North Staffordshire Combined Healthcare NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 26th September 2019, 10.00AM,
THE GYM, HARPLANDS HOSPITAL, OFF HILTON ROAD, HARPFIELDS, STOKE-ON-TRENT, STAFFORDSHIRE, ST4 6TH

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 – 25th July 2019** *To APPROVE the minutes of the meeting held on 25th July 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 RECOGNITIONTEAM AWARD ON EXCELLENCE** *To PRESENT the REACH Recognition Team Award to The Stoke CDAS Relocation Project Team.* To be introduced by the Chief Executive and presented by the Chair.	Verbal Presentation

	QUESTIONS FROM MEMBERS OF THE PUBLIC	
9.	*To RECEIVE questions from members of the public*	Verbal
	TO ENHANCE SERVICE USER AND CARER INVOLVEMENT	
10.	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from Wendy Dutton, Chair of Service User Carer Council*	Assurance Enclosure 5
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
11.	**RESEARCH & DEVELOPMENT ANNUAL REPORT 2018/19** *To RECEIVE the Research and Development Annual report 2018/19 presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 6
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
12.	**NURSE STAFFING MONTHLY REPORT (July 2019)** *To RECEIVE the Nurse Staffing Monthly Report presented by Julie Anne Murray, Deputy Director of Nursing and Quality*	Assurance Enclosure 7
13.	**MORTALITY SURVEILLANCE QUARTERLY REPORT 2019/20 QUARTER 1** *To RECEIVE the Mortality Surveillance Quarter 1 Report 2019/20 presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 8
14.	**ASSURANCE REPORT FOR QUALITY COMMITTEE** *To RECEIVE the Quality Committee Assurance report from the meeting held on the 5th September 2019 from Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 9
15.	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2019/20) – Month 4** *To RECEIVE the Month 4 Performance Report presented by Lorraine Hooper, Executive Director of Finance, Performance and Estates*	Assurance Enclosure 10
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
16.	**No items for discussion**	
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	

17.	**FINANCE REPORT – MONTH 4 (2019/20)** *To RECEIVE the Month 4 Financial position presented by Lorraine Hooper, Executive Director of Finance, Performance and Estate*	Approval Enclosure 11
18.	**ASSURANCE REPORT FOR FINANCE, PERFORMANCE AND ESTATES COMMITTEE** *To RECEIVE the Finance, Performance and Estates Committee Assurance report from the meeting held on the 5th September 2019 from Tony Gadsby, Chair / Non-Executive Director*	Assurance Enclosure 12
19.	**ASSURANCE REPORT FOR BUSINESS DEVELOPMENT COMMITTEE** *To RECEIVE the Business Development Committee Assurance report from the meeting held on the 8th August 2019 from Joan Walley, Chair / Non-Executive Director*	Assurance Enclosure 13
20.	**ASSURANCE REPORT FOR AUDIT COMMITTEE** *To RECEIVE the Audit Committee Assurance report from the meeting held on the 8th August 2019 from Tony Gadsby, Chair / Non-Executive Director*	Assurance Enclosure 14
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
21.	**ASSURANCE REPORT FOR PEOPLE CULTURE AND DEVELOPMENT COMMITTEE** *To RECEIVE the People Culture and Development Committee Assurance report from the meeting held on the 9th September 2019 from Janet Dawson, Chair/Non-Executive Director*	Assurance Enclosure 15 To Follow
22.	**WORKFORCE DISABILITY EQUALITY STANDARD (WDES REPORT** *To RECEIVE the Workforce Disability Equality Standard (WDES) Report from Linda Holland, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 16
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
23.	**No items for discussion**	
	CONSENT AGENDA ITEMS	
24.	**MEDICAL REVALIDATION ANNUAL ORGANISATIONAL AUDIT (AOA) 2018/19** *To RECEIVE the Medical Revalidation Annual Organisational Audit (AOA presented by Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 17

25.	**TOGETHER WE ARE BETTER (STP DIRECTORS REPORT) – AUGUST 2019 UPDATE** *To RECEIVE for information the Together We're Better (STP Directors Report) August 2019 Update from Peter Axon, Chief Executive Officer*	Information Enclosure 18
	ANY OTHER BUSINESS	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 24th October 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	

North Staffordshire Combined Healthcare NHS Trust

TRUST BOARD

Minutes of the Open Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 25th July 2019 At 10:00am in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH

Present:

Chairman:

David Rogers
Chairman

Directors:

Dr Buki Adeyemo
Executive Medical Director

Dr Keith Tattum
GP Associate Director

Chris Bird
Director of Partnerships and Strategy

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

Jonathan O'Brien
Executive Director of Operations

Janet Dawson
Non-Executive Director

Russell Andrews
Associate Non-Executive

Joan Walley
Non-Executive Director

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Union Representative

Joe McCrea
Associate Director of Communications

Mandy Brown
Executive PA (minutes)

Patient Story
Megan Pilling, Keele University

Retirees
Jayne Clegg
Accompanied by Joanne Willis

Members of the public:
None

REACH Recognition Individual Award
Phil Reece – Team Leader
Deborah Hargreaves – Service Manager

REACH Recognition Team Award
Assessment and Treatment Unit
Joshua Kernohan
Amy Hincks
Ruth Richards
Jacquie Shenton
Ben Boyd – Associate Director

The meeting commenced at 10:00am.

166/2019	**Apologies for Absence** Wendy Dutton, Chair Service User Carer Council, Sue Tams, Vice Chair Service User Carer Council, Tony Gadsby, Vice Chair / Non Executive, Peter Axon Chief Executive and Patrick Sullivan Non-Executive Director	**Action**
167/2019	**Declaration of Interest relating to agenda items** No declarations of interest.	
168/2019	**Minutes of the Open Agenda – 27th June 2019** The minutes of the open session of the meeting held on 27th June 2019 were approved with the following corrections. Joan Walley commented that page 11 should read social commissioning not social conditioning. Typing errors (page 24)	
169/2019	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***120/2019 - Nurse Staffing Monthly Report March 2019*** *– re: Annual leave. Delegated responsibility to People Culture and Development Committee for discussion and recommendation at September Board meeting.* ***148/2019 – Service User Carer Council –*** *Discussed under this section – how diagnosis can be reversed. Actioned. Separate discussion held outside of the Board meeting.* ***Noted***	
170/2019	**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. **Celebrating Our Staff** This year's REACH Awards were a real highlight of the past month and were a very special occasion, deciding the Highly Commended and Overall Winners was a difficult but delightful challenge staff gave us.	

	There were a record number of nominations – over 330 for the first time, showing that staff really want to recognise their colleagues' efforts. Given the high number of nominations, two people from each team were asked to attend the ceremony. There is 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. The Trust was delighted to welcome the Shadow Secretary of State for Health and Social Care, Jon Ashworth, to deliver a keynote speech, as well as MP Jack Brereton for Stoke-on-Trent South and Liz Ellis from BBC Radio Stoke. **Local System Update** The last CEO Board update contained a detailed description of the challenges and opportunities facing the Staffordshire and Stoke-on-Trent system. We continue to constructively work these through with colleagues across our local and regional health and care system. We have been continuing to promote the overall STP public conversation, which continues until midnight on 25 August 2019. More information on the public conversation can be found via the STP website. Peter Axon has continued his 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. **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. **Our Awards Success Continues** Congratulations to our Care Home Liaison Team in being Highly Commended in the national Older People's Mental Health and Dementia Awards. **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. 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. 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. **Farewell to Maria Nelligan** 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 David Rogers commented that he has witnessed the difficulties that the Trust had with the continuity of the nursing and quality leadership within the Trust, and this was brought to an end with the appointment of Maria Nelligan. David also thanked Maria for playing a central role in the relationship with the CQC and with the enormous detail that goes into improving quality across the Trust. David wished Maria the best in her new role at Lancashire care. Maria Nelligan responded and thanked David Rogers and the Board for their kind words and said it had been an absolute pleasure. ***Received***	
171/2019	**Chair's Report** David Rogers commented that there was not a lot to report this month as it was summer and things had started to slow down. David advised that we are moving into a way of system working and for the first time in this venture we have developed a set of relationships in particular with Midlands Partnership Trust (MPFT)	

	MPFT and University Hospital North Midlands (UHNM) and we are now aspiring to a collaborative way of working with the Chief Executives meeting regularly. The group of Trusts are now working in a trusting and collaborative way which is good for the future. In the past the NHS have brought people in from outside to drive progress and the change but more recently executive teams are saying that we do not need external people and we have the drive and capacity to move things forwards ourselves. David stated that he was quite positive and it feels like the foundations are laid for some exciting change. ***Noted***	
172/2019	**Staff Retirements** **Jayne Clegg – Senior Practitioner** Jayne commenced in post in July 1982 at aged 18 years of age as a Nursing Assistant at St Edwards Hospital and commenced her enrolled nurse training shortly after. Jayne talks of fond memories of the nursing home, playing 5 a side football with the lads, summer fayres for the patients and sitting in the gardens all summer enjoying the grounds of St Edwards Hospital. After having both her daughters Jayne spent some time working nights to fit around her family before deciding to take some time out to manage a 'Baby Essentials' stall at Longton Market. Jayne loved the camaraderie there and regularly spends hours there now with life-long friends made. On her return Jayne worked at Westcliffe, Longton Hospital, Wilkins Ward St Edwards, the Sutherland Centre before moving to the Home Treatment Team in 2003 this being the longest position held in her career. Once she adapted from inpatient care Jayne has thoroughly enjoyed nursing in the community and holds strong personal and organisational values which is evident in her daily work. Jayne is planning on returning part time to Home Treatment after retirement. Jayne plans many holidays in the sunshine and looks forward to enjoying her newly built home. ***Noted***	
173/2019	**REACH Recognition Individual Award** **Phil Reece– Team Lead – Autism Assessment Service, Stoke Community Directorate** Phil is a Social Worker by background and manages the Autism Assessment Service. The move would involve not only the relocation of furniture and	

	staff, but the rearrangement of clinic appointments which had been sent out in advance. Phil understood the reasons for the move and acted with utmost professionalism and flexibility in order to support the project team with regards to the move. Phil reassured his team and worked through their anxieties and ensured the team were supported through the process. Despite the short timeframe the move was managed without any disruption to clinical provision, thanks to Phil's ability to problem solve and his dedication to team. The team are now settled at Holly Lodge. The Autism Assessment Service is now based at Holly Lodge with no issues identified and no disruption to the service. Phil demonstrated all the Trust Proud to CARE values (Compassionate, Approachable, Responsible, and Excellent): Compassionate – Phil understood the anxieties or his team when faced with a second move in 3 months Approachable – Phil listened to the teams concerns and resolved any issues Responsible – Phil understood the needs of the organisation and implemented them without any disruption to clinical services Excellent – Phil displayed excellent leadership skills! ***Noted***	
174/2019	**REACH Recognition Team Award** **Assessment and Treatment Unit** Maria Nelligan presented the award in recognition of the learning disability Assessment and Treatment Team. Maria Nelligan herself is a learning disability nurse and this year the NHS celebrates 100 years of learning disability nursing. There has been a national focus on learning disability services and the difficulties encountered by people with learning disabilities. There is further recognition around the complex needs of people with learning disabilities and the need to respond in a different way. There are a number of services provided by the private sector and there is a debate as to whether we need to look at provision and whether we could look at a partnership with local authorities and the voluntary sector in relation to the provision for people with considerable specialist needs. Maria Nelligan wanted the Board to recognise the Trust's Learning Disability teams. They are a multi-disciplinary team which is a mark of best practice. Maria Nelligan wanted to highlight the difficulties the staff have encountered over the last 12 months in relation to the increasing acuity needs which has generated a lot of physical and emotional demands on the team. Jonathan O'Brien has assured Maria that we are going to look at a new provision for the unit with the correct standards of acuity.	

	Ben Boyd, Associate Director for Specialist Care introduced the Assessment and Treatment Team and gave the background to the service. Ben commented that it has been a really difficult time over the last 6 months and team should be commended. The Assessment and Treatment Unit (A&T) is a 6 bedded assessment and treatment unit for learning disabilities. Over the past year there has been a considerable increase in the acuity of patients admitted to A&T. This has meant that patients can require additional support; up to 5:1 and on occasions staff have supported one person on 3:1 and another on 5:1 concurrently. This has meant that the patients are with the unit for longer periods as they require bespoke care packages on discharge which take some months to commission and present with very complex behaviour posing risks to self and others. Staff have worked under extreme pressure in a challenging environment and they have relentlessly taken pride in their work and did their best to advocate for and take care of their patients. The team have looked after each other which enabled people to continue to work in a high stress environment day in and day out. Josh Kernohan, Ward Manager, commented that the staff went above and beyond to support the patients and although there was a complex admission, staff were still able provide a high level of care. Comments were received about how compassionate the staff had been in extreme and challenging circumstances. The unit had an unannounced CQC visit yesterday and received really positive feedback. ***Noted***	
175/2019	**QUESTIONS FROM MEMBERS OF THE PUBLIC** There were no questions from the members of the public.	
176/2019	**PATIENT STORY – MARIA AND JACKS STORY –** Maria Nelligan, Director of Nursing and Quality introduced Maria and Jack. The Board viewed a video which described Maria and Jack's journey. Jack and Maria are a very good example of the work that we do and how we provide support in the sense of very traditional Community Learning Disability Nursing and the importance of building up a trusting therapeutic relationship. Maria (mum) was informed that Jack had cerebral palsy and a learning disability in a	

	very insensitive way (this information was not given by Combined Healthcare) and this has stayed with her and affected her very deeply. For many years she just wanted to keep him safe and she could never think about his future without feeling scared and anxious. The team have been able to provide a range of support and interventions that focused on promoting Jack's development in a very holistic way .Both Jack and Maria have overcome many challenges including Jack's dad leaving the family and Jack receiving an additional diagnosis of Autistic Spectrum Disorder (ASD). Jack has also presented with behaviours that challenge and for many years a reliance on Maria to meet most of his needs. Maria has always engaged with the service extremely well and she will actively seek support when required. It has taken a lot of hard work on Maria's part to implement the advice and strategies to support Jack's development and this has been very emotionally challenging at times as she has had to acknowledge his strengths as well as his difficulties. Jack is now 18 and has been referred to the adult equivalent of our team and will be discharged from Children's Community Learning Disability Service soon. The great thing about Jack and Maria's story is that through the long engagement with the service the team are able to see how their support has helped to shape his progress through childhood and adolescent and his potential is very evident. Maria Nelligan commented that the video is an honest account of the services and highlights the issues and concerns that people have around transition and this is an area that we will be working on and is recognised nationally. Joan Walley thanked Maria adding that given the difficulties that we have in our area in the transition between CAMHS and Adult services that we look at in terms of our partnership working and community support and that we need to be up to date regarding the range of services that are available and to look at the future commissioning of services. David Rogers responded that we should add additional services to support transition and discharge. Joe McCrea stated that there was an extended version of the patient story on the Trust's podcast. ***Received***	
177/2019	**SERVICE USER AND CARER COUNCIL –** Maria Nelligan, Director of Nursing and Quality presented the report.	

	Apologies were received from Wendy Dutton, Chair of the Service User and Carer Council and Sue Tams, Vice Chair. The meeting on 26th June was cancelled due to the number of apologies received. The highlight of the last month for the council has been the REACH awards. Both as part of the shortlisting and also the final choice of the awards panels. 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. Maria Nelligan commented that the Trust has a fabulous council with a small number of dedicated service users and carers who give their time freely to make things better in terms of interviews and attending events. The Trust are carrying out a piece of work in relation to how we communicate and engage with service users and carers and there is ongoing work in terms of our website and the information that we provide to service users in terms of their expectations of what they will receive from the Trust. This links with some of the complaints and concerns that we have had. David Rogers stated that he was sure the Service User and Carer Council would have liked to thank Maria at this point for supporting them. ***Received***	
178/2019	**NURSE STAFFING MONTHLY REPORT (May 2019)** Maria Nelligan, Executive Director of Quality and Nursing presented the report. 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 104% respectively on night shifts. Overall a 92% fill rate was achieved which was a reduction on April's fill rate of 94%. Maria reinforced a number of issues. • None of the issues in terms of fill rate presented ant patient safety issues • The fill rate is an upward trend • We Continue to work with HR on recruitment • Buddying up with new registrants from universities • Retention – figures for leavers have now been included in the reports to demonstrate where people are going to • Action plan – previously seen at the November Board, added to the action plan are the recommendations from last	

	review, this will be reformatted and will come back to September meeting with any update in terms of any progress 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. Janet Dawson asked in relation to moving staff around wards, whether this was sustainable to keep 100% staffing in place. Maria Nelligan responded that staff are accustomed to moving around and this was not unusual in inpatient areas. The team now records movements and staff are given time off in lieu. The Trust would prefer not to use this method and with the appointment of new staff in October we should see a reduction. The team are also reviewing the Time in Lieu policy. We will not be complacent and the situation is being kept under review. Joan Walley asked where the funding came from in relation to apprenticeships. Maria Nelligan responded that there is an apprenticeship levy. Joan added that Staffordshire County Council had sent an email in the last few days to say their allocation of funding is underspent and were inviting organisations to apply for the funding. Linda Holland responded that this is something we already do as part of the STP and that we have offered some of our levy to the STP wider process and are currently supporting 2 apprenticeships. Maria also added that we have 6 apprentices within nursing, we also have nursing associates that are on apprenticeships and we use the apprenticeship levy in different ways. Linda Holland stated that overall we have 36 apprenticeships across the Trust and part of the challenge of maximising the amount of levy that we contribute to is our ability to make sure it is appropriate in terms of our training needs and wrap around it terms of the ability to support the apprenticeships as we do not get the back fill for 20% of the time that the staff member is out of the organisation. There is a capacity issue around nurses coming into the organisations and the ability to support them. We are also hindered around the amount of standards agreed with universities and higher education. We will be looking at new roles and how the new roles can support accessing the levy. David Rogers asked if there is a way that we can we time our meetings to receive actual figures as these figures related to the month on May. Maria Nelligan advised the team will be looking at	**MN**

	this. Jenny Harvey commented on the level of detail in the paper around bandings and job descriptions and whether this amount of information should be the public section of the Board meeting as staff may not be aware of the changes. Maria Nelligan will pick this up with team in terms of reporting narrative. David Rogers agreed that we should be sensitive to the level of detail that is published in open board papers. ***Received***	**MN**
179/2019	**COMPLAINTS AND PALS ANNUAL REPORT 2018-19** Maria Nelligan, Executive Director of Quality and Nursing presented the report. The Report demonstrates the work the Trust and team do in terms of feedback. The Trust does not have a high number of formal complaints, and we have worked very closely with clinical teams and service users to resolve complaints at a local level, and through PALs to prevent them from becoming a formal complaint. MP complaints have reduced and we review the themes that arise from these. The report informs us that our compliments have increased. We also have a target set out in the Board Assurance Framework (BAF) to increase the responses in terms of friends and family. In terms of learning from service users, the themes are taken through to the teams and the directorate and also to learning from experience and learning lessons. We are continually improving the process, there are some areas in relation to communication with service users that needs extra work. We have also asked for an additional report for complaints by professional group to review at Quality Committee and also our complaints process. Joan Walley asked whether we would be following up on lessons learnt with Lymebrook and Greenfields as they have received the highest number of complaints. Maria Nelligan responded that our particular focus is on Lymebrook as this has the biggest number of complaints and the complaints team will be working with them around communication and support. David Rogers stated that he was not sure if we are getting better or worse at dealing with complaints as it wasn't obvious from the data. Maria Nelligan responded that for this calendar year, we had shown an improvement across the board, both the reporting and local resolution had improved, however moving forward we might see an increase in concerns as the Trust has now been rated as being Outstanding and service users may not feel that they are receiving an outstanding service. The work we are doing with the Service	

	User and Carer Council around communication will help to address this. We are travelling in the right direction and will be keeping an eye on the trend via Quality Committee. ***Received***	
180/2019	**DIRECTOR OF INFECTION PREVENTION AND CONTROL (DIPC) REPORT Q1 2019-20** Maria Nelligan, Executive Director of Quality and Nursing presented the report. The report provides the Board with assurance in relation to the IPC arrangements within the Trust. The report also provides an overview of the influenza situation, external reporting responsibilities, confirmed Influenza activity and Influenza vaccine uptake, including the CQUIN requirements. Quarter one report in line with winning ways highlights: • No healthcare acquired infections • MRSA screening zero positive • No incidents reported • Flu campaign has started 80% compliance for this year, this is also a CQUIN, the Trust achieved a target of 76% last year which was a lot of work so the new target will be very challenging. Dr Adeyemo questioned the definition in terms of staff that need vaccinating. Maria Nelligan responded that it was front line staff, including students and volunteers, however we cannot include these staff members in the percentage total otherwise we could meet this target easily. David Rogers asked Maria to clarify the phrase ward closed and whether that meant ward closed to new admissions. Maria confirmed that this was the case. Dr Tattum asked if there was any thought to making the flu vaccine an expectation that staff will have to have the vaccination if they worked at our Trust. Maria Nelligan advised that we have had very good uptake from corporate and non clinical staff, but our nursing staff are our focus and some have a personal view they do not want the vaccine. Jenny Harvey added that she could see that there is a case to be made, but there would be strong opposition from the unions. Maria Nelligan added that we should present the flu vaccine as a perk for working at this organisation as staff would receive it for free.	

	David Rogers commented on the flu in Australia being a worrying development. Maria Nelligan responded that she has heard no reaction to this. ***Received***	
181/2019	**HEALTH AND SAFETY ANNUAL REPORT 2018-19** Maria Nelligan, Executive Director of Quality and Nursing presented the report. The annual report provides 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 provides details of incidents, violence against staff and how this is managed, how we can prevent it and how we support staff. It also highlights the issues that we have had within the Assessment and Treatment Unit (A&T), the work the group does in relation to ligature assessment, health and safety and diversity and inclusion. Recently a warning note was issued to patients in relation to racial abuse of staff. 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 and training. Maria Nelligan commented that this was a very detailed annual report which has been through Quality Committee and the Board was asked to note the report and to receive the report in terms of assurance and approval. Joan Walley referred to fire safety on page 4 and asked if the report gives assurance around fire safety and if there were any risks as she is due to attend a meeting with the Fire Service in September. Maria Nelligan responded that this area was covered in a standalone Fire Safety Annual Report. Jonathan O'Brien added that he had just received the interim fire safety report which he was assured by and there were no concerns. David Rogers asked that going forward we ensure safety critical events are high up on the agenda to go through any RIDDOR events. Maria Nelligan responded that RIDDOR instances could be included and highlighted in the CEO report. Janet Dawson questioned the health and safety culture within the Trust as she had not seen any literature relating to health and safety being promoted around the buildings. Janet did not feel that staff owned health and safety and asked how we make this a priority. Maria Nelligan responded that she will feed this back to the	

	team as the focus has tended to be around clinical teams and this needs to be expanded to include corporate teams. Jonathan O'Brien commented that there had been 2 fires in the last 2 months, both had been managed appropriately, but agreed there were wider issues around the visibility of health and safety within the Trust. Joe McCrea added that the Communications Team would help to raise the profile of health and safety. Joe will contact the Health and Safety Advisor and arrange for a communication to be sent to staff. Jenny Harvey stated that Unison should play a key part in health and safety and that we should and raise the profile of health and safety representatives. Jenny will raise with Unison. Jenny Harvey also commented on the recent fire at Midlands Partnership Trust (MPFT) and asked if we could we learn from their experience. Jonathan O'Brien responded that as executive lead for emergency planning, there is already an exercise arranged to take place in November modelling a fire in the Harplands site and this will be a live run through in terms of plans and actions. Jenny Harvey also questioned whether the Trust has a plan in place in relation to the extreme weather. Jonathan O'Brien responded that the Trust has a full heatwave plan and cold weather plan and that the heatwave plan had been activated in the last week. Maria Nelligan added that in relation to evacuation procedures, the Trust has had other experiences, the flood on Ward 1 and the hoax alert. Lessons were learnt from both of these experiences. David Rogers commented that National Health Service England (NHSE) had visited Midlands Partnership Trust (MPFT) to carry out a comprehensive review of procedures and policies and that we may be able to obtain some learning from MPFT. ***Approved / Received***	**JMc** **JH**
182/2019	**SERIOUS INCIDENTS QUARTER 1 REPORT** Dr Buki Adeyemo, Executive Medical Director presented the report. There were a total of 21 reported incidents in the process of being investigated through the route cause analysis process. The themes and trends graphs shows a small decrease in comparison to the graph with the longer time frame which shows that there has been a	

	consistent number of SI's reported. In quarter one there have been 4 unexpected deaths related to suicide in comparison to 11 for quarter 4. In quarter one there were 2 unexpected avoidable serious assaults including suspected homicide in comparison to 1 reported for 2018/19 and we are still reviewing this. The learning from SI's also incorporates the learning from complaints which triangulates trends and provides additional assurance. Key points for quarter one are discharge information needs to be timely and made relevant, communication across teams. There is continued work being carried out on the CPA policy in relation to person centred approach and to make staff aware that care needs to be tailored to the individual. Raising awareness of Naloxone which is an opiate reversal drug and can save lives. Duty of candour report out of 105 possible incidents, there was 1 in May which has gone through our local processes and we have learnt from this and have issued an apology. In conclusion to bring to boards attention there has been a decrease in unexpected potential avoidable deaths, in particular ones where suicide is suspected. Falls still remain low and we continue to learn from investigations and share this learning Trust wide. Janet Dawson queried the report and stated that they often relate to someone we have not seen for a while and therefore are we trying to move the criteria from 12 to 6 months of being open to Trust services. Dr Adeyemo responded that we get notified as a Board when a serious incident has occurred and that it may be that the ones reported recently, may be people who have been discharged from services. In relation to the learning from the care we provide for those who have been discharged for longer than 6 months it is difficult to understand what we could do differently but within the 6 months it will help determine what our criteria for discharge is and what is our support post discharge. In relation to how well we manage people who do not attend appointments Dr Adeyemo and Jonathan are working to strengthen the DNA policy. ***Received***	
183/2019	**ASSURANCE REPORT FOR QUALITY COMMITTEE**	

	Dr Adeyemo, Executive Medical Director, presented the report for assurance from the meeting that took place on the 11th July 2019; highlighting the following: • **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. • **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. **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: • 4.36 External Visits Policy – 3 years • High Dose Antipsychotic Drugs – New policy Policies approved ***Ratified / Received***	
184/2019	**ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 2** Lorraine Hooper, Executive Director of Finance, Performance and Estates highlighted the following: 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. • MH Liaison - 94.8% at Month 2 from 95.0% at Month 1 • CYP admitted to Adult Wards - 1 at Month 2 from zero at Month 1 • Agency Spend - 14.0% at Month 2 from 2.0% at Month 1 Dr Adeyemo asked that narrative in relation to patients be less descriptive to avoid identification. Lorraine Hooper commented that this would be the last time the	**LHo**

	Board would receive the PQMF as we move to the new IQPR. ***Received***	
185/2019	**MONTH 2 FINANCE REPORT** Lorraine Hooper, Executive Director of Finance, Performance and Estates presented the report. The Trust Board are asked to note: • The report shows a year to date trading deficit of £249k against a planned deficit of £171k. This is an adverse variance to plan of £78k. We do have the ability to accrue back and recover the money. • 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. 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. A 2 year CIP programme taking a much more transformational approach was discussed. Contribution to system savings in relation to mental health sprints is on course to deliver £1m • Capital programme – there is a specific request from NHSI to STPs; the capital programme is oversubscribed nationally in the region of 20%. NHSI have issued individual control totals to systems around a 20% reduction in capital programmes. The Finance team have worked through the Trust's schemes to understand which we are already committed and at those that are a priority in terms of patient safety. We are able to deliver our capital plan and deliver a 20% reduction; we are not stopping schemes in our capital programme we are merely slipping them. • Cash flow – 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 and higher than planned receipts due to earlier than expected settlement of outstanding invoices Janet Dawson asked whether the 2 elements of the CIP schemes were distinctive. Jonathan O'Brien responded that there are 4 projects under the System Sprints that are completely separate to our CIP delivery. The sprints schemes that involve us require us to do more to save money elsewhere in the system but in turn we will make efficiencies.	

	Received	
186/2019	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & ESTATES COMMITTEE** Russell Andrews, Associate Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 11th July 2019; highlighting the following: • **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: To note that Lorraine and the team were ahead of curve and were already modelling on a 20% reduction Delivery of priority 2 and 3 schemes are contingent on the Ashcombe centre being sold in line with plan so there is a slight risk to note and to monitor. • **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. 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. There is a risk that the remodelling of the clinical model in primary care will not reduce the locum spend to the extent that we are expecting. ***Received***	
187/2019	**ASSURANCE REPORT FOR PRIMARY CARE COMMITTEE**	

	Russell Andrews, Associate Non-Executive Director presented the report for assurance from the meeting that took place on the 18th July 2019; highlighting the following: **Clinical Model** There was a discussion in relation to the clinical model at Moorcroft and Moss Green has changed to one where there is now more triage and less urgent cases go via telephone appointments and this led to a discussion of what was a reasonable amount of appointments that a surgery should be experiencing. The national figure is between 75 to 85 appointments per 1000 patients on the register. Moorcroft and Moss Green before they came under North Staffs Combined were running lower than this and Moss Green were getting 56 appointments per 1000 people, this figure now risen to 76 due to new clinical model. However DNA's have now risen, this may due to telephone calls not being picked up as this is registered as a DNA, we will be keeping DNA's under review. **Finance** There is a sense that we are getting a proper handle on the finance of primary care. The year to date figure at the end of month one is £11k variance to target, and we are assured these are real figures A deep dive into QOF (ways of getting different funding for treatments administered) was carried out. The key risk to under performance is the treatment of diabetes, the practice have in place 4 key steps to engage with the community in terms of treatment for diabetes. Dr Tattum commented that the issue with the DNA rates could be a coding issue. ***Received***	
188/2019	**COMMUNITY MENTAL HEALTH SURVEY** 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. Jonathan O'Brien gave an update on the report. The Community Mental Health Survey is operated on an annual basis directly by the CQC which involves taking a sample of patients who access community mental health services in all MH Trusts across the country and asking them to completed a set of questions. From these results an annual report is published on the CQC website containing significant detail. For this year the 2018 survey was carried under our old directorate	

	structure, however the response to the survey has been produced under the new locality structure. The Trust received the results in November which we have analysed and have put together an action plan to respond to the areas where we feel we can do better or where our scores have fallen slightly below the previous year. The action plan has been through the Quality Committee and has been approved and is being brought to the Board for assurance that we are responding to the CQC survey in a robust manner. Jonathan O'Brien commented that the way CQC measure the outcome is sub-optimal; they rate each of the Trusts whether the score is improved, as expected or in the lower range. All our scores across all domains have come through around the middle; we do not have any results in the top or bottom sections. Jonathan has compared the results with other Trusts and most organisations are rated "as expected". The results are in direct connection to our Trust so there is value in the report. Joan Walley questioned points 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?) and 8.4 (Has someone from NHS mental health services supported you in taking part in an activity locally) and whether this could relate back to social commissioning . Jonathan O'Brien responded that there was work taking place in our local community in relation to pointing service users in the right direction to access other services. ***Received***	
189/2019	**ASSURANCE REPORT FROM THE PEOPLE, CULTURE AND DEVELOPMENT COMMITTEE** Janet Dawson, Non-Executive Director / Chair, presented the report for assurance from the meeting that took place on the 8th July 2019. Janet Dawson clarified that Linda Holland had drafted the report. **Staff Story** The Committee also received the staff story regarding Maria & Jack as seen at Trust Board and also received and update from the A&T team. **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 The Pension issue is becoming much more of a priority for NHS Trusts, but is not a big problem for us at the moment given the nature of our consultants, however there will be some work and training given around this very complex issue. **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. **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. Janet commented that it would be interesting to see the granularity around how many roles are being fill as opposed to the percentage – this is still a concern • 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%. **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. There is a lot of work being carried out in relation to proactive prevention of stress, anxiety and depression, but this continues to be a concern in particular as we are a Mental Health Trust. **Trust Induction** The Committee received a proposal to review and reshape the Trust Induction day and to make it a more meaningful experience. We also need to give consideration as to how early on in	

	employment staff attend the induction day. **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. We need to ensure that applicants are fully aware of what they could be receiving if they join the Trust and this needs to be articulated through recruitment managers and the HR team. In relation to exit interviews, the option for voluntary resignation has now been removed therefore people now need to declare why they are leaving which gives a much more meaningful report. **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. **Policies** The following policies were approved: 1.76 Job Planning; 3.03 Compassionate & Special Leave; 3.09 Freedom to Speak up policy/protocol 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 Janet Dawson asked that going forward the Chair of the committee recommends an executive summary on policies is received for the committee meeting so that the committee members can agree policies without the lengthy policy documents being included in the agenda pack. David Rogers responded that this is wider point for all committees and reviewing policies during the committee meetings needed review across the board. The new Assistant CEO, Tosca Fairchild will pick this up when she starts in November. Joan Walley commented how important it was that the delays in recruitment had been identified as an issue. Janet Dawson responded that the delay in recruitment can be due	**TF**

	to the recruitment policy itself and they are reviewing the process for roles that already exist within the Trust and that getting contracts out to new staff is key. Linda Holland also added that in relation to the authorisation of posts there has been a review of which positions go to the Establishment Control panel for approval and that existing posts below a band 8 or staff moving internally will no longer go through this process. Russel Andrews stated that recruitment had also been raised as an issue highlighted at Primary Care Committee and there was frustration that the process that used to take 6 weeks can now take up to 3 months and this had resulted in the loss of recruitment to some positions. Janet Dawson commented that in today's climate our process needs to be super slick. ***Received / Ratified***	
190/2019	**TRUST WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT** Linda Holland, Director of Workforce, Organisational Development and Inclusion presented the 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. **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. 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. **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. **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 **Training** • 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). **Harassment, bullying & abuse from patients** • Worse than last year: 54.5% of BAME staff (43.3% in 2018) experienced HB&A from pts (29.7% for white staff) **Belief in equal opportunities** • Worse than last year – 58.8% of BAME staff (64.3% in 2018) believed we offer equal opportunities (87.5% of white staff) **Experience of discrimination at work in the last 12 month**s • 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). The action plan has been updated given the outcome of this WRES report. Linda Holland asked the Board to accept and note report Joan Walley asked whether the Trust were aware of the mental health needs of the traveler community. Linda Holland responded that data in relation to the traveler community was included in the equality delivery standard (EDS2). Jonathan O'Brien added that a report came to Trust Board on Harder to Reach Groups and how we engage with them; this report included the homeless and the travelling community. Jonathan will forward to Joan Walley. David Rogers commented on the results relating to harassment and	**JOB**

	bullying and what approach the Trust was taking. Linda Holland responded this was being addressed as part of the Inclusion Council. Janet Dawson added that the one metric that was concerning is bullying by colleagues, with 21% of BAME staff and 15% of white staff experience bullying and that this may not be a true figure as some incidents may not get reported. Bullying is not necessarily to do with ethnicity but how we treat each other within the organisation and as a Board this is something we should look at. Jenny Harvey stated that in relation to bullying, investigations are difficult to resolve, and we need to look at different ways to tackle this. We need to focus on what the WRES report is saying which is you are twice as unlikely to get a job in this Trust if you are black than white. There are not many Trusts that have an Inclusion Council and the council is doing a great job to support BAME staff. Recruitment is a real issue for the Trust in terms of BAME, the figures are distorted by medics and the percentage figures can be misleading. We need to find a different ways of recruiting. Linda Holland responded that at the last Inclusion Council we had a workshop on positive action around recruitment and thoughts were given on how we approach our recruitment processes including who we have on the interview panels in order to do something different. ***Received***	
191/2019	**TOGETHER WE ARE BETTER – MAY 2019 UPDATE** Peter Axon, Chief Executive circulated the report for information only. Chris Bird gave an update in Peter's absence. The Long term plan set out the requirement for individual operational plans which have now been submitted and also set a requirement for the system to publish a 5 Year Plan in the autumn. Earlier this month NHS published the implementation framework which is the guidance document to support the 5 Year Plan and set the timeline as being mid-November. Earlier this week we received the publication of the Mental Health Implementation Plan for 2019–2024. The implementation plan gives guidance in terms of funding commitments. Separately, but related Chris will also produce an organisational 5 year plan which will also act as a standalone document for our Trust.	
192/2019	**Any Other Business**	

	No further business for discussion.	
193/2019	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 26TH September 2019 at 10.00am, in the Boardroom, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent, Staffordshire, ST4 8HH	
194/2019	*** 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 12:57pm

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. 25.07.19 - Delegated responsibility to People, Culture and Development Committee for discussion and recommendation at September meeting	Linda Holland	26-Sept-19	The paper went to Execs on 23rd July 2019 and the recommendation was to leave the current arrangements in place as there is no clear benefit to changing the annual leave date and would in fact cause operational challenges for managers as well as impacting on e-roster systems. This item will go for information to People and Culture Committee in November.
2	25-Jul-19	178/2019	Nurse Staffing Monthly Report (May 2019) - David Rogers asked if there is a way that we can we time our meetings to receive actual figures as these figures related to the month on May. Maria Nelligan advised the team will be looking at this.	Director of Nursing and Quality	26-Sep-19	Reports are available of previous months data but they have to go through the Trust's governance process prior to coming to Trust Board. A review of the reporting of data through to Board will be undertaken by the new Assistant Chief Executive Officer (ACEO)
3	25-Jul-19	178a/2019	Nurse Staffing Monthly Report (May 2019) - Jenny Harvey commented on the level of detail in the paper around bandings and job descriptions and whether this amount of information should be the public section of the Board meeting as staff may not be aware of the changes. Maria Nelligan will pick this up with team in terms of reporting narrative.	Director of Nursing and Quality	26-Sep-19	The Safer Staffing Action Plan traditionally reported to the Quality Committee and escalated to Board via the Quality Committee Assurance Report.
4	25-Jul-19	181/2019	Health and Safety Annual Report 2018/19 - Joe McCrea added that the Communications Team would help to raise the profile of health and safety. Joe will contact the Health and Safety Advisor and arrange for a communication to be sent to staff.	Joe McCrea	26-Sep-19	The Communicaitons Team have been in contact with the Health and Safety Lead and are working on updating volume and frequency of Health and Safety information available on the Trust intranet, as well as a regularly updated Health and Safety Board at the Harplands Hospital site.
5	25-Jul-19	181a/2019	Health and Safety Annual Report 2018/19 - Jenny Harvey stated that Unison should play a key part in health and safety and that we should and raise the profile of health and safety representatives. Jenny will raise with Unison.	Jenny Harvey	26-Sep-19	Communications Team will work with Staff Side to include information on updated intranet pages. Jenny has raised this issue within the Branch and they are looking to recruit more H & S Represntatives.
6	25-Jul-19	184/2019	Enhanced Performance and Quality Management Framework Report (PQMF_ Month 2 - Dr Adeyemo asked that narrative in relation to patients be less descriptive to avoid identification.	Lorraine Hooper	26-Sep-19	Complete

Board Action Monitoring Schedule (Open Section)

Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
7	25-Jul-19	190/2019	Trust Workforce Race Quality Standard (WRES) Report - Jonathan O'Brien added that a report came to Trust Board on Harder to Reach Groups and how we engage with them; this report included the homeless and the travelling community. Jonathan will forward to Joan Walley.	Jonathan O'Brien	26-Sep-19	Complete
8	25-Jul-19	189/2019	Assurance Report from the People, Culture and Develeopment Committee - David Rogers responded that this is wider point for all committees and reviewing policies during the committee meetings was not a good use of Executive time and that we need to look at the process across the board. The new Assistant CEO, Tosca Fairchild will pick this up when she starts in November.	Tosca Fairchild	28-Nov-19	

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 4

Date of Meeting:	26th September 2019		
Title of Report:	CEO Board Report		
Presented by:	Peter Axon, Chief Executive Officer		
Author:	Peter Axon, Chief Executive Officer		
Executive Lead Name:	Peter Axon, Chief Executive Officer	Approved by Exec	☒

Executive Summary:	Purpose of report	
This report updates the Board on 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	None	
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
26th September 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.

