MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 25TH July 2019, <u>10.00AM</u>,
BOARDROOM, LAWTON HOUSE, BELLRINGER ROAD, TRENTHAM, STOKE-ON-TRENT, STAFFORDSHIRE, ST4 8HH

	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 – 27th June 2019** *To APPROVE the minutes of the meeting held on 27th June 2019*	Approve Enclosure 2
4.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
5.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognise staff who are retiring. To be introduced by the Chief Executive and presented by the Chair.*	Verbal
8.	**REACH RECOGNITION INDIVIDUAL AWARD ON EXCELLENCE** *To PRESENT the REACH Recognition Individual Award to Phil Reece, Team Lead, Autism Assessment Service, Stoke Community Directorate. To be introduced by the Chief Executive and presented by the Chair.*	Verbal

9.	**ASSESSMENT AND TREATMENT TEAM RECOGNITION AWARD** *To PRESENT a Recognition Award to Assessment and Treatment Unit Team.* Maria Nelligan, Executive Director of Nursing & Quality and presented by the Chair.	Verbal
10.	**PATIENT STORY – Maria & Jacks Story** *To RECEIVE a Patient Story from Maria & Jack to be introduced by Maria Nelligan, Executive Director of Nursing & Quality*	Verbal

QUESTIONS FROM MEMBERS OF THE PUBLIC

11.	*To RECEIVE questions from members of the public*	Verbal

TO ENHANCE SERVICE USER AND CARER INVOLVEMENT

12.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from Maria Nelligan, Director of Nursing and Quality*	Assurance Enclosure 5

ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS

13.	**No items for discussion**	

TO PROVIDE THE HIGHEST QUALITY SERVICES

14.	**NURSE STAFFING MONTHLY REPORT (May 2019)** *To RECEIVE the Nurse Staffing Monthly Report presented by Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 6
15.	**COMPLAINTS AND PALS ANNUAL REPORT 2018-19** *To RECEIVE the Complaints and PALS Annual Report 2018/19 presented by Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 7
16.	**DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT Q1 2019/20** *To RECEIVE the Director of Infection Prevention and Control (DIPC) Report Quarter 1 2019/20 presented by Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 8
17.	**HEALTH AND SAFETY ANNUAL REPORT 2018/19** *To RECEIVE the Health and Safety Annual Report 2018/19 presented by Maria Nelligan, Executive Director of Nursing & Quality*	Approval Enclosure 9
18.	**SERIOUS INCIDENTS QUARTER 1 REPORT** *To RECEIVE the Serious Incidents Quarter 1 Report presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 10

19.	**ASSURANCE REPORT FOR QUALITY COMMITTEE** *To RECEIVE the Quality Committee Assurance report from the meeting held on the 11th July 2019 from Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 11
20.	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK ENHANCED REPORT (PQMF 2019/20) – Month 2** *To RECEIVE the Month 2 Performance Report presented by Lorraine Hooper, Executive Director of Finance, Performance and Estates*	Assurance Enclosure 12

	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
21.	**No items for discussion**	

	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
22.	**FINANCE REPORT – MONTH 2 (2019/20)** *To RECEIVE the Month 2 Financial position presented by Lorraine Hooper, Executive Director of Finance, Performance and Estate*	Assurance Enclosure 13
23.	**ASSURANCE REPORT FOR FINANCE, PERFORMANCE AND ESTATES COMMITTEE** *To RECEIVE the Finance, Performance and Estates Committee Assurance report from the meeting held on the 11th July 2019 from Russell Andrews, Associate Non-Executive Director*	Assurance Enclosure 14
24.	**ASSURANCE REPORT FOR PRIMARY CARE COMMITTEE** *To RECEIVE the Primary Care Committee Assurance report from the meeting held on the 18th June 2019 from Russell Andrews, Associate Non-Executive Director*	Assurance Enclosure 15
25.	**COMMUNITY MENTAL HEALTH SURVEY** *To RECEIVE the Community Mental Health Survey from Jonathan O'Brien, Director of Operations*	Assurance Enclosure 16

	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
26.	**ASSURANCE REPORT FOR PEOPLE CULTURE AND DEVELOPMENT COMMITTEE** *To RECEIVE the People Culture and Development Committee Assurance report from the meeting held on the 15th July 2019 from Janet Dawson, Chair/Non-Executive Director*	Assurance Enclosure 17

27.	**TRUST WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT** *To RECEIVE the Trust Workforce Race Equality Standard (WRES) Report from Linda Holland, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 18

CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING

28.	**Received as Items 15 in Closed Board**	

CONSENT AGENDA ITEMS

29.	**TOGETHER WE ARE BETTER (STP DIRECTORS REPORT) – JUNE 2019 UPDATE** *To RECEIVE for information the Together We're Better (STP Directors Report) June 2019 Update from Peter Axon, Chief Executive Officer*	Information Enclosure 19

ANY OTHER BUSINESS

	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 26th September 2019 at 10:00am.	
	MOTION TO EXCLUDE THE PUBLIC *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	

THE REMAINDER OF THE MEETING WILL BE IN PRIVATE

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

TRUST BOARD

Minutes of the Open Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 27th June 2019 At 10:00am in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH

Present:

Chairman:

David Rogers
Chairman

Directors:

Tony Gadsby
Vice Chair / Non Executive

Peter Axon
Chief Executive

Linda Holland
Director of Workforce, Organisational Development and Inclusion

Maria Nelligan
Executive Director of Nursing and Quality

Lorraine Hooper
Director of Finance, Performance and Estates

Patrick Sullivan
Non-Executive Director

Janet Dawson
Non-Executive Director

Russell Andrews
Associate Non-Executive

Dr Buki Adeyemo
Executive Medical Director

Joan Walley
Non-Executive Director

Chris Bird
Director of Partnerships and Strategy

Jonathan O'Brien
Executive Director of Operations

Dr Keith Tattum
GP Associate Director

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Union Representative

Joe McCrea
Associate Director of Communications

Justine Scotcher (10.am to 11.30am)
Executive PA (minutes)

Mandy Brown (11.30am to 4pm)
Executive PA (minutes)

<u>Retirees</u>
None

<u>Members of the public:</u>
Tosca Fairchild

<u>Volunteer Peer Mentor</u>
Jackie Cole
Ross Barber
Thea Costa
Veronica Emlyn

<u>REACH Recognition Team Award</u>
One Stop Clinic – Lymebrook Team
Simon Wilson, Team Leader
Marie Cheshire – STR Worker
Karen Ware – Nurse Practitioner
Richard Powell – Team Manager

The meeting commenced at 10:00am.

138/2019	**Apologies for Absence**	**Action**
	Wendy Dutton, Chair Service User Carer Council and Jenny Harvey, UNISON representative	
139/2019	**Declaration of Interest relating to agenda items**	
	No declarations of interest.	
140/2019	**Minutes of the Open Agenda – 23rd May 2019**	
	The minutes of the open session of the meeting held on 23rd May 2019 were approved.	
	Page 24, 131/2019 - Dr Tattum asked for the following paragraph to be removed: *There is a suite of checks that need to be undertaken but unless they do them you will not get paid so this is difficult for all practices.*	
	Approved	
141/2019	**Matters arising**	
	The Board reviewed the action monitoring schedule and agreed the following:-	
	68/2019 - Nurse Staffing Monthly Report January 2019 *– Agenda item*	
	119/2019 – Reducing the Risk of Suicide and Self Harm in People with a Learning Disability *– Agenda item*	
	120/2019 - Nurse Staffing Monthly Report March 2019 *– re: Annual leave. A position statement will be available for the July Trust Board. Statistical Process Control - This will be reviewed as part of the roll out of the new performance framework ensuring consistent reporting with the safer staffing report*	
	125/2019 – Serious Incidents Quarter 3 & 4 (Annual report) *– Agenda item*	
	Noted	

142/2019	**Chief Executive's Report**	
	This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest. **Developing our long term thinking** The Trust has an excellent performance record for the end of last year and for the year to date both operationally and clinically. The Trust needs to ensure it has a clinically focused approach and is managerially supported. In addition, the STP Strategy refresh is taking place and this is a good opportunity for the Trust to link into this. **Local System update** Some key priorities; - Sustainability Agenda is important for the Trust and will capture key deliverables including financial, quality and clinical needs, which will be our focal point - Workforce remains a permanent challenge and this is a key priority. - Quality and safety - How we add value to the system - The Staffordshire STP system is improving with co-ordination and relationships, but there is more for the organisation to do and what we can do to add value.. - Sprints: This is a joint provider CIP efficiency programme and is going well. Mental Health is most advanced which is pleasing to note thanks to Jonathan O'Brien and colleagues, however still have wider challenges. There are high level conversations ongoing in order to mitigate financial risks across the system. **We're reaching higher than ever** There have been 336 nominations for REACH awards. This is fantastic and the event is scheduled for 4 July 2019. **Stepping Up Programme Celebrates Alumi** The Stepping up programme was held last week at the Bridge Centre. Speakers were both eloquent and passionate about their experiences and this is a real added value event, thanks are extended to Linda Holland, Director of Workforce, Organisational Development and Inclusion for organising and holding the event.	

	Received	
143/2019	**Chair's Report** The Chair reflected on the last year for the Trust. Spring has been delayed due to the financial constraints within the NHS and recovering from winter pressures. The Trust has emerged from this and is now able to look more strategically at improvements for both its patients and people who live in Stoke-on-Trent and Staffordshire. This coincides with our main providers having slightly different teams, with the appointment of Tracey Bullock, new Chief Executive Officer for the University Hospital of the North Midlands (UHNM) and our new Chief Executive Officer, Peter Axon. Both Trusts are collaborating and working positively. It is also pleasing to note the forthcoming REACH awards evening, which is the highlight of the Trusts year. *Noted*	
144/2019	**Staff Retirements** There were no staff in attendance. *Noted*	
145/2019	**Peer Mentor Certificate Presentation** Maria Nelligan, Director of Nursing and Quality introduced the volunteers and presented the certificates. There were four Peer Mentors receiving certificates which recognised their commitment to developing through the course which has been half a day a week for the past 10 weeks. A variety of subjects have been covered to support people in the role and all the feedback from mentors has been very positive. Not all Peer Mentors have been able to attend today, there were eleven on the course however seven need to attend one or two modules before they qualify at the next cohort which starts in October. Thanks were extended to Julie Richardson and Chris Malbon for facilitating the programme. Julie and Chris described it as a pleasure to deliver this training and they both felt privileged to be part of this. We have been very impressed by the Peer Mentors who have demonstrated a real commitment to learning, all are very knowledgeable and besides completing the training they have shared their knowledge and skills with each other.	

	The Board would like to wish the Peer Mentors good luck in their placements and look forward to hearing about the impact they have moving forward. ***Noted***	
146/2019	**REACH Recognition Team Award** **Newcastle CMHT Lymebrook Centre, North Staffordshire Directorate for the One Stop Clozaril Clinic** The Newcastle Community Mental Health Team are responsible for secondary care adult community mental health services within the Newcastle locality. The team have developed the service to be more responsive; becoming recovery focused and assisting service users to manage independently. They have introduced the anxiety and depression CBT group pathway; introduced the Clozaril One Stop monitoring/dispensing clinic and have developed a positive team culture that can focus on excellence and service development. their challenges and changes are losing the integrated social care team, significant staff turnover and recruitment and preparing for the move towards locality working. Lymebrook are a forward looking team striving to provide an approachable, excellent, compassionate approach; introducing treatment pathways which ensure effective and timely treatment and aim to discharge care back to primary care. Richard Powell, Team Manager delivered a presentation supported by Karen Ware, Nurse Practitioner who has been instrumental in this opportunity and her expertise. Marie Cheshire, STR worker was also present and works within the clinic. Sharon Willock, Senior Nurse who runs the clinic is on leave today, but the team wished to acknowledge her as part of the award winning team today. Richard described the background around the 'One Stop Clinic' and the prescribing of Clozaril. The clients have different needs. The team analyse bloods on site which enables patients to walk out with their medication on the same day. The team have piloted the PocHi analyser. Karen Ware explained that analysing bloods on site prevents bloods being delayed. The Clorazil Patient Monitoring Service (CPMS) is a service who we link in with for Clozaril. Given the nature of the drug, we have to ensure we provide a comprehensive service for both physical and mental health. There were key protocols that had to be set up with Pharmacy in particular for the One Stop Clinic to run effectively which was launched in March 2019; it is currently being explored for all CMHTs to offer this service. There has been positive service user feedback that the new clinic	

	means less complication with fewer appointments. There are now patients booking holidays and taking less time off. From a routine point of view, there are fewer issues around medications not being collected as this can be a significant concern if they are missed. In addition, this service reduces phone calls and the process is much more streamlined, with a reduction in clinics. The Dispensing clinic continues. **Questions** Dr Tattum commented that this is a fantastic service and added that it is touching to note the patient convenience. 'SPAR'- this makes reference to all our values and is a perfect example. Dr Tattum congratulated the team and highlighted that he would love to see this rolled out across other areas i.e. Gastroenterology, Neurology and other drugs that are high risk. This is primarily about safety; Dr Tattum added that the team should be really proud. David Rogers queried how many service users are involved? Karen Ware advised there is approximately 60 to 80 per month. Patrick Sullivan asked whether additional support was needed for the system to work better. Richard Powell commented the increasing amount of staff that can use the machine, running a clinic and training can be quite difficult. The company, who carry out the training, are based in Milton Keynes, time out and accommodation can be costly. Joan Walley highlighted the need to ensure that training commitments and costs are met and taken forward. *Noted*	
147/2019	**QUESTIONS FROM MEMBERS OF THE PUBLIC** There were no questions from the members of the public present.	
148/2019	**SERVICE USER AND CARER COUNCIL** Maria Nelligan, Director of Nursing and Quality provided an update from the Educational Workshop that took place on the 29th May 2019. The session commenced with a presentation, key points were: **Care Co-ordination** Care co-ordination should be a dynamic team approach, with the team member most involved in the care of a Service User/Carer at any particular part of their journey taking the lead role. It should not be an individual's 'title' as it is a function of all the MDT.	

Care Plans
Explicit flow charts from the Care Planning Policy were reviewed and debated at length. Utilising these to ensure clarity of expectations for ALL involved, some suggestions of useful additional information were made. Time frames around Care Plan Approach (CPAs) for example were thought to be potentially particularly useful to improving the process.

Assurances
Processes that are in place were discussed; CQC, Healthwatch, Announced, Unannounced and PLACE visits and Observe and Act and Audit.

Workshop for Wellbeing Academy
It was agreed these workshops need to continue as they are found to be really useful and the suggestion was to share information with centres and teams.

Unplanned/ Sudden discharge
On discussion it was felt to be difficult to ascertain how much was anecdotal and how real numbers could be ascertained. However, it was felt that it was occurring and causing stress and potentially was detrimental to some service users and carers ongoing health and warranted a review. It was a lengthy discussion, sensitivity in approaching the concept of recovery focussed care and discharge being part of the discussion along the journey, from the beginning to potential transfer back to the care of a GP for instance. What the service offers and can be expected to deliver being made clear at the start of the service user's journey with supportive leaflets and information. The need to ensure that people with enduring mental health issues and long-term deteriorating conditions having these factors included in any discussions was made very clear and again information leaflets given to support this decision making. Difficulties in getting some GP's to provide psychiatric medication/prescription was highlighted. Dr Okolo was able to offer information about discussions taking place to address this.

Actions agreed were;

- Slides from presentation to be shared
- To encourage debate and discussion of points covered at team level
- To develop a task and finish group
- To review accessibility of information for service users and what to expect from services

Russell Andrews commented on the discharge decision making process querying who makes the discharge decision as this sometimes gets lost. Maria advised that it is not one person; this would take place during an MDT with the family and carers. It is about having that descriptive conversation, in order that people

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	understand. The Trust is working towards ensuring more information is available for the service user.	
	David Rogers highlighted that discharge can be concerning in terms of mental health, the Trust needs to put a lot of emphasis into to getting it right.	
	Joan Walley queried how a diagnosis can be reversed if a patient feels it no longer exists. Dr Adeyemo gave assurance that there are options to ask for a second opinion or even a third opinion. It depends on what the situation is and the individual. Dr Adeyemo will provide a briefing for Joan Walley.	**BA**
	Patrick Sullivan asked if there is any other indications that people are being discharged too quickly. Maria Nelligan stated there were not but this had been discussed at the workshop. We will continue to work with service users and carers.	
	Jonathan O'Brien commented we could see higher admission rates and complaints come through.	
	Dr Tattum commented that admission to a Psychiatric Hospital is fearful and there is a stigma. Maria Nelligan confirmed that there is a plan to have information in a paper format and available on the website. She further noted Peer Mentors are going to be key and work shoulder to shoulder giving their knowledge and experience of mental health. There is a specific action on the Board Assurance Framework.	
	Received	
149/2019	**AUTISM STRATEGY**	
	Maria Nelligan, Director of Nursing and Quality presented the strategy.	
	The strategy was developed following a review of a number of key national policy documents. This enabled the identification of eight priority areas, these have been summarised into our Trust Autism Strategy and provide a strong basis for developing and providing high quality services for people with autism. The strategy will be developed into a work plan to identify key leads for each of these areas.	
	It is crucial that this strategy is developed in partnership with our service users, their carers, families and key stakeholders; consultation will therefore be ongoing and will help the strategy to evolve.	
	We will also develop a 'steering group' who will oversee the strategy and the implementation of an agreed action plan. The	

action plan will set out timescales, leads and expected outcomes and will be reviewed annually.

The Trust is commissioned to deliver this and it is part of Learning Disability services. CAMHS provides assessment and treatment for autism. Adult services are commissioned to provide a small number of assessment only services. We are in conversations with commissioners in extending Adult services.

Jonathan O'Brien added Children's services provide assessment; however there are long waits. Sam Mortimer, Associate Director, North Staffordshire Directorate is undertaking work around the demand which has increased considerably and we do not have capacity. In terms of Learning Disability (LD), the Trust has set up an operational group around accommodation in terms of refurbishment. The Service specification for LD has no provision for just a diagnosis of autism which can cause some difficulties in terms of Adult as we are only commissioned to provide a diagnostic service. The Trust needs to engage with commissioners on a wider debate. It was further noted that Operational leads from the Midlands Partnership Foundation Trust (MPFT) are in agreement

Maria Nelligan highlighted that this is also a national issue. Jonathan O'Brien further commented that there is confusion and disagreement who this falls to with local authorities and NHS organisations.

Joan Walley thanked Maria Nelligan for the report highlighting it is interesting to see the legislation and what it all means. The commissioner discussion is important and how can we strengthen the debate. Also the partnership strategy is important and employers in the workplace.

Chris Bird confirmed this is a priority within partnerships. This has been discussed as an anchor institution and considering the role we play in the economy, working with local businesses and the voluntary sector. All that is picked up with partnerships and is actively being considered.

Dr Tattum commented on the number of people who seek advice on autism from Primary Care advising this has increased. It is difficult as you cannot get an assessment. There is a need and the main point is Asperger's; these people are a vulnerable group suffering with anxiety, social phobia and depression - this is concerning.

Dr Adeyemo stated that unfortunately the services for autism are not in place and that people with co-morbidity issues are ultimately referred to a Community Mental Health Team (CMHT). CMHTs are not resourced to provide this.

	Patrick Sullivan added that it is clear the Trust needs to engage with commissioners and asked if there is any evidence that commissioners have got this on their agenda. Jonathan O'Brien confirmed and agreed that this is with Clinical Commissioning Groups (CCGs), but he was uncertain of local authorities. CCGs are trying to work in unison now with the Trust and the STP.

Approved | |
| **150/2019** | **DRAGONS DEN UPDATE**

Dr Buki Adeyemo, Executive Medical Director presented the report.

Significant progress has been made to support Innovation across the Trust, with a number of developments and initiatives such as the Dragons' Den taking place. Dragons' Den was relaunched for 2019 to support and develop small–scale projects within practice, requesting financial and/or project support;

To note:
- Opened for applications in January 2019; supported by the Research and Development (R&D) team and co-led with the Service User and Carer Council (SUCC);
- 10 applications were received, with seven invited to pitch their idea at the Dragons' Den panel event;
- On the 26th April the R&D team hosted the Trust's second Dragons' Den panel event which saw six of the ideas agreed to be taken forward;
- The panel felt that all of the pitches were well-presented and demonstrated a real commitment to improve service user care and experiences.

Dr Adeyemo reported that she had undertaken reviews of the pitches alongside Patrick Sullivan, Wendy Dutton, Chris Bird and Lorraine Hooper all commented on how proud they felt to be a part of the Trust in terms of the people who had come forward with their innovative practices some with potential commercial value. Out of the seven ideas, six were progressed and the seventh is receiving support

Workshops have taken place to support staff with regards to intellectual property and further are planned with HSAN and Dave Hewitt, Chief Information Officer from a digital aspect.

Peter Axon shared his delight at the number of initiatives that had come forward and highlighted the need to link the initiatives with the refresh of the Research and Development (R&D) strategy and other development pieces.

David Rogers asked how it all fits together and whether there was a regular review of ideas. Dr Adeyemo highlighted the link to | |

	Innovation Nation to help the staff who then brought forward their ideas to Dragons Den. This year Dragons Den will feed Innovation Nation, the Workshops and support are always ongoing so there is always a link. there is also the HSAN work to evaluate a pathway as a Trust so that we are clear about the process. Patrick Sullivan commented that he had attended a previous Dragons Den and that his experience on this occasion was that the ideas this time had been thought through and staff wanted funding to proceed, two of the pitches on road safety and sexual vulnerability in LD had massive benefits to patients and commercial potential also. David Rogers added it was important to capture these things and asked that we keep the process open. Tony Gadsby asked if any of these ideas would feature in Innovation Nation, Dr Adeyemo advised that the seventh pitch would. Joe McCrea advised there is a film available on the YouTube channel of the finalists and he would share the link. Joan Walley added that she hoped there would be an opportunity to discuss the social prescribing and social conditioning workshop that she and Chris Bird attended as she felt there were items from that would link into this agenda item. Chris Bird commented that the only pitch not supported on the day was due to the fact that the outcome wasn't as strong but part of offer made to them was for them to work with the R&D team. Tony Gadsby asked if there was an opportunity to host an event to the Local Health Economy (LHE), Peter Axon felt that we could try and do something via the STP work we are undertaking, David Rogers asked that we include the recent workshop carried out in relation to Black and Asian Minority Ethnic (BAME). Patrick Sullivan added that it was important that the Trust be in a position to make the decision on whether funding was available ***Received***	
151/2019/1 51a/2019	**NURSE STAFFING MONTHLY REPORT (April 2019) / NURSE STAFFING ANNUAL REPORT (2018/19)** Maria Nelligan, Executive Director of Quality and Nursing presented the both reports. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during April 2019 was 86% for registered staff and 96% for care staff on day shifts and 76% and 109% respectively on night shifts. Overall a 94% fill rate was achieved. There were a number of occasions when the fill rate was not	

reached however there were no safety implications or patient safety issues. The paper outlines the mitigations to address this.

Maria asked the Board to note the trend line has been moving upwards over the past year. There are still a number of vacancies, a number of the HCSW vacancies have now been appointed to and are in the TRAC system awaiting an appointment date.

The paper outlines the work being undertaken in terms of career development. The Trust is looking to introduce apprenticeships for HCSW, in terms of retention we are looking at a piece of work around an educational CPD programme for Registered nurses to build on the preceptorship programme, and we also have the 19 newly registered nurses coming from Keele University whom have been offered posts within the Trust.

In terms of the month of April – challenges were faced in filling both Registered Nurse and HCSW due to acuity especially on Assessment and Treatment. For the first time we have information regarding leavers, , 7 Registered Nurses have left the Trust 5.3wte of which 0.4 were from inpatient the other leavers were from the community including retirement and moving around the organisation, this area will be strengthened within the report to understand where people are going.

Russell Andrews asked if there was any cycle through year on fill rate, there appear to be dips at the same time of the year, there is definitely a dip in March, Dec and Aug/Sept, agency figures also increase in same correspondence.

Maria advised that she and Lorraine Hooper are looking at trends over the years. Russell commented that it was about being prepared for busy periods, Maria highlighted that annual leave is not the only trigger but also opening other services e.g. PICU, there are higher challenges in March due to annual leave, we need to support our ward managers about being stricter when it comes to annual leave and balancing throughout the year to avoid peaks and troughs the new Statistical Processing Charts (SPC) will help with this.

Patrick Sullivan referred to the comment within the report relating to staff leaving for better remuneration packages and whether this was this due to staff leaving to go to the private sector. Maria advised we are now conducting leaving interviews to track reasons for leaving, there have been a couple of occasions where staff have gone to the private sector, but we are not aware of anywhere being more competitive than the NHS in fact our HCSW's are paid a Band 3 as opposed to a Band 2 in the south of the county.

Maria provided a presentation around the recommendations approved within the last annual report. Previously we have looked

at work around the mixed shift pattern and subsequent realignment of budgets; all wards have the 2017 recommended safer staffing rostered uplift in their establishments. The Trust has recruited 26 newly qualified registered nurses, continued to improve the preceptorship programme, implemented SafeCare to compliment the e-Rostering system which helps to inform the safer staffing report. The Trust has received an outstanding rating from the CQC, supported Registered Nurses to access a variety of degree and master lever modules, introduced in service CPD and the wards have engaged in quality improvement programmes

With regards to challenges the overall fill rate had a decreasing trend line, developments such as Ward 4 and PICU had an impact on the fill rate and Registered Nurse demand, 9 out of the 13 wards have had new managers, there is development work being carried out with these as they are relatively new.

There are 25 recommendations from this report covering workforce development, practice and leadership. In terms of the establishment, shortfalls were identified at Dragon Square and Ward 6, we have been tracking the demand in terms of acuity and occupancy within Ward 6 which is significantly high and is causing a cost pressure, we are looking into this. In terms of Dragon Square, we have changed focus of what we deliver to comply with Ofsted requirements.

We are recommending that the Ward 6 operational policy is reviewed to clarify the admission criteria and to reflect the complexity, acuity and dependency and what we are able to provide within the block contract and work with Finance to identify the budget pressures and provide solutions.

The next review will be for the period January 2019 to June 2019.

Joan Walley asked if the recommendations in the report had been costed and whether there were any changes with commissioners practice and if we agree all these recommendations how are we going to close the gap.

Jonathan advised in relation to Ward 6, we are assured on a daily basis that the staffing levels are safe and we are staffing for the right level of acuity. Putting another 4.7wte Band 3's in place is a further £200K of funding therefore we cannot in the current financial climate action this without receiving funding through the Commissioners. We need to be very clear that this goes into next year's contracting round, it needs to be balanced with what the ward is commissioned to do, the level of acuity and the number of beds that are commissioned and if we are required to deliver the higher level of acuity then there will be a cost to this and this needs to form part of our commissioning negotiations for next year.

	Lorraine Hooper advised that Finance are working with the Safer Staffing Team on all the recommendations, unpicking them and conversations are being undertaken as to how we can facilitate them. Patrick Sullivan asked if there was an issue due to the nature of Ward 6 around placements, acuity and people with long term behavioural problems. Are commissioners and the local authority funding?. Dr Adeyemo responded that in terms of delayed transfer of care the CCGs have improved their communication and the principle has been agreed whereby they are not going to impact on patients care and have agreed a 50/50 split to be reviewed at a later date. Patrick Sullivan commented on the significant turnover of ward managers in a very short period of time. Maria responded that some of the turnover was due to retirement, maternity leave, some staff have moved on and there has been movement within the Trust. Tony Gadsby and Maria recently carried out an unannounced inspection of Ward 7 and heard about the work the 3 ward managers are undertaking together. It is challenging in terms of experience and there are a lot of new managers on the wards so we are carrying out work with managers and deputy ward managers in terms of leadership, preceptorship and CPD. Patrick commented that due to the inexperience there are some challenges with rosters and asked if the inexperienced ward managers are able to manage the roster as well as an experienced manager. Maria responded that inexperience wasn't an issue with rostering, managing the rosters was something that needed to improve more widely and it was an issue to do with managerial practice and the allocation of annual leave over a 12 month period. Dr Adeyemo advised that there was work being undertaken in relation to a review of the fixed annual leave start date of April and there is also a review taking place in relation to the shift patterns introduced last year. David Rogers queried how the Board will monitor the recommendations within the monthly and annual report. Maria advised that the Safer Staffing Group meet bi-monthly and they take forward any actions agreed at Trust Board and actions taken forward with the managers task and finish group, they will come together in the following 6 monthly report. David asked for a continual rolling forward of the recommendations. ***Approved / Received***	
152/2019	**QUALITY ACCOUNT** Dr Buki Adeyemo, Executive Medical Director presented the report.	

	By the 30th June 2019, all organisations are required to develop and publish a Quality Account (QA). The Quality Account is an annual report to the public in which it provides information about the quality of services delivered, particularly what an organisation is doing well, where the improvements in the quality of services are required, the priorities for improvements in the coming year and how the Trust has involved service users, staff and others in determining priorities for improvement. In accordance with the agreed Quality Account project plan, the Quality Account has been shared with key stakeholders and their feedback has influenced the content and design of the document. The Quality Committee has delegated responsibility from the Trust Board to ensure that the Trust meets its statutory obligations for publishing its QA by the 30th June 2019. The Quality Committee approved a draft of the document on the 12th June 2019. Joe McCrea commented that the core content on the report had not changed and that it was only the layout/design that was different. Dr Adeyemo advised there is some tidying up to be done in particular in relation to a statement from the auditors, and by bringing to the Board it will allow the auditors to give a final statement to allow the report to go the printers for publication by the 30th June 2019. ***Approved / Received***	
153/2019	**SERIOUS INCIDENTS ANNUAL REPORT** Dr Buki Adeyemo, Executive Medical Director presented the report. The report provided an overview and analysis of all Serious Incidents that have been reported and investigated by the Trust during the timeframe April 2018 to March 2019. In 2018/19, a total of 114 incidents were reported onto the national database StEIS (Strategic Executive Information System). However after discussions with our commissioners, 9 incidents were downgraded: 8 of the SIs were downgraded due to being natural cause deaths and therefore investigated as part of the Trust mortality surveillance process and 1 incident was downgraded as the death occurred as a non- mental health related accident. The reporting period 2018/19 shows an increase of 31% in SIs in comparison to 2017/18. Quarter 4 showed the biggest increase in SIs reported with an increase of 37% on quarter 4 in 2017/18. During 2018/19 there were 74 deaths reported in the primary category of unexpected/potentially avoidable death. In comparison,	

there were 49 deaths reported in the category in 2017/18. This is an increase of 38% within this reporting timeframe. The incidents of unexpected/potentially avoidable death are then divided into two further subcategories of which there were 46 deaths in the subcategory of 'pending review' and 28 deaths in the subcategory 'apparent/ actual/ self-inflicted harm meeting SI criteria'.

The number of serious incidents as result of patient slip, trips and falls reduced by 29% in 2018/19. As in previous reports, the majority of falls were reported from the Older Person's wards. Ward 4 remains the ward with the highest number of falls with the most significant harm (6 fractures). The continued implementation of falls reduction quality improvement (QI) initiatives have resulted in an overall reduction of falls on Ward 4 and across other wards.

The category of apparent/actual abuse was used by the Trust for the first time in 2017/18, when 5 incidents were reported under this category. This category was used to record instances where the Mental Health Act process was incorrectly implemented resulting in a person being illegally detained in hospital. There has been an improvement in 2018/19 with a reduction to 2 incidents in this category, which also related to admissions involving the Mental Health Act. The incidents related to LD in-patient services.

In total there were 13 SI incidents involving clients from Stoke Community Drug and Alcohol services (CDAS). This is composed of 11 deaths reported by CDAS and 2 incidents which were jointly owned by mental health and substance misuse services. This is an increase on the previous reporting period but a comparison of the number of incidents reported is not possible as the previously reported figure was not a full year figure as this service did not commence until June 2017.

There were 25 incidents related to clients known to the Staffordshire One Recovery Service. This includes one incident jointly owned with mental health services. There were 13 deaths reported in 2016/17 and 14 deaths reported in 2017/18. Therefore this is a 40% increase on the number of incidents reported in the previous years.

Russell Andrews stated that he found it hard to calibrate the level of concern, was there a level of concern and should we be worried? Tony Gadsby questioned the rate of SI's and the fact that the increase was driven by the number of substance misuse deaths and was there any correlation in the number of people coming to our substance misuse services or was this disproportionate. Dr Adeyemo responded that within the last 6 months since acquiring Stoke vs Staffordshire there was an increase and through Quality Committee there was a request for a review, to check if it was related to the increase in services and at that time it was, however since that time the increase we are seeing relates to the time we

had the cuts in the substance misuse budget and we need to get all the partners on board, Stoke Local Authority, CCG and NSCHT.

Patrick Sullivan highlighted the numbers are fairly substantial and a huge percentage increase and he had concerns that there is a danger that we categorise patients that have died having substance misuse or mental health problems and we see them as separate problem when in fact some of these patients are open to both services and we need to be clear what significance this has.

Patrick also referred to the number of patients illegally detained and there should be zero tolerance around this as it is an illegal imprisonment and the increase in figures is a worry but there is no evidence of anything we are not doing that could be causing this.

Dr Adeyemo advised that she did not disagree with the zero tolerance and it is frustrating to have these repeated issues and that they needed to be dealt with through the performance route. With regards to substance misuse, dual diagnosis is included in the review and hopefully this will provide a more robust review. In comparison to nationally, we have fewer and fewer substance misuse led services and she was not sure whether we are reporting deaths as we should be and whether the figures are hidden nationally. Patrick agreed that some Trusts are reluctant to publish nationally. Maria commented that in terms of process and the quality of our investigations, the CQC carried out a piece of work looking at SI deaths and they reported that they were assured our processes were good.

David Rogers highlighted there has been a serious increase of incidents most in relation to substance misuse. We know that there have been significant cut backs to our services and it is right that we promote a fuller investigation across the whole patch of the incidents of the impact of lesser funding and therefore lesser services. Joan Walley agreed and suggested a partnership approach with the new coroner which may prove helpful.

Peter Axon noted that suicide had increased in relation to substance misuse and added that the Trust is doing the right thing, we bid and won the substance misuse contract and therefore chose to continue with this service at the revised specification therefore we are a significant part of this and need to be reflective of our role. Joe McCrea asked that the Board be mindful of data being made public and misinterpreted. Dr Adeyemo reported that only the coroner can grant a state of suicide and what is reported is substance misuse related deaths not suicide, there has been an increase in deaths but we need to take away any reference to suicide.

David Rogers commented that we had signed up to the suicide charter and we need to honour our obligations.

	Received	
154/2019	**MORTALITY SURVEILLANCE REPORT**	
	Dr Buki Adeyemo, Executive Medical Director presented the report.	
	In May 2019, 2 papers were published outlining the latest update of the LeDeR programme. The University of Bristol published the third annual Learning Disability Mortality Review report and NHS England and NHS Improvement published LeDeR: Action from Learning. The report provided an overview of the published updates and a Trust position statement.	
	Since the introduction of the LeDeR programme, the Trust has reported the deaths of 17 people with learning disabilities. However the allocation of reviewers has proved problematic for the system, with a lack of trained reviewers being available to complete the reviews. The reasons given for this are that reviewers are not given sufficient time away from their other responsibilities to be able to complete reviews, and that the process is not formally mandated. The Midlands and East region has the highest proportion of deaths reported that were still waiting allocation to a reviewer (49%). Therefore although the Trust has a number of LeDeR trained reviewers, there have only been two reviews completed for people known to the Trust due to the lack of available reviewers across the region. One report indicated that the standard of care was good and that there was no learning for the Trust and the other report was stopped at the initial review stage after it was determined that there was no value in continuing into the Multi-Agency Learning Review stage.	
	There have been 7 reviews requested and 3 completed to date. In each case reviewed, the mortality surveillance group judged the care to have been of a good standard, the predominant area of care related to the person's physical health and of the 3 completed reviews, the deaths were determined to be Expected and Natural deaths.	
	There has been a report received from the learning disability mortality review looking into deaths for learning disability. Bristol have been commissioned to do this nationally, as a Trust we have not received a review therefore we have decided to carry out our own initial review for our own assurance.	
	The concerning factor that the Panorama exposure found was the indiscriminate use of DNARs for people with a learning disability without any justification for it and when learning disability patients attend an acute Trust they are not afforded the support they require	
	Jonathan O'Brien commented that he was surprised by the number	

	of DNAR's and queried if this is illegal, Maria responded that there was still discrimination against people with learning disabilities and we have decided to carry out our own review as we are not getting the learning from the national reviews. ***Received***	
155/2019	**ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 1** Lorraine Hooper, Executive Director of Finance, Performance and Estates highlighted the following: In Month 1 there is 1 target related metric rated as Red, all other indicators are within expected tolerances. Agency Spend: 2.0% at M01 from 0.0% at M12 Agency spend has triggered an exception report and is predominately over the ceiling due to medical locums in Primary Care agency being higher than the approved increase in the ceiling. It is expected that recruitment will see an improvement in this and a decrease over the coming months. ***Received***	
156/2019	**MONTH 1 FINANCE REPORT** Lorraine Hooper, Executive Director of Finance, Performance and Estates presented the report. The Trust Board are asked to: Note: The reported year to date deficit of £305k against a planned deficit of £293k. This is an adverse variance to plan of £12k. The deficit was mainly due to the Agenda for Change pay scale arrangements as those staff on the top of their bands received a one off payment in Month 1 as part of the agreed deal. The M1 CIP achievement of £0k; an adverse variance of £158k to plan. We have identified £2.3m in this financial year but only £1.6m on a recurrent basis therefore a £950k recurrent gap. Jonathan O'Brien and Lorraine are working on how to close this gap. Jonathan is also working on the sprints on the Mental Health workstream and needs to deliver £1m this year. The cash position of the Trust as at 30th April 2019 with a balance of £10,216k; £1,224k better than plan.	

	Total Agency expenditure of £219k against the agency cap of £205k; an adverse variance of £14k to plan	
	Capital expenditure at £92k compared to planned capital expenditure of £179k. The national capital plan is over committed against the amount of money affordable and unofficially we are expecting to be advised that the capital plans may be reduced by up to 25% so we are working on what the prioritisation of our capital plan is.	
	Our cash balance is £1m ahead of plan but this just reflects the timing on some of our debtors	
	David Rogers highlighted that there was no cause for concern but we need to monitor our CIP.	
	Received	
157/2019	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & ESTATES COMMITTEE** Tony Gadsby, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 17th June 2019; highlighting the following: **National Capital Funding** Finance will update the Board in relation to the possible reduction in the National Capital funding once a decision has been agreed with a revised capital plan and advise accordingly. **Cost Improvement Programme (CIP)** This has been split into 2 parts, STP CIP £1m, there is a high level of assurance that this will be delivered. Trust CIP we are forecasting a deficit and therefore from next month we will start a deep dive on a monthly into each directorate plan with a different directorate being invited to attend F&P each month to assurance and a timetable has been based on those with the greatest shortfall being seen first **Agency Report** There are some issues spend within Primary Care which is showing a deficit, if we do hit an overall deficit over the year we will not be able to achieve level one across the Trust so it is important that we get a grip on this and Primary Care is the area for concern **Performance Report** The committee noted that the 3 exceptions all related to workforce supply shortages, which is consistent with the national picture and were concerned that the level of vacancies after known	

	recruitment activity has increased compared to 2018/19.

Reference Costs 2018/19 Pre Submission:
The Committee reviewed the process around preparation of reference cost return and were assured that the systems and controls are in place and in line with the costing standards.

The Committee were concerned around the level of cluster 99 activity, which was 43% for 2018/19 and noted that the Trust relative costing index (RCI) may be materially impacted as a result. The Committee requested a Trust wide review of cluster compliance to ensure that the activity data is accurate for the 2019/20 cost collection exercise.

Received | |
| **158/2019** | **ASSURANCE REPORT FOR AUDIT COMMITTEE**

Tony Gadsby, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 24th May 2019; highlighting the following:

Going Concern Assessment
The Committee received the Going Concern Assessment, which is an annual requirement. The Committee noted one area of concern with regard to the Contract which is currently not signed but noted there was a clear agreement in place.

Understanding Management Processes and Arrangements
The Committee received the 'Letter of Understanding of Management Processes and Arrangements' that was submitted to External Audit who confirmed that that they were happy with the response therefore this is now closed off.

Annual Governance Statement
The Committee approved the Annual Governance Statement

Year End Local Counter Fraud Report
The Committee noted that there had been some areas of improvement identified but discussed that the Fraud Training during the Induction Day was minimal and asked for consideration to be given with regard to a more detailed module being offered. Lorraine has met with KPMG and we have raised these issues with them in relation to strengthening the fraud training. Also during the meeting with KPMG the Trust raised the issue of response times in terms of audit recommendations as it had been identified that the Trust could not technically achieve the dates, KPMG will resolve these issues with us

2018/19 Internal Audit Annual Report
The Committee received the Internal Audit Annual Report which | |

	encompasses the Internal Audit Opinion to be approved by the Committee. The report described the work completed by KPMG including 9 Internal Reviews. L Hooper reported the overall opinion is 'significant assurance with minor improvement.' **2018/19 External Audit Opinion and ISA 260 Report** Audit Differences - Two amendments were identified; one regarding the impact on classification issues. The other regarding the Trust receiving an updated valuation report. Financial Resilience was reported as good for 2018/19 cost improvement. **2018/19 Annual Report and Assurance** The Committee approved the 2018/19 Annual Reports and Accounts. The committee noted the document was very refreshing and accessible and that limited copies should be printed to reduce physical production. **Freedom of Information Quarterly Report** The Committee received the Q4 report and reported there had been a significant increase in FOI's during 2018/19 with the highest themes relating to digital, procurement and structures; the structures relating to the new Directorate configuration. There had been a reduction within the number of breaches recorded and no exemptions applied in Quarter 4. **Risk Management Policy** The Committee chair was requested to take Chair's Action to extend this policy until September 2019. This was approved. David Rogers updated the Board on the replacement of the Head of the Audit Committee, although we had been unsuccessful in appointing a new Non-Executive Director at interview we would be continuing to pursue recruitment, David thanked Tony Gadsby for holding the position in the meantime. *Ratified / Received*	
159/2019	**ASSURANCE REPORT FROM THE PRIMARY CARE COMMITTEE** Tony Gadsby, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 20th June 2019; highlighting the following: **Clinical Model** An increase of 44% in consultations when comparing the same two time periods 12 months apart – this is part of a sustained pattern of increased appointment time although the Committee noted this needed to be sited in the context of a developmental performance framework	

The practice is continuing to increase Allied Health Professional capacity responding to urgent, same-day appointments so that GPs can spend more time on complex patients who benefit from continuity of care. The model appears to be working but it is very early days.

It was confirmed that Dr Summers from the Potteries Medical Centre will be the Clinical Director for the Hanley PCN of which Moorcroft is part. The Director of Partnerships and Strategy (DoPS) is in the process of drawing up the service specification which will articulate the PCN support provided by North Staffordshire Combined Healthcare.

The Committee received an update on an exploratory discussion to introduce digital technology to improve the process for coordinating and reviewing patient blood tests who have multiple conditions, these tests are currently recorded in a hard copy book, hopefully this will result in the patients having fewer visits. These conversations are at a very early stage and more detail will be provided in subsequent reports.

Workforce
The concerns we have are that there was an expectation that the Allied Health Professionals would all be in place by April and that we wouldn't be using locums into this financial year, there is an ambition to end the use of locums by the end of September as this is having a negative impact on the finances and this will have a potential impact on our ability to hit our level one rating in terms of the Trust and as a Board we need to monitor this.

Finance
A complete review of the finances will be taking place to be able to advise the Board of any risks in terms of finances

Performance
A QoF/QiF 'Deep Dive' will be taking place at the next meeting in July which will provide background information on the design and operation of these schemes

On a positive note the DNA rates for nurse appointments have reduced from 17% to 14% although GP DNA rates increased from 6% to 8% - the practice is actively reviewing their approach to recording & reporting DNA rates

Primary Care Task & Finish Group
Recruitment is ongoing as per the business plan through the Trust process

Risk
A new risk re financial performance has been added. No other changes were proposed

	In September there will be a complete review of Primary Care and its relevance in the health economy. *Received*	
160/2019	**ASSURANCE REPORT FROM THE BUSINESS DEVELOPMENT COMMITTEE** Joan Walley, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 6th June 2019. **Director of Partnerships & Strategy Update** Joan gave an update of the partnerships and strategy work that that is being undertaken and highlighted the importance of focussing on a partnership approach and following on from the conference she attended on social commissioning it is important to grasp the cross cutting approach and different levels of partnership working. Joan recently chaired a panel at a Keele University event run by the Institute of Inequality and highlighted the importance of linking into the Keele Medical School. **Business Developments** In relation to the Drug and Alcohol services the Board has discussed earlier in the meeting the reduced service provision in Stoke on Trent and the importance of .keeping a close watch on the changes coming forward and making the case for investment. **Progress with North Staffordshire and Stoke-on-Trent Alliance** This is being supported by a series of workshops coordinated by PWC who have been contracted nationally to provide an Integrated Care System (ICS) development support to emergent ICS's. Joan commented that she found it very difficult with all the changes that were coming in with the PWC and the Sustainability Transformation Programme (STP) to see how it all kept moving forwards. **Local Authority Financial Plans 2019/20** We are fortunate to have the details of the reduction in the local authority budgets coming through from central government. Joan apologised that the report needed to be corrected, and that there was a concern relating to Stoke on Trent City Council and that central government have appointed a new commissioner to investigate children's services and that we need to get an urgent meeting with the children's commissioner as there is a real concern that if the children's commissioner is going to be reporting back to central government there may be implications for children's services and in terms of the NHS, recommendations that are submitted should be making sure we are protecting the commissioning of children's services.	

	Patrick Sullivan queried why we had not submitted a bid for the Children's Wellbeing Services tender, Chris Bird responded that this was not financially viable, there is an incumbent voluntary sector provider which is North Staffs Mind and Changes, an evaluation was taken through Execs and we will work collaboratively to submit their bid. ***Received***	
161/2019	**HIGH POTENTIAL SCHEME BRIEFING** Linda Holland, Director of Workforce, Organisational Development and Inclusion presented the report. The paper provided an overview of the High Potential Scheme. Staffordshire and Stoke-on-Trent STP are leading on the first national pilot for the scheme in partnership with the National Leadership Academy. The Trusts implementation commenced in April 2019. The scheme will identify, develop and support a diverse cohort of aspiring senior leaders. The Trust has been successful in winning their bid and the programme will now sit within the STP Organisational Development and System Leadership Workstream. We will be part of wave 1 which will be launching at the end of the month and will look at the lack of pipeline into senior leadership positions and will focus on Band 8a's and 8c's. This is a high priority scheme and has high level engagement. The first steering group has taken place for HR practitioners across the patch, a soft launch to Chief Executives will take place in July, there will be assessments throughout August and September and the launch event will take place in January 2020. For us this is a fantastic opportunity and we should champion and advocate. Tony Gadsby queried potentially how many Band 8a's and 8c's this would apply to. Linda responded that there would be 20 in the first year and 20 in the second year with a rollout of 2000 places per year which is bigger than the graduate scheme. The cohort would be selected by staff applying for sponsorship via their organisations and that assessors trained by the National Leadership Academy would be on the selection panel. David Rogers took the opportunity to comment on the recent Staffordshire and Stoke BAME Conference and Stepping Up Alumni that he attended which he described as spectacular and said he had been very moved. Linda advised that the Trust had been invited to attend the next Together We're Better Board with the Stepping Up Cohort on 11th July.	

	Received	
162/2019	**TOGETHER WE ARE BETTER – MAY 2019 UPDATE** Peter Axon, Chief Executive circulated the report for information only.	
163/2019	**Any Other Business** No further business for discussion.	
164/2019	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 25th July 2019 at 10.00am, in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH	
165/2019	***** **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 13:27pm

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	23-May-19	120/19	**Nurse Staffing Monthly Report (March 2019) -** Jenny Harvey noted the problems in March which so many Trust's experience due to annual leave and suggested changing when annual leave commences through the year. This is something the Trust will consider. Linda will look into whether this will raise any financial issues. **27.06.19** - A position statement will be availabe for the July Trust Board.	Linda Holland	26-Sept-19	Delegated responsibility to People, Culture and Development Committee for discussion and recommendation at September meeting
2	27-Jun-19	148/2019	**Service User Carer Council** Under this section Joan Walley queried how a diagnosis can be reversed if a patient feels it no longer exists. Dr Adeyemo gave assurance that there are options to ask for a second opinion or even a third opinion. It depends on what the situation is and the individual. Dr Adeyemo will provide a briefing for Joan Walley.	Dr Adeyemo	25-Jul-19	Actioned. Separate discussion held outside of the Board meeting.

REPORT TO TRUST BOARD

Enclosure No: 4

Date of Meeting:	25th July 2019		
Title of Report:	CEO Board Report		
Presented by:	Dr Buki Adeyemo Acting Chief Executive		
Author:	Peter Axon, Chief Executive		
Executive Lead Name:	Peter Axon, Chief Executive	Approved by Exec	☒

Executive Summary:		Purpose of 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		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 ☐ • Business Development Committee ☐ • Primary Care Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	None		
Resource Implications: Funding Source:	None		
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:	Includes local system update		
Recommendations:	To receive for information		
Version	Name/group	Date issued	
1.0	Peter Axon		

Chief Executive's Report to the Trust Board
25th July 2019

PURPOSE OF THE REPORT

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

It is just over 100 days since I joined the Trust as Chief Executive (116 on 25th July to be precise) and the period since then has seen us take significant steps forward as we continue without let-up the improvement journey Combined has been on.

1. CELEBRATING OUR STAFF

This year's REACH Awards were a real highlight of the past month and were a very special occasion. As I said in my opening remarks at the event, deciding the Highly Commended and Overall Winners was a difficult but delightful challenge staff gave us.

We had twelve categories this year and a record number of nominations – over 330 for the first time, showing that in record numbers staff really want to recognise their colleagues' efforts. That's one of the signs of an Outstanding Organisation - the degree to which the family that make up its staff and service user community want to praise and support each other.

We were delighted to welcome the Shadow Secretary of State for Health and Social Care, Jon Ashworth MP to deliver a keynote speech, as well as Liz Ellis from BBC Radio Stoke.

I know the whole Board will wish to officially recognise and congratulate the winners and those who were highly commended, who are listed below:

Award	Winner	Highly Commended
Diversity and Inclusion	Step On Vocational Service	Lesley Faux and Tanisha Simpson Tehsien Zaheer
Leading with Compassion	Leah Benson	Wendy Thorley Richard Bagnall Sandra Storey
Partnership	LAC CAMHS Team	Primary Care Team – Moorcroft and Mass Green Surgeries Dean Burgess and Andy Bough Awake Craniotomy Service
Research and Development	DBT Team	Felicity Watkin and Phil Emery Practice Education Team
Rising Star	Joanne Willis	Amy Davidson Fiona Campbell
Unsung Hero	Steve Jones	Sarah Tombs

		Corrina Bentley Adam Chambers
Proud to CARE	Carole Rowley	Beth Condliffe Brenda Pennington
Valuemaker	Dave Norcup	
Volunteer / Service User Representative of the Year	Craig Boulding	Linda Anderson Russell Barratt Tom Wilson
Service User and Carer Council	Wendy Dutton Marie Barnett	
Team of the Year	Nurse Prescribers (ADHD CAMHS Team)	Mental Health Liaison Team Family Group Ward 4
Chairman's Award		

Success, of course, can also lead to challenges – and one of the biggest but nicest headaches for our Communications Team organising the event was the sheer numbers of staff wishing to attend. It was simply impossible to have enough places available for all members of every Team to attend in person on the night, so we put in place arrangements to be as fair as possible and to ensure that as many staff as possible could be part of the celebration. To that end:

- We asked all nominated teams to select a maximum of two people to represent them physically at the event itself

- We livecast the whole event in a live stream available on our Facebook Page from 7pm on the evening; this was one of the most popular Facebook posts of the year

- We have created a playlist of films of each Award being announced and presented - as well as what nominators said about each Highly Commended and Overall Winner - on our YouTube channel at https://www.youtube.com/playlist?list=PLuLnRckD7bTfxZcs4lfpc3nhF6CbWWB5j These were viewed over 500 times in the first 2 weeks after the REACH Awards and have also been shared via our Twitter, Facebook and LinkedIn accounts

I truly appreciate how difficult it can be for Team Managers to have to decide who should attend. So I have also made a commitment that I will personally come to visit any Team who made the Team of the Year Awards shortlist, who I have not yet had the chance to visit. I also will be coming to visit the overall winners and highly commended teams for a photocall with their certificates and trophies.

We will also be conducting a venue search for potential larger venues for REACH 2020, to see if we can identify other options that provide additional space without compromising on the quality of the event itself and respecting the need to not deflect funding away from front line services.

2. LOCAL SYSTEM UPDATE

My last CEO Board update contained a detailed description of the challenges and opportunities facing the Staffordshire and Stoke-on-Trent system, as well as my perspective on how we can meet them. We continue to constructively work these through with colleagues across our local and regional health and care system and I will update the Board with any strategic issues as they arise.

We have been continuing to promote the overall STP public conversation, which continues until midnight on 25 August. Our Associate Director of Communications is part of the Together We're Better STP Communications and Engagement Task and Finish Group, which oversees arrangements for publicising the public conversation. Individual work streams have all been involved in drawing up the documents supporting the listening exercise, which make clear that this is the pre-consultation period, rather than the formal statutory consultation and that no specific proposals have yet been developed.

We have been promoting the exercise in the following ways

- News items and digital documentation made available for download on our public website and CAT Intranet

- Items in our main e-mail digital outputs - (Newsround, CEO Blog)

- Main agenda item at our Leadership Academy

- Tweets, Facebook posts and item on our LinkedIN page, including retweets of core TWB social media outputs

- Continuing use of the social media toolkits made available to the Comms Team by the central TWB Comms Team

- Publicising TWB engagement events, roadshows and survey opportunities

- Making hard copies of the listening exercise documentation available in receptions and coffee across our locations

More information on the public conversation can be found via the STP website - www.twbstaffsandstoke.org.uk/get-involved/health-and-care

I have also been continuing my programme of 'meet and greets' with local stakeholders and partners, which this month has included Martin Tideswell, Editor in Chief of the Stoke Sentinel; Simmy Akhtar, Chief Officer of Healthwatch Stoke on Trent and Trevor Macmillan, Vice Chancellor of Keele University. All were productive discussions and agreed a variety of things that will continue to positively grow our relationships across the system.

3. CONTINUING TO BUILD DELIVERY OF OUR INCLUSION AGENDA

We continue to build delivery of our Inclusion Agenda. It was a pleasure and privilege to welcome Professor Mala Rao to the Trust to lead a session of the Leadership Academy, where our senior management team were able to spend some quality time discussing the issues we face in becoming a truly inclusive employer and identify specific pledges we could make at an operational level to make it a reality.

I also had my second reverse mentoring session with my mentor which continues to be both informative and illuminating.

4. OUR AWARDS SUCCESS CONTINUES

One of the real pleasures of each month's CEO Board Report is that this topic appears to present as a standing item virtually every month. I am delighted, once again, to have the chance to celebrate continuing Awards success.

Congratulations to our Care Home Liaison Team in being Highly Commended in the national Older People's Mental Health and Dementia Awards.

5. APPOINTMENTS TO OUR EXECUTIVE AND LEADERSHIP TEAM

We continue to make appointments to our Executive and Leadership Team.

We are delighted to announce the appointment of Shajeda Ahmed as our new Director of Workforce, Organisational Development and Inclusion. Shajeda will be joining us in October from her role as Associate Director of Workforce & Organisational Development at Coventry & Warwickshire Partnership NHS Trust. She is an experienced HR professional with a genuine passion for driving forward cultural change, leadership development and workforce sustainability through harnessing the talents of the workforce. Her expert knowledge around diversity and inclusion, organisational development and transformation is combined with her deeper understanding of how to set a clear strategy toward achieving equality for both workforce and patients.

We are also delighted to announce the appointment of Tosca Fairchild as the new Assistant Chief Executive Officer at Combined. Tosca has a wealth of senior experience in corporate affairs, corporate governance, clinical governance, compliance, risk management, legal services and communications. She will be joining us on 4th November from her role as Director of Governance & Communications at University Hospitals of Derby & Burton NHS Foundation Trust. She previously has held roles at Burton Hospitals NHS Foundation Trust, Royal Derby Hospital, Worcestershire Acute Hospitals Foundation Trust and Barking and Dagenham Primary Care Trust.

Liz Mellor has been successfully appointed as the Deputy Director of Operations. Liz joins us on the 9th September 2019 from her role as Senior Commissioners at Staffordshire County Council.

And we are delighted to welcome back to the Trust, Dr Matt Johnson as Head of Psychology. Matt first joined the Trust in 1996 as an honorary Assistant Psychologist working with older adults and completed his older adults, child and specialist family therapy placements whilst he was training from 2001-4. He took his first job as a clinical psychologist in the CAMHS Learning Disabilities (LD) Team on qualifying in 2004 and worked in the CAMHS LD Team for 10 years, holding a number of roles including Quality and Governance Lead, Clinical Lead, Service Line Manager and Team Leader. He moved to our Learning Disabilities directorate in 2015 and took on a joint role as Clinical Director of Children and Young People's services, where he did a superb job before taking up an opportunity to join the senior team at Keele University. My one to one chat with Matt earlier in the month reminded me of what an important role professional heads have within the Trust and healthcare more generally.

6. FAREWELL TO MARIA NELLIGAN

Of course, new faces joining Combined mean inevitably that we have to say some goodbyes as well. In this regard, it is with sadness but gratitude that we say farewell to Maria Nelligan, who has served us well as our Executive Director of Nursing and Quality since 2015. As our lead member of the Executive Team liaising with the Care Quality Commission, she can take particular pride and no little credit in the Trust achieving its

Outstanding rating in 2019. She has also been relentless in raising the profile and recognition of our nursing staff and our Allied Health Professionals

Maria's championing of the voice of service users at Combined Healthcare has been a particular success and something I know she feels passionately about. So it was entirely fitting – and no surprise – the Service User and Carer Council chose the REACH Awards to present Maria with a Special Recognition Award for all of her hard work and dedication in this area. She leaves with at the end of August our very best wishes and thanks.

REPORT TO: TRUST BOARD

Enclosure No:5

Date of Meeting:	25th July 2019		
Title of Report:	Service User & Carer Council Report		
Presented by:	Maria Nelligan, Executive Director of Nursing in the absence of Wendy Dutton, Chair and Sue Tams, Vice Chair (Service User Carer Council)		
Author:	Wendy Dutton (Chair) and Sue Tams (Vice Chair) Service User & Carer Council		
Executive Lead Name:	Maria Nelligan, 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 & Performance Committee ☐ - Audit Committee ☐ - People & Culture Development Committee ☒ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Digital by Choice Board ☐		
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	

Report for Trust Board Thursday July 25<u>th</u> 2019

Update Service User and Carer Council Report

Wendy Dutton; Chair of the Council sends her apologies for the Trust Board as unfortunately she has been unwell. It is good to be able to share that she on her way to recovery. Sue Tams as Vice Chair will be the main point of direct contact for any trust SUCC business until September. Wendy will keep in touch with the Patient Experience Facilitator (Veronica Emlyn).

Many apologies were received for council meeting 26<u>th</u> June and after discussion the decision was taken to cancel it.

Highlight of the last month for SUCC has been the REACH awards. Both as part of the shortlisting and also the final choice of the awards panels. Several members were able to attend the event and take an active role, both in the announcement and presentation of the SUCC Award as well as other aspects of the evening. This opportunity is appreciated by all members and they are proud to be involved on an equal basis with staff.

Interview panels

There has been a member from the council on interview panels for a wide variety of roles with in the trust. This includes, in the last two weeks, three senior roles. It is felt a really important role to represent service user and carers' perspectives at interviews for all levels of trust roles.

The Service User and Carer Council expressed their sadness at the Director of Nursing leaving and thanked her at their last meeting for all the work she has done in supporting the Council, alongside, ensuring movement on concerns raised on behalf of service users and carers, they wished her well in her future role.

REPORT TO OPEN TRUST BOARD

Enclosure No: 6

Date of Meeting:	25th July 2019		
Title of Report:	May 2019 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during May 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during May 2019 was 81% for registered staff and 99% for care staff on day shifts and 76% and 107% respectively on night shifts. Overall a 92% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☒ Date: 9th July 2019 / 16TH July 2019	Document Version No.	V1
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that 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		
Version	Name/group	Date issued	
	Execs	9th July 2019	
	Quality Committee	11th July 2019	
	SLT	16th July 2019	
	Trust Board	25th July 2019	

1

1   Introduction

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

2   Background

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

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2017 was presented to April 2018 Board and the recommendations agreed. Additionally a mid-year review was reported to Board in November 2018. A further comprehensive annual report will be received Recommendations relating to Safer Staffing Reviews are progressed and monitored through the Safer Staffing Group.

3   Trust Performance

During May 2019 the Trust achieved a staffing fill rate of 81% for registered staff and 99% for care staff on day shifts and 76% and 107% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 92% was achieved. This has decreased from an overall fill-rate of 94% in April 2019.

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

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis; the plan sets out the actions and recommendations from staffing reviews. The current Safer Staffing Action Plan is attached an appendix to this report.

4   Care Hours per Patient Day (CHPPD)

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

5   Impact

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

5.1 Impact on Patient Safety

There were nine incidents reported of a reduction in ward nurse staffing levels during May 2019. Four incidents were reported for Ward 2 and were due to increased patient acuity and staff sickness; two incidents were reported for PICU and were due to support being provided to other areas; one incident was for Ward 1 due to patient acuity; there were two incidents for Assessment and Treatment due to patient acuity and short-notice cancellation of shifts.

None of the above occurrences resulted in a patient safety incident.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During May 2019 there were five occasions when patient activities had to be cancelled as a result of staffing shortfalls. Three of these cancellations occurred at Ward 4 and two at the Darwin Centre, of which one was successfully rescheduled. In total this resulted in 5 hours when patient activity could not be rescheduled.

5.3 Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during May 2019:

- 148 staff breaks were cancelled (equivalent to approximately 3% of breaks). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There were 7 occasions reported during May when staff supervision sessions had to be cancelled to support safe staffing levels.

- There were 4 staff Personal Development Reviews (PDR) and 2 mandatory training sessions cancelled to support safe staffing levels.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. There were also a total of 454 RN shifts that were covered by HCSW's where RN temporary staffing was unavailable. A total of 160 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 24 occasions (28 hours in total) when additional support was provided by members of the multi-disciplinary team and 43 occasions (totalling 36.50 hours) when staff worked additional unplanned hours to maintain safe staffing levels.

5.5 RN Staffing Fill Rate & Recruitment

In line with the national picture, RN recruitment remains challenging. The RN 12 month fill rate decreased in May 2018 however, the graph below continues to demonstrate an overall upward trend over the past 12 months. The Trust is continuing to work proactively to recruit to RN vacancies.

Fill Rate
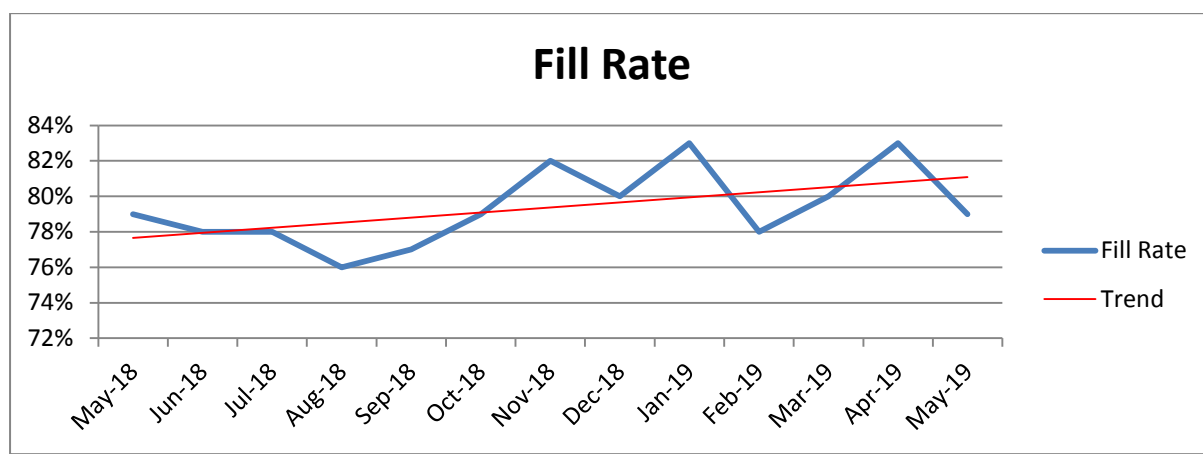
The Trust is participating in the NHSI Retention Support Programme and this has informed the Trust Recruitment and Retention Action Plan which details the actions that are being taken by the Trust to attract and retain registered nurses. This Action plan was previously reviewed by the Board in April 2018. These include recruitment incentives such as refer a friend, continued professional development offer, housing and flexible hours. These incentives are included in all RN job adverts.

Health Education England has recently identified funding to support Trusts with Return to Practice campaigns. These campaigns target former registered nurses who have left practice and allowed their nurse registration to lapse by providing academic and placement support to enable them to re-register with the NMC. The Head of Nursing & Professional Practice is working with the Trust Recruitment Lead and local Health Education Institutes to progress this campaign.

The newly qualified nurses who commenced with the Trust in September 2018 continue to be supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and the Trust continues to maintain an excellent retention rate with the preceptorship cohorts.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and a further 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. A further 4 Trainee Nursing Associates commenced the April 2019 programme and over the next few weeks we will begin to identify trainees for the September 2019 intake.

A total of six HCSW apprenticeship opportunities have been identified within our ward inpatient areas and the Trust is also supporting the STP graduate apprentice scheme with two posts, one at Ward 3 and one at Ward 7.

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

A recent advertising campaign for the recruitment of Registered Nurses has resulted in the recruitment of 19 newly qualified RN's who will be commencing with the Trust from September 2019 onwards. We initially attracted 24 new RN's however, a number of these have now chosen to accept positions closer to home.

A subsequent recruitment campaign has attracted a further 10 RN applications with interviews taking place early July 2019.

5.6 Registered Nurse Retention

During May 2019 a total of 5 Registered Nurses left the Trust. This equates to 3.85 WTE. Of these, 2 posts (1.38 WTE) were from the Primary Care Directorate and were both age related retirements. 2 posts (1.87 WTE) were from the Access / Home Treatment Service where 1 nurse retired and another left to support their work-life balance.1 post (0.60 WTE) was from Moorlands CMHT and was due to a promotion opportunity.

There were no recorded leavers from our ward inpatient areas in May 2019.

6. **Summary**

Safe staffing reporting continued to highlight challenges in staffing wards during May 2019. There was a slight decrease in fill rate of registered nursing shifts during May 2019 although the Trusts overall fill rate over the past 12 months continues to increase. We continue to see a significant number of our RN vacancies being filled by newly qualified RNs and the Trust continues to employ a number of strategies with the support of the HR and communication teams to attract RNs during this national shortage.

