	• Task & finish group established to progress Disability Confident Standard and the deal and sharing of role models with a disability • Minimum 4 role models shared by end March 2020 - completed	• D&I Lead with Associate Director. HR to establish Task & Finish Group including staff side report by end October 2020	Action continuing from 2019-20 • Group established and minimum of 3 months by 31st March 2020 • role models shared by 31 March 2020 • Measurable progress seen in at least 2 areas of Disability framework
2.1	Invite staff with a disability to review our recruitment and selection processes to identify and address barriers faced by people with a disability and parts of the process, including potential for bias (conscious and unconscious) to influence decision making.	• Feedback received from staff with a disability during met and selection	• Inclusive Recruitment Project group and lead (Recruitment Lead)	Action Carried Forward from 2019-20 ▪ Feedback to Inclusion Council by end March 2021

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
2.2	Continue to roll-out Inclusion and Unconscious Bias training to all Trust managers, and make reference within this to recruiting people with disabilities.	• Monthly Inclusion and Unconscious Bias process delivered to March 2020. Mandatory attendance by Trust managers and leaders • Explore e-learning options for continued roll-out	• D&I lead with support trainers from across the Trust	• Monthly session delivered • Band 7+ compliance rate at 75% as at end July 2020 • Continue to work towards 90% compliance for Band 7+ whilst rolling out to other groups of staff. Work towards 50% for band 6+ staff by 31 March 2021
2.3	Introduce a new training programme on unconscious bias in recruitment, including focus on disabilities.	• New programme developed and piloted by end Dec 2019	• Recruitment lead	Action Carried Forward from 2019-20 • Pilot session delivered and evaluated • To be mainstreamed from 2020-21 onwards
3.1	NO NEW ACTION INDICATED Continue to apply inclusive leadership in managing capability (poor performance) cases	• Demonstrable inclusive practise in managing capabilities cases in line with Trust policies and Trust values	• WF Team	Action continuing from 2019-20 • HR Team
4.1	NO NEW ACTION INDICATED. To continue to develop a culture of inclusion and zero tolerance of harassment, bullying and abuse of NHS workers through the work of our Inclusion Council, including a specific focus on visible and non-visible disabilities.	• Extend recruit of incidents project group and culture of inclusion project group to include disability (including visible and non-visible disabilities)	• Inclusion Council	• Further demonstrable action reported to Inclusion Council by 31/3/21
4.2	To continue to promote reporting of all incidents of harassment, bullying or abuse at work by all staff via the Trust's Ulysses incident reporting system and via the appropriate HR procedures.	• Trust D & I trainers • Inclusion & Unconscious Bias training and Incident Reporting Training state implications of reporting incidents and examples	• Relevant Trainer	Action continuing from 2019-20 • Frazer MacDonald, Health and Safety Adviser

Continued/

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
5.1	Continue to develop a culture of inclusion through the work of our Inclusion Council, Trust Directorates, Workforce Team and Diversity and Inclusion Lead.	• High visibility on inclusion in Trust communications with specific focus on disability	• Trust Board Members • D & I Lead • Associate Director of Comms	• Continued improvement in engagement and belief Trust offers equal share in 2020 staff survey
6.1	In addition to the ongoing development of our Neurodiversity Staff Network, establish a new Disability Staff Network with a chair with a direct link to the Senior Management	• Disability Staff Network established as a safe place for disabled employees to share concerns by end Jan 2020. • Identify Board member to act as Disability Champion and to be Board link to Disability Staff Network Chair	• Director of W/force and Inclusion with D&I Lead • Disability Champion identified Sept 2019 (Director of Nursing & Quality)	Action Carried Forward from 2019-20 • First meeting held by 31 Jan 2021
7.1	Empower the proposed Disability Staff Network and the existing Neurodiversity Staff Network to develop experience and engagement for people with disabilities across the Trust.	• Disability Network Chair and Neurodiversity Network Chair have met with Board Champion on two occasions by end March 2020 to discuss environment of the group and allocated potential time to deliver on this	• Disabilities Staff Network Chair and Neurodiversity Staff Network Chair with relevant link Board Member	• x 2 mtgs happened • protected time in place • network chairs report feeling supported and empowered to develop their network
8.1	HR to continue to follow up reasonable adjustments made with individuals to review adequacy and effectiveness post-implementation. Seek feedback about reasonable adjustment process, particularly including from people who declared a disability in the Staff Survey but are not identified as having a disability in ESR.	• Each reasonable adjustments case reviewed for adequacy and effectiveness on implementation • Feedback gained on reasonable adjustments process	• Associate Director of Workforce with HR Team	• Ongoing via HR Team