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1. CQC RETURNS TO COMBINED

The Board may recall that in March 2018 we featured in a national CQC publication called "Driving Improvement" which contained case studies from seven Trusts who had significantly improved their ratings (at that time, our rating had gone from Requires Improvement to Good).

We were contacted at the end of July by the CQC to invite us to be part of a short follow up with a few trusts to find out how they have maintained or improved on their rating. They were aware of course that we had gone on to achieve Outstanding and the focus of their interest was providing evidence of how we had continued to maintain service improvements and momentum in the aftermath of receiving the highest rating possible.

Myself and a number of Executive Directors met with the CQC Report author for interviews to form the basis of this follow-up and were able to provide them with evidence to support the following key points:

1. In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award
2. The news meant that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating
3. The news capped an Outstanding Year of award-winning delivery
4. Since the CQC announcement, our performance figures demonstrate we have continued to deliver
5. But we are not complacent and we have made clear that we want our journey of improvement to continue. Our aim is to be Outstanding in ALL we do and HOW we do it
6. As well as appointing a new Chief Executive, we have strengthened our Executive Team with new appointments with significant NHS experience across a range of NHS organisations, widening our direct knowledge and experience of wider regional perspectives
7. We have continued to develop our system leadership roles, reputation and credibility
8. Having reflected on the complexity of developing Primary Care Networks and Integrate Care Partnerships we realise that the scale of the challenge we face particularly over the next 12 months cannot be underestimated and the importance of working on developing our patient pathways with partners is becoming ever clearer
9. We are keen to build on the success of recent years so will be sustaining our commitment to our principles and values in relation to CARE and SPAR but will be seeking to reset a small number of strategic themes which we can use to build our ambitions around. We are keen to provide an opportunity for colleagues to engage with this refresh and will be actively consulting with our Service User and Carer

Council, Senior Leadership Team, Leadership Academy and Clinical/Medical Leads over the coming months.

This CQC publication will be a shorter case study than the original, but still presented in our own words and will be published on the CQC national web site.

2. LOCAL SYSTEM UPDATE

We continue to constructively work with colleagues across our local and regional health and care system on the challenges we face and I have promised to update the Board with any strategic issues as they arise.

In this light, the Staffordshire system leaders held discussions this month with our regulator (NHSI/E). We described a variety of initiatives that will improve system flow as we enter the autumn months, including work that Combined is doing, such as the opening of our Crisis Care Centre. It is important to remember that we all have a role to play in ensuring that our county-wide urgent care arrangements deliver the best outcomes possible for our local population. We are also discussing the financial challenges that Health and Social Care partners face both during this and future financial years. Work is ongoing to address these issues and I will update the Board further over coming months.

From a longer term perspective, Staffordshire health and social care partners continue to evolve plans to work towards becoming an Integrated Care System with Integrated Care Partnerships operating at a local level. Key to this is the development of Primary Care Networks. To support this large programme of work the system is completing a number of development sessions to better understand the skills and capacity needed to successfully implement this new system architecture.

3. STRATEGY REFRESH

The NHS Long Term Plan published in January 2019 and subsequent national policy documents place a particular emphasis on the development and expansion of mental health services. This, coupled with our achievement of the CQC 'Outstanding' rating, means it is the right time to refresh our strategy and set out our ambitions for the next few years.

We are keen to build on the success of recent years so will be sustaining our commitment to our principles and values in relation to CARE and SPAR but will be seeking to reset a small number of strategic themes which we can use to build our ambitions around. We are keen to provide an opportunity for colleagues to engage with this refresh and will be actively consulting with our Service User and Carer Council, Senior Leadership Team, Leadership Academy and Clinical/Medical Leads over the coming months.

4. LEADING THE STP HIGH POTENTIAL SCHEME

As part of our contribution to system leadership, I am proud that Combined has been asked to lead on behalf of the STP OD and System Leadership Workstream, the High Potential Scheme (HPS). This is an exciting new National Leadership Academy development programme that is being piloted for the first time within Staffordshire and Stoke-on-Trent STP. Seeking to develop the next generation of NHS leaders, the scheme is like no other. It is a fully funded, 24-month career development scheme to help high potential, aspiring middle level clinical or non-clinical leaders accelerate their career to senior executive roles at a faster pace.

The scheme focuses on gaining practical experience in a range of role settings and strategic experience through assignments and projects. With the help of a careers coach, throughout the scheme participants will also develop the knowledge, skills and behaviours needed to become an outstanding, compassionate and inclusive senior leader across health and care. This hands-on experience is something that many developmental programmes can't always offer, so we are urging any of our staff interested to apply, as there is a limited number of places available.

5. STOKE SENTINEL SALUTE OUR HEALTH HEROES

As part of my initial round of 'meet and greets' , I had the chance to meet up with Martin Tideswell, Editor in Chief of the Stoke Sentinel, and he brought my attention to their NHS Heroes awards. This is a chance for our local paper to shine a light on some of the really positive things that are done by our local NHS staff, but that sometimes can get lost in the more negative stories that seem to occupy much media coverage.

So it was great to see the following two examples that came about as a result of my chat with Martin:

One highlighted our Children and Young People's Dialectical Behavioural Therapy Service – see https://www.stokesentinel.co.uk/news/health/meet-psychologists-helping-young-teens-3135600

The second focused on the success of CAMHS in transforming access to services for young children – see https://www.stokesentinel.co.uk/news/stoke-on-trent-news/diagnosis-waits-slashed-north-staffordshire-3156799

Congratulations to both teams and happy to have helped in a small way to raise the profile in our local newspaper for some of the great things we do.

6. COMBINED IS SHORTLISTED AS HSJ MENTAL HEALTH PROVIDER OF THE YEAR

The Health Service Journal (HSJ) has announced that we have been shortlisted as one of the finalists for Mental Health Provider of the Year 2019 in the HSJ Awards. Being a Mental Health Provider finalist is great news for the trust and the wider geographical area. This year has been a fruitful one for teams across our Trust – and a pattern we hope to continue!

Alongside five other great mental health providers, we are extremely proud of this recognition. Myself and colleagues will be traveling to present to the judging panel on 30th September and we will find out the outcome on 6 November.

7. APPOINTMENTS TO OUR EXECUTIVE TEAM

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

We are delighted to announce the appointment of Kenny Laing as Executive Director of Nursing and Quality. Kenny will be joining the Trust from November, from Midlands Partnership NHS Foundation Trust (MPFT), where he is currently the Deputy Chief Nurse.

He is an experienced mental health nurse leader, with a real enthusiasm for improvement and innovation in mental health and community services. He has been a key member of the senior management team at MPFT during a period of considerable change and has led a number of key national projects, most recently in relation to standardising approaches to safe staffing in mental health. As someone with a deep and longstanding knowledge of Combined Healthcare, he is someone who will be able to understand, lead and support colleagues across the entire Trust. He is a proven leader and passionate advocate both for

nursing and for the whole range of services we provide and the service users and their families we support and care for.

We very much look forward to welcoming him back on a 12 month secondment to the Trust from 1 November"

8. SUICIDE PREVENTION CONFERENCE 2019

The Suicide Prevention Conference will take place on Friday 11th October 2019 at the Bet 365 Stadium, Stoke

This is the 2nd annual Together We're Better Suicide Prevention Conference, hosted by North Staffordshire Combined Healthcare NHS Trust.

The day offers a unique opportunity to hear from a number of experts on topics such as Care of the Bereaved by Suicide, Young Peoples Mental Health and exciting updates about funding for Suicide Prevention across Stoke on Trent and Staffordshire.

The challenge for everyone working in public facing organisations will continue to be how do we work better together to prevent suicide?

The conference aims to enable partner agencies to reflect on what they can do to help, better identify those at risk and hear about new innovations from our region and across the UK.

Attendance is free. Click to book a place

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 5

Date of Meeting:	26 September 2019		
Title of Report:	Service User & Carer Council Update Report		
Presented by:	Wendy Dutton, Chair, Service User & Carer Council		
Author:	Wendy Dutton, Chair, Service User & Carer Council		
Executive Lead Name:	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 ☐ • 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	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:	To receive for assurance	

Version	Name/group	Date issued

SERVICE USER AND CARER COUNCIL

During the summer break SUCC members have continued to support a number of activities within the Trust including:

- Interview panels, including some of those on the board, Welcome!
- Induction days
- Meetings at various levels
- Work with service development groups

The 3rd Open Space Event, to engage with service users, carers, staff and partners in relation to 2020-21 Quality Priorities has been confirmed as:

27th November 2019, Port Vale Stadium
10am - 3pm

The Agenda and Flyer for which will be developed ASAP and, listening to feedback from last year, the event will include improved ways of engaging to influence Quality Priorities.

Recent discussions have taken place to re- focus SUCC direction and efforts to broaden and expand membership, these include:

- Ensuring not only staff, but service user and carer representation from all 4 directorates. We would like to thank all the Quality Improvement Lead Nurses for their support with this. To further this work some SUCC members will attend local forums to both get feedback and to give information regarding SUCC work and volunteering in a much more informal way - 2 Engagement Events have already taken place, 1 at the Sutherland Centre and 1 at Greenfields.

- Move forward with Observe and Act assessments which aim to seek service User and Carer views, specifically, on service delivery and services in general, by service users who have undergone the training.

- Continue to support work on;

    - Person Centred Care, care plans
    - Peer Mentors
    - Wellbeing Academy

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 6

Date of Meeting:	26th September 2019		
Title of Report:	R&D Annual Report 2018/19		
Presented by:	Dr Chris Link, Consultant Psychiatrist and Director of Research & Innovation		
Author:	Research and Development Team		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☒

Executive Summary:	Purpose of report	
The 2018/19 Research and Development (R&D) Annual Report presents an overview of R&D activity for the period 1st April 2018 – 31st March 2019. The report shares the Trust's research journey over the last 12 months, sharing our National Institute for Health Research (NIHR) performance, overview of research engagement, successes, evaluation and innovations. To note: • The Board Assurance Framework (BAF) identified five key objectives for R&D; the Trust achieved four of the five objectives, with further work progressing into 2019/20 • 2018/19 year was a highly successful year for recruitment, with a significant increase in the number of participants recruited into research studies (n= 207) - the highest number of recruits in over five years. • Although the 2018/19 NIHR target was not met, our performance was commended by the West Midlands CRN; • Dragons' Den was successfully relaunched, with a successful event held April 2019, seven finalists pitched their ideas. Dragons Den work will progress into 2019/20. • Innovation Nation, the Trust's first research and innovation conference, was a lively and forward-thinking event, well attended by staff from across the Trust; • Consent to Contact for Research initiative was launched in June 2018 and aimed to better support clinicians to record if service users wish to be contacted about research; • The R&D team look forward to progressing engagement projects and initiatives across the Trust in 2019/20.	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	No risk or legal implications	
Resource Implications: Funding Source:	No resource or funding implications	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Reviewed and approved by the R&D steering group. Includes studies and R&D supported projects/completing during 2018/19.	
STP Alignment / Implications:	No STP Alignment implications	
Recommendations:	To receive for assurance	
Version	Name/group	Date issued

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RESEARCH & DEVELOPMENT ANNUAL REPORT

2018/19

PROUD TO CARE

spar

INTRODUCTION

The purpose of the Research and Development (R&D) Annual Report is to present an overview of R&D activity for the period 1st April 2018 – 31st March 2019. The report shares our research journey over the last 12 months, sharing our performance, challenges and success stories. We would like to thank our service users and carers, clinical teams and partners over the last 12 months for their on-going support and contribution to research, evaluation and innovation.

During 2018/19 the R&D team, along with our research-active clinicians, continued to contribute to national and international high-quality portfolio and commercial research. There was on-going engagement work with the Clinical Research Network West Midlands (CRN WM) supporting our High Level Objectives (HLO's) also meeting our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

"Encourage, Inspire and Implement research and innovation at all levels"

BOARD ASSURANCE FRAMEWORK

The Trust Board is responsible for ensuring that the Trust consistently follows the principles of good governance. The BAF identifies the procedures for risk management against key strategic objectives and the controls and assurances in place. R&D's BAF Objectives were mapped against the Trust 2018/19 objectives for research, namely to encourage, inspire and implement research and innovation at all levels..

During 2018/19 the BAF identified five key objectives for R&D:

- Relaunch of Dragon's Den with a focus on innovation and value makers co-led with the Service User and Carer Council – see page 8 for details of the highly innovate and successful relaunch;
- Converting good practice innovations that the Trust has been shortlisted or won into published article;
- To formalise Honorary lecture roles in AHP, Nursing and Social Care – four senior lecturer posts with Keele University were confirmed in December 2018 – given the importance this remains an on-going piece of work;
- Adopt consent to contact approach informing service users about opportunities for participating in research – see page 14 for more details of this innovation;
- Achieve the NIHR recruitment target for 2018/19, while the Trust did not meet the NIHR target, the CRN WM commend the Trust for achieving its highest recruitment target in the last five year. More about performance can be found on Page 6

RESEARCH ENGAGEMENT

Chaired by our Medical Director and supported by the R&D Director; the R&D Steering group is a platform through which we progress our research strategy and business development. Meetings take place on a bi-monthly basis with membership including; senior management, core R&D team, Directorate representatives and representation from the CRN West Midlands, the group review performance, research activity and matters arising for research. During 2018/19 membership and roles for our R&D Specialty Representatives (formerly R&D Directorate Representatives) were reviewed and aligned with the new Directorate structure. The group also undertook its annual review of its terms of reference and aligned its work plan to the R&D strategy, trust's annual plan and BAF objectives.

Working with our research-active clinicians and researchers at University Hospital of North Midlands (UHNM) R&D Department and Neurology research we worked collaboratively to deliver on three portfolio and Commercial studies.

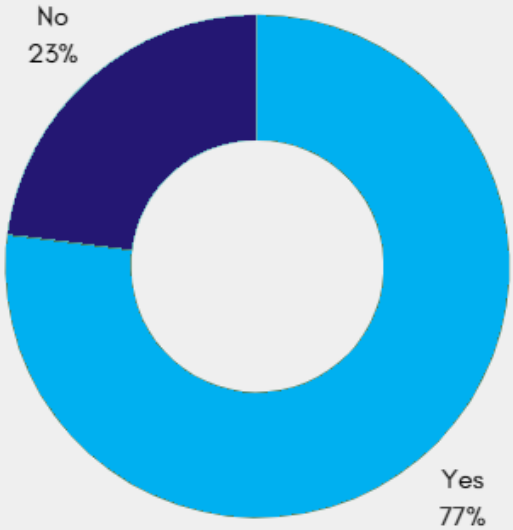
We continued to work in collaboration with our local Universities to support student researchers through the University and NHS research approvals processes.

GOVERNANCE AND ASSURANCE

During 2018/19, the R&D Department continued to embed the new UK Policy Framework for Health and Social Care Research and the new EDGE research management system. 2018/19 saw the release of new regulations and guidance in the form of the new General Data Protection Regulation (GDPR), the new National Data Opt Out, the new Governance Arrangements for Research Ethics Committees, the new Joint Statement on the Application of Good Clinical Practice to Training for Researchers, and the new Joint Statement on Seeking and Documenting Consent Using Electronic Methods (eConsent) which R&D ensured were adopted. The R&D Department continued their programme of monitoring compliance against international, national, regional and local policy and guidance around research.

The R&D Department continued their programme of monitoring compliance against international, national, regional and local policy and guidance around research. During 2018/19 the R&D Department approved 13 studies, of which 77% (n=10) were approved within 40 days. The causes for the timing in approval were external influences beyond the team's control in all 3 studies (Figure 1.) The number of studies that recruited participants within 70 days was 62% (n=8). There are 2 studies which closed early with no recruitment and 3 studies where 1 is due to the rarity of condition.

Figure 1 Approval within 40 days



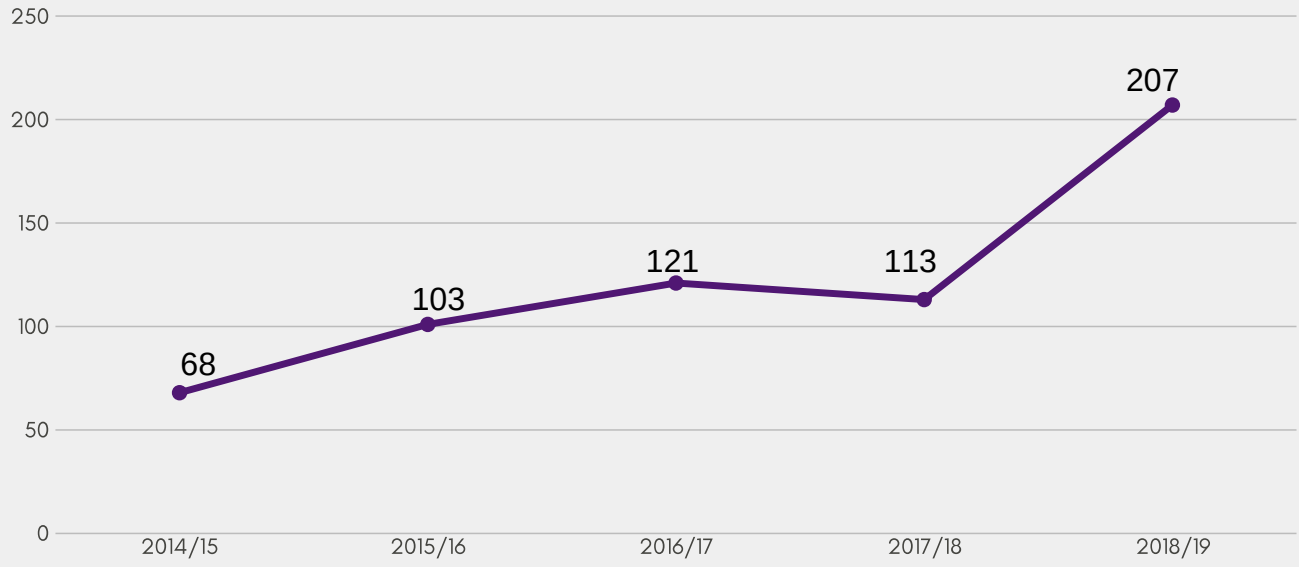
During 2018/19, there were five new research projects approved; four professional doctorates and one Master's Degree. We supported six PhD students, three Masters Students, and eight professional doctorate students with the initial stages research project design, feasibility and approvals

OUR PERFORMANCE

Engaging our clinicians and clinical teams was key in the successful delivery of our NIHR portfolio and Commercial studies, working towards achieving our NIHR recruitment target and contributing to both the R&D Strategy and the Trust's BAF objectives. During 2018/19 research-active clinicians and R&D worked together to recruit service users, carers and staff into 21 NIHR and Commercial open studies on our research portfolio.

Each year the Trust receives a target to achieve against the wider NIHR portfolio, for 2018/19 our Trust target was 317 recruits, further split across two specialty areas; Mental Health (237) and Dementia (90). While we did not meet this target, 2018/19 year was a highly successful year for recruitment and saw a significant increase in the number of participants recruited into research studies, rising from 113 in 2017/19 to 207 participants in 2018/19 (83%), the highest number of recruits in over five years (Figure 2). This performance was commended by the West Midlands CRN.

Figure 2. Overview of recruitment in the last 5 years



During 2018/19 the Trust has 30 (some in follow up only) studies of which, 63% (n=19) were NIHR portfolio adopted non-commercial studies, 7% (n=2) were commercial studies, and 30% (n=9) were student studies

KEY ACHIEVEMENTS 2018/19

with work continuing during 2019/20

DRAGONS' DEN RELAUNCH 2019

In 2018/19 our Innovation Board Assurance Framework (BAF) objective was to relaunch Dragons' Den with a focus on Innovation and Valuemakers. The relaunch, was supported by the Research and Development (R&D) team and co-led with the Service User and Carer Council (SUCC). The focus of the Dragons' Den' relaunch was to support and develop small–scale projects within practice, requesting financial or project support.

Dragons Den' linked in with the Trust's successful 'Valuemakers' aiming to maximise the use of resources intelligently and efficiently, focusing on; innovative ways of delivering better services for the same money, utilising innovations to conduct something more effectively and efficiently or introducing new ways of working.

Reflecting the format of the television programme, applicants were given an opportunity to apply to pitch their ideas to Trust decision makers via a Dragons' Den panel. The relaunch of 'Dragons Den' opened for applications in January 2019. Dragons' Den utilised an expression of interest format, with a staged approach. Applications were initially reviewed by the R&D team to ensure completeness and subsequently reviewed by the applicant Associate and/or Clinical Directors. The Directorates were asked to confirm if the idea was feasible and in line with Directorate priorities.

On the 26th April 2019 the R&D team hosted Dragons' Den panel event. The event was the Trust's second Dragons Den event, taking forward successful applicants from the review process. Applicants were given 15 minutes to present and pitch their idea to Combined "Dragons". This positive event 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 improving service user care and experiences.

Our 2019 Dragon's Den Finalist's

Jay McNeil - Trans Youth Cultural Exchange

To form links between the CAMHS trans young people's group and the world's first school for trans youth in Chile

Helen Perry - Enabling Independence in the Community: Road Safety

Development of an assessment package by the Occupational Therapy department in the Learning Disability Service, focusing on road safety skills initially.

Stephanie Hutton - Anthology of Hope

To extend the idea behind the Well-being Academy's 'Writing for Wellbeing' classes to encourage creative writing with a well-being focus through offering more workshops from staff and people with lived experience who write.

Katie Lear-Thompson - Video Rehab and Movement Therapy

To purchase a MOTOmed bike and Spoteee Virtual Reality system. With VideoRehab, a system of virtual reality videowalk and cycle routes all around the world, patients can explore distant locations while exercising.

Becky Chubb - Frailty Simulation Suit

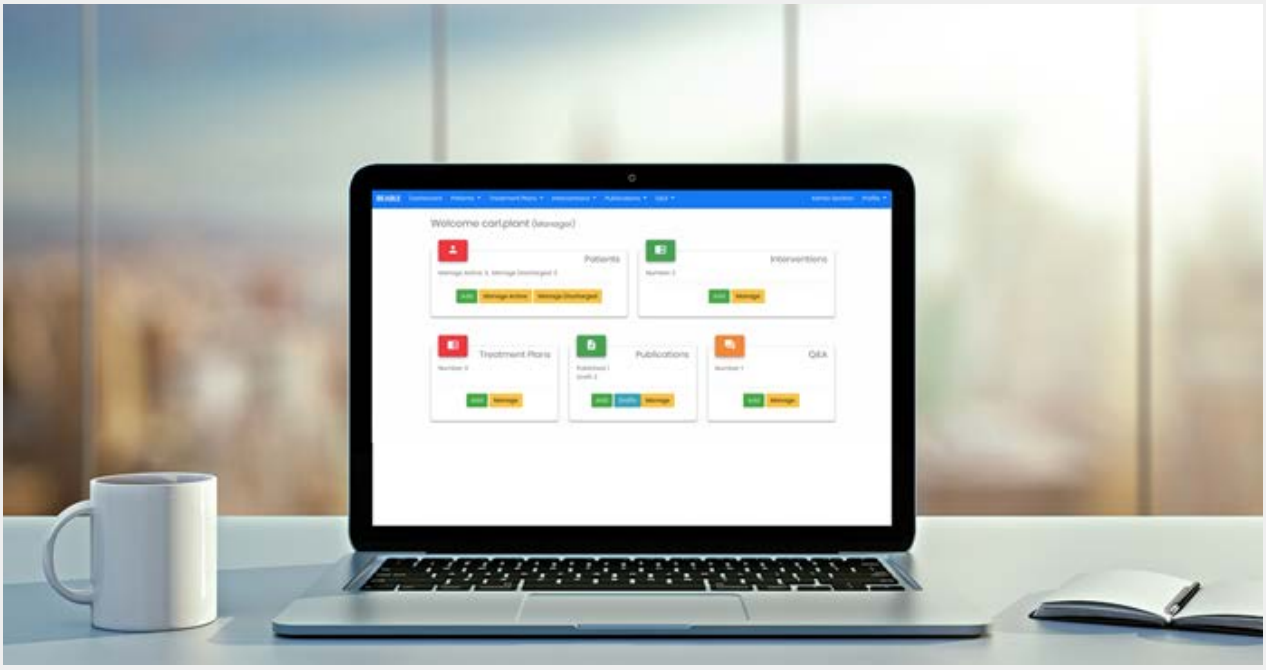
To purchase a frailty simulation suit to improve the understanding and empathy of healthcare staff when managing frail older people.

Matthew Doughty - Sexual Vulnerabilities video Education Support Tool.

Development of an evidence-based assessment tool to measure vulnerability within sexual relationships for people with learning disabilities,.

Ann Cox, presented by Leah Benson - Social prescribing in CAMHS

To develop a support bespoke group packages of workshops to look at team building, resilience, activity for managing over activity.



BEABLE APP DEVELOPMENT

The development of technology-enabled care at Combined has been incremental – commencing with a small-scale project; the mapping of Flo text messaging from physical health to mental health with the building up of two technologies amongst a cohort of 20 service users with significant memory impairments and co-morbidities. Pilots initiated and delivered with individuals who had early dementia and mild cognitive impairment (MCI) at Combined, using technology-enabled care, have demonstrated that simple technologies are acceptable and beneficial to this cohort,- individuals engaged well with this medium.

Emerging from this pilot work, came the concept for BeAble; extending the basic premise of 'self-management' support by delivering personalised information to service users about their mental health and long-term conditions through a native App. The BeAble concept comprises an "App on prescription", providing service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self- management

Summary of Findings

- A review of the BeAble App gained insight into user experience and feedback;
- Service users reported BeAble was successful in linking information - advised as "relevant and concise;
- Ease of use and simplicity in operation was a key factor in design, ensuring the focus was firmly on clinical care delivery;
- No technical glitches were identified as part of the BeAble review

Summary of Recommendations

- Supplementary (paper) instruction booklet (e.g. including WIFI set up and passcode information);
- Options for larger text sizes and fonts
- Increased availability for iPhone/ iPad devices for non-android users;
- App adoption as a digital platform across a variety of mental/physical health settings

INNOVATION NATION 2018

Innovation Nation was created in response to clinicians sharing that they would like find out more about what is going on in research and innovation - exploring a platform to share good practice.

Supporting our Board Assurance Framework (BAF) objectives, and wider Trust objective to “Encourage, implement and inspire research and innovation at all levels”, Innovation Nation aimed to showcase the work within the Trust, highlighting the mechanisms and support to encourage staff to get involved

On Wednesday 24 October 2018 the R&D Team and Dr Rebecca Chubb hosted Innovation Nation 2018. Innovation Nation was the Trust’s first research and innovation conference and was a lively and forward-thinking event, well attended by staff from across the Trust.

Dr Scott Border (Principal Teaching Fellow in Anatomy within Medicine at the University of Southampton) opened the session with an honest account of the challenges faced during an innovation journey. Oral and poster presentations were delivered throughout the morning, with a networking lunch.

The award for best presentation was given to Dr Jenni Watson and Dave Jefferson(ADHD CAHMS Team) for their insightful presentation about their ADHD pathway development titled: “How a questionnaire influenced a pathway”. The conference concluded with Dr Chris Link, R&D Director thanking all those who took part

Dr Link shared: *“I thought the event was a fantastic celebration of the research which is going on within the Trust and a testament to the great ideas that staff have for improving services for patients. It demonstrated that research can arise from simple ideas and doesn’t’ necessarily require huge time commitments from team members, rather the results can lead to improved services and more effective and efficient patient-centred care”.*

CONTACT FOR RESEARCH

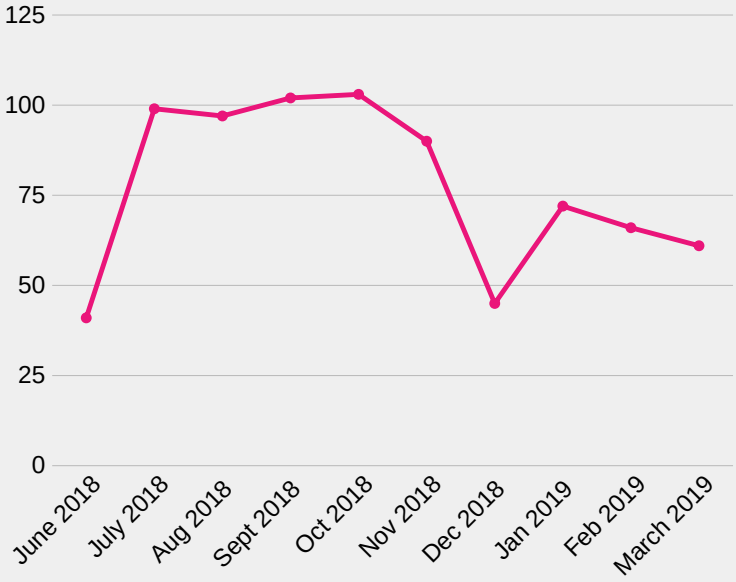
Consent to Contact for Research
In line with Good Data Protection Regulations (GDPR) guidance and increasing recruitment target R&D recognised a new initiative to support of opportunities for research was required. The Consent to Contact for Research initiative aimed to support clinicians to record if service users wish to be contacted about current and future research projects.

Acting as an additional recruitment method to support activity and engagement with clinicians, service users and carers the initiative was developed and implemented during 2018/19, with further developments planned for 2019/20.

The Contact for Research initiative is now live, with service users being asked at their core assessment whether they are happy to be contacted about research.

Since implementation in June 2018, we have engaged with 776, service users and carers, who have said "Yes" to be contacted for research through the introduction of this work (Figure 3).

Figure 3. Yes to Research by Month



The next steps include assessing the processes around Contact for Research and begin to scope out Children and Young People and Learning Disability involvement.

CRIMINAL JUSTICE: OUTREACH PATHWAY

During 2018/19 the outreach pathway was implemented, as per all L&D services, and provided support in accessing appropriate treatment options available within the community.

Alongside the development, the R&D team supported the assessment and review of the pathway to explore both an outreach pathway and what added value is realised from the peer mentor approach and pathway development.

A minimum dataset was established as part of the Outreach Model development. A review of the database was completed to provide feedback and recommendation to the Outreach team in terms data

Summary of Findings

- Data captured did not accurately reflect activity around contacts;
- Due to difficulties in identifying service users within Lorenzo the data captured was not an accurately reflection of the Outreach caseload;
- Six service user feedback stories; overall feedback was positive;

Summary of Recommendations

- Utilise Lorenzo as a reporting mechanism, linking in with the Performance Team;Identification of the outreach caseload within Lorenzo;
- A reporting system to pull out actual contacts related to Outreach activity;
- Process mapping exercise of how data is inputted and reported into Lorenzo.