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

7. **Recommendations**

The Trust Board is asked to:

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

May-19	Registered Nurses						Care Staff						Registered Nurse		Care Staff		Total Nursing Staffing		
Date	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 (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Ward 1	1335.00	1335.00	1188.68	344.10	344.10	388.00	1162.50	1162.50	723.98	688.20	1032.30	951.60	89.0%	112.8%	62.3%	92.2%	93.9%	76.3%	84.0%
Ward 2	1335.00	1335.00	1104.23	688.20	688.20	427.30	1534.50	1534.50	1444.82	1032.30	1032.30	1107.95	82.7%	62.1%	94.2%	107.3%	75.7%	99.5%	89.0%
Ward 3	1335.00	1338.00	1173.48	688.20	688.20	399.60	1162.50	1165.50	1236.45	688.20	688.20	933.30	87.7%	56.3%	106.1%	135.6%	76.8%	117.0%	95.9%
Ward 4	1507.50	1507.50	1128.65	344.10	344.10	377.40	1162.50	1162.50	1481.13	1032.30	1032.30	999.00	74.9%	109.7%	127.4%	96.8%	81.3%	113.0%	98.5%
Ward 5	1335.00	1335.00	984.00	688.20	688.20	376.90	1162.50	1473.00	1549.52	688.20	943.50	1228.65	73.7%	54.8%	105.2%	130.2%	67.3%	115.0%	93.2%
Ward 6	1335.00	1335.00	965.23	688.20	688.20	374.07	1162.50	1581.00	1888.47	688.20	1032.30	1298.30	72.3%	54.4%	119.4%	125.8%	66.2%	121.9%	97.6%
Ward 7	1335.00	1335.00	937.22	344.10	344.10	357.00	1162.50	1351.50	1678.07	1032.30	1187.70	1108.10	70.2%	103.7%	124.2%	93.3%	77.1%	109.7%	96.7%
Assessment & Treatment	963.00	963.00	892.75	688.20	688.20	532.80	1534.50	2928.00	2280.48	688.20	2242.20	2053.25	92.7%	77.4%	77.9%	91.6%	86.3%	83.8%	84.4%
Darwin Centre	1335.00	1335.00	1043.32	688.20	688.20	367.20	1162.50	1162.50	1425.47	688.20	688.20	1010.10	78.2%	53.4%	122.6%	146.8%	69.7%	131.6%	99.3%
Edward Myers	963.00	963.00	837.37	344.10	344.10	347.10	790.50	790.50	702.17	688.20	688.20	688.20	87.0%	100.9%	88.8%	100.0%	90.6%	94.0%	92.4%
Florence House	637.50	637.50	524.75	332.32	332.32	334.47	930.00	930.00	817.25	332.32	332.32	332.22	82.3%	100.6%	87.9%	100.0%	88.6%	91.1%	90.0%
Summers View	930.00	930.00	756.25	332.32	332.32	335.47	930.00	930.00	869.25	664.64	664.64	642.25	81.3%	100.9%	93.5%	96.6%	86.5%	94.8%	91.1%
PICU	1009.50	1009.50	845.33	688.20	688.20	625.20	837.00	1269.00	1116.45	688.20	721.50	791.10	83.7%	90.8%	88.0%	109.6%	86.6%	95.8%	91.6%
Totals	15355.50	15358.50	12381.27	6858.44	6858.44	5242.50	14694.00	17440.50	17213.50	9599.46	12285.66	13144.02	80.62%	76.44%	98.70%	106.99%	79.33%	102.12%	92.37%
Dragon Square	1102.50	1102.50	978.50	310.00	310.00	302.42	1162.50	1162.50	804.25	310.00	310.00	310.00	88.80%	97.60%	69.20%	100.00%	90.70%	75.70%	83.00%

May-19 Date	Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
Ward 1	3454.43	407.00	8.49	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	-2.08	2.79	94%	↑
Ward 2	4346.22	594.00	7.32	Nurses working additional unplanned hours and altering the skill mix	3.94	4.09	89%	↓
Ward 3	4162.83	450.00	9.25	Nurses working additional unplanned hours and altering the skill mix	2.02	1.30	82%	↓
Ward 4	4413.93	446.00	9.90	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	2.24	4.08	76%	↑
Ward 5	4552.48	432.00	10.54	Nurses working additional unplanned hours and altering the skill mix	6.49	2.97	94%	↓
Ward 6	5005.07	424.00	11.80	Changes to Nurses skill mix	4.51	1.07	91%	↓
Ward 7	4616.38	603.00	7.66	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	2.85	6.28	97%	↑
Assessment & Treatment	5954.28	93.00	64.02	Changes to Nurses skill mix	1.76	-0.12	51%	↓
Darwin Centre	4414.08	300.00	14.71	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	5.56	2.54	77%	↓
Edward Myers	2574.83	267.00	9.64	Changes to Nurses skill mix	2.67	-1.57	72%	↓
Florence House	2151.18	189.00	11.38	Changes to Nurses skill mix	-0.28	0.97	100%	↔
Summers View	2715.72	251.00	10.82	Changes to Nurses skill mix	1.59	1.55	96%	↓
PICU	3445.58	103.00	33.45	Changes to Nurses skill mix	2.20	1.80	86%	↓
Totals	51807.03	4559.00	11.36					
Dragon Square	2395.17	152.00	15.76	Changes to Nurses skill mix	0.20	0.00	82%	↔
					33.67	27.75		

Appendix 2 Staffing Issues

- At the end of May 2019, there were 33.67 WTE RN vacancies in in-patient areas. This is a reduction of of 0.88 WTE from the April 2019 position. A majority of these vacancies continue to be within Wards 5 & 6 and the Darwin Centre. Our overall vacancy figure does continue to show a positive reduction throughout this financial year, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these nurses. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of May 2019, there were 27.75 WTE HCSW vacancies reported within in-patient wards. This is an increase of 2.90 WTE from April 2019. A majority of these vacant posts are within wards 2, 4, & 7 and were created following the transaction of Safer Staffing establishment recommendations from the April 2018 Annual Safer Staffing report. We are continuing to actively recruit to these posts and have recently interviewed and offered posts to 9 candidates and therefore expect to see vacancy levels reduce in some areas over the next few months. We are also enhancing the opportunities for HCSW's to join the Trust as part of an apprenticeship programme.

- RN day shift cover remained challenging during May 2019; the most significant increases continue to be within the Assessment & Treatment Unit where acuity has remained high since mid-January 2019. The impact of this increase continues to be felt across all inpatient and some community areas. The MDT, Directorate Management and Executive Team are continuing to work closely with CCG colleagues to support the unit to manage these challenges.

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

- RN night shift cover remained challenging during May 2019 however it should be noted that following the realignment of shifts in November 2018 the majority of wards now have 2 RNs on nights within their roster template. It is the 2nd night shift RN that has impacted on the night RN fill-rate.

- 2 wards experienced an increase in occupancy and 9 wards had a decrease in occupancy during May 2018, however patient acuity remains high across a number of areas. Occupancy remains particularly high within Wards 1, 6 and 7.

- Staffing data for Dragon Square Specialist Children's Short Breaks Service is included in this report for information purposes and is reported independently to the main report. This is due to the differences between this service and an inpatient ward and will ensure the reliability of data reporting for our inpatient areas.

Occupancy for this service can fluctuate at very short notice; therefore work is being undertaken with the e-rostering team to ensure that staff fill rates accurately reflect the requirements of the service.

Safer Staffing Action Plan 2019-2020

Recommendation Number	Action	Responsibility	Assurance and progress	Status	Target completion date	Completion Date
10 (2017 SS Review)	Introduce Band 2 apprenticeship roles within in-patient wards to provide a start to the potential nursing career pathway and to educate non-registered staff to a level where they are in a position to apply for trainee nursing associate or pre-reg nursing training.	QILN/WM	Newly appointed Quality Improvement Lead Nurses to take this forward and include in directorate workforce plans and report plans to the 2018 annual staffing review. **Jan 2019:** Discussion that apprenticeship roles should be fixed term to provide pathway for progression; there should be Peer Support Worker roles within the Band 2 apprenticeships; QILNs to identify apprenticeships within each ward and report through Annual Safer Staffing Review. **Feb 2019.** Ward managers now taking the lead. 2 Band 2 in place (not apprenticeships) **April 2019**: A model of rolling 2 year fixed term Band 2 apprenticeships has been developed and WMs and Matrons are currently taking this forward.		**Sep-19**	

Safer Staffing Action Plan 2019-2020

| 13 (2017 SS Review) | Workforce plans for in-patient wards should include the development of trainee advanced clinical practitioners through the apprenticeship framework to strengthen the MDT. | QILN/ OpADs | Ward 4 have a Senior ANP in post from May 2018. Currently the Trust has an additional 6 Trainee ANPs at varying stages of the 3 year training; none currently working within in-patients. **01.10.18** Confirmation received of ANP apprenticeship being available for Sep 2019. **06.11.18** Advanced Nurse Practitioner to start at B7. Job description to go through MN/JAM/AF **Feb 2019.** Currently under review by DB and CD Carol Sylvester **April 2019:** Discussed with Associate Directors for Urgent Care and Specialists Directorates; this will be considered within workforce plans. | | | |

Safer Staffing Action Plan 2019-2020

14 (2017 SS Review)	Ward Clerks and Housekeepers job descriptions should be standardised and remuneration harmonised for each role	WM T&F	Initial meeting taken place and information under review to align roles and tasks required. JD should support ward managers also MH compliance. IT skills are required and band of role under consideration i.e. should the post be band 2 or 3.JF will present to ward managers task and finish group **01.10.18** -The review is progressing well and both draft JD's shared with the ward managers T&F by Josey Povey. Once agreement is gained it will go to HR for banding. **Jan 2019:** Ward Clerk JD currently with Sandra Wright - DB to follow up. QILNs to follow up Housekeeper JD with Josey Povey. **Feb 2019.** Ward clerk JD shared for final comment and will be forwarded to HR for job matching. LL to follow up Housekeepers JD progress with JP **April 2019:** The WM T&F Group have progressed this with the support of the HoN.		**Sep-19**	

Safer Staffing Action Plan 2019-2020

20 (2017 SS Review)	A rolling programme of rotation for Health Care Support Workers should be implemented alongside the opportunity for RNs to rotate on request.	QILNs	Optional RN rotation available and WMs promoting and managing this. HCSW rotational plan to be developed and implemented by newly appointed QILNs. **06.11.18** DB to meet with Ward Managers to progress rotational programme for HCSW. **Jan 2019:** QILNs to develop protocol to support rotational programme to commence April 2019. **Feb 2019.** DB & MM looking at current provision and to progress the rotational programme. **April 2019:** This is currently being progressed by QILNs		**Sep-19**	
21 (2017 SS Review)	Continue to strengthen rostering practices, including effective annual leave management, through increased focus on KPIs and monitor this through monthly performance reporting	QILN/WM	**Nov 2018:** KPI monthly reporting has commenced to Heads of Directorate, Executive Director of Nursing, Director of Ops and Ward Managers T&F group. E-rostering standing item on WM T&F agenda **Jan 2019:** Rostering practice reported monthly and will commence reporting to Performance from 1st February onwards, JAM to discuss with VB. Due to changes in Matrons (QILNs) training is required for new QILNs and planned foor Jan 2019. Policy SOP sets out accountability for Matrons and support quality of rotas. **April 2019:** This has been challenging due to the number of new WMs and Matrons during 2018. Training and on-going support is being provided by the e-Roster & Temporary Staffing Team.		**Dec-19**	
Recruitment & Retention Action Plan (Transferred)	Consider hybrid of WM and Clinical Nurse Specialist to attract experienced PICU Ward Manager	QILN/OpAD	**Nov 2018**: PICU opened with W1 WM on a fixed term secondment		**Sep-19**	

Safer Staffing Action Plan 2019-2020

1 (2018 SS Review)	Due to the majority of WMs coming into post during 2018 a Clinical Leadership Programme should be commissioned to support their development and ensure robust leadership within wards	JAM			Sep-19	
2 (2018 SS Review)	Once the Site Manager role is transferred to the Crisis Care Centre Ward Managers should complete one clinical shift per week on their own ward.	QILNs			Jan-19	
3 (2018 SS Review)	Preceptorship programme to be reviewed annually to ensure continuous improvement in response to feedback.	AF			Sep-19	
4 (2018 SS Review)	Wards should have activity worker cover over 7 days	QILNs			Dec-19	
5 (2018 SS Review)	Matrons should work with WMs to develop HCSWs and ensure that a programme of activities is accessible to all wards over weekends, including support from activity workers.	QILNs			Sep-19	

Safer Staffing Action Plan 2019-2020

6 **(2018 SS Review)**	The Nurse Practitioners should complete one shift per week within the staffing numbers to role model and develop junior staff and provide a senior presence 'out of hours'.	QILNs			Aug-19	
7 **(2018 SS Review)**	The Acute Matron should complete the evaluation of the Quality Nurse role and feed back to the Directorate and the Safer Staffing Group who will consider the findings and if proving successful will be recommended in the SS report by the DoN.	DaB			Sep-19	
8 **(2018 SS Review)**	The high level of admissions and discharges across acute wards should be considered within a review of the acute care model across urgent, acute and community teams.	DaB			Dec-19	
9 **(2018 SS Review)**	WMs should be clear on the role of Physicians Associates (and any other staff working within their unit) and the supervision arrangements for those staff.	WMs			Sep-19	

Safer Staffing Action Plan 2019-2020

10 (2018 SS Review)	The Quality Improvement Lead Nurse (Matron) for Acute Services should continue to work with the Ward 1 WM to ensure that the staffing levels at night are being appropriately identified and that the staffing resource is being appropriately utilised.	DaB			Sep-19	
11 (2018 SS Review)	The (AUC) Clinical Director should review job-planning for the relevant consultant psychiatrists in conjunction with the Stoke Directorate Clinical Director and also consider how the role of ANP could support the wards				Oct-19	
12 (2018 SS Review)	The Acute & Urgent Care Directorate should review the operational policy to ensure that the admission criteria for Ward 6 reflect the level of complexity, acuity and dependency that can be reasonably provided within the block contract. They should then work with finance to address the budget pressure.	MMcN			Sep-19	
13 (2018 SS Review)	Ward 7 should have a Ward Clerk in line with all other in-patient wards and the non-rostered element of staffing should be reviewed to explore this.	MMcN			Oct-19	

Safer Staffing Action Plan 2019-2020

14 **(2018 SS Review)**	Clinical Directors should ensure that medics should provide an up to date timetable to the ward in order for leave and cover arrangements to be communicated effectively.	CS/HU			Aug-19	
15 **(2018 SS Review)**	Ward 5 admission criteria should be adhered to by the MDT, the Associate Director should address this in the actions following the outcome of the Neuropsychiatry review.	NG			Sep-19	
16 **(2018 SS Review)**	The Practice Education Team will continue to work with ward and community teams to develop and offer increased placements to a range of pre-registration professions.	AF			Sep-19	
17 **(2018 SS Review)**	The Specialist Directorate should continue to raise the lack of appropriate residential placements for people with a learning disability and complex needs locally and the impact of this on service users and the clinical pathway with commissioners and escalate to Execs where needed.	BB			Oct-19	

Safer Staffing Action Plan 2019-2020

18 **(2018 SS Review)**	The A&T unit should have domestic and meal services delivered by facilities staff as a matter of urgency to release time for frontline staff to care for patients.	TM			Aug-19	
19 **(2018 SS Review)**	The establishment on Dragon Square Short Breaks should be increased by 1.74 WTE Band 3 HCSW to ensure that the needs of children can be met during non-term time as well as term time.	LB			Aug-19	
20 **(2018 SS Review)**	Further explore the opportunity for a shortened pre-reg nursing course for Nursing Associates with Staffordshire University and develop a Proof of Concept with finance.	JAM			Oct-19	
21 **(2018 SS Review)**	The role of the Physicians Associate within mental health should be reviewed by the Clinical Directors in order to understand the added value the role brings and inform decision making regarding the role within MDTs.	CS			Oct-19	

Safer Staffing Action Plan 2019-2020

22 (2018 SS Review)	E- rostering Directorate governance in relation to management of annual leave is strengthened and other rostering KPI's.	QILNs			Oct-19	
23 (2018 SS Review)	WMs and MMs to review rosters to increase RN fill-rate on nights to enable night pool to be reviewed	QILNs			Oct-19	
24 (2018 SS Review)	Monthly reporting of RN reasons for leaving to be reported within the Monthly Safer Staffing Report.	AF/KS			Jul-19	
25 (2018 SS Review)	Additional 1.74 WTE Band 3 for Dragon Square should be funded centrally through reserves	LB			Aug-19	

REPORT TO OPEN TRUST BOARD

Enclosure No: 7

Date of Meeting:	25th July 2019		
Title of Report:	Patient Experience Feedback (PALS & Complaints) Annual Report 2018/19		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Kevin Daley, Complaints Manager		
Executive Lead Name:	Maria Nelligan, Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
During 2018-19 the Trust has continued to provide a holistic, patient experience approach to providing support to service users, their families and carers. There has been a very positive response to what has been implemented with strong support from directorates at all levels. This has resulted in more issues being resolved to the satisfaction of the complainant through local resolution or the PALS process. There has been a significant increase in the number of compliments received and recorded which is another indicator to support the Trust in improving the experience of service users and their families.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☐ Date: 16.07.19	Document Version No.	
Committee Approval / Review	- Quality Committee ☒ - Finance & Performance Committee ☐ - Audit Committee ☐ - People, Culture & Development Committee ☐ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Digital by Choice Board ☐		
Strategic Objectives (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			
Resource Implications: Funding Source:	None None		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	From April 2017 protected characteristics have been monitored and reported upon in relation to service user and carer experience through PALS and complaints.		
Recommendations:	To receive for assurance		
Version	Name/Group	Date	
Version 2	Maria Nelligan	01/07/2019	
	SLT	16/07/2019	

1. Introduction

North Staffordshire Combined Healthcare NHS Trust is keen to listen and respond to questions, requests, comments and concerns. We value the feedback from the people who use our services, their family and carer's to improve the services we deliver and also to continue improve the ways in which we work alongside people to resolve complaints and learn lessons. During the year 2018/19 our staff provided services to thousands of people; only a very small percentage expressed dissatisfaction by making a complaint as detailed later in this report. This annual report provides an insight into the number and types of enquiries, concerns, comments and complaints responded to by our patient experience team and directorate staff during the course of the year.

The 2018/19 Annual Report for Patient Experience which incorporates Patient Advice and Liaison Service (PALS) and Complaints. This report summarises the quarterly reports submitted to Quality Committee during the course of 2018/19 and supplements information contained within the Trust's Statutory Annual Report and Quality Account.

In addition, those elements of the report that are specific to complaints handled under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations), are presented in accordance with the requirements of the Regulations.

We are committed to ensuring that every concern or compliment we receive is taken seriously and is seen as an opportunity to learn and improve care. This commitment is demonstrated throughout the report with examples provided of how we listen, respond and learn from patient feedback.

2. Overview of PALS and Complaints

The Trust has a single point of access to Patient Advice and Liaison Service (PALS) and Complaints through the Patient Experience Team. This approach provides service users, relatives, carers and the general public with access to PALS and Complaints via:

- Freephone telephone number
- Freepost address
- Dedicated text phone
- Dedicated Email address

This joined-up service offers clients easy access whether they wish to offer a comment, pass on a compliment, make an enquiry, get support when navigating services, or make a complaint.

Additionally 'Listening, responding & improving' training is provided to front line practitioners. This training is regularly reviewed and brought up to date with emerging trends and themes along with best practice from the Parliamentary and Health Service Ombudsman, in respect of managing complaints and how we listen to, and deal with concerns.

We ensure that staff are aware of how to deal with issues as they arise offers patients a seamless and consistent response from the Trust and ensures we are making the best use of available resources.

3. Patient Experience Activity 2018/19

During the course of 2018/19, there were 5426 contacts recorded with the Patient Experience team compared to 6196 in 2017/18. These contacts related to a combination of issues arising across most of the services provided by the Trust; however the vast majority were compliments received through the FFT process or compliments only. The graph below illustrates the numbers and types of contacts received

2018/19 Patient Experience Contacts by Type

Type	Count
FFT Only	2288
Compliment	1341
FFT And Compliment	1093
PALS Enquiry	312
Signposting	277
Feedback	57
Complaint	43
MP Enquiry	15
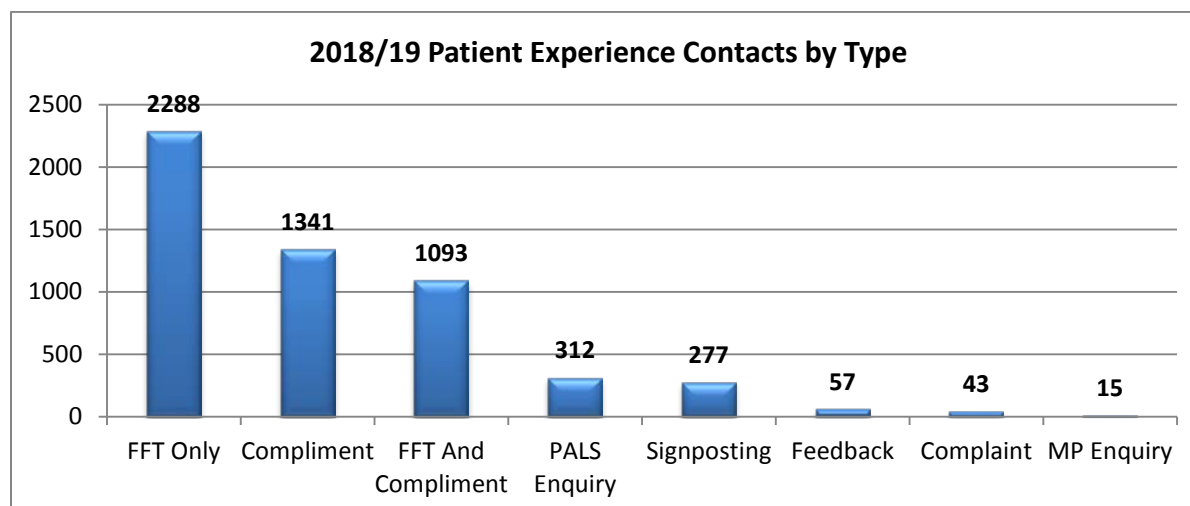
We continue to develop a holistic approach to concerns raised whereby the Patient Experience Team engage with people to determine the outcome they are seeking and which approach is best suited to achieving the desired outcome. This has resulted in more issues being resolved, to the satisfaction of the person raising the concern, in a prompt and timely manner via the PALS process.

3.1 PALS Feedback

We recognise the importance of the PALS service in being a key source of information for service users, feedback for the Trust and an early warning system for emerging issues and concerns. PALS offer advice, help and support for patients, their relatives, carers and friends at times of need. We expect all staff to be open and responsive to concerns when issues are raised by those who come into contact with, or use, our services. This demonstrates our commitment to providing the best service possible and shows that we are keen to learn and improve. We believe that all our staff have a duty to listen and respond in order to assist patients, carers and families. To ensure that concerns raised are addressed and actioned by the right person in a timely way, the relevant Associate Director and Team Manager initially respond to outline the action taken to the individual concerned.

PALS Contacts Trend 2013 to 2019
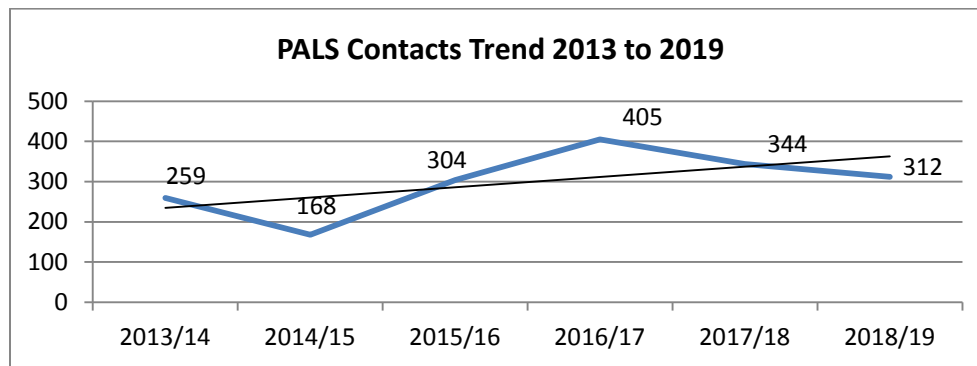
We welcome and encourage feedback from patients, their relatives, carers and friends about their experiences of our services; listening is at the centre of our approach. The majority of feedback to the Trust is received directly by care teams; nevertheless, there are times when comments and compliments are made via PALS. PALS received 312 contacts during 2018/19 compared to 344 in the previous year. People who contact this service often have several concerns or requests and this feedback helps to drive improvement. The breakdown by Directorate of PALS contacts during 2018/19 is shown below:
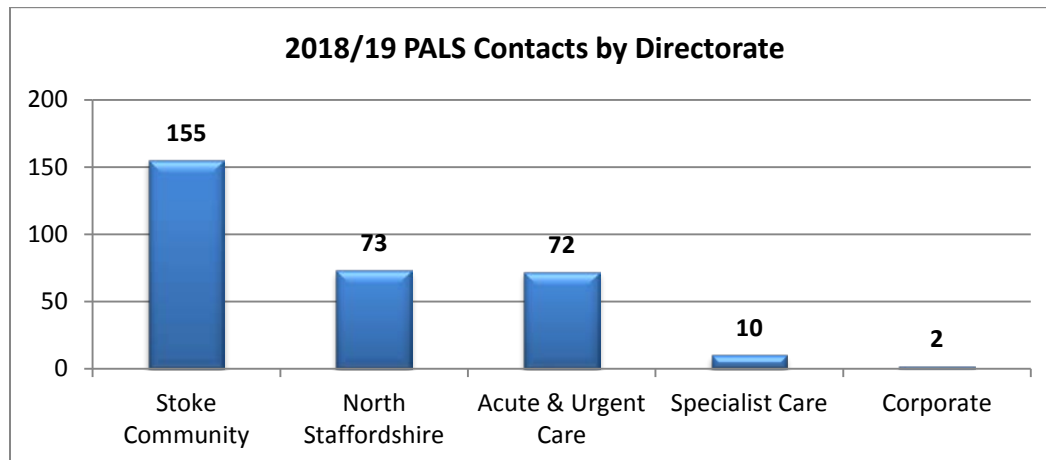
As Stoke Community are the largest directorate it is expected that they have the highest number of PALS enquires as demonstrated in the graph above.

Each PALS contact is categorised and documented individually. It is then responded to by the PET; Team Managers are made aware of any PALS contacts and are required to provide a response to the person raising the concerns. If the contact is not resolved it is escalated to the Associate Director with the aim of achieving resolution without the need to escalate to the formal complaints process.

Key themes from PALS issues raised during 2018/19 are summarised as follows:

Top 10 2018/19 PALS Issues
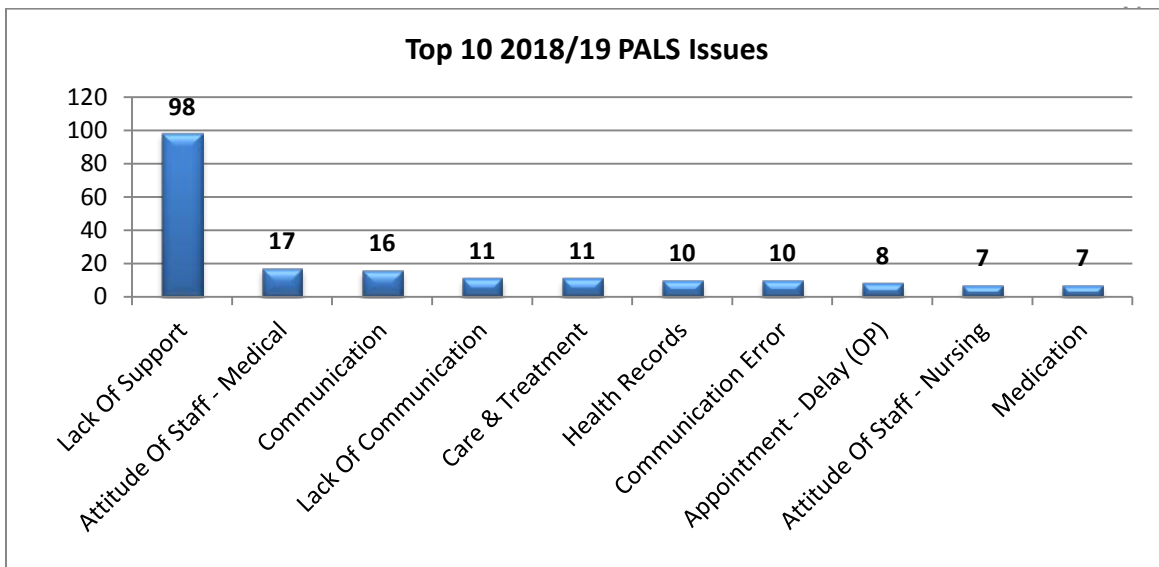
During 2018/19 the top 3 themes were identified as perceived lack of support, attitude of Medical staff and lack of or poor communication. These were escalated to relevant Directorates and actions taken to improve target these areas through the Learning Lessons Programme and bespoke team customer care training for teams.

3.2 Compliments

During 2018/19 the Trust received 2434 compliments from service users and their families compared to 2064 in the previous year. This included compliments made directly to team (1341) and compliments made through the FFT (1093). The graph below details the directorates and services who have received compliments. The significant increase is partly due to the Patient Experience Team capturing and recording positive comments from Friends and Families Test cards as compliments.

2018/19 Compliments by Directorate

Compliments Trend 2013 to 2019
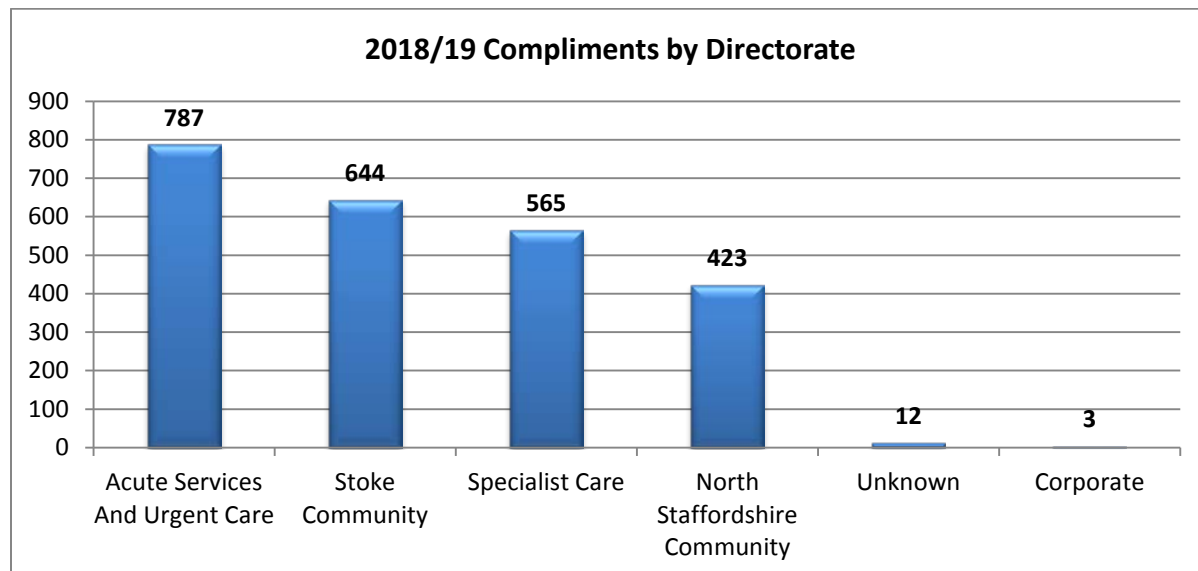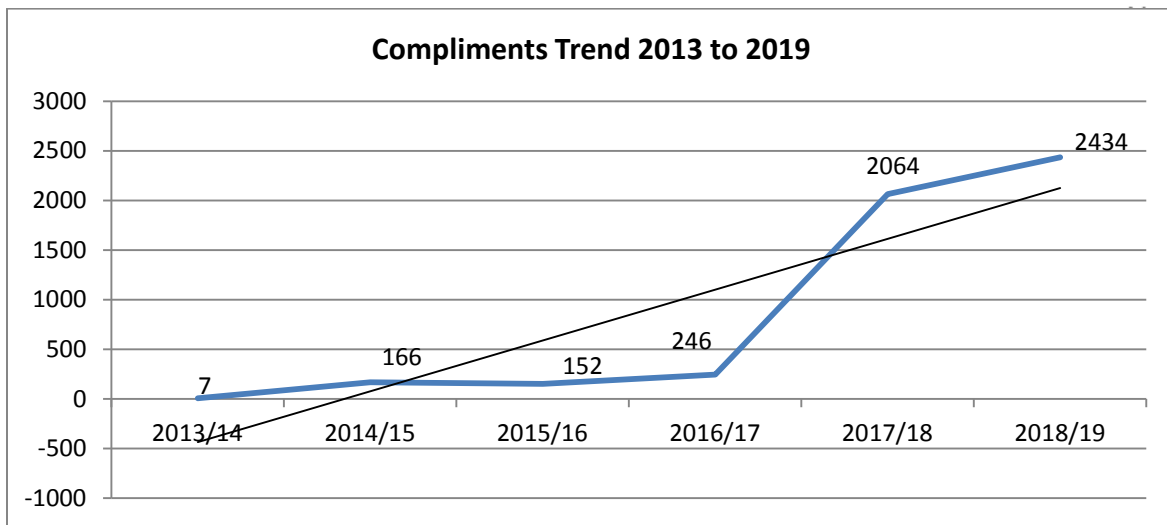
General themes include support given by staff delivered with kindness and sensitivity. Staff being willing to offer support to families and carers. There have been many examples of individual staff members being complimented for their professionalism and compassion. Compliments are routinely included in the bimonthly Learning from Experience report and the Quality Account. The Patient Experience Team attends the directorate quality forums and team meetings in order to discuss the learning from complaints and compliments. examples of good practice are also shared through the Compliments Corner facilitated by the Communications team and the Learning Lessons bulletin which is emailed to all trust staff.

3.3 Friends and Family Feedback

FFT is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. We are pleased to report a significant increase in FFT returns across the Trust. In 2015 we were averaging 50 returns per month. In 2017/18, this had increased to an average of 285 per month as a result of the positive impact of a Trust-wide campaign and, importantly, provides a sense check of the service user experiences of our service. In 2018/19 the average return rate for FFT was 287 per month. The graph below illustrates the 2018/19 responses and reflects that 89% of people using our services would recommend us as a place to receive care, 7% were undecided and only 4% would not recommend the Trust. Themes for dissatisfaction were perceived lack of support, poor communication and access to services/waiting times. All feedback received from the FFT process, both positive and negative is fed back to the directorates on a monthly basis in order to inform them of the things people are saying about their directorate and the actions required to inform improvements.

2017/18 FFT Responses YTD (Mar 2019)
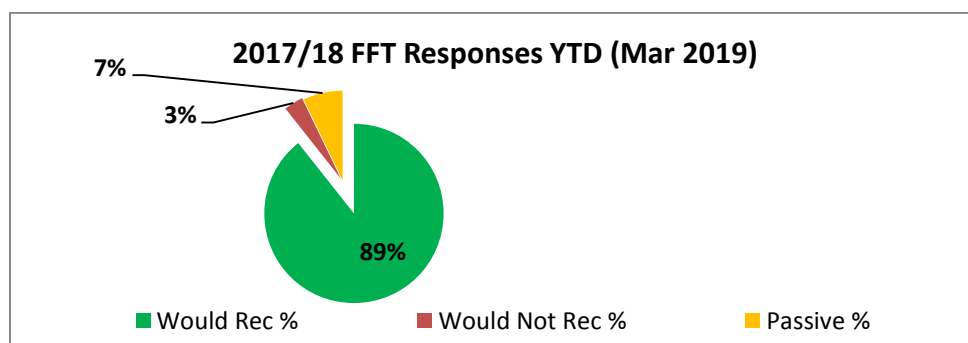
3.4 NHS Choices Feedback

NHS Choices is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

During 2018/19 twenty three people left comments relating to the Trust on the NHS Choices website.

Of the 23 comments 7 reflected a positive experience and 16 reflected a negative experience. All comments were responded to by the respective directorates and the comments discussed at directorate meetings.

The Parent and Baby Unit received a positive comment regarding caring and helpful staff. CAMHS and Midland Psychology received a positive comment about compassion, information, support and access to other groups. The Greenfield Centre received 2 positive comments regarding support and staff and 4 negative comments citing poor communication, staff attitude, perceived lack of support as reasons and wait times. Sutherland Centre received 1 positive comment regarding environment and helpful staff and 7 negative comments citing poor communication, staff attitude, perceived lack of support, lack of privacy and lack of dignity and respect. Lyme Brook Centre received 5 negative comments citing poor communication, staff attitude, perceived lack of support, cancelled appointments and lack of consistency in letters. Ward 4 received 1 positive comment regarding staff support for patients and carers. The Darwin Centre received 1 positive comment regarding staff support.

3.5 MP Complaint Enquiries

The Trust also receives enquiries from local Members of Parliament raising concerns which they have received from meeting their constituents. The graph below details the services involved in these enquiries during 2018/19.
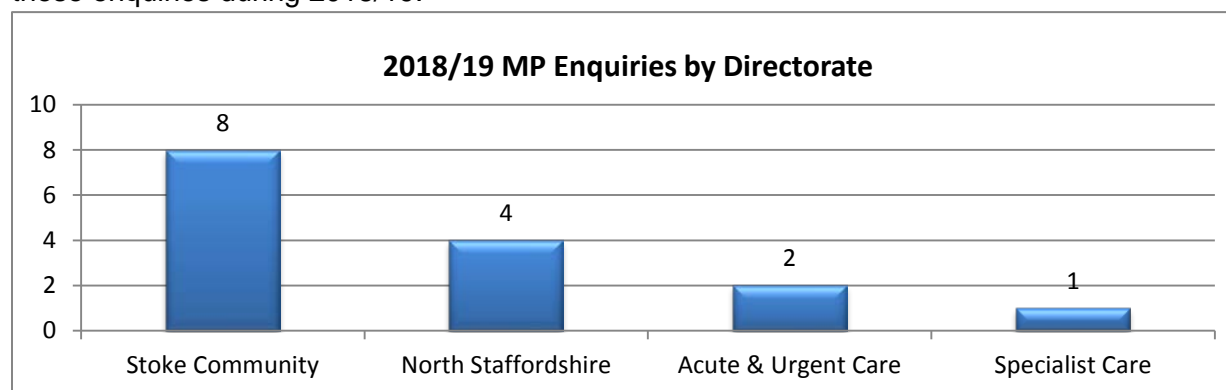
During 2018/19 there has been a reduction in MP enquiries with the Trust receiving 15 compared to 25 in the previous year. The highest number of MP enquiries relate to Stoke Community Directorate which is to be expected as it is the largest directorate, providing the most diverse range of services and with the highest volume of activity. The second highest relate to North Staffordshire Directorate where most of these enquiries have related to waiting times for access to services.

Contact Reason	Acute Services And Urgent Care	North Staffordshire Community	Specialist Care	Stoke Community	Grand Total
Perceived Lack of		2		3	5

Support					
Access to Service	1			2	3
Request for DWP Info		1			1
Query re One Recovery			1		1
Withdrawal of funding for Lyme Brook		1			1
Response to Complaint				1	1
ADHD Assessment	1				1
Lack of Communication				1	1
Car Parking				1	1
Grand Total	**2**	**4**	**1**	**8**	**15**

The graph below illustrates the type of concerns which are being raised by constituents with their MPs:

2018/19 MP Enquiries by Type

Lack of Support	Access to Service	Request for DWP Info	Query re One Recovery	Withdrawal of funding for Lyme Brook	Response to Complaint	ADHD Assessment	Lack of Communication	Car Parking
5	3	1	1	1	1	1	1	1
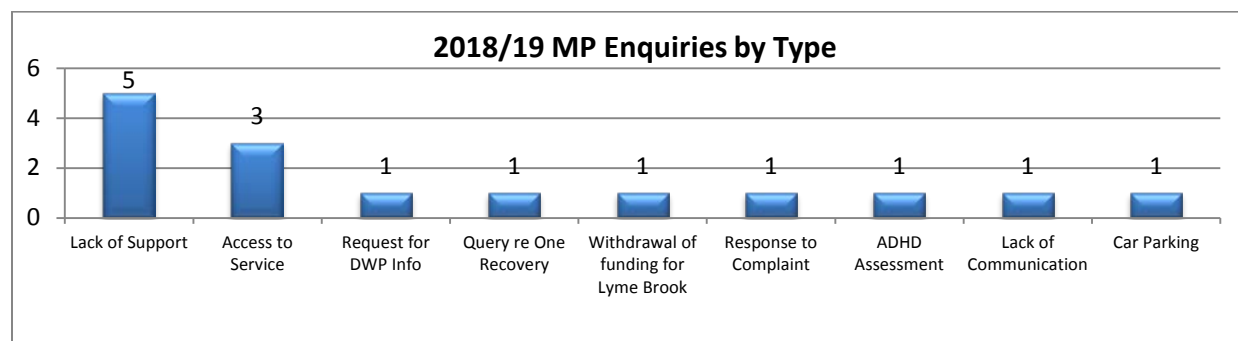
The Patient Experience Team continue to work closely with caseworkers from our local MP surgeries to help them to support their MPs and share with them Trust initiatives designed to address concerns raised by constituents with their MPs.

3.6 Complaints

During 2018/19 all complaints were handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. A summary of the complaints was provided, on a quarterly basis, to our Quality Committee. The Trust continues to adhere to the Patients Association published 12 NHS good practice standards for complaints handling, furthermore the Trust commissioned the Patients Association to conduct a comprehensive audit of the Trust Complaints process in December 2018. This has provided valuable feedback and a continuous improvement action plan (appendix 1) is currently being implemented.

The Trust has encouraged staff to attempt to resolve issues more quickly for service users by attempting early local intervention and resolution or by using the PALS process

Each complaint was investigated by the Trust and each complainant received a response that was reviewed and signed-off by the Chief Executive.

In the majority of these complaints a face to face meeting, with the Investigating Officer, was offered to the complainant during the review of the complaint, and a meeting with a Senior Manager to discuss any outstanding issues where appropriate.

The trend over the 6 years April 2013 to March 2019 shows a steady decrease in the number of complaints received. There remains a very low number of complaints when compared to the circa 25,000 patient contacts which are logged every month on the clinical information system.

Complaints Trend 2013 to 2019

Year	Complaints
2013/14	95
2014/15	65
2015/16	65
2016/17	43
2017/18	33
2018/19	43
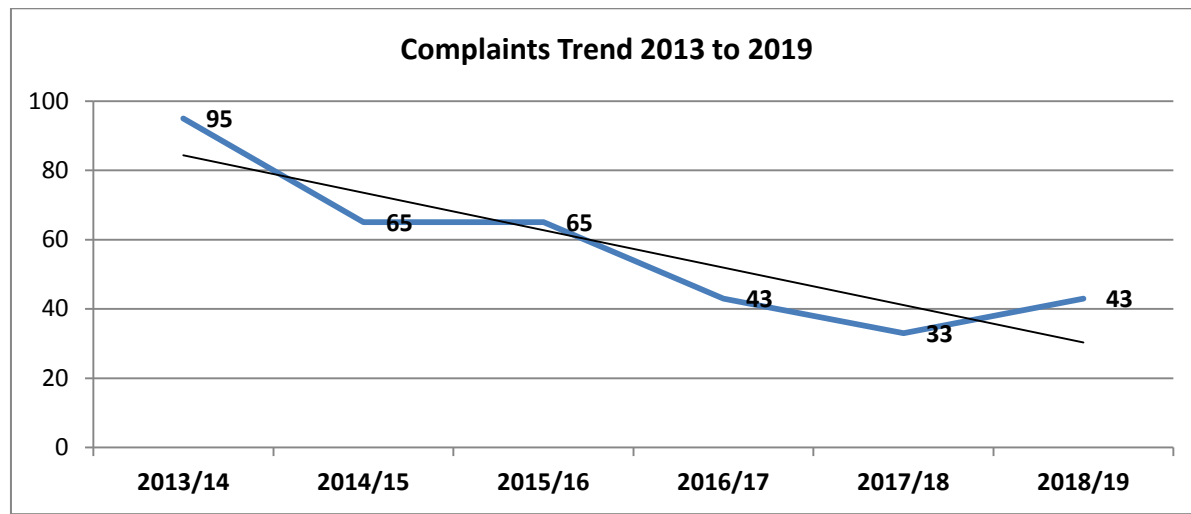
During 2018/19 the Trust received 43 formal complaints which when set against the 290,000 face to face and telephone clinical patient contacts equates to 0.01% of the clinical activity undertaken.

2018/19 Complaints by Directorate

Directorate	Complaints
Stoke Community	17
North Staffordshire	14
Acute & Urgent Care	9
Specialty Care	2
Corporate	1
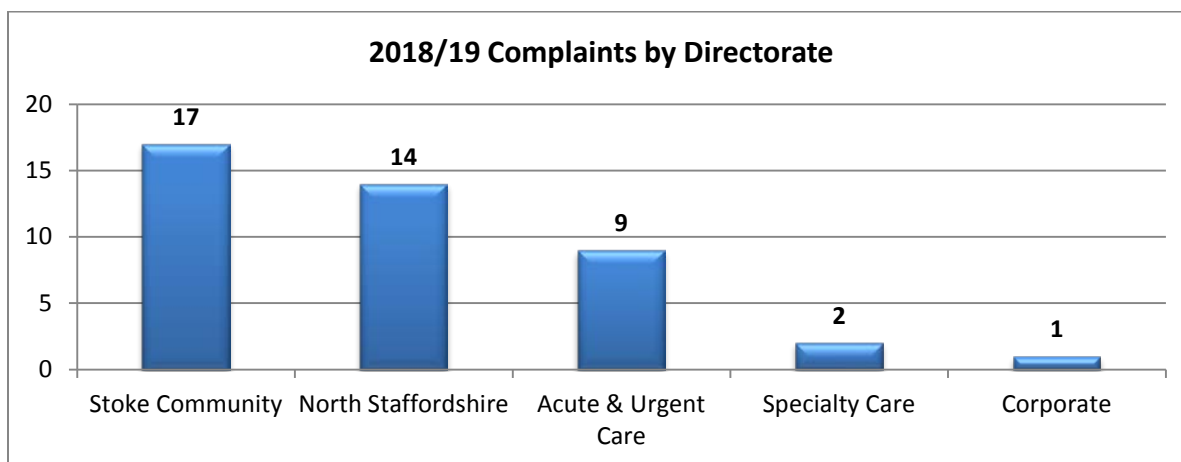
The graph above details the Directorates responsible for providing the services where complaints arose during 2018/19. It is to be expected that Stoke Community Directorate would generate the most complaints given that they have the highest volume of clinical activity which was circa 138,000 clinical contacts during 2018/19. This is a percentage of complaints to activity of 0.01%. The reasons for these complaints were cited as not enough support and poor communication.

During 2018/19 the Directorates were restructured into the localities indicated above. This means that several specialties may be within one locality. In order to capture any potential themes or issues relating to specific specialties the table below shows a breakdown of types of complaint by specialty.

Complaint Type	AMHC	CYP	AMHI	NOAP	Corp	Grand Total
Attitude Of Staff - Medical	3	1				4
Clinical Treatment		2				2
Communication Error	4					4
Communication/Info to Patients		1				1
Concerns About Medication	1		1			2
Confidentiality - Breach	2		1			3
Co-Ordinated Care	4	1	1	1		7
Diagnosis Problems	1	2		1		4
Disagree With Discharge Decision	2					2
Environment					1	1
Lack Of Communication	1		1			2
Perceived Lack Of Support	9	1	1			11
Grand Total	27	8	5	2	1	43

Adult Mental Health Community (AMHC) generate the most complaints, this is to be expected given that they have the highest volume of clinical activity. The above table indicates that perceived lack of support is the most prevalent mostly in AMHC.   The second highest cause for complaint related to co-ordinated care, this appears across all specialties. The Trust is continuing work with Directorates and the Service User and Carer Council in relation to both these issues.

The below graph compares Complaints from 2016/17 to 2018/19 which demonstrates a static trendline.

Complaints Comparison 2016/17 to 2018/19

2018/19 Complaints by Category
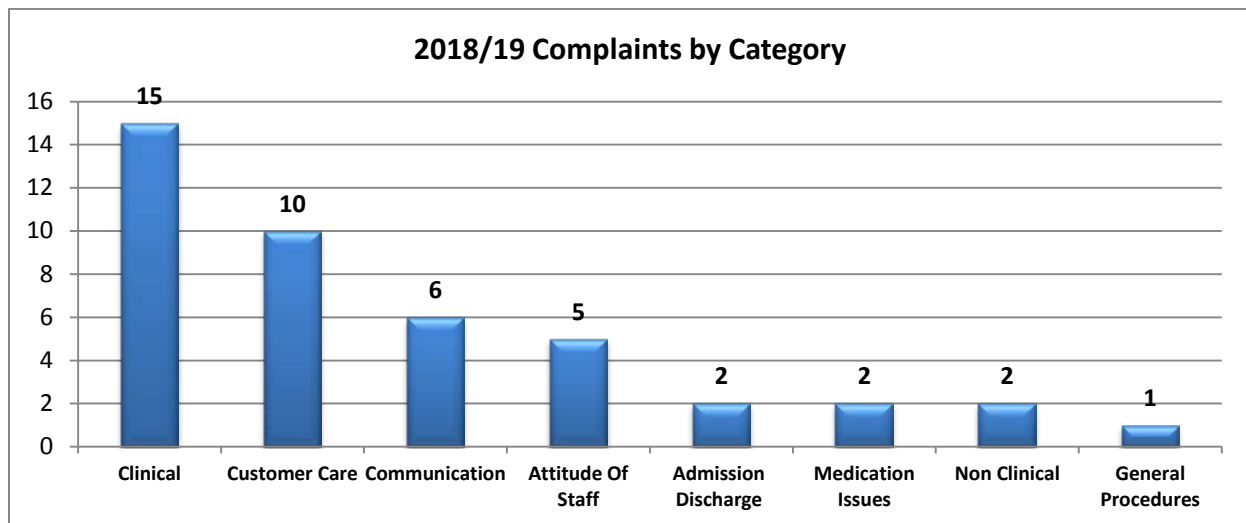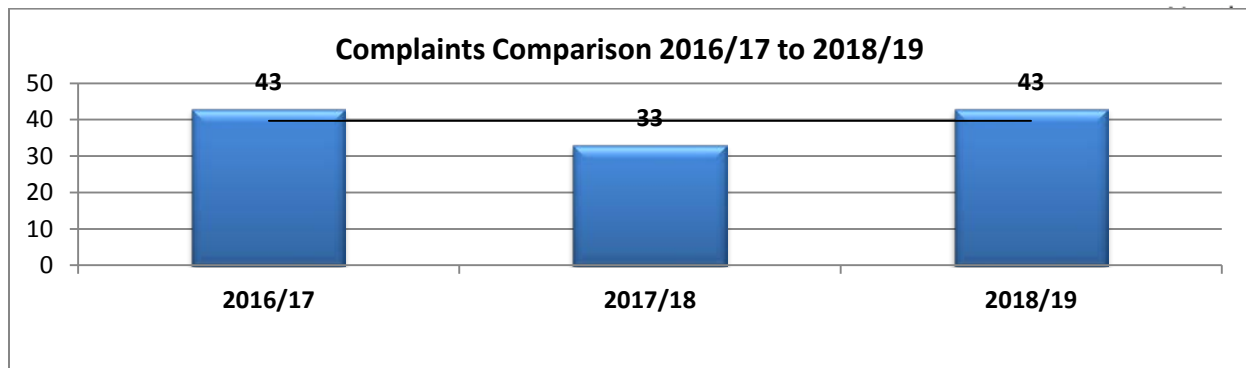
The graph above details the types of complaints received during 2018/19. Clinical and Customer Care which incorporates not receiving enough support, poor communication and attitude of staff are continuing themes which have emerged from complaints which when analysed relate primarily to Community services.

2018/19 Complaints by Team
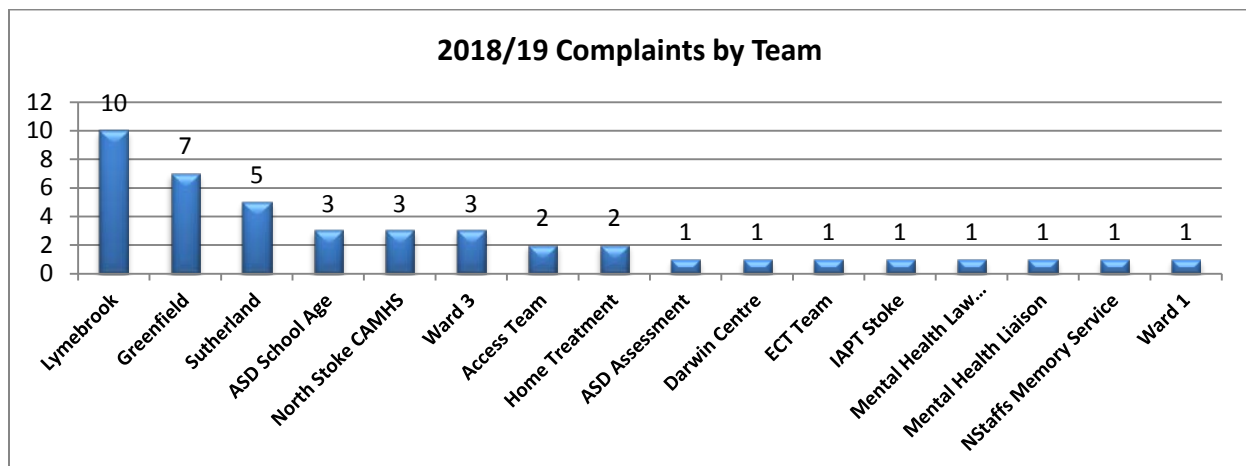
The above graph details the locations of complaints received during 2018/19 with the highest number being received from the Lyme Brook and Greenfield Centres with lack of support and poor communication being cited as the reasons for the complaint. Further work is being undertaken in collaboration with the Stoke Community directorate to improve patient experience in these areas. Directorates receive a monthly report containing details of all their Patient Experience contacts and these are discussed at the Stoke Community Quality Forum.

The Patient Experience Team has proactively worked with teams during 2018/19 to try to address the issues detailed above. This has been through a revision of the monthly Listening, Responding and Improving training and the delivery of bespoke training for individual teams. Additionally we continue to deliver training sessions for the Preceptorship programme and for student nurses training programme.

Feedback from training sessions evidences that the training is generally well received with a high satisfaction rate reported. The PET team canvass and receive suggestions on future improvements for complaint handing and training in order to keep the training current and relevant.

The below graph details the outcomes of the 43 complaints received in 2018/19.

2018/19 Complaint Outcomes

Outcome	Count
Partially Upheld	20
Not Upheld	8
Complaint Withdrawn	6
Upheld	5
Ongoing	4
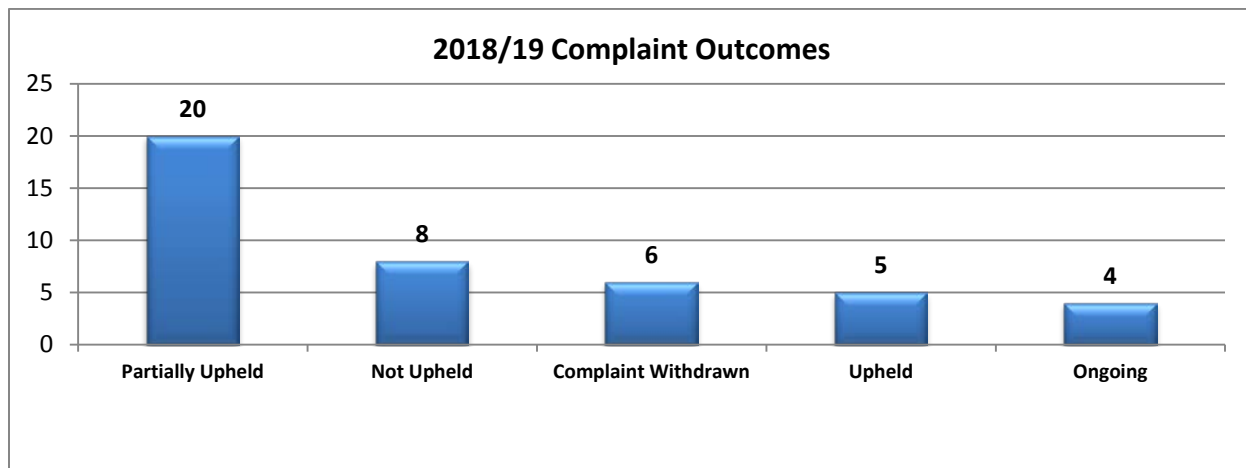
Actions arising as a result of complaint investigations are incorporated into action plans. These action plans are drafted by the PET team and shared with directorate leads who are responsible for ensuring that all learning from the complaints is implemented, monitored and that learning is shared and embedded across their directorate. Additionally the Trust also monitors any complaint actions in the monthly Directorate meetings. This review and examination of the outcomes of investigations enables Senior Managers and clinical staff to reflect on their complaints. Assurance that learning from complaints is addressed and embedded is monitored by the Patient Experience Team and reported to the Clinical Safety Improvement Group (CSIG).

3.7 Complaints referred to the Parliamentary Health Services Ombudsman (PHSO)

Should a complainant be unhappy with the way their complaint has been managed by the Trust they have the right to refer their complaint to the Parliamentary Health Service Ombudsman (PHSO) who review all the relevant facts and make a judgement as to whether the complaint has been managed appropriately. The PHSO is the final stage for complaints about the NHS in England and public services delivered by the UK Government. They review complaints where someone believes there has been injustice or hardship, because an organisation has not acted properly or fairly or has given a poor service and not put things right.

During 2018/19 four complaints were reviewed by the PHSO. The Trust co-operated fully with the PHSO and provided all of the information they requested within the prescribed timescales.

Three of the complaints referred to the PHSO related to 2017/18 complaints. They have been reviewed by the PHSO and final reports have been received by the Trust. The final report for two

of the complaints were received and contained no recommendations for the Trust to consider. The third 2017/18 final report from the PHSO was partially upheld and the Trust responded accordingly to the recommendations. The final report for the 2018/19 complaint has been received and had no recommendations for the Trust to consider.

3.8 Learning Lessons

The Trust has facilitated a Learning Lesson's programme since 2011 and is a well-established forum for staff to share learning. This programme includes a bi monthly Learning Lessons bulletin and monthly Learning Lessons Session for all staff to meet and share the learning from both complaints and incidents.

All of the Learning Lessons Sessions were well attended during 2018/19. The topics covered included learning from suspected suicides, medication errors, violent incidents, children's incidents, complaints and tissue viability incidents. The session also learns from other industries including space shuttle disasters, with a focus on human error.

The team were delighted to welcome our Chairman David Rogers and other senior managers again to some of these sessions recognising the importance of Trust Board involvement in incident learning.

Staff feedback in relation to Learning Lessons continues to be 100% positive with staff generating ideas for future sessions and new staff attending every session showing the spread of the learning lessons initiative.

Any learning shared via the Learning Lessons programme is cascaded with each team by an identified Learning Lessons Lead who is responsible for sharing learning and publicising any Learning Lessons events.

Patients and carers contribute to the Learning Lessons programme by telling their story, either via attendance at the sessions or through the bulletins.

5. Conclusion

13

During 2018/19 the Trust continued to strengthen a holistic patient experience approach for service users, their families and carers. There has been an increase in complaints during 2018/19 and this will continue to be closely monitored. There has also been a significant increase in the number of compliments received which is another indicator that the Trust is improving the experience of service users and their families.

Following internal and external review the PET are taking forward a continuous improvement action plan with the aim of improving the knowledge and skills of Investigating Officers and strengthening the triangulation of data to inform the identification and sharing of learning.

REPORT TO OPEN TRUST BOARD

Enclosure No: 8

Date of Meeting:	25th July 2019		
Title of Report:	Director of Infection Prevention & Control (DIPC) Q1, (April 2019 – June 2019) report		
Presented by:	Maria Nelligan, Director of IPC		
Author:	Chris McGinley, Head of IPC and PH		
Executive Lead Name:	Maria Nelligan, Director of Nursing and Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
To provide the Board with assurance in relation to the IPC arrangements within the Trust. The report will also give an overview of the influenza situation, our external reporting responsibilities, confirmed Influenza activity and Influenza vaccine uptake, including the CQUIN requirements.		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 ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference			
Resource Implications: Funding Source:	None		
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 protected characteristics in relation to the completion of this report.		
STP Alignment / Implications:	None		
Recommendations:	To receive for assurance		

Version	Name/group	Date issued	
V1	IPC Group	Virtually	
	Quality Committee	11th July 2019	
	SLT	16th July 2019	

1. Purpose of the report

This report is in line with the requirements set out in Winning Ways (DH, 2003) and the Health Act (2006) for the Director of Infection Prevention and Control (DIPC) to appraise the Board on a quarterly basis on the arrangements and activity within Infection, Prevention and Control (IPC). The report will update and provide assurances to the Board for quarter one (Q1) on IPC activity including influenza within the organisation. The Board will also be briefed on our position in relation to Health Care Acquired Infections (HCAIs) and relevant issues.

2. Health Care Acquired Infections (HCAI)

During the Q1 period there were no HCAIs within the Trust, including incidents of MRSA Bacteraemia or C-difficile.

MRSA screening continues to be implemented with a zero positive result for this quarter. Therefore no exceptions have been reported externally.

3. Incidents

No IPC incidents reported in Q1.

4. Annual Flu Campaign

The immunisation programme for 2019/20 has commenced with two flu planning meetings been held already. The flu planning group will develop a plan to meet the minimum requirement of 80% compliance for uptake of the Influenza vaccine for frontline staff (increase target from 75% in 2018/19).

The programme will include:

- 'Jabathons' (24 hour access to the vaccine),
- Dial a jab, text a jab, tweet a jab
- We deliver 'to you' clinics
- Prize incentives for:
  - ➢ staff who take up the immunisation
  - ➢ best immuniser with greatest number of immunisations achieved
- Frequently asked questions and answers
- The "12 days of Flu for X-mas" for myth busting.

5. Outbreaks and Restricted Closure

From April 2017 we report to commissioners by exception only for outbreaks or incidents of avoidable cross infection incidence.

Suspected Influenza and D&V

24.05.19 - Ward 6 reported a potential Influenza case. Viral swab was taken but came back as Influenza negative. However several patients remained unwell with other symptoms.

These were:

- 3 x unexplained cases of diarrhoea
- 6 x patients with sore throats and coughing
- 1 x patient vomiting
- 2 members of staff with reported gastrointestinal illness

Following review by the IPCT the ward was closed as a precaution enabling movement of staff between wards to be restricted and alerting visitors that patients were unwell and enhanced precautions were in place over the Bank Holiday weekend. Ward occupancy was 14 inpatients, zero empty beds, zero admissions and zero pending discharges / transfers.

All IPC precautions were instigated, including good hand hygiene and appropriate use of apron and gloves and enhanced cleaning.

Affected = x10 patients x2 staff members
Ward closed from 24/05/19 – 28/05/19

Rotavirus

24.05.19 - Ward 4 reported two patients with unexplained diarrhoea. One patient following submission of specimen was rotavirus positive.

The ward remained open with enhanced cleaning in place and staff were advised to use standard precautions. Staff movement was minimised. One patient was isolated but it was not possible to isolate the second patient from a management perspective. The patients to be reviewed daily and advice sought if further incidences over the Bank Holiday weekend.

25.05.19 - Over the next 24 hours two more patients became symptomatic and the ward was closed. Ward occupancy was 13 patients.

Affected = x4 patients
Ward closed from 24/05/19 – 30/05/19

6. **Infection Prevention & Control Group**
   The Infection Prevention and Control Group (IPCG) met in April 2019.

   The chairs summary comprises:

- Annual Work Plan 2019/20 presented, reviewed and agreed by the group (appendix 1)
- Assurance Framework 2019/20 presented, reviewed and agreed by the group
- The IPC audit programme 2019/20 presented, reviewed and agreed by the group
- Terms of reference for 2019/20 accepted

7. Recommendations

The Board is asked to note the DIPC Quarter 1 Report for 2019/20.

Infection Prevention and Control (IPC) Group Work Programme 2019–2020
Chair: Director of Infection Prevention & Control (DIPC)
Deputy Chair: Deputy DIPC

Our Vision - To be Outstanding in all that we do and how we do it

Our Quality Priorities - Key areas which evidence that we are delivering high quality care and treatment to those using our services in a way that is person-centred
•S - Our services will be consistently Safe
•P - Our care will be personalised to the individual needs of our service users
•A - Our processes and structures will guarantee Access to services for service users and their carers
•R - Our focus will be on the recovery needs of those with mental illness

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
1	The Trust has a Work Programme / Assurance Framework in place. An annual and four quarterly (Q) reports are presented to the Board of Directors.	D/DIPC & IPC Group (IPCG) D/DIPC	**Quarterly Reports** • Q1 July 2019 • Q2 October 2019 • Q3 January 2020 • Q4 April 2020 **Annual Report 2019/20** • May 2020	
2	Board level responsibility for IPC is clearly defined and there are clear guidelines on reporting corporate risk from the IPCG	D/DIPC	• Annual and Quarterly reports • Reporting by exception to CCGs where needed • IPC Work Programme • IPC Assurance Framework	

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
3	There is an IPC group which is directly accountable to the Chief Executive and the Trust Board. The Group endorses all IPC policies, procedures and guidance, and provides advice and support on the implementation of policies. The Group monitors the progress of the annual IPC Work Programme/Assurance Framework bi monthly	IPCG	• IPCG Terms of Reference reviewed annually • IPCG Agendas and Minutes • IPC Policy and Standard Operating Procedures • Audit Programme • Performance reporting • Strategy	
4	There is an appropriately constituted and functioning IPC team.	D/DIPC	• Head of IPC & PH appointed April 2019 • 1.4 WTE IPC/PH Nurses • Annual and Quarterly Reports • Head of IPC & PH 1-1s with DIPC • Performance & Compliance Reporting ▪	
5	Prevention and control of infection is considered as part of all service provision.	Head of Estates/Water Safety Support services/ Decontamination Lead Heads of Directorate	• IPC is compulsory in all Service Level Agreements and External Contracts • IPC is included in all Trust Job Descriptions • Audit Programme and Review • Inpatient and Community Safety metric audits • Modern Matron/Senior Nurse Monthly review • Procurement sign off for all medical devices	

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
			• New builds, refurbishment and change of purpose must have IPC sign off	
6	Written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance The IPCT also play a part in supporting other key stakeholders policies	Infection Prevention & Control Team	IPC Policy Review Work Plan Safety Metrics, Surveillance and Audit Reports Minutes of IPCG Assurance Framework Key Stakeholder Policies: • Waste • Water Safety • Admission Discharge & Transfer policy • Dress Code Policy • Nutritional Policy • Food Safety • Tissue Viability • Antimicrobial prescribing • Medical photography • Medical devices • Cleaning and Decontamination • Palliative Care	

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
7	The annual IPC Audit Programme is fully completed	IPCT IPCG	Audit exceptions are reported to the Board via the IPCG chairs summary 2019/20 audit programme will maintain compliance score to 90% from 85% to show a year on year improvement	
8	Timely and effective specialist microbiological support is provided to the trust 24/7 in relation to individual patients and advice	Microbiologists IPCT	Written service level agreements / contracts are in place with the accredited microbiology Department (UHNM). This includes an agreement from PHE/UHNM that all exposure incidents are followed up as per national recommendations out of office hours. All alert organisms, blood stream infections, and other significant organisms including confirmed Influenza are reported via the nhs.net address at IPC Combined.	
9	Education and training in the prevention and control of infection is provided to **all frontline** staff on an annual basis This is supplemented by e learning for other staff Develop the role, knowledge and skills of staff in IPC Support a robust IPC clinical network across the organisation with Clinical Staff, Pharmacy, Modern Matrons, Support Services and Estates	IPCT D/DIPC	• Training records & monitoring of attendance compliance • Compliance reported to IPCG • Audit and checklist programme in place which is efficient in terms of multi-disciplinary attendance	

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
10	Incidents, transmission of infections and outbreaks are documented by the IPCT, reviewed by the IPCG and reported to the Board where required	IPCT D/DIPC	• IPCG minutes • Trust Board informed via Annual and Quarterly Reports • Performance and exception reporting • Post outbreak meeting reports • Safeguarding reporting	
11	Antimicrobial Stewardship will adhere to the 5 year strategy, formulary, Regulation 12 and best practice	IPCG and Pharmacy	• Pharmacy representation at IPCG and antibiotic reporting • Current antibiotic formulary (community) in line with local surveillance for multi resistant organisms	
12	There is a programme to manage and monitor the potential and actual risks of Health Care Associated Infections (HCAI's) In unavoidable cases these are monitored, reviewed and reported to the Board A Sepsis recognition programme is in place in line with the detection of the deteriorating patient and national sepsis programme	All Trust Staff D/DIPC IPCT	• IPC policies • IPC audit programme • Safety Matrix • Quarterly and Annual Reports • Cleaning Strategy • IPC training • Information for staff and service users Surveillance • Sepsis is included in all training, sepsis cards have been distributed and sepsis 6 pathways introduced for CAMHS and adult areas • Implementation of NEWS2	

Item	Performance Indicator	Responsibility	Assurance & Progress	Status
13	Reporting on HCAI's to Commissioners by exception and PHE where required (communicable diseases).	IPCT	• Performance reporting • DIPC's quarterly Reports • PIRs, peer reviews and RCAs	
14	Head of IPC and PH is member of Water Safety Group who report IPCG	Head of Estates and Support Services Head of IPC & PH IPCG	• Legionella Management update report to IPCG • IPCG Minutes • Quality Committee also informed • All water safety incidents are reported to the IPCT and escalated to the DIPC where required.	
15	Develop and deliver an effective Influenza Vaccination Programme achieving 80% uptake at least by March 2020	IPCT/Team prevent	• Order vaccinations • Register with Inform • Develop PGD • Deliver training to peer vaccinators • Set up a communication programme • Deliver programme with new and purposeful initiatives. • Report to SLT and NHSI as required	
16	Introduce NEWS 2 to in-patient areas	Head of IPC & PH	• Agree format of NEWS 2 appropriate for MH • Order NEWS 2 forms • Roll out through training, QILNs and IPC Link Nurses	

REPORT TO OPEN TRUST BOARD

Enclosure No: 9

Date of Meeting:	25th July 2019
Title of Report:	Management of Health and Safety Annual Report 2018/19
Presented by:	Maria Nelligan Executive Director of Nursing & Quality
Author:	Frazer MacDonald, Rob Hughes & Chris Hodgkinson
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing and Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
This annual report is to provide details of the current management arrangements in place for health and safety and to give assurances that we are meeting our statutory requirements for health and safety. The report also summarises key areas associated with good practice and successful health and safety management for the period 1st April 2018 – 31st March 2019.		Approval	☒
		Information	☐
		Discussion	☐
		Assurance	☐
Seen at:	SLT ☒ Execs ☐ Date: 16th July 2019	Document Version No.	1
Committee Approval / Review	- Quality Committee ☒ - Finance & Performance Committee ☐ - Audit Committee ☐ - People, Culture and Development Committee - Charitable Funds Committee ☐ - Business Development Committee ☐ - Primary Care Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☐ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Risk assessments are the keystone of successful health and safety management, and are a legal requirement. A suite of non-clinical risk assessment templates have been developed to ensure all areas have the necessary assessments under health and safety legislation and as prescribed by the Trusts Health and Safety Policy.		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;		
STP Alignment / Implications:	N/A		
Recommendations:	The Board is asked to approve		
Version	Name/group	Date issued	
1	Health, Safety & Wellbeing Group	30.05.2019	
2	Quality Committee	11.07.2019	
	SLT	16.07.2019	

1. Introduction

The North Staffordshire Combined Healthcare NHS Trust was created under a statute provision, and as such legal accountably for health and safety passed to the board of North Staffordshire Combined Healthcare NHS Trust. The ultimate responsibility for health and safety management throughout North Staffordshire Combined Healthcare NHS Trust is vested in the Board of Directors and Chief Executive Officer (CEO). The board delegates executive lead responsibility of health and safety (including patient safety) to the Executive Director of Nursing & Quality.