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
9.1	In addition to introduction of new disability staff network, engage in direct communication with disabled staff in writing via e mail feedback requests/letter to remind individuals plus Newsround, CEO Blog etc. to reach staff with disabilities who have not disclosed/reported their disability	• Evidence of direct and indirect with staff with disabilities	• CEO and Exec team • D & I lead • Comms team • HR team	• WDES 2021
9.2	Disabilities Staff Network and Neurodiversity Staff Network to hold a focus group on employee experience	• Focus group (s) held before 31 March 2020	• Staff Network Chairs with D & I Lead	• Documented focus group
10.1	As per action points 6.1 and 7.1, identified Board Executive Sponsor to champion disability matters with their board colleagues. Develop the role of the chairs of the Disability Staff Network and the Neurodiversity Staff Network to liaise with this individual.	• As per 6.1 and 7.1	• As per 6.1 and 7.1	• As per 6.1 and 7.1
10.2	Expressly seek participation in the next round of Reverse Mentoring by colleagues with disabilities to help inform and educate senior leaders with regard to the varied impacts of disability on individuals.	• 4 or more staff with disabilities to take on role as reverse mentor in 2nd cohort of Trust RM. To include visible / non-visible disability / intersectionality	• D & I Lead	RM cohort 2 now planned for 2020-21 • Evidence of participation in Reverse Mentoring programme
10.3	Consider positive action statement seeking a non-executive director with lived-experience of disability as part of the NED recruitment process, when this next arises	• Visible statement • Evidence of impact of statement (applications from people with disability)	• Trust Board Secretary With Recruitment Lead	• WDES 2021

Continued/

Supplementary Actions				
Action No	**Action Detail**	**Key Measurable Target**	**Who is responsible**	**Where monitored**
Supp Action	i. Identify and train at least one physical, one sensory and one mental health or neuro diversity FTSU Champions	• 3 FTSU Champions trained and commenced	FTSU Guardian with support of D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	ii. Engage with a local group representing people with disabilities such as Disability Solutions to provide critical friend support and challenge on our action plans	• Further effort to establish a link with a critical friend organisation identified and engaged with, with a minimum of 2 detailed exchanges by end March 2021.	D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	iii. Engage with staff side organisations and our Patient Experience lead and Volunteer Coordinator to provide further support and challenge on our action plans	• Engagement and involvement undertaken and feedback received with regard to plans and progress	D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	iv. Ensure the voice of our disabled staff is heard loud and clear throughout development and delivery against the WDES	• Multiple opportunities taken and evidenced to hear voice of staff with disabilities and evident in outcomes	D&I Lead	• Task and Finish Group • Inclusion Council

– All actions by end March 2021 unless otherwise stated

[END]

WE ARE THE NHS:
People Plan for 2020/21 - action for us all

The NHS People Plan

Slide set for senior people leaders

Published July 2020

We are 1.3 million strong. We are all walks of life, all kinds of experiences. We are the NHS.

WE ARE THE NHS:
People Plan for 2020/21 - action for us all

NHS

Welcome

- This is to support senior people leaders to
  - lead general briefings on the **We are the NHS: People Plan for 2020/21 – action for us all**
  - guide colleagues through the application of the **plan's four key themes** to teams and organisations
  - hold **open forum discussions**
  - signpost to **supporting information** and resources
  - use as a basis for **further engagement** with NHS England and NHS improvement, and Health Education England

www.england.nhs.uk/ournhspeople/

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We Are The NHS

WE ARE THE NHS:
People Plan for 2020/21 - action for us all

NHS

Background to the plan

- **January 2019** - publication of the NHS Long Term Plan and signal of a workforce development plan
  - **June 2019** Interim NHS people plan
  - a multi year People Plan had been expected in **Spring 2020**
- Our **extensive engagement** agreed our workforce challenge can only be tackled through
  - more staff
  - working differently
  - in a culture that's more compassionate and inclusive

500+
organisations supporting the development of the NHS People Plan

44
professional bodies closely engaged representing breadth of NHS professions

15,000+
contributions to NHS People Plan tweet chats, the biggest NHS tweetchats ever

25
2019/2020 fortnightly CPO people plan e-bulletin to wide list of subscribers

1,000+
crowdsourcing and online engagement contributions from NHS staff

350+
NHS leaders contributing to the NHS People Promise, and NHS Leadership Compact

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3

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Introducing our publication July 2020…

We Are The NHS

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WE ARE THE NHS:
People Plan for 2020/21 - action for us all

NHS

A practical and ambitious plan that …

- responds to new **challenges and opportunities**
- focuses on the action **NHS people tell us** they need right now
- sets out what NHS people **can expect** from their leaders and each other

…with specific commitments around:

- **Looking after our people**
- **Belonging in the NHS**
- **New ways of working**
- **Growing for the future**

5

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People Plan for 2020/21 - action for us all

NHS

Looking after our people

Sets out our People Promise to everyone who works in the NHS.