NEXT STEPS FOR 2019/20

The R&D team look forward to progressing engagement projects and initiatives into 2019/20. Supported by clinician engagement and recruitment initiatives the R&D team are committed to ensuring that all service users and carers have the opportunity to participate in research and with the additional measures in place the R&D Steering Group are positive in exceeding the 2019/20 NIHR recruitment target. Innovation projects and initiatives will be progressed into 2019. Following on from the success and feedback of our 2018 Innovation Nation event, we are pleased to confirm a date for 2019 Innovation Nation – September 2019. The 2019 event will be a full-day event, with guest speakers, staff presentations and posters.

Our key objectives for 2019/20 are set out in the Trust's Board Assurance Framework and we are pleased to report the R&D team have made progress to scope out how to take this exciting work forward. For 2019/20 the BAF has identified eight key objectives:

- Optimise use of 'Consent to research initiative' – 20% increase on consenting to research against 2018/19 figure;
- Launch mandatory GCP training for clinical professionals – 85% of medics achieving compliance;
- Ensure alignment with Directorates and develop capacity and capability to deliver R&D within Directorates;
- Continue to strengthen Keele & Staffordshire University Partnership;
- Support and develop roles within the Trust structure. Identify one Primary Investigator (PI) within each specialty to ensure research delivery;
- Establish an Innovation Group incorporating expertise from across the Trust
- Develop and implement an 'Innovation strategy' with support from MIDTECH and AHSN;
- Establish Innovation Nation as the springboard for Dragon's Den to inspire and engage staff as part of an annual cycle to embed a culture of innovation

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REPORT TO OPEN TRUST BOARD

Enclosure No: 7

Date of Meeting:	26th September 2019		
Title of Report:	July 2019 Monthly Safer Staffing Report		
Presented by:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	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 July 2019 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during July 2019 was 77% for registered staff and 104% for care staff on day shifts and 80% and 107% respectively on night shifts. Overall a 93% 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: Execs 3rd Sep 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
1	Execs	03 September 2019
	Quality Committee	05 September 2019
	Trust Board	26 September 2019

1 Introduction

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

2 Background

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

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

3 Trust Performance

During July 2019 the Trust achieved a staffing fill rate of 77% for registered staff and 104% for care staff on day shifts and 80% and 107% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 93% was achieved. This has remained unchanged from June 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; recommendations are followed and recorded within a Safer Staffing Action Plan.

4 Care Hours per Patient Day (CHPPD)

The Trust is required to report CHPPD on a monthly basis. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. The CHPPD metric has been

developed by NHSI to provide a consistent way of recording and reporting deployment of staff providing care in inpatient units. The aim being to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS provider sector by providing a single means of consistently recording, reporting and monitoring staff deployment. The Trust is in the 3rd quartile nationally for CHPPD in February 2019.

5 Impact

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

5.1 Impact on Patient Safety

There were 8 incidents reported in relation to ward nurse staffing levels during July 2019. All of these incidents were reported by the Adult Acute Wards. The report narratives identified increases in patient acuity, staff sickness and the requirement to support patients whilst receiving treatment at the Royal Stoke University Hospital. None of these incidents affected our ability to provide safe patient care.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During July 2019 there were 8 occasions when patient activities had to be cancelled as a result of shortfalls in nurse staffing levels. All of these cancellations occurred within the Adult Acute and Older Persons Wards and all but 1 of these activities were successfully rescheduled.

5.3 Impact on Staff Experience

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

- 198 staff breaks were cancelled (equivalent to approximately 4% of total breaks). This has reduced from 6% in June 2019 and was mainly due to short notice increases in acuity at the Darwin Centre and PICU. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

- There were 12 occasions reported during July when staff supervision sessions had to be cancelled at Ward 1, Ward 2 and the Darwin Centre to support safe staffing levels.

- There were 4 staff appraisals and 3 mandatory training sessions cancelled to support safe staffing levels during July 2019.

5.4 Mitigating Actions

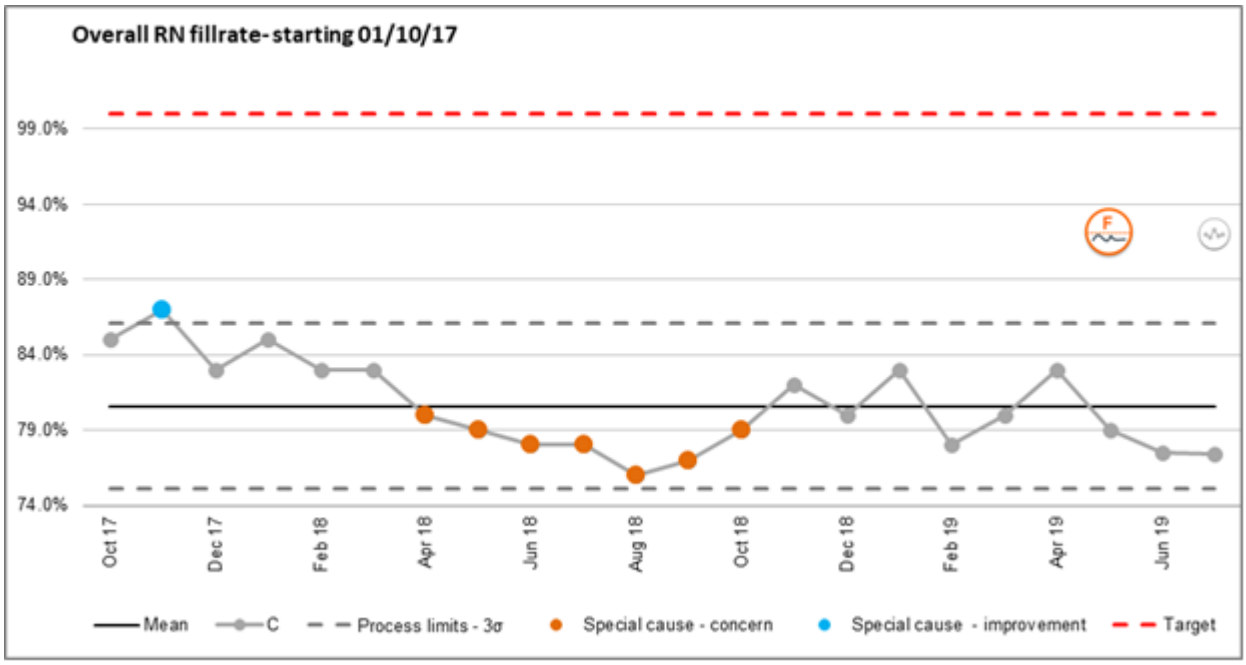
Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. A total of 478 RN shifts were covered by HCSW's where RN temporary staffing was unavailable. A total of 100 HCSW shifts were covered by RN staff where HCSW temporary staffing was 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 31 occasions (67 hours in total) when additional support was provided by members of the multi-disciplinary team and 23 occasions (totalling 30.7 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.

In comparison to June 2019 RN fill rate was essentially unchanged for July 2019 at 77%. Night shifts remain a challenge in areas that require the support of x2 RN's and particularly for Wards 4, 5, 6, and Darwin Unit.

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



The Trust is participating in the NHSI Retention Support Programme and this has informed the Trust Recruitment and Retention Action Plan which details the actions that are being taken by the Trust to attract and retain Registered Nurses. These include recruitment incentives such as refer a friend, continued

professional development offer, housing and flexible hours. These incentives are included in all RN job adverts.

Health Education England has recently identified funding to support Trusts with Return to Practice 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 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 another 2 Trainee Advanced Nurse Practitioners have been recruited and will commence in September 2019.

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

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 21 newly qualified RN's (16 RNMH, 4 RNLD and 1 RNC) who will be commencing with the Trust from October 2019 onwards.

5.6 Registered Nurse Retention

During July 2019 two Healthcare Support Workers (1.53 WTE) and four RN's (3.80 WTE) left the Trust, the majority due to age related retirement. Four leavers (3.33 WTE) were from community services and two (2.00 WTE) were from ward inpatient areas (1.00 WTE Registered Nurse and 1.00 WTE HCSW).

6. Summary

The fill rate for registered nursing shifts remained unchanged from June 2019 and the safe staffing reporting continued to highlight a number of challenges in the staffing of wards during July 2019. There was an increase of 5.00 WTE Registered Nurse vacancies within our inpatient ward areas during July 2019. Reassuringly a majority of these vacancies resulted from internal transfers and staff promotions with only 1.00 WTE ward based Registered Nurse leaving the Trust during this period. We are continuing to attract newly qualified RNs to the Trust and we employ a number of strategies with the support of the HR and communication teams to attract both RNs and HCSW's during this time of national shortage.

HCSW vacancies within our inpatient areas have reduced by 6.43 WTE in the past month.

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

7. Recommendations

The Trust Board is asked to:

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

Appendix 1 July 2019 Safer Staffing

Jul-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	921.82	344.10	344.10	374.90	1162.50	1236.00	1110.17	688.20	954.60	830.20	69.0%	109.0%	89.8%	87.0%	77.2%	88.6%	83.7%
Ward 2	1335.00	1335.00	1095.75	688.20	688.20	394.65	1534.50	1602.00	1391.88	1032.30	1087.80	1223.25	82.1%	57.3%	86.9%	112.5%	73.7%	97.2%	87.1%
Ward 3	1335.00	1335.00	1122.75	688.20	688.20	410.20	1162.50	1162.50	1258.88	688.20	688.20	850.57	84.1%	59.6%	108.3%	123.6%	75.8%	114.0%	94.0%
Ward 4	1507.50	1507.50	1082.23	344.10	344.10	377.40	1162.50	1162.50	1622.35	1032.30	1032.30	988.70	71.8%	109.7%	139.6%	95.8%	78.8%	119.0%	100.6%
Ward 5	1335.00	1335.00	891.98	688.20	688.20	384.25	1162.50	1162.50	1505.43	688.20	688.20	944.50	66.8%	55.8%	129.5%	137.2%	63.1%	132.4%	96.2%
Ward 6	1335.00	1335.00	860.20	688.20	688.20	366.30	1162.50	1649.40	2077.28	688.20	1176.60	1453.10	64.4%	53.2%	125.9%	123.5%	60.6%	124.9%	98.1%
Ward 7	1335.00	1473.00	858.72	344.10	344.10	366.37	1162.50	1230.00	1723.43	1032.30	1098.90	1000.30	58.3%	106.5%	140.1%	91.0%	67.4%	117.0%	95.2%
Assessment & Treatment	963.00	790.50	785.00	688.20	344.10	377.40	1534.50	1317.50	904.20	688.20	688.20	663.50	99.3%	109.7%	68.6%	96.4%	102.5%	78.2%	86.9%
Darwin Centre	1335.00	1335.00	977.40	688.20	688.20	374.15	1125.00	1287.00	1603.92	688.20	876.90	1245.65	73.2%	54.4%	124.6%	142.1%	66.8%	131.7%	100.3%
Edward Myers	963.00	963.00	832.98	344.10	344.10	344.10	765.00	765.00	797.52	688.20	688.20	676.60	86.5%	100.0%	104.3%	98.3%	90.1%	101.4%	96.0%
Florence House	637.50	637.50	682.83	332.32	332.32	332.22	930.00	930.00	539.50	332.32	332.32	332.22	107.1%	100.0%	58.0%	100.0%	104.7%	69.1%	84.5%
Summers View	930.00	930.00	632.48	332.32	332.32	332.22	930.00	930.00	953.25	664.64	664.64	664.43	68.0%	100.0%	102.5%	100.0%	76.4%	101.4%	90.4%
PICU	1009.50	1009.50	977.77	688.20	688.20	749.22	837.00	2059.50	1615.15	688.20	1287.60	1148.58	96.9%	108.9%	78.4%	89.2%	101.7%	82.6%	89.0%
Totals	15355.50	15321.00	11721.92	6858.44	6514.34	5183.37	14631.00	16493.90	17102.96	9599.46	11264.46	12021.60	76.51%	79.57%	103.69%	106.72%	77.42%	104.92%	92.81%
Dragon square	1102.50	1102.50	884.75	310.00	310.00	301.75	1162.50	1162.50	868.25	310.00	310.00	320.00	0.80	0.97	0.75	1.03	0.84	0.81	0.82

Jul-19 Date	Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy July	Movement
Ward 1	3257.03	343.00	9.50	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	-0.08	-0.61	81%	↓
Ward 2	4184.53	519.00	8.06	Nurses working additional unplanned hours and altering the skill mix	3.94	5.09	71%	↓
Ward 3	3923.35	489.00	8.02	Nurses working additional unplanned hours and altering the skill mix	2.02	2.30	73%	↓
Ward 4	4449.27	427.00	10.42	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	2.44	3.08	95%	↑
Ward 5	4048.33	414.00	9.78	Nurses working additional unplanned hours and altering the skill mix	5.89	0.01	100%	↑
Ward 6	5115.72	443.00	11.55	Nurses working additional unplanned hours, altering the skill mix and the support of the wider MDT	5.71	0.07	98%	↑
Ward 7	4275.42	612.00	6.99	Nurses working additional unplanned hours and altering the skill mix	3.05	-1.32	103%	↑
Assessment & Treatment	2833.30	69.00	41.06	Nurses working additional unplanned hours and altering the skill mix	1.76	-0.12	39%	↓
Darwin Centre	4489.72	261.00	17.20	Nurses working additional unplanned hours and altering the skill mix	5.56	2.54	60%	↑
Edward Myers	2567.65	285.00	9.01	Nurses working additional unplanned hours and altering the skill mix	1.71	1.02	79%	↓
Florence House	1972.33	202.00	9.76	Nurses working additional unplanned hours and altering the skill mix	-0.08	1.50	100%	↑
Summers View	2660.23	281.00	9.47	Nurses working additional unplanned hours and altering the skill mix	2.39	1.55	97%	↑
PICU	4454.88	122.00	36.52	Nurses working additional unplanned hours and altering the skill mix	1.80	1.20	100%	↓
Totals	48231.76	4467.00	10.80		**36.11**	**16.31**		
Dragon square	2287.83	147.00	15.56	Nurses working additional unplanned hours and altering the skill mix	0.20	2.06	82%	↑

Appendix 2 Staffing Issues

- At the end of July 2019, there were 36.11 WTE RN vacancies in in-patient areas. This is an increase of 5.00 WTE from the June 2019 position. A majority of these vacancies continue to be within Wards 2, 5, 6 and the Darwin Centre. The overall vacancy figure does continue to show a positive reduction throughout this financial year, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these RNs. The Trust continues to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of July 2019, there were 16.31 WTE HCSW vacancies reported within in-patient wards. This is a reduction of 6.43 WTE from June 2019. A majority of these vacant posts remain within wards 2, 4, & the Darwin Centre and were created following the transaction of Safer Staffing establishment recommendations from the April 2018 Annual Safer Staffing report. We are continuing to actively recruit to these posts. We currently have a number of candidates who are awaiting start dates and we therefore expect to see our HCSW vacancy levels reduce further over the next few months. We are also enhancing the opportunities for HCSW's to join the Trust as part of an apprenticeship programme. Additionally the Acute & Urgent Care Directorate have been given approval to over-recruit to HCSW posts in the short term.

- RN day shift cover remained challenging during July 2019. Ward 7 had the lowest RN day shift fill rate in July; this was due to an increase in RN vacancy, sickness absence and pre-planned leave. We did however see improvements in fill rates at the Assessment & Treatment Unit following a decrease in both patient acuity and occupancy. This resulted in a reduction in the number of clinically required staff and as a consequence there was an improvement in both the RN and the overall fill rate for this service.

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

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

- Seven wards experienced an increase in occupancy and five wards had a decrease in occupancy during July 2018. Patient acuity remained high across a number of areas, particularly within the Adult Acute wards and the Darwin Centre where there have been high levels of enhanced observations as well as a requirement to support patients to attend the Royal Stoke University Hospital.

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

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 8

Date of Meeting:	26th September 2019		
Title of Report:	Q1 2019-2020 Mortality Surveillance Report		
Presented by:	Dr Buki Adeyemo. Executive Medical Director		
Author:	Jackie Wilshaw, Rose Melnik, Joanne Milgate, Frazer MacDonald		
Executive Lead Name:	Dr Buki Adeyemo. Executive Medical Director	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years. Also included is a review of deaths investigated under the Serious Incident policy.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☐ Date: 10th September 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 Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer collaboration.☐ 2. To provide the highest quality, safe and effective services ☒ 3. Inspire and implement innovation and research. ☐ 4. Embed an open and learning culture that enables continual improvement. ☒ 5. Attract, develop and retain the best people. ☐ 6. Maximise and use our resources effectively. ☒ 7. Take a lead role in partnership working and integration. ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Issues relating to Equality, Diversity and Inclusion were not identified during the MS process or the writing of this report		
STP Alignment / Implications:	Nil		
Recommendations:	To receive for assurance		

Version	Name/group	Date issued
1	CSIG	
2	SLT	10th September 2019

1. Introduction

In 2017 the National Quality Board published new guidance on learning from deaths. As a result there is a need to ensure that the Trust can be confident that all unexpected deaths are reported and investigated appropriately. Additionally, information contained within its databases must be accurate and comply with the Trust standard of transparency and accountability. This report is for the Q1 reporting period 2019/20 and provides information for the time frame January to March 2019.

2. Trust reporting and data collection

The table below shows the number of deaths reported monthly during Q1. These deaths will be reviewed by the mortality surveillance group following completion of the investigation process.

Month	Total number of deaths recorded on Lorenzo	Total number of deaths – out of service	Reported as SI	Open to services at the time of death- natural causes	Substance Misuse Deaths			LD deaths
					North Staffs	Stoke	Staffs	
April 2019	43	32	5	5	1	2	0	1
May 2019	31	17	2	12	0	0	0	0
June 2019	36	23	1	10	2	2	0	2

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

During Q1the mortality surveillance group reviewed the care of 10 people (meetings took place on 16th April 2019, 14th May 2019 and 4th June 2019). The analysis of these deaths is shown in the table below.

Meeting Date	Identifier	Death category	Level of care	Death occurred as a result of problems in healthcare	Duty of Candour applies	Domain
16th April	25238	EN1 Expected Natural	4 Good Care	No	No	Physical Health
	25368	UN1 Unexpected Natural	4 God Care	No	No	Physical Health
	24860	EN1 Expected Natural	4 Good Care	No	No	Physical Health
	26269	EN1 Expected Natural	3 Adequate Care	No	No	Physical Health
	24966	UN2 Unexpected Natural	4 Good Care	No	No	Drugs & Alcohol
14th May	24137	UN1 Unexpected Natural	4 Good care	No	No	Physical Health

4th June	25553	UN2 Unexpected natural.	4 Good care	No	No	Drugs & Alcohol
	26016	EN1 Expected natural.	4 Good care	No	No	Physical Health
	26035	EN1 Expected natural.	4 Good care	No	No	Physical Health
	26144	UN1 Unexpected natural	4 Good care	No	No	Learning Disability
	26293	UN2 Unexpected natural.	4 Good care	No	No	Physical Health & Drugs & Alcohol

The definitions for the death category are shown below:

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

There is no national guidance on the criteria for the level of care determination. However the mortality surveillance group considered that good care had been provided where there was evidence of the staff providing a good level of support, had responded quickly and appropriately to situations where deterioration in physical health was noted.

Adequate care is determined to be care where the basic standards of expected support are given.

Poor Care is determined where the group consider that the actions of the clinicians did not meet the standards required by the Trust.

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

In case number **26269**, the care was assessed as being adequate as there was no evidence that standard care plan was completed on Lorenzo/standard Lorenzo format.

3. LeDeR

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

During Q1, the mortality surveillance group received 3 reports relating to the care of people with Learning Disabilities. In each case the deaths were recorded as expected and natural as the people were in receipt of palliative care and the care was determined to be good.

4. Conclusion

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

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 9

Date of Meeting:	26th September 2019		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Laurie Wrench, Associate Director of Governance		
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

North Staffordshire Combined Healthcare NHS
NHS Trust

Key points from the Quality Committee meeting held on 5th September 2019 for the Trust Board meeting on 26th September 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: May 2019 -** Summary report detailing patient related incidents / events and action and learning).

- ✓ **IQPR M4 2019/20 –** The IQPR replaces the PQMF as the single Board and Committee report for M4. There are 14 RAG rated measures that have achieved target and 18 that have not achieved target and highlighted in red as exceptions. There are 8 special cause variations and 11 special cause variations. There are 17 metrics flagged with a common cause variation.

- ✓ **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 approved the risk score for 725 relating to Fridge monitoring be reduced from 12-8. Report approved.

- ✓ **QIA CIP Quarterly Report –** The report presented a review of the schemes for the period Q4 2018/19. In respect to any deterioration in the quality of service, this report is limited to the identification of any recorded incidents, complaints, PALS or Dear Peter concerns as a consequence of the Q4 schemes. Nil of which had been recorded at the time of writing the report.

- ✓ **Environmental Risk Assessment Annual Report 2019/20 –** The Environmental Ligature Risk Assessments have been reviewed and completed for 2019/20 across all in-patient and community facilities. The Committee approved the suggested programme of work to provide a reduced ligature environment across all Trust owned properties and to work in partnership with outside agencies, to improve the environments for the people who use our services. The Chair agreed a detailed report will go to SLT and asked for an update around assurance that work is being undertaken to come back to Quality Committee. Report approved.

- ✓ **Nutrition Annual Report 2018/19 –** The annual report summarised the organisation's achievements and noted the Trust is in the top quartile of the national league table for hospital food PLACE scores 2018.

- ✓ **Safeguarding Children and Adults Report Quarter 1 2019/20 –** The report covers the period of 01 April 2019 to 30 June 2019 (Q1).There were no current

Safeguarding Adult Reviews. There are currently seven ongoing Domestic Homicide Reviews which are detailed within the report.

- ✓ **Executive Briefing – Safeguarding Children Board Changes –**- Working Together to Safeguard Children (HM Government, 2018) outlined significant changes for the way in which Child Safeguarding Board's operate. Both Stoke on Trent Safeguarding Children Board and Staffordshire Safeguarding Children Board are early adopter sites and this has led to changes locally within arrangements for partnership. This report updated Quality Committee on these new arrangements and highlighted risks, mitigations and proposed a way forward following feedback from Executive and Non-Executive Directors. The Committee shared concern that the Trust had not been consulted and questioned where responsibility lies. The Committee agreed The issue requires additional discussion at Trust Board prior to issues being raised with the relevant parties.

- ✓ **Quarterly Report on the Use of Restrictive Practices in Inpatient Services –** The report provided information regarding the arrangements and systems in place to monitor the use of physical restraint, seclusion and rapid tranquillisation within the inpatient services of North Staffordshire Combined Healthcare NHS Trust. The report compared activity for the 2018/19 Q4 and 2019/20 Q1 period and outlines progress against the annual restrictive practice reduction work plan.

- ✓ **Lymebrook Water Supply Update** – The Committee were requested to note the action taken in response to the recent high Legionella counts recorded at Lymebrook, along with the proposed follow up actions, which will be monitored through to completion by the IPCC.

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

- ✓ **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 .

- ✓ **Mental Health Act Report for Ward 3 including Action Plan** - The report addressed the recommendations from the inspection on Ward 3 held on 11th July 2019. Immediate actions have been taken and are being monitored.

- ✓ **MHA Provider Summersview Report** - An unannounced Mental Health Act Compliance visit was conducted by the CQC at Summersview on 26th June 2019. The report detailed the actions planned to address issues raised by the CQC as a result of the visit.

- ✓ **Research and Development Annual Report 2018/19** – The report provided an overview of research and development activity from April 2018 – March 2019. National and international contributions were made by CRN (Clinical Research Network) West Midlands and the Department of Health via NIHR.

- ✓ **Safe Staffing Reports June and July 2019** - The paper outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during June 2019 and July 2019 in line with the National Quality Board requirements.

- ✓ **Mortality Surveillance Quarter 1 Report** - The report provided assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years and also included a review of deaths investigated under the Serious Incident policy.

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

The following policies were approved for 3 years:

- 1.35 Policy and Procedure for the Safe and Supportive Observation and Engagement of Patients
- R11 Seclusion & Long Term Segregation
- 1.62 Physical Health Policy
- 1.62a SOP to support the Physical Health Policy
- 1.62b SOP Neurological Observations
- 1.67 Towards Smoke Free
- 1.82 Treatment & Management of pressure ulcers
- 5.1 ADHD Care Bundle (this is not a policy or guidelines but reviewed as a bundle for information only)
- Medicines Policy
- 5.5 Rapid Tranquilisation Policy
- 5.12 Procedure and Guidance for the Use of Clozapine
- 5.29 Unsafe gas appliance procedure
- SOP for Writing R&D SOPs
- SOP for Management (Monitoring) of Research Hosted at NSCHT
- SOP for Management of Contracts for Research Hosted at NSCHT
- Standard Operating Procedure for Management of Researcher Contracts at NSCHT
- SOP for Principal Investigator (PI) Responsibilities for Research Hosted at NSCHT
- SOP for Safety Reporting for Research Hosted at NSCHT
- SOP for End of Study Reporting Requirements for Research Hosted at NSCHT

Extension approved to 30th November 2019

- 1.64 Effective Care Planning
- 1.82 Treatment & Management of pressure ulcers

Remove

- 3.43 Serious placement issue. This policy is now replaced with - New Clinical Placement Policy

2c **The following reports were received for information:**

- ✓ Restraint Reduction Policy
- ✓ Lampard Report
- ✓ Pharmacy Annual Report 2018/19

3. Next meeting:
7th November 2019

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

Laurie Wrench, Associate Director of Governance
17th September 2019

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN PUBLIC BOARD

Enclosure No: 10

Date of Meeting:	26th September 2019		
Title of Report:	Improving Quality & Performance Report [IQPR] Month 04		
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	
	Approval	☐
	Information	☐
	Discussion	☐
	Assurance	☒

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

At the same time as developing the ways in which performance is reported, the Trust has also taken the opportunity to review the measures it reports. There are a number of new measures that are reported here for the first time to Public Board give readers an informed view on the key measures regarding performance:-

- Mental Health Liaison 24 hour response (metric 10)
- Service users on CPA in settled accommodation (metric 29)
- Service users on CPA in employment (metric 30)
- Vacancy rate (metric 33)
- Staff turnover (metric 34)
- Year to date agency spend compared to target (metric 36)
- Clinical supervision (metric 37)
- Appraisals (metric 38)
- Statutory and Mandatory training (metric 39)

In this month we have a total of 10 exceptions to report. 7 of these are newly reported measures to Public Board, including 5 workforce measures, mental health liaison 24 hour response and service users on CPA in employment. These are challenging targets to meet and actions are being taken in all instances to improve performance. One measure, CPA 12 month review compliance, has been rated red and performance improvement plans are in place to ensure improvement takes place. Two measures are an exception because they are an SPC breach, both related to IAPT (metric 11 and metric 28). Both metrics have delivered to target however performance has seen some variation and the Trust has investigated and understood this. Previous methods of reporting would not have allowed us to identify these areas as promptly and so represent a positive sophisticated approach to managing performance over time.

North Staffordshire Combined Healthcare NHS Trust

Seen at:	SLT ☒ Execs ☐ Performance Review Date: 27 August 2019	Document Version No.	1.1
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	There are 2 special cause variations (orange trend flags - signifying concern) and 7 special cause variations (blue trend flags - signifying improvement). There are 10 metrics flagged with a common cause variation (grey trend flag). There are 12 RAG rated measures that have achieved target and 8 that have not achieved target and highlighted in red as exceptions.		
Resource Implications: Funding Source:	A Data Quality Improvement Plan is agreed with commissioners as part of the 2019/20 Contract to address data quality issues that may impact on performance.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population.		
STP Alignment / Implications:	None at the present time		
Recommendations:	The Board is asked to: • Receive the report as outlined • Note the Management actions •		

Version	Name/group	Date issued
1.1	Public Board	12/09/19

IQPR

Improving Quality & Performance Report

Public Board

Month 4: July 2019/20

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1. Using Statistical process control (SPC)

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

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

2. Highlights and Exceptions

There are 12 RAG rated measures that have achieved target and 8 that have not achieved target and highlighted in red as exceptions.

There are 2 special cause variations (orange trend flags - signifying concern) and 7 special cause variations (blue trend flags - signifying improvement). There are 10 metrics flagged with a common cause variation (grey trend flag).

Measure	Met/ not met	Trend	PF	Exception	Narrative
1 - Referral to Treatment within 18 weeks	G				The target has been achieved in July Trust-wide. Actions are in place in all community teams to maintain the target going forward.
2 - CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week					The Trust had reported 100% compliance with this standard in 2018/19. NB There were no urgent referrals received during quarter 1 (they were all routine).
3 - CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks					This standard has been achieved in over the last 12 months with performance in Q1 95.2% against a 95% target.
4 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	G				The target has been consistently achieved over the last 12 months. Performance has dipped from 90% in M3 to 66.6% in M4.
5 - MH Liaison 1 Hour Response (Emergency)	G				Following the dip in performance in M2 there has been an improvement with the response time of 97% at M4
6 - MH Liaison 4 Hour Response (Urgent)	G				The Trust has met this standard since October 2018/19 and continues to achieve the target during 2019/20.
7 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	R			*	This is a new measure added to the IQPR There has been an increase in urgent referrals which has had an impact on 24 hour response targets. If a further 4 patients had been seen within an hour the standard would have been achieved in M4.
8 - IAPT: Referral to Treatment (6 weeks)	G			*	The Trust continues to be highly performing against IAPT standards including the 6 week standard and compares favourably when benchmarked nationally.

Measure	Met/ not met	Trend	PF	Exception	Narrative
9 - IAPT: Referral to Treatment (18 weeks)	G		P		The Trust continues to be highly performing against IAPT standards including 18 week standards and has achieved 100% performance since April 2018.
10 - Care Programme Approach (CPA) 7 day Follow Up	G	H	?		The Trust continues to pro-actively monitor this standard and the achievement of it. It is positive to note that 100% of all patients discharged were followed up within 7 days.
11 - Delayed Transfers of Care (DTOC)	G		?		There was a known issue with the under recording of delayed transfers of care (DToCs) on all wards with the exception of Ward 5. All Wards have been reminded of the SOP and it is expected that performance will increase further in M5.
12 - Out of Area (OOA) - Total Adult Acute bed days - In Month		L			There were 17 OBDs in July relating to the 1 patient who was placed in an out of area bed.
13 - PICU (OOA) - Total Bed Days (in month)		L			There was a downward trend since October when the PICU unit opened and an increased demand from April. In M4 there are 109 bed days for those PICU patients placed out of area.
14 - Under 18 Admissions to Adult Acute Wards	G				There were no admissions of Under 18s CYP to Adult Wards in M4.
15 - CPA 12 Month Review Compliance	R		?	*	Performance has dipped to 92% in M4. There is a key focus on all Localities to ensure that the target is achieved in line with the trajectory.
16 - IAPT : Recovery	G	L	P	*	The Trust continues to be highly performing against IAPT standards, including the recovery standard, although there has been a noticeable decrease in performance in the last 4 months, flagging as a Special Cause variation.
17 - Service Users on CPA in settled accommodation	G	H	F		This is a new measure added to the IQPR for Public Board Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo.
18 - Service Users on CPA in Employment	R	H	F	*	This is a new measure added to the IQPR for Public Board Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo. There is a significant improvement from 4% in M3 to 6% in M4.
19 - Sickness Absence					Sickness absence remains significantly below the Trust's target. Work is underway to support the Specialist Directorate's position and bring back within target. Note: July data is currently not available.
20 - Vacancy Rate	R			*	This is a new measure added to the IQPR for Public Board The Trust vacancy rate decreases to 8.7% taking into account those posts that; have been recruited to (but not yet started) and are part of a transformation scheme not yet transacted.
21 - Staff Turnover	R	L	?	*	This is a new measure added to the IQPR for Public Board There has been a sustained improvement in staff turnover for the last 7 months to 12.8% in M4.
22 - % Year to Date Agency Spend compared to Year to Date Agency Ceiling	R		?	*	This is a new measure added to the IQPR for Public Board 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. Agency as is forecast to be within the ceiling by the end of the financial year.

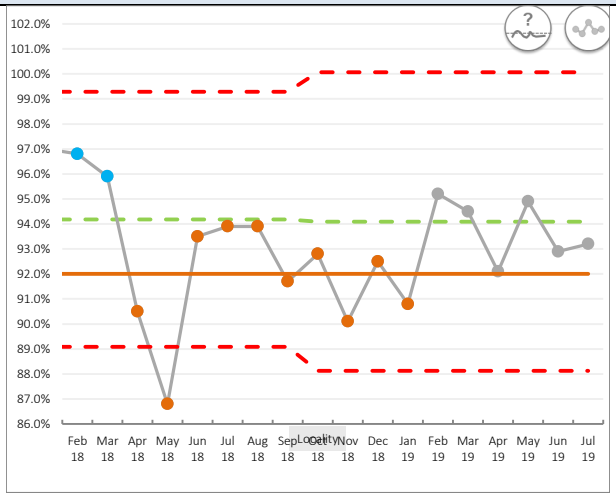
Measure	Met/ not met	Trend	PF	Exception	Narrative
23 - Clinical Supervision	R			*	This is a new measure added to the IQPR for Public Board Directorate action plans are in place to ensure that clinical supervision is recorded in a timely way. This is a key focus to be addressed in all teams.
24 - Appraisal	R			*	This is a new measure added to the IQPR for Public Board Directorates have plans in place to ensure compliance by September 2019 in line with the annual rolling programme for appraisals.
25 - Statutory & Mandatory Training	G				This is a new measure added to the IQPR for Public Board All Directorates are above target. Work is ongoing to ensure the position is maintained.

Access and Waiting Times

G - Referral to Treatment within 18 weeks ↗

A Higher Value Is Better

Actual	93.2%	M4	**Exec. Director of Operations** Responsive
Target:	92.0%	Monthly	CCG/Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) –
The target has been achieved in July Trust-wide. Actions are in place in all community teams to ensure compliance and maintain the target going forward, with a particular focus on Stoke and North Staffs Community where actions are in place to bring performance over target level.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
93.9%	91.7%	92.8%	90.1%	92.5%	90.8%	95.2%	94.5%	92.1%	94.9%	92.9%	93.2%

Trust	North Staffs Community	Stoke Community	Specialist Services
✓	✗	✗	✗
93.2%	90.7%	89.0%	72.2%

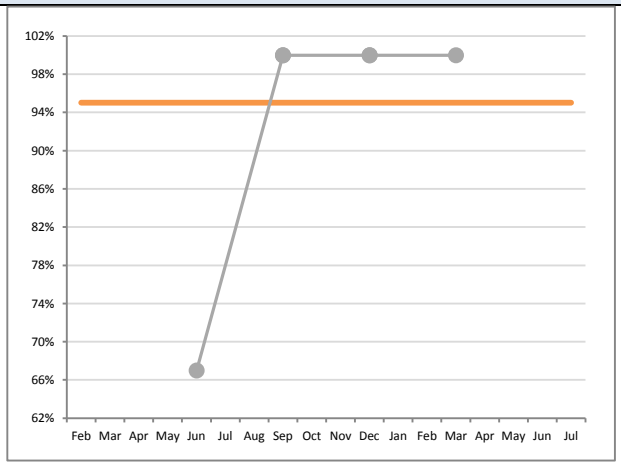
1

FPE	Board	Board (Private),	People	Quality,

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

A Higher Value Is Better

Actual		M4	**Exec. Director of Operations** Responsive
Target:	95.0%	Quarterly	National/CCG/Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust had reported 100% compliance with this standard in 2018/19, in Q1 there were no urgent referrals received.