2. Purpose

The purpose of this Annual Report is to provide details of the current management arrangements in place for health and safety and to give assurances that we are meeting our statutory requirements for health and safety. The report also summarises key areas associated with good practice and successful health and safety management for the period 1st April 2018 – 31st March 2019.

3. Structures

In accordance with the requirements set out in section 2(7) of the Health and Safety at Work Act 1974, the Board of Directors of North Staffordshire Combined Healthcare NHS Trust has established a Health, Safety and Well-being (HSWB) group which is a sub-group reporting to the Quality Committee. The HSWB group thus aligns with the Trust's organisational and governance structures and framework; there is no requirement for this function to report directly into the Trust board.

The Health, Safety and Well-being Group meets bi-monthly and focuses on significant health and safety issues and seeking wider assurances around health and safety management issues. All actions generated from the group are monitored to ensure timely completion and compliance.

4. Reporting

The Ulysses Reporting and Risk Management System is used in the Trust to manage incident reporting, including accident reports, complaints and risk registers.

The incident reporting module is used to report and record adverse events, incidents and near misses. It is also used to report on performance in terms of overall levels of reporting, the quality and accuracy of incident reporting. Staff are required as part of their roles to report all incidents or near misses via the online incident reporting module within Ulysses.

Of all the incidents reported via Ulysses, there were only 50 attributed to a staff health and safety incidents. This equates to less than 1% of the total number of incidents reported, demonstrating the positive health and safety culture within the Trust. Health and Safety Incidents have slightly increased from 2017/18 however are below the figures for the previous 2 year periods. The below table provides year on year totals for health and safety incidents since 2015/16.

Year	Total Health and Safety incidents reported

2015/16	65
2016/17	64
2017/18	44
2018/19	50

The below graph provides a month on month trend of these health and safety incidents.

Health & Safety incident trend by month
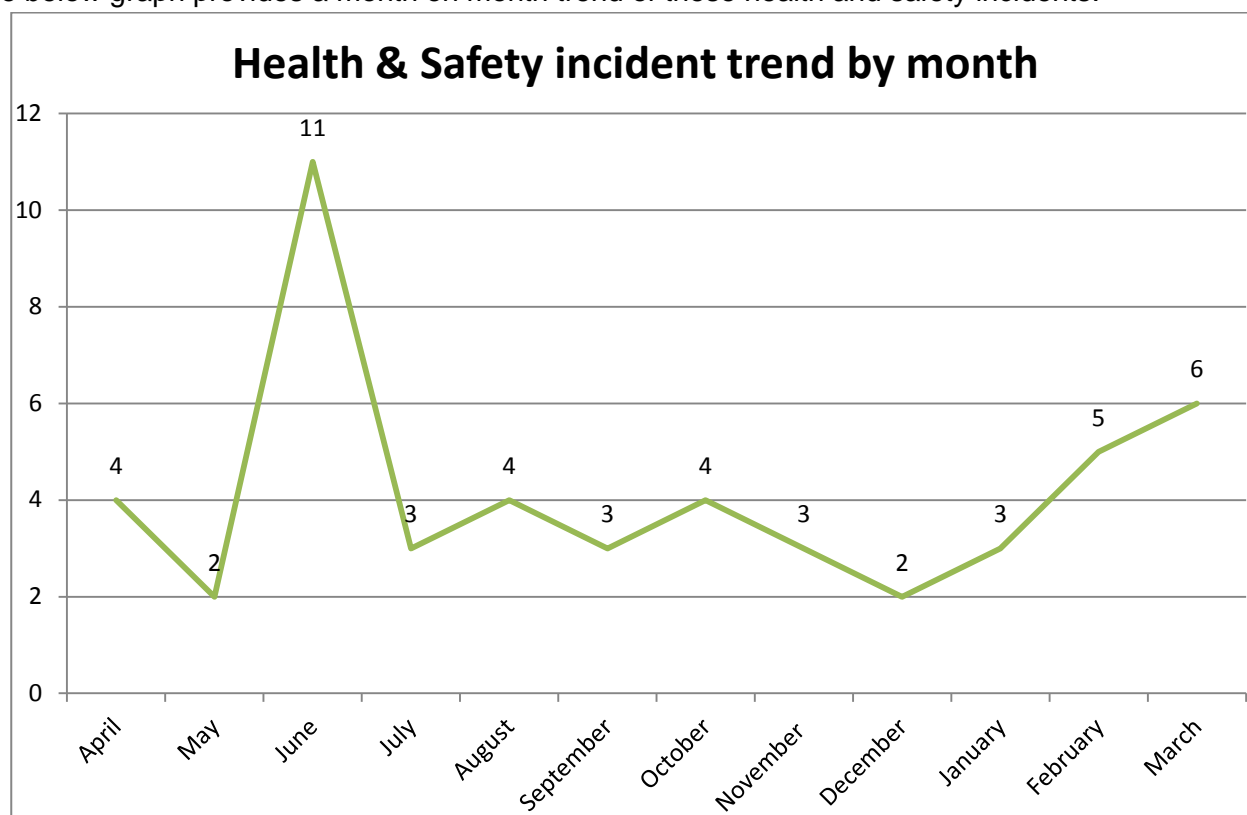
- There has been an average of 4 incidents per month, with the prevalence of health and safety incidents fluctuating throughout the year with a peak of 11 incidents in June 2018. The spike in incidents is unexplained with no trends or correlation with incident spikes from previous years identified. The spike in incidents in June accounts for the increase in the total number of incidents when compared to 2017/18.

The graph below provides a breakdown of health and safety incidents according to their category.

Yearly reported health and safety incidents by Category
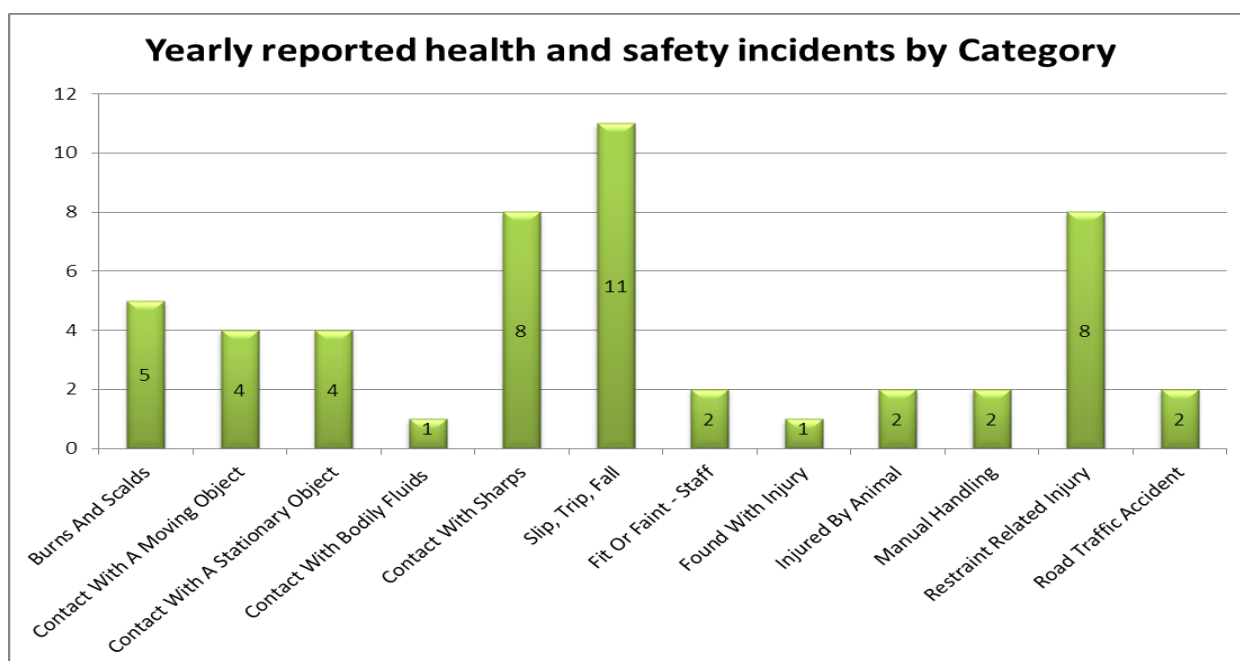
- Slips, trips, and falls were the most prevalent health and safety incident with 11 incidents reported over the year. Although the most prevalent incident the 11 incidents reported was less than previous years where there were 21 (2015/16), 24 (2016/17) and 14 (2017/18) incidents reported.
- There were 8 incidents reported under the category of contact with sharps, however only 4 of these incidents related to needlestick injuries. This is a similarly low number when compared to 2017/18 and shows the positive effect of the work around needle safety.
- One of the main areas for increased health and safety incident reports relates to restraint related injury. There were 0 incident reports during 2017/18 and as such the 8 incidents reported for 2018/19 is a significant increase. Half of these incidents however were reported as a result of an injury sustained during MAPA training. All of these incidents were reviewed by the Workforce Safety Lead, however no trends or practice, process or environment issues were identified, with most injuries occurring unavoidably e.g. staff member knelt down and felt pain in their knee.

Detailed information and analysis of incidents is undertaken by the Health, Safety & Well-being Group which receives bi monthly reports on a range of areas including:

- Health and safety - reports on accidents and incidents, including trends and themes.
- Incidents reportable to the Health and Safety Executive, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Estates management - including asbestos, legionella and fire safety
- Security
- Fire
- Workforce training and development
- Reports on specific issues, for example lone-working

Areas of compliance or concern highlighted from the information it receives is managed and progressed through this forum. Assurance is then reported to the Quality Committee and to the board. Details of 2018-19 activity is included within this report.

2018/19 Management of Health & Safety Annual Report

Investigations in regard of incidents have been undertaken by the Health and Safety Advisor where these are considered appropriate. The learning from investigations are disseminated through the weekly incident review group, Learning Lessons forum and to the necessary teams within the Trust.

Quarterly health and safety audits are completed by each team within the Trust. There continued to be a very high percentage completion rate for these audits over all 4 quarters of 2018-19. These audits are co-ordinated by the Health and Safety Advisor, who initiates the process and further collates all the information and any gaps identified through the audits. Plans were implemented following receipt of each quarter's reports which focussed on resolving the identified gaps within each service and with the support of the Health and Safety Advisor actions were completed or escalated where necessary. The quarterly audit questions were reviewed at the start of the financial year and amendments made to create more focussed audits reducing repetitiveness to support clinical teams in completing these.

As part of assuring standards and compliance with health and safety legislation, as well as promoting best practice across the Trust, a programme of health and safety inspections have been implemented. These inspections are completed with union health and safety representatives from either Unison or Royal College of Nursing. The inspections aim to support managers and team leaders in ensuring that their environments and processes are safe and promote a culture of safety.

5. Violence against staff

NHS Protect defined physical assaults as:-
"The intentional application of force against the person of another without lawful justification resulting in physical injury or personal discomfort".

The graph below details the assaults against staff since 2013-14.
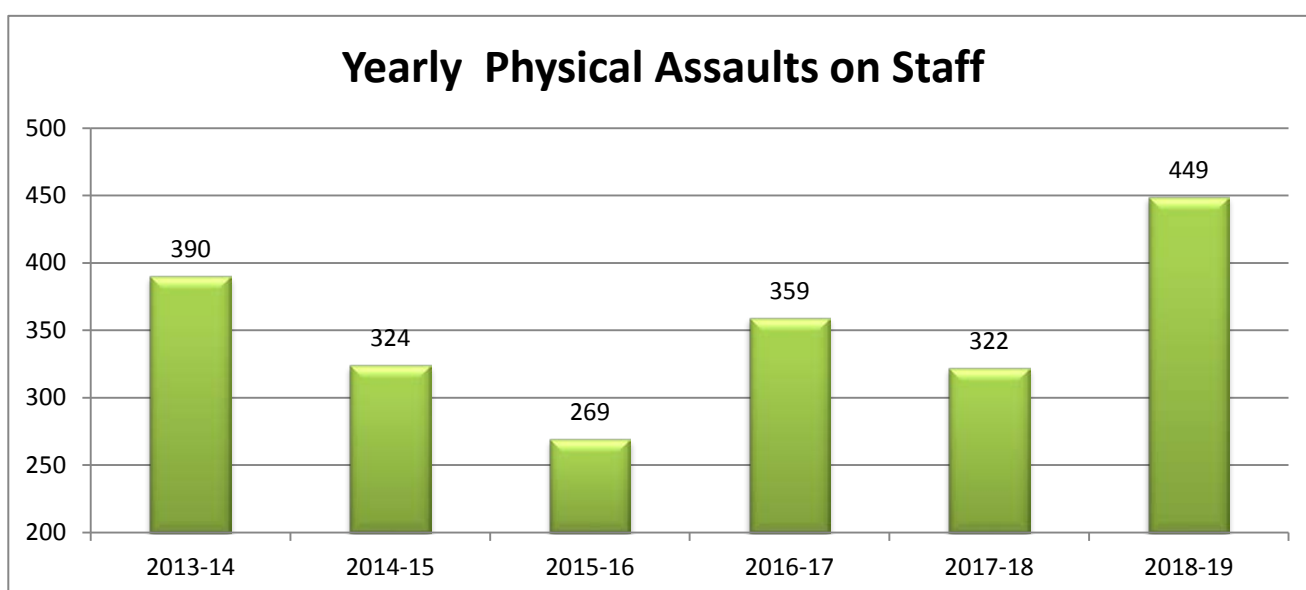
Trust has seen a sharp increase of around 40% from 322 reported physical assaults on staff in 2017-18 to 449 in 2018-19. Inpatient services remain the highest reporters of staff assaults with 438 making

up over 97% of the total reported incidents. The Urgent Care directorate reported 258 staff assaults and the Specialist directorate 187 which makes up 99% of all reported incidents. The learning disability unit Assessment and Treatment were the highest reporters with 132 assaults on staff. This is a significant increase of over double the figure reported for 2017-18 (56) which partially accounts for the increase in total incidents. Scrutiny of the figures shows that in Assessment and Treatment a relatively small number of patients are responsible for a high number of incidents, where of the 132 incidents of assault, 93 (70%) involved just four patients. The second highest reporters of physical assaults on staff were Ward 3 with 90 reported incidents. This is a slight increase from 2017-18 where 75 were reported. The staff assaults reported within Ward 3 were spread more evenly amongst patients with 36 different perpetrators recorded. Assessment & Treatment, Ward 1 and Children's Short Break Service more than doubled their reported physical assaults on staff from the previous year (2017/18) with an overall increase of 124 incidents between them, which accounts for the increase in total physical assaults (127 incident increase).
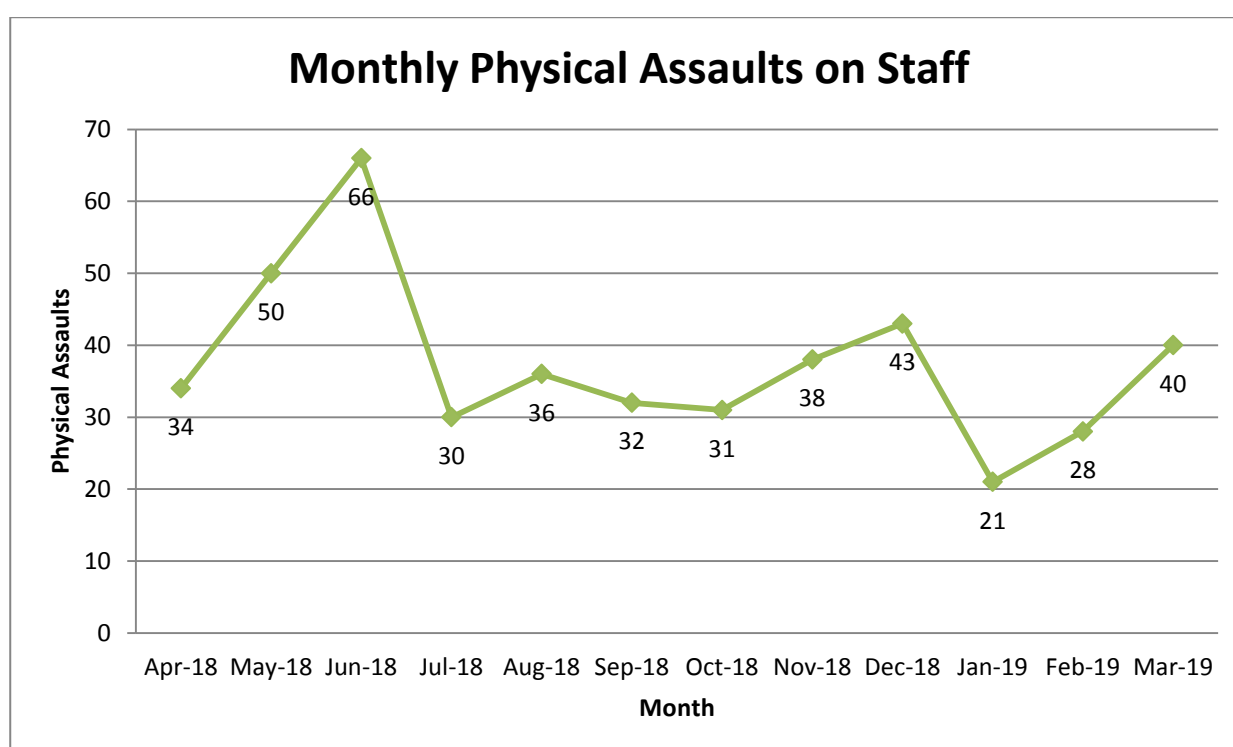
Review of the month on month reported physical assaults shows a spike in reported incidents during the month of June. Although not statistically significant and within the remit of what would be considered common variation, it is a stark increase when compared to the average (37) incidents reported per month. As would be expected Assessment and Treatment and Ward 3 were the highest reports during this period, however both inpatient areas reported more than their own average with 25 and 21 incidents reported respectively. Apart from the slight decrease in incidents for January the remaining months were relatively consistent in relation to the average.

Level of Harm (Actual)	Number of Physical Assaults
1 - No Harm	270
2 - Minor	175
3 - Moderate (Short Term Harm - Patient(S) Required Further Treatment, Or Procedure)	4

Although an increase in the number of reported physical assaults on staff, the percentage of assaults resulting in harm to staff fell from 56% in 2017-18 to 40% in 2018-19. The vast majority of harm incidents were rated as minor (175 incidents, 39%) with only 4 rated as moderate harm representing less than 1% of the total number of incidents. The 4 moderate incidents all resulted in staff receiving injuries that required reporting to the HSE under RIDDOR. These incidents occurred within different areas within the Trust and were perpetrated by separate individuals. Strategies adopted by the Trust to attempt to reduce violence against staff will be discussed at the end of the report.

5.1 Staff assaults requiring RIDDOR

There were 8 staff assault incidents during 2018-19 which required reporting to the HSE in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The 8 staff assaults were mostly reported as a result of staff members being absent from work for over 7 days, with just 1 incident reported due to the staff member sustaining a specified injury (fractured ribs). Four of these incidents caused moderate harm and four minor harm. Details of the moderate harm incidents were as follows:

- Ward 3, June 2018 - a staff member sustained a concussion after being assaulted (struck to the right side of the head with force)
- Ward 2, October 2018 - a patient approached a staff member from behind, putting his arm around his throat and applied pressure to his windpipe, staff member was struggling to breath. The staff member was unable to pull their pit alarm, however staff were alerted to something going on and found the patient assaulting the staff member. Although difficult attending staff managed to remove the patients arm from staff member neck.
- Access Team, March 2019 – a patient came into the access team for a crisis assessment and was assessed in interview room by the staff member. Whilst being assessed, the patient physically assaulted nurse punching them in the head/eye causing injury to head, face, and eye.
- Ward 6, March 2019 – while supporting a patient, the patient became unsettled and stamped on the staff members foot causing a fracture to the toe.

The four minor harm incidents are:

- Sutherland Centre, April 2018 – while conducting a home visit where the patient presented initially as his usual self but became verbally aggressive and threatening towards the staff member, the patient locked the garden gate preventing the staff member from leaving. The staff member after much persuasion managed to get the patient to open the gate however the incident left the staff member in shock and was subsequently off work for more than 7 days from the psychological trauma of the incident.
- Assessment and Treatment, May 2018 – a staff member was struck to the face by a patient while displaying challenging behaviours. The staff member was removed from the immediate environment and attended A&E who advised that she had soft tissue damage.
- Ward 2, September 2018 – a staff member was punched on the left side of the head twice by patient causing soft tissue injury, swelling, bruising and neck pain.
- Assessment and Treatment, March 2019 - during physical intervention for a very challenging patient with learning disabilities, the staff member has been struck in the chest causing fracture to 2 ribs.

All of the incidents were reviewed to establish causes and wider learning which may support in preventing and reducing further incidents.

5. Comparison of 2017-18 NSCHT Data with the National Picture

In previous years it has been possible for the Trust to make a comparison against other mental health trusts nationally but this has not been possible since 2016 due to the withdrawal of NHS Protect involvement.

5.3 Strategies to Reduce Staff Assaults

The Trust takes seriously all assaults on staff and its responsibility in ensuring both staff and patient safety. A number of ongoing initiatives have been introduced in order to ensure the safety of both staff and patients which include:-

- Timely review of all incident forms relating to violence and aggression by the workforce safety team has allowed for targeted support to be given to clinical areas in relation to the care planning and implementation of violence reduction initiatives.
- All staff who are victims of an assault are contacted by the Local Security Management Specialist to ensure they are being supported, and to offer additional support should this be required.
- Ongoing support from Workforce Safety team to areas encountering difficulties with particularly challenging clients. The team try to make this support more structured and proactive rather than reacting to calls for advice when difficulties have already been encountered.
- The Local Security Management Specialist (LSMS) forging stronger links with our local police force to ensure that where necessary and subject to the patient's capacity, suitable and appropriate sanctions are applied to those who assault our staff thus giving a clear message to both patients and staff of the Trust's commitment towards reducing incidents of this nature.
- The Workforce Safety Lead and Local Security Management Specialist have also worked with some teams regarding the development of administrative sanctions outlining acceptable and unacceptable behaviour.
- Critical Incident Debrief Training for staff is provided for senior staff to allow for timely debrief following incidents.
- The Trust recently is currently reviewing its strategy in relation to violence and aggression and how it deals with patients who display this type of behaviour.
- There has been a focus on "person centred approaches" across the Trust to improve the patient experience and enhance the relationship between staff and patient.

5.4 Verbal Abuse & Non Physical Assault

The Trust takes seriously all abuse on staff and its responsibility in ensuring both staff and patient safety. In addition to the already reported assaults, staff have been the victim of 341 incidents of non-physical assault/verbal abuse reported in the following categories:

Category	Number of incidents
Attempted Assault Pt To St	131
Homophobic Abuse	2
Intimidation Or Threats	60
Racial - Abuse Pt On St	23
Racial - Abuse Visitor On St	1
Sexual - Disruptive Behaviour - Pt To St	17
Verbal - Abuse Pt On St	83
Verbal - Abuse Visitor On St	24

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It is important not to underestimate the psychological impact these incidents can have upon staff. Following all incidents staff should receive a debrief and be offered the necessary support required.

5.5 Administrative Sanctions and Warning Letters

Administrative sanctions, including verbal warnings and warning letters, are used as a mechanism to draw attention to an individual's unacceptable behaviour and support our staff when a criminal justice route is neither possible nor appropriate. This is referenced in the Trust Violence and Aggression Policy (5.19 Health and Safety Folder). Warning letters are designed to identify the unacceptable behaviour and the impact it had on staff, stress the importance of working together with mutual respect and highlight possible ramifications should the behaviour re-occur.

We have issued a 4 of warning letters throughout the year to patients who were racially abusive, caused criminal damage and were assaultive to staff. As detailed above the letters detailed the unacceptable nature of the behaviour and the possible consequences should any further instances occur. Although used in certain cases these warning letters could be applied more consistently as an attempt to reduce the number of repeat offences and highlight to patients that abusive behaviour will not be tolerated in the Trust.

5.6 Diversity and Inclusion

The Trust is committed to encouraging equality and diversity among our workforce, and eliminating unlawful discrimination. Our aim is for our workforce to be truly representative of all sections of society and for each employee to feel respected and able to give their best. To this end the Trust takes very seriously all reports of abuse and unlawful victimisation of its staff whilst fulfilling the course of their work activities, on the basis of their race, culture, religious beliefs, gender or sexuality. Any reports of such abuse are thoroughly investigated and appropriate actions taken based on the perpetrator's level of cognitive function. All staff are aware of the need to give a very clear message that such behaviour is not acceptable and does not fit the values of the organisation. Protected characteristics in relation to staff assaults are closely monitored.

6. Competent Advice

The Management of Health and Safety at Work Regulations 1999 requires employers to appoint one or more competent persons to assist in health and safety management. North Staffordshire Combined Healthcare NHS Trust has a designated Health and Safety Advisor post within the Patient Organisational Safety Team. The Health and Safety Advisor is formally designated as North Staffordshire Combined Healthcare NHS Trust "Competent Person".

Throughout the year continual advice has been sought and provided in relation to refurbishments and new developments in addition to health and safety incidents. The Health and Safety Advisor has been a member of all groups relating to the refurbishment or development of new premises and where health and safety concerns have been raised advice has been given and situations monitored to ensure compliance.

7. Policy

All organisations employing five of more people must have a written Health and Safety Policy. The policy should cover all aspects of the organisation and be of an appropriate length and relevance to the activities and size of the organisation.

North Staffordshire Combined Healthcare NHS Trust has an approved Health and Safety Policy, which has been produced and revised in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974 and HSG 65. The Policy provides guidance to Directors, Managers, Supervisors and Employees on the arrangements and procedures for managing Health & Safety throughout the Trust. The Policy contains details of roles and responsibilities for the management and planning of Health and Safety throughout the Trust and is supported by a suite of specific policies related to Health and Safety.

Additionally policies developed, reviewed and implemented during the year include:
- Safer Manual Handling
- Display Screen Equipment
- Pinpoint

8. Compliance

The Health and Safety Executive (HSE) is the national independent regulator and act in the public interest to reduce work-related death and serious injury across Great Britain's workplaces. The HSE will investigate and, where appropriate, prosecute breaches of health and safety law.

The Trust were contacted by HSE on two occasions during 2018/19, which on both occasions was following the submission of a RIDDOR report. On the first occasion the HSE were clarifying injuries sustained by a staff member following a patient assault. The second contact was also in relation to a patient on staff assault; however, the HSE wanted clarification regarding the processes in place in respect of staff safety. In particular the HSE wanted to be assured that the staff member had received sufficient and suitable training as well as to ensure a suitable and sufficient risk assessments were in place in respect of violence and aggression from patients.

On both occasions following a discussion in respect of the training provided to staff and the risk assessments completed, the HSE were satisfied that the Trust was in compliance with all of its statutory duties in relation to these incidents. The Trust further continues to monitor its compliance with all health and safety legislation and currently has no concerns in respect of legislation breaches.

9. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) related incidents

RIDDOR regulations are made under the Health and Safety at Work Act 1974; they apply to a set of reporting requirements to work related accidents or incidents. The main purpose of the regulations is to provide timely reports directly to the HSE in the event of specific accidents or incidents. There is a wide range of events which are reportable to the HSE under these regulations. The main reportable events which apply and occur in healthcare settings are as follows;
- Specified Injuries
- Over 7 day injuries (unable to complete normal work duties for more than 7 days)
- Specified Occupational Diseases

9.1 Trust reported RIDDOR incidents

For the 2018-19 reporting year, there have been 13 RIDDOR reportable incidents which have been reported to the HSE. These incidents fall into the following general categories –

- 1 instance of slip, trip or fall by staff
- 9 instances of physical assault on staff by patient
- 2 instance of Manual handling
- 1 instance of Collision with moving object

Detailed reports on RIDDORs and other health and safety incidents are reported and monitored through the Health, Safety and Well-being Group and individual management teams. All but 1 of the reported RIDDOR incidents was reported as 'over 7 day injuries' with 1 incident reported as a specified injury (fractured ribs).

10. Specific HSWB group activity

The following are notable areas of work which have been led by the HSWB group over the last year:

- Commissioned ligature review
- Medical device compliance
- Activity monitoring compliance and risks associated with legionella, asbestos, waste, fire safety and security management
- Development and review of a considerable number of health and safety related policies

11. Risk management

Risk assessments are the keystone of successful health and safety management, and are a legal requirement. A suite of non-clinical risk assessment templates have been developed to ensure all areas have the necessary assessments under health and safety legislation and as prescribed by the Trusts Health and Safety Policy. These risk assessments are provided to managers as guides to support in the completion of an appropriate suite of health and safety risk assessments. Included are risk assessments for violence and aggression, lone working, and slips, trips and falls (list not exhaustive).

12. Training

All staff must complete an e-learning package in health and safety as part of their mandatory training and at intervals of 3 years following initial completion. The e-learning package has been developed to create a positive health and safety culture, where safe and healthy working becomes second nature to everyone. The session provides key information on health and safety law, risk assessing and safety topics providing staff with the necessary knowledge to create a healthy and safe environment.

Within healthcare there is a considerable range and number of training requirements and expectations to be met. It is a formidable challenge to ensure that the entire workforce has undertaken all required training, particularly when service demands are high. Managers are responsible for ensuring their staff have all completed a local induction and that their annual mandatory training is up to date (including health and safety related topics).

Health and safety related training and attendance figures are presented and monitored at the People and Culture Development Group. Health and safety training compliance is also reported on as part of the wider essential training stats that are part of each directorate's performance monitoring.

Supplementary training in ligature risk assessments has been developed and sessions organised for managers and senior clinical staff. The environmental ligature risk assessment workshops provide staff with the necessary information on the policy and processes involved and further support in completing the assessments.

Additionally a Display Screen Equipment (DSE) e-learning package has been developed and implemented to ensure compliance with the Display Screen Equipment Regulations 1992. All staff must complete the e-learning package which provides instruction and guidance. Once completed learners are directed to complete a self-assessment which acts as a DSE Risk Assessment and must be forwarded to line managers for reference.

13. Asbestos

During 18/19 the Trust commissioned SB Asbestos to carry out management surveys on all Trust premises. Following receipt of the reports, it was identified that the Trust has asbestos or asbestos containing materials in 2 premises – Dragon Square and Broom Street. The areas identified are external to the buildings (soffits and verge boards) and pose no issues on a day to day basis.

The condition of the known Asbestos-containing Materials (ACM's) and the risks that the present are reviewed on an annual basis, or more frequently where there is potential for damage or rapid deterioration.

If the Trust undertakes any schemes at premises, which were built pre 2000, a refurbishment survey for asbestos would be undertaken prior to works starting.

14. Legionella

14.1 Compliance with legislation

The Estates Department has continued to implement the Trust's legionella policy, ensuring that appropriate systems and procedures are in place to minimise the risk of legionella within the Trust's hot and cold water systems. There are now two members of the Estates Team who have undertaken the Legionella Role of Responsible Person course. This will ensure that there is always adequate cover within the team to manage the water systems.

In agreement with the Director of Infection Prevention Control, the Water Safety Group has now been moved from within the Infection Prevention and Control group to a standalone body that holds its own bi-monthly meetings and reports directly into the Infection Prevention and Control Group.

Regular sampling and testing for Pseudomonas Aeruginosa has been suspended after agreement with the Infection prevention and Control Group that the Trust's buildings no longer required this to be carried out. Testing for Pseudomonas aeruginosa is only required where a Trust has augmented care units. It was agreed at the IPC group in March 2019 that the Trust does not have any augmented care units and therefore does not need to test for Pseudomonas aeruginosa.'

A documented twice weekly flushing regime for all outlets continues, the facilities managers manage these records and report to the Trusts IPCG. The Estates Maintenance Team's staff will carry out flushing where closures of wards or where areas achieving poor water quality results has been identified by sampling.

14.2 Summary

NSCHT Estates department manage the risks associated with Legionella and water quality by implementation of Planned Preventative Maintenance System which schedules periodic tests to ensure compliance with all relevant regulations / statutory requirements. These tests include temperature monitoring, routine flushing and installation risk assessments including any remedial work required.

- Overall **NSCHT have a 96% compliance rating** for tests carried out and completed.
- Recorded failed tests represent 4% non-compliance all of which were addressed by the Estates Maintenance Team.
- There were warnings of just 2% (73) of tests that where within range but with advisory notes as being close to out of range. These results were investigated further by the Estates Maintenance Team and any trends investigated and addressed.
- 94% of tests undertaken were fully compliant with no further action required.
- None compliant test information has been forwarded to the Estates supervisors and maintenance managers for completion. Progress against any remedial works required is reported on each quarter.
- 100% of the Tank Chlorination tests were successfully completed and in line with the Planed Preventative Maintenance schedule.

14.3 Content

NSCHT's Legionella management policy is based on and ensures compliance with the practical guidance of the Health and Safety Commission's Approved Code of Practice "L8" Legionnaires' disease –The control of Legionellae bacteria in water systems" 2001, made with the consent of the Secretary of State under Section 16 of the Health and Safety at Work etc., Act 1974.

With regard to implementing this policy, NSCHT use the detailed technical advice on design, maintenance, operation and management of water systems given in the Health and Safety Commission guidance section of the L8 ACoP and the NHS Estates two documents entitled "Health Technical Memorandum 04 01, The Control of Legionellae, hygiene, "safe" hot water, cold water and drinking water systems" Part A: Design, installation and testing and Part B: Operational management.

(*Health Technical Memorandum 04 now supersedes Health Technical Memorandum 2027 and Health Technical Memorandum 2040.*)

As laid down in The Health and Safety Commission's Approved Code of Practice the Trust will undertake to:-

        a. Identify and assess sources of risk;
        b. Prepare a scheme for preventing or controlling the risk;
        c. Implement and manage precautions;

> d. Keep records of the precautions implemented and will do so for each of the Health care premises within the Trust

a. Identify and assess sources of risk

All NSCHT premises have been independently risk assessed in accordance with our Control of Legionella & Safe Water policy. The risk assessments were independently undertaken by an external consultancy and all premises were risk scored and had a work plan identified of required remedial works. NSCHT Estates are working through the action lists arising from the risk assessments on the basis of a prioritised list with the inpatient areas representing the highest risk.

The Bi Annual water Risk assessments completed on the following sites for 2018 – 19:
> Corporate HQ - Main Building
> Corporate HQ – Ashtenne Units 1 – 6
> Corporate HQ – Ashtenne Units 21 & 24
> Dragon Square – Whole Site
> Holly Lodge
> Richmond Terrace No 7

b. Prepare a scheme for preventing or controlling the risk;

As part of the risk assessment process, an audit by an external body independent of the organisation has been provided. Although ultimate responsibility rests with the Chief Executive, the Estates Manager has delegated responsibility for managing any risks associated with this issue and these responsibilities are made clear in the Control of Legionella & Safe Water policy. In addition to the above the management and control plan is outlined in the above policy.

c. Implement and manage precautions;

NSCHT utilise Planned Preventative Maintenance System to ensure that all requirements and precautions associated with legionella risks is managed effectively. The compliance report embedded in this report demonstrates NSCHT's level of compliance against targeted requirements.

d. Keep records of the precautions implemented and will do so for each of the Health Care Premises within the Trust;

All evidence of compliance with the Control of Legionella & Safe Water policy is held within a software solution and management compliance reports are created quarterly or as and when required. These report on the level of compliance against the number of tests undertaken and shows there are currently no outstanding compliance issues. Where an adverse result is returned appropriate action is taken to address the issue and progress is monitored through the water quality group.

14.4 Water Management

NSCHT undertake a scheduled program of water storage tank cleaning throughout the year. Each water storage facility is disinfected and cleaned under a certified process annually. This process was ongoing and 100% complete.

It is confirmed that NSCHT Estates Department are currently recording a high level of compliance in all areas of control of legionella and general water management. Our systems are constantly improving and becoming more refined as we fully utilise system and technological advances. In relation to the main statutory and legislative requirements NSCHT are able to demonstrate compliance with all the main requirements – we have a policy and management arrangements in place and can identify and evidence high levels of compliance against our targets. Over the 2018-19 periods we have compliance levels of 96% which is above the 90% mark of our targeted level of evidenced compliance. The target represents a high level of compliance and minimum risk to the organisation.

15. Central Alerting System

The Central Alerting System (CAS) is a national web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

There is a requirement for the Trust to have in place good management procedures for the dissemination and compliance with all alerts received via the Central Alerting System. As guided by the CQC fundamental standards the Trust must ensure safe care and treatment is provided at all times and that service users are not put at risk of harm that could be avoided.

The Trust received 91 alerts from the Central Alerting System during 2018-19, all of which were reviewed as per policy in the following manner:

- Estates and Facilities Notices/Estates and Facilities Alert
  - ➢ All Estates and Facilities Notices and Alerts are disseminated to the designated staff within the Estates department and Serco respectively for review of their relevance to the Trust.

- Medical Device Alerts
  - ➢ All Medical device alerts are reviewed by the Medical Devices Lead and disseminated to Clinical Technology to cross check against the asset register for relevance.

- National Patient Safety Alert
  - ➢ All National Patient Safety Alerts are reviewed by the Head of Patient and Organisational Safety to assess their relevance and allocate an appropriate lead.

Following review there were 22 alerts considered applicable to the Trust where action was required to demonstrate compliance. Where identified as applicable to the Trust the necessary actions set out within the alert were reviewed and an action plan developed to fully meet the requirements. These action plans are monitored through the Health Safety & Wellbeing Group ensuring actions are completed and issues are escalated as appropriate.

Sixteen of the alerts that were considered applicable to the trust were successfully completed and appropriate responses provided to the Central Alerting System. The remaining 6 alerts have been acknowledged on the system and have active action plans to conform to the actions within the alert by the required deadline. The 6 open alerts all have due dates beyond 31st March 2019. During the reporting period there have been no alerts which have breached their deadline dates as set by the Central Alerting System.

16. Medical Devices

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There is a requirement for the Trust to have in place good management procedures for medical devices as identified through:

- Managing Medical Devices (MHRA) April 2014
- Institute of Physics and Engineering in Medicine (IPEM) Report 95 – Risk Management and its Application to Medical Device Management
- CQC Fundamental Standards

16.1 Policies & Procedures

The Medical Devices Policy contains details of roles and responsibilities for the management of Medical Devices throughout the Trust as well as processes to support compliance with standards set by the MHRA. The policy is reviewed in line with legislation changes and at regular intervals to ensure continued compliance and relevance.

16.2 Asset Register

Asset registers are held by the Trusts Estates Department and Clinical Technology respectively for the medical devices they maintain. These are regularly reviewed to ensure they are accurate and reflect the number and location of devices across the trust. In this period and in addition to these registers an independent audit and assessment has been undertaken of all hoists, baths and beds detailing their condition, age and conformity to relevant standards. Along with similar data in respect of electronic medical devices obtained from Clinical Technology, all medical devices have been mapped in relation to their current risk and the necessity from replacement.

16.3 Management plan

To ensure compliance with legislation a replacement plan has been developed which prioritises equipment and furniture on a risk basis assessing the age, condition, suitability and continued functionality. This is important to ensure that the areas with the most need and highest risk equipment receive replacements and upgrades.

During the audit of equipment a significant number of devices were identified as having exceeded their 'expected service life' date meaning there is a substantial amount of equipment that requires replacement or upgrade. We acknowledged the Trust did not have the funds to address this in a single year therefore the trust has implemented a replacement plan where the replacement of equipment is spread over a number of years.

This has already begun with equipment identified as the highest risk, due to failure to comply with legislation or due to its condition replaced during the reporting period. In all over £120,000 has been spent on upgrading equipment which included the purchase of new baths, hoists, patient monitoring devices and ECG machines. In addition it has been decided that Automated External Defibrillators will be implemented into resources centres and community services where clinical activity takes place. As such 8 new AED's have been purchased and will be implemented in these areas once sufficient training has been completed.

16.4 Maintenance

Clinical Technology

Clinical Technology (CT) continue to complete annual maintenance and calibration on medical devices under their remit. Calibration and servicing has altered with Clinical Technology completing all servicing within the month of April rather than throughout the year. This will streamline services and should ensure devices do not run past their servicing or calibration date without been seen. This requires the support of clinical areas in making devices available when engineers from CT attend site to complete servicing.

Estates

Estates hold a contract with Arjo for the servicing and inspection of hoists within the Trust. Hoists must be inspected on a 6 month basis as directed by Lifting Operations and Lifting Equipment Regulations 1998. Records of all inspections and highlighted issues are completed by the inspecting engineers and provided to Estates. Maintenance of beds and wheelchairs is part of the planned preventative maintenance (PPM) conducted by estates and is completed on an annual basis as directed by Provision and Use of Work Equipment Regulations 1998.

17. Future development

The Health and Safety Advisor, closely supported by the patient and organisational safety team will focus on embedding revised health and safety related polices and continuous health and safety improvement throughout the trust.

Tackling violence and aggression is a key area where further development can have a positive impact upon patient care through increasing staff morale as well as reducing violence related sickness. In particular the application of administrative interventions requires review to ensure their use is consistent and accessibility to such interventions is easier. In doing so it is the hope that more administrative interventions will be used and where used appropriately these will aid in reducing patients from displaying continued behaviours of violence and aggression.

18. Conclusion

As with any large and complex healthcare organisation, adverse events will occur and the Trust will have areas where improvements can and will be made. The Board is asked to accept this report as assurance that the Trust has adequate policies, systems and procedures in place for the identification and management of health and safety issues across the organisation.

REPORT TO OPEN TRUST BOARD

Enclosure No: 10

Date of Meeting:	25 July 2019
Title of Report:	Q1 Serious Incident Report
Presented by:	Dr Buki Adeyemo, Executive Medical Director
Author:	Frazer MacDonald, Health and Safety Advisor
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report provides the Trust with information relating to the nature and status of SI's currently open and the trend data for 2018/19 and Q1 2019/20. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. The Q1 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 & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services. ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	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:	N/A		
Recommendations:	To receive for assurance		

Version	Name/group	Date issued
1	SLT	16th July 2019
1	Quality Committee	Virtually 17 July 2019

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 2019 to 30th June 2019 (Quarter 1, 2019/20) and details the following:

- The status of SIs currently open and trend data for Q4 2018/19 and Q1 2019/20.
- 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 12 months. There are however current discussions with commissioners to alter this to only capture people in receipt of services or who have been in receipt of services in the previous 6 months. 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 2018 to June 2019.

StEIS Incident category	Q1	Q2	Q3	Q4	Total 2018/19	Q1	Q2	Q3	Q4	Total 2019/20
Apparent/actual abuse	2	0	0	1	3	1				
Unexpected potentially avoidable injury causing serious harm: this is subdivided as shown below										
Apparent/actual/suspected self-harm criteria meeting SI criteria	2	2	3	2	9	2				
Slip, trip, fall	1	6	1	2	10	1				
Unexpected potentially avoidable injury causing serious harm	3**	0	0	0	3	0				
Disruptive, aggressive behaviour meeting SI criteria	1	1	0	0	2	0				
Unexpected/Potentially avoidable serious assault (inc Suspected Homicide)	0	0	1	0	1	2				
Under 18 admission	0	0	1	0	1	0				
Incident demonstrating existing risk	0	0	1	0	1	0				
Unexpected potentially avoidable death: This is subdivided as shown below										
Pending review	7	14	10	20	51	11				
Apparent/actual/suspected self-harm criteria meeting SI criteria (suspected suicide)	10	3	4	11	28	4				
Total	26	26	21	36	109	21				

** this included one incident where the harm occurred to a member of the public but the nature of StEIS does not allow for this in the reporting framework.

The tables below shows the incidents reported in Q1 by team and by directorate.

Team	Apr-19	May-19	Jun-19	total
Acute Home Treatment	1	0	0	1
Ashcombe Centre	1	0	0	1
CDAS	2	0	2	4
Early Intervention	0	0	1	1
Greenfield Centre	2	0	0	2
Greenfield/CDAS	0	0	2	2
Lymebrook Centre	1	0	0	1
One Recovery (North)	1	0	2	3
One Recovery/Ashcombe	0	1	0	1
Sutherland Centre	1	0	0	1
Ward 4	1	0	0	1
Ward 7	0	1	0	1
Multiple Wards	0	1	0	1
North Staffs Memory Clinic (Stoke Dir)	0	1	0	1
Grand Total	10	4	7	21

Directorate	Apr-19	May-19	Jun-19	Grand Total
Stoke	3	0	0	3
*Stoke/Spec Svcs	0	0	2	2
North Staffs	2	1	1	4
*North Staffs/Spec Svcs	0	1	0	1
Acute & Urgent Care	4	0	0	4
Specialist Services	3	0	4	7
Grand Total	**12**	**2**	**7**	**21**

*indicates more than one directorate involved, the first named directorate is lead for the SI investigation.

During Q1, 21 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 7 serious incidents reported for the Specialist Services Directorate. All 7 of these incidents were unexpected, potentially avoidable deaths. An additional unexpected, potentially avoidable death was reported where the individual was known to mental health and substance misuse services, and in this case, the North Staffordshire Community Directorate will be the lead investigator.
- There were 4 serious incidents reported for the Acute & Urgent Care Directorate. This includes 1 unexpected, potentially avoidable death, 1 suspected self-inflicted harm, 1 slip, trip, fall that resulted in a fracture and 1 apparent/actual abuse in respect of incomplete Mental Health Act paperwork.

3

- In the Stoke Community Directorate, there were 4 incidents of unexpected, potentially avoidable deaths.
- There were 3 incidents in the North Staffordshire Community Directorate. All 3 incidents were unexpected, potentially avoidable deaths. There were also 2 additional incidents where the people were also known to Substance Misuse Services. One of these incidents was unexpected, potentially avoidable death and the other was self-inflicted harm requiring surgery to repair.

3. Themes and Trends

The graph below shows the number of Serious Incidents reported monthly over the previous 12 months.

SI's by month. July 18 - June 19
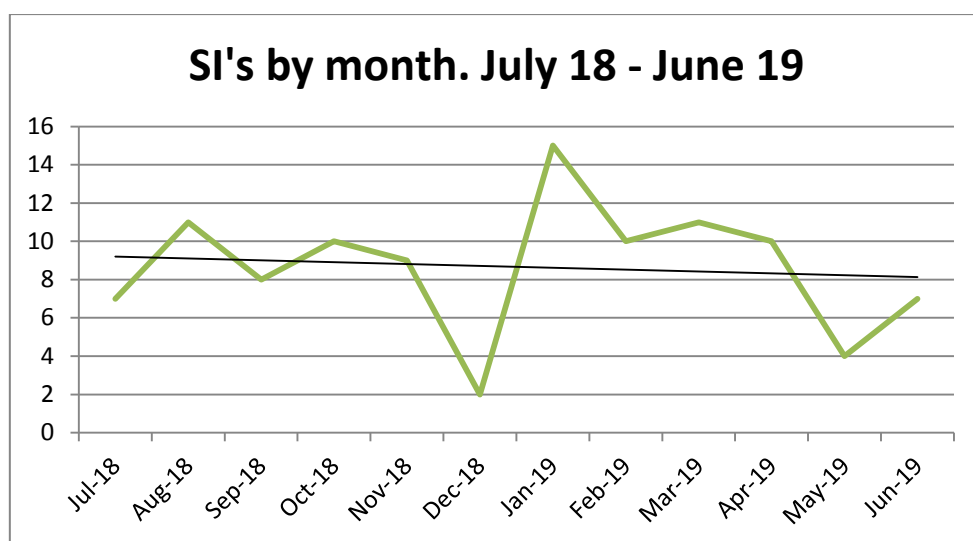
The trend line for SIs over the last 12 months is marginally decreasing however if viewed over a longer timeframe, the Trust is reporting a consistent number of SIs on average as demonstrated in the graph below:

SI's by month. Jan 18 - June 19
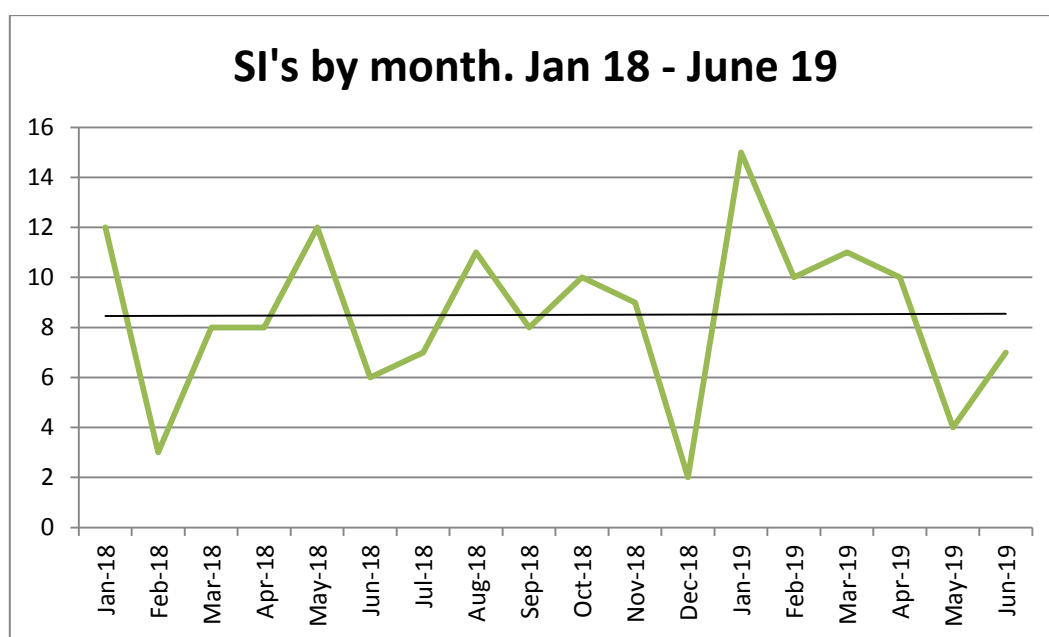
The number of suspected suicides has decreased in Q1.There were 4 unexpected deaths where death by suicide was suspected in Q1 and this is in comparison to 11 suspected suicides in Q4 2018/19.

Q1 also showed an increase in the categories: Unexpected/Potentially avoidable serious assault (inc Suspected Homicide). There were 2 incidents of homicide reported during this quarter in comparison to the single incidents reported for 2018/19. One of the reported homicides may however be reduced to a lesser charge by the Police following further investigation.

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 this quarter are outlined below:

- There is a need to ensure services provide detailed discharge information and that this is shared with all relevant parties involved in a patients care, in writing, in a timely manner, on discharge. In addition professionals should liaise with each other via distribution of a clinical note on discharge from a service as a matter of good practice.
- The Trust CPA policy requires review to support a patient centeredness approach based upon clinical presentation. Trust policy suggests that CPA and care co-ordinator allocation should be arranged prior to discharge from acute in patient settings; however in the case in question the clinical presentation did not support this approach.
- As in previous investigations, communication and documentation issues continue to be a feature of investigations. In particular this relates to effective communication between teams, stakeholders and treatment providers. Actions plans for improvements are in place for individuals and teams in relation to specific incidents. However there is a need to ensure that the messages are cascaded across the organisation.
- Ensure all clients with a history of opiate misuse are issued and trained in take home Naloxone, and training needs extended to other services involved with the client.

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

As part of the determination to strengthen Trust processes, the Patient and Organisational Safety Team (POST) have developed and implemented an overarching action plan from SI investigations. This action plan is reviewed by the Head of POST at 6 and 12 monthly intervals post incident in order to ensure that the learning from investigations has been embedded into practice. Assurance from this process is through the Clinical Improvement and Safety Group (CSIG).

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 is facilitated by POST and aims to provide 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. However should any investigation

identify causal links between patient harm and service delivered, the Duty of Candour process is initiated and a letter outlining the issues sent to the patient or next of kin.

The table below shows the incidents that were initially reported as potentially meeting the DoC requirements.

Month	Moderate and above incidents reported	Moderate and above incidents downgraded after review	Moderate and above incident. Managed via SI process	Moderate incident but does not meet DoC criteria	Incident meeting DoC requirement	Moderate and above incident. Managed through the Mortality Surveillance process
April	39	28	9	2	0	0
May	31	26	3	1	0	1
June	35	22	6	3	1	3
Total	**105**	**76**	**18**	**6**	**1**	**4**

During Q1, there was one incident which met the criteria for reporting under the Duty of Candour requirements.

The incident occurred on Ward 1 on 30th May 2019. The incident involved the team not identifying the early warning signs of the deterioration in physical health of the patient. A local investigation was carried out which identified learning for the team. The Duty of Candour process was followed. The face to face apology was given on 3rd June 2019 and the letter was posted on 5th June 2019.

The current ongoing SI investigations may determine that incidents meet the DoC criteria as part of the investigative process however the initial investigations do not indicate this at present.

6. Conclusion

- The Trust continues to monitor all incidents on a weekly basis and this report demonstrates compliance with Trust policies and processes.
- During this timeframe there has been a decrease in the number of unexpected potentially avoidable deaths. This includes a decrease in the number of deaths where suicide is suspected.
- The number of falls related SIs has remained low with only one in this quarter.
- 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.

REPORT TO OPEN TRUST BOARD

Enclosure No: 11

Date of Meeting:	25 July 2019		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Helen Sweeney, Deputy Director of MACE and Medicines		
Executive Lead Name:	Dr Olubukola Adeyemo, Medical Director	Approved by Exec	☒

Executive Summary:	Purpose of report	
The attached assurance report describes the business and outputs from the last meeting of the Quality Committee.	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 ☐ • Business Development Committee ☐ • Primary Care Committee ☐	
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration ☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☒ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒	
Risk / legal implications: Risk Register Reference	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	None highlighted	
STP Alignment / Implications:	Nil as part of this report	
Recommendations:	Receive for assurance purposes and ratify policies highlighted	
Version	Name/group	Date issued

Key points from the Quality Committee meeting held on 11 July 2019
For the Trust Board meeting on 25 July 2019

1. Introduction

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

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

2a Reports:

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

- ✓ **Unannounced Visits Q1 2019/20** – The report provides an overview of areas visited in Q1 (ward 1, ward 2 and Ward 7), identifies areas of good practice and makes recommendations to support on-going improvement – report approved.

- ✓ **CCQ, Healthwatch and Trust Visits Report Q2 2019/20** – Summary of visits to teams including IAPT Hope Centre, CAMHs North Stoke and Greenfield. The report acknowledged notable good practice – report approved.

- ✓ **Community Mental Health Survey 2018/19 –** The survey was completed under the old directorate structure, the action plan has now been revised in line with the new locality structure. The 2019/20 will be launched imminently – report approved.

- ✓ **PQMF and IQPR M2 2019/20 -** M2 dashboard and exception report in respect to contracted key performance indicators (KPIs). The committee discussed the 10 indicators that are underperforming and improvement actions being taken. This will be the last month of dual reporting before transferring over to solely reporting through IQPR format – reports approved.

- ✓ **Quality Committee Risk Register 12+** - Members discussed and agreed the risks contained within the Trust Risk Register that fall under the portfolio of the Quality Committee. The committee requested risk 440 relating to the Place of Safety Suite be reworded to reflect external factors attributing to this risk.

- ✓ **Appreciative Inquiry: Ward 1 action plan –** The action plan contained 9 recommendations which have been completed with assurance or are on target for delivery. The committee noted progress made against the action plan. Progress report will come to November meeting of the Committee.

- ✓ **Stoke Heath Prison Action Plan –** This draft action plan has been devised following the most recent CQC visit to the prison. Whilst Combined Healthcare

is not the lead provider for the service, the Trust prepared the action plan to present to service partners in the interest of developing a cohesive plan for all partners to work toward.

- ✓ **Quality and Governance Annual Report 2018/19 –** The annual report summarised the organisation and achievements of the clinical audit, risk and governance functions within NSCHT during 2018/19 – report approved.

- ✓ **Complaints and PALs Annual Report 2018/19 –** The report provided the Committee with assurances that the Trusts continues to provide a holistic, patient experience approach to providing support to service users, their families and carers – report approved.

- ✓ **Cleanliness Annual Report 2018/19 —** The Committee reviewed the report detailing performance in line with the Trusts Cleanliness strategy, decontamination responsibilities, and the IPC assurance framework – report approved.

- ✓ **Health and Safety Annual Report 2018/19 –** Assurance was provided that the Trust has adequate policies, systems and procedures in place for identification and management of health and safety issues across the Trust – reported approved.

- ✓ **Self-Harm Annual Report 2018/19** – The Committee was provided with a comprehensive report relating to self-harm incidents reported through the Ulysses reporting system during 2018/19 – report approved.

- ✓ **Director of Infection Prevention and Control Q1 2019/20** - The Committee approved the summary report detailing performance during Q1.

- ✓ **Directorate Clinical Dashboard / Balance Scorecards** - Directorate reports were discussed by the Committee. Areas of good practice highlighted and areas of continued improvement noted – reports approved.

- ✓ **Clinical Effectiveness Report** - Summary of the outputs from the Medicines Optimisation Group, Research & Development Group, Mental Health Law Governance Group, Clinical Records and Systems Design Group and the Clinical Effectiveness Group – report approved.

- ✓ **Serious Incident Annual Report 2018/19** - The Committee discussed the report which provided an overview and analysis of all Serious Incidents that had been reported and investigated in 2018/19 – report approved.

- ✓ **Review of Serious Incident Panel Methodology** - The review set out the development and use of a panel review approach as an additional tool for Serious incident investigation in line with the Trust strategic objective of embedding an open and learning culture. The review was positively received and opened discussion around potential scope and adoption – report approved.

- ✓ **Controlled Drugs Accountable Officer Report 2018/19** – The report outlines the legal and statutory obligations of the Trusts Controlled Drug Accountable Officer (CDAO) and provides assurance around the policies and procedures in

place to ensure the safe management of controlled drugs, and an overview of key actions undertaken in 2018/19 to improve on existing practice – report approved.

✓ **Safe Staffing Reports May 2019** - Assurance of safe staffing levels in place in line with National Quality Board requirements, report approved.

✓ **Safer Staffing Annual Report 2018/19 –** Summarised findings from 2018/19, compared with previous annual review and made recommendations in terms of rostering – report approved.

✓ **Learning Disability Mortality Review (LeDeR): Trust Update –** The review presented an overview of published updates and a Trust position statement – report approved.

✓ **Quality Committee Terms of Reference** – The new Terms of Reference have now been reviewed and approved.

2b   Policy report – the recommendations supported by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise, are noted as follows:

Policy No.	Name	Recommendation
4.36	External Visits Policy	Approve for 3 years
New as a Policy	High Dose Antipsychotic Policy	Approve for 2 years

3.   Next meeting:
5ᵗʰ September 2019

On behalf of the Committee Chair, Mr Patrick Sullivan, Non-Executive Director

Helen Sweeney, Deputy Director of Medicines and Clinical Effectiveness
16 July 2019

REPORT TO OPEN TRUST BOARD

Date of Meeting:	25TH July 2019
Title of Report:	Performance & Quality Management Framework [PQMF] Month 02
Presented by:	Victoria Boswell, Associate Director of Performance
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	
The report provides an overview of performance for May 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements. In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in the supporting PQMF dashboard.	Approval	☐
	Information	☐
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☐ Performance Review Date: 2 July 2019 / SLT 16.07.19	Document Version No.	

Committee Approval / Review	- Quality Committee ☐ - Finance, Performance and Estates Committee ☒ - Audit Committee ☐ - People & Culture Development Committee ☐ - Charitable Funds Committee ☐ - Business Development Committee ☐ - Primary Care Committee ☐
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐
Risk / legal implications: Risk Register Reference	In Month 2 there are 3 target related metrics rated as Red and 0 as Amber: all other indicators are within expected tolerances. All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.
Resource Implications: Funding Source:	A Data Quality Improvement Plan is agreed with commissioners to address data quality issues that may impact on performance.

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The PQMF includes monitoring of ethnicity as a key national requirement. 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:	N/A	
Recommendations:	The Board is asked to • Receive the report as outlined • Note the Management action	
Version	Name/group	Date issued
1.3	SLT	16/07/19

PERFORMANCE & QUALITY MANAGEMENT FRAMEWORK
REPORT TO TRUST BOARD MEETING

Date of meeting:	25 July 2019
Report title:	**Performance & Quality Management Framework Performance Report – Month 02 2019/20**
Executive Lead:	Lorraine Hooper, Director of Finance, Performance & Estates
Prepared by:	Victoria Boswell, Associate Director of Performance
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates

1   Introduction to Performance Management Report

The report provides an overview of performance for May 2019 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.
In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

2   Executive Summary

The following performance highlights should be noted:

- 94.9% of patients have received treatment or an intervention within 18 weeks from referral (target 92%)
- 95% of all service users on CPA have a care plan or statement of care that has been reviewed and updated in the last 12 months (target 95%)
- 97.4% of all patients on CPA have received a follow up within 7 days of discharge (target 95%)

Exception Reporting

In Month 02 there are 3 targets related metrics rated as **Red**, all other indicators are within expected tolerances.

Month 02 Performance for Trust Board

12%
0%
88%

■ Red ■ Amber ■ Green

KPIs for Trust Board

	M9	M10	M11	M12	M1	M2
Green	23	24	25	28	24	23
Red	2		1	1	1	3
Amber	1	2	1	0	0	0

━━ Red ━━ Amber ━━ Green
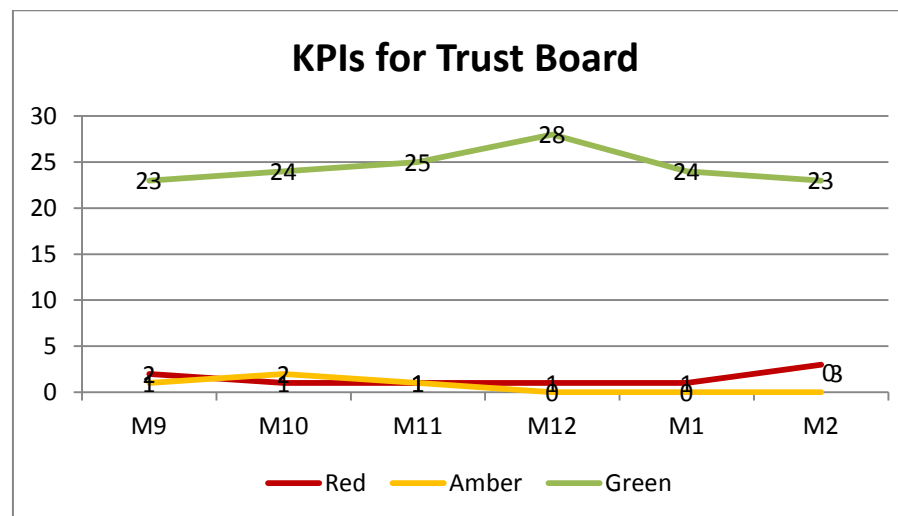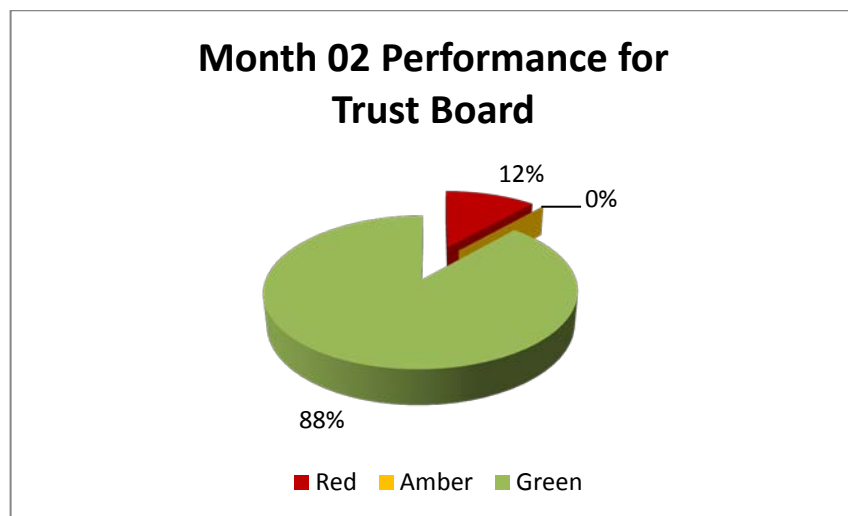
3   Updated metrics and targets

The following measures and targets have been updated for Month 2:

- PALS & Complaints figures for April confirmed, provisional data received for May 2019
- Sickness absence percentage figures for M2 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.

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PROUD TO CARE

4 Exceptions – Month 02

KPI Classification	Metric	Exec/Op Lead	Target	M01	M02	Trend	Commentary
CCG	**MH Liaison:** MH Liaison team response to A&E referrals within 1 hour	Dir of Ops	95.0%	**GREEN** **95.0%**	**RED** **94.8%**	↘	**94.8% at M2 from 95.0% at M1** 164 out of 173 were seen within 1 hour. If only one additional service user had been seen within the response time, the target would have been reached. The team has had increasing pressure over the last few weeks associated with S136 detentions out of hours and young people with complex needs on Ward 216 requiring additional practitioner resource. These factors have impacted on response times. It is anticipated that the response time will be met in M03.
CCG	**CYP admitted to Adult Wards:** Number of patients 16/17 years old admitted to adult psychiatric wards	Dir of Nursing	0.0	**GREEN** **0.0**	**RED** **1.0**	↗	**1 at M2 from zero at M1** This relates to a female patient aged 17 admitted to Ward 1 on 31 May 2019. The patient was admitted to the Ward following discussion with the service user. This was her expressed choice, and, at the time of admission, she was in the process of transition to adult services (Lymebrook mental health resource centre). A tier 4 CAMHS bed was available; however the service user declined to utilise the bed. Additionally there was no clinical justification for the transfer to the Darwin centre; the individual's primary need is suitable supported accommodation which is is difficult to source until she reaches 18 years of age in October. At the time of writing this report the patient was still in Ward 1.

KPI Classification	Metric	Exec/Op Lead	Target	M01	M02	Trend	Commentary
National	**Agency Spend:** % Year to Date Agency Spend compared to Year to Date Agency Ceiling	Dir of Workforce	0%	**RED** **2.0%**	**RED** **14.0%**	↗	**14.0% at M2 from 2.0% at M01** Agency is predominately over the ceiling due to Primary Care agency being higher than the approved increase in the ceiling and an increase in medical locums between M1 and M2 in the Stoke Community Directorate. The use of primary care locums are forecast to cease by October 2019 following the planned implementation of an alternate delivery model. Agency as a whole is forecast to be within the ceiling by the end of the financial year.