This will help make the NHS a better place to work by ensuring staff are:

- **Safe and healthy**
- **Physically and mentally well**
- **Able to work flexibly**

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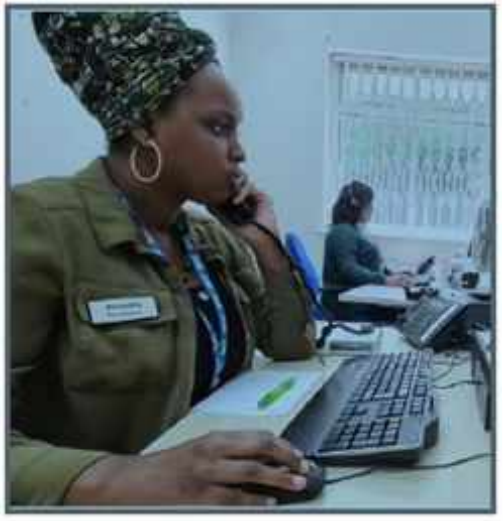
People Plan for 2020/21 - action for us all

Belonging in the NHS

- Action to ensure the NHS is
  - **inclusive and diverse**
  - a place where discrimination, violence and bullying do not occur
- Includes
  - Overhauling **recruitment practices** to improve representation
  - **Health and wellbeing conversations**
  - Confidence to **speak up** and empowering staff to **use their voice** to inform learning and improvement
  - **Inclusive, compassionate leadership**



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NHS

New ways of working and delivering care

- COVID-19 compels us to
  - be **flexible**
  - make **best use** of skills and experience
- We will continue to enable working differently
  - **Upskilling** staff
  - Expanding **multi-disciplinary teams**
  - Supporting **volunteers** in the NHS and expanding routes into health and care careers
  - Supporting staff **learning and development**
    - access to CPD
    - greater access to online learning

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People Plan for 2020/21 - action for us all

NHS

Growing for the future

- We want to capitalise on
  - **unprecedented interest** in NHS careers
  - higher **numbers of applications** to education and training.
- We will do this through
  - **Recruiting** into entry-level clinical and non-clinical roles
  - **Return to practice**
  - **Training places** in shortage professions
  - **International recruitment**
  - **Retaining more people** in the service

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People Plan for 2020/21 - action for us all

Next steps

- This is **an ongoing conversation** that began with the interim NHS People Plan.
- Coming soon…
  - further health and wellbeing resources for all NHS organisations
  - the leadership values and behaviours we all want to see and experience, in a new Leadership Compact.
  - further action for 2021/22 and beyond expected later in the year.

Join the conversation: #OurNHSPeople #WeAreTheNHS

Find out more: nhsi.peopleplancomms@nhs.net

www.england.nhs.uk/ournhspeople/

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Comments from the session?

A note to say:

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NHS
North Staffordshire Combined Healthcare NHS Trust

REPORT TO TRUST BOARD

Enclosure No:

Date of Meeting:	3 September 2020		
Title of Report:	People, Culture & Development Committee Summary to Trust Board		
Presented by:	Janet Dawson, Chair of the People, Culture & Development Committee		
Author:	Shajeda Ahmed, Director of Workforce, Organisational Development & Inclusion		
Executive Lead Name:	Shajeda Ahmed, Director of Workforce, Organisational Development & Inclusion	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
To receive a summary of the People, Culture & Development Committee held virtually on Thursday 3rd September 2020.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Not Applicable	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	The Committee reviewed the following risks, which all have mitigating plans in place to address the concerns: Risk 12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. Risk 868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. Risk 900 There is a risk that the Trust does not provide inclusive services that recognises the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & the inclusion needs of our local communities. Risk 901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff.		