NB There were no urgent referrals received during quarter 1 (they were all routine).

12 Month Trend

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

Trust

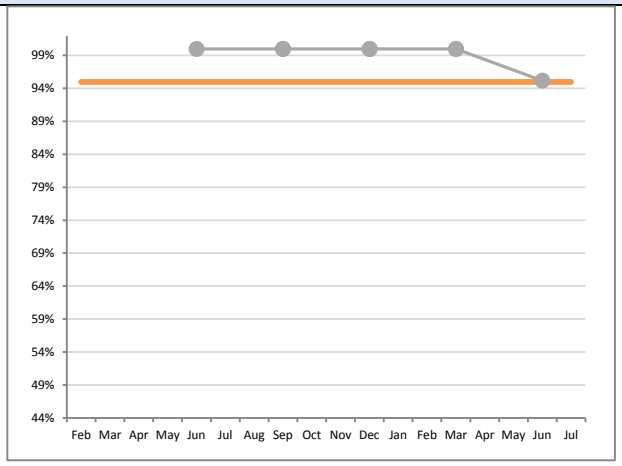
2

FPE	Board,	Board (Private),	People	Quality,

- CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks ↘

A Higher Value Is Better

Actual	M4	**Exec. Director of Operations**	Responsive
Target: 95.0%	Quarterly	CCG/Trust Measure	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	100.0%			100.0%			100.0%			95.2%	

Trust

-- Context --

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

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

This standard has been achieved in over the last 12 months with performance in Q1 95.2% against a 95% target.

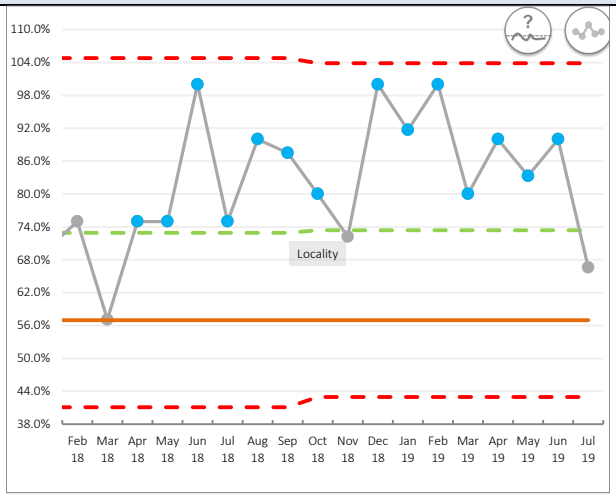
3

FPE	Board,	Board (Private),	People	Quality,

G - Early Intervention – A maximum of 2 week waits for referral to treatment ↘

A Higher Value Is Better

Actual 66.6%	M4	**Exec. Director of Operations**	Responsive
Target: 57.0%	Monthly	National	



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
90.0%	87.5%	80.0%	72.2%	100.0%	91.7%	100.0%	80.0%	90.0%	83.3%	90.0%	66.6%

Trust
✓
66.6%

-- Context --

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

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

The target has been consistently achieved over the last 12 months. Performance has dipped from 90% in M3 to 66.6% in M4.

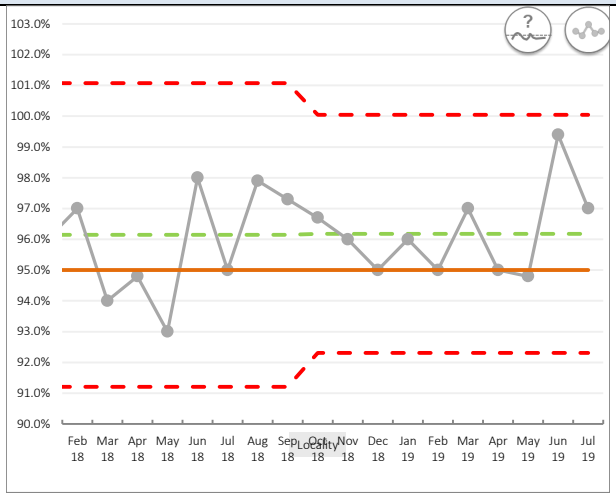
4

FPE	Board,	Board (Private),	People	Quality,

G - MH Liaison 1 Hour Response (Emergency) ↘

A Higher Value Is Better

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



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

-- Monthly Narrative (Key Issues and Actions) --
Following the dip in performance in M2 there has been an improvement with the response time of 97% at M4

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
97.9%	97.3%	96.7%	96.0%	95.0%	96.0%	95.0%	97.0%	95.0%	94.8%	99.4%	97.0%

Trust
✓
97.0%

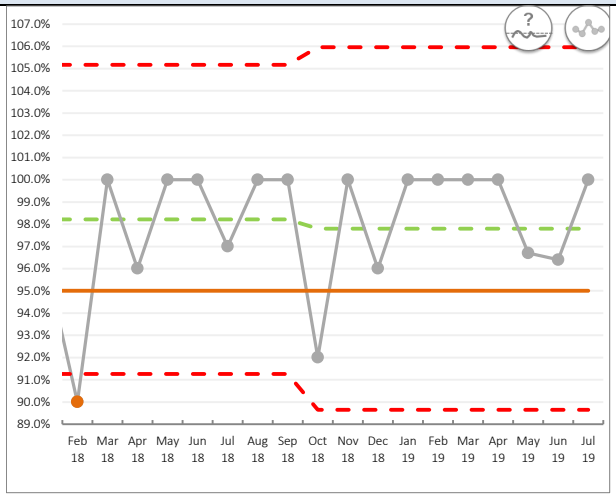
5

FPE	Board,	Board (Private)	People	Quality,

G - MH Liaison 4 Hour Response (Urgent) ↗

A Higher Value Is Better

Actual	100.0%	M4	**Exec. Director of Operations**	Responsive
Target:	95.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust has met this standard since October 2018/19 and continues to achieve the target during 2019/20.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
100.0%	100.0%	92.0%	100.0%	96.0%	100.0%	100.0%	100.0%	100.0%	96.7%	96.4%	100.0%

Trust
✓
100.0%

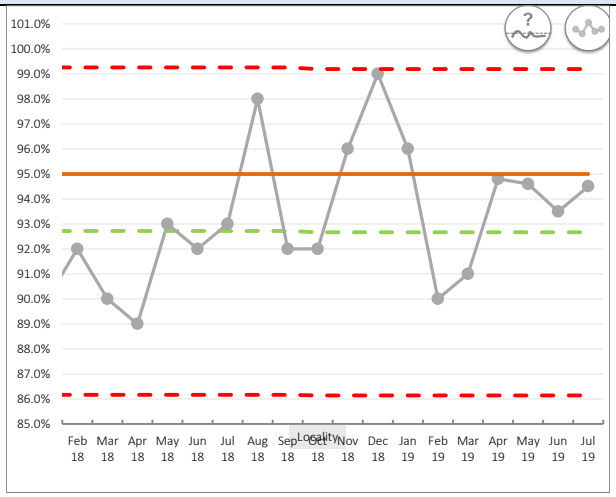
6

FPE	Board,	Board (Private)	People	Quality,

R - MH Liaison 24 Hour Response (Urgent from General Hospital Ward) ↗

A Higher Value Is Better

Actual	94.5%	M4	**Exec. Director of Operations** Responsive
Target:	95.0%	Monthly	CCG



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
98.0%	92.0%	92.0%	96.0%	99.0%	96.0%	90.0%	91.0%	94.8%	94.6%	93.5%	94.5%

Trust
✗
94.5%

-- Context --

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

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

As Emergency Portals take priority over Urgent referrals, the high volume of these Portals referred has had an impact on 24 hour response targets. The service has also had increased pressures, including several 136 detentions, which has impacted on the Portal response rate resulting in a backlog of 24 hour response referrals.

In addition, complex CYP referrals continue to increase every month which is resulting in practitioners requiring spending extra time to complete assessments which impacts our response times. This sometimes causes a backlog of ward referrals. If a further 4 patients had been seen within an hour the standard would have been achieved in M4.

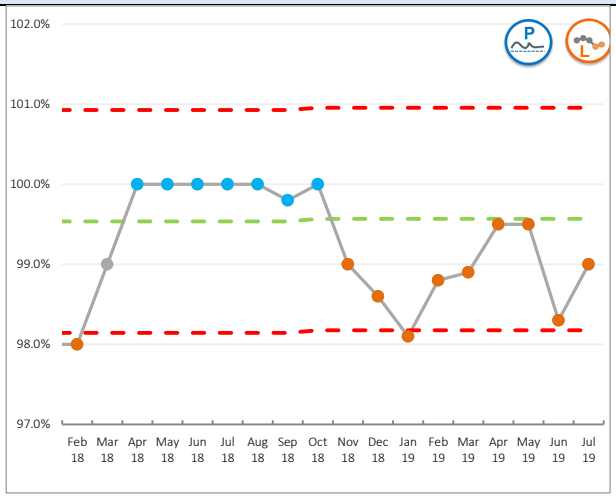
7

FPE	Board,	Board (Private)	People	Quality,

G- IAPT: Referral to Treatment (6 weeks) ↘

A Higher Value Is Better

Actual	99.0%	M4	**Exec. Director of Operations** Safe
Target:	75.0%	Quarterly	NHSI/Trust Measure



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
100.0%	99.8%	100.0%	99.0%	98.6%	98.1%	98.8%	98.9%	99.5%	99.5%	98.3%	99.0%

Trust
✓
99.0%

-- Context --

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

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

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

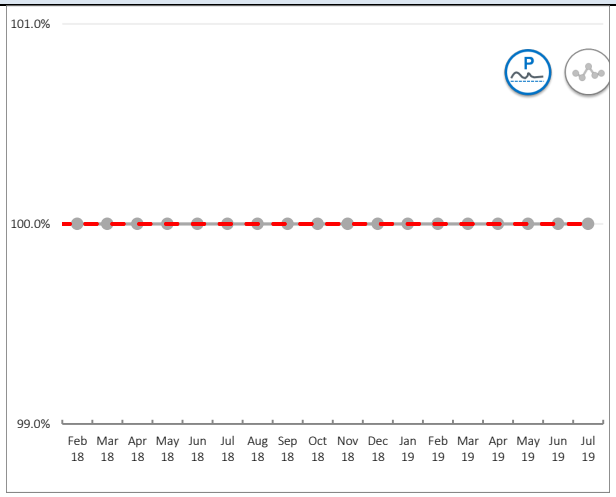
8

FPE	Board,	Board (Private)	People	Quality,

G - IAPT: Referral to Treatment (18 weeks) ↔

A Higher Value Is Better

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



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust continues to be highly performing against IAPT standards including 18 week standards and has achieved 100% performance since April 2018.

12 Month Trend

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

Trust
✓
100.0%

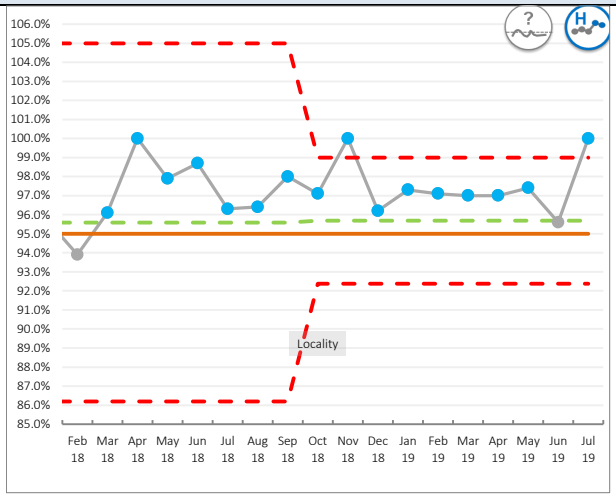
9

FPE	Board,	Board (Private)	People	Quality,

G - Care Programme Approach (CPA) 7 day Follow Up ↗

A Higher Value Is Better

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



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust continues to pro-actively monitor this standard and the achievement of it. It is positive to note that 100% of all patients discharged were followed up within 7 days.

NB: There were no CPA 7 Day Follow ups for Acute and Urgent Care in M4

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
96.4%	98.0%	97.1%	100.0%	96.2%	97.3%	97.1%	97.0%	97.0%	97.4%	95.6%	100.0%

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

10

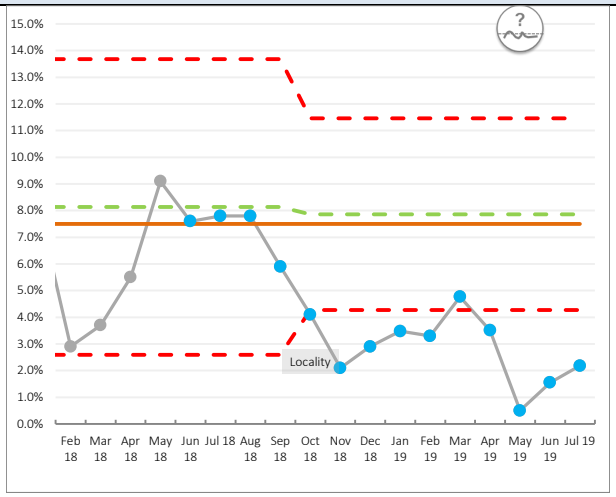
FPE	Board,	Board (Private)	People	Quality,

Inpatient & Quality Metrics

G - Delayed Transfers of Care (DTOC)

A Lower Value Is Better

Actual	2.2%	M4	Exec. Director of Operations	Responsive
Target:	7.5%	Monthly	Trust Measure	



12 Month Trend

7.8%	5.9%	4.1%	2.1%	2.9%	3.5%	3.3%	4.8%	3.5%	0.5%	1.6%	2.2%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

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

-- Monthly Narrative (Key Issues and Actions) --
There is a known issue with the under recording of delayed transfers of care (DToCs) on all wards with the exception of Ward 5. The Discharge Coordinator has reminded the Wards of the SOP and it is expected that performance will increase further in M5. The Associate Director and Clinical Director of Acute and Urgent Care will be signing off DToCs reported going forward. Escalation continues with commissioners in relation to specific patients who are delayed.

Trust	Specialist Services	Acute and Urgent Care
✓	✗	✓
2.2%	8.5%	0.0%

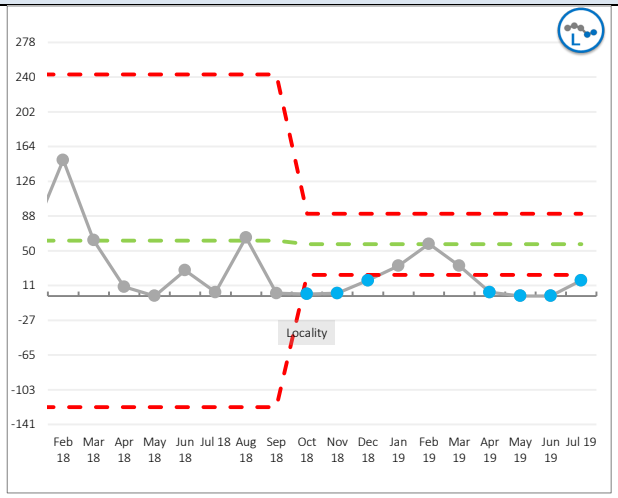
11

FPE	Board,	Board (Private)	People	Quality,

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

No Assumption Ascribed To Value

Actual	17.00	M4	Exec. Director of Operations	Responsive
Target:		Monthly	Trust Measure	



12 Month Trend

64	3	2	3	17	33	57	33	4	0	0	17
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

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

-- Monthly Narrative (Key Issues and Actions) --
There were 17 OBDs in July relating to the 1 patient who was placed in an out of area bed.

Trust
17.00

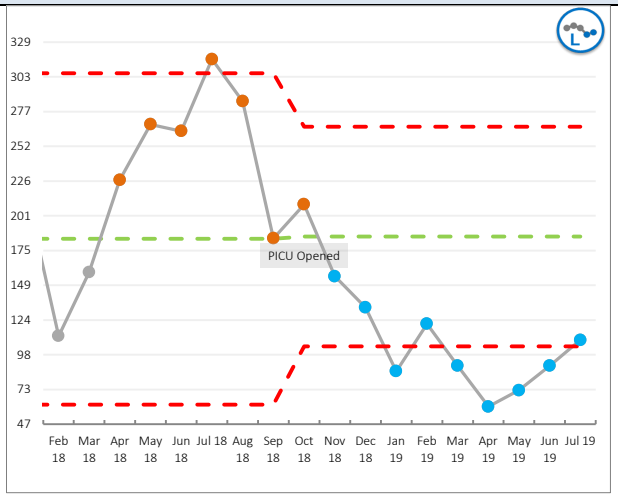
12

FPE	Board	Board (Private),	People	Quality,

PICU (OOA) - Total Bed Days (in month) ↗

No Assumption Ascribed To Value

Actual	109.00	M4	**Exec. Director of Operations** Responsive
Target:		Monthly	Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
There was a downward trend since October when the PICU unit opened and an increased demand from April.

In M4 there are 109 bed days for those PICU patients placed out of area (4 in month.

The total bed days spent out of area is 412 for all PICU patients out of area in month.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
285	184	209	156	133	86	121	90	60	72	90	109

Trust
109.00

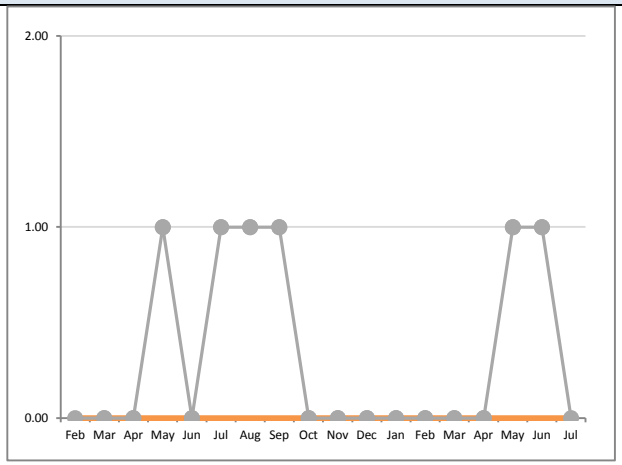
13

FPE	Board	Board (Private),	People	Quality,

G - Under 18 Admissions to Adult Acute Wards ↘

A Lower Value Is Better

Actual	0.00	M4	**Exec. Director of Operations** Safe
Target:	0.00	Monthly	CCG/Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
There were no admissions of Under 18s CYP to Adult Wards in M4

12 Month Trend

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

Trust
✓
0.00

14

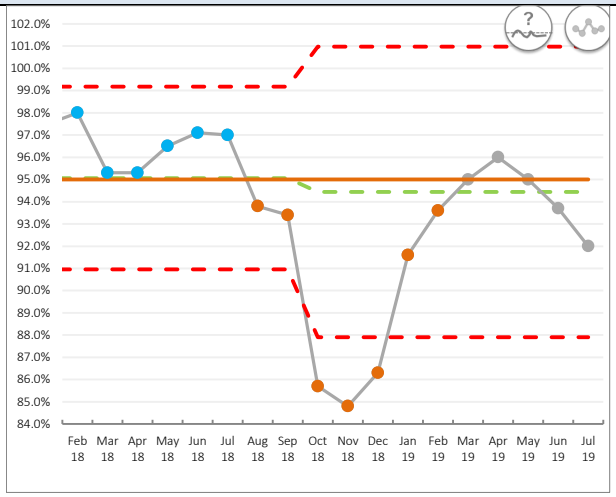
FPE	Board,	Board (Private)	People	Quality,

Community & Quality Metrics

R - CPA 12 Month Review Compliance

A Higher Value Is Better

Actual	92.0%	M4	**Exec. Director of Operations** Safe
Target:	95.0%	Monthly	CCG



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

-- Monthly Narrative (Key Issues and Actions) --
Performance has dipped to 92% in M4. There is a key focus on all Localities to ensure that the target is achieved in line with the trajectory. The performance team have developed a BI reporting tool which highlights to teams those patients whom are due a follow up, prior to the expiry date.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
93.8%	93.4%	85.7%	84.8%	86.3%	91.6%	93.6%	95.0%	96.0%	95.0%	93.7%	92.0%

Trust	North Staffs Community	Stoke Community	Specialist Services
✗	✓	✗	✗
92.0%	96.2%	90.2%	86.8%

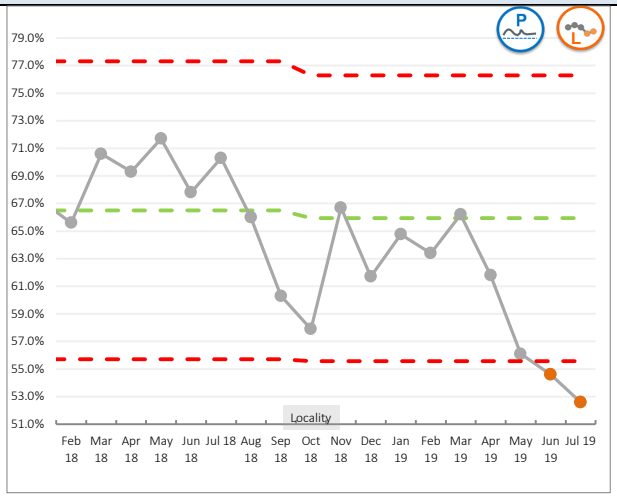
15

FPE	Board,	Board (Private),	People	Quality,

G - IAPT: Recovery

A Higher Value Is Better

Actual	52.6%	M4	**Exec. Director of Operations** Safe
Target:	50.0%	Monthly	CCG/Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust continues to be highly performing against IAPT standards, including the recovery standard, and compares favourably when benchmarked nationally, although there has been a decrease in the last 4 months with performance close to target level.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
66.0%	60.3%	57.9%	66.7%	61.7%	64.8%	63.4%	66.2%	61.8%	56.1%	54.6%	52.6%

Trust
✓
52.6%

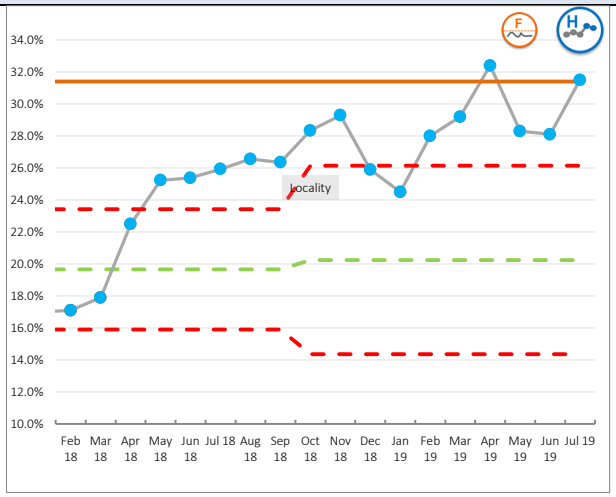
16

FPE	Board,	Board (Private)	People	Quality,

G - Service Users on CPA in settled accommodation

A Higher Value Is Better

Actual	31.5%	M4	**Exec. Director of Operations** Safe
Target:	31.4%	Monthly	Trust Measure



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
26.6%	26.4%	28.3%	29.3%	25.9%	24.5%	28.0%	29.2%	32.4%	28.3%	28.1%	31.5%

Trust
✓
31.5%

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

-- Monthly Narrative (Key Issues and Actions) --
This metric forms part of the NHSI Single Oversight Framework.
There had been an improvement in performance in Month 4 particularly in Stoke Community teams, however performance has dipped once more overall.
In order to improve performance, a SOP has been developed to ensure that the status is actively reviewed each year and the review is recorded correctly in Lorenzo.

Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo. The target has been achieved in M4.

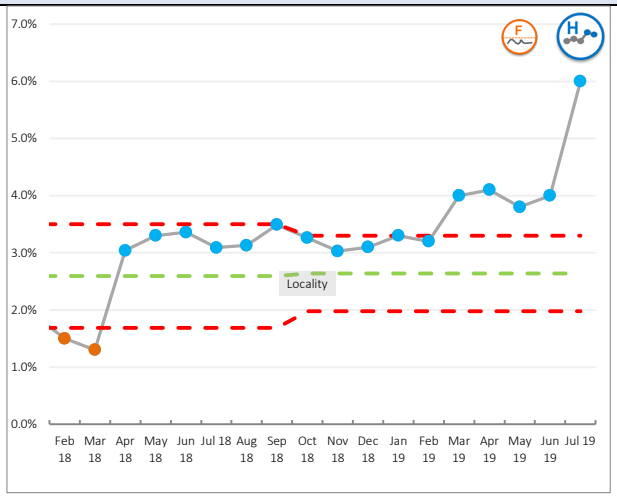
17

FPE	Board,	Board (Private)	People	Quality,

R - Service Users on CPA in Employment

A Higher Value Is Better

Actual	6.0%	M4	**Exec. Director of Operations** Safe
Target:	7.8%	Monthly	Trust Measure



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
3.1%	3.5%	3.3%	3.0%	3.1%	3.3%	3.2%	4.0%	4.1%	3.8%	4.0%	6.0%

Trust
✗
6.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Directorates are working to ensure that when a service user is reviewed their status is updated on Lorenzo. There is a significant improvement from 4% in M3 to 6% in M4.

18

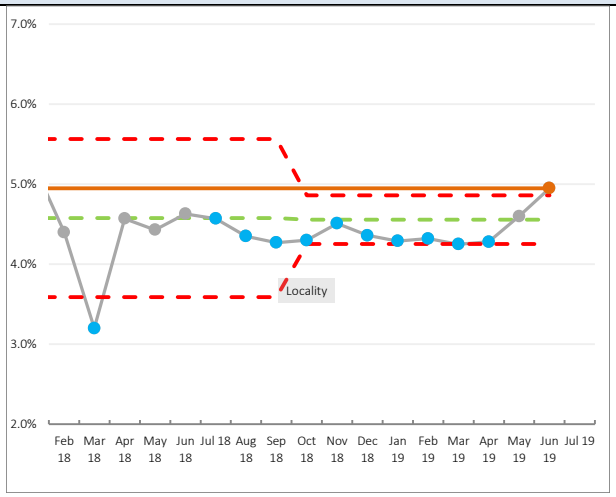
FPE	Board,	Board (Private)	People	Quality,

Organisational Health & Workforce

- Sickness Absence

A Lower Value Is Better

Actual	#N/A	M4	**Executive Director of Workforce** Organisational Health
Target:	5.00%	Monthly	Trust Measure



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
4.4%	4.3%	4.3%	4.5%	4.4%	4.3%	4.3%	4.3%	4.3%	4.6%	5.0%	

-- Context --

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

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

As a Trust sickness absence remains significantly below the Trust's target (a lower value is better). There has been an increase to 5% in M3.

Note: July data is currently not available.

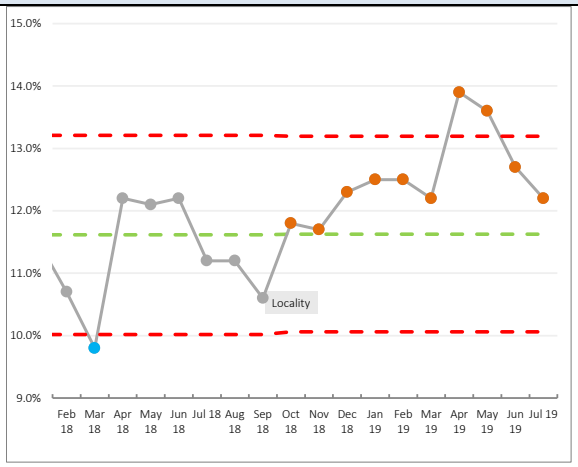
19

FPE	Board	Board (Private),	People	Quality

R - Vacancy Rate ↘

A Lower Value Is Better

Actual	12.2%	M4	**Executive Director of Workforce** Organisational Health
Target:	7.0%	Monthly	Trust Measure



12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
11.2%	10.6%	11.8%	11.7%	12.3%	12.5%	12.5%	12.2%	13.9%	13.6%	12.7%	12.2%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✗	✗
12.2%	11.6%	13.2%	15.0%	12.9%

-- Context --

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

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

The Trust vacancy rate decreases to 8.7% taking into account those posts that; have been recruited to (but not yet started) and are part of a transformation scheme not yet transacted. The Trust is incorporating a number of strategies to recruit and retain staff to reduce the vacancy rate.

M4 Vacancies		Vacancy Definition 1		Vacancy Definition 2		Vacancy Definition 3	
Clincial Directorates	Budget WTE	Finance Position		Finance Position + Cost Improvement		Finance Position + Cost Improvement + Confirmed Recruitment Activity	
		WTE Vacant	%	WTE Vacant	%	WTE Vacant	%
Acute Services & Urgent Care	376.55	48.57	12.9%	48.57	12.9%	23.07	6.1%
North Staffordshire Community	250.33	28.94	11.6%	28.94	11.6%	23.9	9.5%
Specialist Care	391.39	58.62	15.0%	58.62	15.0%	45.92	11.7%
Stoke Community	292.63	38.49	13.2%	38.49	13.2%	25.52	8.7%
Moorcroft Medical Practice	45.00	5.34	11.9%	5.34	11.9%	5.34	11.9%
Corporate	246.45	15.55	6.3%	15.55	6.3%	15.55	6.3%
Total	**1602.35**	**195.51**	**12.2%**	**195.51**	**12.2%**	**139.3**	**8.7%**

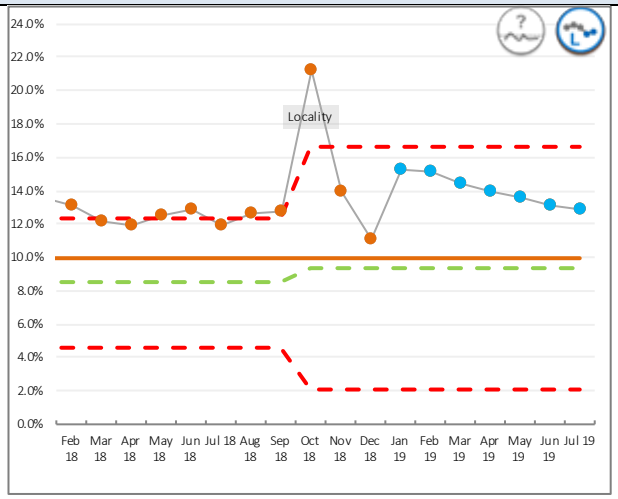
20

FPE	Board,	Board (Private)	People	Quality

R - Staff Turnover ↘

A Lower Value Is Better

Actual	12.8%	M4	**Executive Director of Workforce** Organisational Health
Target:	10.0%	Monthly	Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
There has been a sustained improvement in staff turnover for the last 7 months to 12.8% in M4.

12 Month Trend

12.6%	12.8%	21.2%	13.9%	11.1%	15.2%	15.1%	14.4%	13.9%	13.6%	13.2%	12.8%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✗	✗
12.8%	14.4%	12.9%	11.2%	10.6%

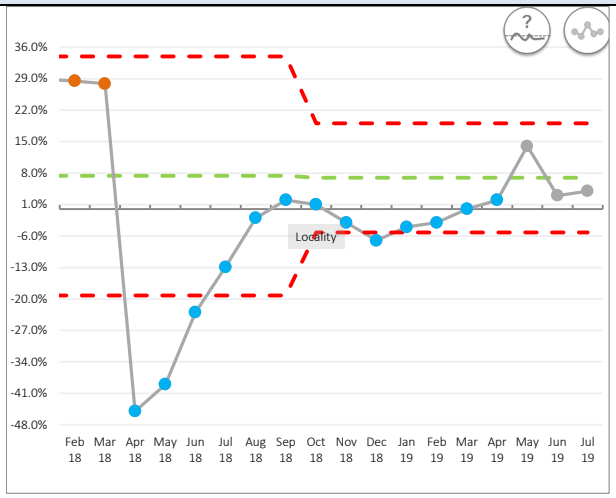
21

FPE	Board	Board (Private),	People	Quality

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

A Lower Value Is Better

Actual	4.0%	M4	**Exec. Director of Operations** Organisational Health
Target:	0.0%	Monthly	Trust Measure



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

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

Agency as a whole is forecast to be within the ceiling by the end of the financial year.

12 Month Trend

-2.0%	2.0%	1.0%	-3.0%	-7.0%	-4.0%	-3.0%	0.0%	2.0%	14.0%	3.0%	4.0%
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul

Trust
✗
4.0%

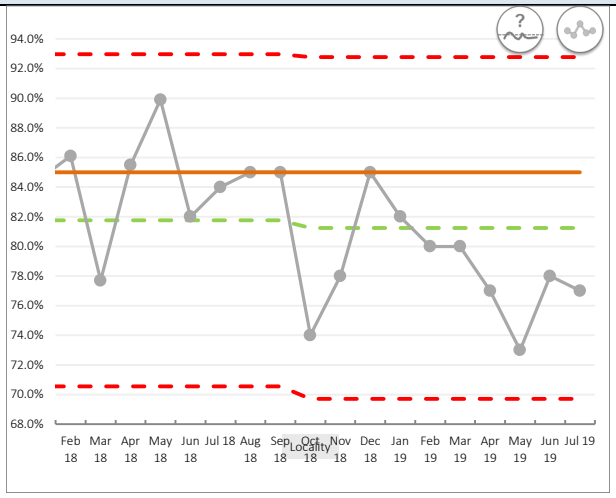
22

FPE	Board	Board (Private),	People	Quality

R - Clinical Supervision ↘

A Higher Value Is Better

Actual	77.0%	M4	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Directorate action plans are in place to ensure that clinical supervision is recorded in a timely way. This is a key focus to be addressed in all teams. The month 4 position demonstrates a slight decrease from 78% in M3 to 77%.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
85.0%	85.0%	74.0%	78.0%	85.0%	82.0%	80.0%	80.0%	77.0%	73.0%	78.0%	77.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✓	✓	✓
77.0%	84.0%	89.0%	89.0%	89.0%

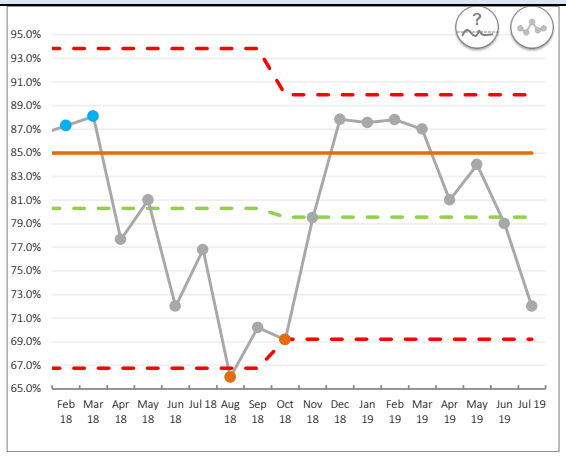
23

FPE	Board	Board (Private),	People	Quality

R - Appraisal ↘

A Higher Value Is Better

Actual	72.0%	M4	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Directorates have plans in place to ensure compliance by September 2019 in line with the annual rolling programme for appraisals. Additionally in month 2 the Trust launched a new Appraisal programme which is linked to the Learning Management System and is expected to lead to an improved position.