5. Recommendations

Board are asked to:
- Receive the Trust reported performance, management action and committee oversight on the Month 02 position

PQMF Report

NHS
North Staffordshire
Combined Healthcare
NHS Trust

CCG	NHS Standard Contract Reporting
National	NHS Improvement metric
Trust Measure	Locally monitored metric

↗	Trend up (positive)	↘ (red)	Trend down (negative)	
↘	Trend Down (positive)	↗ (red)	Trend Up (negative)	
↔	No change	↘	Trend Down (Neutral)	
		↗	Trend Up (Neutral)	

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
NHSI	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	56%	90.0%	83.3%										
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (North Staffordshire CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	56%	100.0%	100.0%										
	Number of completed EIP pathways (North Staffordshire CCG)	Monthly	No Target	1.0	1.0										
	Number of incomplete EIP pathways (North Staffordshire CCG)	Monthly	No Target	0.0	2.0										
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Stoke-on-Trent CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	56%	88.9%	81.8%										
	Number of completed EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	8.0	9.0										
	Number of incomplete EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	4.0	5.0										
NHSI	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%												
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs CCG)	Monthly/Quarterly	95%												
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (Stoke CCG)	Monthly/Quarterly	95%												
NHSI	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%												
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs CCG)	Monthly/Quarterly	95%												
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (Stoke CCG)	Monthly/Quarterly	95%												
CCG	Compliance with 18 week waits inc CAMHS (Referral to Treatment or Intervention)	Monthly	92%	92.1%	94.9%										
	Acute Services & Urgent Care			98.7%	99.7%										
	North Staffordshire Community			91.7%	92.9%										
	Specialist Care			69.7%	82.5%										
	Stoke Community			89.1%	92.5%										
	CAMHS			89.9%	92.0%										
CCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	0	0										
CCG	MH Liaison Team response to A&E referrals within 1 hour	Monthly	95%	95.0%	94.8%										
CCG	Patients will be assessed within 12 weeks of referral to the Memory Assessment service	Monthly	95%	100.0%	100.0%										
CCG	Number of people seen for crisis assessment within 4 hours of referral	Monthly	95%	100.0%	100.0%										
National	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	Monthly	95%	100.0%	100.0%										
National/CCG	Overall safe staffing fill rate	Monthly	No Target	91.2%	89.2%										
National	Mental health delayed transfers of care (target NHSI)	Monthly	7.5%	3.5%	0.5%										
CCG	Emergency Readmission rate (30 days). Percentage of patients readmitted within 30 days of discharge.	Monthly	7.5%	4.8%	5.7%										
NHSI	Total bed days patients have been Out of Area - In Month figures rather than Bed days for patients returning in month	Monthly	No target	4.0	0.0										
Trust Measure	Adult	Monthly	No target	4.0	0.0										
Trust Measure	Older Adult	Monthly	No target		0.0										
NHSI	Ratio of days Out of Area to baseline (Baseline set at M9 2017/18 figure of 150 bed days, as per SOF guidance, shown as 100%. The ratio of days each month to this baseline figure is then expressed as a percentage.)	Monthly	<100%	2.6%	0.0%										

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Trust Measure	Total patients Out of Area - In Month figures rather than Bed days for patients returning in month	Monthly	No target	1.0	0.0										
Trust Measure	Adult	Monthly	No target	1.0	0.0										
Trust Measure	Older Adult	Monthly	No target	0.0	0.0										
Trust Measure	Total bed days - PICU	Monthly	No target	60.0	583.0										
Trust Measure	Total patients - PICU	Monthly	No target	2.0	1.0										
SAFE															
CCG	Number of patients 16/17 years old admitted to Adult Psychiatric wards	Monthly	0.0	0.0	1.0										
NHSI	Admission to adult facilities of U16s	Monthly	0.0	0.0	0.0										
CCG	Bed Occupancy (incl home leave) - Trust	Monthly	85%	94.5%	89.1%										
CCG	Bed Occupancy (incl home leave) - Acute Services & Urgent Care - Adult Inpatient	Monthly	90%	92.4%	87.9%										
CCG	Bed Occupancy (Including Home Leave)-Trust excluding Adult Inpatient	Monthly	85%	95.6%	89.8%										
CCG	LD & CAMHS Inpatient - LD	Monthly	85%	92.2%	78.3%										
CCG	Neuro & Rehab - Neuro	Monthly	85%	101.3%	94.4%										
CCG	Acute Services & Urgent Care - Older Adult Inpatient	Monthly	85%	95.1%	94.9%										
CCG	LD & CAMHS Inpatient - C&YP	Monthly	85%	90.3%	72.3%										
CCG	IAPT: The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Quarterly	19% per annum (4.75% per quarter)	1.50%	1.39%										
NHSI / CCG	IAPT : The number of people who are moving to recovery. Divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment	Monthly	50%	61.8%	56.1%										
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 6 weeks of referral	Monthly	75%	99.5%	99.5%										
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%										
CCG	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Monthly	<10%	7.1%	10.0%										
CCG	Place of Safety Assessments	Monthly	No Target	27.0	18.0										
National	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths *NHSI*	Monthly	95%	96.0%	95.0%										
NHSI	The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	97.0%	97.4%										
Trust Measure/CCG	(ALL PATIENTS) The proportion of those receiving follow up within 7 days of discharge	Monthly	Internal-No Target CCG -90%	95.5%	96.1%										
NHSI/CCG	Never Events	Monthly	0	0.0	0.0										
National	Patient Safety Alerts not completed by deadline	Monthly	0	0.0	0.0										
CCG	Mixed Sex Accommodation Breach	Monthly	0	0	0										
CARING															
National	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	85.0%	85.0%										
National	Staff Friends and Family Test - % recommended - care	Quarterly	No Target												
National	Percentage of complaints responded to in line with timescale agreed with complainant	Monthly	95%	100.0%	100.0%										
National	Written complaints rate	Quarterly	No Target	3.1	1.5										
CCG	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	0	0.0	0.0										
ORGANISATIONAL HEALTH															
National	% Year to Date Agency Spend compared to Year to Date Agency Ceiling	Monthly	0%	2.0%	14.0%										
National	Sickness Absence Percentage: Days lost	Monthly	4.95%	4.3%											
National	Staff Turnover (% FTE) - 12 Month Rolling	Monthly	>10%	13.9%	13.6%										

REPORT TO OPEN TRUST BOARD

Enclosure No: 13

Date of Meeting:	25th July 2019
Title of Report:	Finance Position M2
Presented by:	Lorraine Hooper – Executive Director of Finance, Performance & Estates
Author:	L Dodds – Assistant Director of Finance
Executive Lead Name:	Lorraine Hooper – Executive Director of Finance, Performance & Estates	Approved by Exec ☒

Executive Summary:		Purpose of report	
This report summarises the finance position at Month 2 (May 2019)		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT X Execs Date: 09/07/19	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance, Performance & Estates Committee ☒ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (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	Ref 1035: Trust top 3 risks around delivery of 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		
Recommendations:	The Trust Board are asked to: Note:		

The reported year to date deficit of £249k against a planned deficit of £171k. This is an adverse variance to plan of £78k.

The M2 CIP achievement of £411k; an adverse variance of £84k to plan

The cash position of the Trust as at 31st May 2019 with a balance of £9,406k; £701k better than plan.

Total Agency expenditure of £466k against the agency cap of £410k; an adverse variance of £56k to plan

Capital expenditure at £109k compared to planned capital expenditure of £363k.

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

Version	Name/group	Date issued
1	SLT	16th July 2019

Financial Overview as at 31st May 2019

Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	171	249	78	(45)	G
FOT	(1,038)	(1,038)	0	0	G

Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	363	109	(254)	(70)	R
FOT	2,676	2,224	(452)	(17)	G

Retained (Surplus) / Deficit Run Rate 2019/20
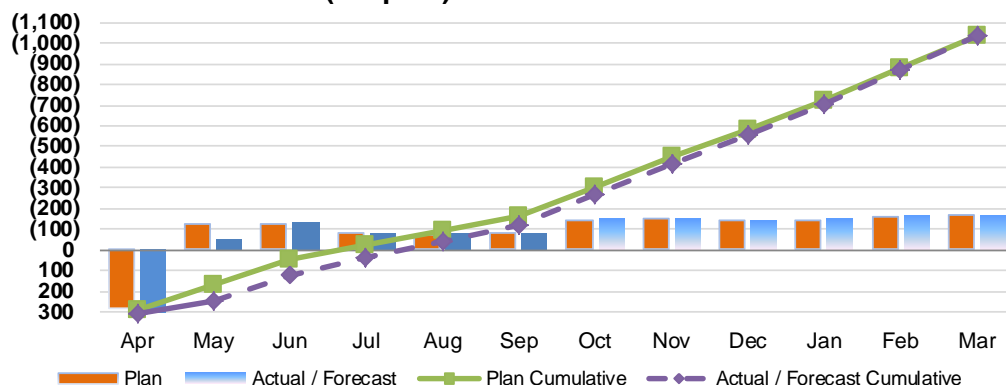
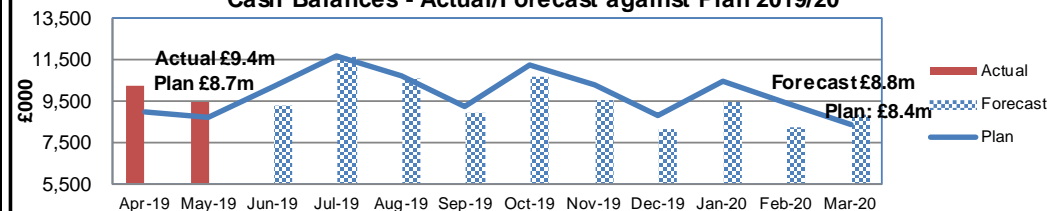## Net Capital Expenditure - Plan / Forecast 2019/20
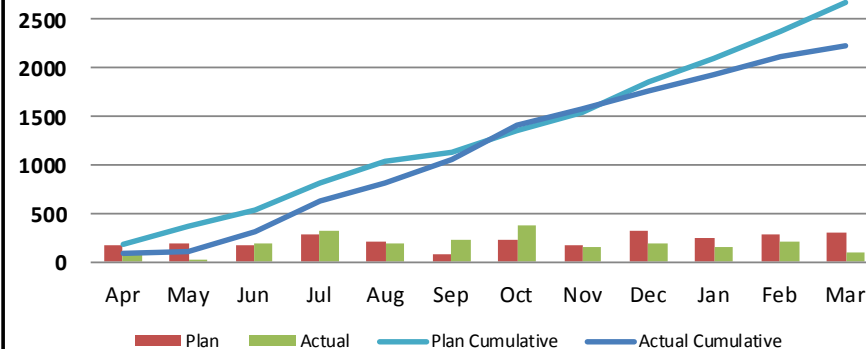
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	8,705	9,406	701	8	G
FOT	8,354	8,802	448	5	G

Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	471	357	(114)	(24)	(665)	R
Corporate	24	54	30	125	(252)	R
Total	495	411	(84)	(17)	(917)	R

Cash Balances - Actual/Forecast against Plan 2019/20

Use of Resource	Plan	Actual
Overall Risk Rating	3	3
Liquidity Ratio	1	1
Capital Servicing Capacity	4	4
I& E Margin	4	4
I&E Margin Variance to Plan	1	2
Agency Spend	1	2

Introduction:

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

1. Income & Expenditure (I&E) Performance

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

➢ During month 2, the trust had an in month trading position of £91k surplus against a plan of £87k surplus; **giving a favourable variance of £4k**.

➢ The Trust has a year to date trading position of £249k deficit against a plan of £241k, **giving an adverse variance of £8k**. Due to this, Provider Sustainability Funding is £nil against a plan of £70k, giving a year to date deficit of £249k against a plan of £171k, **an adverse variance of £78k.**

➢ The Trust has not produced a detailed forecast at month 2, but expects to deliver in line with plan to give a trading surplus of £338k. Sustainability and Transformation funding (PSF) is expected to be £700k in line with plan giving an overall Control Surplus of £1,038k.

| Table 1: Summary Performance	Annual Budget £'000	Month 2			Year to Date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(93,264)	(8,045)	(8,081)	(36)	(15,749)	(15,756)	(8)
Pay	68,598	5,714	5,497	(217)	11,638	11,169	(469)
Non Pay	21,451	2,004	2,227	223	3,873	4,334	461
EBITDA	**(3,215)**	**(327)**	**(358)**	**(31)**	**(238)**	**(254)**	**(16)**
Other Non-Op Costs	2,877	240	266	27	479	503	23
Trading Surplus	**(338)**	**(87)**	**(91)**	**(4)**	**241**	**249**	**8**
Provider Sustainability Funding	(700)	(35)	35	70	(70)	0	70
(Surplus)/Deficit for the year	**(1,038)**	**(122)**	**(56)**	**66**	**171**	**249**	**78**

2. Income

Table 2 below shows the Trust income position.

- ➤ The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The figures currently assume
  - o £2,609k CCG underwriting agreement is assumed to be paid through income (see section 2.1.)
  - o £1,000k STP efficiency savings are currently assumed to be paid through main CCG contract. In month 2, this is split out from the main block and monitored separately.

- ➤ Associates over-performance relates entirely to 2018/19 over-performance, raised in month 1.

- ➤ OATs have underperformed by £47k due to no OATs activity in substance misuse year to date.

- ➤ Other income has over-performed in month 2 due GP income relating to QOF benefit and GMS income.

- ➤ Provider Sustainability is £nil due to the Trust reporting a higher trading deficit than plan.

Table 2: Income	Annual Budget £'000	Month 2			Year to Date		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(39,744)	(3,299)	(3,299)	0	(6,624)	(6,624)	0
NHS North Staffordshire CCG	(26,909)	(2,236)	(2,236)	0	(4,484)	(4,484)	0
Staffordshire Associates	(552)	(51)	(51)	0	(102)	(114)	(12)
Other Associates	(289)	(24)	(23)	1	(48)	(48)	0
Specialised Services	(3,496)	(289)	(283)	7	(601)	(599)	2
Stoke-on-Trent CC s75	(4,347)	(681)	(681)	0	(1,014)	(1,014)	0
Stoke-on-Trent Public Health	(3,968)	(331)	(331)	0	(661)	(661)	0
Staffordshire Public Health	(450)	(38)	(38)	0	(75)	(75)	0
ADS/One Recovery	(1,488)	(126)	(126)	0	(248)	(248)	0
OATS	(838)	(70)	(36)	34	(140)	(93)	47
Private Patients	0	0	0	0	0	0	0
System Led CIP	(1,000)	0	0	0	0	0	0
Total Clinical Income	**(83,082)**	**(7,144)**	**(7,102)**	**42**	**(13,997)**	**(13,960)**	**37**
Other Income	(10,182)	(901)	(979)	(78)	(1,751)	(1,796)	(45)
Total Income	**(93,264)**	**(8,045)**	**(8,081)**	**(36)**	**(15,749)**	**(15,756)**	**(8)**
Provider Sustainability Funding	(700)	(35)	35	70	(70)	0	70
Total Income Incl. PSF	**(93,964)**	**(8,080)**	**(8,046)**	**34**	**(15,819)**	**(15,756)**	**62**

2.1 Income Run Rates

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

Income Run Rate 2019/20
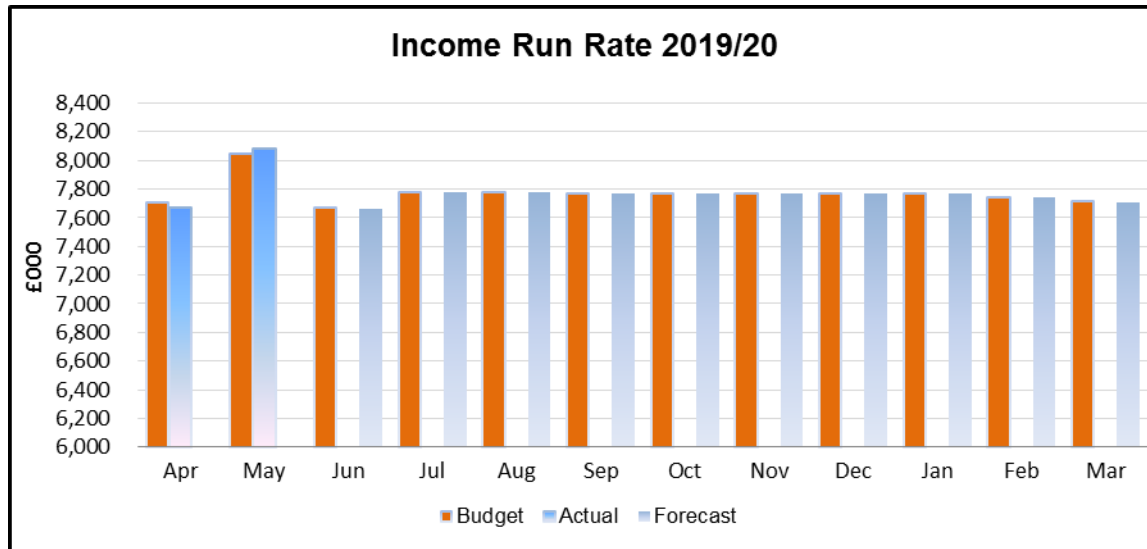
3. Expenditure

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

- ➢ Underspend of £469k on pay is due to vacancies across the trust, partially covered by temporary staffing.
  - ○ Agency costs at £466k are above the month 2 agency cap of £410k but the Trust anticipates to move to within the agency ceiling as vacant posts currently covered by agency are recruited to.

- ➢ Non-Pay over spend of 461k is mainly due to unachieved CIP and residential payments.

Table 3: Expenditure	Annual Budget £'000	Month 2 Budget £'000	Month 2 Actual £'000	Month 2 Variance £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000
Medical	8,577	717	581	(136)	1,435	1,106	(330)
Nursing	32,713	2,735	2,584	(151)	5,571	5,345	(226)
Other Clinical	14,770	1,217	1,084	(133)	2,505	2,236	(269)
Non-Clinical	12,314	1,027	982	(45)	2,089	1,976	(113)
Apprenticeship Levy	223	19	20	1	37	41	4
Agency	0	0	247	247	0	466	466
Total Pay	**68,598**	**5,714**	**5,497**	**(217)**	**11,638**	**11,169**	**(469)**
Drugs & Clinical Supplies	2,963	249	259	10	494	493	(1)
Establishment Costs	1,816	154	132	(21)	310	255	(55)
Information Technology	903	105	64	(42)	164	177	13
Premises Costs	2,572	212	255	42	430	442	12
Private Finance Initiative	4,445	370	395	24	741	771	30
Services Received	5,543	466	455	(10)	924	907	(17)
Residential Payments	1,760	147	340	194	293	542	249
Consultancy & Prof Fees	52	6	27	21	9	49	40
External Audit Fees	65	5	5	(0)	11	10	(0)
Unacheived CIP	(1,896)	74	0	(74)	(84)	0	84
Other	3,228	216	294	79	581	688	107
Total Non-Pay	**21,451**	**2,004**	**2,227**	**223**	**3,873**	**4,334**	**461**
Finance Costs	1,172	98	98	0	195	195	0
Dividends Payable on PDC	635	53	53	0	106	106	0
Investment Revenue	(54)	(5)	(6)	(2)	(9)	(12)	(3)
Depreciation (excludes IFRIC 12)	1,124	94	122	28	187	214	26
Total Non-op. Costs	**2,877**	**240**	**266**	**27**	**479**	**503**	**23**
Total Expenditure	**92,926**	**7,958**	**7,990**	**32**	**15,990**	**16,005**	**16**

Agency Breakdown		
Agency Type	**YTD (£000)**	**%**
Medical	268	57%
Nursing	86	19%
Other Clinical	(4)	-1%
Non Clinical	10	2%
Sub Total	**360**	**77%**
Primary Care	105	23%
Total Agency	**466**	**100%**
Agency Ceiling	**410**	
(Surplus)/Deficit	**56**	

3.1 Run Rates

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

Pay Run Rate 2019/20


Non Pay Run Rate 2019/20
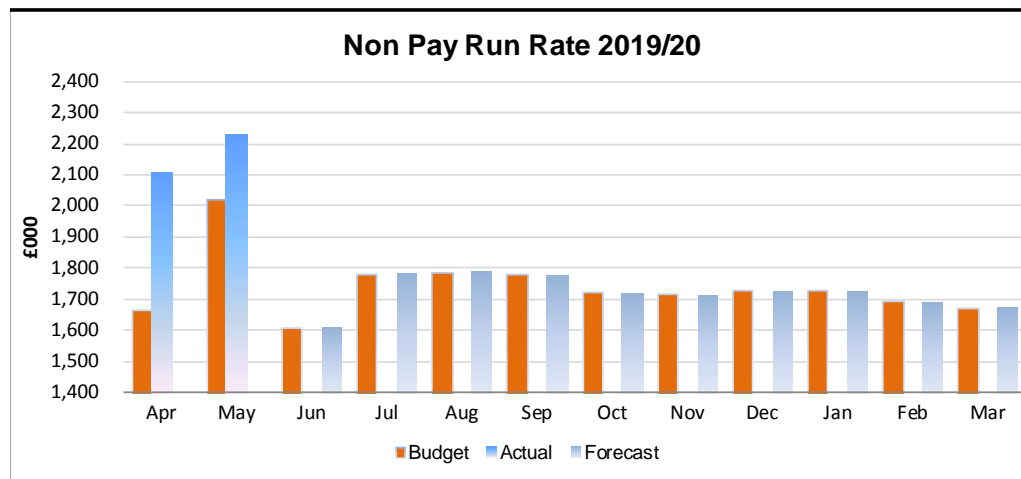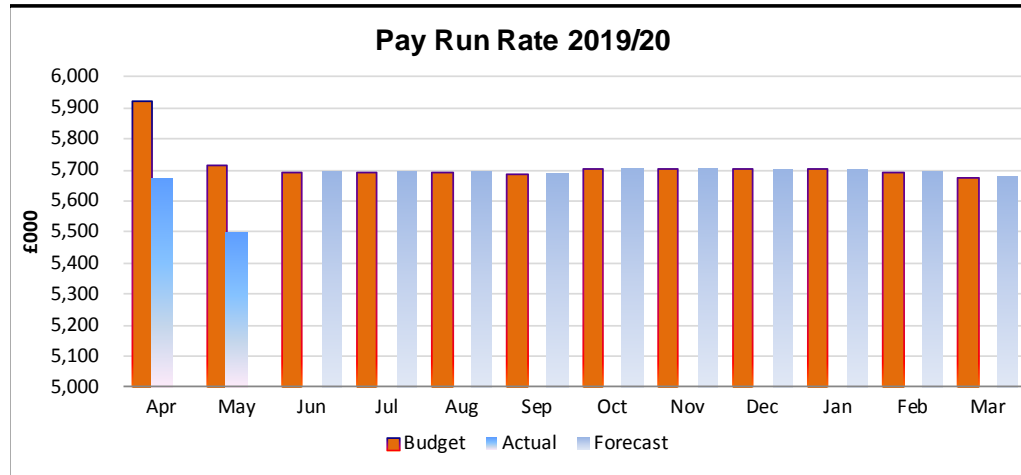
4. Cost Improvement Programme

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

- For the Trust Internal Target (£2,505k)
  - The trust has identified schemes to deliver £2,391k against the target; a £114k shortfall
  - On a recurrent basis, the trust has identified schemes to deliver £1,588k against the target, which represents a £917k shortfall.

- The Trust share of the mental health system savings is £1,000k. The savings forecast are based on the Trust's share (33%) of the total savings identified in the initial PIDs, which have been approved by the STP. It is currently assumed to be 100% delivered.

Cost Improvement Programme	Target (£000)	YTD 2019/20			Forecast 2019/20			Recurrent Forecast			Recurrent Transacted as at Month 1
		Plan (£000)	Actual (£000)	Under / (Over) Delivery (£000)	Plan (£000)	Forecast (£000)	Under / (Over) Delivery (£000)	Plan (£000)	Forecast (£000)	Under / (Over) Delivery (£000)	
Clinical	1,987	471	357	114	1,987	1,745	242	1,987	1,322	665	58
Corporate	518	24	54	(30)	518	647	(129)	518	266	252	50
Internal CIP	2,505	495	411	84	2,505	2,391	114	2,505	1,588	917	108
System CIP	1,000	0	0	0	1,000	1,000	0	1,000	1,000	0	0
Total Trust Cost Improvement	3,505	495	411	84	3,505	3,391	114	3,505	2,588	917	108

3.1 CIP Forecast & Transacted 2019/20

CIP Forecast vs. Transacted 2019/20
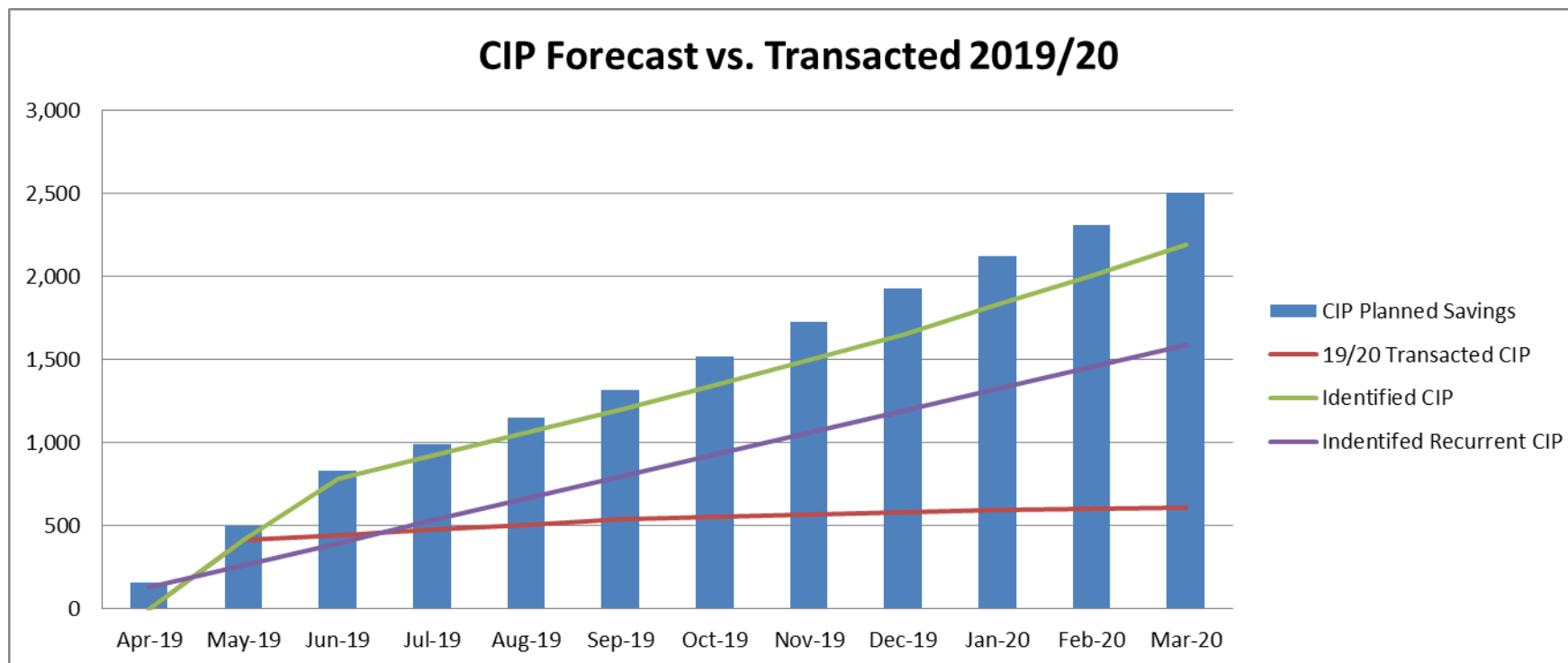
- The graph above excludes the system led CIP

- Identified CIP reflects the best case scenario and has not been risk assessed for deliverability.

- The trust had a £982k recurrent shortfall against the CIP target in 2018/19, which has been rolled forward into 2019/20 targets in line with the principles agreed in the Cost Improvement Framework.

5. Statement of Financial Position

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

Table 6: SOFP	31/03/2019 £'000	30/04/2019 £'000	31/05/2019 £'000
Non-Current Assets			
Property, Plant and Equipment - PFI	16,736	16,775	16,751
Property, Plant and Equipment	15,142	15,111	15,038
Intangible Assets	255	247	240
NCA Trade and Other Receivables	0	0	0
Other Financial Assets	321	321	321
Total Non-Current Assets	**32,454**	**32,454**	**32,349**
Current Assets			
Inventories	89	83	88
Trade and Other Receivables	8,787	7,952	9,082
Cash and Cash Equivalents	9,132	10,216	9,406
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**18,008**	**18,251**	**18,576**
Current Liabilities			
Trade and Other Payables	(8,294)	(8,910)	(9,132)
Provisions	(386)	(372)	(366)
Borrowings	(635)	(628)	(628)
Total Current Liabilities	**(9,316)**	**(9,910)**	**(10,126)**
Net Current Assets / (Liabilities)	**8,693**	**8,342**	**8,450**
Total Assets less Current Liabilities	**41,146**	**40,795**	**40,799**
Non Current Liabilities			
Provisions	(555)	(555)	(555)
Borrowings	(10,921)	(10,875)	(10,822)
Total Non-Current Liabilities	**(11,476)**	**(11,430)**	**(11,377)**
Total Assets Employed	**29,670**	**29,365**	**29,422**
Financed by Taxpayers' Equity			
Public Dividend Capital	7,787	7,787	7,787
Retained Earnings reserve	11,440	11,135	11,192
Other Reserves (LGPS)	321	321	321
Revaluation Reserve	10,122	10,122	10,122
Total Taxpayers' Equity	**29,670**	**29,365**	**29,422**

Current receivables are £9,082k, of which:

➢ £5,000k is based on accruals (not yet invoiced) relating to income accruals for services invoiced retrospectively at the end of every quarter, and £2.2m PSF (quarter 4 core funding, incentive and general bonus distribution expected to be received in July/August

➢ £4,082k is trade receivables; based on invoices raised and awaiting payment of invoice. (£1,279k within terms).

➢ Invoices overdue by more than 31 days are subject to routine credit control processes.

| Table 6.1 Aged Receivables/Payables	Within Term £'000	Days Overdue				Total £'000
		1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	
Receivables Non NHS	970	1,484	80	(26)	462	2,970
Receivables NHS	309	693	29	(285)	366	1,112
Payables Non NHS	(329)	(71)	(230)	(3)	(7)	(640)
Payables NHS	(237)	(7)	(217)	(98)	(197)	(756)

Aged Receivables M2
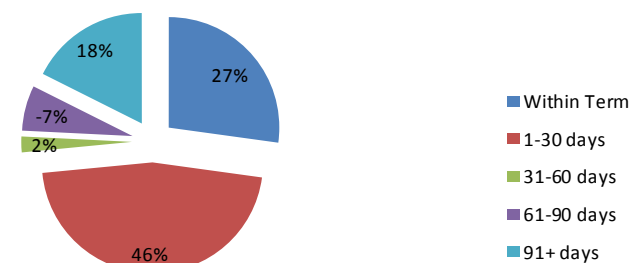
6. Cash Flow Statement

The Trust cash position at 31st May 2019 is £9,406k, **£701k higher than planned.** This is as a result of slippage on capital spend, lower payment runs than forecast (due to disputed charges on pharmacy) and higher than planned receipts due to earlier than expected settlement of outstanding invoices.

The notified 2018/19 PSF bonus of £1,521k was originally included in the cash flow forecast in June but we have now been informed that payment is due to be in July or August. The trust is forecasting £400k (15%) reduction in capital programme due to a national pressure on Capital funding, which has been factored into forecasts.

Table 7 below shows the Trust's cash flow for the financial year:

Table 7: Statement of Cash Flows	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	722	(648)	197	2,792	(729)	(958)	1,779	(810)	(1,085)	1,643	(870)	1,147	**3,180**
Net Inflows/(Outflow) from Investing Activities	522	(11)	(190)	(315)	(187)	(228)	137	(153)	(188)	(153)	(199)	(94)	**(1,059)**
Net Inflows/(Outflow) from Financing Activities	(151)	(151)	(150)	(151)	(151)	(468)	(151)	(151)	(150)	(151)	(151)	(468)	**(2,443)**
Net Increase/(Decrease)	**1,093**	**(810)**	**(143)**	**2,326**	**(1,067)**	**(1,654)**	**1,765**	**(1,114)**	**(1,423)**	**1,339**	**(1,220)**	**586**	**(322)**
Opening Cash & Cash Equivalents	**9,123**	**10,216**	**9,406**	**9,263**	**11,589**	**10,522**	**8,868**	**10,633**	**9,519**	**8,096**	**9,434**	**8,215**	**9,123**
Closing Cash & Cash Equivalents	**10,216**	**9,406**	**9,263**	**11,589**	**10,522**	**8,868**	**10,633**	**9,519**	**8,096**	**9,434**	**8,214**	**8,801**	**8,801**
Plan	8,992	8,705	10,209	11,641	10,704	9,202	11,248	10,235	8,811	10,401	9,398	8,354	8,354
Variance	**(1,224)**	**(701)**	**946**	**52**	**182**	**334**	**615**	**716**	**715**	**967**	**1,184**	**(447)**	**(447)**

Cash Balances - Actual/Forecast against Plan 2019/20
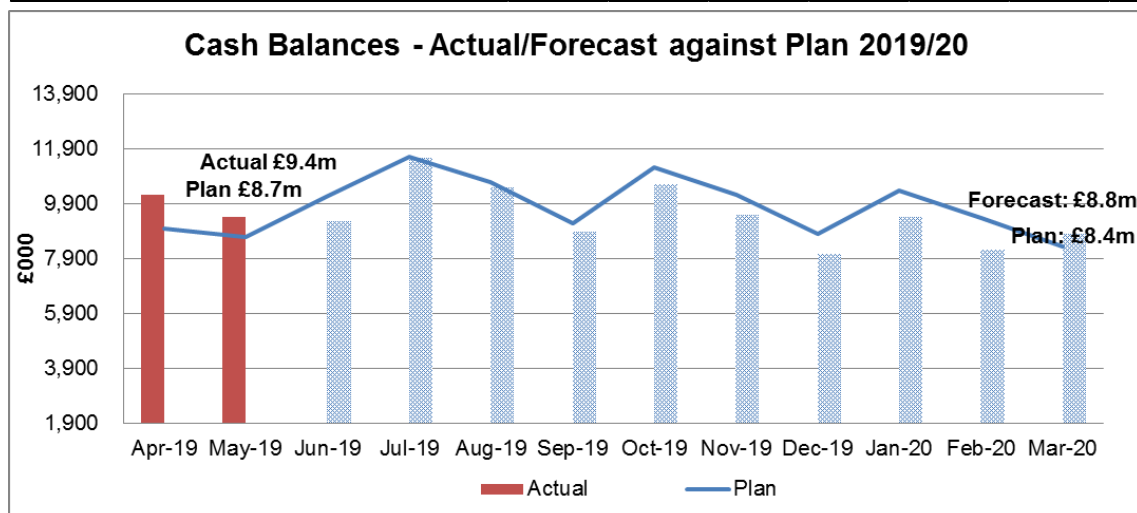
7. Capital Expenditure

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

Capital Expenditure	Annual Plan £'000	YTD Plan £'000	Year to Date		Forecast		
			Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Learning Disability Facilities	400	0	(0)	(0)	400	0	400
Mental Health Crisis Care Centre	766	292	12	(280)	766	766	1
Detoxification Suites and Crisis Café	200	5	0	(5)	200	200	0
Environmental Improvements (Backlog Maintenance)	120	0	(0)	(0)	120	163	(43)
Environmental Improvements (Reduced Ligature Risks)	400	66	59	(7)	400	400	0
Energy Efficiency Programme	90	0	0	0	90	90	0
Equipment	200	0	32	32	200	200	0
IT Replacement	200	0	7	7	200	200	0
Digital Innovations	50	0	0	0	50	0	50
Business Intelligence	150	0	0	0	150	150	0
Childrens Unit Roof	0	0	0	0	0	17	(17)
Woodhouse Relocation	0	0	0	0	0	40	(40)
Contingency	100	0	(0)	(0)	100	15	85
Sub Total Gross Capital Expenditure	**2,676**	**363**	**109**	**(254)**	**2,676**	**2,241**	**436**
Sale of Ashcombe Centre	(500)	0	0	0	(500)	(500)	0
Total Gross Capital Expenditure	**2,176**	**363**	**109**	**(254)**	**2,176**	**1,741**	**436**

➢ Actual Capital Expenditure at month 2 is £109k, against the plan of £363k, **£254k lower than plan.**

➢ The forecast shows scheme delivery in line with the prioritisation of the capital plan, schemes prioritised as 1 – 3 expected to be delivered in this year, priority 4 will not be delivered. The Capital programme is forecast to be **£436k lower than plan** taking into account the anticipated funding reduction and scheme prioritisation. Specific assumptions include:

  o Anticipated slippage on Learning Disability Facilities;

  o Slippage on Digital Innovations investment.

  o The contingency will be utilised to fund the Children's unit roof £17k, Woodhouse relocation £40k, additional expenditure on equipment £32k and minor works at the Hope Centre £10k.

8. Use of Resource Metrics

The Framework covers 5 themes, quality of care, finance and use of resource, operational performance, strategic change, leadership and improvement capability. The metrics below will be used to assess the Trust's financial performance.

Table 9: Use of Resource	Year to Date Plan	Year to Date Actual	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		8,362	
Annual Operating Expenses (£000)		15,502	
Liquidity Ratio days		33	
Liquidity Ratio Metric	1	1	🟩
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		266	
Annual Debt Service (£000)		407	
Capital Servicing Capacity (times)		0.65	
Capital Servicing Capacity Metric	4	4	🟥
I&E Margin			
Normalised Surplus/(Deficit) (£000)		(249)	
Total Income (£000)		15,756	
I&E Margin		-1.6%	
I&E Margin Rating	4	4	🟥
I&E Margin Variance from Plan			
I&E Margin Variance		-0.5%	
I&E Margin Variance From Plan	1	2	🟧
Agency Spend			
Providers Cap (£000)		410	
Agency Spend (£000)		466	
Agency %		14%	
Agency Spend Metric	1	2	🟧
Use of Resource	3	3	🟧

Table 9.1: Use of Resource Framework Parameters				
Rating	**1**	**2**	**3**	**4**
Liquidity Ratio (days)	0	(7)	(14)	<(14)
Capital Servicing Capacity (times)	2.50	1.75	1.25	<1.25
I&E Margin	1%	0%	(1%)	<=(1%)
I&E Margin Variance	0%	(1%)	(2%)	<=(2%)
Agency Spend	0	25	50	>50

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 2, the Trust has over-achieved the 95% target in terms of the total value of invoices paid, but has slightly under-achieved against the 95% target for the total number of invoices paid. Table 10 below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

Table 10: Better Payment Practice Code	2018/19			2019/20 Month 2			2019/20 Total		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	625	10,935	11,560	37	809	846	79	1,704	1,783
Total Paid within Target	581	9,914	10,495	37	728	765	70	1,555	1,625
% Number of Invoices Paid	93%	91%	91%	100%	90%	90%	89%	91%	91%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-2%**	**-4%**	**-4%**	**5%**	**-5%**	**-5%**	**-6%**	**-4%**	**-4%**
Value of Invoices									
Total Value Paid (£000s)	6,449	35,113	41,562	346	3,060	3,406	647	6,746	7,393
Total Value Paid within Target (£000s)	6,100	33,819	39,919	346	2,938	3,284	574	6,562	7,136
% Value of Invoices Paid	95%	96%	96%	100%	96%	96%	89%	97%	97%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**0%**	**1%**	**1%**	**5%**	**1%**	**1%**	**-6%**	**2%**	**2%**

> ➢ NHS Invoices achieved 100% on count and value in month 2. Year to date is below target but the finance team will monitor closely to continue to achieve 100%. This will bring NHS invoices in line with the target over the next few months.

> ➢ Non NHS missed the target by 66 invoices, of which 31 relate to agency invoices and 18 to the GP surgery as a result of late authorisation due to orders needing to be raised. Reminder emails and guidance have been sent out on the importance of raising orders.

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. Risks

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

1. **System wide programme savings -** Risk = £1m
   Mitigations
   - Monthly tracking of savings through STP DoF
   - Leading on developments of PIDs with the STP

2. **2019/20 Cost Improvement –** Risk = £0.314m in year and £917k recurrently in pipeline against internal trust target with remaining CIP unidentified.
   Mitigations
   - Recruitment to transformation team underway
   - Ongoing development of schemes with divisional and corporate teams
   - Monthly review of CIP progress through Finance, Performance and Estates Committee. This includes 2 x annual presentations by each directorate.
   - Plan is based on full recruitment to posts, which is unlikely from 1st April therefore contributing non recurrently to CIP.

3. **Management of in year cost pressures –** No funding held to offset
   Mitigations
   - In year management of budgets and forecasting to enable early sight of areas of pressure to enable early action.

11. Recommendations

The Trust Board are asked to:

Receive the Month 2 position noting:

- The reported year to date deficit of £249k against a planned deficit of £171k. **This is an adverse variance to plan of £78k.**

- The M2 CIP achievement of £411k; **an adverse variance of £84k to plan**

- The cash position of the Trust as at 31st May 2019 with a balance of £9,406k; **£701k better than plan.**

- Total Agency expenditure of £466k against the agency cap of £410k; **an adverse variance of £56k to plan**

- Capital expenditure at £109k compared to planned capital expenditure of £363k.

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

REPORT TO OPEN TRUST BOARD

Enclosure No: 14

Date of Meeting:	25th July 2019	
Title of Report:	Finance, Performance and Estates Committee Assurance Report	
Presented by:	Russell Andrews, Associate Non Executive	
Author:	Mike Newton – 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, Performance and Estates Committee meeting on the 11th July 2019. The meeting was quorate with minutes approved from the previous meeting on the 17th June 2019. Progress was reviewed and actions confirmed from previous meetings.	Approval	☐
	Information	☐
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☐ Date: 16th July 2019	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee X • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services X 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. X 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance, Performance and Estates Committee		
Resource Implications: 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 note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		

Version	Name/group	Date issued

Assurance Report to the Trust Board
25th July 2019

Finance, Performance and Estates Committee Report to the Trust Board – 25th July 2019.

This paper details the items discussed at the Finance, Performance and Estates Committee meeting on the 11th July 2019. The meeting was quorate with minutes approved from the previous meeting on the 17th June 2019. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Estates Update

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

- **STP Month 2 Financial Position –** The position as at Month 2 was presented, showing a £3.2m surplus to plan year to date. The STP is forecasting to deliver against plan for 2018/19.

- **2019/20 Capital Funding –** The Trust was required to reduce its Capital programme by 20%, as a result of national pressures on funding. The Trust prioritised its Capital programme through the Capital Investment Group, listing grouping schemes into 4 priorities:

  Priority 4 schemes are unlikely to be delivered in the current financial year but will be carried forward to 2020/21. The total of £435k is the proposed Capital programme reduction.

  Delivery of priority 2 and 3 schemes are contingent on the Ashcombe centre being sold in line with plan.

  The committee were assured around the process of prioritisation and approved submission of the revised Capital programme on 15th July 2019. NHSI will confirm whether the proposed reduction is accepted but the Trust does not anticipate any changes.

Finance

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for 2019/20. The Trust has identified £2.391m against the £2.505m internal target; a £144k variance to plan. The recurrent value of these schemes is £1.588m, representing a shortfall of £917k. This is an improvement compared to M1.

Currently the mental health workstream has identified £1.160m for 2019/20 and £2.822m recurrently against the £3,000k system savings target, which the Trust contractually has first call on the first £1,000k delivered. The Trust is assuming to deliver 100% against the £1,000k

system target, both in year and on a recurrent basis. .

Whilst the Committee were assured that there was sufficient focus being placed on Cost Improvement, they were not assured around delivery of 2019/20 programme. The committee were assured by the update provided by the Finance, Performance and Estates directorate around delivery of their element of the 2019/20 CIP programme.

- **Agency Report**

The committee received an update on the expenditure on agency for M2 2019/20 which was £56k over the ceiling. The Trust is forecasting to be within the ceiling by the end of the financial year. The committee highlighted the risk within the forecast around the assumption of primary care incurring no GP locum spend beyond the end of September 2019 and requested this be monitored closely.

Activity and Performance

- **Performance Reporting**

The committee were assured around performance reported in the traditional method. The committee noted that there were 3 exceptions all related to workforce supply shortages, which is consistent with the national picture and were concerned that the level of vacancies after known recruitment activity has increased compared to 2018/19. MH Liaison fell short of the target in month but not materially.

The committee received a draft performance report, presented using the new performance framework. The committee noted that from M3, the IQPR framework would be rolled out and the "traditional framework" will be discontinued.

Other:

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Finance Position M2
- Estates Update
- Activity Report M2
- Finance, Performance and Digital Risk Register
- Cycle of Business 2019/20
- Finance, Performance and Estates Monitoring Schedule

Recommendation

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

On Behalf of Tony Gadsby
Chair of Finance, Performance and Digital Committee

REPORT TO OPEN TRUST BOARD

Enclosure No: 15

Date of Meeting:	25 July 2019		
Title of Report:	Primary Care Committee Assurance Report		
Presented by:	Russell Andrews, Associate Non Executive		
Author:	Chris Bird, Executive Director of Partnerships and Strategy		
Executive Lead Name:	Chris Bird, Executive Director of Partnerships and Strategy	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report is presented to the Trust Board as an Assurance Report for the Primary Care Committee held on 18th July 2019.		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 ☐ • Business Development Committee ☐ • Primary Care Committee ☒		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	1103, 1204, 1205 & 1293		
Resource Implications: Funding Source:	None directly arising 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	None directly arising from this report		
STP Alignment / Implications:	None directly arising from this report		
Recommendations:	The Trust Board are invited to: i) Note the contents of this report		
Version	Name/group	Date issued	

**Assurance Report to the Trust Board
Primary Care Committee
18th July 2019**

Introduction

This paper details the issues discussed at the Primary Care Committee on 18th July 2019. The meeting was quorate with minutes approved, subject to minor amends, from the previous meeting on 20th June 2019. Progress was reviewed and actions confirmed from previous meeting.

Action Items

The meeting received updates against all actions that had been carried forward from previous meetings and noted that all were completed. One further action was noted from prior meetings which had been omitted from the action log in relation to an update on the Digital Strategy. The DoPS advised that the strategy is in development and he had recently hosted a session to secure input from primary care colleagues on a pan-organisational basis. A series of 'digital patient propositions' will be shared at the September Board Development session to further inform the development of the strategy.

Clinical Model

The meeting received an update report from the Clinical Director on a range of metrics related to the introduction of a new clinical model. In summary:

- Patients continue to experience greater access to primary care advice and treatment

- The service has increased the number of appointments per 1,000 patients from a low base of 56 /1,000 pre-integration to 76 / 1,000 post-integration.

- This is due to the introduction of the new clinical model which enables effective triage of patient need between urgent & routine care and has significantly reduced volatility in the workforce

- The practice is continuing to increase Allied Health Professional capacity responding to urgent, same-day appointments so that GPs can spend more time on complex patients who benefit from continuity of care

The Committee discussed in detail the subject of 'Did Not Attend' (DNA) rates. These are recognised as being higher than average and work is underway to improve performance. In the first instance, the emphasis is on data validation to ensure that a thorough understanding of the underlying trend and factors driving DNA rates can be developed. There is some early evidence to indicate that the DNA rates are artificially high due to the higher than average number of telephone consultations that are offered by the Practice (e.g. a booked telephone consultation may require 2, 3 or 4 calls before the patient answers and each missed call is counted as a DNA), additionally the mechanism for recording home visits may also being having an adverse impact on the reported figures although it is important to note that this does not mean patients do not receive the home visit itself. The Practice will continue to investigate the relevant factors and will provide further updates at subsequent meetings.

The Committee had previously received an update on an exploratory discussion to introduce digital technology to improve the process for coordinating and reviewing patient blood tests. A proposal is being presented to the Trust's Clinical Effectiveness Group to ensure there is sufficient clinical governance oversight to the development of this pilot.

The Committee also discussed the Practice website and the need for this to be improved so it both reflected the integrated nature of service delivery with the Trust but also provided a better user-experience for those accessing this resource. The Practice will work with the Trusts Communications Department to bring forward the improvements.

The Committee received the report

Workforce

The meeting received an update on Primary Care workforce issues:

- The DoPS is continuing to progress the establishment of the Primary Care Team and this will be completed in July 2019 on plan
- The Practice continues to implement the Locum GP Reduction Plan agreed at the June 2019 meeting, the headlines are:
    - Regular locum use will end by September 2019
        - There are 4 'regular locums' – 2 have ended in July, 1 will end August and the final locum will end in September
    - Alternative clinical capacity has been secured:
        - 2 x Advanced Nurse Practitioners (ANPs) have completed their inductions and are now seeing patients
        - Urgent Care Practitioner will convert from locum to salaried by September
        - Clinical Pharmacist will join urgent appointment rota in October
- PCN staff recruitment will be progressed via the Trust for the new staff committed through the NHS Long Term Plan and GP Contract

The Practice shared an ambition to adopt Trust policy in relation to clinical and management supervision and this will be introduced during the latter half of the year. The Practice also flagged an issue with the time taken to complete recruitment via the Trust's corporate processes which is significantly longer than pre-integration. The Committee recognised that the Practice did need to adhere to Trust policy and processes but a balance was needed to ensure that the agility of primary care was reflected in our approach.

The Committee received the report.

Finance

The Committee received the Month 3 Finance Report which shows an adverse YTD of £11k – this is a £6k improvement on the M2 position. The Forecast Outturn position has been agreed as break-even (i.e. expenditure will match budget).

The Finance Report has benefitted from a significant reworking and now includes a much more comprehensive analysis on the variable constituent elements of income, pay and non-pay including a 'most likely', 'best' and 'worst case' position to show the degree of sensitivity analysis to changes in those variables. This was welcomed by the Committee.

The main driver is an over-spend on agency staff offset somewhat by an underspend on the medical & nursing budget lines due to vacancies. The Practice has developed a plan to reduce locum use in the second half of the year (see Workforce section). This has been reflected in the forecast outturn which includes a residual contingency for the latter half of the year to provide for temporary need for locum staff on an ad-hoc basis.

The Committee also noted the QoF improvement plan included within the Performance Section of this report provides assurance that there is a coordinated process to maximise delivery of the QoF points and this will have a positive impact on the financial position.

Separately, the Committee received a presentation on the design of the QoF framework for 2019/20 and how it operates in practice. This included detail on the clinical, public health and quality domains of QOF, the relative weighting across categories such as record keeping and condition management as well as the mechanics of the reporting process. The Committee welcomed the presentation.

The Committee received the report.

Performance

The Committee received the Month 3 Performance report and considered the update on the nature of the performance metrics and performance against them. An overview of the performance report is included below:

- The CCG(s) have confirmed that the Practice achieved all Prescribing Incentive Scheme indicators for the 2018/19 and this will result in an incentive payment of £11,373 – the design of the 2019/20 scheme represents an increased level of difficultly and will be harder to acheive
- QOF achievement is on-track with the Q1 position reported as being 1 point away from target – this equates to 0.6% variance
- QIF achievement is ahead of trajectory with the Q1 position being 195 ahead of target – this equates to a positive variance of 7%
  - o It is important to note that both QOF & QIF trajectories are not adjusted for seasonal variation so performance against target will have a natural fluctuation over certain periods (e.g. summer, Christmas)
  - o The Committee had a detailed discussion on both QoF and QIF and the factors which impact on their achievement including limiting factors such as system design & patient behaviour but equally recognised that for those factors within our control we should be maximising the achievement ratios
- FFT results continue to be sustained at a high level with 84% of respondents reporting as either 'Extremely Likely' or 'Likely' to recommend the service. The Committee discussed with the Director of Nursing options for how the number of respondents may be increased and a plan will be developed and shared at a subsequent meeting
- Three 'Significant Events' with details shared at the Committee all of which were investigated and concluded. The Committee did recognise a need for more detail on the work being undertaken by the Practice to reduce potential ligature risk and a further update will be presented to a subsequent meeting.
- Statutory & Mandatory performance needs to improve over the second half of the year – progress has been hampered due to issues with access to LMS but these are now fully resolved.

Separately, the DoPS shared a presentation which set out the process to be used in developing a bespoke performance management framework to ensure that there is direct visibility from a clinical, operational and assurance perspective. A Design Group has been established with representatives from all relevant disciplines within the Trust together with specialist Primary Care Analyst capacity from the CCG and subject matter expertise via AQuA. It is intended this framework will be developed and applied from April 2020.

The Committee received the report.

Primary Care Task & Finish Group

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

- HR
  - Recruitment to Primary Care Team – will be completed July 2019
  - AfC Harmonisation Offer – financial modelling completed and a report to Executives in August 2019
  - GP Contract and 2% pay award – included in Executive report August 2019
- Finance & Estates
  - Lease agreements – Moorcroft will be complete by end of calendar year 2019, Moss Green see below
  - Finance harmonisation – largely complete, finalisation during September 2019
  - Performance reporting – development of performance framework over next 6 – 12 months with support from AQuA and subject to separate presentation on the July agenda

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

The Committee received the report and agreed to receive further updates on a monthly basis

Risks

The Committee received an update on items relating to Primary Care Services on the Trust risk framework. The Committee noted the rewording of risk 1103 and inclusion of new risk 1293 which separated out original risk 1103 and placed separate emphasis on reputation and finances. The Committee considered a reduction in the likelihood of risk 1293 but decided, on balance, to retain the existing risk score for a further business cycle and assess further at that point. The Committee also requested a new risk to be included in reference to the lease arrangements for the Moss Green Practice. No other changes were proposed.

Strategy

The Committee noted that the following the full Board discussion on 27th June 2019 a review has been commissioned which will provide both a post-implementation evaluation on the original business case and a proposal for how this feeds into the future direction of our approach to primary care integration. This review will be shared at the next Committee pending presentation to Trust Board in October 2019.

Recommendation

The Trust Board is asked to:

1) Note the contents of this report

Chris Bird, Director of Partnerships & Strategy

On behalf of Tony Gadsby, Chair

19th July 2019

REPORT TO OPEN TRUST BOARD

Enclosure No: 16

Date of Meeting:	25th July 2019	
Title of Report:	Community Mental Health Survey Action Plan 2018/19	
Presented by:	Jonathan O'Brien, Executive Director of Operations	
Author:	Sam Mortimer / Jane Munton-Davies, Associate Directors – Community	
Executive Lead Name:	Jonathan O'Brien, Executive Director of Operations	Approved by Exec ☒

Executive Summary:		Purpose of report	
The 2018 Community Mental Health survey results have been collated into the attached action plan which is monitored on a monthly basis through the Stoke-on-Trent and North Staffordshire Directorate Business Meetings.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☒ Date: 9th July 2019 & 16th July 2019	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☐ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	No risks identified.		
Resource Implications: Funding Source:	No resource implications identified.		
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 receive the action plan for **assurance** that the Trust's community services are responding to the national Community MH Survey.		
Version	Name/group	Date issued	

Improved score
About the same , remains in range
Lowest range

Community Mental Health Survey Action Plan
July 2019

VERSION CONTROL			
Version	Date	Author	Description of Change
1	January 2019	Brigette Hamlett & Sue Parkes	Draft document submitted for review
2	July 2019	Brigette Hamlett and Sue Parkes	Progress update
3	July 2019	Laurie Wrench	New format

Date seen at Directorate meeting	Date seen at Team meeting	SLT Performance Review meeting date	Quality Committee date

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
1. Health and Social Care Workers								
1.1	Did the person or people you see listen carefully to you?			The Trust has strengthened the overall approach to care planning. Community Safety Matrix (CSM) Audit tool has been launched to monitor quality of face to face interactions with service users. Assurance is gained and actions agreed for improvement on a monthly basis	Team Leaders, Service Managers and Quality Improvement Lead Nurses, Team Leads	Monthly	On-going monthly CSM Audit to ensure quality of face to face interaction and embed learning. Results of feedback discussed at Directorate and team meetings and learning outcomes discussed and implemented into practice. Case load management and monthly managerial and clinical supervision to monitor this and weekly MDT meetings to embed this.	
	8.1	8.1	8.1					
1.2	Were you given enough time to discuss your needs and treatment?			Friends and Family Feedback questionnaires at every site reception area to encourage service user and carers feedback. Completed surveys are reviewed by the Patient Experience Team and fed back to the teams via monthly PET data.	Team Leaders, Service Managers and Quality Improvement Lead Nurses, Team Leads	August 2019 Monthly	"You said -we did" notice boards available at every site reception to capture service user comments on how to improve our services with actions taken explained. Update - TV monitors purchased for CMHT reception areas, to provide current service information and service development intentions and will include recovery stories from service users on a running loop. Care planning training undertaken at preceptorship/ Trust induction and as part of mandatory training. Monthly reports from Patient Experience	
	7.6	7.6	7.0					

Improved score
About the same , remains in range
Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
							Team generated and received by each team and Quality Improvement Lead Nurses for each Directorate have over view of trends and provide feedback to monthly Directorate and team meetings.	
1.3	Did the person or people you saw understand how your mental health needs affect other areas of your life?			Community Safety Matrix (CSM) Audit designed to evidence holistic assessment and recovery focused care planning	Associate Directors, Team Leaders, Service Managers and Quality Improvement Lead Nurses, Team Leads	Ongoing	Care planning training undertaken at preceptorship/ Trust induction and as part of mandatory training.	
	7.1	7.0	6.8	Patient Experience Team capture compliments and complaints from service users and carers to monitor trends in contacts from service users and families		August 2019	Update – Revised clinic standards and care planning standards to be re issued for medical clinics	
						Monthly	Multi-Disciplinary Team (MDT) discussion weekly, managerial and clinical supervision monthly facilitates and monitors recovery focused approach.	
							Monthly CSM audit monitors and ensures a holistic, recovery focused approach is evident in all care plans and that all care plans have been discussed and agreed where possible, with the service user and/or carer.	
2. Organising Care								
2.1	Have you been told who is in charge of organising your care and services?			Identification of a care co-ordinator within 7 days of a referral being accepted into a service target set by Trust. Care Co-ordination policy in	Associate Directors, Service	March 2020	Monitored via weekly performance data and shared with teams at team meetings.	

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
	7.4	7.5	6.9	place to support and guide staff.	Managers Quality Improvement Lead Nurses, Team Leads		1.84-Care-managem ent-Care-co-ordinatic	
2.2	Do you know how to contact this person if you have a concern about your care?			Service leaflets with "who to contact if…" information available and details on how to contact the service and how to access support outside of working hours available. Details of care co-ordinator and duty professional contact details on care plans	Associate Directors, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	CSM audit and monthly managerial and clinical supervision monitors this Trust target.	
	9.8	9.8	9.9				Information leaflets with contact numbers for 'out of hours' services provided, including the Access team and the mental health helpline. Trust website with service contact details available.	
						Monthly	CMHT's provide service induction packs including contact information. Individual staff mobile phone numbers are provided as appropriate.	
2.3	How well does this person organise the care and services you need?			Community Safety Matrix (CSM) Audit designed to capture evidence of partnership working and that additional needs have been explored, identified and actioned including any safeguarding concerns and carers assessments.	Associate Directors, Service Managers Quality Improvement Lead Nurses, Team Leads	Weekly	CSM audit and monthly managerial and clinical supervision monitors recovery focused care intervention.	
	8.2	8.3	8.1	Patient Liaison and Advice Team (PALs) and Patient Experience Team (PET) collate feedback both complaints and compliments from service			Monthly reports on service user feedback from PET generated for each team and discussed in team meetings as an agenda item and action to be processed when required.	

Improved score
About the same , remains in range
Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	**2017**	**2018**					
				users and families.			Weekly reports generated by PALS team and shared with Service Managers and Quality Improvement Leads for information and action when required. Monthly Directorate meetings review all service user reports for trends and required actions.	
3. Planning Care								
3.1	Have you agreed with someone from NHS mental health services what care you will receive?			All care plans are person centred and recovery focused ensuring the goals have been discussed and agreed with the service user and where appropriate carer. All care plans are signed (where possible) by the service user who has co-produced the care plan.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	Recovery focused training is completed at team level within community mental health teams where this need was identified. Monitored via CSM audit and monthly managerial and clinical supervision to ensure care plans have been agreed with service users/carers and are recovery focused.	
	5.6	5.8	5.3			September 2019	Triangle of Care self-assessments completed , Triangle of Care to be implemented across the community services	
3.2	Were you involved as much as you wanted to be in agreeing what care you will receive?			CSM audit tool designed to evidence service user participation in reviews. Patient Experience Team and Friends and Families questionnaire utilised to gather	ADs, Service Managers Quality Improvement	Monthly	Service users are supported to co - produce their care plans in collaboration with their care coordinator and this is evidenced in the recent FFT feedback,	

Improved score							
About the same , remains in range							
Lowest range							

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
	7.1	7.7	7.1	feedback on this.	Lead Nurses, Team Leads		there is a focus upon strengthening our care planning tools and providing alternative opportunities for engagement via digital technology. Lorenzo business and data quality reports can be viewed for live data.	
3.3	Does this agreement on what care you will receive take into account your personal circumstances?			Community Safety Matrix (CSM) Audit designed to capture evidence of partnership working and that additional needs have been explored, identified and actioned including any safeguarding concerns and carers assessments. Patient Liaison and Advice Team (PALs) and Patient Experience Team (PET) collate feedback both complaints and compliments from service users and families.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly Weekly	CSM audit and monthly managerial and clinical supervision monitors recovery focused care intervention. Monthly reports on service user feedback from PET generated for each team and discussed in team meetings as an agenda item and actions carried out as required and where appropriate. Monthly Directorate meetings review all service user reports for trends and required actions. Weekly reports generated by PAL's team and shared with Service Managers and Quality Improvement Leads for auctioning where appropriate.	
	7.6	7.6	7.1					
4. Reviewing Care								
4.1	In the last 12 months have you had a formal meeting with someone from NHS			Trust standard that all service users will receive a review as a minimum of every 12 months with the outcome being a jointly agreed, updated	ADs, Service Managers Quality	Weekly	Monitored via the Business Intelligence Reports provided weekly with updates provided through monthly performance	

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
	mental health services to discuss how your care is working?			plan of care embedded.	Improvement Lead Nurses, Team Leads		reports Trust standard for CPA review monitoring target set at 95% and monitored via monthly Business	
	6.9	7.4	6.3					
4.2	Were you involved as much as you wanted to be in discussing how your care is working?			CSM audit tool designed to evidence service user participation in reviews.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Weekly	Intelligence reports and weekly performance data. Quality of service user engagement monitored via monthly CSM audit and consent/agreement audited via ensuring care plans are signed in agreement with service users	
	7.8	7.4						
4.3	Did you feel the decisions were made together by you and the person you saw during this discussion?			CSM audit tool designed to evidence service user participation in reviews.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	September 2019	Relaunch of service user and carers groups within community teams where appropriate scheduled for August 2019. Engagement events with service users and carers planned for CMHT's, supported by Coms.	
	7.8	7.7	7.1					
5. Changes in who people see								
5.1	Were the reasons for this change explained to you at the time?			SOP in place in all community teams ensuring service users are aware of who to contact in the absence of their care co-ordinator	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Weekly	All community services operate a 'duty professional' system to ensure service users are able to speak directly with a mental health professional should their care co-ordinator not be available.	
	5.4	5.2	5.5					

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	**2017**	**2018**					
5.2	What impact has this had on the care you receive?			SOP- CMHT Care Coordinator Absence	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Weekly	PET generate reports to Service Managers and Quality Improvement Nurses to monitor service user contacts with their service and for Service Managers and Quality Improvement Leads to action where appropriate	
	7.0	7.4	6.9					
5.3	Did you know who was in charge of organising your care while this change was taking place?				ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Weekly	Team Leads to ensure that staff share with service users who to contact in the absence of their care co-ordinator	
	3.8	5.0						
6. Crisis Care								
6.1	Do you know who to contact out of office hours if you have a crisis?			Service leaflets with "who to contact if…" information available and details on how to contact the service and how to access support outside of working hours available. Details of care co-ordinator and duty professional contact details in care plans and risk management / safety plans	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	September 2019	Current service information leaflets that include information on who to contact outside of office hours are in use; Service Leaflet County Older Peoples Co Moorlands - Recovery leaflet.pdf Duty Response Service leaflet - Sutho	
	6.3	6.7	7.0					
6.2	When you tried to contact them, did you get the help you needed?			Patient Experience Team (PET) capture compliments and complaints from service users. Issues or concerns raised by service users are responded to within 10 working days to ensure successful resolution.	ADs, Service Managers Quality Improvement Lead Nurses,	Monthly	Service Manager and Quality Improvement Lead Nurses monitor trends in contacts with PAL's and PET and action where required. Team Leads respond directly to	
	5.6	6.2	6.3					

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
					Team Leads		concerns/issues raised by service users and action when required.	
7. Treatments								
7.1	Were you involved as much as you wanted to be in the decisions about which medicines you receive?			Medicines Management policy embedded in practice. Consent to Examination or Treatment policy embedded in practice and consent from service user captured on Lorenzo. Trust has embedded 'choice and medication' web-link into prescribing practice.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	August 2019	 Acrobat Document Medicines Management policy embedded in practice and standards monitored through monthly clinical supervision and the CSM. All staff have received guidance regarding the legal framework for consent.	
	7.0	6.8	7.0					
7.2	Were you given information about new medicine(s) in a way that you were able to understand?			All care plans will contain evidence that the service user has been	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	'Choice and Medication' web link included in medication information leaflets and information leaflets. Nurse practitioners to conduct spot audits to ensure service users involved in discussion regarding medication and any changes are discussed.	
	7.2	7.0	6.8					
7.3	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?			Service users are involved in decision making regarding medication during care plan and treatment reviews.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	July 2019	CSM audit monitors quality of interaction to ensure discussion regarding medication and their effects Physical health policy has been amended to specify guidance for use of the GASS tools to monitor side effects for antipsychotic medication.	
	7.0	7.8	7.7					

Improved score
About the same , remains in range
Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
7.4	Were you involved as much as you wanted to be in deciding what treatment or therapies to use?			All care plans will contain evidence that the service user has been engaged in decisions regarding treatment during care plan reviews.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	CSM audit, clinical and managerial supervision to monitor service user engagement in treatment decisions.	
	7.0	8.6	6.5					
8. Other areas of life								
8.1	In the last 12 months did NHS mental health workers give you any help or advice with finding support for your physical health needs?			Trust Physical Health Strategy 2019-20 launched Physical Health Lead role launched.

Physical Health CQUIN launched | ADs, Service Managers Quality Improvement Lead Nurses, Team Leads | December 2019 | Physical Health Lead in place in all community teams

Physical Strategy Document 3.docx

CSM audit monitors that physical health needs have been discussed and actioned where appropriate.

RCPsych to complete physical health audit 2018-19.