	Risk 992 There is a risk to Trust operations as a result of a lack of capacity within the Digital Team which may also impact on the ability to resolve training issues in a timely manner post implementation of Lorenzo. Risk 1034 There is a risk that staff are not effectively engaged, do not have sufficient clarity of purpose and do not realise their potential through not having an up to date PDR. This can adversely affect their ability to work efficiently and impacts on delivery of services. Risk 1072 There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements or their professional responsibilities and as a result may not feel supported in practice. Risk 1204 There is a risk of recruiting to practice staff roles in a challenging recruitment climate which could impact on service provision. Risk 1313 There is a risk to the delivery, governance and development of psychological services in the Trust due to a number of Senior Clinical Psychologists resulting in reduced provision of specialist psychological therapies, a reduction in Trainee numbers, low staff morale and recruitment challenges.
Resource Implications: Funding Source:	N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations
STP Alignment / Implications:	N/A
Recommendations:	The Board is asked to approve the policy approvals and extensions for ratification and receive the summary for assurance purposes.

Version	Name/group	Date issued

Front Sheet Template V12 01.04.20

Assurance Report to the Trust Board
People and Culture Development Committee

3 September 2020

1.0 Introduction

1.1 This paper details the items discussed at the virtual People, Culture and Development Committee meeting held on the 3 September 2020. The meeting was quorate with minutes approved from the previous meeting held on the 2 July 2020.

2.0 Staff Stories

The Committee received details of a staff member's personal trans-inclusion journey.

Already having produced a podcast for the Trust and provided an update to the Inclusion Council of her journey to date, she spoke about feeling at times like being the only person in the room, even though she was not the only trans staff member in the Trust. Training is pivotal to improving Trust acceptance of trans gender staff members. The recent overwhelming media focus of trans gender people impacts on mental health due the exhaustion of the constant debate, and daily battle for validity and survival from all sectors of life. It was felt that there is a significant gap in education, and whilst steps have been taken to instigate LGB and trans gender training with external providers which has been received well, some groups of staff remain desperate for the training, in particular patient facing staff. A plea was made to encourage staff to undertake the trans gender inclusion training.

3.0 National and Regional Highlights

The Committee was updated on the following:

- New pay circular for medical and dental staff published 24 August 2020.
- NHS Employers response to consultation on carers' leave.
- Reward 2019 Survey
- EDI – Risk Assessments – Third Submission
- Health and Wellbeing Regional Engagement
- NHS Confederation Reset – The Future of Health & Care
- Dr Habib Naqvi MBE has been appointed as Director of the newly launched **NHS Race and Health Observatory** that is hosted by the NHS Confederation and supported by NHS England, and aims to identify and tackle the specific health challenges facing people from black and minority ethnic BME backgrounds.

3.0 System Highlights

3.1 **Staffordshire & Stoke on Trent ICS People, Culture & Inclusion Board**
The Trust has submitted their local People Plan scope on the 24 August. This will be forwarded for approval by People Board on 9th September and finally by the ICP Board on 20 September.

3.2 **Delivery of System Requirements for the NHS People Plan 2020/21**
Following the revision of the new ICS governance structure the ICS OD and System Leadership Work Stream reports to the ICS People and Culture Board and is accountable to the ICS Transformation Board. The ICS OD and Leadership Work Stream has responsibility for supporting the health and wellbeing of staff, systems leadership development and development of an inclusive culture. These priorities will support the achievement of system specific actions highlighted in the National NHS People Plan 2020/21.

4.0 NSCHT Highlights

4.1 The Committee was updated on the **National People Plan** which addresses the immediate and longer term challenges that Covid-19 presents. The plan is separated into 4 people commitments;

- Looking after our people
- Belonging in the NHS.
- New ways of working and delivering care
- Growing for the future

4.2 **Staff Health and Well Being**
A tremendous amount of work to ensure our people are safe, healthy and well supported for both their physical and psychological health and wellbeing is being conducted. Our internal Staff Counselling and Support Offers continues to get updated on a monthly basis, expanding and diversifying our offer of support based on the evolving needs of our staff through the pandemic.

4.3 **Diversity**
Our internal work on supporting our BAME staff, particularly around our risk assessment completion levels and MOT Health Checks has put us in the national spotlight. NHSEI requested a quote around the success of our BAME risk assessment compliance levels as well as a case study. Both have been submitted to NHSEI for publication.

The Director of Workforce was personally invited to present on the national HRD's meeting on the same subject, where she shared the importance of developing an inclusive culture, leading from the top and acting quickly because it was the right thing to do for our staff, rather than waiting for national guidance to be produced.

4.4 **Engagement**
The OD Team has led the programme of engagement for the Corporate Review to help teams create operating principles and establish the ways teams want to work going forward.

4.5 **BAME Risk Assessments and Health MOTs**
The mitigated position as of 1 September is 95.1% for all staff.