12 Month Trend

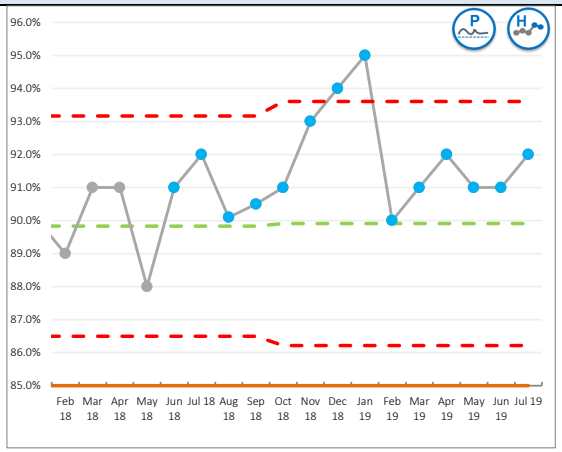
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
66.0%	70.2%	69.2%	79.5%	87.8%	87.6%	87.8%	87.0%	81.0%	84.0%	79.0%	72.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✗	✗
72.0%	75.0%	65.0%	66.0%	79.0%

24

FPE	Board	Board (Private),	People	Quality

G - Statutory & Mandatory Training ↗	Actual 92.0% M4	Executive Director of Workforce: Organisational Health
A Higher Value Is Better	Target: 85.0% Monthly	Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
All Directorates are above target. Work is ongoing to ensure the position is maintained.

12 Month Trend

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
90.1%	90.5%	91.0%	93.0%	94.0%	95.0%	90.0%	91.0%	92.0%	91.0%	91.0%	92.0%

Trust	Stoke Community	Acute and Urgent Care	Specialist Services	North Staffs Community
✓	✓	✓	✓	✓
92.0%	89.0%	95.0%	94.0%	96.0%

25

FPE	Board	Board (Private),	People	Quality

Statistical Process Control

What is It?

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

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

When to use it

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

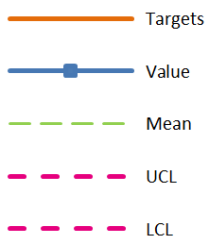
How to use it

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

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

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

Interpreting the Report



Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 11

Date of Meeting:	26th September 2019		
Title of Report:	Finance Position M4		
Presented by:	Lorraine Hooper – Executive Director of Finance, Performance & Estates		
Author:	M Newton – Deputy 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 4 (July 2019)		Approval	☒
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT X Execs Date: 06/09/19	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 Board is asked to: Note: The reported year to date deficit of £133k against a planned surplus of £19k.		

	This is a favourable variance to plan of £152k. The M4 CIP achievement of £855k; an adverse variance of £138k to plan The cash position of the Trust as at 31st July 2019 with a balance of £11,791k; £150k higher than plan. Total Agency expenditure of £838k against the agency cap of £803k; an adverse variance of £35k to plan Capital expenditure at £541k compared to planned capital expenditure of £823k. Use of resource rating of 3 against a plan of 3.

Version	Name/group	Date issued
1	N/A	14/08/2019
2	FPE	**05/09/19**

North Staffordshire Combined Healthcare NHS Trust

Financial Overview as at 31st July 2019

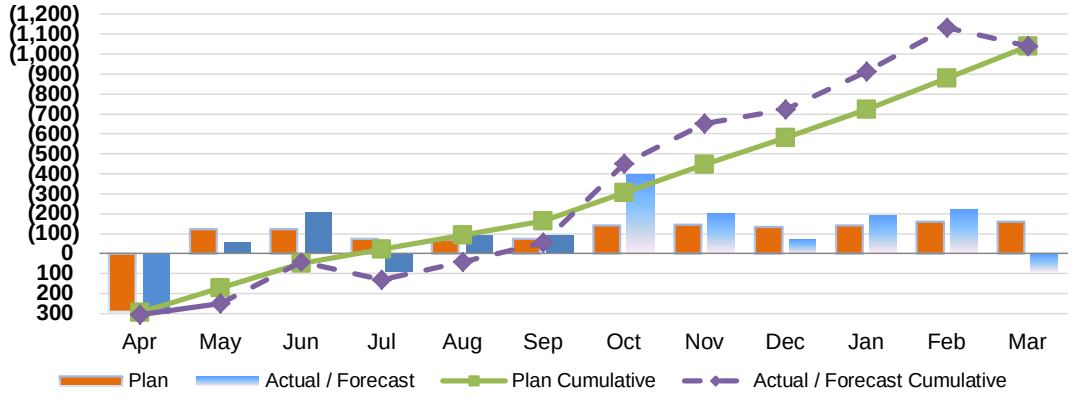
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(19)	133	152	798%	R
FOT	(1,038)	(1,038)	(0)	(0)	G

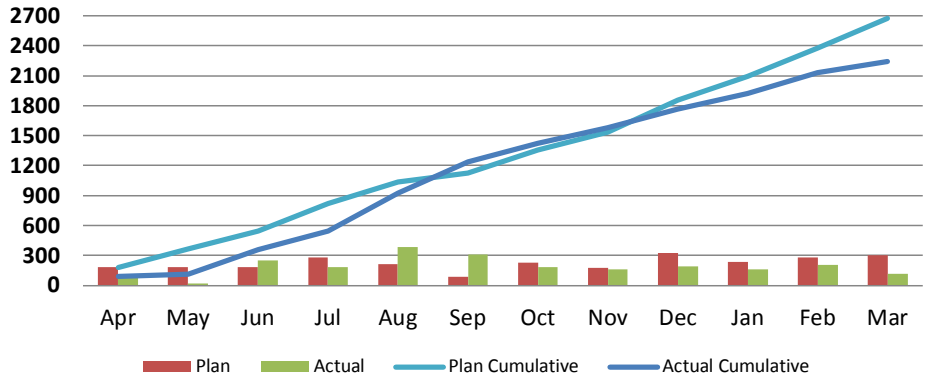
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	823	541	(282)	(34)	A
FOT	2,676	2,176	(500)	(19)	A

Retained (Surplus) / Deficit Run Rate 2019/20



Net Capital Expenditure - Plan / Forecast 2019/20



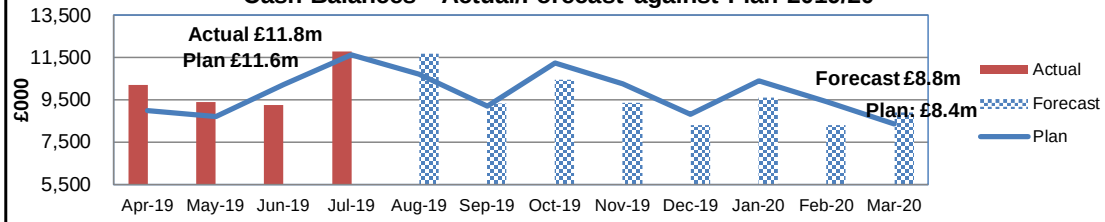
Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	11,641	11,791	150	1	G
FOT	8,354	8,891	537	6	G

Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	Rec. RAG
Clinical	946	644	(302)	(32)	(545)	R
Corporate	47	210	163	348	(261)	R
Total	993	855	(138)	(14)	(806)	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	3	3
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 4, the trust had an in month trading position of £90k deficit against a plan of £25k surplus; **giving an adverse variance of £115k**. Provider sustainability funding planned at £47k has not been assumed in month 4 due to the adverse variance on the trading position, giving an overall **adverse variance of £162k.**

- The Trust has a year to date trading position of £238k deficit against a plan deficit of £133k, **giving an adverse variance of £105k**. Provider Sustainability Funding is £105k against a plan of £152k, giving a year to date deficit of £133k against a planned surplus of £19k, **an adverse variance of £152k.**

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

		Month 4			Year to Date			Forecast		
Table 1: Summary Performance	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Income	(93,523)	(7,767)	(7,558)	209	(31,291)	(30,928)	363	(93,796)	(93,214)	583
Pay	68,515	5,603	5,528	(75)	22,906	22,119	(787)	68,273	65,903	(2,370)
Non Pay	21,794	1,899	1,853	(46)	7,559	8,026	466	22,309	23,937	1,628
EBITDA	**(3,215)**	**(265)**	**(177)**	**88**	**(826)**	**(784)**	**42**	**(3,215)**	**(3,374)**	**(159)**
Other Non-Op Costs	2,877	240	267	28	959	1,022	63	2,877	3,036	159
Trading Surplus	**(338)**	**(25)**	**90**	**115**	**133**	**238**	**105**	**(338)**	**(338)**	**0**
Provider Sustainability Funding	(700)	(47)	0	47	(152)	(105)	47	(700)	(700)	0
(Surplus)/Deficit for the year	**(1,038)**	**(72)**	**90**	**162**	**(19)**	**133**	**152**	**(1,038)**	**(1,038)**	**0**

2. Income

Table 2 below shows the Trust income position.

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. The figures currently assume
  - £2,609k CCG underwriting agreement is assumed to be paid through income (see section 2.1.)
  - £1,000k STP efficiency savings are currently assumed to be paid through main CCG contract. This is split out from the main block and monitored separately.
  - The variances in month relate to 2018/19 under achievement of CQUIN.
- Associates over-performance relates entirely to 2018/19 over-performance, raised in month 1.
- OATs have underperformed by £144k year to date mainly due to substance misuse.

		Month 4			Year to Date			Forecast		
Table 2: Income	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(39,825)	(3,312)	(3,304)	8	(13,248)	(13,240)	8	(39,960)	(39,952)	8
NHS North Staffordshire CCG	(26,963)	(2,242)	(2,236)	6	(8,969)	(8,963)	6	(27,053)	(27,047)	6
Staffordshire Associates	(552)	(51)	(50)	1	(203)	(215)	(11)	(552)	(563)	(11)
Other Associates	(289)	(24)	(30)	(5)	(96)	(100)	(3)	(289)	(299)	(10)
Specialised Services	(3,496)	(289)	(223)	67	(1,180)	(1,026)	154	(3,496)	(3,078)	418
Stoke-on-Trent CC s75	(4,347)	(333)	(333)	(0)	(1,681)	(1,681)	(0)	(4,347)	(4,347)	(0)
Stoke-on-Trent Public Health	(4,041)	(355)	(355)	0	(1,347)	(1,347)	0	(4,041)	(4,041)	0
Staffordshire Public Health	(450)	(38)	(38)	0	(150)	(150)	0	(450)	(450)	0
ADS/One Recovery	(1,488)	(124)	(124)	(0)	(496)	(496)	0	(1,488)	(1,488)	0
OATS	(1,006)	(69)	(48)	21	(335)	(191)	144	(1,006)	(543)	462
Private Patients	0	0	(6)	(6)	0	(6)	(6)	0	(6)	(6)
System Led CIP	(1,000)	(111)	0	111	(111)	0	111	(1,000)	(1,000)	0
Total Clinical Income	**(83,456)**	**(6,949)**	**(6,747)**	**202**	**(27,817)**	**(27,414)**	**403**	**(83,681)**	**(82,814)**	**867**
Other Income	(10,068)	(819)	(811)	7	(3,474)	(3,514)	(40)	(10,115)	(10,400)	(285)
Total Income	**(93,523)**	**(7,767)**	**(7,558)**	**209**	**(31,291)**	**(30,928)**	**363**	**(93,796)**	**(93,214)**	**583**
Provider Sustainability Funding	(700)	(47)	0	47	(152)	(105)	47	(700)	(700)	0
Total Income Incl. PSF	**(94,223)**	**(7,814)**	**(7,558)**	**256**	**(31,443)**	**(31,033)**	**410**	**(94,496)**	**(93,914)**	**583**

2.1 CCG Underwrite Agreement

The contract with Staffordshire CCGs was signed on 31st May 2019, which enables the Trust to receive maximum block contract income from Staffordshire CCGs of £67,102k. This includes:

- an opening contract value of £64,493k;
- a contractual commitment for the CCG to underwrite the Trust delivery of a £338k control surplus, through payment of a maximum further £2,609k in month 12.

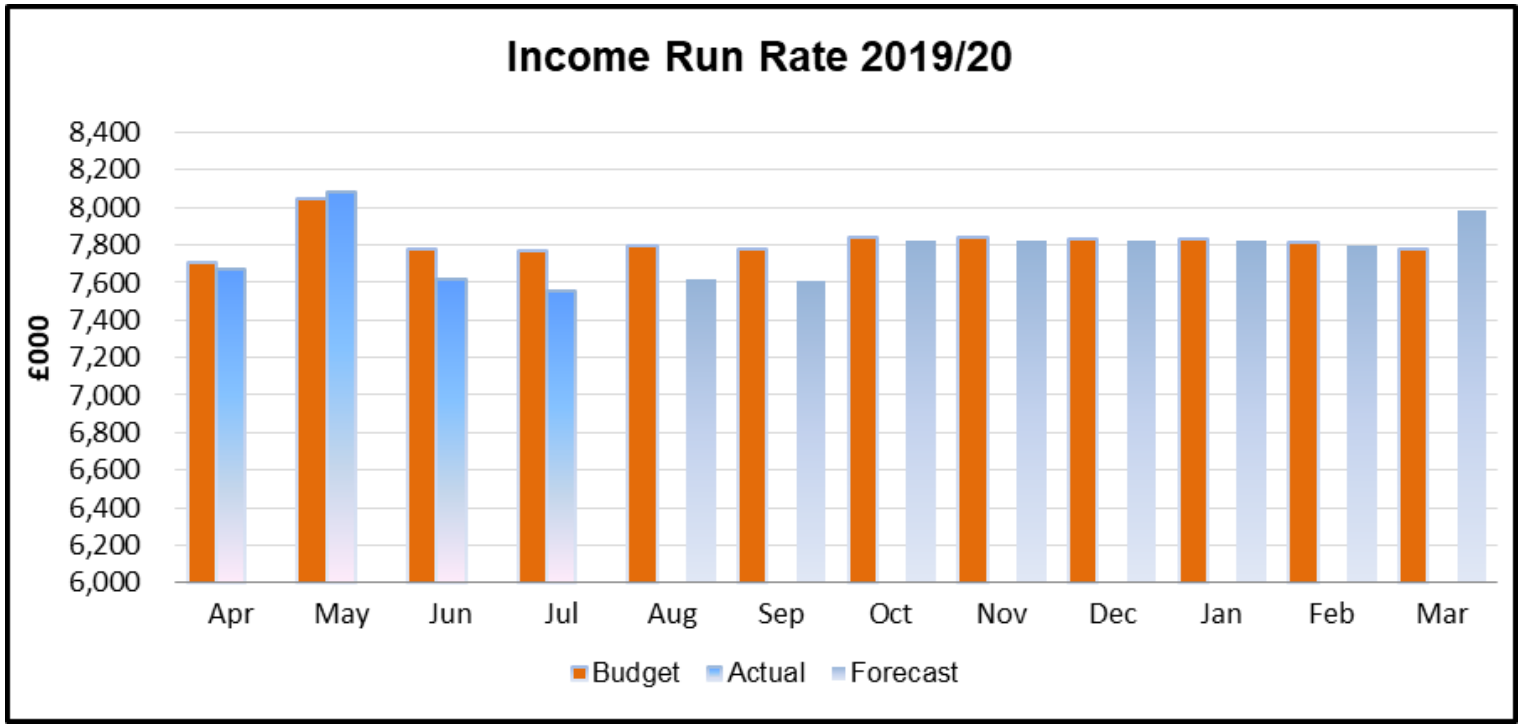
In order to receive the payment of £2,609k, the Trust is required to work with the CCG to identify contract efficiencies. The mitigations being explored by CCG colleagues alongside Trust colleagues are a service line review (30th September 2019) and any over delivery against internal Trust CIP should this be possible. The £2,609k payment will be made to the extent that cost efficiencies cannot be released from the contract.

The table below shows the current progress:

CCG Underwriting £338k Surplus	Income	Expenditure	Total
Contract Efficiency Requirement	**(£2,609k)**		**(£2,609k)**
Identified Solutions			
Service line review		£0k	£0k
Over-delivery of Trust Internal CIP	£0k	£0k	£0k
Expected M12 Contract Variation	**£2,609k**	**£0k**	**£2,609k**

2.2 Income Run Rates

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



- Income in May is higher due to £347k received for section 75 Transformational Funds.
- Potential release of reverse debtor in the accounts at 2018/19 year end of £221k in March 2020.

3. Expenditure

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

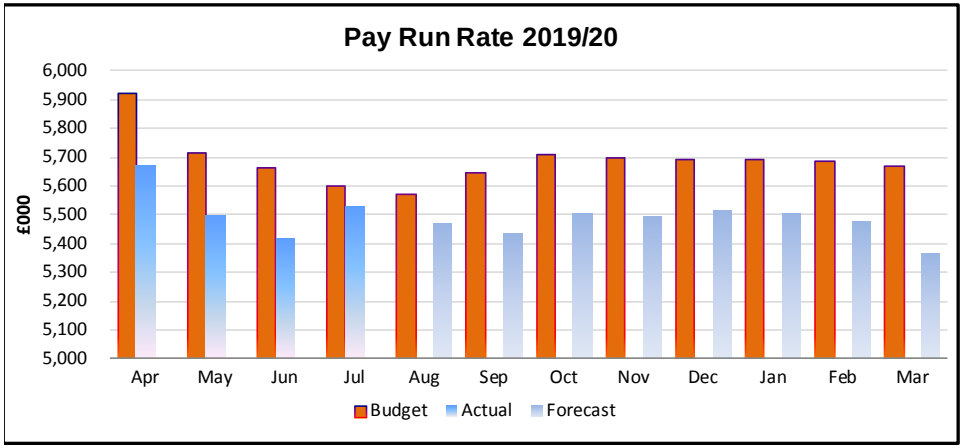
- Underspend of £787k on pay is due to vacancies across the trust, partially covered by temporary staffing.
- Non-Pay over spend of £466k is mainly due to unachieved CIP and residential payments.

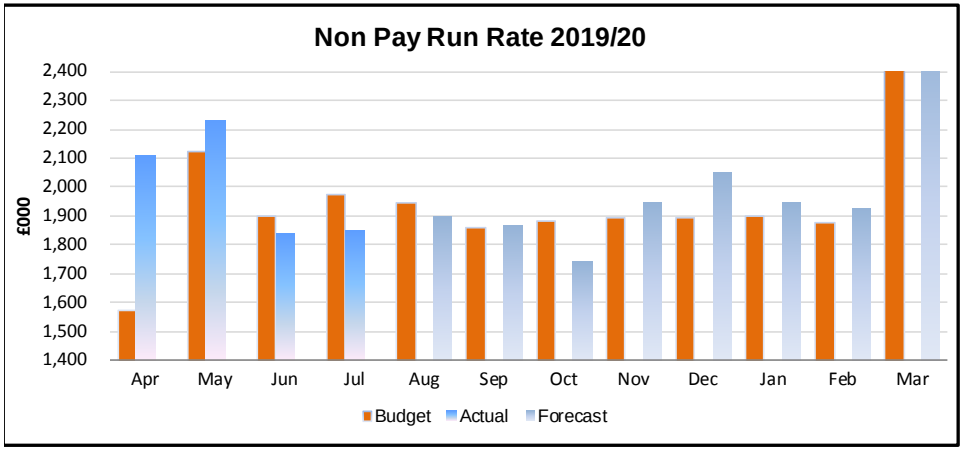
		Month 4			Year to Date			Forecast		
Table 3: Expenditure	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Medical	8,463	683	570	(112)	2,833	2,244	(588)	8,412	6,873	(1,539)
Nursing	33,007	2,726	2,637	(89)	11,006	10,584	(421)	32,965	31,810	(1,155)
Other Clinical	14,570	1,181	1,089	(93)	4,910	4,434	(476)	14,485	13,052	(1,433)
Non-Clinical	12,252	994	1,008	13	4,083	3,937	(147)	12,187	11,842	(346)
Apprenticeship Levy	223	19	20	2	74	81	7	223	243	20
Agency	0	0	203	203	0	838	838	0	2,084	2,084
Total Pay	**68,515**	**5,603**	**5,528**	**(75)**	**22,906**	**22,119**	**(787)**	**68,273**	**65,903**	**(2,370)**
Drugs & Clinical Supplies	2,997	251	359	108	1,001	1,080	80	2,924	3,265	341
Establishment Costs	1,859	163	144	(19)	633	504	(129)	1,868	1,511	(357)
Information Technology	760	46	52	5	269	309	40	760	923	163
Premises Costs	2,549	206	290	84	849	968	119	2,563	2,925	361
Private Finance Initiative	4,445	370	382	12	1,482	1,535	53	4,420	4,567	147
Services Received	5,620	467	473	6	1,862	1,844	(18)	5,620	5,546	(74)
Residential Payments	1,760	147	157	10	587	912	325	1,760	2,110	350
Consultancy & Prof Fees	37	(16)	22	38	12	94	82	37	151	114
External Audit Fees	65	5	5	(0)	22	21	(1)	65	62	(3)
Unacheived CIP	(1,050)	93	0	(93)	(138)	0	138	(303)	0	303
Other	2,752	167	(32)	(199)	981	758	(224)	2,594	2,876	283
Total Non-Pay	**21,794**	**1,899**	**1,853**	**(46)**	**7,559**	**8,026**	**466**	**22,309**	**23,937**	**1,628**
Finance Costs	1,172	98	98	(0)	391	391	(0)	1,172	1,172	0
Dividends Payable on PDC	635	53	68	15	212	227	15	635	631	(4)
Investment Revenue	(54)	(5)	(6)	(1)	(18)	(24)	(6)	(54)	(71)	(17)
Depreciation (excludes IFRIC 12)	1,124	94	107	14	375	428	53	1,124	1,304	180
Total Non-op. Costs	**2,877**	**240**	**267**	**28**	**959**	**1,022**	**63**	**2,877**	**3,036**	**159**
Total Expenditure	**93,185**	**7,742**	**7,648**	**(94)**	**31,424**	**31,166**	**(258)**	**93,458**	**92,876**	**(583)**

Agency Breakdown		
Agency Type	**YTD (£000)**	**%**
Medical	534	64%
Nursing	126	15%
Other Clinical	(4)	0%
Non Clinical	12	1%
Sub Total	**668**	**80%**
Primary Care	170	20%
Total Agency	**838**	**100%**
Agency Ceiling	**803**	
(Surplus)/Deficit	**35**	

3.1 Expenditure Run Rates

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





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

4. Directorate Summary

Table 4 below summarises Pay, Non Pay and Income by Directorate:

	Pay			Non Pay			Income			Total		
Table 4: YTD Expenditure	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
Acute Services & Urgent Care	4,975	5,183	208	147	227	81	(51)	(50)	1	5,071	5,360	289
North Staffordshire Community	3,555	3,189	(365)	422	448	26	(639)	(663)	(24)	3,338	2,974	(363)
Specialist Care	5,539	5,252	(287)	1,307	1,578	272	(820)	(655)	164	6,026	6,175	149
Stoke Community	4,286	3,901	(385)	1,264	1,556	292	(91)	(87)	4	5,459	5,370	(89)
Moorcroft Medical Practice	606	672	67	186	141	(45)	(792)	(800)	(8)	0	14	14
Corporate	3,871	3,840	(30)	2,136	2,176	39	(1,216)	(1,228)	(12)	4,791	4,788	(2)
Trustwide	74	80	6	3,056	2,920	(135)	(27,834)	(27,549)	284	(24,704)	(24,549)	155
Total	**22,906**	**22,119**	**(787)**	**8,518**	**9,047**	**529**	**(31,443)**	**(31,033)**	**410**	**(19)**	**133**	**152**

- The clinical directorates are underspent on pay due to vacancies partially offset with bank and agency.
- Adverse variances on non-pay are due to overspends on residential payments (Stoke-on- Trent section 75) and unachieved CIP.

5. 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:

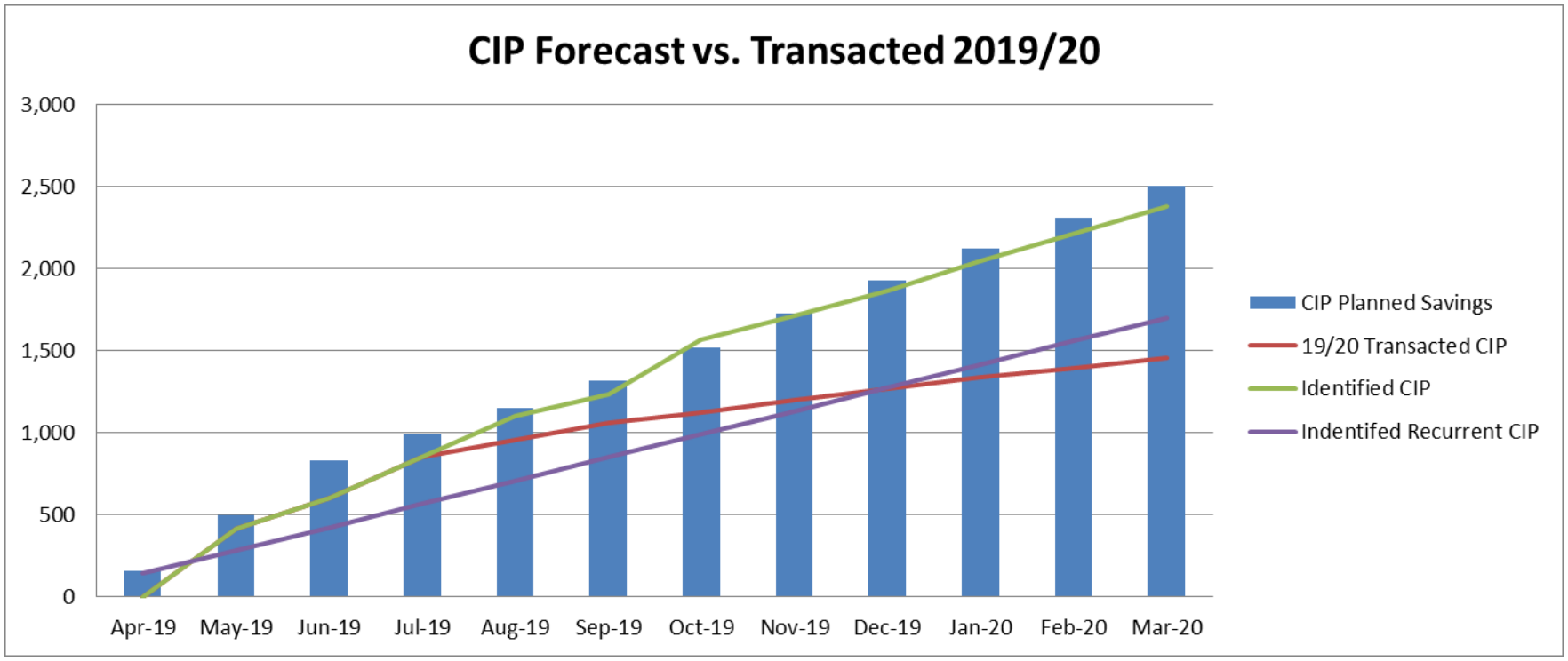
- For the Trust Internal Target (£2,505k)
  - The trust has identified schemes to deliver £2,382k against the target; a £123k shortfall
  - On a recurrent basis, the trust has identified schemes to deliver £1,699k against the target, which represents a £806k shortfall.

- 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.

		YTD 2019/20			Forecast 2019/20			Recurrent Forecast			
Cost Improvement Programme	Target (£000)	Plan (£000)	Actual (£000)	Under / (Over) Delivery (£000)	Plan (£000)	Forecast (£000)	Under / (Over) Delivery (£000)	Plan (£000)	Forecast (£000)	Under / (Over) Delivery (£000)	Recurrent Transacted as at Month 4
Clinical	1,987	946	644	302	1,987	1,733	254	1,987	1,442	545	301
Corporate	518	47	210	(163)	518	650	(132)	518	258	260	107
Internal CIP	**2,505**	**993**	**855**	**138**	**2,505**	**2,382**	**123**	**2,505**	**1,699**	**806**	**407**
System CIP	1,000	0	0	0	1,000	1,000	0	1,000	1,000	0	0
Total Trust Cost Improvement	**3,505**	**993**	**855**	**138**	**3,505**	**3,382**	**123**	**3,505**	**2,699**	**806**	**407**

The Detox Sprint (System CIP) started on 4th July. There have been 33 OBD's in July. The STP is yet to agree the real "cost out" savings therefore nothing has been assumed in the position at M4.

CIP Forecast & 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.

6. Statement of Financial Position

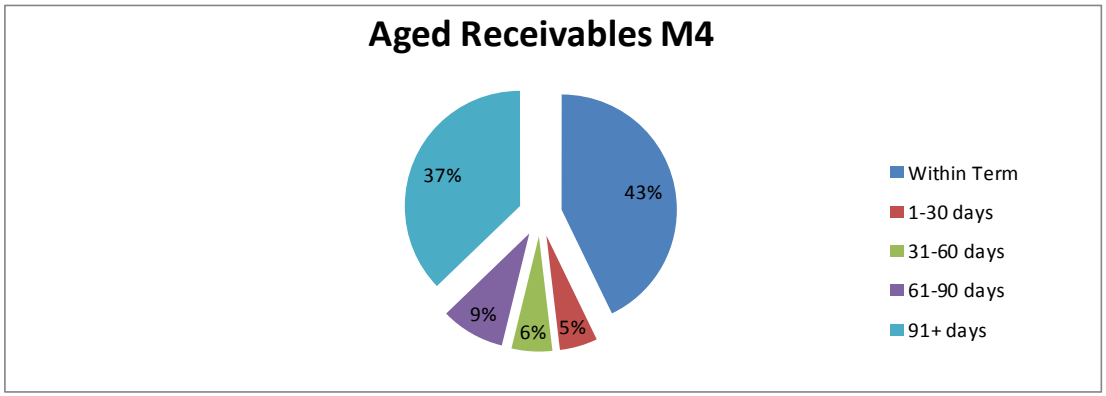
Table 6 below shows the Statement Financial Position of the Trust.

Table 6: SOFP	31/03/2019 £'000	30/06/2019 £'000	31/07/2019 £'000
Non-Current Assets			
Property, Plant and Equipment - PFI	16,736	16,954	17,103
Property, Plant and Equipment	15,142	14,984	14,918
Intangible Assets	255	232	224
NCA Trade and Other Receivables	0	0	0
Other Financial Assets	321	321	321
Total Non-Current Assets	**32,454**	**32,491**	**32,567**
Current Assets			
Inventories	89	94	94
Trade and Other Receivables	8,787	9,536	5,741
Cash and Cash Equivalents	9,132	9,267	11,791
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**18,008**	**18,898**	**17,626**
Current Liabilities			
Trade and Other Payables	(8,294)	(9,443)	(8,404)
Provisions	(386)	(365)	(352)
Borrowings	(635)	(628)	(628)
Total Current Liabilities	**(9,316)**	**(10,437)**	**(9,384)**
Net Current Assets / (Liabilities)	**8,693**	**8,461**	**8,242**
Total Assets less Current Liabilities	**41,146**	**40,952**	**40,809**
Non Current Liabilities			
Provisions	(555)	(555)	(555)
Borrowings	(10,921)	(10,769)	(10,716)
Total Non-Current Liabilities	**(11,476)**	**(11,324)**	**(11,271)**
Total Assets Employed	**29,670**	**29,628**	**29,538**
Financed by Taxpayers' Equity			
Public Dividend Capital	7,787	7,787	7,787
Retained Earnings reserve	11,440	11,398	11,308
Other Reserves (LGPS)	321	321	321
Revaluation Reserve	10,122	10,122	10,122
Total Taxpayers' Equity	**29,670**	**29,628**	**29,538**

Current receivables are £5,741k, of which:

- £2,962k is based on accruals (not yet invoiced) relating to income accruals for services invoiced retrospectively at the end of every quarter.
- £2,779k is trade receivables; based on invoices raised and awaiting payment of invoice. (£1,190k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.

		Days Overdue				
Table 6.1 Aged Receivables/Payables	Within Term £'000	1-30 Days £'000	31-60 Days £'000	61-90 Days £'000	91+ Days £'000	Total £'000
Receivables Non NHS	199	115	135	93	871	1,413
Receivables NHS	991	32	24	156	163	1,366
Payables Non NHS	497	39	83	3	215	837
Payables NHS	564	141	115	20	34	874

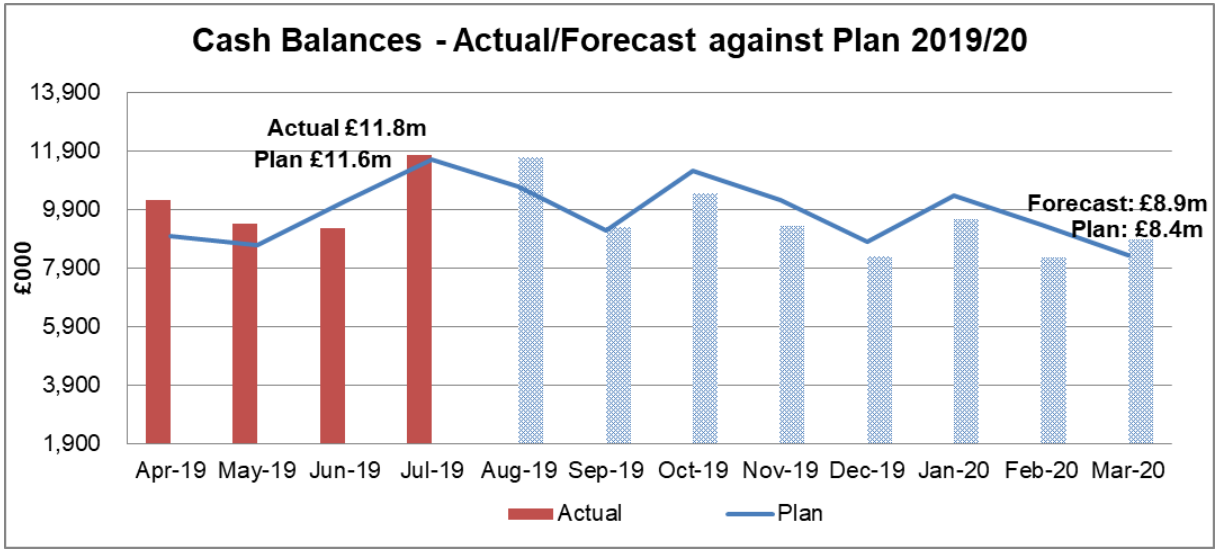


7. Cash Flow Statement

The Trust cash position at 31st July 2019 is £11,791k, **£150k higher than planned.** The cash forecast as at 31st March 2020 is £8.9m compared to a plan of £8.4m as a result of a reduction in the capital plan of £436k.

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)	254	2,851	423	(1,584)	963	(790)	(717)	1,575	(950)	1,185	**3,284**
Net Inflows/(Outflow) from Investing Activities	522	(11)	(243)	(177)	(379)	(306)	318	(153)	(183)	(153)	(199)	(109)	**(1,073)**
Net Inflows/(Outflow) from Financing Activities	(151)	(151)	(151)	(151)	(151)	(468)	(151)	(151)	(150)	(151)	(151)	(468)	**(2,443)**
Net Increase/(Decrease)	**1,093**	**(810)**	**(139)**	**2,524**	**(107)**	**(2,358)**	**1,130**	**(1,094)**	**(1,050)**	**1,271**	**(1,300)**	**609**	**(232)**
Opening Cash & Cash Equivalents	**9,123**	**10,216**	**9,406**	**9,267**	**11,791**	**11,684**	**9,326**	**10,456**	**9,362**	**8,312**	**9,582**	**8,282**	**9,123**
Closing Cash & Cash Equivalents	**10,216**	**9,406**	**9,267**	**11,791**	**11,684**	**9,326**	**10,456**	**9,362**	**8,312**	**9,582**	**8,282**	**8,891**	**8,891**
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)**	**942**	**(150)**	**(980)**	**(124)**	**792**	**873**	**499**	**819**	**1,116**	**(537)**	**(537)**

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



8. 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.