Physical health clinics are in place for service users with SMI and integrated pathways are in the process of being developed with primary care | |
| | 4.6 | 4.2 | 3.9 | | | | | |
| 8.2 | In the last 12 months did NHS mental health workers give you any help | | | Pilot of Citizen Advice Bureau support worker within service launched in 2017 | ADs, Service Managers Quality | | Potential to establish a CAB support worker within adult community health teams to be explored 2019/20. | |

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
	or advice with finding support for financial advice or benefits?				Improvement Lead Nurses, Team Leads		Money matters financial advice agency are delivering financial advice sessions from CMHT bases. Financial/benefit advice is included in service user information leaflets	
	4.2	3.5	3.5					
8.3	In the last 12 months, did NHS mental health workers give you any help or advice with finding support for finding or keeping work?			Step On service established in 2013 to support service users with finding work. Care plans reflect recovery goals which include occupation and employment	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	July 2019	First cohort of Peer Mentor training completed, supporting people into volunteer positions within Development of Step On service to employ employment specialist workers within each community team to promote and support service users to find work.	
	3.6	3.8	3.1					
8.4	Has someone from NHS mental health services supported you in taking part in an activity locally?			Development of Wellbeing Academy with partner agencies to provide opportunities for service users to access courses to aid recovery and confidence.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	January 2020	Wellbeing Academy launched January 2019 Open Space events launched January 2019 Open Space Flyer 2019.pub	
	3.7	4.3	4.6					
8.5	Have NHS mental health services involved a member of your family or someone close to you as much as you would have liked?			Identification of carer and carer role in care plans, care plans formatted to include information and contact details of family members the service user would like involved with their care.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	CSM audits, managerial and clinical supervision monitor the involvement of carers/those close to the service user are identified.	

| Improved score |
| About the same , remains in range |
| Lowest range |

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
	6.0	6.8	6.9				Co-operative working/ MCP project is being delivered within the City and the model will be extended across the Stoke and North Staffordshire localities during 2019- 2022	
8.6	Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?			Development of Service Users forums, volunteering and peer mentorship opportunities available to service users.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	August 2019	Certificate in community mental health care open to service users and carers. Wellbeing Academy and Open Space launched Service User focus group events scheduled. Peer Mentorship programme developed and completed.	
	4.2	4.1	3.6					
8.7	Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?			Evidence of SMART recovery focussed goals in care plans	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	Recovery focused goals monitored via clinical and managerial supervision and CSM audits.	
	6.1	6.2						
9. Overall views of care and experience								
9.1	Overall, in the last 12 months, did you feel that you were treated with			Identifying induvial needs will be detailed via Care planning and risk management plans to identify the views of service users to ensure	ADs, Service Managers Quality	Monthly / Quarterly	Feedback is sought and monitored from NHS Choices, Compliments and Complaints, Friends and Family Test	

Improved score
About the same , remains in range
Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	**2017**	**2018**					
	respect and dignity be NHS mental health services?			dignity and respect is upheld at all times.	Improvement Lead Nurses, Team Leads		PALS Service user and Carer Council Engagement events Directorates hold an individual monthly quality forum and from February 2019 a joint forum will be held to discuss and share learning and best practice across North Staffordshire and Stoke. Inclusion Council, BAME strategy.	
	8.4	6.1	8.2					
9.2	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?			We provide needs led person centred services Individual needs will be determined via co production of care planning and care plan reviews. Frequency of appointments and interventions will be agreed as part of the care planning and risk management process	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	Monthly	The frequency of contact service users require is determined and updated via the care plan. This is monitored via the CSM audit process and in seeking feedback from service users in discussion and the development engagement and involvement networks overseen by the service user and care council.	
	5.9	8.7	5.4					
10. Overall experience								
10. 1	Overall……..I had a very poor experience / I had a very good experience.			It is intended that implementation of the actions described above will lead to maintaining and further improving the experience of services users accessing our services.	ADs, Service Managers Quality Improvement Lead Nurses, Team Leads	April 2019 and ongoing	Following the recent reorganisation of the Directorate structure within the Trust, this has afforded us a new and fresh opportunity to review how we deliver our services, innovation and service user and carer engagement is at the centre of our transformations and quality improvement	
	6.9	7.1	6.7					

	Improved score
	About the same , remains in range
	Lowest range

No	Issue / Concern			Action to be taken	Responsible Officer	Expected Completion Date:	Assurance/ Evidence	RAG
	2016	2017	2018					
							strategies. We will ensure proactive approaches are established to ensure service user feedback is responded to appropriately both in respect of learning and celebrating success. With the development of locality service user and carer engagement strategies this will detail how we will work proactively to seek service user's views. With the roll out of the Triangle of Care 2019, service user and carers will detail how we will work in collaboration to seek detailed feedback about the care delivered.	

REPORT TO Open Trust Board

Enclosure No: 17

Date of Meeting:	25th July 2019		
Title of Report:	People, Culture & Development Committee Summary		
Presented by:	Janet Dawson, Non-Executive Director		
Author:	Janet Dawson, Non-Executive Director		
Executive Lead Name:	Linda Holland, Director of Workforce, OD, Inclusion & Communications	Approved by Exec	☒

Executive Summary:		Purpose of report	
A summary of the People, Culture & Development Committee meeting held on 8th July 2019 and chaired by Mrs Janet Dawson. The minutes from the meeting have been appended for clarity and detail.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date: N/A	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☒ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☒ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	*The Committee reviewed all risks and noted in particular Risks 12, 186, 900, 901, 1072 and noted the mitigating actions in place.*		
Resource Implications: Funding Source:			
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 are asked to approve any policy extensions for ratification and receive the summary for assurance purposes.		
Version	Name/group	Date issued	

Front Sheet Template

Assurance Report to the Trust Board 25th July 2019

People, Culture and Development Committee Report to the Trust Board – 25th July 2019.

This paper details the items discussed at the People, Culture and Development Committee meeting on the 8th July 2019. The meeting was quorate with minutes approved from the previous meeting on the 13th May 2019. Progress was reviewed and actions confirmed from previous meetings.

STAFF STORY

The Committee received a powerful CAMHS staff story regarding Maria & Jack. The story narrated how service support had prevented them from feeling isolated, however they were apprehensive about the imminent transition into Adult Services which needed to be as smooth as possible. This story will also be presented at Trust Board along with the team who have been providing the support.

DIRECTOR OF WORKFORCE, OD & INCLUSION UPDATE

The Director of Workforce, OD & Inclusion had attended the NHS Providers National HR Directors Network in London on July 11th 2019 and noted several highlights from the update on policy and workforce. Of particular note including:

- The Pensions and High Earners 50/50 proposal is not being well received across the country, the BMA are not supportive, the Government did not appear to be engaging and some Trusts are starting to look at local arrangements
- Spending review in the Autumn likely to be 1 year roll-over
- If the current Government prevails there it is unlikely there will be legislative changes for the NHS
- Greater systems working – relationships are key
- Deadline for ICSs to be in place by 2021 seems to be sliding and NHSi/E pushing to upscale change in Primary Care
- CQC Update – post inspection letter has to be published on websites and discussed at Open Board
- Changes to the Junior Doctor Contract moving forward however unlikely to attract additional funding to support changes

Of highlight for the Trust:

- High Potential Scheme hosted by Combined on behalf of the STP, launches this month with an invitation to present this at the Health Care & Transformation Board, in addition to the Stepping Up STP wide programme hosted by Combined
- The Stepping Up Alumni & BAME Conference was very successful, with a view to try and host an annual event and widen out this out further to STP colleagues
- Leadership Academy (LA) held a Masterclass on Addressing Racial Inequality on July 3rd 2019 with Professor Mala Rao. The actions from the Academy session will be reviewed at the September LA
- REACH Awards was an excellent evening with thanks to Teams making a success
- NHS Values Week takes place this week plan with Comms Team to highlight good practice stories via social media
- The MH Workforce Plan had been commended for good collaborative working by both NHSI and NHSE
- Collaboration of workforce leadership/bank extending to admin and estates with cross partnership working

- STP Graduate Apprenticeship Rotational Scheme – went live 15th July 2019

UPDATE ON BOARD ASSURANCE FRAMEWORK AND RISK REGISTER

The Associate Director of Governance presented the Q1 2019/20 BAF Directorate update to the Committee which was still in draft form; work is being undertaken to link the updates with the other Committees.

A final full BAF will be collated in readiness for the September meeting.

The Committee reviewed all risks and noted in particular Risks 12, 186, 900, 901, 1072 and noted the mitigating actions in place.

WORKFORCE PERFORMANCE AND METRICS

The committee received Month 2 QPMF report which set out achievement of 91.0% for staff having completed their statutory and mandatory training (target 85%) which was encouraging maintenance of this target and 5 target related metrics rated as Red:

- Agency Spend - 14.0% at M2 from 2.0% at M01
- Vacancy Rate – broadly flat 13.6% at M2 from 13.9% at M1.
- PDR/Appraisal now entirely electronic via LMS - 84.0% at M2 from 81.0% at M1. Directorates have plans in place to ensure compliance by September 2019 in line with the annual rolling programme for appraisals.
- Clinical Supervision - 73.0% at M2 from 77.0% at M1. The month 3 indicative position demonstrates an improved position of 82%.

There were no related metrics rated as Amber in M2, and all other indicators are within expected tolerances.

The Workforce Metrics refreshed style report now provides the Committee with information and assurance on key workforce metrics and an update on key workforce matters:

- **Attract, Recruit and Retain -** The reported vacancy rate for May is broadly flat 13.6% from the previous month of 13.9% and a mitigated position of 10%.
- **Staff Requirements -** The DBS compliance rate for May has significantly improved to 97.62% from the previous month of 94.27%.
- **Staff Training & Development -** Statutory and Mandatory compliance for May continues to slightly fluctuate to 91% from the previous month of 92% however; this is still significantly higher than the Trust's target of 85%.
- **Health & Wellbeing -** Compliance against the Trust's target of 4.95% for sickness absence continues.

The Stoke Community and Specialist Services Directorates were invited to provide updates on their workforce challenges and successes. Of particular note was the work being undertaken in Stoke Community to integrate Psychology services more effectively as the service become more stable and the challenges that the A&T Unit has recently faced with staff being recognised for their resilience in difficult circumstances.

WORKFORCE RACE EQUALITY STANDARD 2019

The Committee received the annual report of the WRES which noted that whilst mixed progress against the nine WRES indicators was made during 2018-19 in relation to our performance, some

indicators did improve. Despite best efforts we remain still some way short of achieving our goal of being representative of the local community for BAME by 202, due to the immediate and long-term challenges around addressing a range of societal, historical, cultural and organisational factors. The WRES action plan will continue to be monitored by the Committee.

DIVERSITY & INCLUSION (D&I) UPDATE

The report set out work completed over Quarter 1 of 2019-20 to further develop and embed greater diversity and inclusion within the Trust both generally and across a range of different protected characteristics groups. The action plan will continue to be monitored by the Committee.

OCCUPATIONAL HEALTH & STAFF SUPPORT AND COUNSELLING SERVICE UPDATE

Team Prevent, our Occupational Health provider shared with the Committee a heat map that detailed the Trust's management referrals by level activity broken down by Directorate and reason. The top 2 referrals related to stress, anxiety and depression and MSK. Stress, anxiety and depression referrals featuring most commonly in the Acute Services & Urgent Care Directorate, North Staffordshire Community Directorate and Specialist Services Directorates. MSK injury and factures featuring most commonly in Acute Service & Urgent Care Directorate, Specialist Services Directorate and North Staffordshire Community

Directorate.

The annual report from the Staff Support and Counselling Service detailed the usage of the service, clinical effectiveness, team support, training and critical incident stress management for the Trust, in addition to providing details of services provided to other organisations and overall service activity.

TRUST INDUCTION

The Committee received a proposal to review and reshape the Trust Induction day that had been previously presented to Executives on March 19th when option 2 for a personalised electronic PDF Half day induction/Half day statutory and mandatory training session was agreed. The development of the new starter interactive Welcome PDF will deliver information on induction in an electronic, interactive, user-friendly reference tool.

MEDICAL REVALIDATION ANNUAL ORGANISATIONAL AUDIT (AOA) 2018/19

The Medical Director presented this report. It was noted that one SAS Doctor is yet to have their appraisal signed off, despite it being started, and having 1:1 training with Medical Staffing on the Allocate eAppraisal system. The Committee noted the audit which will now be presented to Trust Board.

RECRUITMENT BRANDING AND VALUE PROPOSITION

The Trust Resourcing & Retention Lead gave a presentation to update the Committee on the current and future plans for recruitment/branding/advertising/social media following focus groups and collaborative work with operational, nursing and communications colleagues. The proposal included options for media investment of approximately £40k which will be reviewed further by the Executive Team. The Recruitment team are currently preparing for the next round of recruitment in September.

GENDER PAY UPDATE

The update was noted.

FREEDOM TO SPEAK UP UPDATE

The full report had been presented to the June Trust Board as per the requirement from the National Guardian's Office. Freedom to Speak Up forms part of the Committee Cycle of Business and will be monitored accordingly.

NHS INTERIM PEOPLE PLAN

A presentation was circulated to the committee setting out the vision and key themes for the Interim People Plan in order to deliver the NHS Long Term Plan in a more collaborative, more agile, flexible and multidisciplinary way whilst addressing the current workforce shortages. The Plan has been development by NHS Improvement, NHS England and Health Education England and launched on June 3rd 2019. People management, recruitment, retention and development will feature as a higher priority nationally. It is expected that the full NHS People Plan will be published once the local system plans have been completed and the outcome of the government's spending review which is likely to be early 2020.

NATIONAL EDUCATION TRAINING SURVEY (NETS) UPDATE AND ACTION PLAN

The Medical Director introduced the survey update and plan which was noted by the Committee. The GMC National Training Survey surveys the experience of Doctors in Training. The survey took place between November and December 2018. Overall the survey findings compared favourably with the national average (NSCHT/National Average)

JUNIOR DOCTORS' CONTRACT – UPDATE

Changes to the Contract were noted. The update outlines the changes being implemented to the 2016 Junior Doctor Contract following the agreement reached between the BMA and NHSE on June 10th 2019.

COACHING & MENTORING UPDATE

The update was noted. Following recent training 6 individuals have qualified as coaches and a further 5 are working towards qualification which they hope to complete by the end of July 2019. All coaches on the programme have already provided developmental support to delegates on the BAME Leadership Programme and will continue to support other staff within the organisation attending programmes like the In-Place Leadership Programme or where other development needs have been identified through the TNA (Training Needs Analysis) process or during annual appraisal.

NHSI RETENTION SUPPORT PROGRAMME AND LEAVERS UPDATE (EXIT INTERVIEW REPORT, OCTOBER 2018 – MARCH 2019)

The Associate Director of Workforce presented to the Committee an updated position of the Trust's performance in relation to the NHSI retention programme. The NHSI Retention Support Programme data pack provides the Trust's updated turnover position, reasons for leaving data and age profile of our clinical staff. The pack also provides comparative data between trusts within our region/sector, as well as comparisons with trusts in our cohort of the programme and those within our STP. Overall the Update shows that our Trust is comparable with others and our overall position is positive.

EXIT INTERVIEW REPORT – OCTOBER 2018 - MARCH 2019

Following an initial report to the Committee in October 2018, the updated position as at March 2019 was presented to the Committee. During this period 107 employees left the Trust; the top three reasons for leaving reported by managers were: 'Voluntary Resignation - Other/Not Known', 'Retirement Age' and 'Voluntary Resignation - Work Life Balance', and some of the reasons for leaving were Retirement, Improved Work Life Balance and Better Career Opportunity. The rolling Exit Interview programme will continue on a quarterly basis with all leavers who have not completed an exit interview being contacted by post. Managers will also be encouraging staff to undertake a face to face exit interview during their notice period. Specific feedback will be reviewed and considered at Directorate level by the respective senior teams, in particular working rotas.

GUARDIAN OF SAFE WORKING REPORT

The report was noted by the Committee. The executive summary focussed on the Guardian of Safe Working for Quarter 1, April to June 2019. It was noted that rotas remain compliant in terms of satisfying the working hours rules laid down by the TCS, with one exception report raised due to shift duration that was addressed.

POLICIES

The following policies were approved: 1.76 Job Planning; 3.03 Compassionate & Special Leave; 3.14 Alcohol & Drugs; 3.16 Maternity, Paternity & Adoption; 3.24 Recruitment & Selection; 3.32 Appraisal (formerly Performance Development Review); 3.39 Medical Appraisal; Local Clinical Excellence Awards

6 month extensions were approved for the following policies: 3.07 Management of Change; 3.21 Disclosure & Barring Service

PCD REPORTING GROUPS for information

- Strategic Education & Learning Group (SEAL) – June 28th 2019
- Joint Negotiating Consulting Committee (JNCC) – June 11th 2019
- Professional Leads Advisory Group (PLAG) – May 24th 2019
- Joint Local Negotiating Committee (JLNC) – next meeting due on July 18th 2019
- Inclusion Council – 15th May 2019

In future the Chair recommended that an Executive summary on policies is provided so the Committee is aware and can agree without the need to include the whole policy in the pack.

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 Janet Dawson Chair of People, Culture and Development Committee

REPORT TO OPEN TRUST BOARD

Enclosure No: 18

Date of Meeting:	25th July 2019		
Title of Report:	Trust WRES Update and Action Plan 2019		
Presented by:	Linda Holland, Director of Workforce, Organisational Development and Inclusion		
Author:	Lesley Faux, Diversity and Inclusion Lead		
Executive Lead Name:	Linda Holland, Director of Workforce, Organisational Development and Inclusion	Approved by Exec	☒

Executive Summary:		Purpose of report	
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. This report contains the Trust's fifth 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 CQC inspection processes.		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 ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☐ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	NHS England and commissioner–required imperative. Links with the Equality Act (2010) and our associated Public Sector Equality Duty (PSED)		
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 WRES is specifically intended to highlight race inequalities in NHS organisations and to prompt effective and impactful action to address these inequities.		

STP Alignment / Implications:	All NHS Trusts are required to participate in WRES. The STP is making a clear commitment to race inclusion through the Staffordshire and Stoke-on-Trent Stepping Up BAME Leadership Programme		
Recommendations:	1. Note the progress with actions from WRES 2018 2. Receive the 2019 WRES report 3. Contribute to development of an action plan for t**angible and measurable chang**e to be implemented through 2019-20 4. Commit to taking **personal action** to deliver tangible progress on this critical agenda throughout your own area of responsibility		
Version	Name/group	Date issued	
	SLT	16.07.19	

2019 Trust Workforce Race Equality Standard (WRES) Report and Action Plan:

What have we achieved and where are we going?

Date: July 2019

Author: Lesley Faux, Diversity & Inclusion Lead

Lead Director: Linda Holland, Director of Workforce & Inclusion

Trust Workforce Race Equality Standard
(WRES) Report 2018

1. Introduction

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.

The Trust also sees this as a vital component as we strive to improve and deliver our obligations under the Public Sector Equality Duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

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.

This report contains the Trust's fifth 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 CQC inspection processes.

The key purpose of the WRES was to address persistent workforce race inequity evident across the NHS in England. The WRES is designed to prompt inquiry and assist healthcare organisations to develop and implement evidence-based responses to the challenges their data reveal. It assists organisations to meet the aims of the NHS Five Year Forward View and, more recently, the NHS Long Term Plan, and complements other NHS policy frameworks such as Developing People – Improving Care, as well as the principles and values set out in The NHS Constitution.

Background

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 2 documents to Commissioners and NHS England to satisfy the WRES:

1. NSCHT spreadsheet data set - *Appendix One*
(data to be uploaded by 30/10/19)

2. A WRES progress report and - *This report updated further to discussions*
Action Plan to be published on *at PCD and Trust Board.*
the Trust's website by 27/9/19

The above information will be published on our Trust website and shared with our lead commissioners.

The [2018 National WRES Report](#) reported evidence of continuous improvement across the 9 WRES indicators nationally, but still a long way to go. It stated:

This 2017 report will show that the low baseline we started off from in 2015 has improved, albeit with room to improve further. The change we to continue to seek in workforce race equality is not change for political correctness; there is a moral, legal, financial and, most importantly, a quality of patient care case for change.

Key national WRES findings were in 2018 were as set out in Box 1 below:

A sustained increase in BME nurses, health visitors and midwifes in AfC bands 6 and above. There has been an increase of 2,224 from 2017.	
Analysis of WRES data between 2016 and 2018 show continuous improvement across the range of workforce indicators.	Across the 231 NHS Trusts in England, there were just eight BME executive directors of nursing.
BME staff make up 19.1% of the workforce in NHS Trusts. Across NHS Trusts, there were more than 10,407 more BME staff in 2018 compared to 2017.	White applicants were 1.45 times relatively more likely to be appointed from shortlisting compared to BME applicants, a reduction from the 1.60 ratio in 2017.
The proportion of BME staff in very senior manager (VSM) positions increased from 5.7% in 2017 to 6.9% in 2018. This is still significantly lower than the proportion of BME staff (19.1%) in NHS Trusts.	BME staff were 1.24 times relatively more likely to enter the formal disciplinary process compared to white staff. There has been year on year improvements on this indicator since 2016.
The net number of BME board members increased. There were 11 more executive BME board members across NHS Trusts in 2018 compared to 2017. Overall there was one extra non-executive board member across NHS Trusts.	71.5% of BME staff believed that their trust provides equal opportunities for career progression or promotion. This is lower than the response in 2016 (75.5%). In contrast, 86.6% of white staff believes that their trust provides equal opportunities for career progression or promotion.

Box 1: Key national WRES findings 2018, NHS England (2018)

In 2018, the Trust had reported that it had improved on only 3 of the 9 WRES indicators, with 6 indicators worsening since the previous year. The indicators that had **improved** were:-

- Indicator 1: Workforce profile
- Indicator 4: Non-mandatory training
- Indicator 9: Trust Board Representation

Indicators that had **worsened** were:-

- Indicator 2: Recruitment
- Indicator 3: Involvement in Formal Disciplinary process (significantly worse than 2017)
- Indicator 5: Harassment, bullying & abuse from patients
- Indicator 6: Harassment, bullying & abuse from staff
- Indicator 7: Belief in equal opportunities
- Indicator 8: Experience of discrimination at work in the last 12 months (significantly worse than 2017)

Following these results, the 2018 Trust WRES report identified that it was clear that we had much work to do to create our vision of a truly diverse and inclusive organisation. In 2018-19 we stepped up to this challenge.

3. What we have been doing since the 2018 WRES

The 2018 WRES Action Plan was built around the 4 key themes for action that were identified through our Listening Into Action sessions (held in May and September 2018), plus an additional theme of 'Communication for Inclusion'.

Five project teams were established as below, and the process was project-managed via the newly formed Inclusion Council, which has met monthly since November 2018 and is chaired by the Trust Chief Executive. Project groups consist of an executive director lead, a project lead and one or more BAME colleagues. BAME colleagues have been allocated up to half a day per week to work on these projects.

The Trust's 5 BAME workforce projects are:-

    i.   Developing our **recruitment and selection** processes for race inclusion (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 from incidents of **racist abuse** and aggression (including responding to and preventing incidents; policies & processes; posters; involving the Police; support for those affected, etc)

    iv.   **Culture of inclusion** (Inclusive treatment of colleagues and addressing micro-assaults and inequalities)

    v.   **Communication for Inclusion** (supporting the development of an inclusive culture through a consistent and conscious focus on inclusion through all our Trust communications including events, information, posters, Trust media etc).

Appendix One contains a summary of the objectives, achievements and ongoing work of these project groups. In May 2019 it was agreed that these project groups would be extended beyond the original 6 months to allow additional time for embedding of change and for the delivery of positive outcome measures.

In addition to the 5 BAME workforce projects, the Trust has delivered the following action to further develop race inclusion.

- Introduction of two one-day a week secondment posts of ***BAME Inclusion Facilitator Role*** for a period of one year. These new roles have a focus on ensuring that BAME service users, carers and local community members have full and fair access to services and employment across the Trust, and to ensure that BAME experiences (service user and colleague experiences) of the Trust are positive, high quality and equitable. Two individuals commenced this new role, with one leaving for a promotion opportunity after 3 months in post. The resulting vacancy is going to interview soon for a 9-month opportunity at the time of writing.

- The Trust's second ***Symphony for Hidden Voices*** **Inclusion Conference**, held in September 2018, included a major focus on race inclusion as a key theme of the day. Race-themed presentations on the day included:-

- ▪ Dame Elizabeth Anionwu – keynote speaker
- ▪ Dramatic presentation of a BAME staff member's experience 'Staff Nurse Story' [This was subsequently shared as a Youtube film and used to facilitate team discussions about race inclusion across the Trust]
- ▪ Dramatic presentation of Windrush poem 'You called and we came' (Prof Laura Serrant)
- ▪ Roger Mackenzie – 'Black mental health matters'
- ▪ BAME Reverse Mentoring

This event also served as the Launch of our Staffordshire and Stoke-on-Trent STP Stepping Up BAME Leadership Programme (see over).

- Three cohorts of the **Staffordshire Stepping Up BAME Leadership Programme** have been commissioned and delivered through 2018-19, with almost 100 participants from across the Staffordshire and Stoke-on-Trent Strategic Transformation Partnership (STP). This project has been led by the Trust on behalf of the STP. Ten members of Trust staff were offered places on the programme (with 9 taking these up, one place lost due to ill health).

  This programme has received excellent feedback and it is hoped to secure funding for a further 2 cohorts in 2019-20.

- Further development of our **BAME Staff Network** to build membership and regular attendance. This has been effectively supported by the introduction of our BAME Inclusion Facilitator roles. An event in May to celebrate 'The Power of Staff Networks' helped to bolster membership and awareness about the BAME Staff Network as well as encouraging individuals to support or be members of our new Neurodiversity Staff Network and our LGBT+ Staff Network.

4. NSCHT WRES 2019 Findings

Despite the significantly increased focus on race inclusion over the past 2 years and particularly the last 12 months, the Trust has seen mixed progress on the WRES indicators in 2018-19. Whilst the level of progress is disappointing, it is noted that racial inequity is deeply-rooted in societal attitudes, culture and behaviours and culture in myriad ways, both conscious and unconscious. Achieving effective change on race inclusion is a long term goal and does not happen overnight. However, it is notable that discussions about race inclusion have been taking place across the organisation and there is a significantly heightened awareness of these matters across staff at every level. BAME staff have indicated that the efforts that the Trust is taking to address racial inequality are appreciated and much needed and more BAME staff are putting themselves forward to be part of the process of bringing about positive change.

The below sets out the detail for each specific WRES Indicator:-

1. **Workforce profile**
   - Overall the BAME % in our workforce profile **has reduced** since 2017-18. This is **6.3%** as at 31.03.19 from 6.7% (as at 31.03.18).
   - When medical staff are excluded, this reduces to 5.6% of the workforce.
   - Clinical under-represents for BAME staff in bands except bands 4 and 5.
   - Non-clinical has a very low BAME % (1.6%) and under-represents in all banding groups.

2. **Shortlisting to appointment**
   - `Worsened` to **2.07** from 1.96 last year (a score of 1.0 = BAME and white staff equally proportionate likelihood)
   - While this indicator is a very significant concern for the Trust for the second consecutive year, analysis quarter-by-quarter suggests that there may be 'green shoots' of improvement in the final quarter of the financial year (Jan-Mar 2019). This position requires close monitoring and continued strategies designed to create more inclusive recruitment and selection.

3. **Disciplinary**
   - `Improved` from 10.54 (an outlier figure) last year **to 0.88** (a score of 1.0 = BAME and white staff equally proportionate likelihood). The 2019 rate indicates that BAME staff were slightly **less likely** to be involved in a disciplinary process than white staff in 2018-19.

4. **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` (**0.68**) i.e. more likely to access at least one piece of non-mandatory development.
   - **However, when medical staff are removed** from the data, the balance changes to 1.2 (i.e. indicating that white staff are approximately 20% more likely to undertake at least one piece of non-mandatory development).
   - Our score last year on this measure was 0.95 (which was also a positive result).

5. **Harassment, bullying & abuse from patients** (source = Staff Survey)
   - `Worse` than last year: **54.5%** of BAME staff (43.3% in 2018) experienced HB&A from pts (29.7% for white staff)

6. **Harassment, bullying & abuse from staff** (source = Staff Survey)
   - `Improved` from last year – **21.1%** of BAME staff (36.7% in 2018) experienced HB&A from staff (14.7% white staff)

7. **Belief in equal opportunities** (source = Staff Survey)
   - `Worse` than last year – **58.8%** of BAME staff (64.3% in 2018) believed we offer equal opportunities (87.5% of white staff)

8. **Experience of discrimination at work in the last 12 months** (source = Staff Survey)
   - `Much better` than last year – **3.3%** of BAME staff (4.7% of white staff). The corresponding figures for 2018 were 20.1% for BAME staff and 6.7% for white staff).

9. **Trust Voting Board members profile** (compared to local area)
   - Board member BAME representation `unchanged` – **18.2% BAME** (15.4% in 2018) – there are **two BAME Voting Board Members** in both 2017-18 and 2018-19 (one executive member and one non-executive) as at 31st March in each year. (Our locality is 7.6% BAME).
   - [Variation in the reported percentage rate on this measure is due to changes in the number in people actually in post at the time of data collection.]
   - **However**, it is noted that the BAME non-executive member stepped down from his role as of April 2019, meaning that the Board BAME ethnicity **is currently 7.1%** which is significantly worse than the reported position.

5. Conclusions and Next Steps

There remains both an immediate and a long-term challenge around addressing a range of societal, historical, cultural and organisational factors which culminate in our BAME workforce experiencing poorer employment prospects and experiences than their white counterparts in the NHS on a range of measures.

The Trust has worked hard in 2018-19 to further raise the game in relation to race inclusion, increasing visibility and continuing to identify and address the associated issues. 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 that changing cultures does not happen overnight and seeing visible change in the racial make-up of the organisation takes time. We cannot delay – tangible change is needed now, and particularly in more senior roles.

6. Recommendations

Committee members are asked to:-

1.   Note the progress with actions from WRES 2018

2.   Approve the 2019 WRES report

3.   Contribute to development of an action plan for t**angible and measurable change** to be implemented through 2019-20

4.   Commit to taking **personal action** to deliver tangible progress on this critical agenda throughout your own area of responsibility

END

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SubmissionTemplate
Workforce Race Equality Standards 2018/19 template

Answer Required
Auto Populated
N/A

INDICATOR	DATA ITEM		MEASURE	31st MARCH 2018 WHITE ESR	WHITE Verified	BME ESR	BME Verified	UNKNOWN ESR	UNKNOWN Verified	31st MARCH 2019 WHITE ESR	WHITE Verified	BME ESR	BME Verified	UNKNOWN ESR	UNKNOWN Verified	Notes
		1a) Non Clinical workforce														
	1	Under Band 1	Headcount	0	0	0	0	0	0	0	2	0	0	0	0	
	2	Band 1	Headcount	18	28	0	0	0	0	17	17	0	0	0	0	
	3	Band 2	Headcount	39	40	0	0	2	2	48	48	0	0	1	8	
	4	Band 3	Headcount	69	73	2	2	4	4	66	66	2	2	4	21	
	5	Band 4	Headcount	68	80	2	6	0	0	62	61	2	2	0	1	
	6	Band 5	Headcount	40	48	0	1	0	0	36	36	0	0	1	5	
	7	Band 6	Headcount	23	62	1	5	0	0	25	25	1	1	0	1	
	8	Band 7	Headcount	14	83	0	5	0	0	15	15	0	0	0	1	
	9	Band 8A	Headcount	18	46	0	1	0	0	19	19	0	0	0	0	
	10	Band 8B	Headcount	11	21	0	2	0	1	8	8	0	0	0	0	
	11	Band 8C	Headcount	7	14	0	0	0	1	5	5	0	0	0	0	
	12	Band 8D	Headcount	0	2	0	0	0	0	3	3	0	0	0	0	
Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	13	Band 9	Headcount	1	1	0	0	0	0	1	1	0	0	0	0	
	14	VSM	Headcount	1	18	0	4	0	1	1	5	0	0	0	0	
		1b) Clinical workforce of which Non Medical														
	15	Under Band 1	Headcount	0	0	0	0	0	0	0	2	0	0	0	0	
	16	Band 1	Headcount	7	0	0	0	0	0	7	7	0	0	0	0	
	17	Band 2	Headcount	10	1	1	9	0	0	13	13	0	0	0	0	
	18	Band 3	Headcount	196	188	6	6	8	9	204	204	10	10	8	10	
	19	Band 4	Headcount	79	69	7	3	1	1	98	100	13	13	1	2	
	20	Band 5	Headcount	195	186	11	10	3	3	177	177	15	15	4	4	
	21	Band 6	Headcount	258	221	14	10	6	5	265	270	12	13	3	7	
	22	Band 7	Headcount	147	84	7	2	5	6	163	164	8	8	6	8	
	23	Band 8A	Headcount	54	29	1	0	1	1	51	51	1	1	1	3	
	24	Band 8B	Headcount	12	3	2	0	1	0	18	18	1	1	0	0	
	25	Band 8C	Headcount	15	8	0	0	1	0	12	12	0	0	1	1	
	26	Band 8D	Headcount	2	1	0	0	0	0	1	1	0	0	1	1	
	27	Band 9	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	
	28	VSM	Headcount	0	0	0	0	0	0	0	0	0	0	0	0	
		Of which Medical & Dental														
	29	Consultants	Headcount	17	13	21	15	2	2	14	15	19	19	2	2	
	30	of which Senior medical manager	Headcount		0		2		0		1		2		0	
	31	Non-consultant career grade	Headcount	7	7	6	4	0	2		7		7		6	
	32	Trainee grades	Headcount	1	6	2	10	0	1		4		4		0	
	33	Other	Headcount	1	0	3	0	1	0		0		0		0	
	34	Number of shortlisted applicants	Headcount		1998		493		35		1109		202		19	
Relative likelihood of staff being appointed from shortlisting across all posts	35	Number appointed from shortlisting	Headcount		199		25		3		205		18		6	
	36	Relative likelihood of appointment from shortlisting	Auto calculated		0.0995995996		0.0507099391		0.0857142857		0.1848512173		0.0891089109		0.3157894737	
	37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated		1.96						2.07					
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note: This indicator will be based on data ...	38	Number of staff in workforce	Auto calculated		1332		96		39		1356		96		81	
	39	Number of staff entering the formal disciplinary process	Headcount		4		3		0		16		1		0	
	40	Likelihood of staff entering the formal disciplinary process	Auto calculated		0.0030030030		0.0315789474		0.0000000000		0.0117994100		0.0104166667		0.0000000000	
	41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		10.52						0.88					

SubmissionTemplate
Workforce Race Equality Standards 2018/19 template

	Answer Required
	Auto Populated
	N/A

	INDICATOR	DATA ITEM		MEASURE	31st MARCH 2018			31st MARCH 2019			Notes
					WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce	Auto calculated	1332	96	39	1356	96	81	
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	133	10	8	605	63	26	Compiled from:- - Non-mandatory training data from Learning Management System (LMS) plus - medical staff development plus - data from study leave forms and training needs analysis process.
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.0998498498	0.1052631579	0.2051282051	0.4461651917	0.6562500000	0.3209876543	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	0.95			0.68			
5	Percentage of staff experiencing harassment, bullying	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	31	43		27	55		
6	Percentage of staff experiencing harassment, bullying	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	16	37		15	21		
7	Percentage believing that trust provides equal opportunities for	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	91	64		87	59		
8	In the last 12 months have you personally experienced discrimination at work from any of the	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	7	21		5	3		
9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	50	Total Board members	Headcount	11	2	0	12	2	0	
		51	of which: Voting Board members	Headcount	3	1	0	9	2	0	
		52	: Non Voting Board members	Auto calculated	8	1	0	3	0	0	
		53	Total Board members	Auto calculated	11	2	0	12	2	0	
		54	of which: Exec Board members	Headcount	7	1	0	6	1	0	
		55	: Non Executive Board members	Auto calculated	4	1	0	6	1	0	
		56	Number of staff in overall workforce	Auto calculated	1332	96	39	1356	96	81	
		57	Total Board members - % by Ethnicity	Auto calculated	84.6%	15.4%	0.0%	85.7%	14.3%	0.0%	
		58	Voting Board Member - % by Ethnicity	Auto calculated	75.0%	25.0%	0.0%	81.8%	18.2%	0.0%	
		59	Non Voting Board Member - % by Ethnicity	Auto calculated	88.9%	11.1%	0.0%	100.0%	0.0%	0.0%	
		60	Executive Board Member - % by Ethnicity	Auto calculated	87.5%	12.5%	0.0%	85.7%	14.3%	0.0%	
		61	Non Executive Board Member - % by Ethnicity	Auto calculated	80.0%	20.0%	0.0%	85.7%	14.3%	0.0%	
		62	Overall workforce - % by Ethnicity	Auto calculated	90.9%	6.5%	2.7%	88.5%	6.3%	5.3%	
		63	Difference (Total Board -Overall workforce)	Auto calculated	-6.2%	8.9%	-2.7%	-2.7%	8.0%	-5.3%	

TRUST WRES ACTION PLAN

Part 1: Progress with 2018 WRES Action Plan

Following the BAME LiA Taking Action on Race Inclusion sessions in May and September 2018, chaired by the Trust CEO, the following was agreed to implement urgent and effective action on race inclusion:-

- New *Inclusion Council* to be established from those who attended. BAME attendees to be released to attend this meeting by personal request of CEO. This group will focus on Race Inclusion initially, but will eventually move to covering the range of inclusion issues / protected characteristics.
- *5 WRES project groups* established as below. Each group has a Project Lead and a BAME sponsor, with a clinical sponsor where appropriate.
- WRES **Project groups to meet weekly** (in person, by phone, by email as appropriate on each occasion) – BAME sponsors to be given half day release from their role at personal request of CEO.
- WRES Project groups to report into Inclusion Council. Each group to develop and implement meaningful and effective action on their action topic.
- Demonstrable progress anticipated over the first 3-6 months

The following pages outline the project plans and progress linked to the 5 BAME Workforce projects.
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WRES ACTION PRIORITIES	By Who	By When	Key Notes, Comments and Progress
WRES Action Area 1 - *Developing Inclusive HR Processes* (Links with WRES indicators 1, 2, 3 and 9) To develop action including: - inclusive recruitment and selection processes from start to finish (consider: BAME representation on interview panels; bulk recruitment; monitoring and challenge processes; use of positive action) - disciplinary and grievance processes (consider RCN Cultural Ambassadors programme) - workforce equality info processes - bank and agency staff	**Project Lead:** Cherie Cuthbertson **Exec Lead:** Director of Workforce and Inclusion **BAME Sponsor:** Tes Zaheer	Weekly action group Feed into monthly Inclusion Council	Data Analysis to identify priority focus areas – Interviews. Audit of interviews to review qualitative information Introduction of representative Interview panels **2019-20** Use of Positive Action strategy to support an improvement in the numbers of BAME applicants for senior posts

			Interview and selection Training for all Recruiting managers to improve best practice. Raise awareness of data evidence with Recruiting managers. **To take forward in 2019-20:-** Re Disciplinary process – to develop a plan with regard to how to address potential (unconscious) bias in the disciplinary process, possibly using the RCN Cultural Ambassadors' approach or similar. **Lead Manager: TBC**
WRES Action Area 2 - *Supporting the development of our BAME staff* (Links with WRES indicators 4 and 7) Developing systems to support equal and inclusive access to career development, leadership development and education development opportunities. May include: - buddy system for all BAME staff - coaching and mentoring of BAME staff - BAME staff developing skills as coaches and mentors - Reverse mentoring - Developing educators and trainers from BAME ethnicity - Raising cultural, race and faith awareness - 'Public Narrative Training' – social movement theory and call to action - Ongoing support post-programme for 'Stepping Up' participants	**Project Lead:** Sue Slater **Exec Lead:** Exec Director of Nursing **BAME Sponsor:** Tanisha Molloy	Weekly action group Feed into monthly Inclusion Council	**KEY PROGRESS ACHIEVED:-** - Education opportunities now emailed direct to BAME staff - Significant increase in BAME staff undertaking educational and development programmes - Reverse Mentoring launched in March 2019 with a cohort of BAME colleagues acting as Reverse Mentors - Funding agreed for a 12 month secondment to BAME Practice Education Facilitator role - 'Train the trainers' from the BAME workforce increased from none to 3 (delivering safer people handing; and resuscitation modules).

		Going forward in 2019-20:-
		- Training Manager to attend Stepping Up Forum
		- Development leaflet to be created specific for BAME colleagues
		- Further 'train the trainers' sought in Suicide and self-harm; mental health first aid; dementia. At least one BAME colleague sought to deliver on one of these programmes.

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WRES Action Area 3 - *Reporting, learning & improving from incidents* (Links with WRES indicators 5 and 6) **Reporting, learning and improving following incidents** and incidences of racism, racist abuse and aggression - preventing incidents - responding better to incidents (saying 'That's not acceptable') - supporting people better when subject to incidents - policies, processes and SOPs - posters (link with comms group) - involving the Police	**Project Lead:** Frazer Macdonald **Exec Lead:** Executive Medical Director **BAME Sponsor:** Desi Somers	Weekly action group Feed into monthly Inclusion Council

WRES Action Area 4 - *Creating a culture of inclusion*
 	
(Links with WRES indicators 6, 7 and 8)
 	
Developing action to deliver:
  - developing understanding of BAME experience and how we treat each other day-to-day
  - inclusive treatment of colleagues
  - values and behaviours - clear standards of expected and unacceptable behaviour
  - policies, training, leadership styles, service user involvement & experience
  - addressing micro-assaults and inequalities as well as macro-assaults and inequalities
  - include considering religion, culture, language, accents, food, etc.
	Project Lead:
	Neil Clarke
	
	Exec Lead:
	Chief Operating Officer
	
	BAME Sponsors:
	Dee Hussain
	
	Clinical Sponsor:
	Dr Dennis Okolo		

WRES Action Area 5 – *Communication for Inclusion*
 	
(sits across the 9 WRES indicators)
 	
Developing and delivering on communication for inclusion:–
  - clear communication on expectations around inclusion
  - developing deeper understanding of diversity, inclusion and what it means to be person-centred
  - staff feedback mechanism (including feedback from trainees and exiting employees; app)
  - Effective BAME network
  - Engaging with our agency and bank staff
  - Posters
  - Leaflets and Info
  - BAME champions
  - Inclusion Events… starting with #WearRedDay #19Oct #ShowRacismTheRedCard
	Project Lead:
	Joe McCrea
	
	Exec Lead:
	Workforce Director
	
	BAME Sponsors:
	Nikita Duncan and Susan Gombedza
			So far, the Inclusion Council and BAME Network has initial pages on CAT and the Trust website, is regularly included in Newsround, CEO Blog and Combined Catch-Up and is fully embedded in MOOD Actions Tracker and referenced in social media. Inclusion Council initial film and material is regularly included in CEO Blog, Combined Catch-Up, CEO Board Report, Newsround, social media and is currently being shown on the Harplands TV and on TV in Lawton House Reception. It will be included in 2018-19 Annual Report, Quality Account, AGM Review of the Year and Symphony of Hidden Voices. SLT have signed off on solution for TVs and messages to desktops. We have posters around Trust locations highlighting the Inclusion Council, action on racism and micro aggression.

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Action	Action Lead and Completion Date
1. To continue with the five BAME Workforce Projects with a focus on key deliverables and on achieving tangible change outcomes • Peter Axon, new Trust CEO to take on role of Chair of the Inclusion Council • Review focus of Inclusion Council after end of first six months as at end March 2019	 - **COMPLETE APRIL 2019** - **COMPLETE MAY 2019** - Two clear deliverables to be identified for each project for completion by October 2019.
2. To deliver a BAME inclusion conference in June 2019	- Lesley Faux, June 2019 COMPLETE 13 JUNE 2019 - Further action to deliver an STP-wide conference on the back of the success of this event by June 2020 – D&I LEAD in conjunction with STP Partners
3. To secure funding for and deliver two-three further cohorts of Staffordshire Stepping Up on a partnership basis with STP partner Trusts	- Education and Development Team / Lesley Faux Seek to secure funding by end July 2019 Plan in progress – awaiting confirmation
4. To fill the second BAME Inclusion Facilitator role and to agree key deliverables for the role with the postholder	- Lesley Faux - By end July 2019 - Interviews 24 July
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).	- Lesley Faux & BAME Inclusion Facilitators - 16 October 2019
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.	- Joe McCrea and Lesley Faux - September 2019

7.	To hold regular BAME Staff Network meetings (minimum of 3 annually) and to receive positive feedback about the benefit of these meetings.	Cherelle Laryea, BAME Network Chair - With support of BAME Inclusion Facilitators and D&I Lead
8.	To introduce a BAME Practice Educator Role for a period of 12 months	Post commenced one day per week from May 2019
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.	
10.	To identify employees working with the Trust as healthcare support workers who have overseas nursing or other professional nursing qualifications that they are not able to use currently due to not being recognised by the relevant UK professional body. To work with these individuals to develop individual support plans to facilitate employment in qualified health professional roles.	Two drop in sessions being held to enable relevant individuals to share details of their situation and to discuss the various options available and what is involved. Sessions to be held:- - 16 July - 16 August

REPORT TO OPEN TRUST BOARD

Enclosure No: 19

Date of Meeting:	25TH July 2019		
Title of Report:	Together We're Better Update		
Presented by:	Peter Axon, CEO		
Author:	Simon Whitehouse STP Director		
Executive Lead Name:	Peter Axon, CEO	Approved by Exec	☒

Executive Summary:		Purpose of report	
Attached is the Together We're Better Update (STP Directors Report) for June 2019.		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 ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration. ☐ 2. To provide the highest quality, safe and effective services ☐ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☐ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☐ 7. Take a lead role in partnership working and integration. ☒		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Nil		
STP Alignment / Implications:	Nil		
Recommendations:	To receive for information		
Version	Name/group	Date issued	

Agenda Item 10

Report to: **Together We're Better Health and Care Transformation Board**

To be held on:

Report Title:	STP Directors Report
How this paper supports delivery of; ✓ **Together We're Better System Plan** ✓ **TWB Localities Manifesto** ✓ **System clinical and financial sustainability**	This report provides detail on a number of areas of work across the STP that are not detailed elsewhere on the agenda, including operational performance, the STP PMO, finance update, HSLI and the listening exercise.
Report presented by:	Simon Whitehouse, STP Director
Report prepared by:	Simon Whitehouse, STP Director

Recommendation:	For decision		For discussion	X	For assurance		For information	X

Recommendations / action required:

The Health and Care Transformation Board is asked to:

1. Note the update from the STP PMO.
2. Note the current performance position for our system.
3. Note the finance update.
4. Note the HLSI position and agree to give to delegate authority to the Together We're Better Director in conjunction with the Digital Programme SRO to approve the HSLI funding requests once formalised and fully developed.
5. Note the STP Elective Care Transformation Plan feedback and to agree delegated responsibility for sign-off of the final plan due for submission on 28 July, to the STP director and SRO for the Planned Care and Cancer Programme
6. Note the progression of the Listening Exercise.

Executive Summary:

This report details:

- The operational performance for May within the health and care economy.
- Updates from the STP PMO, including performance, key challenges and key points.
- The finance position for month 2 and the system savings plans risk.
- An update on HSLI and delegate authority to the Together We're Better Director in conjunction with the Digital Programme SRO to approve the HSLI funding requests once formalised and fully developed.
- The STP Elective Care Transformation Plan feedback and delegate responsibility for sign-off of the final plan due for submission on 28 July, to the STP director and SRO for the Planned Care and Cancer Programme.
- An update on the Listening Exercise.

STP Director's Report

This report sets out a number of key areas that are not detailed elsewhere on the agenda.

1.   STP PMO Update

1.1 **Programme Leads Update (SOP005, version 2.5, Issued 27.6.19)**

Version 2.5 of the STP Programme Leads (SOP 005) matrix was issued on 27 June (Appendix 1). This includes the changes listed below and replaces all previous versions. The changes to this version (marked in red) are:

- Mental Health and OD&L programmes; Peter Axon (NSCHT) has commenced as SRO replacing Caroline Donovan.
- Workforce: Alex Brett (MPFT) has commenced as Programme Director
- Children & Young People: Mona Aurora has commenced as Clinical lead (primary care)
- There have been changes to Finance Leads for a number of programmes
- The Health & Care in Stafford programme has been removed following agreement to take this work forward as a UHNM-led project.
- The PCBC Programme has been removed following its transfer to CCG lead.

We would like to welcome new colleagues to the STP and thank outgoing colleagues for their contributions to the programmes.

1.2 **Welcome Pack**

A 'Welcome Pack' to support new leads to STP programmes and to aid induction has been developed for use throughout the STP. This includes information about STP vision and priorities, programme priorities, key contacts, planning and processes used within the STP and PMO. The pack has been produced with and shared via Programme Directors and programme managers.

1.3 **STP 365 Sharepoint**

A STP Portal (365 sharepoint) has been created for use across the STP. All programme partners can access this web-based platform from anywhere and have ready access to STP programme information. We are in the process of giving access to STP programme leads and the programmes are currently loading their information. The site can be reached at https://ssotstp.sharepoint.com/sites/twb and can also be accessed via a link from the STP website.

1.4 **Conflict of Interest Register**

The STP has completed its Conflicts of Interest registers in accordance with CCG policy (as host body) and supplied these to the CCG. Registers for the Staff (team) and the Committee registers have been submitted. It should be noted that the Committee register is not complete for all committees but is a record of the declared interests up to the end of May 2019.

1.5 **Innovation Implementation Lead**

We are pleased to welcome Chris Clewes to our team as Innovation Implementation lead for the system. Chris is funded for an initial 12-month period by the Academic Health Science

Network (AHSN) and is one of 6 embedded STP Implementation Leads for Innovation across the West Midlands. His role covers:

- Identify innovation, including those with an established evidence base from the Innovation Technology Tariff, Innovation Technology Payment, AHSNs national priorities.
- Help to determine if there is a demand within the STP to adopt such innovations.
- Articulate the innovation needs and opportunities locally & help share the process of identifying solutions.
- Share solutions implemented in other parts of the country which may be beneficial to implement within STP.
- Facilitate adoption of innovations through engaging clinical and non-clinical staff.
- Liaise with the innovator and other services that have adopted the innovation to identify best practice elsewhere.
- Support the innovator to adjust the innovation or pathway where possible/necessary to suit the local organisational context and needs.
- Contribute to creating conditions which facilitate long-term adoption of innovations E.g. education/training, business cases
- Provide a link between the STP, WMAHSN and national AHSN network to facilitate delivery of innovations regarding IP and commercial advice, Specialist advisory services (e.g. digital health, mental health, governance, medicines optimisation, academic), Industry gateway & economic development
- Identify local innovations which could address healthcare needs across the wider West Midlands or nationally and contribute to their spread/upscaling.
- Engage with and promote development and/or formation of local networks which are the sources of innovations across the STP.
- Help to streamline the adoption of innovation within STP.

Chris has already identified a first tranche of suitable opportunities for spreading innovation locally and is linking with partner organisations and programmes to take these opportunities forward.

The Board is asked to note the update from the STP PMO

2   Performance Update

2.1 The paper found in Appendix 2 provides an overview of current performance of commissioners and providers across Staffordshire and Stoke-on-Trent. Key challenges continue across a number of constitutional standards.

2.2 Key points to note are:

- **A&E Performance** waits (seen within 4 hours, 95% standard): UHNM May position (80.7%) has increased slightly from the April position (80.5%). There were no 12-hour Trolley breaches at UHNM in April.

- **Planned Care**: 18-week referral to treatment incomplete pathways (92% standard): STP performance reported at 86.5% for May which is a slight improvement on the 86.1% position in April. UHNM continues to fail against the standard, and performance remains low for May (80.2%)

- **52-week breaches:** 1 breach was reported for the STP in May. This was a South East Staffordshire & Seisdon Peninsula CCG patient being treated at Nuffield Health, Wolverhampton Hospital.

- **NHS 111** calls answered in 60 seconds (std 95%): Performance for May was reported as 76.5%, a slight deterioration on the previous month (77.3%).

- **Delayed Transfers of Care** (standard 3.5%): UHNM performance is still below trajectory reporting 5.2% in April

- **Cancer 62** day std (standard 85%): STP position is still not meeting the standard in April (70.7%) from a March (75.8%) position. Performance at UHNM has deteriorated in April (70.2%) from a March (83.4%) position.

- **Cancer 2 week wait std (**standard 93%). STP April performance has decreased to 79.6% from 91.1% position the previous month (Mar). UHNM April position is 80.3%.

- **Mental Health**:

  - **IAPT access standard** (standard 4.75%): All CCG's are meeting the standard for March. IAPT STP recovery (standard 50%) March position is 59.09% which has increased from February's position (57.12%)
  - **Dementia**: Overall, the STP (May position 72.1%) is meeting the 66.7% diagnosis rate standard for March. However, three CCGs (South East Staffordshire & Seisdon Peninsula, Stafford & Surrounds and East Staffordshire) continue to underperform against the 66.7% standard in March.
  - **Early Intervention Psychosis** (standard 53%): All CCGs are meeting the standard in March

The Board is asked to note the current performance position for our system

3.   Finance Month 2 Update

3.1 The financial plan submitted for the system for 2019/20 was a £108.1m deficit, relative to a £92.1m deficit control total, an adverse variance of £16.0m. If the system does not deliver any savings in 2019/20, the system would deliver a deficit of £238m, the "do nothing" financial baseline. To deliver the £108.1m deficit plan, £126m of savings need to be delivered across the system, a 5.0% reduction in expenditure.

	CCG	UHNM	MPFT	NSCHT	Total
Summary pre PSF / CSF					
2019/20 control total pre PSF / CSF: surplus / (deficit)	(£53.97)	(£32.00)	(£6.46)	£0.34	(£92.10)
Baseline	(£129.32)	(£71.92)	(£28.74)	(£8.48)	(£238.45)
Organisational savings	£29.43	£20.76	£10.90	£2.31	£63.40
Programme savings	£9.00	£7.00	£3.00	£1.00	£20.00
Stretch savings	£16.97	£12.16	£12.36	£1.28	£42.78
Total savings	£55.40	£39.92	£26.26	£4.59	£126.18
NSCHT non-recurrent investment delay				£1.61	£1.61
NSCHT service review				£2.61	£2.61
IFP 2019/20 plan	(£73.91)	(£32.00)	(£2.48)	£0.34	(£108.05)
Variance from control total: surplus / (deficit)	(£19.94)	£0.00	£3.99	£0.00	(£15.96)

3.2 A summary of the monthly financial position is provided in the table below, summarising the year to date and forecast outturn position before and after the Commissioner Sustainability Fund (CSF) and Provider Sustainability Fund (PSF). The Commissioner Sustainability Fund (CSF) and Provider Sustainability Fund (PSF) represent non-recurrent additional cash funding if commissioners and providers achieve their agreed control totals.

3.3 At month 2, before PSF / CSF, the system reported a year-to-date deficit of £22.8m against
a £26.0m deficit plan, a favourable variance of £3.2m.

3.4 The forecast outturn position reported at month 2, before non-recurrent PSF / CSF, is a £108.1m deficit relative to a £108.1m deficit plan, a breakeven position. The forecast outturn position reported at month 2 after non-recurrent PSF / CSF, is a £65.6m deficit, a breakeven position, assuming the full receipt of £42.4m PSF / CSF funding.

Income and Expenditure	M2 Year to Date Position (£000s)			M2 Forecast Outturn Position (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
UHNM	126,347	127,402	1,055	765,663	765,669	6
MPFT	69,155	68,903	(252)	413,468	413,947	479
NSCHT	15,180	15,769	589	92,091	93,317	1,226
CCG Allocation (RRL)	287,049	287,049	0	1,723,252	1,723,252	0
Less IFP value	(111,809)	(111,809)	0	(670,856)	(670,856)	0
Total Income	**385,922**	**387,313**	**1,391**	**2,323,619**	**2,325,330**	**1,711**
Expenditure						
UHNM	(138,509)	(137,398)	1,111	(797,663)	(797,669)	(6)
MPFT	(70,402)	(70,053)	349	(415,945)	(416,424)	(479)
NSCHT	(15,424)	(16,018)	(594)	(91,753)	(92,979)	(1,226)
CCG - Total Acute / Community / Mental Health	(209,968)	(209,648)	320	(1,261,467)	(1,262,346)	(879)
Less IFP value	111,809	111,809	0	670,856	670,856	0
CCG - Other Expenditure	(89,400)	(88,811)	588	(535,697)	(534,818)	879
Total Expenditure	**(411,893)**	**(410,119)**	**1,774**	**(2,431,670)**	**(2,433,381)**	**(1,711)**
Surplus / (deficit) before PSF / CSF	**(25,971)**	**(22,806)**	**3,165**	**(108,051)**	**(108,051)**	**(0)**
PSF / CSF / MRET / FRF						
UHNM	(3,484)	(3,484)	0	32,000	32,000	0
MPFT	(422)	(422)	0	4,229	4,229	0
NSCHT	(70)	0	70	700	700	0
CCG	0	0	0	5,480	5,480	0
Surplus / (deficit) after PSF / CSF	**(29,947)**	**(26,712)**	**3,235**	**(65,642)**	**(65,642)**	**(0)**

3.5 Across the STP, £128m of efficiency schemes have been planned for 2019/20. At month 2, compared to a year to date plan of £12.5m, £9.8m has been delivered. £123.5m of savings has been forecast, representing £4.6m slippage against plan.

Organisation	M2 YTD (£'000)			M2 FOT (£'000)		
	Plan	Actual	Variance	Plan	Actual	Variance
Commissioners						
Cannock Chase	834	568	(266)	7,476	7,477	1
East Staffordshire	410	441	31	6,706	6,729	23
North Staffordshire	770	790	20	7,580	7,569	(11)
South East Staffordshire & Seisdon	1,398	943	(455)	12,680	12,670	(10)
Stafford & Surrounds	823	464	(359)	7,829	7,833	4
Stoke-on-Trent	1,450	1,367	(83)	13,132	13,131	(1)
Commissioner Total	**5,685**	**4,573**	**(1,112)**	**55,403**	**55,409**	**6**
Providers						
University Hospitals of North Midlands	2,160	1,813	(347)	40,000	40,000	0
Midlands Partnership Foundation Trust	4,203	2,982	(1,221)	29,103	24,555	(4,548)
North Staffordshire Combined Healthcare	495	411	(84)	3,505	3,505	0
Provider Total	**6,858**	**5,206**	**(1,652)**	**72,608**	**68,060**	**(4,548)**
Aggregate System Position	**12,543**	**9,779**	**(2,764)**	**128,011**	**123,469**	**(4,542)**

3.6 All STP organisations have signed up to the Intelligent Fixed Payment (IFP) in 2019/20, shifting the focus from competition to collaboration and putting to one side the National Tariff Payment System. A key component of the IFP is a risk shared £20m of system programme savings. To date, while work has been undertaken to progress identification and delivery of the system programme savings, the planned identified 2019/20 savings are significantly below the 2019/20 £20m target, with approximately £5m identified. The full year effect of the identified system savings is significantly larger, however, a material non-recurrent shortfall

and therefore system risk remains. Directors of Finance, Directors of Strategy and Directors of Operations have been convened to identify non-recurrent system savings strategies and have identified options for further consideration with reporting to Chief Executives through the Confirm and Challenge process.

3.7 In addition to the financial risk associated with system financial savings, delivery of organisational savings will require over 4% cash releasing efficiencies, a significant level of saving ambition. At the point of plan submission, schemes to deliver the total value of organisational efficiencies had not been fully identified.

The Board is asked to

- *Note the year to date and forecast positions reported at month 2.*
- *Note the significant risk that exists within this position, particularly with regard to delivery of the £128m total system savings plans.*

4. Health System Led Investment (HSLI) – Digital Programme

4.1 In August 2018 NHS England announced a technology fund (HSLI) of £412M over 3 years commencing in 18/19 and finishing in 20/21. The funding was not subject to a bidding process and was therefore nominally allocated to STP areas. Staffordshire and Stoke-on-Trent were allocated a total of £8.3M over 3 years. During the 18/19 HSLI planning phase the STP approved the allocation of £4.5M of this over the course of 3 years on the following projects:

- Robotic process automation
- Electronic Appointments (UHNM)
- Speech Recognition
- Cyber Security

4.2 These projects are currently in progress and initially being led by UHNM before being expanded into the other providers involved. The expenditure on speech recognition was deferred into 19/20 in agreement with NHS England although this is progressing as planned.

4.3 The remaining £3.8M has mostly been nominally allocated to a series of project over the final 2 years as follows:

- System-wide bed management system: £400K
- Regional interoperability tool: £1M
- Integrated Care Record expansion and utilisation: £1.8M

4.4 There is currently a balance of £600K that remains unallocated. This is due to be allocated within the 19/20 HSLI planning work. This work is presently underway and will confirm the nominal requirements are still valid and develop associated business cases to release the funding. This work is expected to be completed by August 2019.

4.5 STP approval is required prior to submission of the business cases. The Board are asked to delegate authority to the Together We're Better Director in conjunction with the

Digital Programme SRO to approve the HSLI business cases and allocations once agreed and fully developed such that they can be submitted to NHSE for approval.

> ***The Board are asked to***
>
> - ***note the current utilisation of the HSLI funding for its planned purposes***
> - ***to delegate authority to the Together We're Better Director in conjunction with the Digital Programme SRO to approve the HSLI funding requests once formalised and fully developed.***

5. Elective Care Transformation Plan – Planned Care & Cancer Programme

5.1 In May 2019, NHSE/I requested that STPs set out their agreed national and regional transformation priorities for elective care in 2019/20 and develop a STP Elective Care Transformation Plan covering all the key elective care transformation initiatives being undertaken. STPs were asked to submit draft plans by 28 June 2019 with final versions submitted by 26 July 2019.

5.2 The plans are to include actions to address the following: performance management, reducing long waiters, theatre productivity, First Contact Practitioner development, ophthalmology (EyesWise), outpatient transformation, capacity alerts and advice and guidance, and be set within the context of the broader management of referrals, the delivery of Right Care and GIRFT priorities, and the productivity opportunities identified in the Model Hospital. NHSE/I intends to allocate monies to STPs to aid planning and management of the elective priorities (to be confirmed in due course).

5.3 The draft plan was submitted on 28 June and the feedback received is attached at Appendix 3. As the HCTB does not meet again before the final submission is due the Board is asked to delegate sign-off of the final plan to the STP Director in conjunction with the SRO for the Planned Care and Cancer Programme, in advance of the final submission on 26 July.

> ***The Board is asked to***
>
> - ***Note the feedback received on the draft Elective Care Transformation Plan***
> - ***Agree delegated responsibility for sign-off of the final plan due for submission on 28 July, to the STP director and SRO for the Planned Care and Cancer Programme***

6. Listening Exercise – Update

6.1 The Together We're Better partnership launched a listening exercise on the 3 June 2019 to seek views on health and care services in Staffordshire and Stoke on Trent.

6.2 This listening exercise is the start of a formal involvement process to gather local experiences and views, to identify any new challenges or opportunities and inform any future proposals for service change. The listening exercise will capture feedback from across

health and care services, however it is particularly focused on the areas highlighted in the Case for Change that may require significant transformation.

6.3 The CCGs as the statutory decision authorities will ultimately be responsible for this listening exercise and will receive the feedback report in Autumn 2019 to inform their decision whether to proceed to the next assurance stage.

6.4 High level emerging themes from the exercise so far are:

Local services

- Need to maintain services locally and understand local needs – multiple comments about maintaining services at local community hospitals
- Maintain A&E department at County Hospital and restore 24/7 access
- Lack of awareness around the services that are available and need to promote services underutilised (especially County Hospital)
- Need to improve access for community diagnostic services
- Need to have more after care support closer to home (especially cancer).

Primary care appointments

- 10 minute appointments with GPs are not long enough
- Access to GP appointments is inconsistent across practices and can be difficult to get an appointment
- Did not attend (DNA) appointments – comments about charging or having standby appointments for DNAs. Also comments about the risks of not understanding why people have missed their appointments
- Importance of making more skype appointments available, but a need to support people who do not use technology
- Lack of home visits for medication reviews.

Prevention

- Need to take a preventative response rather than reactive
- Need to work closely with the voluntary sector and raise awareness amongst GPs of the support available – recognition of the role the sector can play in reducing social isolation.

Mental health

- CAMHS services need to improve
- Long waiting times
- Need to improve mental health support in schools (including signposting)
- Need to clarify the mental health services available in Tamworth since the fire.

Maternity

- More awareness is needed about safety of giving birth at a midwife led unit. Women will choose to give birth at a consultant unit to avoid risk of complications
- Women are asked to choose where to give birth too early in their pregnancy
- Health visitor clinics post birth are impersonal and do not give enough time for parents to ask questions
- Discharge after birth can take too long
- Afterthought service "amazing"

General

- Travel to specialist appointments – not easy to get to appointments (multiple bus journeys), cost and impact on visitors
- Accessibility standards not consistently applied. Need to automatically book interpreters for people with hearing impairments. Importance of continuity of interpreter
- Need to reduce waiting times (generally as well as some specific services)
- Lack of communication between some services
- Lack of continuity of carer (GPs and health visitors in particular)
- Positive feedback around cancer, trauma, maternity, perinatal mental health services
- Positive feedback on the resilience and care delivered by staff.

6.5 Throughout the listening exercise we will gather feedback and share this monthly with Task and Finish Group and the Steering Group.

6.6 A summary of key themes will be presented at the system Chairs and lay members group on the 16 July to help inform the discussion.

6.7 All feedback is currently being inputted to support independent analysis. The CSU will then produce a report of findings in Autumn 2019.

6.8 Appendix 4 provides further information.

6.9 Appendix 5 details the findings of the Healthwatch engagement exercise.

The Board is asked to note the progression of the Listening Exercise

Simon Whitehouse
STP Director
July 2019

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	PMO SOP 005			Staffordshire and Stoke-on-Trent STP Programme Leads				Version 2.5 Issued 27.6.19			
Type	Programme	Senior Responsible Officer	Clinical Lead (Primary Care)	Clinical Lead (Secondary Care)	Programme Director	Senior Finance Lead	Programme Lead or Strategic Support	Voluntary & Community Sector Lead	CCG Lay Member	Programme Manager	Programme Support Administrator
Priority	UEC - Transformation	Aideen Walsh (UHNM Clin)	Gulshan Kaul (GP)	Zia Din (UHNM)	Cheryl Hardisty (CCG)	Jayne Deaville (MPFT)	Becky Scullion (CCG)	Julie Russell (Staffs Housing)/ L Wealleans (BJF)	Paul Gallagher	Tina Wigfall	vacant
Priority	UEC - A&E Delivery	Aideen Walsh (UHNM Clin)	Gulshan Kaul (GP)	Zia Din (UHNM)	Cheryl Hardisty (CCG)	Jayne Deaville (MPFT)	Becky Scullion (CCG)	Julie Russell (Staffs Housing)/ L Wealleans (BJF)	Paul Gallagher	Nick Savage	N/A
Priority	Planned Care	Roger Wade (UHNM Clin)	John Gilby (CCG)	Ingrid Britton (UHNM)	Duncan Bedford (UHDB)	Sarah Preston (UHNM)	n/a	tbc	Lynne Smith/Neil Chambers	Sarah Hawthorne	vacant
Priority	MCYP - Maternity	Helen Riley (SCC)	John James (STP)	Simon Cunningham (UHNM)	Heather Johnstone (CCG)	Sarah Preston (UHNM)	Mary Barlow (CCG)	Phil Pusey (SCVYS), Wendy Hocking (Gingerbread)	Jan Toplis/Anne Heckels	Stephen Casbolt	Elizabeth King
Priority	MCYP - CYP	Helen Riley (SCC)	Mona Aurora (CCG)	Caroline Groves/Melissa Hubbard (UHNM)	Jacquie Ashdown (SoT CC)	Sarah Preston (UHNM)	n/a	Phil Pusey (SCVYS), Wendy Hocking (Gingerbread)	Jan Toplis/Anne Heckels	Tina Wigfall	tbc
Priority	Prevention	Paul Edmondson-Jones (SOTCC)	John James (STP)	Zafar Iqbal (MPFT)	Andrew Donaldson (Staffs CC)	tbc	n/a	Charlotte Bennett (VAST)/Garry Jones (SS)	Chris Ragg/ Peter Dartford	Vickie Probyn	Elizabeth Moss
Priority	Mental Health	Peter Axon (NSCHT)	Waheed Abassi (CCG)	Abid Khan (SSSFT)	Jonathan O'Brien (NSCHT)	Mike Newton (NSCHT)	n/a	Cathy Jones (ASSIST), Helena Evans (Brighter Futures)	Neil Chambers/ Diana Smith	Jane Tipping	vacant
Priority	EPCC - New Models of Care	Marcus Warnes (CCG)	Shammy Noor (CCG)	Amit Arora (UHNM)	Steve Grange (MPFT)	Jacqui Charlesworth (CCG)	Lynn Millar (CCG)	Andrew Thomson (VAST)/Garry Jones (SS)	Jan Toplis/Tim Bevington	Jo Adams	Elizabeth Moss
Priority	EPCC- Community Hospitals	Marcus Warnes (CCG)	Shammy Noor (CCG)	Amit Arora (UHNM)	Steve Grange (MPFT)	Jacqui Charlesworth (CCG)	Gemma Smith (CCG)	Andrew Thomson (VAST)/Garry Jones (SS)	Jan Toplis/Tim Bevington	Jo Adams	Elizabeth Moss
Priority	EPCC-Integrated Care	Marcus Warnes (CCG)	Shammy Noor (CCG)	Amit Arora (UHNM)	Steve Grange (MPFT)	Jacqui Charlesworth (CCG)	Gemma Smith (CCG)	Andrew Thomson (VAST)/Garry Jones (SS)	Jan Toplis/Tim Bevington	Jo Adams	Elizabeth Moss
Enabling	Workforce	Neil Carr (MPFT)	Rachel Gallyot (CCG)	tbc	Alex Brett (NSCHT)	tbc	n/a	Sandra Payne (Support Staffordshire), Danny Flynn (YMCA)	n/a	Mish Irvine	Megan Page
Enabling	Estates	John Henderson (Staffs CC)	tbc	tbc	Becky Jones (CHP)	Laura Sanzeri (STP)	Phil Brenner (Ind)	n/a	n/a	Wendy Woodward	Claire Swallow (SCC)
Enabling	OD & leadership	Peter Axon (NSCHT)	John James (STP)	Roger Wade (STP)	Linda Holland (NSCHT)	n/a	n/a	n/a	Peter Dartford/John Howard	Jane Rook	tbc
Enabling	Digital	Paddy Hannigan (CCG Clin)	tbc	Zia Din (UHNM)	Stuart Lea (CSU)	Jacqui Charlesworth (CCG)	n/a	n/a	Tim Bevington	Marc Talbot	Reena Sharma
Core	System Reform	Simon Whitehouse (STP)	John James (STP)	Roger Wade (STP)	n/a	Paul Taylor (STP)	n/a	n/a	n/a	STP Finance	STP Core

This document is version controlled and replaces all previous dated versions. Red text shows changes from previous version.