4.6 **Widening Participation**
At Combined, widening participation is applied within the context of seeking recruitment of local people into entry-level jobs and supporting progression through the healthcare support workforce and, for some, progression into pre-registration training. Within this context, under-represented groups are most likely to be

disengaged young people, those without qualification, low skilled, part-time and temporary workers, those on low incomes and/or working age benefits, older adults, those with literacy, numeracy or learning difficulties and some minority ethnic groups. Approaches to widening participation are strengthened by our work alongside the Talent for Care Strategy which aims to help people 'Get Ready, Get In, Get On and Go Further' in their careers in the NHS.

Apprenticeships also offer the opportunity for existing staff to progress, have access to higher education opportunities and the registered professions. For example, the introduction of new roles such as the Nursing Associate now provide a clear pathway to progress beyond a HCSW role and a route through to becoming a registered nurse. Additional funding is available to support entry into harder to recruit professional programmes, including Learning Disability Nursing Degrees. Additional funding to support the creation of increased numbers of Nursing Degree apprenticeships have also been announced, a proposal to take this forward is currently being developed.

5.0 IQPR

5.1 The Committee received the Improving Quality & Performance Report Board Report for Month 4 for consideration with regards to the Organisational Health and Workforce KPIs, which were noted and discussed by exception. The following aspects were further considered:

- **Turnover** - M4 has seen a significant increase in the Trust's turnover position from 13.5 to 17.2 % against a KPI of 10%. This is in the main as a result of the recent Section 75 service TUPE. If the TUPE is removed, this provides a mitigated turnover position of 12.5%. Work remains on-going to stabilise the Trust's turnover position.
- **Vacancy** – Although the current performance is favourable against the KPI, it was noted that the vacancy position has significantly improved by the temporary recruitment of student nurses in order to support the Trust in its response to COVID-19. The supply of qualified Nurses remains a significant and ongoing challenge, particularly as new service developments commence.
- **Clinical Supervision and Appraisal** - Both aspects remain below the required KPIs. This is in the main as a result of the impact of COVID-19. Work is ongoing to recover this position.
- **Agency Spend** - It was noted that although Agency spend is within the KPI tolerance, it is expected that agency costs will increase. This in response to a number of pending Medical vacancies and as a result of a significant reduction in the number of junior doctors joining the Trust as part of the August rotation. All agency costs continue to be scrutinised.

7.0 Additional Papers

7.1 The Committee received and discussed the following:

- Board Assurance Framework
- Trainee Education Quality Report
- Freedom to Speak Up (FTSU) update
- Guardian of Safe Working

- Staff Counselling Update
- Turnover/Retention Review 12month deep-dive
- Staff Survey Update
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap
- Accessible Information Standard
- Widening Participation Update

8.0 Trade Union Facility Time

8.1 The Committee received the TU Facility Time that was submitted as part of the national requirement on July 31st 2020.

9.0 Workforce & OD Risks

9.1 The Committee noted all risks linked with the Committee rather than the normal review of risks with a residual rating of 12+, and their associated mitigation:
12, 868, 900, 901, 992, 1034, 1072, 1204 and 1313

10.0 Cycle of Business

10.1 Workforce Disability Equality Standard (WDES) was moved from January to September to fall within publication timescales.

11.0 Policies

The Committee approved the following:
• 7.06 Social Media Policy

An extension of 6 months to the following policies:
• 1.77 Remediation Policy
• 3.45 Temporary Staffing Policy

A 12 month extension to the following policy:
• 3.33 Preceptorship Policy extension requested from 31st October 2020, (due to the national review)

12.0 Committee Reporting Groups

12.1 The Committee received the minutes for assurance purposes from the following groups:

- Inclusion Council, 1 July 2020
- Joint Negotiating Consulting Committee (JNCC), 27 July 2020
- Joint Local Negotiating Committee (JLNC), 16 July 2020

14.0 Conclusion

14.1 The Trust continues to proactively engage on a national and regional level on priority areas, most notably the concerns around supporting the BAME workforce in addressing racism within the workplace and the overall workforce ethnic inequalities agenda. This is an area of work that the Trust is actively focused on.

14.3 It is important to note that the workforce and OD work within the Trust is very much aligned to the National People Plan deliverables expected from both a Trust and systems perspective.

15.0 Recommendations

15.1 The Board is asked to approve the policy approvals and extensions for ratification and receive the report for assurance purposes.

Shajeda Ahmed – Director of Workforce, OD & Inclusion
On behalf of Janet Dawson – Chair

3 September 2020