		Year to Date			Forecast		
Capital Expenditure	Annual Plan £000	YTD Plan £000	Actual £000	Variance £000	Revised Plan £000	Actual £000	Variance £000
Learning Disability Facilities	400	0	1	1	400	0	(400)
Mental Health Crisis Care Centre	766	595	411	(184)	766	766	0
Detoxification Suites and Crisis Café	200	5	0	(5)	200	200	0
Environmental Improvements (Backlog Maintainence)	120	0	0	0	163	163	0
Environmental Improvements (Reduced Ligature)	400	133	73	(60)	400	400	0
Energy Efficiency Programme	90	90	0	(90)	90	0	(90)
Equipment	200	0	32	32	200	200	0
IT Replacement	200	0	12	12	200	200	0
Digital Innovations	50	0	0	0	35	25	(10)
Business Intelligence	150	0	0	0	150	150	0
Childrens Unit Roof	0	0	12	12	17	17	0
Woodhouse Relocation	0	0	0	0	40	40	0
Contingency	100	0	0	0	15	15	0
Sub Total Gross Capital Expenditure	**2,676**	**823**	**541**	**(282)**	**2,676**	**2,176**	**(500)**
Sale of Ashcombe Centre	(500)	0	0	0	(500)	0	500
Sub Total Gross Capital Expenditure	**2,176**	**823**	**541**	**(282)**	**2,176**	**2,176**	**0**

- Actual Capital Expenditure at month 4 is £541k, against the plan of £823k, **£282k lower than plan.**
- The forecast Capital expenditure is anticipated to be £2.176m compared to an original plan of £2.676m. This is due to the Capital programme being funded in part by the sale of Ashcombe centre which is now unlikely to take place in 2019/20.

9. 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	Year to Date RAG Rating	Forecast	Forecast RAG Rating
Liquidity Ratio (days)					
Working Capital Balance (£000)		8,148		7,903	
Annual Operating Expenses (£000)		30,144		89,840	
Liquidity Ratio days		33		32	
Liquidity Ratio Metric	1	1		1	
Capital Servicing Capacity (times)					
Revenue Available for Debt Service (£000)		913		4,145	
Annual Debt Service (£000)		829		2,437	
Capital Servicing Capacity (times)		1.10		1.70	
Capital Servicing Capacity Metric	4	4		3	
I&E Margin					
Normalised Surplus/(Deficit) (£000)		(133)		1,038	
Total Income (£000)		31,033		93,914	
I&E Margin		-0.4%		1.1%	
I&E Margin Rating	3	3		1	
I&E Margin Variance from Plan					
I&E Margin Variance		-0.5%		0.0%	
I&E Margin Variance From Plan	1	2		1	
Agency Spend					
Providers Cap (£000)		803		2,187	
Agency Spend (£000)		838		2,084	
Agency %		4%		(5%)	
Agency Spend Metric	1	2		1	
Use of Resource	3	3		1	

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

10. Better Payment Practice Code

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

During month 4, the Trust has over-achieved the 95% target in terms of the total value of invoices paid, but has 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.

	2018/19			2019/20 Month 4			2019/20 Total		
Table 10: Better Payment Practice Code	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	625	10,935	11,560	51	961	1,012	160	3,422	3,582
Total Paid within Target	581	9,914	10,495	49	859	908	149	3,105	3,254
% Number of Invoices Paid	93%	91%	91%	96%	89%	90%	93%	91%	91%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-2%**	**-4%**	**-4%**	**1%**	**-6%**	**-5%**	**-2%**	**-4%**	**-4%**
Value of Invoices									
Total Value Paid (£000s)	6,449	35,113	41,562	951	3,155	4,106	1,998	12,732	14,730
Total Value Paid within Target (£000s)	6,100	33,819	39,919	947	3,004	3,951	1,921	12,345	14,266
% Value of Invoices Paid	95%	96%	96%	100%	95%	96%	96%	97%	97%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**0%**	**1%**	**1%**	**5%**	**0%**	**1%**	**1%**	**2%**	**2%**

- Non NHS (89% in month) missed the target by 102 invoices, of which 44 relate to pharmacy invoices due to staff absence and 17 Clarity travel invoices and 11 agency locum invoices.

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.

11. 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 = £0.123m in year and £806k 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
   - Residential placements are forecasting £1m overspend in the worst case. The Trust is working with the council to address the overspend.
   - Darwin is forecasting to under deliver against the income target by £436k
   - Primary Care forecast is to breakeven, with a downside risk of £521k.
   - In year management of budgets and forecasting to enable early sight of areas of pressure to enable early action.

12. Recommendations

The Trust Board are asked to:

Receive the Month 4 position noting:

- The reported year to date deficit of £133k against a planned surplus of £19k. **This is an adverse variance to plan of £152k.**
- The M4 CIP achievement of £855k; **an adverse variance of £138k to plan**
- The cash position of the Trust as at 31st July 2019 with a balance of £11,791k; **£150k higher than plan.**
- Total Agency expenditure of £838k against the agency cap of £803k; **an adverse variance of £35k to plan**
- Capital expenditure at £541k compared to planned capital expenditure of £823k.
- Use of resource rating of **3** against a plan of 3.

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 12

Date of Meeting:	26th September 2019		
Title of Report:	Finance, Performance and Estates Committee Assurance Report – August and September		
Presented by:	Tony Gadsby Chair/Non-Executive Director		
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 8th August 2019 and 5th September 2019		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☒ Execs ☐ Date:	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
26th September 2019

Finance, Performance and Estates Committee Report to the Trust Board – 26th September 2019.

This paper details the items discussed at the Finance, Performance and Estates Committee meeting on the 8th August 2019. The meeting was quorate with minutes approved from the previous meeting on the 11th July 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 3 Financial Position –** The position as at Month 3 was presented, showing a £3.2m surplus to plan year to date. The STP is forecasting to deliver against plan for 2018/19, however system risks of £80.1m have been articulated.

- **Other Updates –** The Director of Finance also updated on the System Wide Long Term Plan, CIP Development, integrating EVO framework into efficiency discussions and a general update on the 2019/20 Contract and Service Line review.

Finance

- **Finance Update**

The Committee received an update on the financial position which is on track to deliver the 2019/20 plan against all key metrics, with the exception of CIP. Agency expenditure is over the NHSI agreed ceiling at Q1, but expected to recover, following a significant forecast reduction in Primary Care Locums.

The reported 2019/20 forecast was presented, clearly outlining key assumptions in arriving at the £338k control surplus. The committee were assured that the assumptions underpinning the forecast were reasonable and were confident that assumed delivery of the Trust control total is realistic at this stage.

The “Best Case” and “Worse Case” sensitivity analysis highlighted the key areas of financial risk to the committee, which includes overspends on residential placements (S.75 Stoke), under recovery of income on Darwin and Primary Care, carrying a total downside risk of £1.5m, not included in the baseline forecast.

The committee were particularly concerned around the overspend S.75, given the known financial pressure of Stoke City Council for 2019/20. The committee were assured by the work Jonathan O’Brien has done to date with the Council to address some of the overspend, but noted that swift resolution and agreement needs to be sought to ensure that the contract and required specification is sufficiently funded, going into 2020/21.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for 2019/20, which is forecasting to deliver £3.4m against the £3.5m target for 2019/20. This recurrent value of these schemes is £2.59m, representing a £915k shortfall.

The committee acknowledged that the Trust has "bought time" by delivering an element of the 2019/20 programme non-recurrently, allowing more time to work up higher quality, larger value, transformational schemes to make up the recurrent shortfall. The Committee were assured that there was sufficient focus being placed on Cost Improvement; they were not assured around recurrent delivery of 2019/20 programme.

The committee requested that consideration be given to incorporating a 5 year Cost Improvement, aligned to the trust LTFM and Capital planning. This would enable the trust to unlock efficiencies through capital investment. The committee proposed this was discussed at the next Board Development day.

Cost Improvement Checkpoint

The committee received an update from Workforce and Organisational Development on progress towards the 2019/20 target, of which £0 has been identified or delivered and therefore can provide no assurance that any of the target will be delivered in 2019/20. The committee requested that the Directorate present a refreshed deliver plan and trajectory to the October committee, acknowledging that the new substantive Workforce Director will likely have their own views on the size and shape directorate going forward.

Activity and Performance

- **Performance Reporting (IQPR)**

The committee were assured around Trust performance overall, now reported through the new IQPR framework. The deterioration of the performance against the CYP 18 week target was concerning however the committee were assured that the Director of Operations was supporting the team to improve the target and expected to see an improvement.

- **Data Quality Report**

The committee received an update around data quality, where the implementation of the Trust EPR in May 2017 has predictably caused issues. The committee were assured by the multi-faceted approach to improving data quality, which has led to the Trust DQ score improving by 53% (target 50%) in 2018/19 against a number of 2017/18 baseline metrics.

Other:

- **Risk Deep Dive:**

The committee requested a deep dive into the Trust long standing risks, highlighted on the Finance, Performance and Estates risk register. For month 3, the deep dive was around the Estates Team and Residential Placements (S.75 SOT) cost pressures.

The committee were assured that sufficient progress had been made to address the £0.3m financial risk within the Estates team, with KPMG already having started a full review of the function.

The committee were assured that the Trust were doing everything they could do reach a mutually agreeable contract value with SOT council for S.75 residential placements, but were not assured that the risk could be mitigated for 2019/20. The committee noted that should the residential placement overspend not be mitigated, the council may look into reducing non statutory functions to bridge the shortfall. The committee requested a briefing paper go to the Closed Board outlining the risks within the current S.75 agreement for 2020/21 onwards together with a position statement for discussions surrounding 2019/20.

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- CIP Checkpoint – Stoke
- Agency Utilisation
- Capital Report and Affordability
- Working Capital
- Activity Report M3
- Estates Update
- S.75 Contract
- 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 Estates Committee

Assurance Report to the Trust Board
26th September 2019

Finance, Performance and Estates Committee Report to the Trust Board – 26th September 2019.

This paper details the items discussed at the Finance, Performance and Estates Committee meeting on the 5th September 2019. The meeting was quorate with minutes approved from the previous meeting on the 8th August 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;

- **Capital Planning Update –** The previous request from NHSI to reduce capital programmes by 20% (£435k) was reversed, leaving the Trust with the ability to spend up to the original Capital Resource Limit (CRL) of £2.676m.

  The Ashcombe centre sale, which funds £0.5m of the Capital programme is now unlikely to be sold in 2019/20 and as a result, the trust is maximum capital spend of £2.176m. Slippage on the LD facilities scheme (£0.4m) means the funding reduction can be absorbed with minimal impact on the capital programme.

- **Trust Underlying Financial Position –** The Director of Finance also updated on the Trust underlying deficit position, made up of a number of recurrent cost pressures including S.75 Stoke, Substance Misuse and a shortfall of recurrent CIP.

  These pressures are currently offset by vacancies enabling the Trust to deliver control, but will be realised slowly overtime as the Trust approaches full recruitment.

Finance

- **Finance Update**

The Committee received an update on the financial position which is on track to deliver the 2019/20 plan against all key metrics, with the exception of recurrent CIP. Agency expenditure is over the NHSI agreed ceiling at M4, but expected to recover, following a forecast run rate reduction in Primary Care Locums.

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

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for 2019/20, which is forecasting to

deliver £3.4m against the £3.5m target for 2019/20. This recurrent value of these schemes is £2.7m, representing a £0.8m shortfall.

For 2019/20, the committee acknowledged that the Trust has "bought time" by delivering an element of the 2019/20 programme non-recurrently, allowing more time to work up higher quality, larger value, transformational schemes to make up the recurrent shortfall. The Committee were assured that there was sufficient focus being placed on Cost Improvement; they were not assured around recurrent delivery of 2019/20 programme.

The committee received the 2 year CIP planning framework, adopting a matrix "opportunity" approach, outlining a £5m recurrent Cost improvement requirement by 31st March 2021 and plans to fully identify by 31st March 2020. The cost improvement programme will be developed using a virtual PMO approach and gateway process. The committee endorsed the approach and were assured around the renewed consideration to CIP planning.

Mental Health "Sprint" Programme

The STP sprints for Mental Health Workstream previously approved at STP CEO and progressing as planned operationally, are being challenged by the STP Finance Directors in terms of the ability to deliver "cost out" for the system. The committee notes that there is a risk to the schemes and cannot be assured that the £1m CIP will be fully delivered. Further updates will be received in October.

Other:

- **Lymebrook Water Safety Update**

The committee received a water safety update around Lymebrook where the trust had to take mitigating actions around a positive legionella identification. The committee were assured around the actions taken and noted that the issue has now been resolved following intervention.

- **Policies**

The following policies were approved by the committee, to be ratified at the Trust Board.

- Banking Procedures
- Budgetary Control and related issues
- Cash Handling and Security at Ward Level

The following policies had requested extensions, approved by the committee:

- Waste Policy (October 2019)
- Environmental Policy (March 2020)

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- CIP Checkpoint – Specialist
- Agency Utilisation
- STP Finance Report
- IQPR
- Activity Report M4
- Estates Update
- Finance, Performance and Digital Risk Register
- Risk Deep Dive
- 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 Estates Committee

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 13

Date of Meeting:	26th September 2019		
Title of Report:	Assurance Report from Business Development Committee		
Presented by:	Joan Whalley, Chair – Business Development Committee		
Author:	Chris Bird, Director of Partnerships & Strategy		
Executive Lead Name:	Chris Bird, Director of Partnerships & Strategy	Approved by Exec	☒

Executive Summary:		Purpose of report	
To receive an update from the meeting of the Business Development Committee on 8th August 2019		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	N/a		
Resource Implications: Funding Source:	N/a		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/a		
STP Alignment / Implications:	N/a		
Recommendations:	The Board is asked to: 1) Note the contents of this report .		

Version	Name/group	Date issued

Assurance Report to the Trust Board
Business Development Committee
8th August 2019

Introduction

This paper details the issues discussed at the Business Development Committee on 8th August 2019. The meeting was quorate with minutes approved from the previous meeting on 6th June 2019. Progress was reviewed and actions confirmed from previous meeting.

Action Items

The meeting received updates against the actions contained in the action schedule. .

All actions have been completed or are in progress and listed on the forward plan for future meetings of the Committee.

Director of Partnerships & Strategy Update

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

The report included updates (not referenced elsewhere in this report) in relation to:

- Operational and system planning – DoPS shared the process agreed between system CEO's & Chairs for the development of the System Plan. The first cut of this will be required in late September before a final version in mid-November. The Director of Strategy network is being used to coordinate organisational input into the System Plan and there will be updates to the Closed Session of Trust Board at both September and October meetings prior to a formal sign-off of the final version. The DoPS also confirmed a commitment by NSCHT to refresh its own 5 Year Plan and shared the national policy document, *Mental Health Implementation Plan 2019/20 – 2023/24* which will be used to inform the development of the organisational plan
- Commercial updates – the DoPS shared a number of business planning tools which have been developed to enhance our ability to assess, coordinate and track the progression of business opportunities. An update was also provided on the progress of the Crisis Café's project and the development of the business case needed to access the grant funding that has been earmarked for this project.
- Partnership Working – the DoPS continues to meet with a range of voluntary and public body partners to represent the Trust in its engagement activity with stakeholders. For this report, the DoPS provided feedback on a presentation delivered to the Voluntary Sector Chief Officers Group (VSCOG) and a meeting with the Police & Crime Commissioner to launch a review of the Crisis Care Concordat which is now some 4-5 years old.

The DoPS also provided an update on the work being coordinated through the CCGs on the future of local health services in Northern Staffordshire following the conclusion of the recent consultation exercise. The DoPS is actively involved in the post-consultation project via a multi-agency stakeholder group which has been established to oversee the development of the 'Decision-Making Business Case' over the coming months.

Business Developments

The Committee received an update on the numerous business development opportunities that are currently being pursued.

The Trust continues to progress a bid for Drug & Alcohol Services for Staffordshire which, if successful, would be delivered in partnership with Addaction and BAC O'Connor. The Trust is currently commissioned through Staffordshire County Council to provide inpatient detoxification services and it is important that this service is retained.

The Trust continues to work in partnership with Midlands Partnership NHS Foundation Trust on a joint bid to provide IAPT services across the Stoke-on-Trent and Staffordshire geography. The Trust is a current provider of IAPT services and it is important that service provision is retained moving forward.

The Committee considered a report on the mobilisation of prison healthcare services at Stoke Heath prison following the successful expansion of the Trust's service provision from April 2019. The report serves as a reflection on the process and has identified points of learning for future projects. The report also acts as a close-out report on the mobilisation phase of this project and a formal transition to business as usual. The Committee noted that any further bids for prison healthcare services would need to be subject to Board-level approval.

The Committee received an in-depth update on the progress being made to realise the ambitions of the New Care Model (NCM) programme together with a copy of the NCM CAMHS business case which was submitted to NHS England on schedule following a multi-agency approach across a wide range of regional provider partners. The evaluation of the business cases is being led ny NHS England and announcements are in August 2019.

Digital

In the absence of the CIO, the DoPS provided an update on the development of the Digital Strategy and the emergence of four 'digital patient propositions' which would be shared at the upcoming Board Development event in September 2019. As part of the development of this strategy, the Trust has secured input from a range of partners including primary care and representatives from the STP Digital Programme Board.

The Committee received an update on the innovation workshop that took place on Tuesday 23 July 2019. The topics presented at the workshop included examples of Digital Innovations, Clinical Innovations, a Delivery Innovation Case Study and Research and Development. Colleagues from across the Trust provided advice & guidance sessions on key aspects of mainstreaming innovation into service delivery by providing insight into areas such as Intellectual Property and Business Case development.

In a further update it was confirmed that we have been successful in recruiting a Deputy Chief Information Officer and Dan Crick will be joining the Trust from Birmingham Children's & Women's Hospital in the Autumn. Dan will add much needed capacity and capability to the Trust and is a timely appointment as we refresh the Digital Strategy.

Progress with North Staffordshire and Stoke-on-Trent Alliance

The Committee were advised that the most recent Northern Staffordshire Alliance Board had been stood down for the Summer holiday period. The September meeting will be run in workshop mode with an invite to the new Primary Care Network Clinical Directors to explore how best they might engage with the Board moving forward and the issues to consider in the transition to an Integrated Care Partnership

Partnership working

The DoPS presented the, *Partnering Strategy,* (See Appendix 1) to the Committee and advised that, working in collaboration with colleagues in the Communications Team, we had identified 197 partners and 400+ people of influence across those partners. The Strategy Team had undertaken an initial high level stakeholder analysis using a matrix style approach to map levels of "interest" and "influence".

This Strategy will enable the Trust to better articulate its commitment to working as part of the health and social care eco-system together with a broader range of partners and we will be looking to launch the strategy later this calendar year.

The Committee received an update on the topic of social prescribing following the attendance at a national conference by the Chair of the Committee and the DoPS. Social prescribing features prominently in the NHS Long Term Plan but there is little tangible commitment to progressing this aspect of commissioning in the local system. The Trust provides a range of services which might be considered to be social prescribing but we do not have a Trust-wide approach to the development of such service provision and it therefore tends be ad-hoc and organic. The Committee agreed that the appropriate forum to progress the conversation re social prescribing would be the Northern Alliance Board.

The Committee considered the Director(s) of Public Health annual report produced by both Stoke-on-Trent City Council and Staffordshire County Council. There is a marked difference between the reports with Stoke-on-Trent following a more traditional approach analysing the determinants and prevalence of health in the City whilst Staffordshire County Council's was more focussed on digital interventions to support health and care needs going forward. However, both reports were hugely informative and offered strong insight into the factors impacting on health and social care need across our geography and some resonance with the Trusts own strategic direction of travel. In particular, the emphasis on the application of digital technology in the Staffordshire County Council report is something the Trust will want to pursue in its own right and reflect in future tender submissions going forward.

Risks

The Committee agreed to include a new risk in relation to IAPT Services. All other risks were discussed, reviewed and remained unchanged.

Recommendation

The Board is asked to:

1) Note the contents of this report

Chris Bird, Director of Partnerships & Strategy

On behalf of Joan Walley, Chair

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Partnering Strategy 2019
DRAFT FOR REVIEW

Chris Bird, Director of Partnerships and Strategy

Foreword

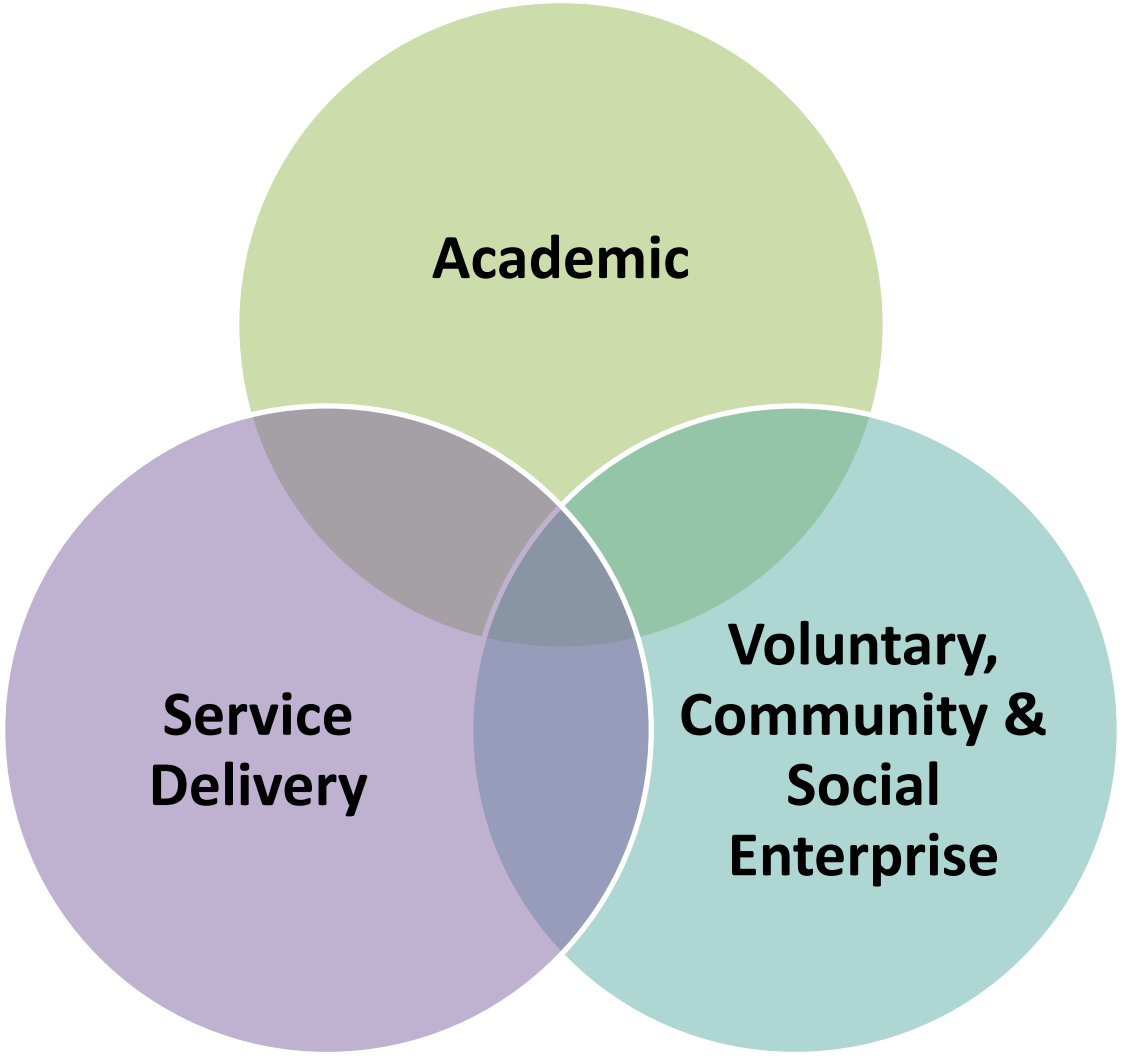
North Staffordshire Combined Healthcare NHS Trust

As a Trust, we are committed to working together in partnership to ensure that the services we provide are of high quality and are delivered in a caring, compassionate and safe environment.

Our Partnering Strategy details our commitment to working together with our core partners so we can have assurance that the services we provide meet the needs of our local population, are aligned to the services offered through our partners and benefit from service improvement opportunities which harnesses the breadth and depth of the expertise available through our partner network

In this strategy you'll find out what we, as a Trust, want to achieve and how we will do so via a set of clear and common sense objectives.

Types of partnerships



Our objectives

North Staffordshire Combined Healthcare NHS Trust

- One of the Trust's strategic objectives is to:

  "Take a lead role in partnership working and integration"

- This Partnering Strategy sets out the principles and approaches we will use to support achievement of this objective.
  - Our processes and mechanisms for engagement are appropriate and effective
  - Our services and use of healthcare resources are enhanced through collaboration with our partners
  - Our partners have a closer, on-going relationship with the Trust, they feel involved and that their contribution is considered, valued and can make a difference

- This will be progressed through the positioning of the Trust as an 'Anchor Institution'

Anchor Institution

- NHS LT Plan & **evolution towards integrated care systems** have placed greater expectations on the NHS to work across a geographical area and maximise its resources to improve the health of a local population

- The focus on place-based systems of care has spurred developments in the way services are designed and delivered to help prevent ill health and promote wellbeing there has been **limited attention has been given to how the NHS can influence the economic conditions** that help create health in the first place.

- The impact the NHS has on people's health **extends well beyond its role as a provider of treatment and care**. Health care organisations are well positioned to use their spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

- The concept of anchor offers a helpful way of thinking about how **NHS organisations can maximise their role in local economies**

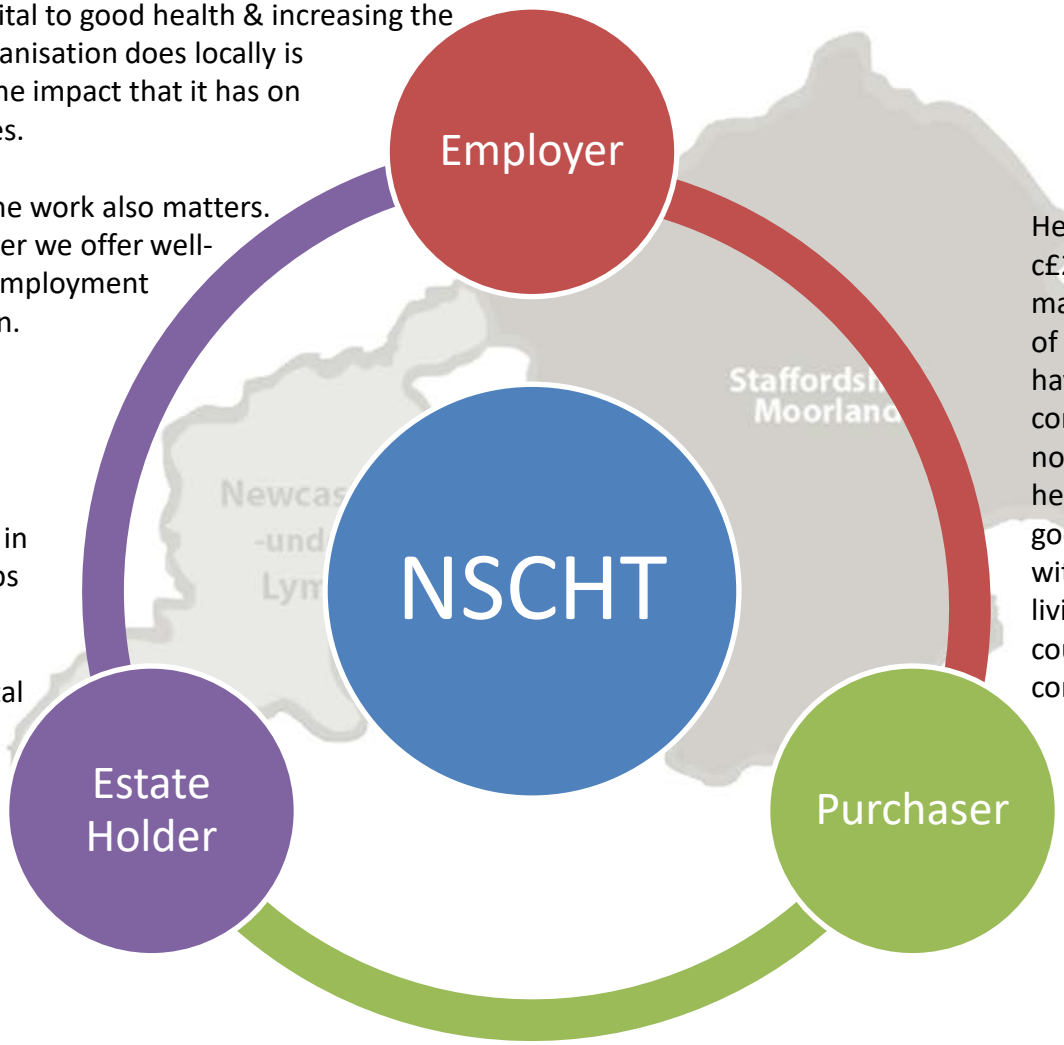
Anchor Institution

North Staffordshire Combined Healthcare NHS Trust

Organisations in the health sector are often the largest employers in local areas. Employment is vital to good health & increasing the amount of hiring an NHS organisation does locally is an opportunity to increase the impact that it has on the wellbeing of communities.

The quality & pay-rates of the work also matters. Important that as an employer we offer well-Rewarded, stable & secure employment for all parts of the population.

Ensuring these assets are used in ways that address resource gaps in communities and support residents to live healthy lives may help address environmental and economic disparities



Health care organisations spend c£20bn on goods and services. As major procurers and purchasers of services, NHS organisations have an indirect impact on the conditions of many more workers not formally employed by the health sector. By sourcing more goods and services locally, and with organisations that offer a living wage, NHS organisations could have a greater impact on community wealth.

Philosophy of approach

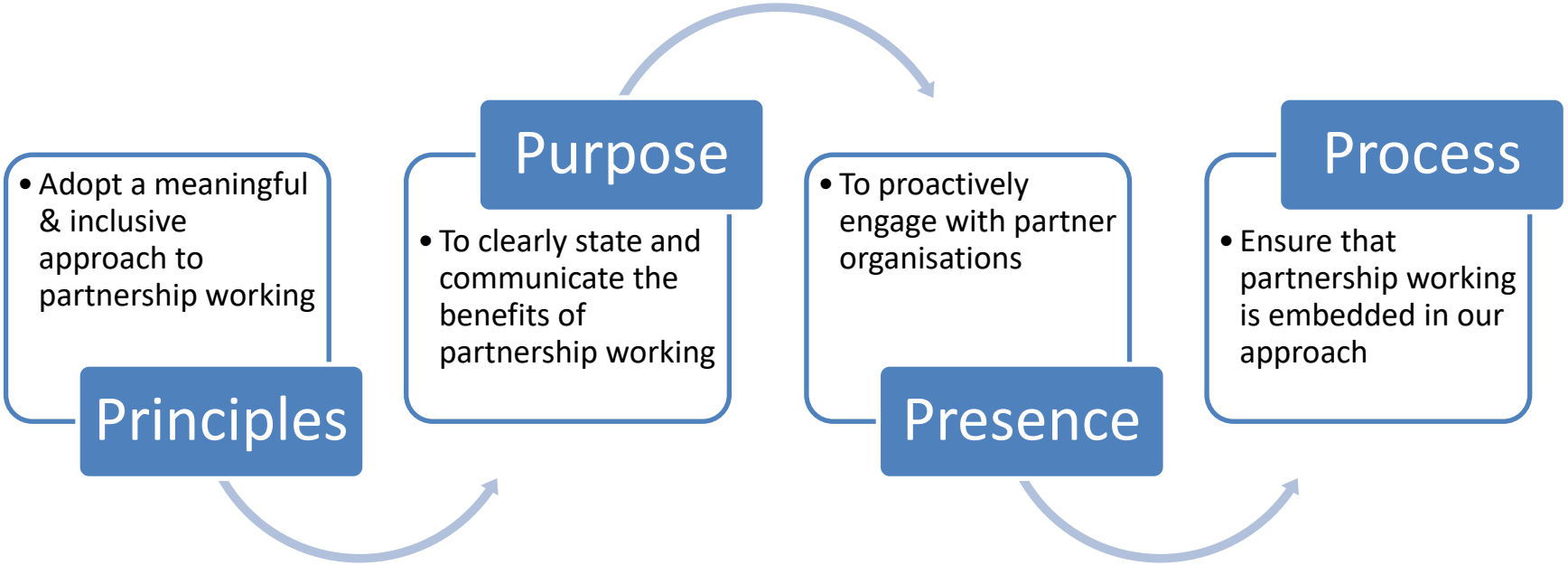
North Staffordshire Combined Healthcare NHS Trust

To deliver partnership working successfully it is important to develop good formal and informal relationships that build trust and share responsibility, whilst respecting difference. To facilitate this, the Trust commits to adopt the following principles in their dealings with partners:

- building trust and a mutual respect for each other's roles and responsibilities
- openness, honesty and transparency in communications
- A top level commitment
- a positive and constructive approach
- commitment to work with and learn from each other
- early discussion of emerging issues and maintaining dialogue on policy and priorities
- commitment to ensuring high quality outcomes
- where appropriate, confidentiality and agreed external positions
- making the best use of resources
- ensuring a "no surprise" culture

A commitment to Partnership Working

North Staffordshire Combined Healthcare NHS Trust



Partners

- NSCHT has identified 197 partners and 400+ people of influence across those partners

North Staffordshire and
Stoke-on-Trent Alliance
Transforming health and well-being

STAFFORDSHIRE
moorlands
DISTRICT COUNCIL
ACHIEVING · EXCELLENCE

City of
Stoke-on-Trent

Core Partners

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- The Strategy Team have undertaken an initial high level stakeholder analysis using a matrix style approach to map levels of 'interest' and 'influence'.

- From this, it is proposed that the partners 'vital to our success' are
  - Providers: UHNM, MPFT, North Staffordshire Primary Care Networks, North Staffordshire GP Federation
  - Keele and Staffordshire Universities
  - Voluntary Sector bodies: NS Mind, Changes, BAC O'Connor, Addaction

- It is equally important that we recognise our definition of partners needs to be inclusive of key stakeholders, using the same process as above these can be listed as:
  - Members of Parliament
  - Regulators – NHS E/I, CQC
  - CCG(s) Commissioners
  - Local Authorities – Stoke-on-Trent City Council, Staffordshire County Council
  - Healthwatch

Service Delivery Partners

North Staffordshire Combined Healthcare NHS Trust

- The Trust works with a wide range of partners to ensure that our combined efforts are focused on achieving the best possible outcomes for the people we serve , including other NHS Trusts, third sector organisations and private companies.