Indicator Description	Standard	Lower Threshold	Area	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Staffordshire and Stoke on Trent STP Performance Summary																	
Urgent & Emergency Care System Metrics																	
A&E Waits Seen Within 4 Hours	95%	90%	UHNM	80.0%	83.8%	82.8%	83.5%	90.4%	82.1%	87.7%	86.0%	81.4%	80.4%	80.3%	81.5%	80.5%	80.7%
A&E Trolley Waits >12 Hours		0	UHNM	2	0	0	0	0	0	1	0	0	0	0	0	0	0
Delayed Transfers of Care - Total (BCF 4) As % of Occupied Beds	3.5%	2.5%	UHNM % Occ beds	4.8%	4.2%	3.9%	4.9%	4.7%	4.7%	4.7%	5.2%	4.8%	5.4%	5.5%	6.1%	5.2%	
			% Health	98.0%	99.8%	99.4%	98.8%	99.8%	99.1%	99.2%	97.0%	98.4%	99.5%	99.5%	99.6%	98.7%	
			% Social	2.0%	0.2%	0.6%	1.2%	0.2%	0.9%	0.6%	2.7%	1.6%	0.5%	0.5%	0.4%	1.3%	
			% Both	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	
NHS111 calls answered in 60 Secs Staffordshire and Stoke on Trent	95%	90%	111	82.9%	87.3%	82.1%	90.0%	93.1%	91.9%	90.9%	84.8%	83.7%	79.5%	66.9%	74.1%	77.3%	76.5%
NHS111 calls receiving clinical assessment Staffordshire and Stoke on Trent	30%	30%	111	47.9%	47.5%	48.1%	48.0%	41.8%	40.3%	39.2%	39.8%	42.8%	44.6%	48.7%	48.6%	56.0%	56.0%
Cancer Care Metrics																	
Cancer 62 Days	85%	80%	STP	84.4%	80.4%	83.1%	78.6%	79.5%	80.8%	82.8%	78.2%	82.8%	69.8%	76.3%	75.8%	70.7%	
			UHNM	82.2%	82.9%	86.0%	86.2%	82.8%	84.7%	82.3%	76.8%	87.7%	69.3%	78.5%	83.4%	70.2%	
Cancer 2 Week Waits	93%	88%	STP	93.5%	94.5%	93.4%	95.7%	94.4%	92.3%	91.6%	95.3%	94.6%	93.2%	93.3%	91.1%	79.6%	
			UHNM	96.3%	96.9%	94.8%	97.4%	95.1%	92.3%	92.3%	97.6%	97.0%	95.6%	97.8%	93.8%	80.3%	
Cancer 2 Week Waits - Breast	93%	88%	STP	88.3%	89.8%	85.9%	94.0%	90.9%	90.7%	95.9%	85.8%	83.8%	75.9%	76.0%	73.1%	16.8%	
			UHNM	93.9%	91.8%	88.3%	98.2%	100.0%	97.7%	100.0%	97.2%	95.5%	97.3%	96.5%	89.4%	21.4%	
Effective and Efficient Planned Care Metrics																	
18 Week RTT Incomplete Pathways <18 Weeks	92%	87%	STP	83.2%	84.3%	84.2%	85.0%	86.3%	86.6%	87.7%	88.0%	86.3%	86.6%	86.7%	85.5%	86.1%	86.5%
			UHNM	73.7%	75.0%	75.2%	76.7%	78.9%	79.6%	81.2%	82.3%	80.0%	80.6%	80.6%	78.9%	79.5%	80.2%
18 Week RTT Waiting List	N/A		STP	85,267	86,385	85,422	83,506	83,642	82,362	82,592	80,697	79,875	80,713	81,931	82,303	85,296	86,968
			UHNM	48,323	48,048	47,816	46,915	45,480	44,372	44,203	43,961	44,466	45,133	45,415	45,879	46,688	47,217
RTT Incomplete Pathways >52 Weeks		0	STP	68	77	89	85	89	71	42	24	33	18	9	1	0	1
			UHNM	66	78	114	116	111	77	70	46	39	19	8	0	0	0
Diagnostic Waits >6 Weeks	1%	6%	STP	0.9%	0.8%	0.9%	1.1%	1.7%	2.3%	1.8%	1.3%	1.5%	1.4%	0.9%	1.3%	1.6%	1.8%
			UHNM	0.8%	0.7%	0.8%	0.9%	1.8%	2.7%	1.7%	1.2%	1.6%	1.6%	1.2%	1.4%	2.0%	2.1%
Children Waiting <18 weeks for Wheelchair	92% Q4 17/18 / 100% Q4 18/19	92% Q4 17/18 / 100% Q4 18/19				Q1			Q2			Q3			Q4		
			NS CCG			96.1%			100.0%			100.0%			100.0%		
			SoT CCG			93.3%			98.5%			100.0%			100.0%		
			CC CCG			95.5%			100.0%			100.0%			100.0%		
			SESSP CCG			96.6%			100.0%			100.0%			100.0%		
			SS CCG			95.2%			100.0%			100.0%			100.0%		
			ES CCG			94.4%			100.0%			100.0%			100.0%		

Staffordshire and Stoke on Trent STP Performance Summary

Indicator Description	Standard	Lower Threshold	Area	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Mental Health Metrics																	
IAPT Access Rate	17/18 Q1 3.86% 17/18 Q2 3.98% 17/18 Q3 4.09% 17/18 Q4 4.20% 18/19 Q1 4.34% 18/19 Q2 4.48% 18/19 Q3 4.61% 18/19 Q4 4.75%		STP	4.28%	4.77%	4.90%	5.20%	5.08%	5.07%	5.05%	5.20%	4.96%	5.03%	4.98%	5.52%		
			NS CCG	3.26%	5.00%	5.45%	6.12%	5.42%	5.30%	5.17%	5.12%	4.73%	4.77%	4.73%	5.94%		
			SoT CCG	4.44%	4.75%	4.83%	4.97%	4.79%	4.58%	4.79%	4.88%	4.68%	4.36%	4.43%	4.88%		
			CC CCG	5.44%	5.59%	5.69%	6.02%	6.26%	6.83%	6.59%	6.91%	6.38%	6.75%	6.18%	6.34%		
			SESSP CCG	4.53%	4.73%	4.54%	4.77%	4.77%	4.95%	4.97%	5.08%	4.62%	4.75%	4.54%	5.13%		
			SS CCG	4.04%	4.23%	4.50%	4.68%	4.68%	4.28%	4.09%	4.61%	4.76%	5.50%	5.58%	5.76%		
			ES CCG	4.29%	4.15%	4.34%	4.62%	4.86%	5.10%	5.10%	5.24%	5.39%	5.24%	5.58%	5.91%		
IAPT Recovery Rate	50%		STP	56.4%	57.4%	59.3%	60.3%	60.0%	59.1%	57.5%	57.4%	56.7%	57.14%	57.12%	59.09%		
			NS CCG	59.8%	60.7%	61.9%	62.5%	62.2%	63.4%	63.3%	63.4%	59.0%	54.63%	55.14%	58.56%		
			SoT CCG	66.3%	68.6%	68.5%	69.2%	68.1%	65.8%	61.9%	62.2%	62.7%	64.34%	62.83%	64.41%		
			CC CCG	52.1%	52.7%	54.2%	55.3%	55.8%	54.5%	54.1%	55.8%	56.1%	57.43%	56.00%	56.00%		
			SESSP CCG	54.5%	53.9%	57.0%	57.5%	58.1%	57.1%	57.1%	55.8%	55.1%	55.36%	54.81%	56.60%		
			SS CCG	51.8%	51.4%	51.1%	51.7%	52.2%	52.6%	53.5%	52.5%	52.6%	51.22%	52.86%	55.07%		
			ES CCG	54.8%	58.1%	63.8%	64.0%	61.8%	59.7%	56.8%	55.3%	54.3%	57.14%	60.00%	61.97%		
EIP (Early Intervention psychosis) (Treatment commenced within 2 weeks)	50% prior to April 18, 53% from April 18 onwards		STP														
			NS CCG	90.0%	100.0%	100.0%	100.0%	100.0%	87.5%	83.3%	57.1%	60.0%	77.80%	77.80%	100.0%	100.0%	
			SoT CCG	50.0%	50.0%	69.2%	73.3%	83.3%	84.2%	88.9%	88.9%	90.5%	91.70%	91.70%	100.0%	86.4%	
			CC CCG	0.0%	50.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
			SESSP CCG	50.0%	33.3%	60.0%	75.0%	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
			SS CCG	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
			ES CCG	100.0%	50.0%	40.0%	50.0%	100.0%	100.0%	75.0%	75.0%	83.3%	100.0%	100.0%	100.0%	100.0%	
Dementia (Diagnosis Rate)	66.7%		STP	70.0%	70.1%	70.1%	70.4%	70.7%	71.6%	70.4%	70.6%	70.6%	70.60%	70.90%	72.0%	71.8%	72.1%
			NS CCG	73.2%	73.3%	72.7%	73.2%	73.0%	72.7%	72.2%	72.1%	72.0%	72.40%	73.20%	73.9%	74.9%	75.4%
			SoT CCG	82.7%	82.4%	83.0%	83.3%	83.1%	87.4%	83.2%	84.4%	84.9%	85.10%	85.20%	86.7%	87.0%	87.5%
			CC CCG	68.7%	69.1%	70.0%	69.6%	70.7%	71.7%	71.9%	72.2%	71.8%	72.30%	72.60%	75.0%	74.4%	74.7%
			SESSP CCG	65.1%	65.3%	64.3%	64.8%	65.1%	64.4%	63.6%	63.6%	63.1%	62.8%	63.3%	64.4%	63.6%	63.4%
			SS CCG	60.2%	60.6%	60.4%	60.5%	61.7%	62.6%	62.8%	62.4%	62.5%	62.8%	62.2%	63.1%	62.6%	62.1%
			ES CCG	62.8%	62.9%	63.5%	63.9%	64.2%	63.5%	63.2%	62.7%	62.8%	62.4%	62.5%	62.8%	61.5%	62.5%
Children & Young People (CYP) ED Routine Referrals < 4 weeks	95.0%		STP			100.0%			100.0%			88.2%			91.7%		
			NS CCG			100.0%			100.0%			100.0%			100.0%		
			SoT CCG			100.0%			100.0%			100.0%			100.0%		
			CC CCG			100.0%			-			25.0%			66.7%		
			SESSP CCG			100.0%			100.0%			85.7%			80.0%		
			SS CCG			100.0%			100.0%			100.0%			100.0%		
			ES CCG			100.0%			-			100.0%			50.0%		
Children & Young People (CYP) ED Urgent Referrals < 1 weeks	95.0%		STP			100.0%			50.0%			100.0%			100.0%		
			NS CCG			100.0%			-			100.0%			100.0%		
			SoT CCG			100.0%			100.0%			-			100.0%		
			CC CCG			-			-			-					
			SESSP CCG			-			0%			-					
			SS CCG			100.0%			-			100.0%			100.0%		
			ES CCG			-			-			-					
System Quality Metrics																	
Infection Control -MRSA	0		UHNM	0	0	0	0	0	0	0	0	0	0	0	0		
Infection Control -Clostridium Difficile	0		UHNM	6	4	3	5	8	7	5	3	4	2	5	4		

NHS

From the office of Fran Steele
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9th July 2019

Dear Simon

STP Elective Care Transformation Plan: Feedback

Thank you for the recent submission of your draft Elective Care Transformation plan for 2019/20. I am writing to acknowledge receipt of your plan, recognise the significant work that has gone into developing the plan to date and to outline next steps.

NHS England and NHS Improvement integrated locality teams have undertaken a detailed review of your draft plan against several key lines of enquiry. Following this review, I would like to draw your attention to the feedback included in Appendix 1

I hope you will find the enclosed feedback useful in producing the final version of your plan. The final version of your plan should be sent to ENGLAND.northmidlandsdcoteams@nhs.net by cop on the 26th July 2019.

If you have any questions about the content of this letter, please do not hesitate to contact me or Vicki Johnson, the North Midlands Elective Care Transformation lead who will be able to support you further.

Yours sincerely

Fran Steele
Director of Strategic Transformation, North Midlands Locality
NHS England and NHS Improvement

Cc: Vicki Johnson, Elective care transformation lead, NHSE & NHSI

Appendix 1: Feedback on Staffordshire ICS Elective Care plan

The plan was reviewed against several key lines of enquiry. These include:

1. Is the plan suitably ambitious?
   - Does the plan clearly identify that actions required to deliver the objective?
   - Are the actions in the plan clearly described?
   - Are the impact of actions clearly quantified and the timescales for all actions specified?
2. Delivery of Plan
   - Does the delivery plan align with National Guidance and best practice?
3. Right Care/GIRFT/Model Hospital
   - Does the plan take into account Right Care opportunities?
   - Are GIRFT priorities referenced?
   - Are the Model Hospital productivity opportunities considered?
4. Evidence of Clinical Engagement and Leadership
5. Joined up approach
   - Has the plan been developed and agreed at STP level?
   - Does the plan evidence that all relevant stakeholders including patients and providers been involved in the development of the plan and will be involved in its delivery?
6. Risk and Issues
   - Is there clear governance in place to manage, monitor and oversee the risks to the plan?
   - Has the CCG demonstrated that methods of risk escalation and management of the plan are in place?

Area	Deliverable	Slide/Page No	Comments
General observations		All	The plan covers most of the elective care deliverables as outlined in the letter. The plan has input from key parts of the system and was reviewed by the Planned Care Programme Board before submission. The plan could be strengthened by outlining the strategic plan for the whole of Staffordshire. There is a strong focus on UHNM as the provider. Governance of the elective care programme of work described but it is not clear to see how this links to other programme boards tasked with delivering the 9 system priorities. Where is the oversight of all programmes taking place? Brief reference to clinical leadership in the plan which will be crucial for the transformation of services. Do the specialty level work streams have clinical leads identified?
Performance Management	Set out the approach to the management of STP RTT waiting lists along with the anticipated impact and benefits.	9	What are some of the specific actions from the improvement plan at UHNM that the system believe will contribute to the achievement of the RTT standard. What trajectories for improvement are in place at each Trust? What are the plans for managing demand in 19/20? The demand and capacity programme implementation from August is a key action for UHNM. Is this on track?
Reducing long waiters	Actions to ensure that there should be no reportable 52 week waits from Q3 onwards.	10	Are there effective processes in place for managing the waiting list at UHBD and RWT?
	Delivery of a targeted reduction in 40+ week waits by end of Q2	11	The plan should state the ambition for the targeted reduction of 40+ week waiters.

Area	Deliverable	Slide/Page No	Comments
	(scale to be agreed with each system)		
	Implementation of 6-month choice (as per national guidance due to be published in due course).		Further guidance required on this.
Theatre Productivity	Develop a system theatre productivity improvements plan, including identifying opportunities to share capacity and activity across systems.	28/29	Needs further detail about this programme of work and its ambition across the main providers. Timescales for this work should be included.
First Contact Practitioner for MSK	Expand current STP pilots to cover a population of circa 150,000.	14	The plan should state what the current coverage is and what population will be covered with the additional 2 proposed PCNs. Will this be ambitious enough?
	Take part in national evaluation processes.	14	The current pilot is taking part in the national evaluation and this is also planned for the additional PCNs during 19/20
	Develop plans for full five-year rollout across STP.	14	What is the current thinking in Staffordshire re the model for further roll out? What are the timescales for development of the 5-year plan?
Ophthalmology (EyesWise)	Complete actions from the Ophthalmology High Impact Intervention on failsafe prioritisation and clinical audit.	17	As a follow on to the 18/19 work, the system should be clear about the actions from the demand and capacity review and GIRFT reviews.
	Ensure that no patients are "Lost to follow up" and that patients are seen within at least 25% of the timeframe for their intended date for follow up.	17	4000 patients were identified on the follow up waiting list at UHNM as lost due to follow up. Additional capacity has been sourced to assist with these follow ups which will be implemented from 1 April 2019. Have these all been dealt with? What is the continued process for this? Ensure that the measure 'patients seen within at least 25% of the timeframe for their intended date for follow up' is measurable. Are providers going to be reporting this regularly?
	Develop implementation plans to follow through on conclusions from Eye Health Capacity Reviews.	17	Is the Eye health strategy for Staffordshire now in place? It is referred to in the ophthalmology D&C review.

The plan states awaiting further information. The plan should include project plan with clearly defined actions and dates. |
| Outpatient Transformation | Implement learning from Elective Care Specialty Handbooks to transform outpatient provision where appropriate and take part in Targeted Transformation work where opportunities arise | 25/26 | Some of the speciality level project plans are difficult to read. Where more detailed plans are available, please refer to them and embed as an appendix.

The plan refers to best practice identified in the elective care specialty handbooks but the actions describing how and when the plans will be delivered are limited. |
| | Develop detailed and phased plans to deliver on long term plan commitment to reduce face to face OP attendances by 30% by 2023. | 25/26 | What are the system ambitions relating to the outpatient transformation work? Have baselines been established for the system? KPIs for this workstream?

Detailed programme of work re outpatient transformation at UHNM is not represented in this plan. |
Capacity Alerts	Develop local monthly processes to identify services across the STP that would benefit from Capacity Alerts.	25	Need to add more detail re Capacity alerts and how and through which group will the STP consider them as a potential solution to capacity issues. There are some key performance metrics that should be used to determine where the alert may be appropriate.
	Ensure that Capacity Alerts are in place in the STP during quarter two	25	The system should identify a pilot where the use of CA can be tested (UHDB referenced)
Advice and Guidance	Identify areas where Advice and Guidance functionality can be exploited to improve outcomes for patients and reduce demand on secondary care.	All	Use of Advice and guidance referred to throughout plan but it needs to be clear on the specific ambition for this e.g. increased utilisation rates for particular specialties. Is there a process in place for feedback on A&G common themes/GP education?

12-Week Listening Exercise – Update
Health and Care Transformation Board
July 2019

Background

The Together We're Better partnership launched a listening exercise on the 3 June 2019 to seek views on health and care services in Staffordshire and Stoke on Trent.

This listening exercise is the start of a formal involvement process to gather local experiences and views, to identify any new challenges or opportunities and inform any future proposals for service change. The listening exercise will capture feedback from across health and care services, however it is particularly focused on the areas highlighted in the Case for Change that may require significant transformation.

The CCGs as the statutory decision authorities will ultimately be responsible for this listening exercise and will receive the feedback report in Autumn 2019 to inform their decision whether to proceed to the next assurance stage.

One conversation

At the Health and Care Transformation Board and Clinical Commissioning Groups' meeting in common in May, it was agreed that there would be "One Conversation" to capture feedback to inform:

- Day to day service improvements
- Any future proposals for system change
- System Five Year Plan.

Involvement of patients, stakeholders, health and care staff and the wider public will drive this process; involvement includes:

- Face to face events: 13 public listening events across the county (additional dates in Stafford and Tamworth), roadshows in high footfall locations, workforce involvement, attending existing meetings in local communities and service user involvement in clinics

- Public survey, available online and in hard copy

- A public-facing Issues Paper, based on the technical Case for Change, outlines local health and care challenges and opportunities.

This process is being supported by communication activity to raise awareness of the opportunities to take part. Appropriate communication channels are being used to inform people about the events and how they can get involved including media releases, social media and CCGs and partners' communication channels with members and participants.

Activity summary

Type of activity	Number of events completed	Estimated number of people spoken to
Listening events (public in attendance)	8	240
Community roadshows/events	27	693

1

Main surveys returned online (excluding listening events)	N/A	60
Main surveys returned paper (excluding listening events)	N/A	31
Booklet surveys returned (used at community events)	N/A	39
Booklet surveys with completed DPIA (used at community events)	N/A	32
Workforce spoken to/in attendance at events	N/A	634

*numbers are changing as more events are completed.

Capturing feedback

All feedback is being captured through a number of structured tools:

- Online and hard copy version of the main survey
- A shorter survey that is used at pop-up/smaller roadshow events
- A note taker template, used at community events to capture general comments/feedback from people who are not completing the survey
- Listening events – bespoke survey template that individuals on the table and also the facilitators are completing.

Emerging themes

Below is a high level summary of the emerging themes received through the events held so far.

Local services

- Need to maintain services locally and understand local needs – multiple comments about maintaining services at local community hospitals
- Maintain A&E department at County Hospital and restore 24/7 access
- Lack of awareness around the services that are available and need to promote services underutilised (especially County Hospital)
- Need to improve access for community diagnostic services
- Need to have more after care support closer to home (especially cancer).

Primary care appointments

- 10 minute appointments with GPs are not long enough
- Access to GP appointments is inconsistent across practices and can be difficult to get an appointment
- Did not attend (DNA) appointments – comments about charging or having standby appointments for DNAs. Also comments about the risks of not understanding why people have missed their appointments
- Importance of making more skype appointments available, but a need to support people who do not use technology
- Lack of home visits for medication reviews.

Prevention

- Need to take a preventative response rather than reactive
- Need to work closely with the voluntary sector and raise awareness amongst GPs of the support available – recognition of the role the sector can play in reducing social isolation.

2

Mental health

- CAMHS services need to improve
- Long waiting times
- Need to improve mental health support in schools (including signposting)
- Need to clarify the mental health services available in Tamworth since the fire.

Maternity

- More awareness is needed about safety of giving birth at a midwife led unit. Women will choose to give birth at a consultant unit to avoid risk of complications
- Women are asked to choose where to give birth too early in their pregnancy
- Health visitor clinics post birth are impersonal and do not give enough time for parents to ask questions
- Discharge after birth can take too long
- Afterthought service "amazing"

General

- Travel to specialist appointments – not easy to get to appointments (multiple bus journeys), cost and impact on visitors
- Accessibility standards not consistently applied. Need to automatically book interpreters for people with hearing impairments. Importance of continuity of interpreter
- Need to reduce waiting times (generally as well as some specific services)
- Lack of communication between some services
- Lack of continuity of carer (GPs and health visitors in particular)
- Positive feedback around cancer, trauma, maternity, perinatal mental health services
- Positive feedback on the resilience and care delivered by staff.

Appendix one provides a high level overview of some of the comments received so far during the events. To note that detailed analysis of all commentary will be undertaken by NHS Midlands and Lancashire CSU at the end of this listening exercise.

Media and social media update
We have worked with the local media to promote the listening exercise events and the general themes being discussed.

1:1 interviews have been given with the Local Democracy Reporter, Tamworth Herald, Radio Stoke, Signal One, Moorlands Radio. There has been coverage in the above publications as well as the Burton Mail, Sentinel, Staffordshire Live, Lichfield Mercury, Derbyshire Live and Express and Star.

In Tamworth, Burton and Stafford the coverage related mainly to concerns about the future of the Sir Robert Peel Hospital and A&E departments. The C&E Team and also the providers issued statements to reassure people that there were no proposals or options at this stage.

This activity is supported by social media promotion on Facebook and Twitter. A series of short videos have been produced with work programme clinicians discussing the key themes of the listening exercise.

Healthwatch update

In addition to the listening events being organised by the Communications and Engagement team, Healthwatch partners were commissioned by NHS England to gather feedback to inform the Five Year Plan. This included:

- Two surveys promoted widely: a general survey about health and care services and a specific survey aimed at people with long term conditions
- A focus group with children and young people (identified as a priority with Together We're Better)
- A focus group with the public to review NHS support within the care home sector
- Healthwatch partners will be producing a report, which will help to inform the local Five Year Plan.

The Healthwatch draft report has been shared with Together We're Better for initial feedback (appendix three) and the final version is due to be published in mid-July 2019.

Local Representatives
A workshop is being held with the Local Representatives group on the 24 July to discuss the Five Year Plan.

The workshop will review the feedback received through Healthwatch activity, the listening exercise and existing intelligence within partner organisations. Through the workshop we will seek to understand:

- Are there any gaps in the feedback we have received?
- What are the key priorities that should feature within the Five Year Plan?
- Are there any other groups that we should involve in developing the Five Year Plan?

Next steps
Throughout the listening exercise we will gather feedback and share this monthly with Task and Finish Group and the Steering Group.

A summary of key themes will be presented at the system Chairs and lay members group on the 16 July to help inform the discussion.

All feedback is currently being inputted to support independent analysis. The CSU will then produce a report of findings in Autumn 2019.

Appendix one: Listening exercise feedback

The below table provides a high level overview of some of the feedback received so far, since the last update to the Board. A full independent analysis report will be produced that codes, themes and analyses all feedback received.

Event	Date	Attendees/People spoken to	Key themes
Workforce Roadshow - County Hospital Maternity and central foyer	03/06/2019	82 (37 staff, 45 public)	• Car parking issues, spaces and charges (in town parking cheaper) • Frustration that A&E is not 24/7 • Poor signage to the hospital site for people travelling in from outside the area
Workforce Roadshow - Leek Moorlands Minor Injury Unit	04/06/2019	49 (39 public, 10 staff)	• "Everything" at Leek is working well, this is a vital service • Can visiting consultants be brought in to prevent patients having to travel long journeys for specialist appointments? • Limitations on services provided, if more services available in one place would save travelling time which is time-consuming and stressful • Car parking issues, spaces and charges
Public Roadshow - Cheadle	04/06/2019	c. 15	• Frustration at having to wait 2-3 weeks for a GP appointment • Concerns about bed closures at Cheadle Hospital • More mental health support needed
Moorlands Home Link - Cheddleton Outreach Group	07/06/2019	18	• Travelling from Leek to Stoke-on-Trent for services/treatment is difficult and can be very expensive • GPs should know more about community groups such as this one and be able to refer people to them, to prevent social isolation • More services are needed locally • Mental health and cancer patients have to travel a long way to Stoke and have to stay a long way from friends and family, who cannot visit them if they do not drive – this is not good when the patient is already going through a distressing time
Public Roadshow - Stafford	11/06/2019	c. 26	• We are very lucky to have the NHS but it does not always function correctly • Very difficult to get support from councils with housing etc if you are made homeless • Mental health is not seen as being as important as physical health and services are far behind those for physical health • Cancer services are brilliant, but aftercare needs to be done closer to home as it is very expensive for people to keep travelling to Royal Stoke if they cannot drive
MPFT One Year workforce event	11/06/2019	52	• Appointment recall system for oncology at UHNM is working well • Access to Mental Health services on the whole is good • Improve – asking my name preference

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			• Improve – more qualified staff out of hours
Workforce Roadshow - UHNM Royal Stoke (Maternity)	11/06/2019	60 (approx. 15 staff, 45 public)	• Long time driving round to find parking space – and then high charges • Complained about cigarette butts left outside Cancer Centre • Well managed hospital but not well led, don't see Execs engaging with staff • This department is great, my granddaughter was born here
Listening Event - Leek	12/06/2019	c. 22	• Mental health services need to include prevention • People over a certain age need to be having annual health checks • More joined up care is needed • Concern over telephone service and how this will benefit/effect deaf/hard of hearing patients
Support Staffordshire Group - Lichfield	12/06/2019	48	• Complaints about disjointed services, lack of communication with patient info • Save Samuel Johnson MIU – excellent essential service for local community – Good Hope is not accessible • GP provision – difficult to get appointments for blood tests, sent to Good Hope as not contract with Samuel Johnson for this service • Help at home for elderly relation – locum came out but didn't know the individual and sent relation to Burton, long drive and stressful – didn't know the patient • Drop In Centre was fully booked and had to call 111 for an appointment and travel to a different place
Listening Event - Stoke-on-Trent (Blurton Community Hub)	13/06/2019	c. 14	• Need to ensure quality is maintained when cost-cutting • People need reassurance that health professionals other than GPs (e.g. nurse practitioners etc) are just as good as seeing a doctor – also need assurance of the quality of their care and professionalism • People want to know what other proposals there are in the pipeline, e.g. North Staffs/South Staffs split?
NSCHT BAME Stepping Up Event	13/06/2019	c. 80	• Day Services running well, providing opportunities for service users • Resilience of health care staff is great • Improve – raise awareness in what services are available in local area, improve signposting in GPs surgeries • Improve mental health provision and social care services • Improve staffing levels

Support Staffordshire Group - Tamworth	13/06/2019	18	• Importance of involving the voluntary sector in any future plans • CAMHS services locally need to improve • Will this lead to a reduction in A&Es (three to two) • Lack of coordination in returning walking aids and other supports – money being wasted by services not taking them back
Public Roadshow - Stoke PRIDE	15/06/2019	14	• No easy access to blood tests/X-rays in Abbey Hulton (Stoke-on-Trent); have to travel to Bentilee • Not receiving consistent CAMHS services in North Staffs; also experiencing long waiting times
Brain Tumour Support Group Stoke-on-Trent	17/06/2019	13	• Waiting two weeks for GP appointment • Triaging shouldn't be done by a GP receptionist – not comfortable with discussing information over the phone with a receptionist who can be heard by other patients • Referrals from GP to secondary care are working well • Should work with the voluntary/community sector more effectively to offer greater support to patients • Patients often see a GP with more than one clinical issue, but are only allowed to talk to them about one – have to make a separate appointment, wasting time and money
Workforce Roadshow - Haywood Hospital	17/06/2019	84 (49 staff, 35 public)	• Waiting times are poor • Staff are generally good • Lack of communication between GP and hospital
Support Staffordshire Group - East Staffordshire	17/06/2019	33	• Would be useful to speak to Governors of Trusts – not just the Board members • Need to link in children and young people – are you going to schools and colleges • UHDB is across two STP footprints – Staffordshire and Derbyshire STPs need to work together to make sure that the needs of the local people are met • Digital – the hospitals can't 'talk' to each other because of different technology •We have already been through a listening exercise – how much is it costing to do this all over again? How are the partners, who are already strapped for cash, funding this programme?
North Staffordshire and Stoke-on-Trent CCGs Patient Congress	18/06/2019	24	• Agreement to circulate materials through key networks • Agreement to attend events and encourage PPGs and networks to do so • Some members had already completed the survey • Plea for local representatives from Newcastle and Stoke areas

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Listening Event - Cannock	18/06/2019	18	• Are we recruiting and training enough nurses for future needs? • Concerns about the mental health of children and young people and the impact this may have in the future • Need to be engaging with young people as part of the listening exercise • Patients often see a GP with more than one clinical issue, but are only allowed to talk to them about one – also constrained by having a maximum of 10 mins • Transport links need to be taken into account • Danger of focussing on providing services too much in the north of the county (specifically Royal Stoke)
Staffordshire CCG conference - clinically led presentation and workshop	19/06/2019	c. 250	• Improved access to appointments with my GP but varies by practice • Community clinics providing minor surgery with shorter wait times, keeping hospital wait times down • Joined up care services working well • Improve organisations working together • Improve communication, waiting times, finance, care packages • Improve mental health access to support • Promote services available
Public Roadshow - Tamworth	20/06/2019	18	• Long waiting times for GP appointments • Very happy with cancer treatment received, but waiting times to receive treatment are too long
Workforce roadshow - Samuel Johnson Community Hospital	24/06/2019	69 (41 staff, 28 public)	• Concerns over number of GPs due to retire in the county • People don't know what a Minor Injury Unit is. Not aware of what services it provides • 10 minutes appointments with GP's not long enough if patient has more than one issue to discuss
Public Roadshow - Stone	24/06/2019	20	• Mental health services - people feel as though they are being dropped • Given an appointment with nurse for mental health check-up but nothing came from it - when patient was very unwell • Very hard to get through to GPs to book an appointment
Age UK North Staffordshire, Stoke-on-Trent	25/06/2019	6	• By keeping mentally and socially active it means you can avoid having to see a GP • Social prescribing is important in enabling groups like Age UK to reach more people and also to support GPs • The uncertainty of lack of resources is affecting the support Age UK can provide to local people

Public Roadshow - Rugeley	25/06/2019	11	• There are so many organisations locally willing to help (social prescribing) but GPs are not aware of the services/have reservations about utilising them • Healthcare staff are excellent and cannot be faulted, but access is difficult • Very hard to get a GP appointment • No hospital locally - services are far away • Told to go to Stafford A&E for a blood test for son because no paediatric provision locally
Workforce Listening Event - Stoke-on-Trent (Port Vale)	26/06/2019	24	• Getting public and frontline staff involvement in the decision making is working well • Once in the system, services are efficient – getting an appointment/referral is difficult • Good progress towards integrating services to facilitate effective care delivery • District nursing team provide valuable support and advice • Need more focus on community services, ensuring adequate finance and resources to provide effective care • GP appointment times not good • Referral times for other services need improving • More frontline staff required • More access to mental health services needed, as this is putting strain on physical services who aren't equipped to deal effectively with their needs
Listening Event - Stoke-on-Trent (Port Vale)	26/06/2019	14	• Primary care should be involved in the conversation • Importance of prevention to make integrated community services achievable • Support for the principle that community services (health, care and voluntary work together) • Integrated care record – should of happened 10 years ago • Medicines waste – pharmacies need to be encouraged to ask patients to check their prescriptions before they leave
Support Staffordshire Group - Leek	26/06/2019	10	• No consistency of breast feeding services across the county; postcode lottery in many areas, including Moorlands • No ante-natal classes in Leek • Health visiting services are being cut back • Often unable to get a GP appointment for that day and then told to call back the next day to see if an appointment is available – why can't GP practices book you in for the next day instead?

Workforce Roadshow - Royal Stoke	27/06/2019	50 (41 staff, 9 public)	Staff comments • Patients being discharged from hospital with care • Staff training is a lot better now • Trauma services working well • Some community services working well To improve • A&E waiting times and bigger waiting area • Trolleys in corridors • Bigger triage • Better elderly care/social care
Moorlands Home Link - Cheadle	28/06/2019	6	• No walk-in centre in Cheadle; Cheadle needs an MIU • Elderly clients often unable to physically access a GP • Well Street GP practice enables you to walk in for an appointment; you don't need to call ahead - not consistent across other GP practices • Community care services, including district nursing is working well locally • GPs often don't know about the service provided by Moorlands Home Link or don't refer
Maternity Champions meeting	01/07/2019	1	• Need to promote the support available • Health visitor clinics do not give enough time/privacy for mothers to ask questions – impersonal • Need to reassure/ promote what support is available at a Midwife unit • Too early in process when mother needs to decide when to give birth • Afterthought service "amazing" • Perinatal mental health team is really quick/responsive • Discharge after birth waiting 8-12 hours • Agree with connecting services through "hubs"
U3A Stafford	01/07/2019	78	• Long waits for GP appointment • Disparity in the way GP practices work regarding offering emergency appointments • Communication between hospitals is vital – additional appointments having to be held because hospitals aren't talking to each other • A&E at Stafford County Hospital should be open 24/7 • Mental health still the poor relation to physical health, with crisis care struggling – has proved difficult to get • CAMHS services involved unless a child is at crisis point

Lichfield	02/07/2019	35	• Burton maternity unit fabulous • Needs to be more support in the community for antenatal care • Post-natal care lack of continuity in carer • NEPT difficulty for carers to access the service to travel with patient • Lack of information about where to go for urgent care • Takes too long to be referred for diagnostic tests
New Era Victim Support	04/07/2019	22	• A lot of mental health referrals are being turned away - in particular CAMHS services • There are a lot of complex needs for victims of domestic violence that aren't being addressed/understood • Maternity services at County Hospital are great but require more support • Children's A&E at County Hospital was great - needs to be reinstated • Health Visitors are really good at recognising domestic violence and supporting a service user
Stoke Listening Event	04/07/2019		• Prevention - working with schools to tackle healthy eating/obesity • Prevention - increase support groups e.g. diabetes/CVD • Lack of communication between cancer departments • Planned care -demand for beds for urgent care leads to pressures on planned care patients and patients discharged too soon • GP appointments - 10 minutes leads not enough • Need for more online GP consultations
Deaf Stafford Coffee Morning	05/07/2019	18	• No interpreters booked to support with doctor's rounds on wards • Working well - access to ultrasound in GP practice • Missed 4 appointments with GP practice and now threats to be taken off list. Double appointments needed with interpreters - so is easily done • Some practices don't know to use Interpreter Now and need training • Need for training for NHS 111/Ambulance staff. Ambulance staff not informed that a patient is deaf and no interpreter available • Interpreters not booked for carers who are deaf • New Cross Hospital only use their own interpreters rather than Asist, which can lead to delays in an emergency and lack of continuity

Breathe Easy	05/07/2019	15	• Travel for appointments - multiple buses needed • GP practices in Stoke close on a Thursday afternoon - why can't this be staggered? • Emergency eye clinic (Stoke) fantastic UHNM staff during IT problems (02.07.19) fantastic • Maternity clinics post birth - miles away and transport issues • Rescue Meds - confusion about who reminds people • Always consulting - but do not see change as a result of patient feedback • Grateful for respiratory nurses at monthly meetings
Youth Council (SCYVS)	06/07/2019	08/01/1900	• Don't know where to go for mental health support • School teachers need to be trained to give mental health support • Mental health ambassadors need to continue to be funded and supported • Waiting times for operations takes too long • Confusion about where to go for urgent and emergency care • Visitors play an important role for patients • Waiting times for x ray in Leek 1.5 hours, and then told needed to go to Macclesfield • Doctors, nurses and other staff are fabulous

Appendix two: Events planned by CCG area

Cannock Chase

Type	Location/organisation	Audience	Date
Listening Event	Aquarius Ballroom, Cannock	Public	18th June
Support Staffordshire Forum	Cannock	Stakeholders	20th June
Roadshow	Rugeley Community Centre	Public	25th June
Council meeting	Cannock Chase District Council Local Member Priority meeting	Stakeholders	25th June
Voluntary/community sector meeting	YMCA Rugeley	Stakeholders	3rd July
Voluntary/community sector meeting	Breastfeeding Support Group	Stakeholders	4th July
Staff roadshow	Cannock Hospital Walk-In Centre	Staff	8th July
Voluntary/community sector meeting	U3A Cannock	Stakeholders	9th July
CCG meeting	Cannock Chase CCG GP Membership Board	Stakeholders	13th August

Type	Location/organisation	Audience	Date
CCG meeting	Cannock Chase CCG AGM	Stakeholders	22nd August (TBC)

East Staffordshire

Type	Location/organisation	Audience	Date
Voluntary/community sector meeting	Burton Diabetes UK Support Group	Public	5th June
CCG meeting	East Staffordshire CCG Patient Board, Burton	Stakeholders	11th June
Support Staffordshire Forum	Burton	Stakeholders	17th June
GP Steering Group	East Staffordshire GP Steering Group	Workforce	18th June
Staff roadshow	Queen's Hospital, Burton (UHDB)	Staff/public	3rd July
Roadshow	Uttoxeter Leisure Centre	Public	10th July
Staff listening event	Pirelli Stadium, Burton	Staff	11th July
Listening event	Pirelli Stadium, Burton	Public	11th July
GP meeting	East Staffordshire GP Steering Group	Stakeholders	16th July
Staff roadshow	Queen's Hospital, Burton – Time for Tea	Staff	17th July
Voluntary/community sector meeting	Burton YMCA	Stakeholders	17th July
Staff roadshow	Queens Hospital, Burton (UHDB)	Staff	25th July
Council meeting	East Staffordshire Borough Council Local Member Priority meeting	Stakeholders	26th July
CCG meeting	East Staffordshire CCG AGM	Stakeholders	1st August (TBC)
Voluntary/community sector meeting	Burton YMCA	Stakeholders	TBC
Roadshow	Virgin Care	Staff	TBC

North Staffordshire

Type	Location/organisation	Audience	Date
Staff roadshow	Leek Moorlands Hospital	Staff/public	4th June
Roadshow	Cheadle Leisure Centre	Public	4th June
Voluntary/community sector meeting	U3A Leek	Stakeholders	7th June
Voluntary/community sector meeting	Moorlands Home Link - Cheddleton Outreach Group	Public	7th June
Support Staffordshire Forum	Newcastle-under-Lyme	Stakeholders	11th June
Listening Event	Leek Cricket Club	Public	12th June
Existing event	North Staffs GP Federation PA Conference	Stakeholders	13th June
Voluntary/community sector meeting	Age UK North Staffordshire	Stakeholders	25th June
Support Staffordshire Forum	Leek	Stakeholders	26th June

Voluntary/community sector meeting	Moorlands Home Link, Cheadle	Stakeholders	28th June
Council meeting	Newcastle-under-Lyme Borough Council Local Member Priority meeting	Stakeholders	10th July
Listening event	North Staffordshire Medical Institute	Public	15th July
Roadshow	Co-Op, Madeley	Public	19th July
Roadshow	Biddulph Valley Leisure Centre	Public	22nd July
CCG meeting	North Staffordshire & Stoke-on-Trent CCGs AGM	Stakeholders	30th July (TBC)
Council meeting	Staffordshire Moorlands Local Member Priority Meeting	Stakeholders	30th July

Stafford and Surrounds

Type	Location/organisation	Audience	Date
Staff roadshow	County Hospital (UHNM)	Staff/public	3rd June
Listening Event	Entrust, Stafford	Public	6th June
Support Staffordshire Forum	Stafford	Stakeholders	6th June
Roadshow	Asda, Stafford	Public	11th June
Staff roadshow	Yarnfield Conference Centre, Stone (MPFT)	Staff	11th June
Roadshow	Stone Community Hub	Public	24th June
Voluntary/community sector meeting	Age UK - Penkridge	Stakeholders	27th June
Voluntary/community sector meeting	U3A Stafford	Stakeholders	1st July
CCG meeting	Stafford and Surrounds CCG GP Membership Board	Stakeholders	2nd July
Voluntary/community sector meeting	Staffordshire Council of Youth Voluntary Services	Stakeholders	6th July
Council meeting	Healthy Staffordshire Select Committee	Stakeholders	15th July
Council meeting	Stafford Borough Council Local Member Priority meeting	Stakeholders	23rd July
Staff listening event	Entrust, Stafford	Staff	24th July
Staff roadshow	St George's Hospital, Stafford (MPFT)	Staff	31st July
Voluntary/community sector meeting	Stafford and District Stroke Club	Stakeholders	6th August
Voluntary/community sector meeting	Mid Staffs Prostate and Bladder Cancer Support Group	Stakeholders	6th August
CCG meeting	Stafford and Surrounds CCG AGM	Stakeholders	6th August
Council meeting	Healthy Staffordshire Select Committee	Stakeholders	12th August
Listening event	Stafford Best Western Tillington Hall Hotel	Public	31st July

South East Staffordshire and Seisdon

Type	Location/organisation	Audience	Date
Listening event	SnowDome, Tamworth	Public	3rd June
Support Staffordshire Forum	Stafford	Stakeholders	6th June
Support Staffordshire Forum	Coven	Stakeholders	12th June
Support Staffordshire Forum	Lichfield	Stakeholders	12th June
Support Staffordshire Forum	Tamworth	Stakeholders	13th June
Roadshow	Asda, Tamworth	Public	20th June
Staff roadshow	Samuel Johnson Hospital, Lichfield (UHDB)	Staff/public	24th June
Staff roadshow	Coton Green Church, Tamworth (MPFT)	Staff	25th June
Listening event	George Hotel, Lichfield	Public	2nd July
Voluntary/community sector meeting	Age UK, Lichfield	Stakeholders	10th July
Voluntary/community sector meeting	Breastfeeding Support Group, Codsall	Stakeholders	11th July
Staff roadshow	Samuel Johnson Hospital, Lichfield – Time for Tea meeting	Staff	12th July
Staff roadshow	Sir Robert Peel, Hospital, Tamworth – Time for Tea meeting	Staff	12th July
Council meeting	South Staffordshire Council Local Member Priority meeting	Stakeholders	16th July
Listening event	Wombourne Civic Centre	Public	17th July
Roadshow	Lichfield Library	Public	18th July
Council meeting	Lichfield District Council Local Member Priority meeting	Stakeholders	22nd July
Staff roadshow	Sir Robert Peel, Hospital, Tamworth (UHDB)	Staff/public	23rd July
Roadshow	Co-Op, Codsall	Public	23rd July
Roadshow	Burntwood Leisure Centre	Public	30th July
CCG meeting	South East Staffordshire and Seisdon Peninsula CCG Locality Board	Stakeholders	14th August
Council meeting	Tamworth Borough Council Local Member Priority meeting	Stakeholders	TBC
Listening event	Tamworth Masonic Rooms	Public	29 July

Stoke-on-Trent

Type	Location/organisation	Audience	Date
Workforce Roadshow	Royal Stoke University Hospital Maternity Department (UHNM)	Staff/public	11th June

Healthwatch meeting	Healthwatch Stoke-on-Trent Advisory Board	Stakeholders	12th June
Listening Event	Blurton Community Hub	Public	13th June
Roadshow	Stoke PRIDE	Public	15th June
Voluntary/community sector meeting	Staffordshire Brain Tumour Support Group, Stoke-on-Trent	Stakeholders	17th June
Staff roadshow	Haywood Hospital (MPFT)	Staff/public	17th June
CCG meeting	North Staffordshire and Stoke-on-Trent CCGs Patient Congress	Stakeholders	18th June
CCG meeting	CCG Roadshow	Staff	19th June
Staff listening event	Port Vale Football Club	Staff	26th June
Listening event	Port Vale Football Club	Public	26th June
Staff roadshow	Royal Stoke University Hospital	Staff/public	27th June
Staff roadshow	Bentilee Neighbourhood Centre (MPFT)	Staff	4th July
Listening event	Stoke Town Hall	Public	4th July
Voluntary/community sector meeting	Breathe Easy North Staffs	Stakeholders	5th July
Voluntary/community sector meeting	Pink Sisters Breast Cancer Support	Stakeholders	8th July
Voluntary/community sector meeting	DEAFvibe	Stakeholders	24th July
Staff roadshow	Hanley Walk-In Centre	Staff	24th July
Voluntary/community sector meeting	Pink Sisters Breast Cancer Support	Stakeholders	25th July
CCG meeting	North Staffordshire & Stoke-on-Trent CCGs AGM	Stakeholders	30th July (TBC)
Voluntary/community sector meeting	dDeaflinks	Stakeholders	8th August (TBC)
Voluntary/community sector meeting	Staffordshire Buddies	Stakeholders	15th August (TBC)

healthwatch

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NHS Long-Term Plan

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire

what...

would you do?

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Recommendations

- Focus on prevention including identification of priority areas based on population health together with long-term financial investment and a clear line of accountability for achieving positive change.

- Health and Care services to develop a joined-up approach to communication and information provision for all members of our communities so that they are enabled to keep themselves well whilst taking account of Data Protection legislation.

- Community assets that alleviate loneliness or promote communities should be considered, monitored and recognised as integral to the overall approach.   This includes engaging the third sector in a meaningful way and accepting that financial investment is needed in the third sector if a gap cannot be met by health and care services.

- Transport should be understood as a key determinant of health, especially in rural communities. It should be at the heart of planning beyond the placement of health and care services and done so jointly.

- Carers should be supported to fulfil their role and services such as respite given higher priority.

- Access to mental health should be improved and recognition of possible mental health conditions be considered when diagnosing conditions.

- The use of technology in healthcare should be a choice, addressing the needs of patients who may not be comfortable with it but maximising opportunity for those that are.

- Easier access to test results and information where appropriate so that patients can become active participants in their care.

- Improved communication between services and move towards an integrated, digital system.

- GP reception staff should be trained to communicate with young people and other vulnerable groups to enable them to feel more confident to engage. This should form part of Care Navigation training where delivered.

- Every effort should be made to ensure continuity of care in all settings, especially with at-risk groups and young people for whom the building of a relationship is important.

- The NHS' comprehensive service should extend to residential care and care homes, providing simple access to services such as physio's, occupational therapists, dentists and district nursing, hearing specialists and others.

- Staff training in care homes should be key priority for the NHS as well as increased supervision of establishments where required.

Executive Summary

Background

Healthwatch promotes the involvement of people in the commissioning of health and care services locally. It monitors the standard of provision of these services and produces reports and recommendations as to how and what services ought to be improved. Healthwatch is the voice of local citizens and well embedded in the community to ensure that it is well placed to listen and make sure their views are heard.

With growing pressure on the NHS such as an ageing population, more people living with long-term conditions and lifestyle choices affecting people's health, changes are needed to make sure everybody gets the support they need. The NHS has produced a Long-Term Plan[1], setting out the measures it intends to take to address changing need.

Purpose

This report is the result of collaboration between Healthwatch Stoke-on-Trent[2], Healthwatch Staffordshire[3] and Healthwatch England[4]. Its purpose is to share the views of the general public when asked about Health and Care across the Stoke-on-Trent and Staffordshire Sustainability and Transformation Partnership[5] (STP) footprint. It is the result of engagement with the public about the NHS Long Term Plan. It focuses on areas related to the Long-Term Plan including:

- How to *help people have a healthy life*
- *How to help people manage and choose the support they need*
- *How To help people keep their independence and stay healthy as they get older*
- *How people would like to interact with their local NHS*
- *Peoples experience of getting help and support*
- *How to improve Health and care support after initially seeking help*
- *How expectations of care are met at each stage*

Responses about the above areas were gathered in surveys.

In order to avoid duplication and to identify gaps in engagement we asked the STP to identify two areas in which they would benefit from further public feedback. They identified:

- Young People
- NHS in the Care Home

Responses for these two areas were gathered in Focus Groups.

Objectives

Healthwatch is determined that the NHS Long-Term Plan is shaped by significant public engagement. This report is an important tool in this and part of ongoing engagement with NHS leadership. Not only is this intended to influence decision making locally it also forms part of a larger national dataset that can be used by Healthwatch England to influence decision makers.

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[1] https://www.england.nhs.uk/long-term-plan/
[2] http://www.healthwatchstoke.co.uk
[3] http://healthwatchstaffordshire.co.uk/
[4] https://www.healthwatch.co.uk/
[5] https://www.twbstaffsandstoke.org.uk/

Summary of Findings:

Our respondents answered two questionnaires. One with general questions relating to their opinions on how best to keep them well, and another more focussed upon people with specific conditions, their experiences and views on how to improve services. They also participated in focus groups relating to Young People and NHS in Care Homes.

People told us that the most important things are that:

- They can access treatment when they want
- Professionals listen to them when they talk about their concerns.

Access and **Communication** are common themes throughout this report.

> *"Services are not joined up... District Nurse can't see when the hospital last changed the catheter for example, and I don't always remember"* - Respondent

Prevention/Self Care

- Our respondents express a desire to be involved in their own care and repeated the need for better information provision to help them do this, such as timely communications. They are also keen to prevent ill health, with many respondents making suggestions as to how preventative services can be improved. Healthwatch is keen to see preventative services given a priority and a move away from reactionary services becoming more than an aspiration.

Communication

- Many of those who responded to this survey express a desire to be partners in their own care. Through comments shared and survey responses they describe a desire to be listened to and communicated with in a way which enables this. Many are happy for this to be enabled by technology too, although this does not suit all. Technology is also suggested as a means for agencies to communicate better. Respondents want organisations to be able to adequately share information needed to keep them well, such as the sharing of test results. However, they also suggest that the management and security of data is of paramount importance to them.

Information Provision

- Recent moves towards initiatives such as Social Prescribing suggest a real move towards answering some of the concerns raised by respondents about information provision. Information provision across the STP patch is piecemeal. Healthwatch is keen to see that information provision forms part of forward planning with clear ownership and leadership attached to it. It should also consider groups particularly affected by information provision, such as those with hearing loss, represented in the cohort included in this report.

Maintaining Independence

- As they get older, our respondents want to be secure that their family will be helped to support them at the end of life and want to remain in their own home for as long as possible. To help them to remain independent, they want services to be accessible and transport links ample, especially in rural communities. They identify access to services such as respite, community care and help in the home as important tools in remaining well. What they say also echoes earlier work done by Healthwatch Stoke-on-Trent in which over 75s explained the importance of social factors such as measures that alleviate loneliness or community action[6].

Those with Long-Term Conditions

- Of those who answered the condition specific survey, just under a third of them said that their initial attempts to access help met their needs and quarter of them described their overall experience of getting help as positive. Half of respondents who sought support for more than one condition said this made it more difficult to access. A third of respondents described waiting times as ok and a quarter said this didn't improve much when waiting for specialist help. Many of these comments relate to mental health, an ongoing theme throughout this report. A third of patients described their access to ongoing care as ok and a quarter said that this met their expectations. Although respondents described the communication between organisations as well as between staff and patients as the main cause for their dissatisfaction; it is notable that throughout this feedback, access and communication are mentioned more than anything else.

> *"Communication hasn't kept up with modern best practice and relies too heavily on letters, is restricted to office hours and departments don't communicate well with each other."*
>
> *"Better access to chronic disease community services. Since Wolverhampton took over Cannock Chase's rheumatology service it's been hard to find someone who really cares that you're struggling, and the service is very slow to react to requests."*

Young People

> *"GP is pretty good, they know that I am a young carer."*

- Young people described some good experiences, such as the use of emergency services and the general care they have received. They reflected wider concerns of society, highlighting waiting times as a concern, and again communication. In this though, the nuances changed with this group. Many of the waiting comments relate to accessing mental health services with long waits described, others about getting appointments with their GP. Also highlighted is the critical importance of continuity of care in this group with many describing difficulties communicating with staff in primary care. Things are easier for young people in a clinical setting if they have a relationship with those treating them, something becoming particularly less frequent. They make useful suggestions, such as the use of Skype to alleviate the anxiety of attending primary care. However, for this group more than any they feel a difficulty in explaining mental health problems to reception staff. Healthwatch feels that although recent work done on the impact of

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[6] https://www.healthwatchstokeontrent.co.uk/wp-content/uploads/2018/04/HW-Stoke_Brinsley-Befrienders_Staying-Well.pdf

initiatives such as Care Navigation showed that most do not mind the interaction with receptionists, there should be special recognition in training for this group if this is not already present.

Care Homes and NHS Provision

- When talking about NHS in care homes, respondents spoke positively about much of the care they receive and how hard staff work. They mention appreciating things like dentist and GP visits. They expressed concern about access issues such as to things such as physio, hearing specialists and questioned why district nurses do not go into care homes. To improve things, they suggest staff training as a top priority and more supervision of care in homes by the NHS. Respondents mention specific training to support staff in keeping resident's mobile and active as well as the potential for reducing urine infections.

> *"Access to chiropodists, dentist, hearing specialist ad hoc and hit and miss. Not all homes provide this."*

Next steps

This has been a large piece of work and a valuable insight into opinions of the public about their health and care. They provide many ideas for service improvement and this only furthers the case for service user engagement in the future development of health and care services across the STP[7] patch. Both Healthwatch Stoke-on-Trent and Staffordshire will continue to support in this work.

This report has been shared with STP Leads. Sir Neil McKay, Together We're Better Chair, said:

> *"The independent voice provided by Healthwatch Staffordshire and Healthwatch Stoke-on-Trent is a crucial part of the Together We're Better partnership. This very welcome report, which captures the views of local people on what they want to see change in health and care following the publication of the NHS Long Term Plan, will form a key building block in the development of our refreshed Five Year Plan, due out in the autumn. We thank Healthwatch Staffordshire and Healthwatch Stoke-on-Trent for carrying out this work."*

The clear recommendations set out in this report will be strongly represented by Healthwatch Stoke-on-Trent and Healthwatch Staffordshire in their strategic roles. The themes outlined by respondents can also form part of Healthwatch workplans for the near future. We will endeavour to report against them and be accountable to the public who have taken the time to contribute towards this work.

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[7] https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained

Methodology

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire met with local STP leads to discuss how to progress this piece of work and gather views that would mostly likely affect change. As well as agreeing upon two questionnaires, it was determined that there were gaps in intelligence around young people's views and NHS provision in Care Home experiences. It was agreed that a mixed approach of both surveys and focus groups would be most appropriate.

We carried out a variety of focus groups with our partner organisations. This included:

- Tamworth Carers Group
- Penkridge Carers Group
- North Staffs Carers Association
- Stoke-on-Trent YMCA
- Stafford College
- Stoke-on-Trent Sixth Form
- North Staffs Carers Association -Young Carers
- Changes Youth Group

Over **140 individuals** participated in these focus groups across Stoke-on-Trent and Staffordshire.

Two online surveys were promoted by social media via a campaign called 'What Would You Do' supported by several press releases. A significant engagement campaign was also undertaken that included visiting numerous community groups where paper-based surveys were completed. This work resulted in **731 completed surveys**.

Data was analysed using Microsoft Office Applications and Tableau Public.

Healthwatch Stoke-on-Trent and HealthWatch Staffordshire are part of Engaging Communities Staffordshire (ECS). ECS underpins its research activities by applying the Market Research Society Codes of Conduct, which allows it to demonstrate that it is credible, fair and transparent. ECS is a company partner and accredited by the Market Research Society. The team carefully consider all data requirements and the handling of data in relation to research.

To further ensure the quality of the final report, an internal peer review process was initiated to ensure that the report is fit for purpose before submission. Where data is not robust it has been statistically suppressed to prevent disclosure.

What did they tell Healthwatch?

Results from the General Survey

To help people have a healthy life*:

- **87.4%** described access to help and treatment when they need it as being *very important.*

- **85.6%** described it as being *very important* that professionals listen to them when they speak to them about their concerns.

- **70.7%** of respondents described as it being *very important* that each interaction with services counts and that their time is valued.

- **73%** said that it is *very important* that they have easy access to the information they need to make decisions about their health.

- **67.9%** described having the knowledge to help them prevent ill health as being *very important.*

- They made many suggestions for things that would help them lead a healthy life. Top themes included:

  o **Prevention, such as through education or affordability of facilities like gyms**
  o **Improved access and access options for services like Primary Care**
  o **Information provision to help them stay well**

*ranked in order of <u>very important</u> only. Please see appendix the full results.

"free exercise, yoga, walking groups possibly organised by GP Surgery."

"Clearer labelling on food."

"Healthy food to be cheaper than fast food/unhealthy food"

"Prevention and skills in place for wellbeing resilience and maintenance"

"An accessible NHS programme to help me to log my food and drink intake, with alerts for sugar, fat, salt and alcohol."

"Probably access to therapy. I know that the NHS is busy, so I don't want anyone to waste time on my issues but in school therapy wasn't useful & the staff weren't helpful"

"Access to the department/help I need, when I need it, and not have to hunt for the information on who to contact or wait for a month to speak to someone."

"Access in my village to all the help and assistance they get in towns and cities"

"More explanation and information from professionals about the condition/issues I have which helps me to better understand it, in addition to the treatment itself."

"More information in school about health and wellbeing."

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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To help people manage and choose the support they need*:

- **66.1%** said it is *very important* (28.9% *important*) that choosing the right treatment is a joint decision between themselves and a health professional.

- **64.3%** describe it as *very important* (31.2% *important*) that communications are timely.

- **59.2%** said that it is *very important* (34.4% *important*) that they have time to consider their options and make the choices that are right for them.

- **56.2%** said it is *very important* (30.9% *important*) that their opinion on what is best for them, counts.

- **47.5%** describe it as *very important* (36.5% *important*) that they make the decision about when they receive health and care support.

- **42.1%** said it was *very important* (36.8% *important*) that they choose how money is spent on their long-term condition.

  They made many suggestions for things that would help them manage and choose how the NHS supports them. Top themes included:

  o **Improved access and access options.**
  o **Communication between practitioners and patient as well as organisationally.**
  o **Information provision to help them stay well.**

"Parking at hospitals need to be more accessible."

"Easy quick access to GP appointments before after work."

"More options on where to be seen for consultations. It is often just one or two locations based on home postcode where work location may mean there is a more suitable option which hasn't been offered."

"Access to rehabilitation outside of a private nursing home as I believe that the NHS provide better services with better outcomes."

"To be included in all correspondence about my health without having to ask."

"To have electronic access to information about my current health conditions. If the specialist I have seen has not taken my concerns seriously enough it should be easier to get a second opinion and see a second specialist at a different location."

"GPs to listen to me and understand how my condition affects me. Treat me as a person, not just a symptom. Manage my care holistically."

"Helplines for my LTC."

"Ensuring I had the right information in the first place."

"Knowledge of all available options."

"Having all the information in layman's language."

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

To help people keep their independence and stay healthy as they get older*:

- **81.7%** felt it was *very important* that their family feel supported at the end of life.

- **79%** of people said it is *very important* to remain in their own home for as long as it is safe to do so.

- **75.6%** of respondents said it is *very important* (26.2% important) for there to be a convenient way for them to travel to health and care services when they need to.

- **68.7%** said that it is *very important* (26.2% *important*) that friends and family have the knowledge to support them when needed.

- **56.3%** described it as *very important* (32.5% *important*) that the community is able to support them to live the life they want.

- Respondents made many suggestions for things that would help them retain independence and live healthily for as long as possible. Top themes included:
  - **Access to a variety of services and identified respite, community care and help in the home.**
  - **Information about services and ways to manage conditions.**
  - **Transport is highlighted and how a lack of consideration of this important factor might impact, especially in rural communities.**

"Timely access to packages of care and social services. There is also a HUGE gap in the lack of night carers which is often the reason people can't return to their own home"

"The lack of local Hospice care in Uttoxeter, makes it difficult for individuals and families navigate the last months and weeks of the patient's life. A quality death is important to the whole family"

"More community health care"

"Access to low level prevention services such as health checks which have been restricted in Staffordshire depending upon where you live. This is discriminatory and is not helping you stay healthy and independent if you cannot access these sorts of services because you allegedly live in a less poor area. " - Respondent

"Pain clinics do a lot to help people live with their pain, but we need more dietary advice about what foods to eat or avoid to improve one's condition. "

"To just have more knowledge on what you are dealing with or possibly what your body is dealing with. "

"Knowledge is key. The knowledge of what services are available - who to go to for advice - having someone to go to for advice! - knowledge of aids to help with mobility and practical daily tasks. I have elderly relatives who are entirely uninformed and are struggling - and I cannot find who to go to on their behalf"

"Making sure the infrastructure is in place for ease of travel, to be able to access community and health care needs"

"There are no buses where I live, they have all been withdrawn due to funding issues. A taxi is £13 return for a 5 min (2 mile) each way journey which is only affordable in emergencies. Local authorities have to do more to provide public transport. "

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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How people would like to interact with their local NHS*:

- **66.8%** said that it was *very important* (23.6% *important*) that their data is managed well and kept secure.

- **62.3%** described it as *very important* (26.9% important) that results are communicated to them quickly making the best use of technology.

- **56.6%** said it was *very important* (31.1% *important*) that they can talk to their doctor or other health professional wherever they are.

- **53.3%** felt it was *very important* (31.7% *important*) that they can access services using their phone or computer.

- **50.9%** said that it is *very important* (32.4% *important*) that they can make appointments online and that their options are not limited.

- **43.6%** felt it was very important to be able to talk to people experiencing similar challenges to themselves.

- **42.9%** said that it is *very important* (34.8% important) that they can manage their own personal records so that they can receive continuity in care.

- Respondents made many suggestions for things that would help them successfully manage their health and care. Top themes included

  o **The use of technologies.**
  o **Access issues, mostly Primary Care.**
  o **Communication between practitioners and patient as well as organisationally.**

*ranked in order of <u>very important</u> only. Please see appendix the full results.

"I would not like to have to book appointments online or have an online assessment. All appointments should stay face-to-face and with the same GP whenever possible. Seeing a locum on an occasional visit would be acceptable but will never be as reassuring or as satisfactory as seeing a familiar face."

"Being able to interact with other services as well as the NHS… they may be as relevant as the NHS... i.e. social care, housing, transport and possibly education for the younger generations"

"Spine needs to work linking all health and social care records across the UK."

"More face to face access to professional health care staff - including GPs."

"Access to GP appointments and quick access to test results."

"To improve dementia services."

"Ensuring that all NHS staff are aware of the NHS England Accessible Information Standards 2015 and their responsibilities. Everything after this becomes easier for anyone with a sensory loss. The key factor is that majority of services rely on telephone or internet systems and this is a barrier for people with a sensory loss in how they access information and communication. The above statements are very important to me but there are barriers with some of the systems and these need to be addressed in order to comply with the AIS."

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

The things that are most important.

When asked to choose what things were most important to them from a list, the respondents chose*:

"Access to the help and treatment I need when I want it."

"Choosing the right treatment is a joint decision between me and the relevant health and care professional"

"I want to be able to stay in my home for as long as it is safe to do so."

"I have absolute confidence that my personal data is managed well and kept secure."

Case Study –

In 2018 Healthwatch Stoke-on –Trent visited Brinsley Befrienders, a group for older people intended to prevent and address loneliness in Trentham.

We asked them what they do to stay well, using questions aligned to work areas within the local Sustainability and Transformation Plan (STP), Fit and well and Maximising Independence.

The group explained how they stay well and what is important that helps them to do this. They also offered ideas for improvement to services.

The results show the importance of community and social factors that impact upon health. It also shows that patients are willing to be flexible and accept change but only when services listen to their needs.

For future proposals to fit they need to patient centred, holistic and joined up in a purposeful way.

Find the report - https://www.healthwatchstokeontrent.co.uk/projectreports/

Support for Specific Conditions

Respondents referred to several conditions when answering this survey; the top three being:

- **Mental health** (28%),
- **Long-term conditions** (28%)
- **Hearing loss** (13.3%).

Peoples experience of getting help and support:

- When asked if the support they received when they first tried to access help met their needs only **28.6%** answered *yes* and **34%** *somewhat* (34% *no*).

Q6a - When you first tried to access help, did the support you received meet your needs? (n147)

Not applicable	3.4%
Yes	28.6%
No	34.0%
Somewhat	34.0%
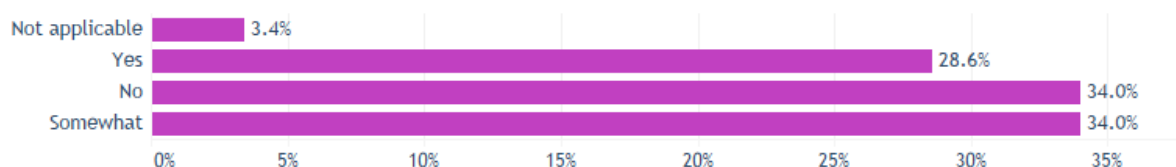
Top themes included for things that would help them successfully manage their health and care included:

- o **Access to services such as for mental health or Autism.**
- o **The quality of treatment or care, such as that of counsellors or discharge.**
- o **Communication between practitioners and patient as well as organisationally.**

"Support for people on the autistic spectrum is inadequate. There are huge gaps in services. Following diagnosis people are given leaflets signposting them to charities. One such charity is Lifeworks Staffordshire who are well known for their expertise. People are referred there by many professionals; however, they receive no government funding."

"Impossible to get to see a neurologist. North Staffordshire Hospital offered me an appointment 6 months in the future whilst I was having regular seizures. My GP would not prescribe any AEDs so I was faced with a ridiculous wait for medication."

"There are no services for People with Brain injury (BI) only BI support group for Tamworth and Lichfield and South Staffordshire rehabilitation Service both part of Headway UK."

"I volunteer for a charity and have a number of clients with mental health issues. Getting them help is extremely difficult."

"When I first accessed support, it was very negative. It took a long time to get referred to counselling. At the initial Drs appointment, I was not listened to and got told to sit in reception (in tears) and do the paperwork. Then at counselling it was silence, you were expected to talk without conversation"

"When first having tests, results could have been managed more effectively between the 2 hospitals and my GP"

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

- **33.6%** of respondents described their overall experience of getting help as *average* (22.6% *positive*)

Q7 - How would you describe your overall experience of getting help? (n146)
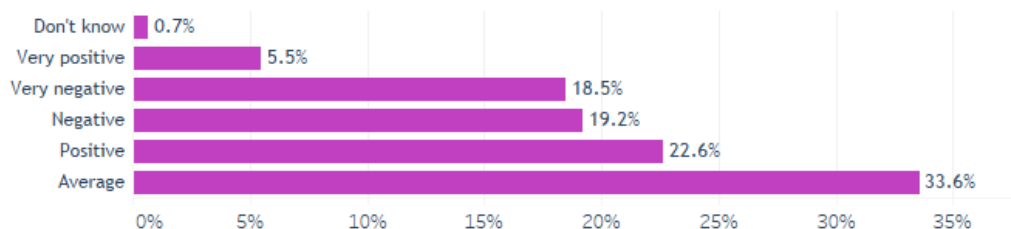

- **52.9%** of those with additional conditions describing seeking support for more than one condition at a time *more difficult*.

Health and care support after initially seeking help:

- **29.9%** described the time they had to wait to receive initial assessment or diagnosis as ok (26.4% very slow).