- Examples include:
  - DXE – our Lorenzo partner
  - Shropshire Community & Forward Trust – our partners at Stoke Heath prison
  - NS Mind & Changes – our partners in our IAPT service delivery
  - Addaction & BAC O'Connor – our partners in drug & alcohol services

- With the introduction of new system architecture this is likely to expand over time to include other local NHS providers including UHNM, MPFT and Primary Care Networks as we develop Integrated Care Teams

Voluntary, Community & Social Enterprise

North Staffordshire Combined Healthcare NHS Trust

- The Voluntary Community and Social Enterprise (VCSE) sector has **always provided a range of different support to the NHS** including in its role in helping community voices to be heard, in delivering services and in being partners in strategy development.
- NSCHT collaborates and co-operates with a range of VCSE organisations to improve outcomes
- We recognise **our relationships can be only be successful if others see us as committed to working in partnership** and good to do business with.
- We need to **help external stakeholders to understand and navigate the organisation**. We also need to ensure consistency and coherence in the way we manage our relationships with partners.
- VCSE organisations improve health outcomes and tackle health inequalities not only by delivering services but also by **shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers**.
- **It is important we recognise their input is essential to a vibrant local health economy**

Academic Partners

North Staffordshire Combined Healthcare NHS Trust

- Research is essential to promote mental health and prevent and treat ill-health

- Research & Development thus ensures that:
  - Healthcare policy and service developments are based on reliable evidence of needs
  - Effective interventions are developed to promote health and prevent and treat ill-health
  - Information is available to those responsible for developing and providing health & and social care services on what works and what does not, and on proven ways of improving quality, access and efficiency
  - The Trust's service users and their carers are able to make informed choices about the care they receive and wish to receive.

- Strong high profile R&D also enables the Trust to attract staff of the highest calibre.

- It is no coincidence that the best Trusts are those with strong R&D capability.

Academic Partners

North Staffordshire Combined Healthcare NHS Trust

- Collaborations with the Universities &/or academic research networks (e.g. Clinical Senates, Midtech) form the core of the Trust's R&D strategy & the Trust as a whole benefits through:
  - A culture of evidence based practice
  - Encouraging innovative practice
  - Ongoing developments in service provision
  - Improved understanding of the needs and wishes of service users and their carers
  - Improvements in the quality and outcomes of care
  - Using evidence to ensure the best use of limited resources
  - Improved recruitment and retention
- Map existing academic collaborations to consider the organisation/ sch& dept/research programme/nature of collaboration/connected posts/funding

Business Partners

- The Stoke-on-Trent and Staffordshire Local Enterprise Partnership (the LEP) was established in 2011 and has a vision to create 50,000 jobs and increase the size of the economy by 50% by 2021

- It is made up of local business leaders and LA representatives and has plans to achieve its aims through delivering growth, supporting enterprise and development employment and employment opportunities

- Stoke-on-Trent Business Improvement District (BID) is a business-led and business-funded not-for-profit organisation formed to deliver improvements through additional services to a defined commercial area

- The Stoke-on-Trent City Centre BID represents 436 businesses and organisations in an area spanning 75 streets. The businesses pay an annual levy to create a combined pot of funding, ring-fenced for use in the BID area, to guarantee core service delivery and deliver an ambitious business plan to transform Stoke-On-Trent City Centre – improving experiences, standards and adding value for investors, visitors, workers and residents alike

What we will do – roles & responsibilities

NHS
North Staffordshire Combined Healthcare
NHS Trust

- **The Board**
  - When attending events or networking with key stakeholders, promote and position NSCHT using our core messages &/or specific briefings provided by staff.
  - Nominate Board level &/or sub-Board level leads to represent NSCHT with specific partners
  - Provide regular focus and scrutiny on progress with and the effectiveness of partnership working through the Board, the Board Assurance Framework, and relevant Committees
  - Lead by example in the promotion of core messages internally and externally

- **Partnerships & Strategy Team**
  - Monitor the effectiveness, of engagement across our priority partners
  - Coordinate regular reports on progress in each of the priority areas for Board, Management board and relevant Committees.
  - Develop, populate and keep up to date a trust wide partnership matrix
  - Systemically use and review the list of core partners and our approaches in order to be proactive our relationships
  - Record engagements to monitor our performance and impact
  - Input to events, meetings and networks to follow through on specific plans.
  - Regularly review opportunities for influence identified as a result of networking and horizon scanning.
  - Lead by example in the promotion of key messages internally and externally

PROUD TO CARE

spar

What we will do – roles & responsibilities

North Staffordshire Combined Healthcare NHS Trust

- Many people will be involved in partnership working in its different phases, taking on a range of roles as required.
- It is important to recognise the differences and to understand which roles are needed, at what stage and for what purpose. It is equally important to ensure that the best person is allocated to a particular role. Roles may change often during the life of a partnership and partners may 'grow' into new roles as they become more experienced in partnering
- The table on the right sets out some of the key roles we will need to consider in order to support our ambitions.

Role	Notes
Champion	An individual (or several individuals) who promote the partnership using their personal / professional reputation and / or role to give the partnership greater authority or profile
Broker/Intermediary	An individual selected (either from one of the partner organisations or from outside the partnership) to act on behalf of the partners to build and strengthen the partnership especially in its early stages
Manager	An individual appointed by the partnership on a paid basis to manage the partnership and / or the partnership project – especially once the partnership is established and is at the stage of project implementation
Facilitator	An individual (usually external to the partnership) appointed to manage a specific aspect of the partnering process (e.g. a meeting set up to deal with a particular issue facing the partner group).
Promoter	An individual, most likely a member of the partnership, who acts as an advocate for the partnership to others – a "champion" who argues the merits of the partnership on the basis of its track record rather than their own personal reputation.

What we will do – CRM capability

North Staffordshire Combined Healthcare NHS Trust

- The Trust's approach to partnership working could be strengthened through the application of Customer Relationship Management (CRM) philosophy

- CRM will provide a range of benefits through a more focussed approach, including:
  - A deeper understanding of partners enabling better relationships
  - Improved communication and increased insight
  - Stronger alignment between resource and core partners

- A key element of this CRM approach will be to develop partner summaries for each core partner and agree an Exec Lead responsible for that relationship and specific outcomes to be achieved, this might include:
  - An overview of the partner and identification of key individuals
  - Why they are important to the Trust and the level of influence they have & with who
  - The strength of our current relationship and our ambition for the future
  - Specific actions to improve / deepen the relationship over a specified period of time

- Through nominating a Exec Lead, this creates a continuity of contact through which relationships can grow to enable better shared understanding of the other's perspective and current issues, to enable informal soundings to be taken where appropriate and to provide a contact to alert when unexpected issues may emerge at short notice.

- Sometimes the focus for the relationship or *"buddying"* arrangement might be associated with a particular subject or area of interest. An example of a CRM matrix is included at Appendix 1

What we will do – approaches

North Staffordshire Combined Healthcare NHS Trust

- In addition to the CRM methodology, the Trust will continue to deploy a range of partnership and engagement approaches rooted in Stakeholder management theory

- These will be determined by the level of interest / influence the partner is assessed as having. Examples of partnership activity are included below:

Involve	Collaborate
Surveys Workshops Events and Seminars Stakeholder Forums	Strategic Engagements Partnership Agreements Co-production Programme boards Planning Groups
Inform	**Consult**
Corporate Website Publications and Briefings Traditional and Social Media Event Attendance	Surveys Workshops Events and Seminars Stakeholder Forums Horizon Scanning

Outline Implementation Plan

NHS
North Staffordshire Combined Healthcare NHS Trust

Phase 1

Enabling a new way of working

- Publication of Partnering Strategy
- Sharing new approach across Trust groups – SLT, SOT, Leadership Academy etc

Phase 2

Engaging with key partners

- Communication with core partners to set out new arrangements
- Access partner forums to promote new approach

Phase 3

Empowering relationships

- Confirmation of Exec Leads for each core partner and offer of face-to-face meeting
- Confirmation of broader partnership roles and articulation o f responsibilities

Phase 4

Embedding the new way of working

- Establish routine partnership working updates
- Post-implementation review

App 1 Example CRM Matrix – Core Partners

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North Staffordshire Combined Healthcare NHS Trust

Partner	Lead Contact	Forums	Delegated to:
Regulators			
CQC	CEO	Monthly meetings Inspections	Asst CEO
NHS E / I	CEO	PRM meetings	DoF
Academic			
Keele	MD	VC meetings Northern Alliance Board	N/a
Staffordshire	MD	VC meetings	N/a
Voluntary Sector			
Vol Sector Chief Officers Group	DoPS	VSCOG meetings	N/a
VAST	DoPS	VSCOG Northern Alliance Board EPCC	N/a
NS Mind	DoPS	VSCOG Service Delivery meetings	Business Development Lead
Public Bodies			
Stoke-on-Trent City Council	Chair / CEO	HCTB Chairs & CEO Forums Northern Alliance Board	N/a

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REPORT TO OPEN TRUST BOARD

Enclosure No: 14

Date of Meeting:	26th September 2019		
Title of Report:	Summary of the Audit Committee held on 5th September 2019		
Presented by:	Tony Gadsby, Chair / Non Executive		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Lorraine Hooper, Director of Finance, Performance and Estates	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report provides a summary of the key headlines from the Audit Committee held on the 5th September 2019. The full papers are available as required to members.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	1
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	To ensure that the committee meets its terms of reference by receiving reports of the work of its sub groups		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	Receive the report for assurance		

Assurance Report of the Audit Committee
5th September 2019

Review of Single Tender Actions (over £20k)

The Committee received a report detailing 4 single tender waivers between 1 May to 31 July. All cases were where a specific service was provided on the framework.

Healthcare Quality Standards Assurance Report

The Committee was briefed on the report which detailed an anticipated project plan for a future CQC inspection.

Information Governance Disclosure

The Committee noted that the Trust is on target for 31 March for meeting compliance. NHS Digital have strengthened their approach to auditing and we would be working towards those enhanced standards. Statutory Mandatory training needs to be 95% compliant by 31 March 2020 and the Trust are working towards this. Out of the 46 incidents there have been no IG reportable breaches.

Freedom of Information Quarterly Report

The Committee noted that the 20 working day deadline was achieved in 83% cases which was a slight dip on the previous quarter but did not believe this was a common trend and was a result of low staffing levels within a team.

Board Assurance Framework 2019/20

The Committee for received the BAF for information as Trust Board had signed off the Quarter 1 report. The Committee noted that the highlight report was beneficial.

Clinical Audit Programme

A total of 118 projects are currently on the programme. Outcomes of audits are reported through the Clinical Effectiveness Group.

KPMG – Internal Audit Progress Reports

Final agreement of last two reports were approved:

1. **Care Planning Report** – Partial Assurance. Most actions had been implemented. The quality of documentation and compliance with the Trust's overall policies could be improved.

2. **Estates Report** – The report reached an overall conclusion of partial assurance. The system in place was very paper-based on managing a piece of maintenance work, which presented a number of time-lags within the process. There was not a detailed oversight of how staff were working within the system due to this being paper-based. Access to an electric reporting system has already been purchased and when introduced will address the problem.

KPMG – 2019/20 Plan

In the development of the plan consideration of the risk profile of the Trust had taken place, along with detailed conversations with individual Execs and reflected in the plan. The Committee discussed if the best use of audit resource was concentrating on the BAF and finance review and whether there was scope to change this however acknowledged that core areas of assurance had to be done annually.

Local Counter Fraud Service Annual Report and Progress Report Q1

Two referrals to Counter Fraud have been received since the last Audit Committee, one has been closed and one was an allegation received of a staff member undertaking private work in work's time.

Local Counter Fraud Service Work Plan 2019/20

The Committee received the plan and noted the plan is aligned to the standards mandated by the NHS Counter-Fraud Authority.

Ernst & Young – External Audit Progress Report
H Rohimun briefed the Committee on the report.

Audit Recommendations Tracker
The Committee approved the request on the report asking for extensions for some of the actions after clarifying the reasons for the requests.

Terms of Reference and Cycle of Business Review

The Committee approved the changes to the Terms of Reference that reflected the changes in the Executive Team portfolios. The Committee noted the cycle of business was balanced out across the various meetings throughout the year.

Policies for Review:

- Scheme of Delegation
- Standing Financial Instructions
- Losses and Special Payments
- Risk Management Policy

The Committee approved the policies.

On behalf of the Committee Chair

Tony Gadsby
17th September 2019

North Staffordshire Combined Healthcare NHS Trust

REPORT TO Trust Board

Enclosure No:

Date of Meeting:	9th September 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 Monday 9th September 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 the following risks, which all have mitigating plans in place to address the concerns:* Risk 12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. Risk 868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. Risk 900 There is a risk that the Trust does not provide inclusive services that recognises the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & the inclusion needs of our local communities. Risk 901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff.		

	Risk 1072 There is a risk that staff may not be accessing clinical supervision on a regular basis to ensure that they fulfil requirements or their professional responsibilities and as a result may not feel supported in practice.	
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 the policy extensions for ratification and receive the summary for assurance purposes.	
Version	Name/group	Date issued

Assurance Report to the Trust Board 26th September 2019

People, Culture & Development Committee Report to the Trust Board 26th September 2019.

This paper details the items discussed at the People, Culture and Development Committee meeting on the 9th September 2019. The meeting was quorate with minutes approved from the previous meeting on the 15th July 2019. Progress was reviewed and actions confirmed from previous meetings.

STAFF STORY

The Committee heard from Jayne Simner and Jacqueline Powell from the Early Intervention Team regarding the work of their service. The team of 27 has developed the service over a number of years and it consists of clinical psychologists, OTs, care co-coordinators, and a psychologist in addition to other healthcare professionals. The service aims to wrap the MDT around their clients that range in age from 14-64. The bulk of the work is centred on younger people suffering with psychosis, who are placed on 3 year pathways that support clients to manage their own recovery.

The team places significant focus on social interventions, activities and projects. The team always aims to keep things mainstream and provide the opportunity to place people on a different pathway and most often discharge is into primary care and not secondary mental health services. It is admirable to note that previous service users return to the service to help out at events, and it was noted that a previous client has become a peer mentor with the Step On service. It was noted how the ethos of the Team reflects the SPAR priorities and consideration should be given to spreading their approach more widely across the Trust.

DIRECTOR OF WORKFORCE, OD & INCLUSION UPDATE

The Director of Workforce, OD & Inclusion provided a written update on 3 national cases that are having an impact on NHS Trusts. However it was noted that at present there is minimal risk for the Trust. The cases are:-

- **Flowers and others v East of England Ambulance Trust**

This relates to voluntary overtime and the calculation of holiday pay. The Employment Appeal Tribunal ruled that the claimants were entitled to have both non-guaranteed and voluntary overtime taken into account for the purposes of calculating their statutory and contractual holiday pay.

- **Update to Agency Rules – effective 16.09.2019**

Following further consultation about the use of agency workers additional restrictions are now due to be implemented regarding the use of 'off framework' agencies for non-clinical and clinical unregistered roles and the use of agency workers for certain admin and estates roles. However, it was noted that we have agreed with our other STP Provider colleagues to review the opportunities to expand our current collaborative bank worker arrangements to include Estates and Admin staff.

- **Kark Review of The Fit and Proper Person Test**

The Kark Review was recommended by Dr Bill Kirkup in his report into the Liverpool Community Health NHS Trust in February 2018. The review specifically looks at how effective the FPPT is in preventing unsuitable staff from being redeployed or re-employed as directors in the NHS. Laurie Wrench is leading on creating a checklist to include as part of CQC Well-Led evidence and will be reviewed at Trust Board.

- **Pensions**

The DoH&SC have launched a new consultation broadening areas for engagement across senior managers in addition to Doctors. HMRC and HM Treasury have agreed to be part of cross government discussions about potential changes. The Trust envisages minimal impact despite the impact for higher earners reaching allowance thresholds. Chase de Vere, who are independent financial advisers with expertise in NHS Pension schemes have been invited to present to senior managers and consultants in November and December.

- **Long Term Plan & 5 Year Strategy Refresh**

Across the STP work is underway to update the 5 year Mental Health Workforce Plan. The first draft requires completion by the end of September with the final version in early November. The Trust is taking advantage of this strategy refresh to revisit its own strategies taking into account other national strategies such as the Interim People Plan and Mental Health Implementation Plan.

- **Interim People Plan**

West Midlands Regional Directors of Workforce have been asked to provide to the Chief People Officer, NHSI/E, their top 2 to 3 priorities for the region to feed into the discussions taking place around the development of the People Plan:

1. Workforce design and the future workforce (including a common approach to workforce planning system wide and standardised IT platforms, development of analytical skills needed within the workforce teams)
2. Health and Wellbeing linked to making the NHS a better place to work

The overall view is that there be additional national 'must dos' emanating from the work on the People Plan delivery, particularly in relation to Talent Management and Appraisals.

- **High Potential Scheme (HPS)**

The Trust is one of the national pilot sites for the High Potential Scheme (HPS) which launched at the end of July, and closed on September 8th. It was noted that 71 candidates had opened the application which demonstrated interest and from which we had to create a cohort of 20. Assessment and selection processes will take place through October and November, with the programme scheduled to commence on 29th January 2020. The Programme is gaining attention nationally with the Trust asked to present at the NHS Expo in September alongside NHS Leadership Academy and NHSE.

- **STP Update**

As noted above, early discussions are taking place with STP partners about a collaborative bank for Administrative and Estates staff in light of the Agency Rules change in September; and discussions are planned with WMLA to secure funding for additional Stepping Up Programmes given the success of the 3 cohorts that have been held.

- **Trust Inclusion Council**

The Inclusion Council had held a successful breakfast meeting on August 25th when filming started for our video "#Inclusion Starts with I", which will be used to strengthen our approach to inclusion. An art installation of umbrellas has been installed at the Harplands Hospital which is suspended from the ceiling of the main corridor. This piece of art aims to prompt discussion about neurodiversity. The Trust has now issued NHS Rainbow badges to those who have pledged to be supportive and approachable for people who identify as LGBT+; demonstrating that we are open, non-judgemental and inclusive. The badges carry a responsibility and an opportunity, to send a positive message of inclusion.

UPDATE ON BOARD ASSURANCE FRAMEWORK AND RISK REGISTER

The Associate Director of Governance presented the Q1 2019/20 BAF Directorate update to the Committee. The BAF had already been agreed by Trust Board following its completion and was presented to the Committee for information.

The Committee reviewed all risks and paid particular attention to Risks 12, 868, 900, 901, 1072 with discussions about the mitigating actions.

It was agreed that the Associate Director of Workforce and Associate Director of Governance would undertake a deep dive into Risk 12 (insufficient staff) in order to provide more assurance to the Committee in relation to the impact of new posts in year set against the baseline vacancy rate.

IQPR – MONTH 4 REPORT

The Director of Workforce presented the new format report noting the performance against KPIs and reporting requirements. It was noted that the new format is helpful, however in future the Workforce Metrics report should provide more details on the Workforce metrics in the IQPR.

WORKFORCE PERFORMANCE AND METRICS

The Committee received Month 4 workforce performance and metrics as follows:-

- **Attract, Recruit and Retain -** The reported vacancy rate for July continues to improve to 12.8% from the previous month's report of 13.6%. It was noted that there has been agreement to over recruit HCSWs in certain areas and to ensure we are making prompt employment offers to aid retention of new starters. The newly appointed Recruitment Manager will ensure a focus on Directorate recruitment and retention needs. The most recent update of the NHS Retention Programme has been circulated to the Committee.
- **Staff Requirements -** The DBS compliance rates remain high.
- **Staff Training & Development -** Statutory and Mandatory remain well above target.
- **Health & Wellbeing -** Compliance against the Trust's target of 4.95% continues. Attendance within July improved, leading to a sickness absence rate 4.59%, this is after peaking in June at 5.21%.

There were no representatives from Directorate Management Teams at this Committee meeting to present workforce data.

INTERIM PEOPLE PLAN

An update was provided on the NHS Interim People Plan, which has been developed over the last few months with involvement from NHS Employers and a wide range of other stakeholders to set out an initial approach to tackling the range of workforce challenges.

The aim is to publish a full, five-year plan early into 2020, following the Spending Review and the development of five-year STP/ICS plans:

The final plan will include:

- measures to embed culture change and develop leadership capability
- more detail on changes to professional education and on investment in CPD
- more detail on additional staff needed

Transformation is a key element of the plan and is collaboration.

There was some discussion by Committee members on the impact of the Spending Review (more monies available for nurse recruitment) and in particular the potential for recruiting nurses internationally.

COMMUNICATIONS STRATEGIC REVIEW

The Associate Director of Communications & Engagement provided oversight of the recently completed Strategic Review of Communications and Engagement. One of our communications tasks following the awarding of Outstanding rating from CQC was to communicate the Trust's determination to avoid complacency and stress its' commitment to continuing to improve, with the aim of becoming "Outstanding in ALL we do and HOW we do it'. The overall aim of the Strategic Review is to set out - clearly and confidently - how we intend to deliver truly Outstanding Communications and Engagement.

The Strategic Review avoids proposing change for change's sake and keeps what has been proven to work, specifically by:

- reaffirming the overall strategic objectives set out in the 2016 Communications Strategy;
- confirming the SMART goals and outcomes contained in the 2018-20 Delivery Plan; and
- noting the overall positive endorsement by frontline staff, service users and stakeholders of the Communications Team function, support and performance.

The Strategic Review identifies areas that need priority attention and can be delivered without the need for extra investment. It also suggests a limited number of recalibrations that would be beneficial, in particular an even greater emphasis on promoting and celebrating team and directorate level activities and achievements.

The Review includes proposals for a major strategic shift in what we do and how we do it, including becoming the very best in NHS Social Media, establishing a new Listening and Engagement Active Partnerships (LEAP) Programme and a new Combined Healthcare Active Stakeholder Engagement (CHASE) Programme, integrated with the Trust's new Partnering Strategy and Diversity and Inclusion Strategy. It also offers for discussion an option to develop the current Communications and Engagement function into a revenue generator by building on its outstanding success for the Trust through providing services externally as a commercial offering to wider NHS, health and care colleagues.

The review and recommendations were well received and it was acknowledged that the review was a thorough and robust piece of work, underpinned by a sound evidence base and methodology.

LEARNING LESSONS TO IMPROVE OUR PEOPLE PRACTICES

The Associate Director of Workforce presented the report to the Committee that set out the Trust's HR Team review and response to the letter received from Baroness Dido Harding, Chair of NHSI. The letter requests that the Trust reviews the management and oversight of local investigation and disciplinary procedures set against a number of findings and recommendations following on from the Mr Amin Abdullah independent enquiry. Mr Abdullah committed suicide having been through a poorly managed disciplinary process.

It was confirmed that the HR Team review concludes that Disciplinary Investigations and Processes are being managed in accordance with best/required legal practice; there are a number of matters which require further action, however these are minor changes (additional support for

those being investigated) rather than major actions. An action plan has been developed to progress any areas to be taken forward.

Sessions will also be held for JNCC members (proposed date 17th September) and the Executive Director Team (proposed date 24th September) to review and triangulate practice, with a final report and recommendations to return to the Committee in due course.

The Committee noted that lengthy investigation processes are unhelpful to the individual, team and Trust as a whole and needed to be managed in a fair and reasonable timescale. The Trust will pay specific attention to this area and the KPI associated with it to ensure timeliness.

APPRENTICESHIP PAY & SHIFT WORKING OPTIONS PAPER

The paper presented by the Associate Director of OD, outlined the current position regarding the Trusts approach to Apprentice pay and set out various options in relation to apprentice pay going forward, with proposals to make apprentice pay more competitive, valuing the work that apprentices undertake and align pay for apprentice roles within the Trust.

It was noted that the paper was reviewed by the Executive Team and Senior Leadership Team on August 13th 2019 when a decision was taken to implement Option 5: to uplift pay in accordance with Annex 21 of the NHS Agenda for Change Terms and Conditions which aligns apprentice pay to their age.

The Committee approved the recommendation.

STAFF SURVEY ACTION RESULTS

An update on the actions undertaken in response to the 2018 Staff Survey was reported by the Associate Director of OD and the actions were noted along with the preparations underway for the launch of the 2019 survey in September. £2000 will be awarded to the Directorate with the highest level of returns for their development needs, and the survey now has a dedicated lead.

BEING OPEN REPORT

The Associate Director of Workforce presented the report to the Committee which triangulates Raising Concerns, Dear Peter/Caroline, FTSU and Grievance submissions between July 2018 and June 2019.

During the period there had been 77 Dear Peter/Caroline submissions, and it was noted that from April 2019 there had been just 19 submissions; the themes included policies/procedures and processes 27%, service charges 15%, patient experience 10% and staffing levels 10%.

It was noted that there had been an increase in the number of FTSU submissions which was a good indication that the FTSU Guardian and Champions were visible and gaining trust with staff across the organisation.

TRADE UNION FACILITY TIME

The report detailed the Trust's position in accordance with the new legislation in order for this information to be published on the Trust's website by 31st July 2019. The report was noted for Assurance.

WORKFORCE DISABILITY EQUALITY STANDARD

The Workforce Disability Equality Standard (WDES) is now mandatory for all NHS Trusts; and the report set out the Trust's findings, scores and action plan for the 1-2 year of implementation.

The Trust's WDES workforce data based on workforce headcount as at 31/03/19 with bank staff excluded:

Disabled staff	37	2.4%
Non-disabled staff	944	61.1%
Unknown/Null	506	32.8%
Prefer not to say	58	3.8%
TOTAL	**1545**	**100%**

The high number of unknown/null entries (33%) is a significant concern which makes it difficult to determine the true proportion of staff with a disability within the Trust. This will be a key priority for action. The report was noted for assurance by the Committee.

POLICIES

A summary of policies was provided to the Committee and the following policies were approved for a further 3 years:

3.07 Management of Staff Change Policy;

3.21 Disclosure and Barring Service (DBS) Policy;

3.23 Supporting Staff to Improve Performance Policy;

3.24 Recruitment and Selection Policy (appendix update, approval of policy to remain on current terms);

3.38 Pay Progression Policy;

3.44 The Management of Probationary Periods Policy; Local Clinical Excellence Awards Policy; 1.76 Medical Job Planning Policy (terminology updated);

3.39 Medical Appraisal Policy (new policy, changed to a stand-alone policy from a procedure)

An extension was requested on the following policy:

3.06 Pay Protection Policy – extend until November 30th 2019 as this is currently under review

PCD REPORTING GROUPS for information

- Joint Negotiating Consulting Committee (JNCC) – 22nd August 2019
- Joint Local Negotiating Committee (JLNC) – 18th July 2019
- Inclusion Council – 10th July 2019

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

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 16

Date of Meeting:	26th September 2019		
Title of Report:	Workforce Disability Equality Standard (WDES) First Year Report and Admin Plan		
Presented by:	Linda Holland, Director of Workforce, OD and Inclusion		
Author:	Lesley Faux, Diversity and Inclusion Lead		
Executive Lead Name:	Linda Holland, Director of Workforce, OD and Inclusion	Approved by Exec	☐

Executive Summary:	Purpose of report	
Similar to the Workforce Race Equality Standard (WRES), the WIF Disability Equality Standard (WDES) is now mandatory for all NHS Trusts. This report sets out the Trust's findings, scores and action plan for the 1-2 year of implementation.	Approval	☐
	Information	☒
	Discussion	☒
	Assurance	☒
Seen at:	SLT ☒ Execs ☐ Date: 10TH September 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 Integration Programme Board ☐ • SLT for info and discussion ☒	
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 requirement to report annually on the WDES Metrics forms part of the NHS Standard Contract from 2019-20. • The Trust has now published its WDES data and resulting action plan on its public website. • The WDES intended to be taken forward in a tri-partite partnership with management working alongside staff side and staff with disabilities	
Resource Implications: Funding Source:	Within existing resources	

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The WDES is specifically designed to support greater diversity and more positive inclusion experiences across NHS workforces, particularly in relation to staff with disabilities. As such, a positive effect is intended, such as improved access to employment and promotion opportunities, better workplace experiences for staff with disabilities and more diverse workforce with regard to disability and neurodiversity.	
STP Alignment / Implications:	n/a	
Recommendations:	• To note the contents of the report and action plan to meet its requirements under the 1st year of the WDES • To support the development of a Trust-wide approach to engaging with staff with disabilities, including consideration of the formation of a Staff with Disabilities Network, in order to implement the WDES as recommended by NHS England •	
Version	Name/group	Date issued

North Staffordshire Combined Healthcare NHS Trust

2019 Trust Workforce Disability Equality Standard (WDES) Report and Action Plan:

What our WDES data says and how we are responding to it

NHS Workforce Disability Equality Standard (WDES)

Parvin's story: http://www.patientvoices.org.uk/flv/1182pv384.htm

Date: September 2019
Author: Lesley Faux, Diversity & Inclusion Lead
Lead Director: Linda Holland, Director of Workforce & Inclusion

Trust Workforce Disability Equality Standard (WDES) Report 2019

1.0 Introduction

This report sets out the Trust's data and response to the new Workforce Disability Equality Standard (WDES) in its first year of implementation. NHS organisations are expected to publish data for each of the metrics and use this information to develop local action plans to improve access to employment as well as the employment experiences of disabled staff. Year-to-year comparisons are anticipated to demonstrate progress and challenges for individual NHS employers.

1.1 Background

It is reported that in 2018, people with disabilities in the UK had an unemployment rate 30.4% lower than people without a disability[1]. Data from NHS national staff surveys[2] suggests that employees with disabilities were:

- more likely to say they felt bullied by their manager
- more likely to say they felt pressured to work when unwell
- and less likely to say their organisation acted fairly with regards to career progression.

The Workforce Disability Equality Standard (WDES) was launched by NHS England in March 2019, following a 2 year period of consultation with NHS organisations. The NHS Long Term Plan commits the NHS to becoming a model employer for disabled people and the Workforce Disability Equality Standard (WDES) is intended to support NHS Trusts (including foundation trusts) on this journey of improvement by providing a set of measures that enable comparison of the employment experiences of disabled and non-disabled staff across organisations.

The WDES is an important step for the NHS and is a clear commitment in support of the Government's aims of increasing the number of disabled people in employment.

The WDES is a set of **ten specific measures** (Metrics) that will enable NHS organisations to compare the career and workplace experiences of disabled and non-disabled staff. This information will be used by NHS organisations to understand their performance, develop local actions, and measure progress against the WDES Metrics.

Improving the working experience of our disabled members of staff is not just good for those individuals, but important to guaranteeing the highest standard of care for our service users. The WDES is important because a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for. The format and content of the WDES has been designed to mirror that of the WRES as closely as possible. As with the WRES, participation in the WDES is mandated to all NHS Trusts as part of the NHS Standard Contract.

This report sets out the Trust's WDES data in relation to the ten WDES metrics in this first year of implementation, together with our action plan for 2019-20 to begin the work of making tangible and measurable improvement in this area, to the benefit of individuals with disabilities and NHS organisations.

WDES Reporting Requirements

All Trusts are required to adhere to the following WDES reporting requirements:-

1. Submission of Trust WDES template spreadsheet by 1st August 2019 – ***Appendix 1 (complete)***
2. Submission of Trust Online Questionnaire by 1st August 2019 – ***Appendix 2 (complete)***
3. Publishing of Trust WDES Report and Action plan on Trust website and sharing with lead commissioner by 30 September 2019 (i.e. ***this report***)

1.2 The WDES Metrics

There are ten (10) WDES Metrics summarised as below and in table format at ***Appendix 4***. These consist of:

- Three (3) metrics focus on workforce data
- Five (5) are based on questions from the national NHS Staff Survey
- One (1) metric focuses on disability representation on Boards
- One (1) metric (Metric 9) focuses on the voices of disabled staff, 9b asks for evidence to be provided in the WDES annual report.

Further information on the WDES reporting requirements can be viewed in the WDES Factsheet and Quick Guide to Implementation, both by NHS England and NHS Employers.

2.0 Trust Performance on 2019 WDES Metrics and proposed action

The Trust's performance in the first year of reporting against the WDES metrics is set out over the following pages, along with action to take place in 2019-20 to address identified areas for improvement.

Metric 1: ***Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.***

Our WDES workforce data is as follows [based on workforce headcount as at 31/03/19 bank staff excluded

Disabled staff	37	2.4%
Non-disabled staff	944	61.1%
Unknown/Null	**506**	**32.8%**
Prefer not to say	58	3.8%
TOTAL	1545	100%

A more detailed breakdown is provided in Box 1 including split by clinical / non-clinical and different band groupings ('clusters').

The high number of unknown / null entries (33%) is a significant concern and makes it impossible to know the true proportion of staff with a disability within the Trust. This will be *a KEY PRIORITY* for action.

It has been quoted that most NHS Trusts have a disabled workforce of about 2-3%, so it would appear that our staff disclosing a disability is broadly in line with the current NHS national picture. It is anticipated that the actual proportion of staff with a disability is likely to be much higher. Indeed, 23% of Trust respondents (175 people) indicated that they had a disability in the 2018 NHS Staff Survey.

Staff with disabilities are relatively evenly distributed in band clusters 1-4 and 5-7 (and across clinical and non-clinical roles). However, there are only 2 more senior members of staff with a disability (one a medical consultant and one band 8a). Our data generally supports the national picture of people with a disability being more heavily congregated in the lower-banded positions.

ACTION:

1.1 Focus on improving disability declaration rates to give greater validity and understanding of our workforce data in relation to disability through a campaign inviting all staff to review their personal equality data.

1.2 The Trust should monitor appointments to band 8a+ roles and raise leadership awareness about the apparent lack of opportunity for people with a disability at this level in order to instigate change. Consider positive action approaches.

1.3 To develop as an employer of choice for people with a disability through development of our performance against the Disability Confident standard, including the development of role models through our recruitment literature and social media.

2 Box 1: Trust WDES Workforce Data as at 31st March 2019

All Trust staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	18	306	269	**3%**	**52%**	**45%**
Cluster 2 (Band 5 - 7)	17	498	233	**2%**	**67%**	**31%**
Cluster 3 (Bands 8a - 8b)	1	66	34	**1%**	**65%**	**34%**
Cluster 4 (Bands 8c - 9 & VSM)	0	38	11	**0%**	**78%**	**22%**
Cluster 5 (Medical & Dental Staff, Consultants)	0	16	13	**0%**	**55%**	**45%**
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	1	7	3	**9%**	**64%**	**27%**
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0	13	1	**0%**	**93%**	**7%**
Non-clinical staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	6	133	98	**3%**	**56%**	**41%**
Cluster 2 (Band 5 - 7)	2	41	39	**2%**	**50%**	**48%**
Cluster 3 (Bands 8a - 8b)	0	19	9	**0%**	**68%**	**32%**
Cluster 4 (Bands 8c - 9 & VSM)	0	19	1	**0%**	**95%**	**5%**
Clinical staff (bank workers excluded)	**Disabled**	**Non-disabled**	**Not known**	**Disabled**	**Non-disabled**	**Not known**
Cluster 1 (Bands 1 - 4)	18	306	269	**3%**	**52%**	**45%**
Cluster 2 (Band 5 - 7)	17	498	233	**2%**	**67%**	**31%**
Cluster 3 (Bands 8a - 8b)	1	66	34	**1%**	**65%**	**34%**
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Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	1	7	3	**9%**	**64%**	**27%**
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0	13	1	**0%**	**93%**	**7%**

Metric 2: ***Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.***

Trust Recruitment and Selection Data 1 April 2018 – 31 March 2019

Disability Status	**Shortlisted**	**Appointed**	**Shortlisted**	**Appointed**
	(Headcount)		(Percentage)	
Disabled	100	9	**7%**	**4%**
Not Disabled	1330	228	**91%**	**95%**
Not Known	28	4	**2%**	**2%**
Total	**1458**	**241**	**100%**	**100%**

People with a disability made up 7% of applicants for Trust posts, but just 4% of appointments made. Conversely, people without a disability made up 91% of applicants, but 95% of appointments made.