Q10 - How would you describe the time you had to recieve your initial assessment or diagnosis? (n144)
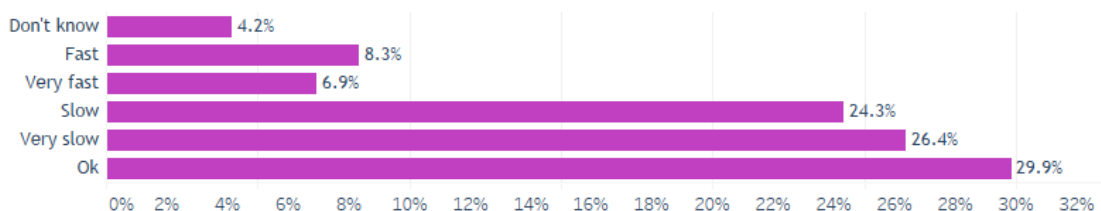
- Respondents shared many comments about the time they waited after initially seeking help. These comments refer to a variety of services including

  o **Mental health**

  o **Referrals after hospital**

"After leaving hospital the next day I was told that I would be on the waiting list for heart CT Scan angiography and this would be at Sandwell hospital which has a 6-8 week wait but I would be contacted and given a date quickly as I was informed my condition was urgent.
I have had to chase daily and weekly to try and progress my treatment both via my GP surgery and regular phone calls to city and Sandwell hospital"

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport
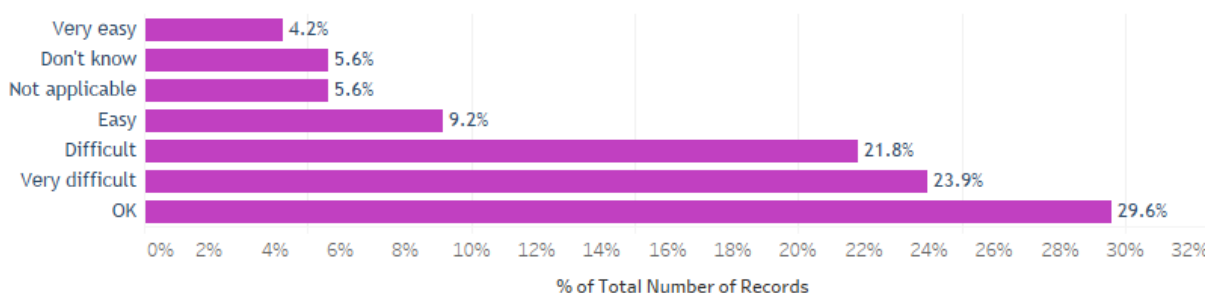
- **32.9%** described the time they had to wait between initial assessment/diagnosis and receiving treatment as being ok (25.3% slow).

Q11 - How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment? (n146)

Category	%
Don't know	4.8%
Very fast	5.5%
Fast	8.2%
Very slow	23.3%
Slow	25.3%
Ok	32.9%
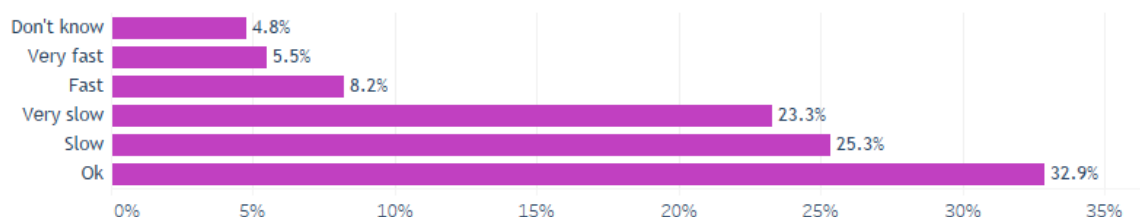
- Once diagnosed, many of our respondents (63.2%) were offered the support of a specialist. **29.7%** described this wait as *ok* and **29.7%** *slow*.

Q16a - How would you describe the time you had to wait between the initial appointment and seeing the specialist? (n91)

Category	%
Don't know	3.3%
Very fast	9.9%
Fast	12.1%
Very slow	15.4%
OK	29.7%
Slow	29.7%
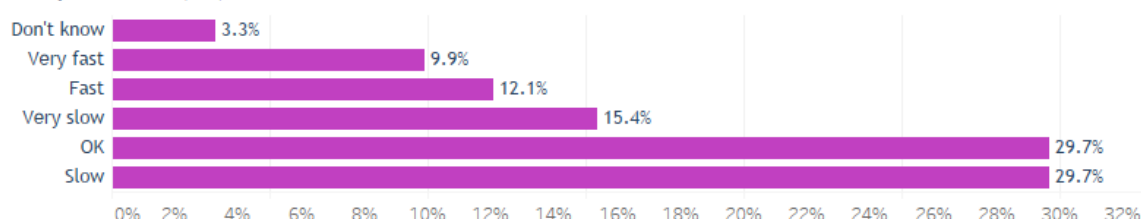
- Respondents shared many comments about the time they waited while waiting to see a specialist. These comments refer to a variety of services including

  o **Mental health**

  o **Referrals after hospital.**

"It took months to get an appointment with the psychiatrist...my CPN just kept telling me my appointment would be "soon". Then, despite being told I'd have a follow up appointment to see the psychiatrist again within a couple of weeks, I had to wait almost 3 months."

*To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport*

- **29.6%** described finding access to ongoing care *ok* (23.9% *very difficult*).

Q17 - If you needed it, how easy did you find it to access ongoing care after you were diagnosed or assessed? (n142)

Category	%
Very easy	4.2%
Don't know	5.6%
Not applicable	5.6%
Easy	9.2%
Difficult	21.8%
Very difficult	23.9%
OK	29.6%

% of Total Number of Records

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- When asked if the support they were offered met their expectations, **42.4%** said *no*. Notably, only 26.6% answered yes.

Q18 - Did the support option you were offered meet your expectations? (n139)

OK	0.7%
Yes	26.6%
Somewhat	30.2%
No	42.4%
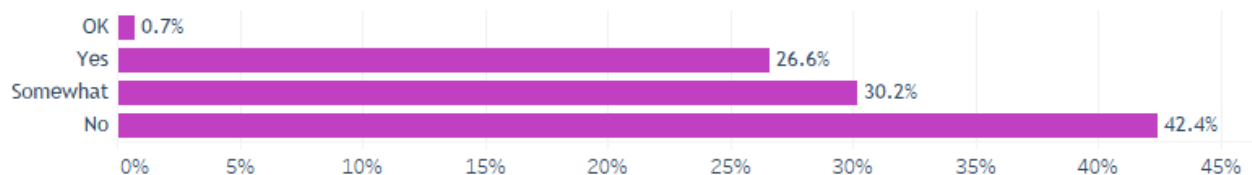
- Respondents explained how the care did or didn't meet their expectations. Top themes included

  - Communication between practitioners and patient

  - Treatment or care

  - Mental health

"Extremely poor communication, if it was an elderly person or alone I would be left in the system not knowing what to do or what was happening"

"There was no engagement or encouragement for Mom to start doing things for herself again, no physio to help her walk, nothing!"

"I know that CAMHS have a very small budget but there is no support for children who don't have either autism or major needs. These are the children who as adults will go on to use anti-depressants and adult services in droves because provision has not been made to support them as children. More money needs to be provided to CAMHS and professionals trained for primary care low level, so children can be supported better. This could be done at the GP surgery, School or at a designated specialist place."

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

- **44.1%** of respondents said that they did not receive timeline and consistent communication from all the services they came into contact with.

Q19a - During the whole experience of getting support, did you receive timeline and consistent communication from all the services that you came into contact with? (n136)

Yes	22.8%
Somewhat	33.1%
No	44.1%
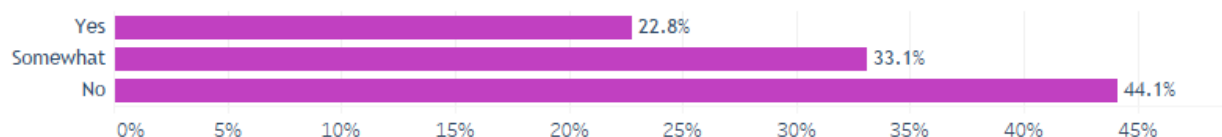
- Respondents explained how the care did or didn't meet their expectations and what could be improved. Top themes included
    - Communication
    - Access

"Communication hasn't kept up with modern best practice and relies too heavily on letters, is restricted to office hours and departments don't communicate well with each other."

"Because I have multiple, complex needs as a result of the illness I have. There has been a Communication conflict between doctors and specialist that I see. They all needed to have the same update information about me and how my illnesses affect me."

"Emails getting lost, letters not being revived. bad communication between stoke and Liverpool services."

"Tell No out of order- was ringing but not connecting, unable to leave messages."

"Needed more emotional support to deal with mental health aspects of stroke- none provided"

To access comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

*Time spent travelling to access health and care:*
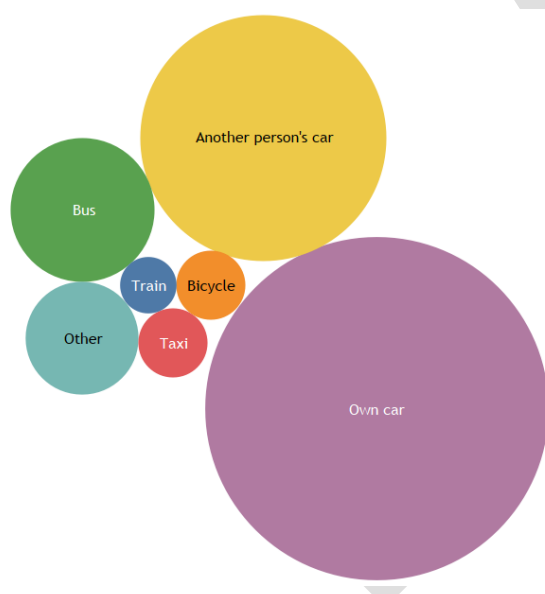
- **44.7%** of respondents reported being willing to travel for 30 minutes to an hour (28.4% for less than 30 minutes) to receive a quick and accurate diagnosis.

- **41.1%** of respondents said they would be willing to travel for 30 minutes to an hour (29.9% for more than 2 hours) for specialist treatment or support.

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Expectations of care at each stage*:

- **49.1%** of respondents said that when they are first seeking help, it is most important to see any medically appropriate health professional who is free immediately (40.7% said seeing a health professional they see normally but may have to wait).

Q23 - What is most important to you when first seeking help? (n108)

|	
Don't mind	10.2%
Seeing a health professional you normally see but you may have to wait	40.7%
Seeing any medically appropriate health professional who is free immediately	49.1%
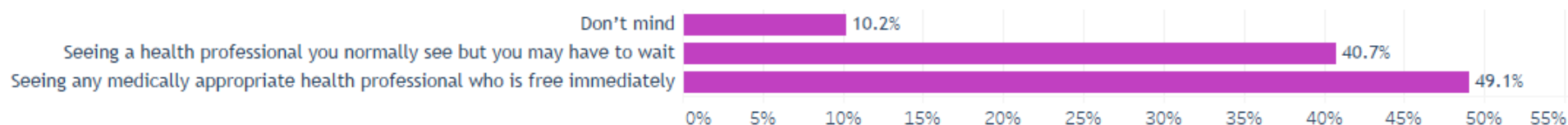
- **44.3%** of respondents said that when they first receive a diagnosis, it is most important to see any medically appropriate health professional who is free immediately (41.5% said seeing a health professional they see normally but may have to wait).

Q23 - What is most important when you first receive a diagnosis and explanation of your treatment or support options? (n106)

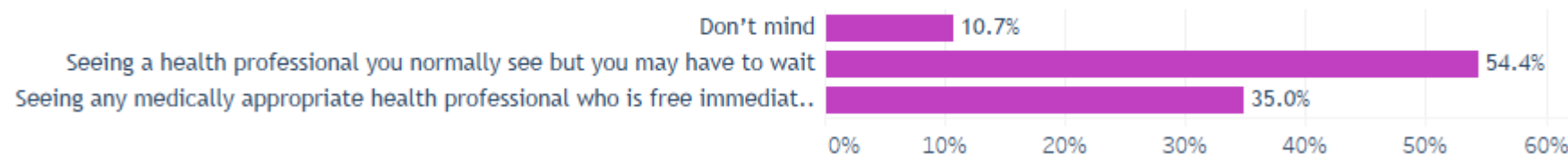|	
Don't mind	14.2%
Seeing a health professional you normally see but you may have to wait	41.5%
Seeing any medically appropriate health professional who is free immediately	44.3%
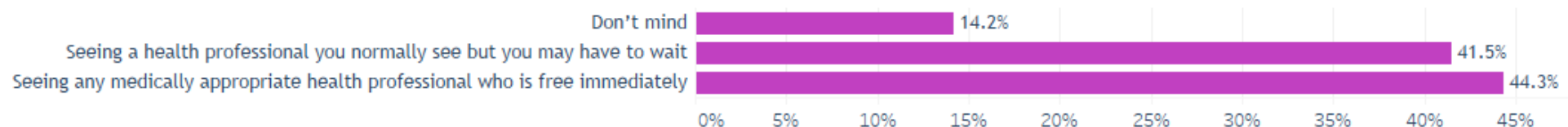
- **45.6%** of respondents said that during initial treatment, they would rather wait to see a health professional that they are familiar with (43.7% said it is important to see any medically appropriate health professional who is free immediately).

Q23 - What is most important during your initial treatment or support? (n103)

|	
Don't mind	10.7%
Seeing a health professional you normally see but you may have to wait	45.6%
Seeing any medically appropriate health professional who is free immediately	43.7%
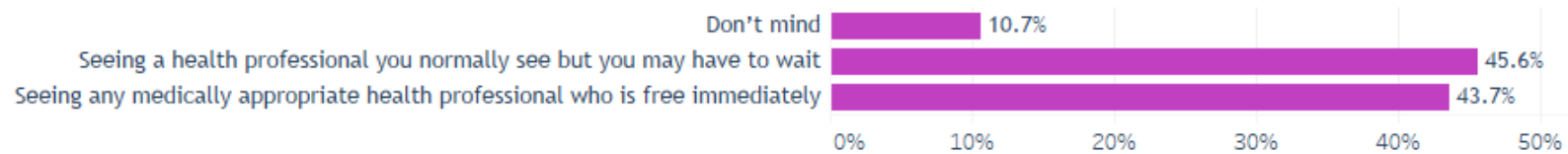
- **54.4%** said that for their long-term support, they would rather wait to see a health professional that they are familiar with (35% said it is important to see any medically appropriate health professional who is free immediately).

Q23d - What is most important during your long term support? (n103)

Don't mind	10.7%
Seeing a health professional you normally see but you may have to wait	54.4%
Seeing any medically appropriate health professional who is free immediat..	35.0%

- When asked what level of support they would like the NHS to provide to stay healthy, **65%** said some support (25.7% a lot of support).

Q24 - What level of support do you want the NHS to provide to stay healthy? (n140)

Don't know	4.3%
I don't need support	5.0%
A lot of support	25.7%
Some support	65.0%
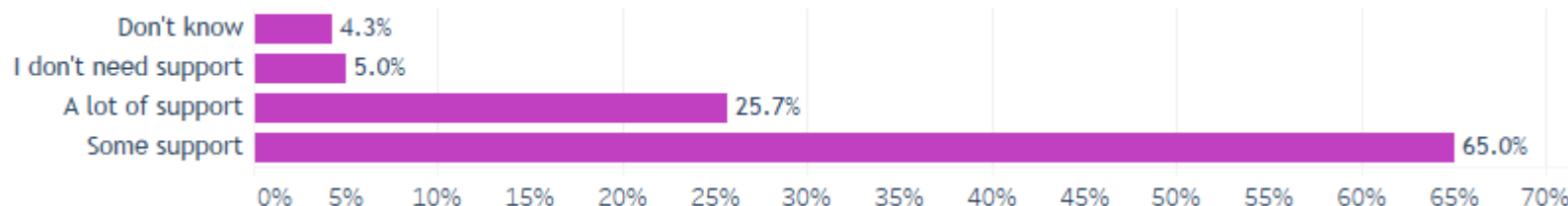
- Respondents described things that the NHS could do to help they stay healthy or manage any condition they have. Top themes were

  o Access, to services such as autism services, mental health support or more regular appointments.

  o Communication between practitioners and patient

  o Information provision.

"Keeping resource centres open, maybe offering out of hours (i.e. out of the normal office hours) so I can access face to face support after work; crisis support face to face support not in A&E would be helpful"

"Make sure that results are safely communicated between hospitals and the GP"

"Ensuring all information is accessible in accordance to the NHS England Accessible Information Standards 2015"
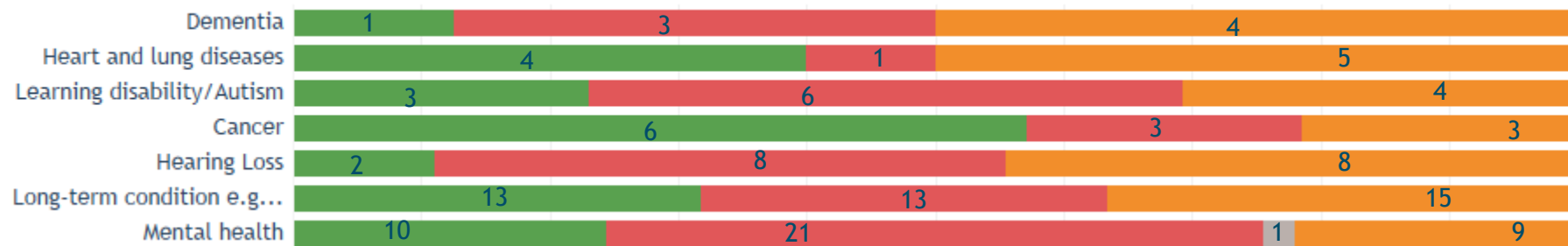
"Accessible information in BSL or health workshops in BSL so it overcomes any problems listening to or reading information"

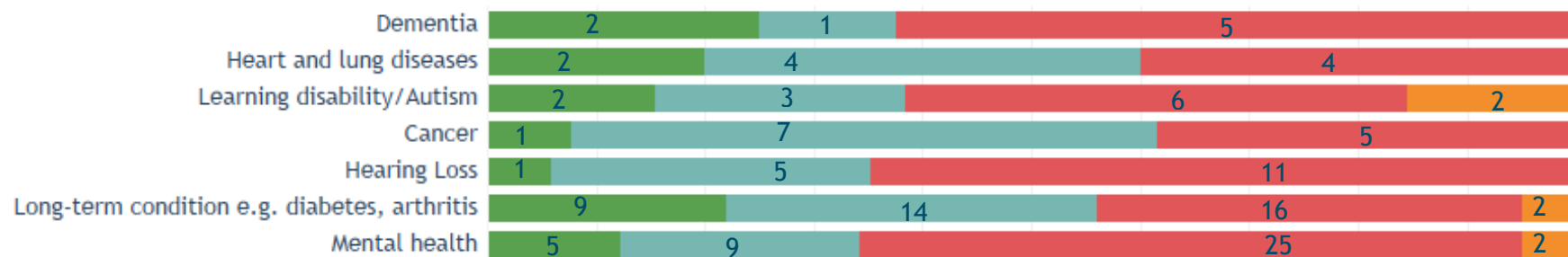** To access in full, please go to www.healthwatchstoke.co.uk/LTPReport*

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Conditions – Deeper Dive

The above two below graphs show the different experiences of patients when accessing services*.

Q7 - How would you describe your overall experience of getting help?

Condition	Positive	Negative	Don't know	Average
Dementia	1	3		4
Heart and lung diseases	4	1		5
Learning disability/Autism	3	6		4
Cancer	6	3		3
Hearing Loss	2	8		8
Long-term condition e.g...	13	13		15
Mental health	10	21	1	9

Q10a - How would you describe your wait to receive your initial assessment or diagnosis?

Condition	Positive	Average	Negative	Don't know
Dementia	2	1	5	
Heart and lung diseases	2	4	4	
Learning disability/Autism	2	3	6	2
Cancer	1	7	5	
Hearing Loss	1	5	11	
Long-term condition e.g. diabetes, arthritis	9	14	16	2
Mental health	5	9	25	2

Legend:
- Average (orange)
- Don't know (grey)
- Negative Sentiment (red)
- Positive Sentiment (green)

*Low numbers. Statistics suppressed - should be taken as an indication only.

In Focus - Working with Young People

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire engaged with young people from Stoke Sixth Form College, Stafford College, North Staffs Carers Association Young Carers and Stoke-on-Trent YMCA. Workshops and focus groups were carried out resulting in over 400 comments about different aspects of health and care. We spoke to in excess of 90 people. These comments have been analysed and categorised below.

Top Themes from Young People (positive sentiment)*

- Treatment or care
- Communication
- Attitude of staff

"Provided Correct medication/treatment"

"Gave good advice"

"Different people have various experiences"

"People with chronic illness get fast tracked"

"Emergency Services - Good"

"Healthy minds – really supportive when 12-year-old brother took own life"

"Some support workers are amazing"

"North Staffs Carers Association is the safest place I have ever been, I feel safe to talk about any of my issues and always get the support I need"

"One social worker we had was great and couldn't have done more to help us."

"Some nurses really do actually care."

"GP is pretty good, they know that I am a young carer."

*56 positive comments in total

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes from Young People (negative sentiment)*

- Waiting times
- Communication
- Treatment or care

"I got an appointment 6 months after an emergency referral (mental health)"

"Struggle to get appointments when required"

"Mobile/phone call queue"

"Biggest concern would be not being seen soon enough so this can have an impact on life in general, life, school, college, work etc"

"Not being able to get an appointment when you need it"

"You have to ring on the day to even get an appointment"

"Having to wait even though you suffer and know the place you need to go."

"CAMHS – urgent referral as suicidal, they never responded"

"Appointments are not person-centred"

"Always a different GP each time I visit"

"Some are good with communication, not all"

"(They) dumb it down too much because of age, not seriously needed."

"Having to repeat my story"

"Feel intimidated by GP"

"Past bad experiences mean low expectations of future care including mental health issues

"Young adults are sometimes stuck between transitioning. "

"Contact with CAMHs is ended as soon as you turn 18 leaving me without support from a counsellor or psychiatrist"

*189 negative comments in total

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Improvement Opportunities Idenified by Young People*

- The use of technology
- Accessing services
- Capacity

"Skype is ok for appointments but would feel strange."

"An app that helps you get appointments and advice"

"Speaking to Drs virtually"

"Skype approach is better for my anxiety"

"Apps to track food/medication/give advice"

"Email and text updates"

"Additional arrangements for those with special needs"

"Getting support and information as soon as possible especially in relation to mental health" - Respondent

"Pathways to access support for young carers at times of crisis"

"NOT HAVING TO REACH CRISIS POINT TO GET SUPPORT"

"More Staff"

"Longer GP Hours"

"Low (more) funding for the NHS"

Having approachable staff in doctors, schools ect. who can speak to individuals who feel that their mental health is being effected. Staff need to be more aware and understanding.

*145 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

In Focus - NHS and Care Homes

Healthwatch Stoke-on-Trent and Healthwatch Staffordshire engaged with people from Tamworth Carers Group, Penkridge Carers Group and North Staffs Carers to enquire about the NHS and Care Homes.

5 different workshops and focus groups were carried out resulting in over 90 comments about different aspects of this service. Over 50 participants attended. These comments have been analysed and categorised below.

Top Themes – NHS and Care Homes (positive sentiment)*

- Treatment or care
- Access
- Attitude of Staff

"Care was generally very good from GP when relatives became ill."

"Good when residents can keep same GP who has known them years, but this is not always the case."

"Found care given to relative by GP excellent."

"Nurses in homes do a good job but seem in short supply."

"Hospice care is excellent."

"Staff work really hard."

"Activities are good."

"The dentist visits our home."

*18 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes – NHS and Care Homes (negative sentiment)*

- Accessing services
- Treatment or care
- Communication.

"Not enough NHS care to help keep people well to let them stay at home, better for everyone."

"Staffing levels and training inadequate to cope with patients who are ill or who fall"

" Access to chiropodists, dentist, hearing specialist ad hoc and hit and miss. Not all homes provide this"

"No access to physio or OT to help with mobility and skills to keep people mobile and well"

"Letters written by NHS very confusing to understand and don't know the difference between NHS and Local Authority"

"Communication between health staff and homes and social care poor so no one knows what is going on for residents"

"Don't know what to expect from the NHS once relative is in a care home."

"Very poor continence service/limitations on continence pads (humiliating for residents) " – Respondent

"Continence pads are limited , affecting dignity and also long-term health"

"District Nurses don't seem to go into homes to care for residents"

"Dentists wont visit care homes often so residents can't get oral care"

"NHS care can be zero"

"Residents who move out of area often must change GP and end up with someone who doesn't know them or their history"

"No ongoing support for people with dementia to help keep people from deteriorating"

*30 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Top Themes – Improvement Opportunities*

- Staff training
- Treatment or care
- Access

"Better trained staff perhaps from NHS professionals would mean less hospital admissions and also no need to move resident to nursing home or hospital."

"Input from NHS /professional in terms of training staff in how to keep residents mobile. Active, engaged and mentally active would help."

"Training for families to help residents stay well."

"Training for staff on gentle exercise and diet for residents."

"Better medical oversight of homes."

"Training staff to manage and prevent falls to CQC standard."

"Better advice to homes on diet/nutrition."

"Training and advice to staff and families on helping to manage long term conditions."

"They should make sure staff can speak English properly"

"Regular visits by other NHS staff. OT's Physio's."

"Physio and Occupational therapy for residents to stay mobile and stimulated."

"More access to services such as dentist. Chiropodist, specialist services within the care home as residents may struggle to get out to appointments."

"More memory activities to help people with dementia"

"Ongoing access to medical services for LTC, clinics etc (people in care homes don't get this)."

"Regular visits from Chiropodist/dentist/Optician/ hearing service"

"There should be more use of doctors in homes"

"Reduce occurrence of Urine infections which lead to falls , confusion and hospitalisation"

"Provide better end of life care."

*49 improvement comments

This is a selection of comments only. To access in full, please go to www.healthwatchstoke.co.uk/LTPReport

Acknowledgements

We would like to thank all that have contributed towards this report including:

The Volunteers of Healthwatch Stoke-on-Trent and Healthwatch Staffordshire

Tamworth Carers Group

Penkridge Carers Group

North Staffs Carers Association – Young Carers

North Staffs Carers

Stoke-on-Trent YMCA

Stafford College

Stoke-on-Trent Sixth Form

North Staffs Carers-Young Carers

Changes Youth Group

Stroke Art Cafe

Hanley Stroke Group

Staffordshire University students

Green Door Club

Attendees BAME Women's Health Awareness Event (MPFT)

BAME Men's Awareness Event (MPFT)

Strokes R Us Stoke

Appendix 1 - NHS Long Term Plan General Survey – Full Results
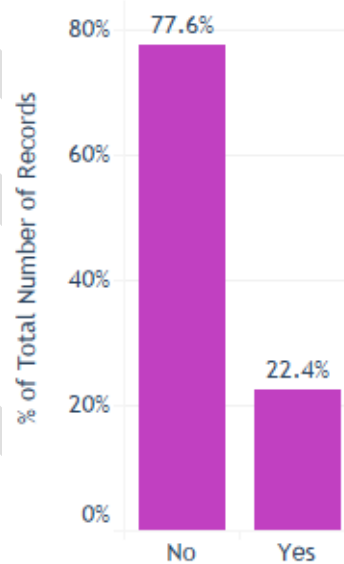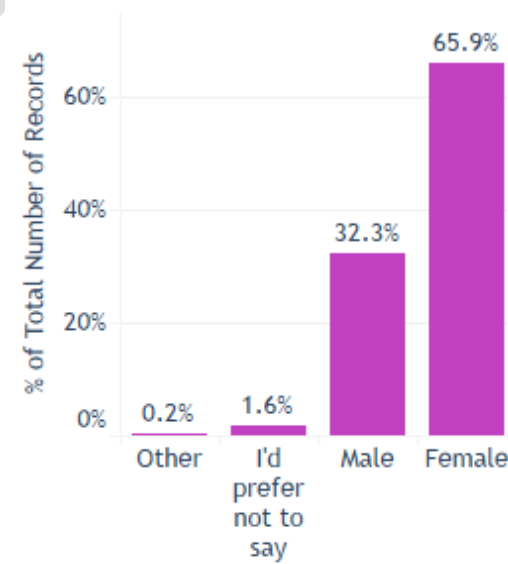
About you.

Age (n553)

Age	%
18-24	5.2%
25-34	6.3%
35-44	9.0%
45-54	15.6%
55-64	19.7%
65-74	15.9%
75+	11.8%
Under 18	16.5%

Do you have a disability? (n551)

Response	%
No	61.7%
Yes	33.9%
I'd prefer not to say	4.4%

Are you a carer? (n540)

Response	%
No	77.6%
Yes	22.4%

Gender (n548)

Response	%
Other	0.2%
I'd prefer not to say	1.6%
Male	32.3%
Female	65.9%

Ethnicity (n554)

White British	93.5%
Other	1.4%
Black British	0.9%
Any other white background	0.7%
Asian British	0.5%
Pakistani	0.5%
Indian	0.4%
Asian Britih	0.4%
Any other mixed background	0.4%
Other - white irish	0.2%
Caribbean	0.2%
Bangladeshi	0.2%
any other mixed background	0.2%
African	0.2%
other	0.2%
white british	0.2%

Do you have a long term condition? (n549)

No 46.7%
Yes I have a long term health condition 34.7%
Yes I have more than one long term health condition 18.6%

% of Total Number of Records

Religion (n549)

Other - Druid	0.2%
Buddhist	0.2%
Sikh	0.4%
No Religion	0.7%
Muslim	1.8%
Other	3.5%
I'd prefer not to say	5.5%
No religion	32.6%
Christian	55.2%

Q2a - Area (n584)

Stoke-on-Trent 44.0%
Staffordshire 56.0%

% of Total Number of Records
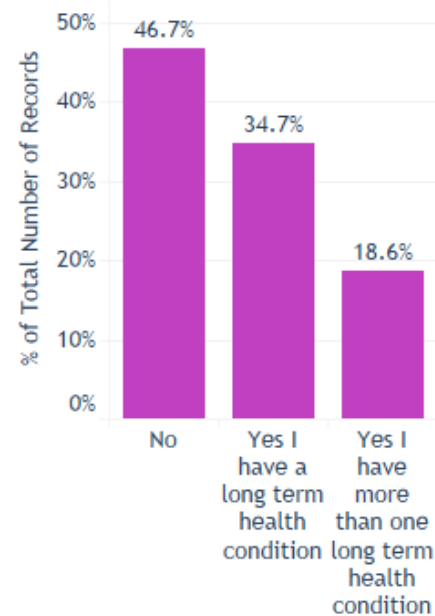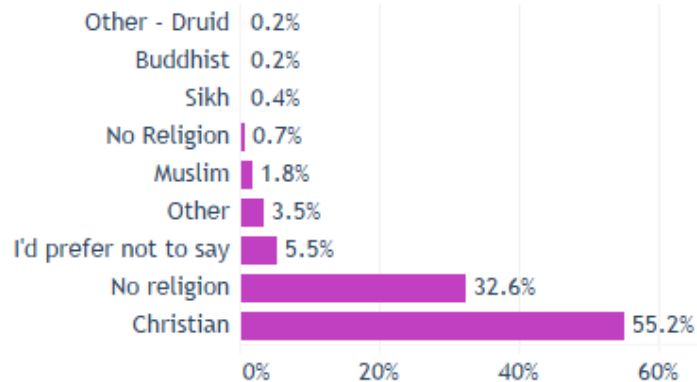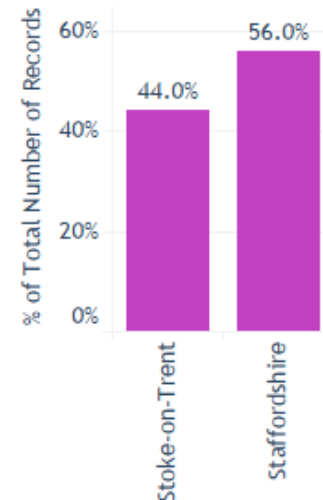
Who are you responding for? (n572)

Someone else 5.2%
Yourself 94.8%

% of Total Number of Records

healthwatch
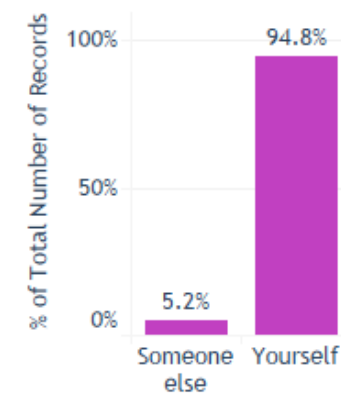
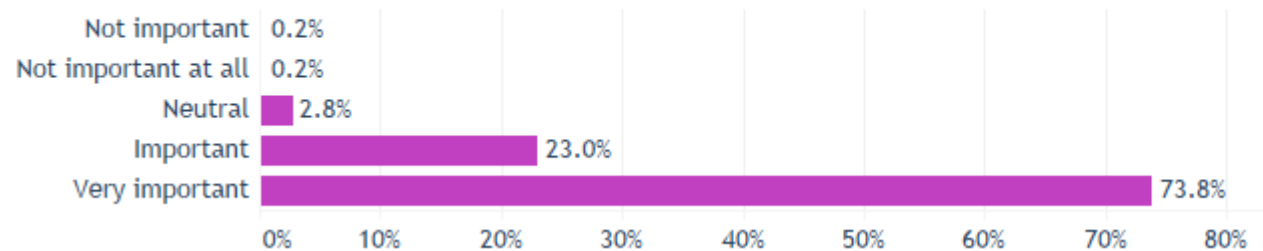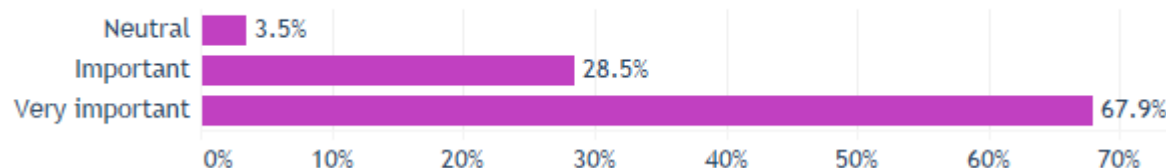## Having what I need to have a healthy life.

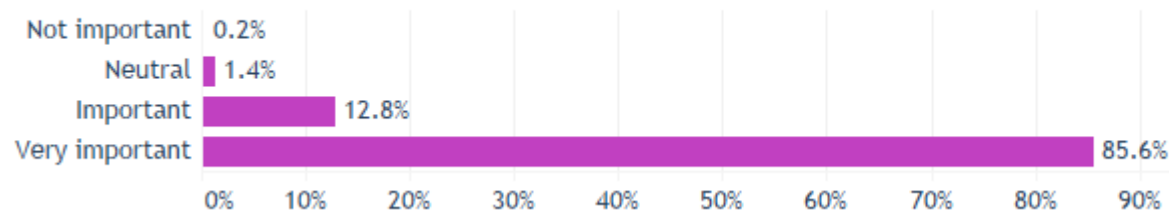### Q3a - Easy access to the information I need to help me make decisions about my health and care
(n565)

Not important	0.2%
Not important at all	0.2%
Neutral	2.8%
Important	23.0%
Very important	73.8%

0% 10% 20% 30% 40% 50% 60% 70% 80%

Q3a - The knowledge to help me do what I can to prevent ill health (n564)

Neutral	3.5%
Important	28.5%
Very important	67.9%

0% 10% 20% 30% 40% 50% 60% 70%

Q3a - Access to the help and treatment when I need it. (n565)

Not important at all	0.2%
Neutral	1.1%
Important	11.3%
Very important	87.4%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
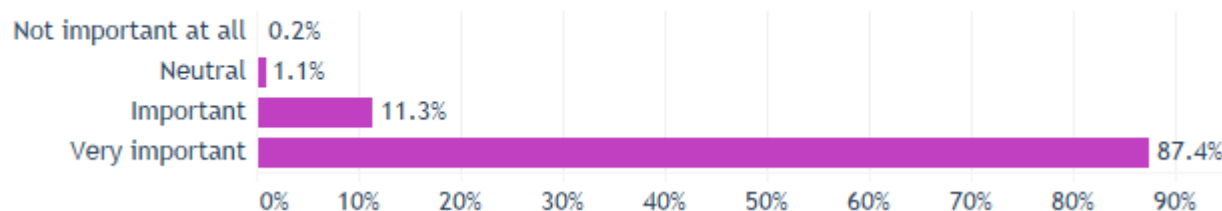
Q3a - Professionals that listen to me when I speak to them about my concerns. (n562)

Not important	0.2%
Neutral	1.4%
Important	12.8%
Very important	85.6%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Q3a - For every interaction with health and care services to count; my time is valued. (n559)

Not important	0.2%
Not important at all	0.5%
Neutral	3.6%
Important	25.0%
Very important	70.7%

0% 10% 20% 30% 40% 50% 60% 70% 80%
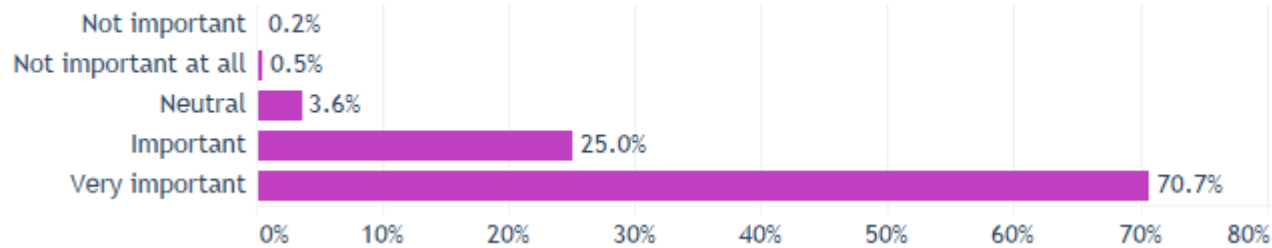
Q3b - If there was one more thing that would help you live a healthy life. What would it be?
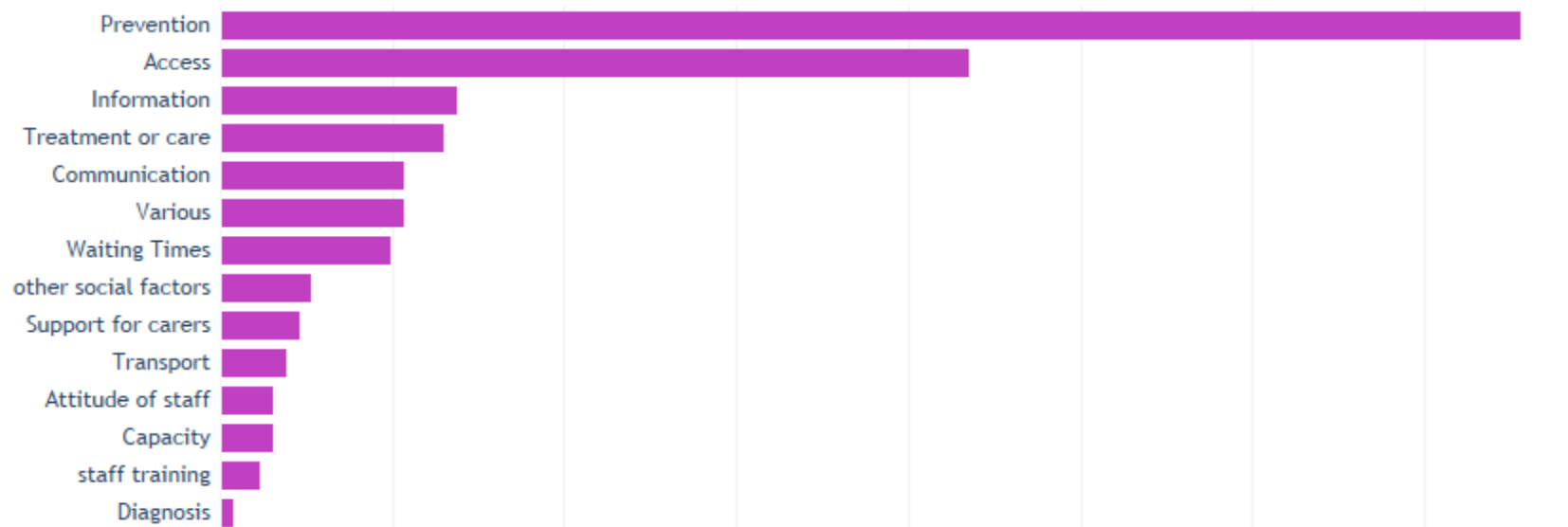
- Prevention
- Access
- Information
- Treatment or care
- Communication
- Various
- Waiting Times
- other social factors
- Support for carers
- Transport
- Attitude of staff
- Capacity
- staff training
- Diagnosis

We received over 200 comments. These are sorted by theme in the above table to give an indication only.

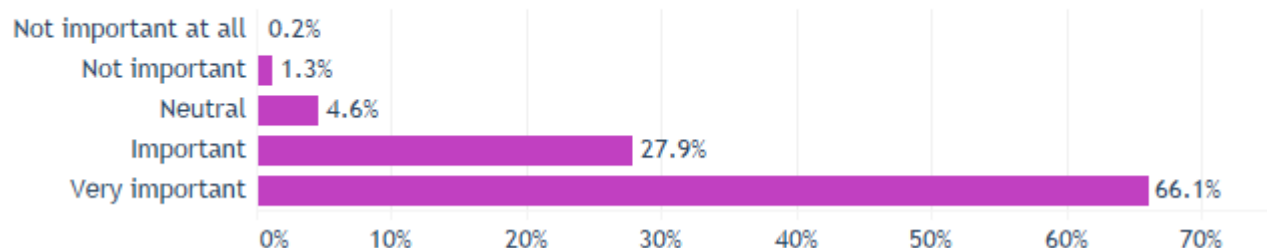To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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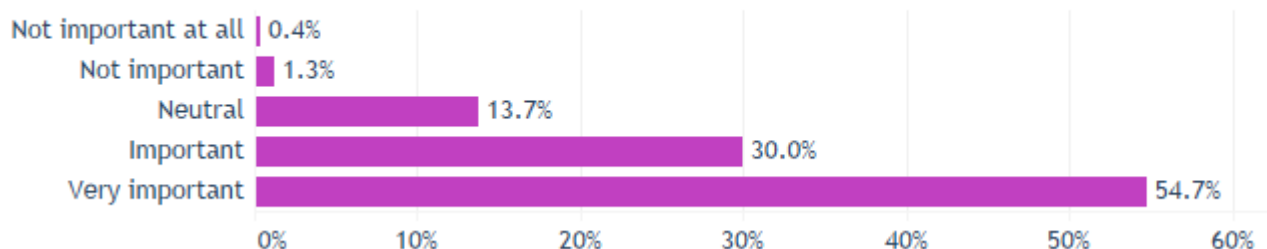
Being able to manage and choose the support I need.

Q4a - If I have a long-term condition I decide how the NHS spends money on. (n536)

Not important at all	0.7%
Not important	2.9%
Neutral	17.4%
Important	36.8%
Very important	42.1%
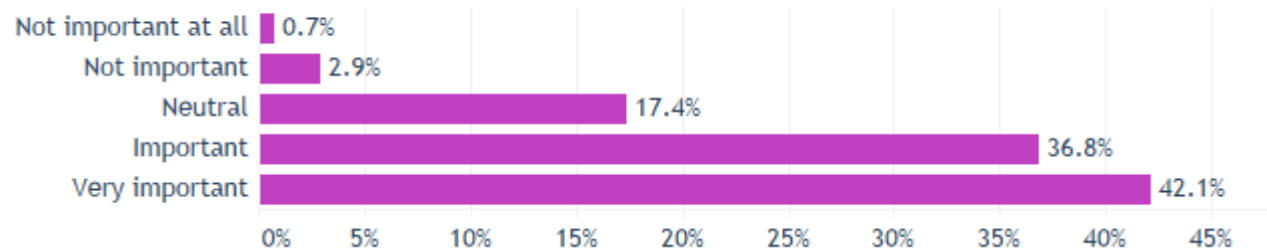
Q4a - Choosing the right treatment is a joint decision between me and the relevant health professional (n560)

Not important at all	0.2%
Not important	1.3%
Neutral	4.6%
Important	27.9%
Very important	66.1%

Q4a - I make the decision about where I will go to receive health and care support. (n554)

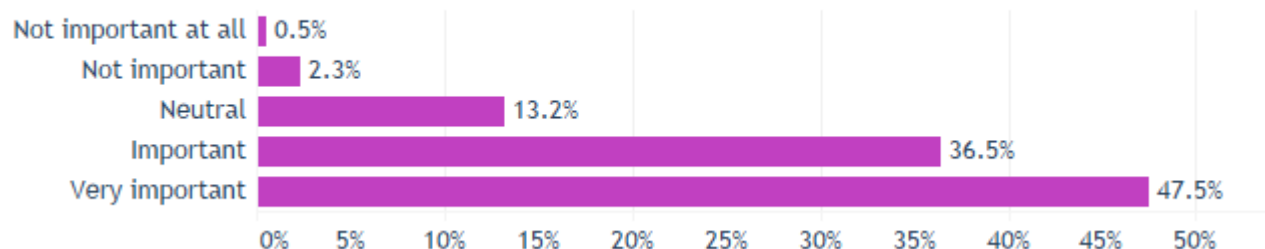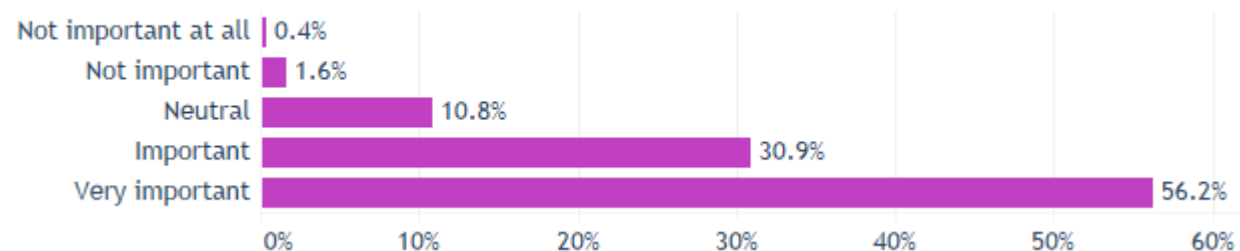|	
Not important at all	0.4%
Not important	1.3%
Neutral	13.7%
Important	30.0%
Very important	54.7%

Q4a - I should be offered care and support in other areas if my local area can't see me in a timely way (n554)
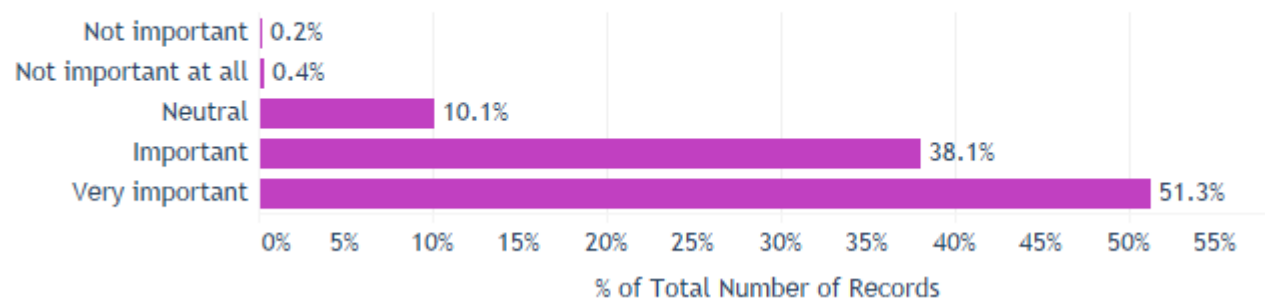
Not important	0.2%
Not important at all	0.4%
Neutral	10.1%
Important	38.1%
Very important	51.3%

% of Total Number of Records

Q4a - I make the decision about when I will receive health and care support. (n554)

Not important at all	0.5%
Not important	2.3%
Neutral	13.2%
Important	36.5%
Very important	47.5%

Q4a - My opinion on what is best for me, counts. (n553)

Not important at all	0.4%
Not important	1.6%
Neutral	10.8%
Important	30.9%
Very important	56.2%

Q4a - Communications are timely (n552)

Not important	0.4%
Neutral	4.2%
Important	31.2%
Very important	64.3%

0% 10% 20% 30% 40% 50% 60% 70%
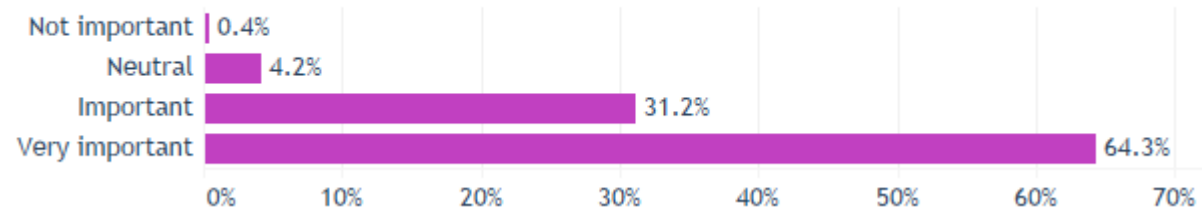
Q4a - I have time to consider my options and make the choices that are right for me. (n552)

Not important	0.7%
Neutral	5.6%
Important	34.4%
Very important	59.2%

0% 10% 20% 30% 40% 50% 60%
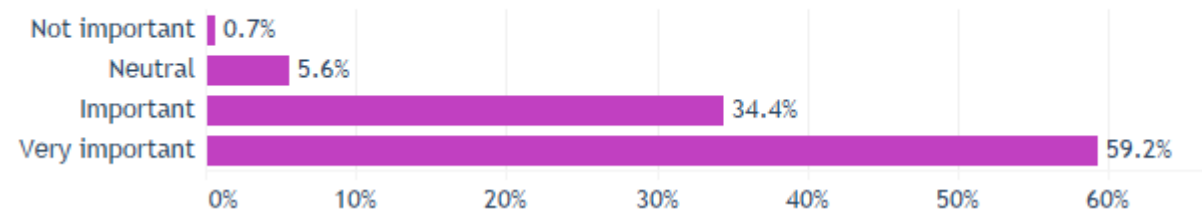
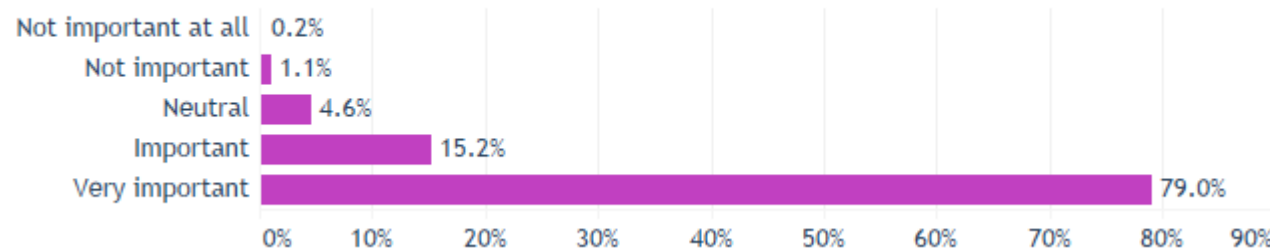## Q4b - If there was one more thing that would help you to manage and choose how the NHS supports you, what would it be?
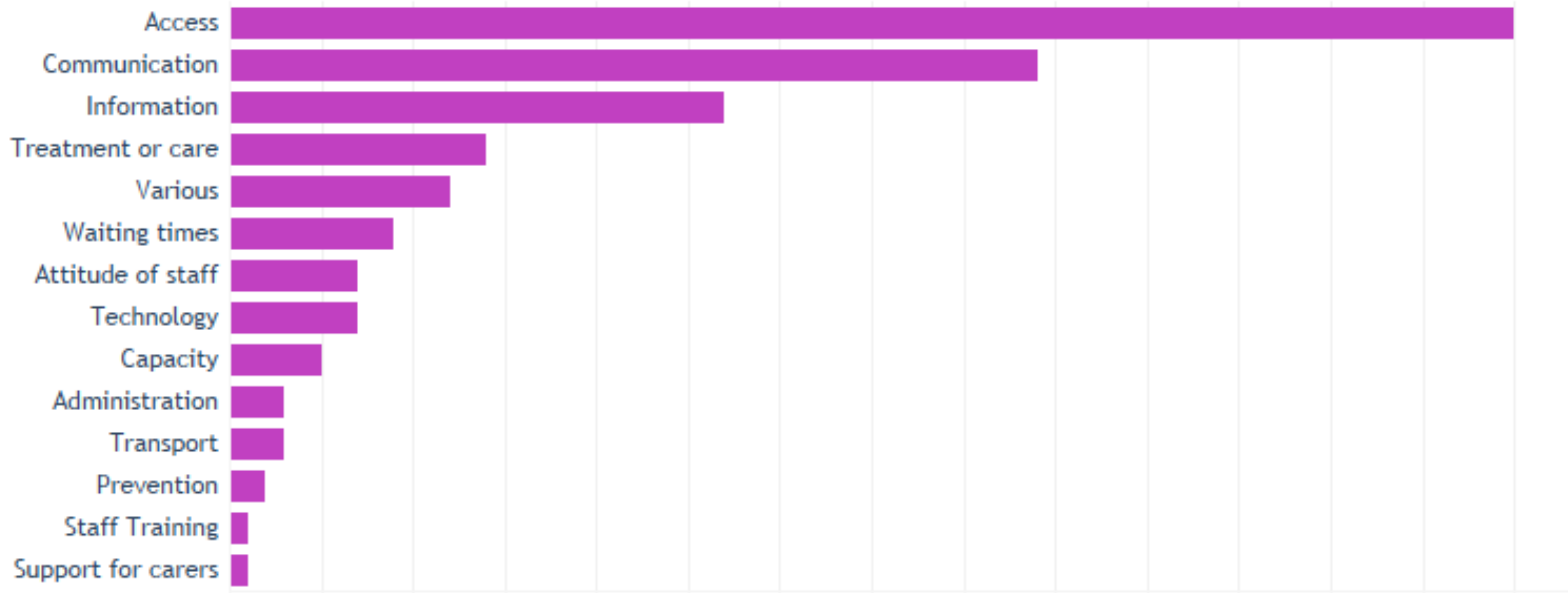
We received over 200 comments. These are sorted by theme in the above table to give an indication only.

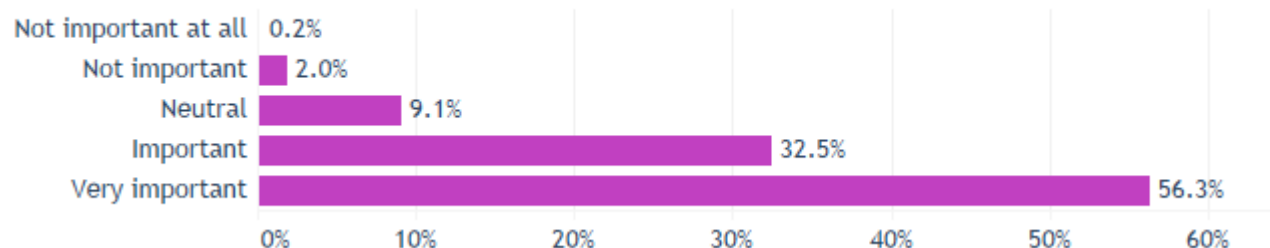To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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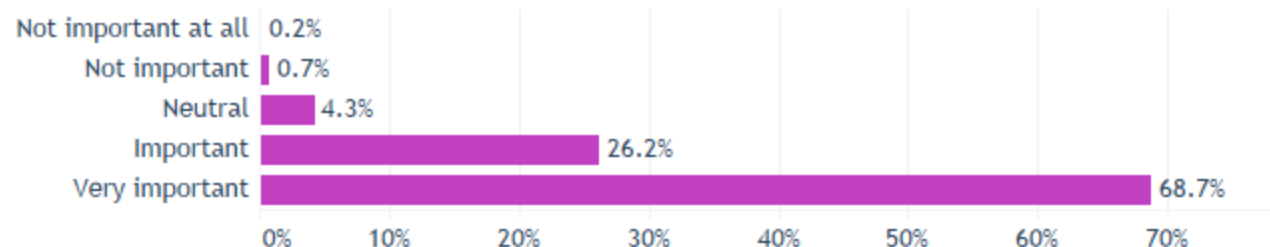## The help I need to keep my independence and stay healthy as I get older.

Q5a - I want to be able to stay in my own home for as long as it is safe to do so. (n567)

Not important at all	0.2%
Not important	1.1%
Neutral	4.6%
Important	15.2%
Very important	79.0%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Q5a - I want my community to be able to support me to live my life the way I want (n563)

Not important at all	0.2%
Not important	2.0%
Neutral	9.1%
Important	32.5%
Very important	56.3%

0% 10% 20% 30% 40% 50% 60%

Q5a - I want my family and friends to have the knowledge to help and support me when needed. (n562)

Not important at all	0.2%
Not important	0.7%
Neutral	4.3%
Important	26.2%
Very important	68.7%

0% 10% 20% 30% 40% 50% 60% 70%

Q5a - I want there to be convenient ways for me to travel to health and care services when I need to. (n561)

Not important	0.2%
Not important at all	0.5%
Neutral	3.4%
Important	20.3%
Very important	75.6%

0% 10% 20% 30% 40% 50% 60% 70% 80%
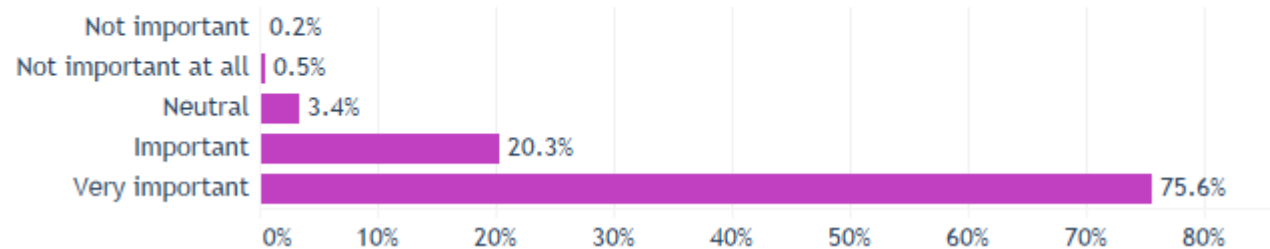
Q5a - I want my family to feel supported at the end of life. (n564)

Not important at all	0.2%
Not important	0.4%
Neutral	1.8%
Important	16.0%
Very important	81.7%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
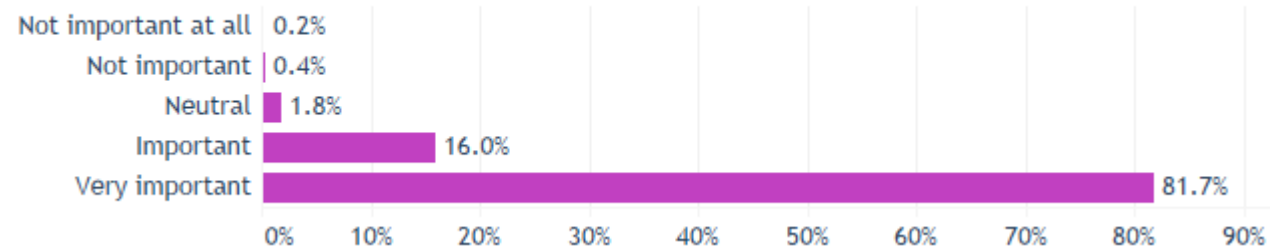
Q5b - If there was one more thing that would help you retain your independence and live healthily for as long as possible, what would it be?
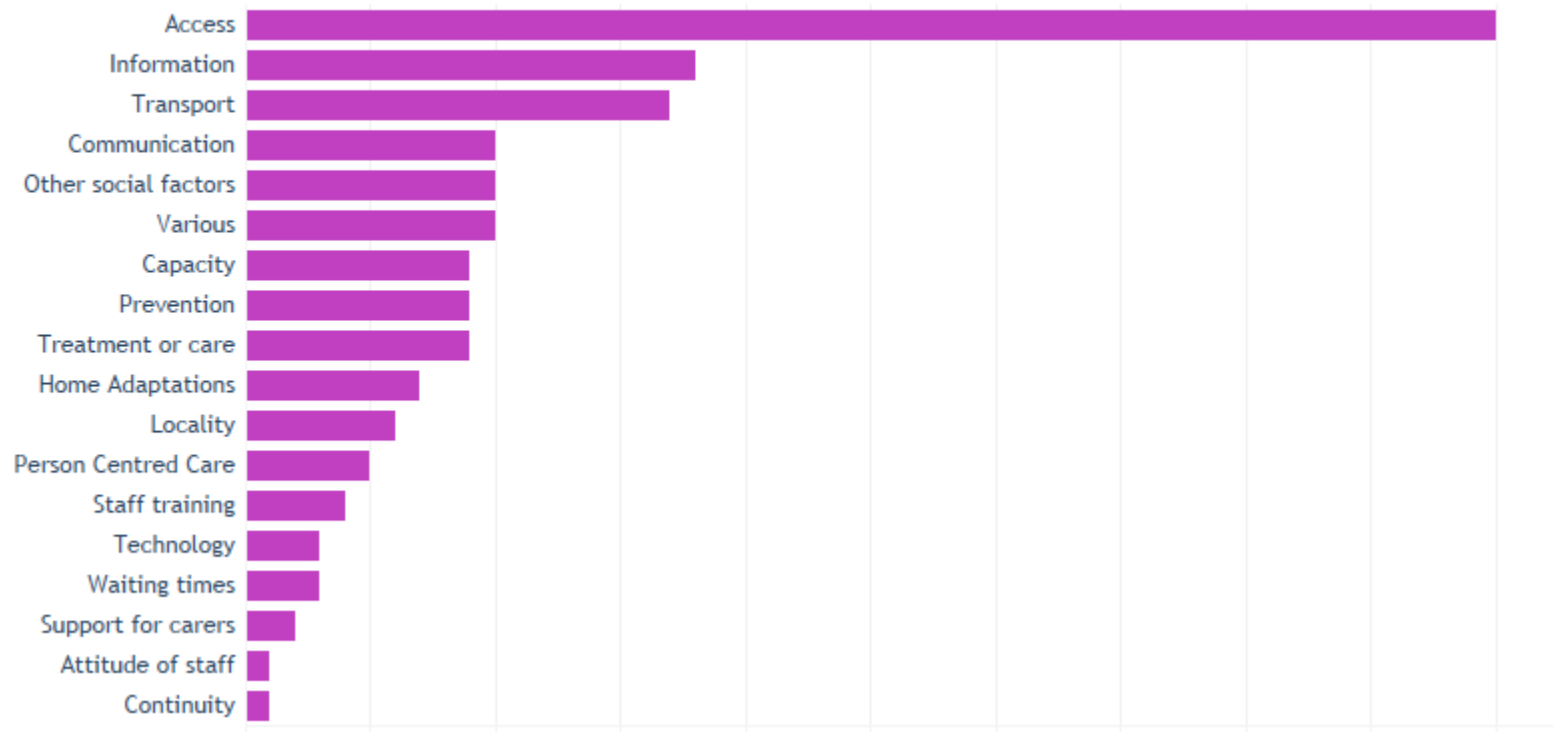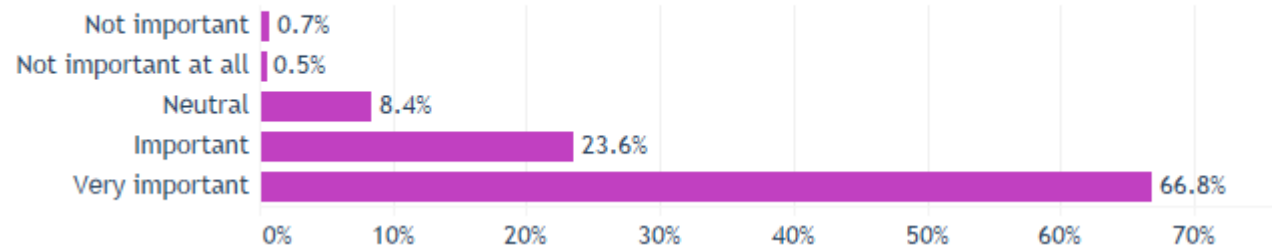

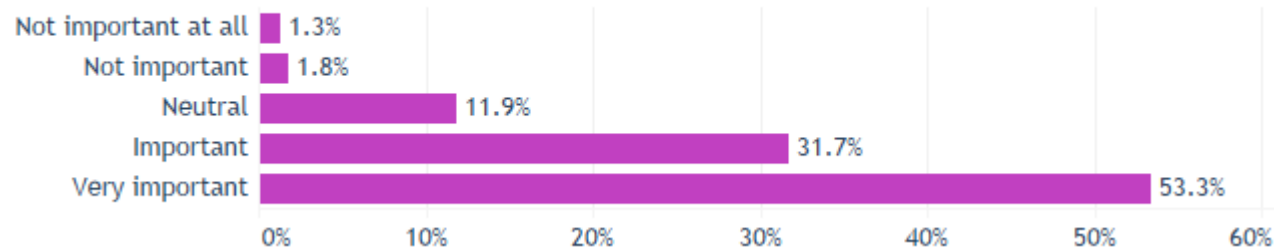We received over 170 comments. These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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healthwatch

How you interact with your local NHS

Q6a - I have absolute confidence that my personal data is managed well and kept secure. (n560)

- Not important: 0.7%
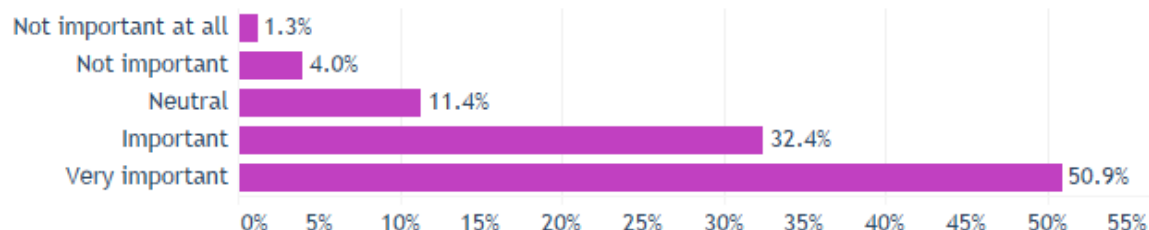- Not important at all: 0.5%
- Neutral: 8.4%
- Important: 23.6%
- Very important: 66.8%

Q6a - I can access services using my phone or computer. (n555)

- Not important at all: 1.3%
- Not important: 1.8%
- Neutral: 11.9%
- Important: 31.7%
- Very important: 53.3%

Q6a - I can talk to my doctor or other health professional wherever I am. (n577)

- Not important at all: 0.5%
- Not important: 0.9%
- Neutral: 11.0%
- Important: 31.1%
- Very important: 56.6%
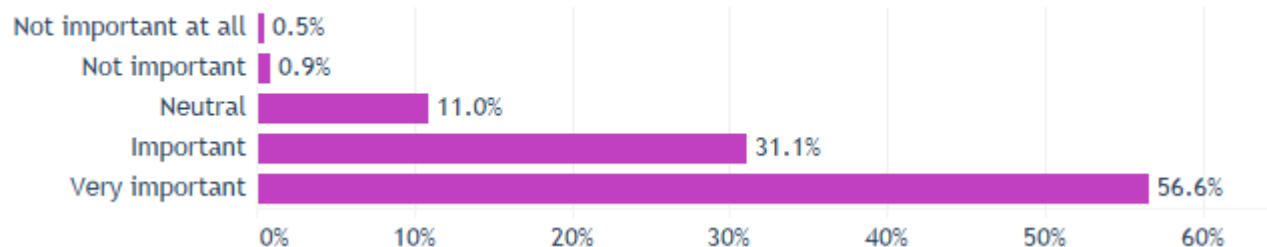
Q6a - I can make appointments online and my options are not limited. (n546)

Not important at all ▮ 1.3%
Not important ▮ 4.0%
Neutral ▮ 11.4%
Important ▮ 32.4%
Very important ▮ 50.9%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55%

Q6a - Any results are communicated to me quickly making best use of technology. (n547)

Not important ▮ 0.5%
Not important at all ▮ 1.5%
Neutral ▮ 8.8%
Important ▮ 26.9%
Very important ▮ 62.3%

0% 10% 20% 30% 40% 50% 60% 70%
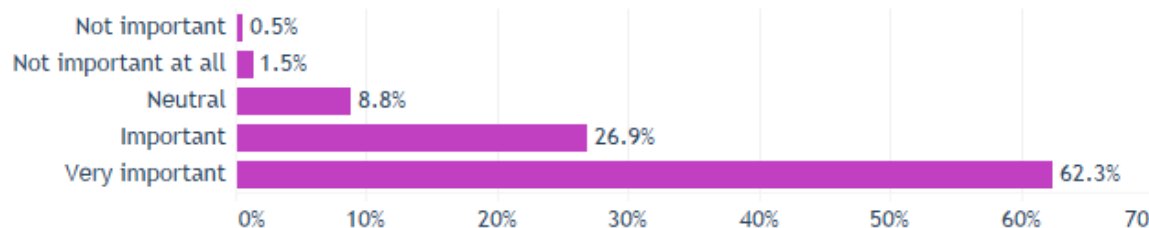
Q6a - I manage my own personal records so that I can receive continuity in care. (n549)

Not important at all ▮ 0.91%
Not important ▮ 3.64%
Neutral ▮ 17.67%
Important ▮ 34.79%
Very important ▮ 42.99%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%
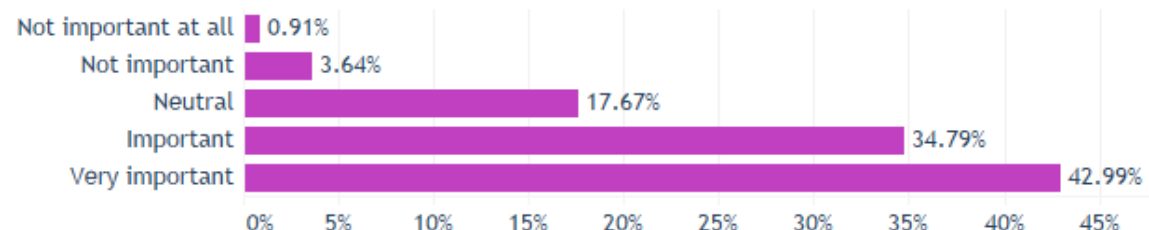
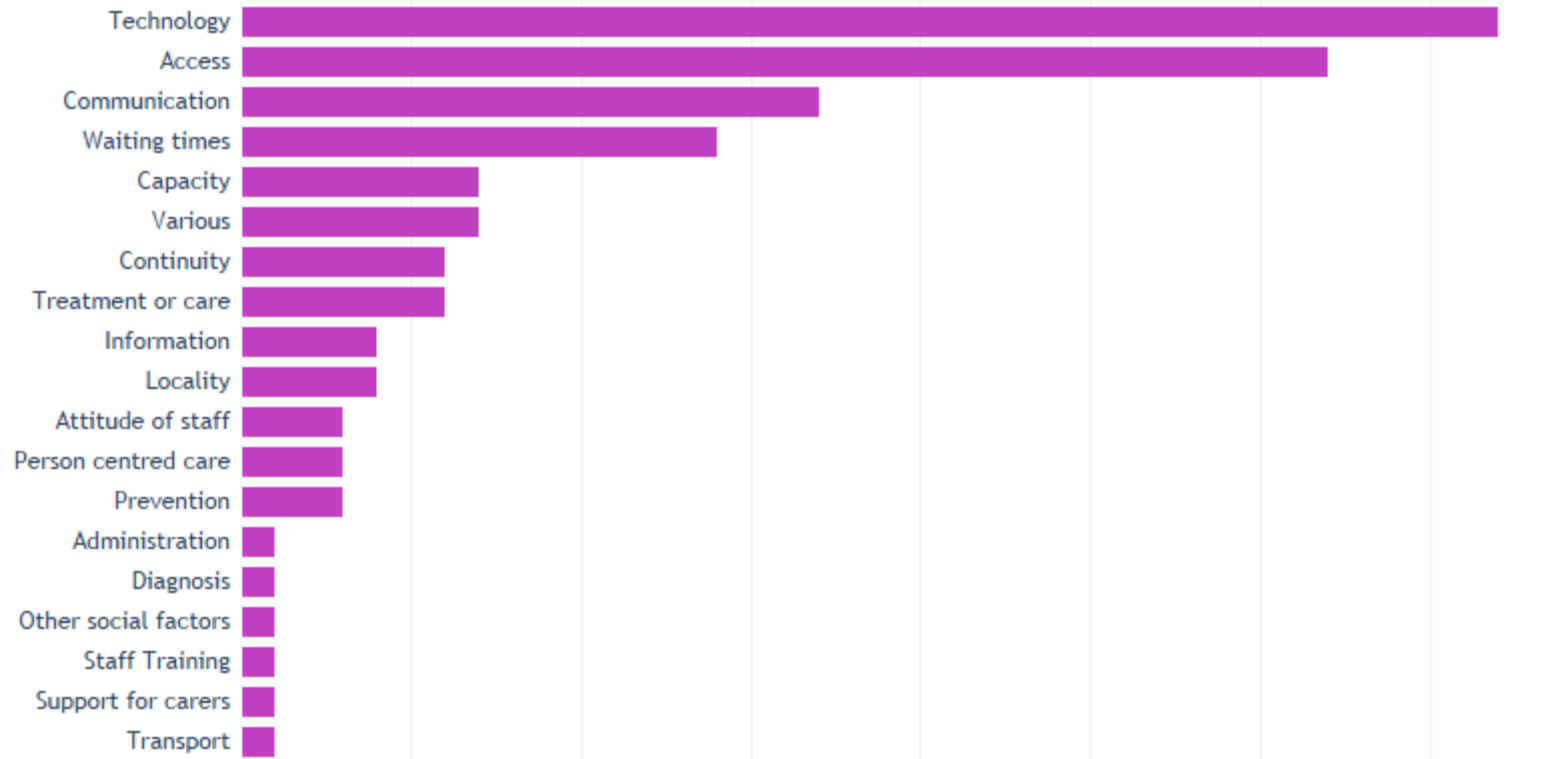## Q6a - I am able to talk to other people who are experienceing similar challenges to me to help me feel better. (n546)

Not important at all ▮ 1.8%
Not important ▮ 4.4%
Neutral ▮ 17.0%
Important ▮ 33.2%
Very important ▮ 43.6%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%
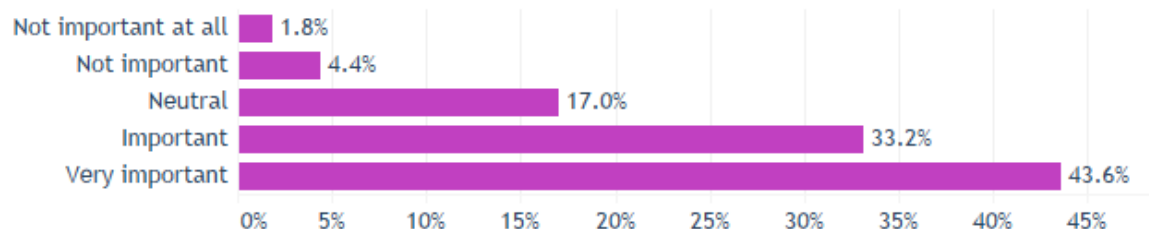
Q6b If there was one more thing that you think needs to change to help you to successfully manage your health and care, what would it be?

Page 161
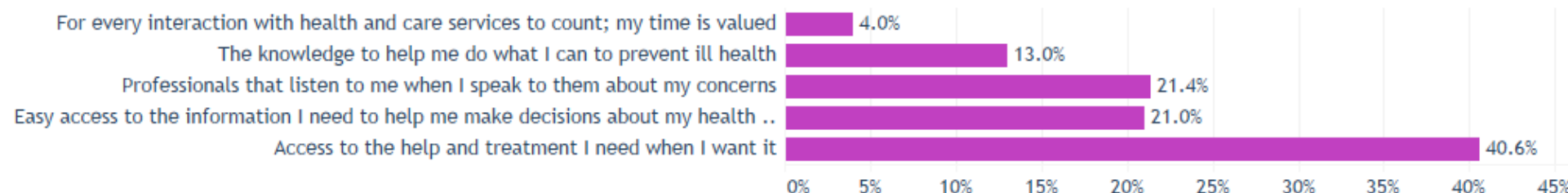
We received over 170 comments. These are sorted by theme in the above table to give an indication only.

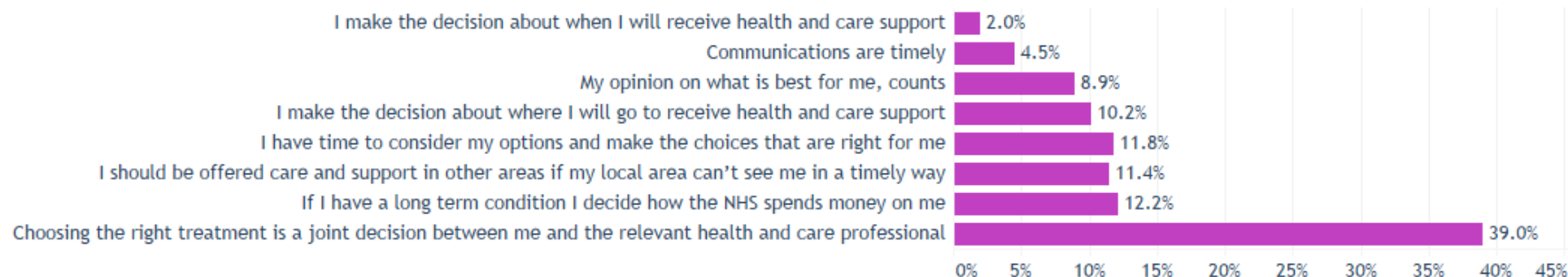To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport
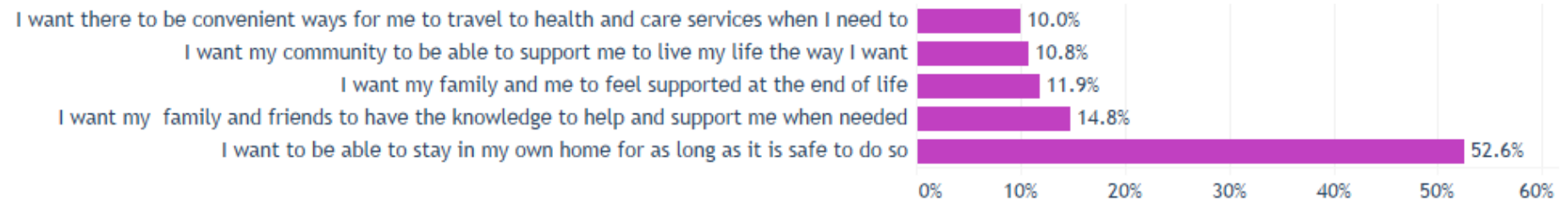
Tell us what is most important.

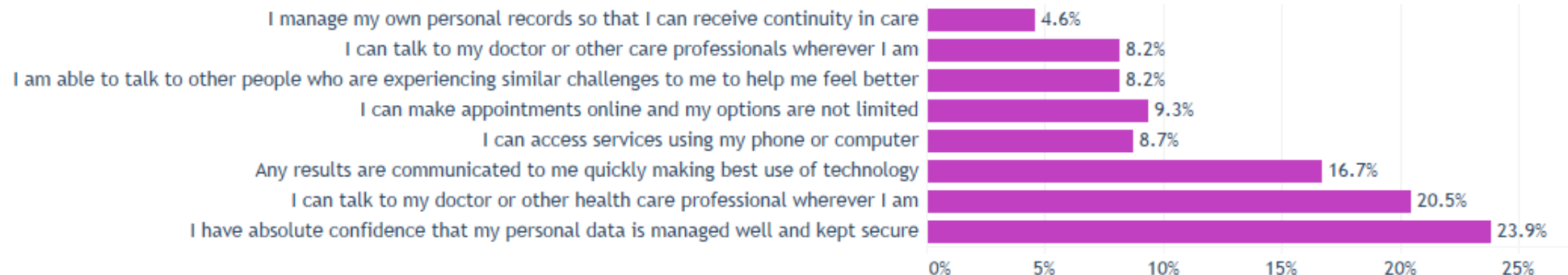### Q7 - What is most important to you to help you live a healthy life? (n552)

Response	%
For every interaction with health and care services to count; my time is valued	4.0%
The knowledge to help me do what I can to prevent ill health	13.0%
Professionals that listen to me when I speak to them about my concerns	21.4%
Easy access to the information I need to help me make decisions about my health ..	21.0%
Access to the help and treatment I need when I want it	40.6%

Q8 - What is the most important to you to be able to manage and choose the support you need? (n551)

Response	%
I make the decision about when I will receive health and care support	2.0%
Communications are timely	4.5%
My opinion on what is best for me, counts	8.9%
I make the decision about where I will go to receive health and care support	10.2%
I have time to consider my options and make the choices that are right for me	11.8%
I should be offered care and support in other areas if my local area can't see me in a timely way	11.4%
If I have a long term condition I decide how the NHS spends money on me	12.2%
Choosing the right treatment is a joint decision between me and the relevant health and care professional	39.0%

Q9 - What's most important to you to help you keep your independence and stay healthy as you get older? (n548)

I want there to be convenient ways for me to travel to health and care services when I need to	10.0%
I want my community to be able to support me to live my life the way I want	10.8%
I want my family and me to feel supported at the end of life	11.9%
I want my family and friends to have the knowledge to help and support me when needed	14.8%
I want to be able to stay in my own home for as long as it is safe to do so	52.6%

Q10 - What is most important to you when interacting with the NHS? (n503)

I manage my own personal records so that I can receive continuity in care	4.6%
I can talk to my doctor or other care professionals wherever I am	8.2%
I am able to talk to other people who are experiencing similar challenges to me to help me feel better	8.2%
I can make appointments online and my options are not limited	9.3%
I can access services using my phone or computer	8.7%
Any results are communicated to me quickly making best use of technology	16.7%
I can talk to my doctor or other health care professional wherever I am	20.5%
I have absolute confidence that my personal data is managed well and kept secure	23.9%

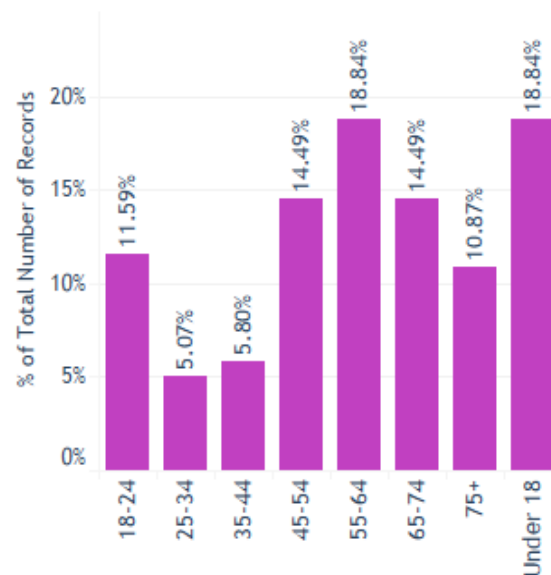## Q11 – If you have any further comments please write them below.

We received over 70 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport
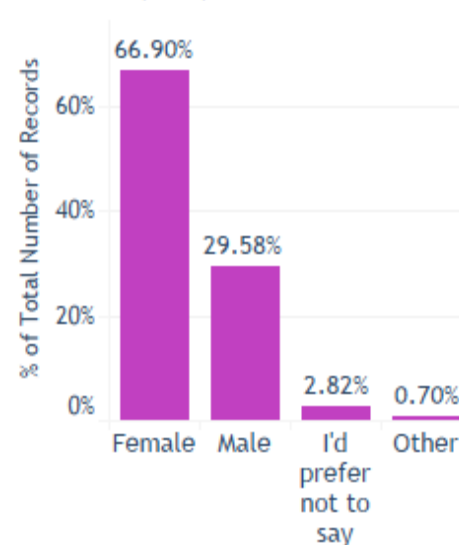
Appendix 2 - NHS Long-Term Plan Conditions Survey
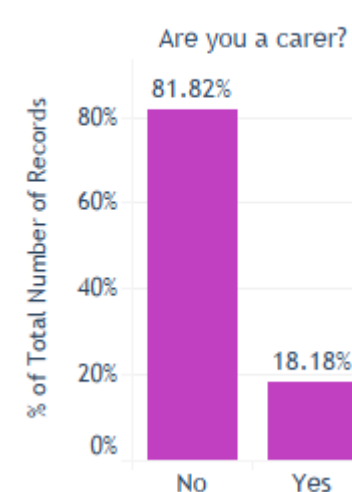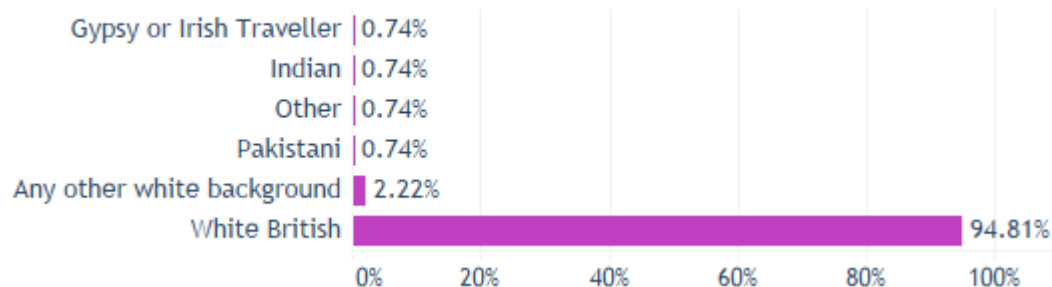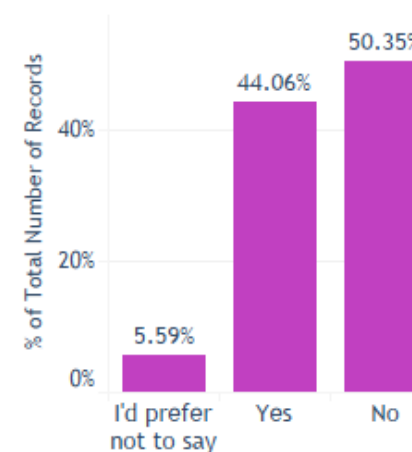
About you

Age (n138)

Age (n138) bar chart, % of Total Number of Records:
- 18-24: 11.59%
- 25-34: 5.07%
- 35-44: 5.80%
- 45-54: 14.49%
- 55-64: 18.84%
- 65-74: 14.49%
- 75+: 10.87%
- Under 18: 18.84%

Gender (n142)

Gender (n142) bar chart, % of Total Number of Records:
- Female: 66.90%
- Male: 29.58%
- I'd prefer not to say: 2.82%
- Other: 0.70%

Are you a carer? (n132)

Are you a carer? bar chart, % of Total Number of Records:
- No: 81.82%
- Yes: 18.18%

Ethnicity (n135)

Ethnicity (n135) bar chart:
- Gypsy or Irish Traveller: 0.74%
- Indian: 0.74%
- Other: 0.74%
- Pakistani: 0.74%
- Any other white background: 2.22%
- White British: 94.81%

Do you have a disability? (n143)

Do you have a disability? (n143) bar chart, % of Total Number of Records:
- I'd prefer not to say: 5.59%
- Yes: 44.06%
- No: 50.35%

healthwatch

Q3 - Please select the condition you would like to tell us about. (n143)

Condition	%
Deafblind	0.7%
Learning disability	0.7%
Dementia	4.9%
Heart and lung diseases	7.0%
Autism	7.7%
Cancer	9.8%
Hearing Loss	13.3%
Long-term condition e.g. diabetes, arthritis	28.0%
Mental health	28.0%

% of Total Number of Records
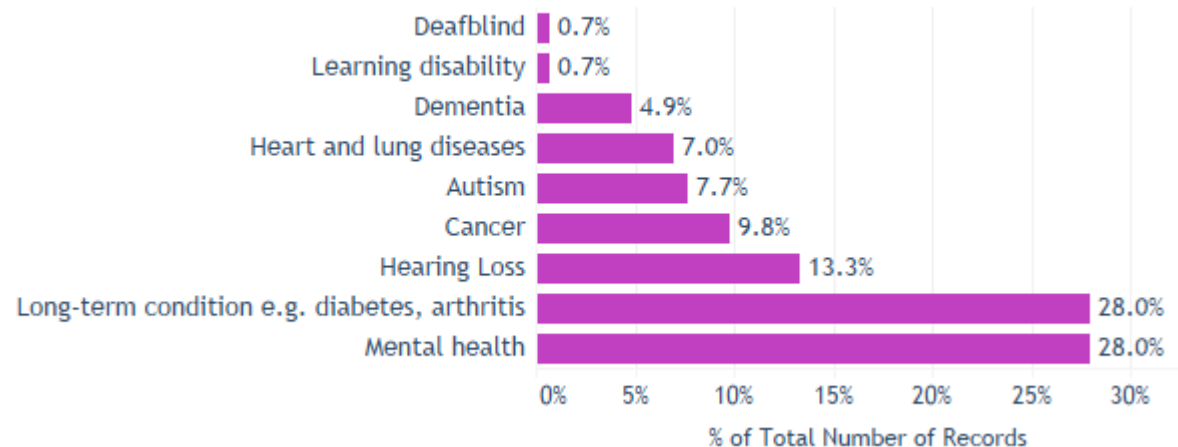
Q5 - Has the condition you are telling us about started within the last 3 years? (n148)

	%
No	56.1%
Yes	43.9%

% of Total Number of Records
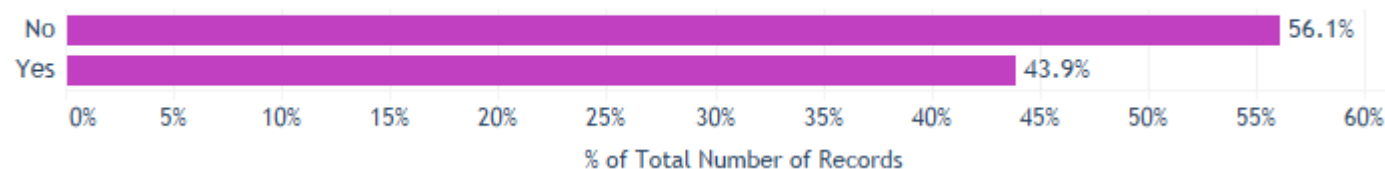
Q4 - Who are you responding on behalf of? (n148)

	%
Myself	66.9%
Someone else	33.1%
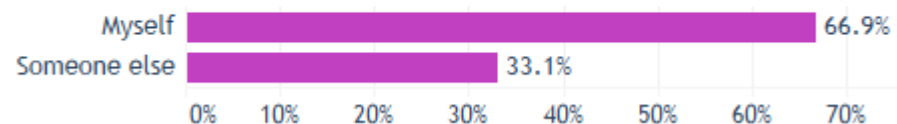
Your experience of getting help and support

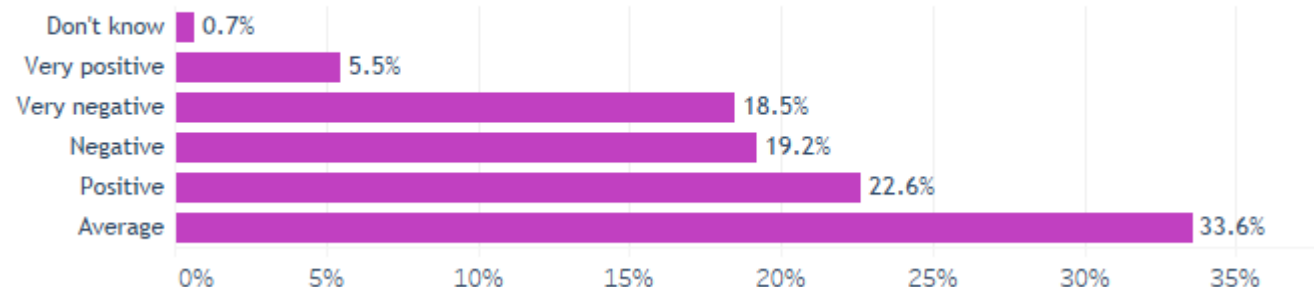### Q6a - When you first tried to access help, did the support you received meet your needs? (n147)

Response	Percentage
Not applicable	3.4%
Yes	28.6%
No	34.0%
Somewhat	34.0%
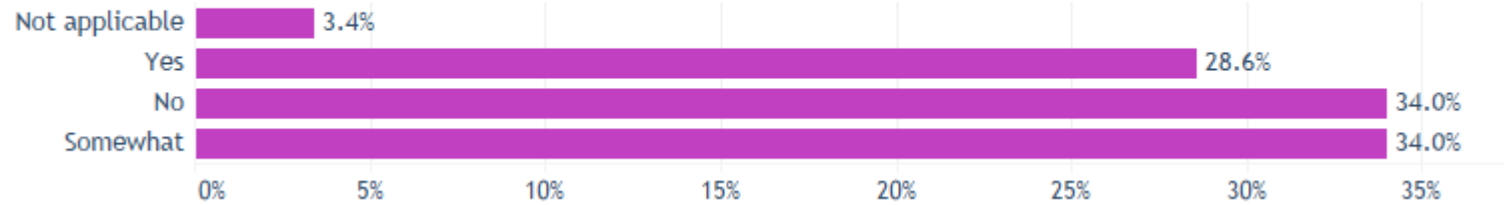
Q6b - Tell us whether the support met your needs and how it could of been improved.
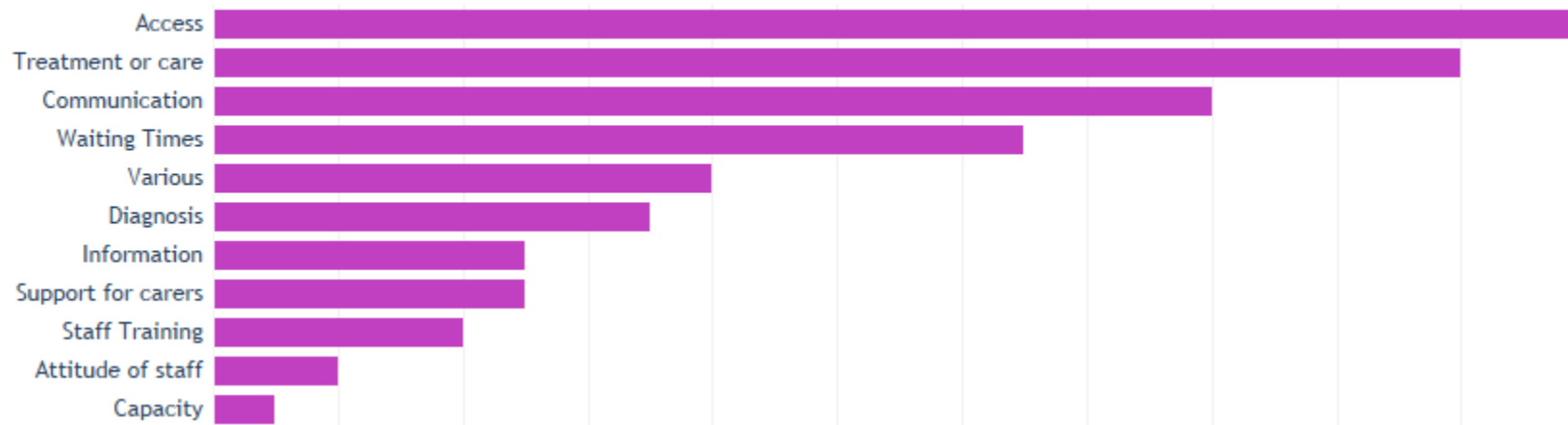
- Access
- Treatment or care
- Communication
- Waiting Times
- Various
- Diagnosis
- Information
- Support for carers
- Staff Training
- Attitude of staff
- Capacity

These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

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Q7 - How would you describe your overall experience of getting help? (n146)

- Don't know — 0.7%
- Very positive — 5.5%
- Very negative — 18.5%
- Negative — 19.2%
- Positive — 22.6%
- Average — 33.6%

Q8 - Do you have any other/additional conditions including long-term conditions or disabilities? (n143)
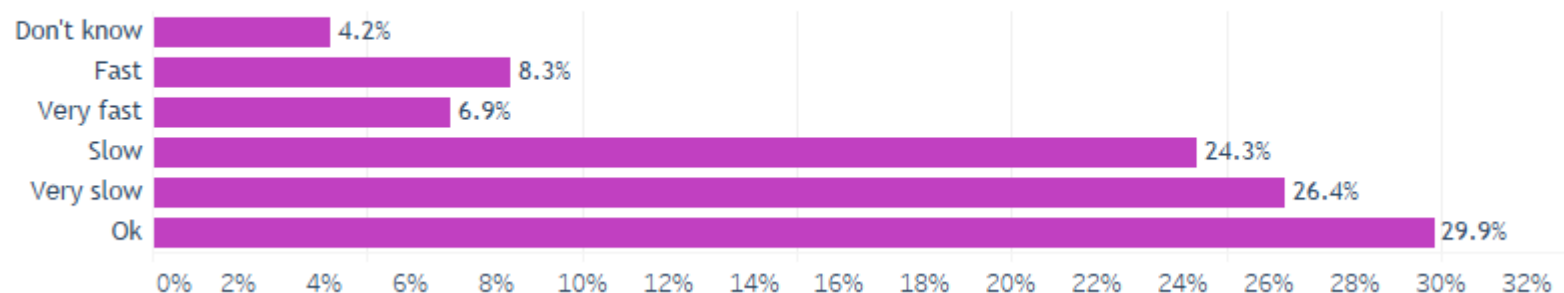
- No — 74
- Yes — 69

Number of Records
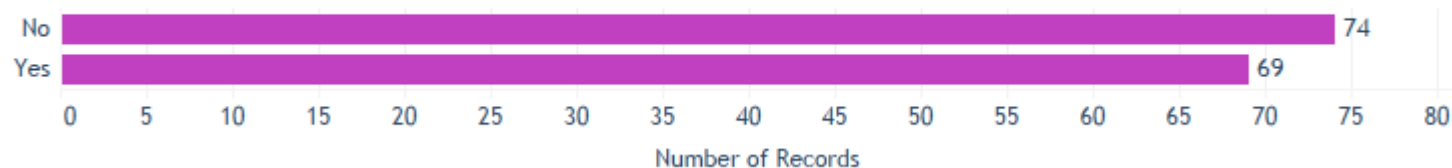
Q9 - If so, how would you describe the experience of seeking support for more than one condition at a time? (n70)

- Don't know — 2.9%
- It made it easier — 15.7%
- It made it harder — 52.9%
- No difference — 21.4%
- Not applicable — 7.1%
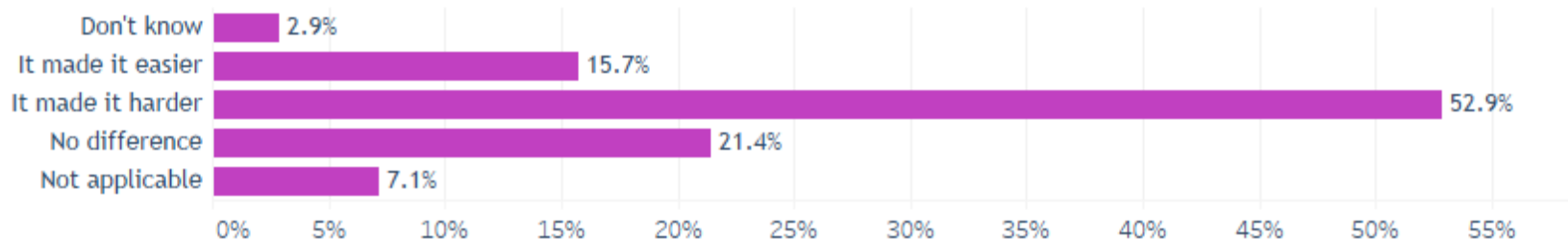
The health and care support you received after initially seeking help.

Q10 - How would you describe the time you had to wait to recieve your initial assessment or diagnosis? (n144)

Response	Percentage
Don't know	4.2%
Fast	8.3%
Very fast	6.9%
Slow	24.3%
Very slow	26.4%
Ok	29.9%

Q10b – Please tell us more about the time you waited.

We received 92 comments. Here are a selection of notable ones. To access all please go to www.healthwatchstoke.co.uk/LTPReport

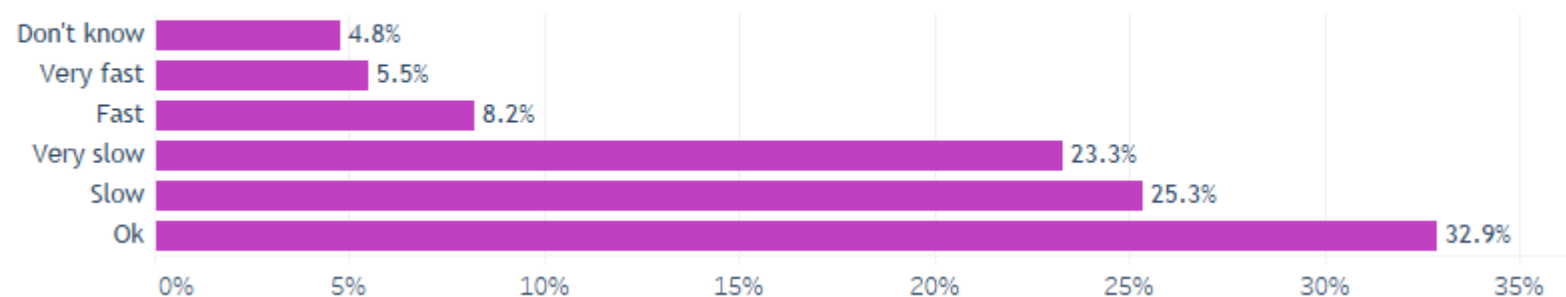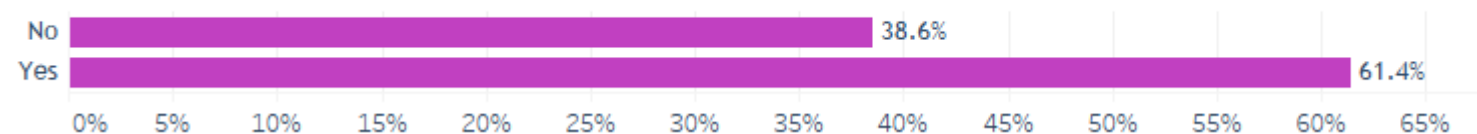| |
|---|
| I was being seen every month by the mental health team they were my support now because of cut backs made by the Tories I no longer receive appointments. making it rendered useless. |
| From seeing my GP to diagnosis took several months, followed by 3+ years of trial and error with unsuitable treatments, before finding one that works. |
| It took about 5 months from initial referral from my GP to get a diagnosis from the mental health consultant |
| Tricky with MS to achieve a definite diagnosis. In the end we paid for a consultation which then enabled us to access NHS neurological services |
| If it is in a holiday period about 8 weeks because the MDT does not take place until all the specialists involved in your case are present which usually results in too long a delay. |
| Following discharge from acute hospital no referral for support or rehab. Have to find this them selves or their family do. |
| Due to my knowledge of NHS and Social Care services and the processes - I was able to use my expertise to ensure my family member who is profoundly deaf with Bi-polar was admitted to specialist deaf mental health services in London (where he lived). His discharge from hospital for treatment with physical injuries ensured he was admitted to specialist deaf mental health services (tertiary) at my insistence. |

I went 7 years before my initial diagnosis, during this time I saw many doctors, consultants etc I saw services for so many sessions then I was discharged from the service and not seen again for over a decade. I was told that was that It was unacceptable to think my GP should be the person treating me. When my illness needed support from specialists services who have experience of help support people with certain illnesses. My doctors weren't equipped to support me other than handing out tablets that made me more unwell
After leaving hospital the next day I was told that I would be on the waiting list for heart CT Scan angiography and this would be at Sandwell hospital which has a 6-8 week wait but I would be contacted and given a date quickly as I was informed my condition was urgent. I have had to chase daily and weekly to try and progress my treatment both via my GP surgery and regular phone calls to city and Sandwell hospital Eventually had to email PALs at city hospital and they got my treatment meeting but this started with a heart echo gram at Sandwell which I have never had results back. Chasing up again PALs never returned my emails never acknowledged my concerns so I had to constantly ring the city hospital on several different numbers even if I was put through by the operators I was put through to the wrong department or section or unit and or ended up with a fax tone or automatedly told to use my login number or automatedly told the mail box is full . Absolutely frustrating and not good for my anxiety.
I was referred to crisis team and I missed a call and they took me off there list of patients. I had to reaccess their service through my GP.   This took around 3 months.
Had to wait over a year and then pay private because it was self-help strategies that they suggested
I wasnt diagnosed until I'd been under the care of the mental health team for 12+ months. And that diagnosis was the psychiatrist's "best guess". Still trying to get a second opinion.
12 months of hell of being judged and not listened to
For both my wife and I, three weeks for a GP appointment. Then, of course, they only see you for one health issue. A second and a third and a fourth appointment needs to be booked for anything else.
Submitting on behalf of a number of veterans. Mixed time to diagnosis
Around 4 months to see Mental Health CAMHS with an urgent referral
Deaf people wait longer to receive mental health support from specialist mental health counselling services. Voluntary sectors do NOT incorporate funding for other communication support in their funding bids and therefore refuse to provide BSL interpreters as they do not have the funds. This means that deaf people experience lengthy delays. A recent example - Daniel MJ Webster was declined funding by his local regional CCG resulting him ending his life - Daniel was a young popular profoundly Deaf BSL man who was married with a young family. This was despite the fact Daniel's GP requested Deaf focused therapist using BSL which met his communication needs. So what is the point of the NHS Accessible Information Standard 2015 if CCG's are not willing to meet the communication needs of deaf people? What is the point of the Equality Act 2010 if CCG's are basing their decisions on funding and the need to use local services in the first instance?
6 months to see a counsellor
The nurse we saw at the practice was great, she identified it as anxiety straight away. However, the referral afterwards was appalling; not from the nurse, but from CAMHS
Because of the situation the treatment was very quick. My sister came on one of the initial appts

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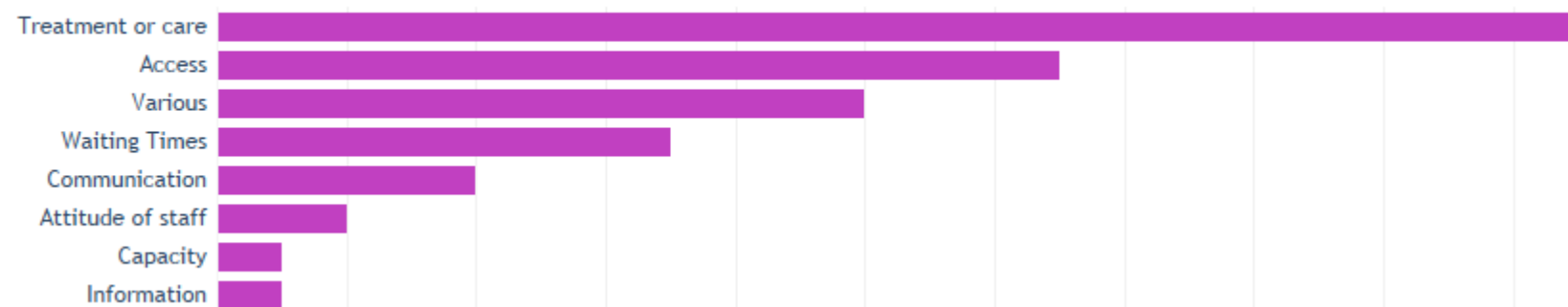**What would you do?**   50

Q11 - How would you describe the time you had to wait between your initial assessment/diagnosis and receiving treatment? (n146)

Don't know	4.8%
Very fast	5.5%
Fast	8.2%
Very slow	23.3%
Slow	25.3%
Ok	32.9%

Q12 - After being diagnosed or assessed, were you offered access to further health and care support? (n140)

No	38.6%
Yes	61.4%

Q13 - If you accessed support, what aspects worked well?

- Treatment or care
- Access
- Various
- Waiting Times
- Communication
- Attitude of staff
- Capacity
- Information

These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport
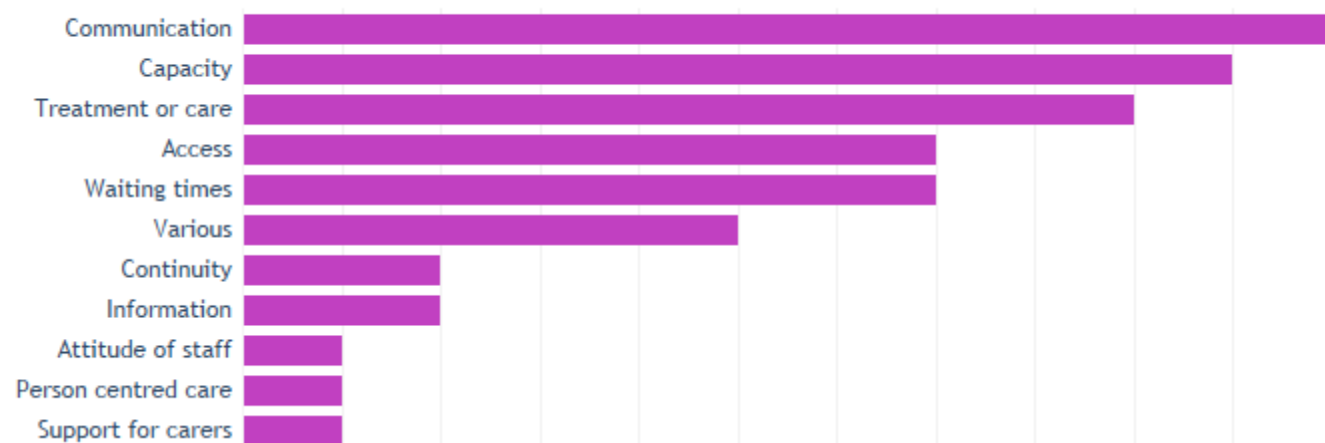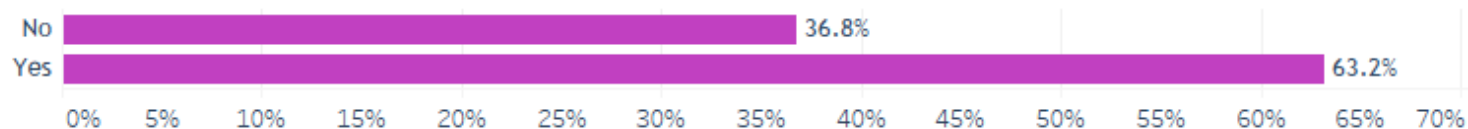
Q14 - If you accessed support, what aspects could be improved?

These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

Q15 - Were you referred to a specialist? For example, a hospital consultant, psychiatrist or physiotherapist? (n137)

Q16a - How would you describe the time you had to wait between the initial appointment and seeing the specialist? (n91)

Category	Percentage
Don't know	3.3%
Very fast	9.9%
Fast	12.1%
Very slow	15.4%
OK	29.7%
Slow	29.7%
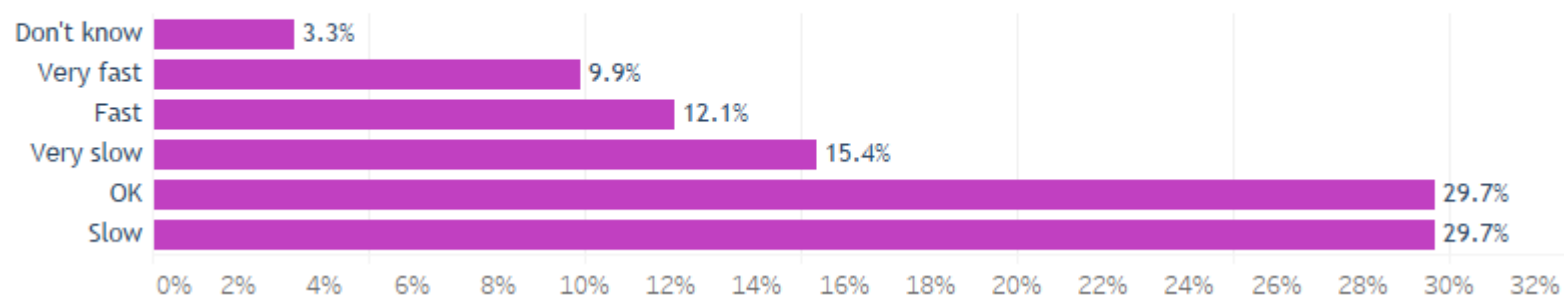
Q16b - Please tell us more about the length of time you waited.

We received 55 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport

I was referred several times first time was very slow the second OK
The appointments system is archaic and reliant on letters and communication with a hospital switchboard that's only available during the working day and difficult to get through to, and not in a position to do much more than pass on messages. I get notified by letter of consultant appointments booked 6-12 months in advance with no reminder (by text, etc) as the date approaches.
There was a time lag because of staff shortages and staff holidays.
I waited three weeks to see psychiatry and didn't even see a psychiatrist because there wasn't any so a CMHN saw me and I was dismissed for the fourth time because I wasn't going to end my life immediately.
After assessment the response time was ok and I did receive the needed treatment
I'm not sure could up to 6 months for one of my illness. My other chronic illness was longer then I've gone years with seeing anyone, this is so unacceptable

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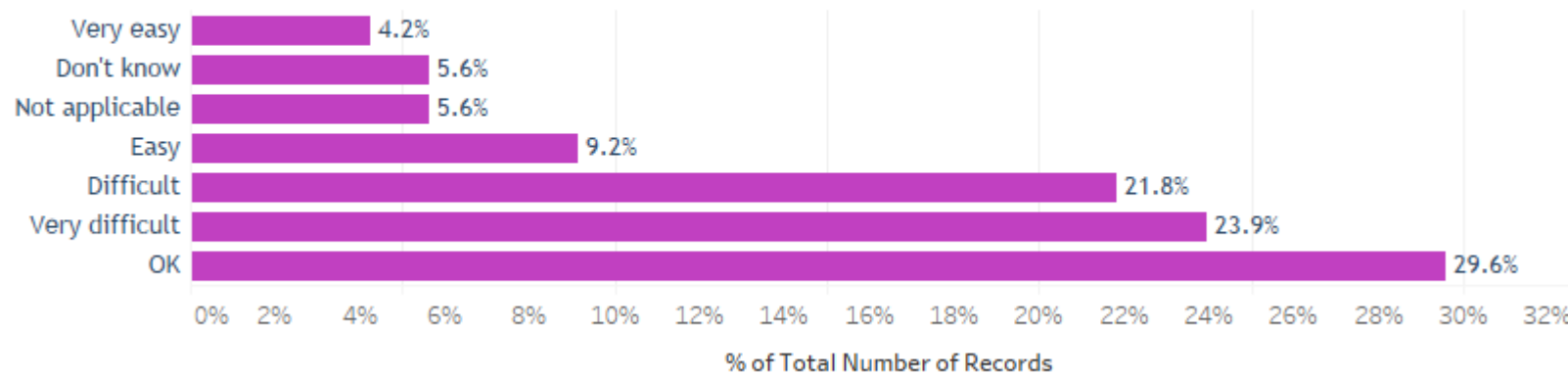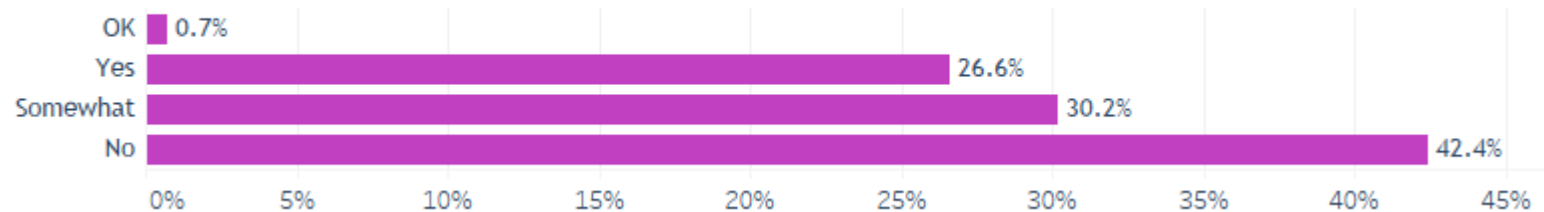| |
|---|
| The doctor on duty who referred me to the cardiology unit when I was released from hospital was apparently sent my results from the heart echogram and I was told to contact him a few days afterwards to get my results. Only to be told that the doctor on duty was a gynaecologist and would not get involved and I should go through cardiology unit and did so through another high number of calls made. |
| I saw a consultant within two weeks of my initial visit to the breast clinic. |
| It took months to get an appointment with the psychiatrist...my CPN just kept telling me my appointment would be "soon". Then, despite being told I'd have a follow up appointment to see the psychiatrist again within a couple of weeks, I had to wait almost 3 months. |
| The paediatrician appointment was ok waiting wise but original Dr left and we haven't had an appointment for new one. My biggest complaint is with Midland psychology waste of time they are. Thus process needs to be quick, stress free. I was told because of family history of autism our youngest son is to be assessed quickly. I don't call the time scale quick at all. |
| 2015 I was diagnosis for Hip Replacement only to wait until 2016 12 months later . On the other hand Prostrate Cancer examination January 2019) and treatment started immediate. I have my first meeting for radiation later this month (April 2019) I have long term High blood Pressure. Arthritis.   Sight treatment. balance problems (using a Stick. Back problems and other bodily functions that prevent me from from carrying out my normal functions. My Hip replacement has slowed my movements and I have to take care not to make sudden turns etc .I have a very poor sleep pattern. I can to bed only to find I am awake 2-3 hours later. I also when going to sleep find I am woken several times needing the toilet. Discomfort in this is painful and embarrassing during daytime when I am out. |
| I had immediate neuro care, follow up scans and appointments. referred o ophthalmic team too. They cant fix my sight, but at least they had a go |
| Had to be referred to Queen Elizabeth, Edgbaston, diagnosis probable if i went here, referral was due to locum at Stafford Hospital, was a learned colleague. |
| I went to accident and emergency years ago with severe kidney pains on my own. There was no interpreter available. I had kidney stones |

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## Q17 - If you needed it, how easy did you find it to access ongoing care after you were diagnosed or assessed? (n142)

% of Total Number of Records

- Very easy: 4.2%
- Don't know: 5.6%
- Not applicable: 5.6%
- Easy: 9.2%
- Difficult: 21.8%
- Very difficult: 23.9%
- OK: 29.6%

Q18 - Did the support option you were offered meet your expectations? (n139)

- OK: 0.7%
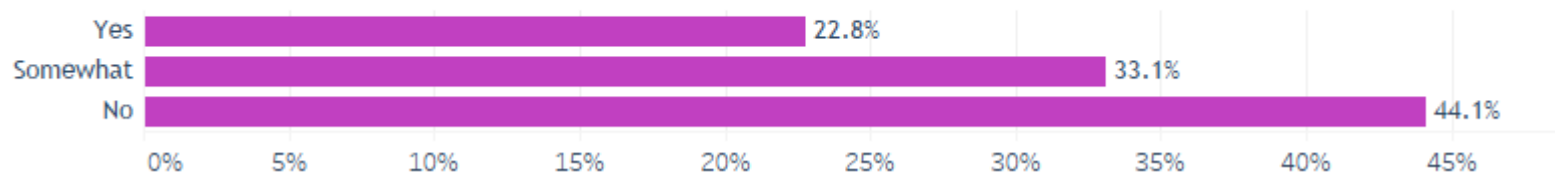- Yes: 26.6%
- Somewhat: 30.2%
- No: 42.4%

Q18b - Please explain how the care did or didnt meet your expectations and how it could have been improved.
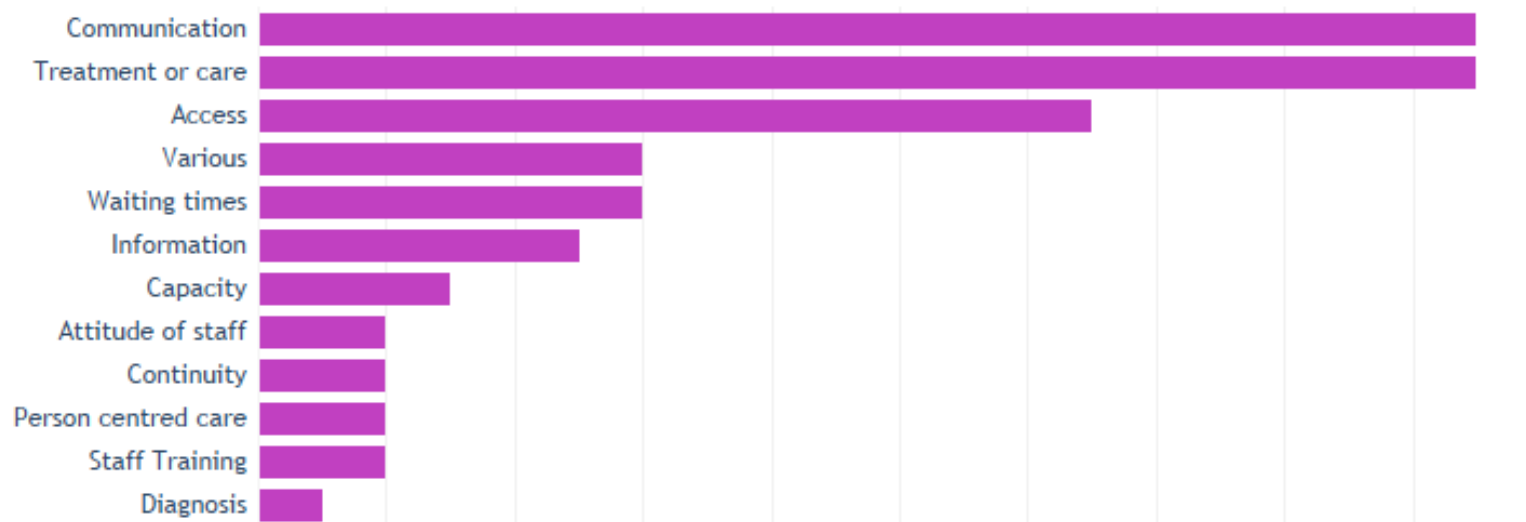
These are sorted by theme in the above table to give an indication only.

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Q19a - During the whole experience of getting support, did you receive timeline and consistent communication from all the services that you came into contact with? (n136)

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Q19b - Please explain how the care did or didnt meet your expectations and how it could have been improved.

Communication
Various
Access
Treatment or care
Waiting times
Information
Attitude of staff
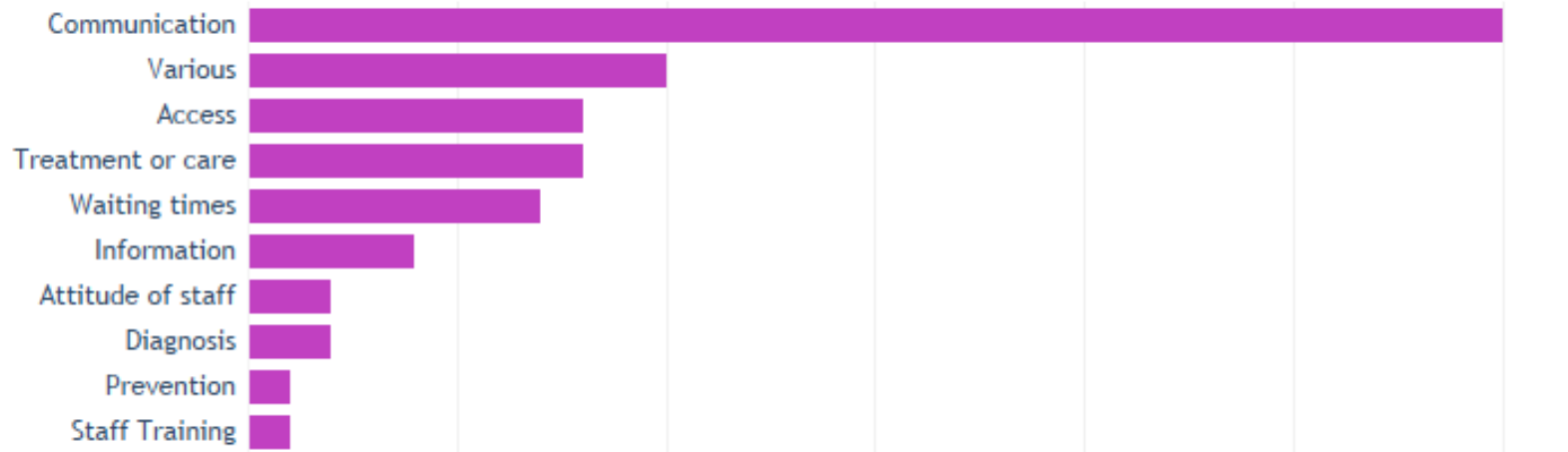Diagnosis
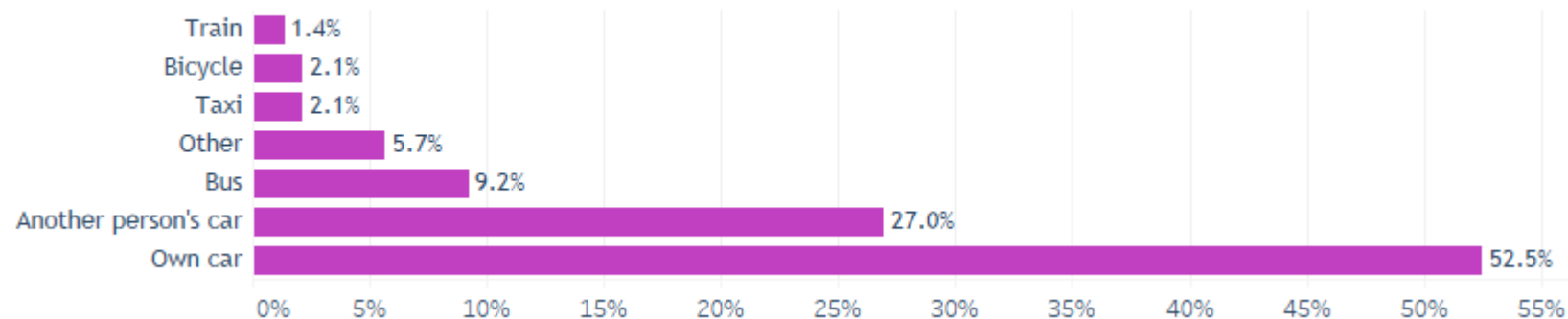Prevention
Staff Training

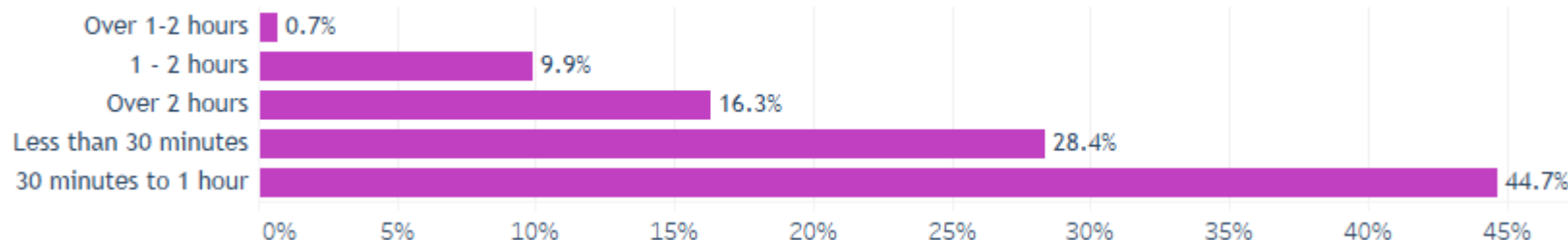These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport
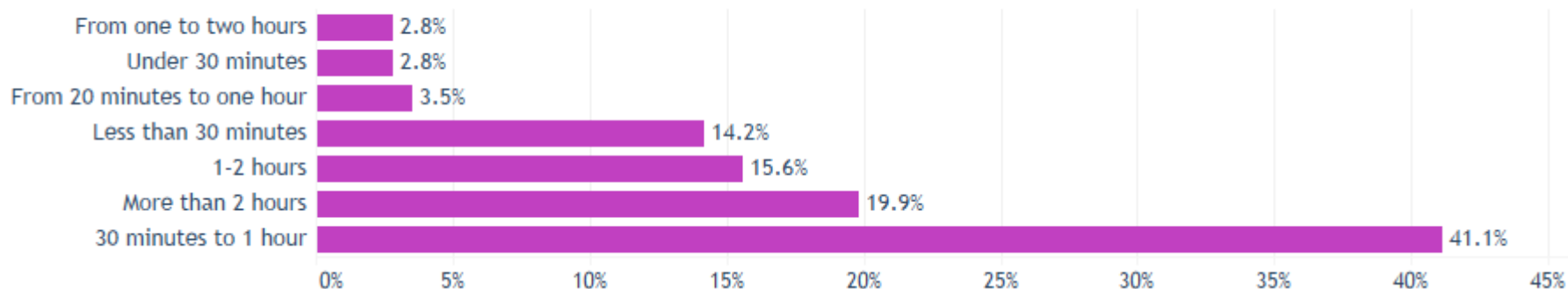
Time Spent Travelling to Access Health and Care

Q20 - What is your main means of transport? (n141)

Transport	%
Train	1.4%
Bicycle	2.1%
Taxi	2.1%
Other	5.7%
Bus	9.2%
Another person's car	27.0%
Own car	52.5%

Q21 - How much time would you be willing to travel to receive a quick and accurate diagnosis? (n141)

Time	%
Over 1-2 hours	0.7%
1 - 2 hours	9.9%
Over 2 hours	16.3%
Less than 30 minutes	28.4%
30 minutes to 1 hour	44.7%

Q22 - How much time would you be willing to travel for specialist treatment or support? (n141)

Time	%
From one to two hours	2.8%
Under 30 minutes	2.8%
From 20 minutes to one hour	3.5%
Less than 30 minutes	14.2%
1-2 hours	15.6%
More than 2 hours	19.9%
30 minutes to 1 hour	41.1%

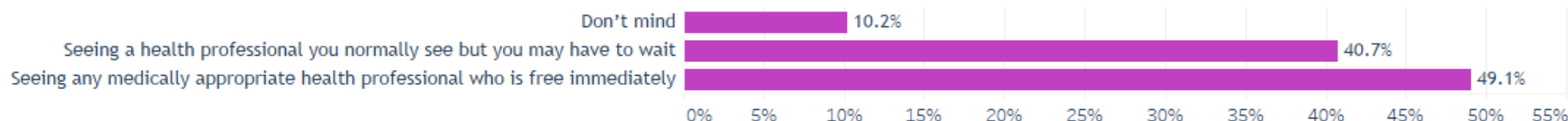Page 177

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Your expectations at each stage of care

What is most important to you?

Q23 - What is most important to you when first seeking help? (n108)

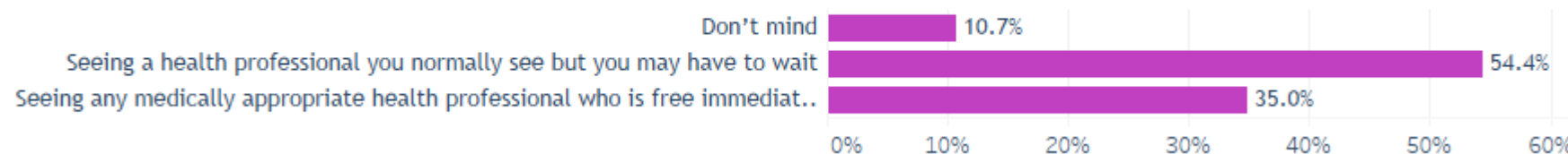|	
Don't mind	10.2%
Seeing a health professional you normally see but you may have to wait	40.7%
Seeing any medically appropriate health professional who is free immediately	49.1%

Q23 - What is most important when you first receive a diagnosis and explanation of your treatment or support options? (n106)

Don't mind	14.2%
Seeing a health professional you normally see but you may have to wait	41.5%
Seeing any medically appropriate health professional who is free immediately	44.3%

Q23 - What is most important during your initial treatment or support? (n103)

Don't mind	10.7%
Seeing a health professional you normally see but you may have to wait	45.6%
Seeing any medically appropriate health professional who is free immediately	43.7%

Q23d - What is most important during your long term support? (n103)

Don't mind	10.7%
Seeing a health professional you normally see but you may have to wait	54.4%
Seeing any medically appropriate health professional who is free immediat..	35.0%

healthwatch

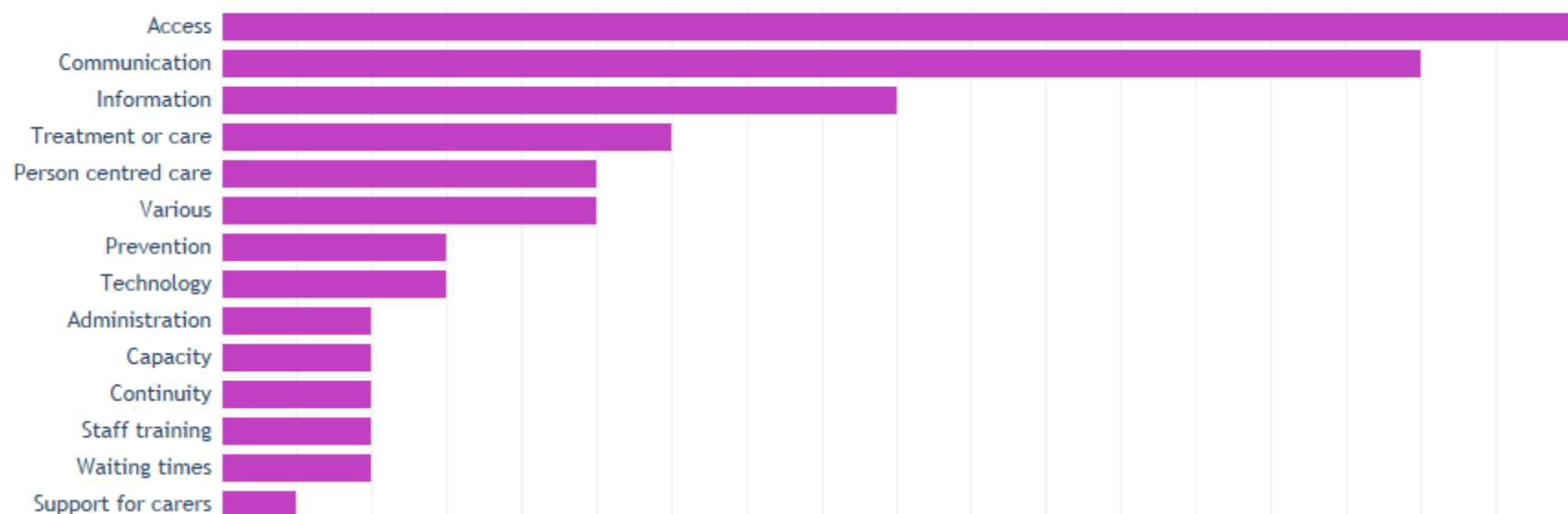## Supporting you to have more control over your care.

Q24 - What level of support do you want the NHS to provide to stay healthy? (n140)

Category	Percentage
Don't know	4.3%
I don't need support	5.0%
A lot of support	25.7%
Some support	65.0%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70%
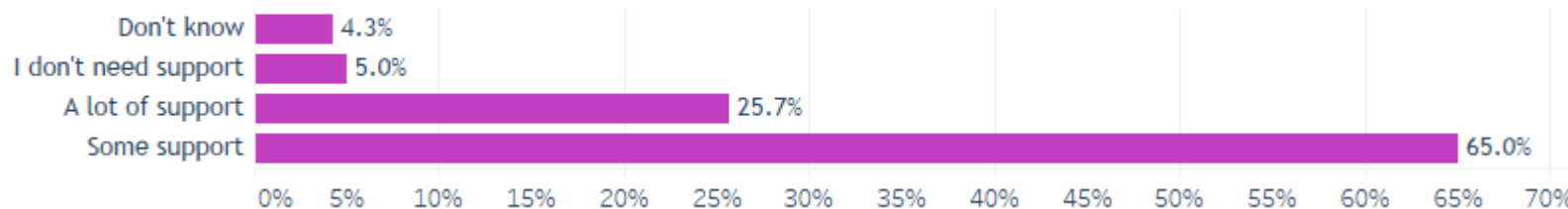
Q25 - What could the NHS do to help you stay healthy or manage any condition you have?

- Access
- Communication
- Information
- Treatment or care
- Person centred care
- Various
- Prevention
- Technology
- Administration
- Capacity
- Continuity
- Staff training
- Waiting times
- Support for carers

These are sorted by theme in the above table to give an indication only.

To access these comments in full, please go to www.healthwatchstoke.co.uk/LTPReport

What would you do?   60

Q26 – If you have any further comments, write them below.

We received 38 comments. To access these please go to www.healthwatchstoke.co.uk/LTPReport