Trust score of 1.9 – this means that it is **almost twice as difficult** to be successfully appointed with a disability than for non-disabled staff.

[A score of 1.0 would mean that it was equally likely for a disabled candidate to be appointed as for a non-disabled individual].

ACTION:

2.1 Invite staff with a disability to review our recruitment and selection processes to identify and address barriers faced by people with a disability and parts of the process, including potential for bias (conscious and unconscious) to influence decision making.

2.2 Continue to roll-out Inclusion and Unconscious Bias training to all Trust managers, and make reference within this to recruiting people with disabilities.

2.3 Introduce a new training programme on unconscious bias in recruitment, including focus on disabilities.

Metric 3: ***Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.***

Trust score of 0.0 – there were no formal capability processes involving staff with a disability, and only 2 cases in total.

NO NEW ACTION INDICATED.

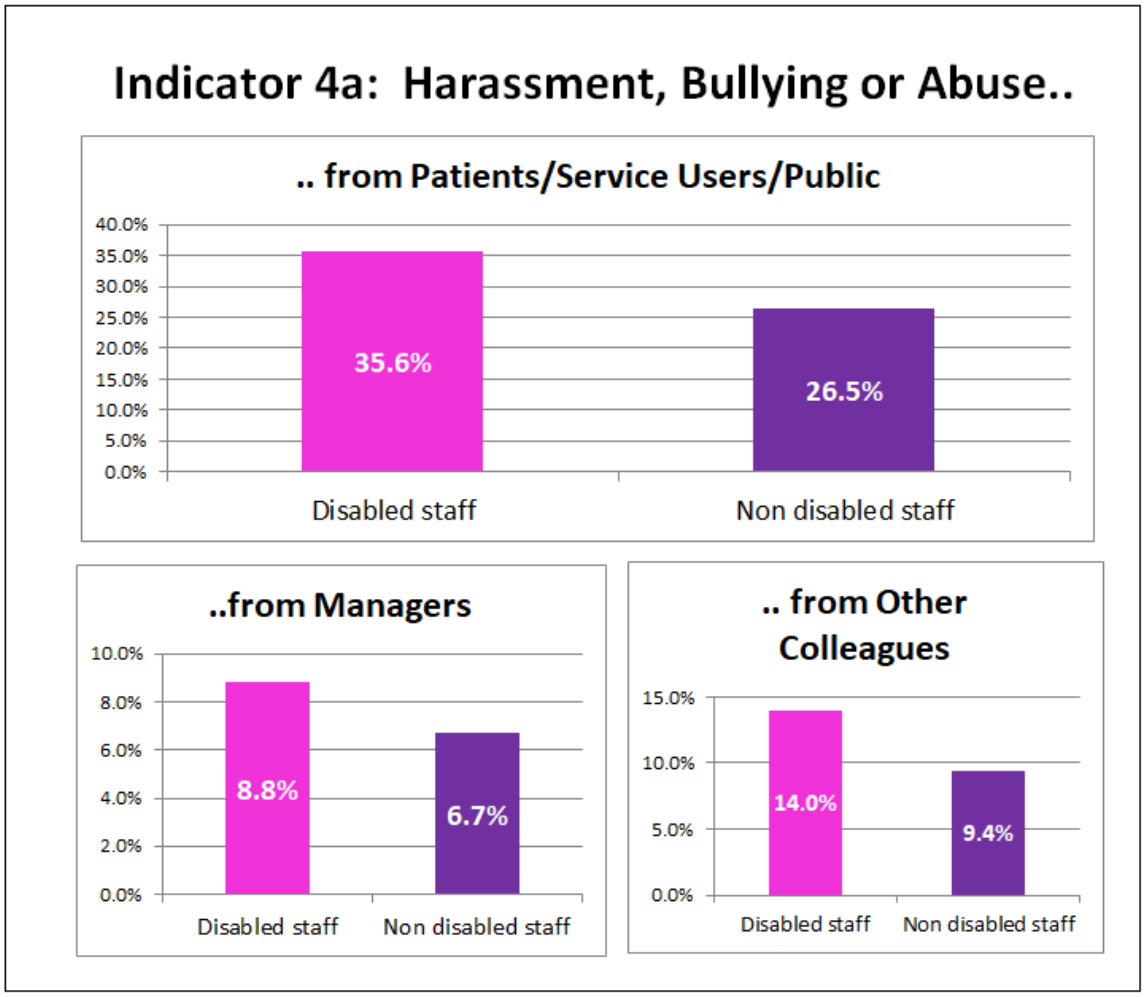
3.1 Continue to apply inclusive leadership in managing capability (poor performance) cases.

Metric 4:

a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public; managers, or other colleagues:

Staff who reported a disability in the 2018 NHS Staff Survey were more likely than their non-disabled colleagues to experience harassment, bullying or abuse by:

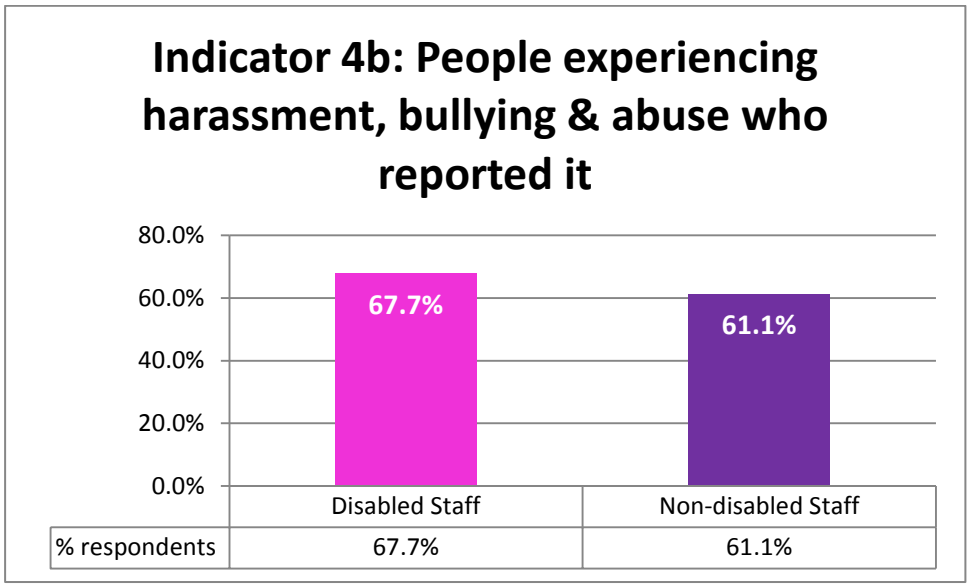
i. service users and the public,
ii. Managers, and
iii. Other colleagues



Higher rates of harassment, bullying or abuse were reported by staff declaring a disability in the NHS Staff Survey than those without. This was seen in each of the three groups (30% or more higher each time for people with a disability).

b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it:

Those reporting a disability in the 2018 Staff Survey who experienced harassment, bullying or abuse were slightly more likely to report it than their non-disabled counterparts (68% compared to 61% of non-disabled respondents).

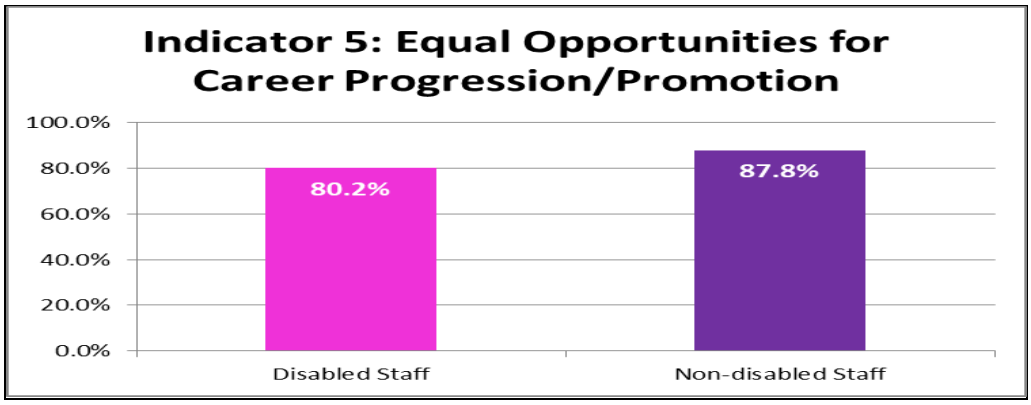


ACTION:

4.1 To continue to develop a culture of inclusion and zero tolerance of harassment, bullying and abuse of NHS workers through the work of our Inclusion Council, including a specific focus on visible and non-visible disabilities.

4.2 To continue to promote reporting of all incidents of harassment, bullying or abuse at work by all staff via the Trust's Ulysses incident reporting system and via the appropriate HR procedures.

Metric 5: ***Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.***



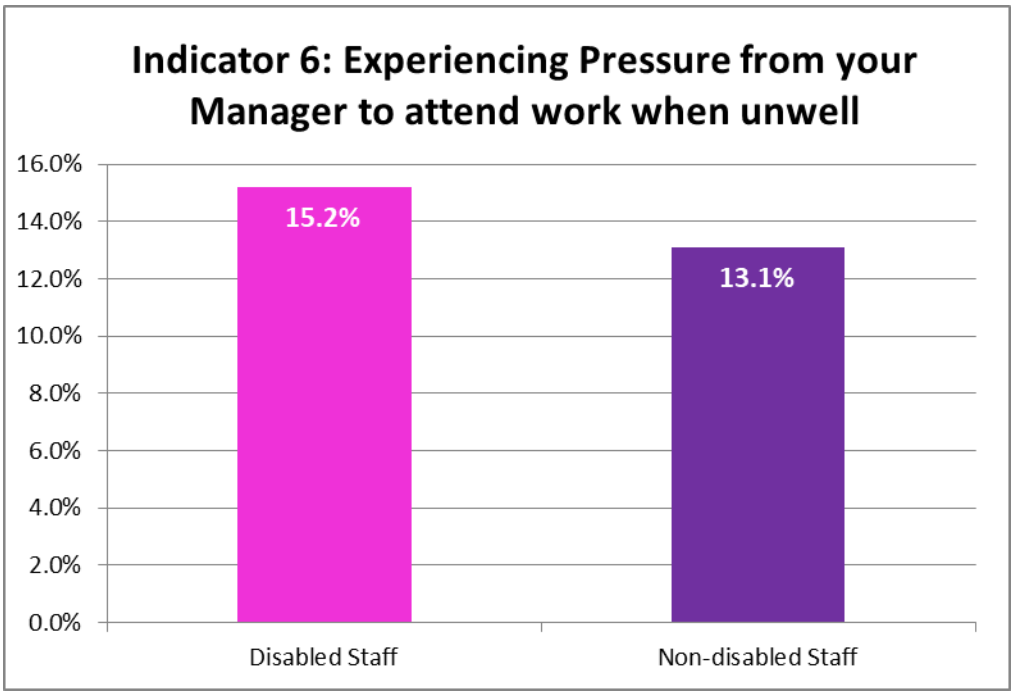
Staff reporting a disability in the 2018 NHS Staff Survey reported slightly lower perceptions of the Trust as a provider of equal opportunities for career progression or promotion (80% compared to 88% of non-disabled respondents).

ACTION:

5.1 Continue to develop a culture of inclusion through the work of our Inclusion Council, Trust Directorates, Workforce Team and Diversity and Inclusion Lead.

- **Metric 6:** ***Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.***

Slightly more staff reporting a disability in the 2018 NHS Staff Survey said that they felt pressure to come to work despite not feeling well enough to perform their duties (15% compared to 13% of non-disabled colleagues).

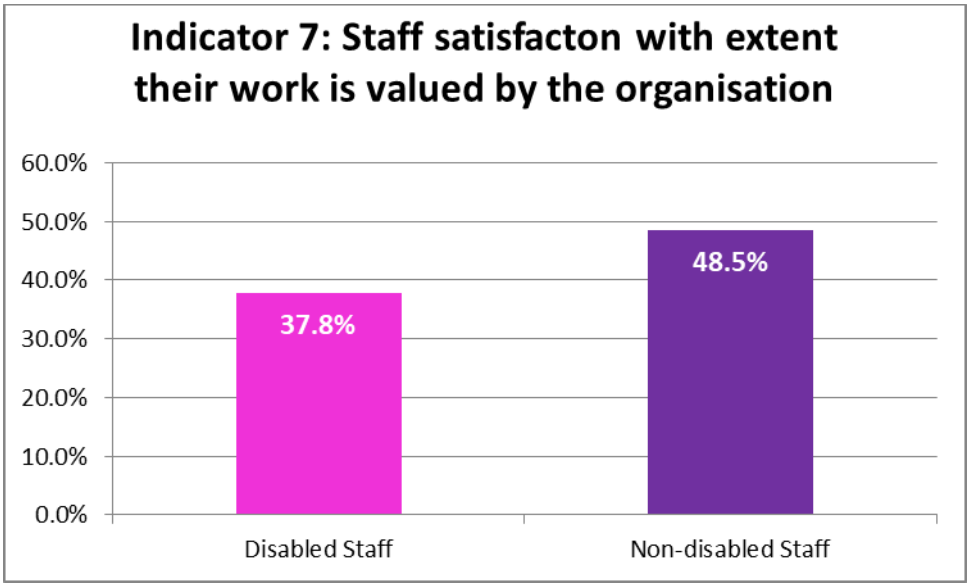


ACTION:

6.1 In addition to the development of our recently established Neurodiversity Staff Network, establish a new Disability Staff Network with a chair with a direct link to the Senior Management

Metric 7: ***Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.***

Staff reporting a disability in the 2018 NHS Staff Survey were less likely to be satisfied by the extent to which their work is valued by the Trust (38% compared to 49% of non-disabled respondents).

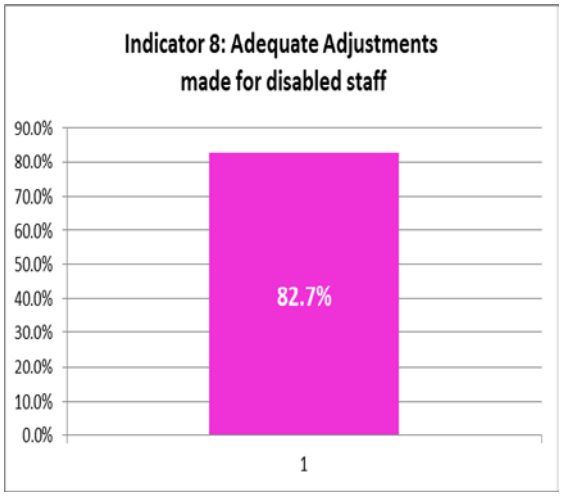


ACTION:

7.1 Empower the proposed Disability Staff Network and the existing Neurodiversity Staff Network to develop experience and engagement for people with disabilities across the Trust.

Metric 8: ***Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.***

Of staff declaring a disability in the 2018 NHS Staff Survey, 83% said that their manager had made adequate adjustments to enable them to carry out their work.



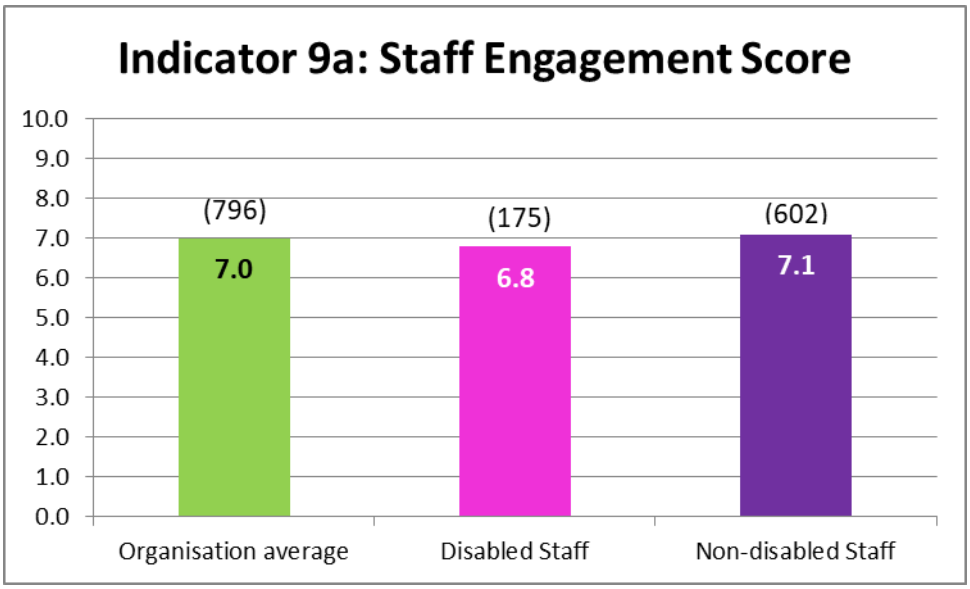
ACTION:

8.1 HR Team to continue to follow up reasonable adjustments made with individuals to review adequacy and effectiveness post-implementation. Seek feedback about reasonable adjustment process, particularly from people who declared a disability in the Staff Survey but are not identified as having a disability in ESR.

Metric 9:

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

The Staff Engagement score for staff declaring a disability in the 2018 Staff Survey was slightly lower than for non-disabled staff (6.8 compared to 7.1 for non-disabled staff).



b) ***Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) – If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.***

The Trust has not to date taken specific and targeted action to facilitate the voice of disabled staff, except to launch a Neurodiversity staff network in May 2019. This network is to support people with Asperger's, autism, dyslexia, dyspraxia and other neurodiverse initiatives.

ACTION:

9.1 ***In addition to introduction of new disability staff network, engage in direct communication with disabled staff in writing via e mail feedback requests/letter to remind individuals plus Newsround, CEO Blog etc. to reach staff with disabilities who have not disclosed/reported their disability***

9.2 ***Disabilities Staff Network and Neurodiversities Staff Network to hold a focus group on employee experience***

Metric 10: Percentage difference between the organisation's board voting membership and its overall workforce, disaggregated

- By voting membership of the board
- By Executive membership of the board

Boards are expected to be broadly representative of their workforce. At Combined Healthcare currently there are no Board members with a disclosed disability.

No Board members have a NULL entry for disability (i.e. all have declared that they are non-disabled).

	Disabled	Non-Disabled	Not Known	TOTAL
No of Board members	0	14	0	**14**
of which: -Voting Board members	0	11	0	**11**
-Non Voting Board members	0	3	0	**3**
Exec members	0	6	6	**6**

ACTION:

.1 As per action points 6.1 and 7.1, identify a Board Executive Sponsor to champion disability matters with their board colleagues. Develop the role of the chairs of the Disability Staff Network and the Neurodiversity Staff Network to liaise with this individual.

.2 Expressly seek participation in the next round of Reverse Mentoring by colleagues with disabilities to help inform and educate senior leaders with regard to the varied impacts of disability on individuals.

3.0 Conclusion and Recommendations

This report has set out the Trust's performance against the new WDES standards along with a detailed action plan designed to develop our performance against these indicators and improve the workplace experiences for people with disabilities working within the Trust now and in the future.

The Trust has taken steps to improve the experience of our disabled staff over recent years including:-

- Development of flexible working and flexible retirement

- Development of approach and policy on management of ill health
- Development of approach and policy on management of capability (performance)
- Supporting numerous individual employees with adjustments and equipment to support them at work
- Attaining Disabilities Confident status

It is clear, however, that there is still much to do to create more equitable and rewarding employment opportunities and experiences for disabled workers and, in so doing, enabling us to maximise on the talents that this under-utilised group can bring to delivering the highest quality health services for all our service users.

3.1 Recommendations

- It is recommended that the People and Culture Development Committee approve this report and associated action plan (collated at Appendix 5).

- It is also recommended that Trust Senior Leaders demonstrate sustained and visible commitment to delivering on disabilities inclusion. This may include:-

    - supporting our staffs networks and getting involved in developmental initiatives;
    - positively demonstrating their commitment to disabilities equality and inclusion; and
    - considering what support, development opportunities and training should be made available to staff at all levels to support the process of change towards ***outstanding inclusion*** for our colleagues with disability.

3.1 Reporting and Monitoring

Members of the PCD will receive a minimum of **two WDES reports annually** and will provide monitoring and assurance checking that the Trust is not only meeting its responsibilities under the WDES but is continually seeking to improve experience and opportunity for people living with disabilities.

References:

[1] **NHS England (2019).** *NHS Workforce Disability Equality Standard Technical Guidance*. Published 22 March 2019 at: https://www.england.nhs.uk/wp-content/uploads/2019/06/wdes-technical-guidance-v2.pdf

[2] **NHS England (2015).** *Research on the experience of staff with disabilities within the NHS Workforce* (Ryan et al 2015). Available at: http://eprints.mdx.ac.uk/18741/

APPENDIX ONE: NSCHT WDES EXCEL SPREADSHEET SUBMISSION

RLY North Staffordshire Combined Healthcare NHS Trust v2.0

METRIC	INDICATOR	DATA ITEM		MEASURE	31st MARCH 2019 DISABLED Total Disabled Pre-Populated	DISABLED Total Disabled Verified data	DISABLED % Disabled / ratio Pre-Populated	DISABLED % Disabled / ratio Verified data	NON-DISABLED Total Not Disabled Pre-Populated	NON-DISABLED Total Not Disabled Verified data	NON-DISABLED % Not Disabled / ratio Pre-Populated	NON-DISABLED % Not Disabled / ratio Verified data	DISABILITY UNKNOWN OR NULL Total Unknown or Null Pre-Populated	DISABILITY UNKNOWN OR NULL Total Unknown or Null Verified data	DISABILITY UNKNOWN OR NULL % Unknown or Null / ratio Pre-Populated	DISABILITY UNKNOWN OR NULL % Unknown or Null / ratio Verified data	OVERALL STAFF Total Pre-Populated	OVERALL STAFF Total Verified data	Notes
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2019		1a) Non Clinical Staff																
		1	Bands 1	Headcount	1	1	4%	4%	23	19	54%	76%	10	5	42%	20%	24	25	
		2	Bands 2	Headcount	0	0	0%	0%	33	33	67%	66%	16	25	33%	4%	49	58	
		3	Bands 3	Headcount	6	6	0%	0%	50	50	56%	50%	34	36	38%	40%	90	91	
		4	Bands 4	Headcount	0	0	0%	0%	30	31	47%	48%	34	34	53%	52%	64	65	
		5	Bands 5	Headcount	0	0	0%	0%	17	17	46%	41%	20	24	54%	59%	37	41	
		6	Bands 6	Headcount	1	1	3%	4%	18	15	55%	60%	12	9	41%	36%	29	25	
		7	Bands 7	Headcount	1	1	6%	6%	10	9	59%	56%	6	6	35%	38%	17	16	
		8	Bands 8a	Headcount	0	0	0%	0%	12	14	67%	70%	6	6	33%	30%	18	20	
		9	Bands 8b	Headcount	0	0	0%	0%	5	5	62%	63%	3	3	38%	38%	8	8	
		10	Bands 8c	Headcount	0	0	0%	0%	4	4	80%	80%	1	1	20%	20%	5	5	
		11	Bands 8d	Headcount	0	0	0%	0%	3	3	100%	100%	0	0	0%	0%	3	3	
		12	Bands 9	Headcount	0	0	0%	0%	1	1	100%	100%	0	0	0%	0%	1	1	
		13	VSM	Headcount	0	0	0%	0%	1	11	100%	100%	0	0	0%	0%	1	11	
		14	Other	Headcount	0	0	0%	0%	6	6	67%	0%	3	0	33%	0%	9	6	
		15	Cluster 1 (Bands 1 - 4)	Total	6	6	3%	3%	120	133	59%	58%	94	96	42%	41%	220	232	
		16	Cluster 2 (Band 5 - 7)	Total	2	2	2%	2%	43	41	52%	50%	38	39	46%	48%	83	82	
		17	Cluster 3 (Bands 8a - 8b)	Total	0	0	0%	0%	17	19	65%	68%	9	9	35%	32%	26	28	
		18	Cluster 4 (Bands 8c - 9 & VSM)	Total	0	0	0%	0%	9	19	90%	95%	1	1	10%	5%	10	20	
			1b) Clinical Staff																
		19	Bands 1	Headcount	0	0	0%	0%	5	2	71%	67%	2	1	29%	33%	7	3	
		20	Bands 2	Headcount	1	1	8%	8%	11	11	85%	85%	1	1	8%	8%	13	13	
		21	Bands 3	Headcount	7	7	3%	3%	91	94	41%	41%	126	126	56%	56%	224	227	
		22	Bands 4	Headcount	4	4	3%	4%	60	60	57%	58%	45	43	39%	38%	105	103	
		23	Bands 5	Headcount	4	4	2%	2%	144	144	73%	72%	48	48	24%	24%	196	196	
		24	Bands 6	Headcount	7	7	2%	2%	194	196	68%	69%	80	82	28%	29%	281	287	
		25	Bands 7	Headcount	4	4	2%	2%	115	115	62%	63%	66	64	36%	35%	185	183	
		26	Bands 8a	Headcount	1	1	2%	2%	37	37	67%	69%	17	16	31%	30%	55	54	
		27	Bands 8b	Headcount	0	0	0%	0%	10	10	53%	53%	9	9	47%	47%	19	19	
		28	Bands 8c	Headcount	0	0	0%	0%	9	9	69%	69%	4	4	31%	31%	13	13	
		29	Bands 8d	Headcount	0	0	0%	0%	2	4	100%	40%	0	6	0%	60%	2	10	
		30	Bands 9	Headcount	0	0	0%	0%	0	3	0%	100%	0	0	0%	0%	0	3	
		31	VSM	Headcount	0	0	0%	0%	5	3	100%	100%	0	0	0%	0%	5	3	
		32	Medical & Dental Staff, Consultants	Headcount	0	0	0%	0%	14	16	50%	55%	14	13	50%	45%	28	29	
		33	Medical & Dental Staff, Non-Consultants career grade	Headcount	1	1	8%	9%	8	7	67%	64%	3	3	25%	27%	12	11	
		34	Medical & Dental Staff, Medical and dental trainee grades	Headcount	0	0	0%	0%	14	13	93%	93%	1	1	7%	7%	15	14	
		35	Other	Headcount	0	0	0%	0%	4	0	36%	0%	7	0	64%	0%	11	0	
		36	Cluster 1 (Bands 1 - 4)	Total	12	12	3%	3%	173	173	48%	49%	174	171	48%	48%	359	356	
		37	Cluster 2 (Band 5 - 7)	Total	15	15	2%	2%	453	457	68%	69%	198	194	29%	29%	662	666	
		38	Cluster 3 (Bands 8a - 8b)	Total	1	1	1%	1%	47	47	64%	64%	26	25	35%	34%	74	73	
		39	Cluster 4 (Bands 8c - 9 & VSM)	Total	0	0	0%	3%	16	19	80%	66%	4	10	20%	34%	20	29	
		40	Cluster 5 (Medical & Dental Staff, Consultants)	Total	0	0	0%	0%	14	16	50%	55%	14	13	50%	45%	28	29	
		41	Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	Total	1	1	8%	9%	8	7	67%	64%	3	3	25%	27%	12	11	
		42	Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	Total	0	0	0%	3%	14	13	93%	93%	1	1	7%	7%	15	14	
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. Note: i) This refers to both external and internal posts. ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.	43	Number of shortlisted applicants	Headcount		100				1330									
		44	Number appointed from shortlisting	Headcount		8				226									
		45	Relative likelihood of shortlisting/appointed	Auto-Populated		0.08				0.17									
		46	Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff	Auto-Populated				1.90											A figure below 1.00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note: i) This Metric will be based on data from a two-year rolling average of the current year and the previous year (2017/18 and 2018/19). ii) This Metric is voluntary in year one.	47	Number of staff in workforce	Headcount		37				944									
		48	Number of staff entering the formal capability process	Headcount		0				2									
		49	Likelihood of staff entering the formal capability process	Auto-Populated		0.00				0.00									
		50	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Populated				0.00											A figure above 1.00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.
4	(a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues (b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. The data for this Metric should be a snapshot as at 31 March 2019	51	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Number of Respondents/%	174	174	35.0%	35.0%	601	601	26.5%	26.5%							
		52	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Number of Respondents/%	171	171	8.8%	8.8%	584	584	6.7%	6.7%							
		53	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Number of Respondents/%	172	172	14.0%	14.0%	585	585	9.4%	9.4%							
		54	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Number of Respondents/%	82	82	67.7%	67.7%	175	175	61.1%	61.1%							
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	55	% of staff believing that the Trust provides equal opportunities for career progression or promotion	Number of Respondents/%	111	111	80.2%	80.2%	403	403	87.8%	87.8%							
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	56	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Number of Respondents/%	125	125	15.2%	15.2%	290	290	13.1%	13.1%							
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	57	% staff saying that they are satisfied with the extent to which their organisation values their work.	Number of Respondents/%	172	172	37.8%	37.8%	598	598	48.5%	48.5%							

9	**Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.**	58	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Number of Respondents/%	110	110	62.7%	62.7%											
9a	**a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.**	59	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Number of Respondents/Score	175	175	6.8	6.8	602	602	7.1	7.1					7.0	7	
9b	**b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)** Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.	60	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	(yes) or (no)		Yes													
10	**Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:** **- By Voting membership of the Board** **The data for this metric should be a snapshot as of 31st March 2019**	61	Total Board members	Headcount		0				14				0			14		
		62	*of which: Voting Board members*	Headcount		0				11				0			11		
		63	*Non Voting Board members*	Auto-Populated		0				3				0			3		
		64	Total Board members	Auto-Populated		0				14				0			14		
		65	*of which: Exec Board members*	Headcount		0				7				0			7		
		66	*Non Executive Board members*	Auto-Populated		0				7				0			7		
		67	Number of staff in overall workforce	Headcount		37				944				564			1549		
		68	Total Board members - % by Disability	Auto-Populated		0%				100%				0%					
		69	Voting Board Member - % by Disability	Auto-Populated		0%				100%				0%					
		70	Non Voting Board Member - % by Disability	Auto-Populated		0%				100%				0%					
		71	Executive Board Member - % by Disability	Auto-Populated		0%				100%				0%					
		72	Non Executive Board Member - % by Disability	Auto-Populated		0%				100%				0%					
		73	Overall workforce - % by Disability	Auto-Populated		2%				61%				37%					
		74	Difference (Total Board - Overall workforce)	Auto-Populated		-2%				39%				-37%					
		75	Difference (Voting membership - Overall Workforce)	Auto-Populated		-2%				39%				-37%					
		76	Difference (Executive membership - Overall Workforce)	Auto-Populated		-2%				39%				-37%					

2019 WDES
spreadsheet template

(Document as above as a pdf – may be more legible for those who can open the attachment)

APPENDIX 2: Trust 2019 WDES Online Submission, 30 July 2019

Response ID ANON-VQQ5-M7BB-N
Submitted to Workforce Disability Equality Standard (WDES) online reporting form
Submitted on 2019-07-30 13:26:17

1 Name of organisation:

North Staffordshire Combined Healthcare NHS Trust

2 Date of report:
July 2019

3 Name and title of the Board lead for the Workforce Disability Equality Standard:

Linda Holland, Director of Workforce, OD and Inclusion

4 Name and contact details of the lead compiling this report:

Name and contact details of lead compiling this report:
Lesley Faux
Diversity and Inclusion Lead
Lawton House
Bellringer Road
Trentham Lakes
STOKE-ON-TRENT
ST4 8HH

5 Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?

Yes

If yes, please provide details::

The Trust has worked very hard to develop a culture of inclusion over the past 5 years. Specifically relating to disability equality and inclusion, we have the following:-

- the Trust has run a Deaf Awareness Group over the past 5 years, with representation from across Trust Directorates and services, working to develop awareness and skills in supporting people who are deaf or hearing impaired, and improving access and experience to Trust services for these individuals.

- the Trust also recently (May 2019) launched a Neurodiversity Staff Network which is for people who identify as being neurodiverse (with a range of conditions and thinking styles, including Asperger's, autism, dyslexia, dyspraxia, stammering, and more. This group is chaired by Benjamin Ford, Psychological Therapist who identifies as Asperger's following a diagnosis in his 40s (and is happy to share this information).

-

6 Name and contact details of the commissioner(s) this report will be sent to:

Jane Chapman
Head of Governance
NHS Midlands and Lancashire Commissioning Support Unit
Heron House
120 Grove Rd
Stoke-on-Trent
ST4 4LX

7 Unique URL link, or existing web page, on which the WDES Metrics data and associated Action Plan will be published:

https://combined.nhs.uk/working-together/diversity-and-inclusion/

8 Date of Board meeting at which organisation's WDES Metrics data and action plan were, or will be, ratified:

26 September Trust Board (for ratification)

9 Total number of staff employed within the organisation on 31 March 2019:

1545 (Amended. Read 1549 previously in error)

- % Disabled staff:: 2.4%
- % Non-disabled staff:: 61.1%
- % Unknown/Null:: 32.8%
- % Other:: 0.0%
- % Prefer not to say:: 3.8%

Data quality

10 Did your organisation undertake the NHS Staff Survey in the past year?

Yes - Full staff survey

11 Give the total number and % of responses to the NHS Staff Survey in your organisation:

survey sent to 1,381 staff - 797 (58%) returned

12 Give the total number and % of Disabled staff responses to the NHS Staff Survey in your organisation:

175 Disabled staff responded - 23% of survey respondents

13 Do your staff have access to the ESR self-service portal?

Yes

Metric 1 - Workforce representation

14 Please describe any challenges that your organisation has experienced in reporting data for this Metric:

It has become apparent that some data entered at the point of application in NHS Jobs has not been transferred into ESR at the point of appointment, resulting in a large proportion of staff having no data entered (NULL) for disability (33% of staff). This issue will have to be addressed urgently as part of our WDES action plan to close this significant gap in our data.

Additionally, our Trust has a number of staff employed on other (non AFC/medical) pay codes as a result of various TUPE transfers into the organisation. These codes had to be manually labelled and translated as best as possible to the AFC bandings and medical groupings. This was time consuming and not an exact science as often the non-NHS grades spanned more than one AFC band and a decision had to be made as to which band to most appropriately allocate the group to.

15 Have any steps been taken in the last 12 months within your organisation to improve the declaration rate for disability status on ESR?

No

16 Please share any examples of interventions that have increased declaration rates at your organisation:

No specific focussed effort relating to disability to date. We have been taking opportunities to encourage staff to complete or update their equality monitoring information (including disability) through our staff Newsround newsletter and direct emails to staff with no ethnicity data recorded, but no targeted focus on disability to date.

Metric 2 – Shortlisting

17 Please describe any challenges that your organisation has experienced in reporting data for this Metric:

No difficulties.

18 Has your organisation signed up to the Disability Confident Scheme?

Yes - Level 2 - Employer

19 Does your organisation use a Guaranteed Interview Scheme?

Yes

Metric 3 – Capability

20 Did your organisation submit data for Metric 3 this year?

Yes

If yes, please describe any challenges that your organisation has experienced in reporting data for this Metric:

No difficulties.

The number of formal capability cases in our Trust was so small as to not count (just 2 cases, neither with a disability) in our whole Trust of 1555 staff i.e. a tiny percentage of staff overall (0.0013%).

If no, please explain why you did not submit data for this year:

/

21 Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation?

Yes

If yes, please state the policies:

- Supporting Attendance at Work Policy (capability on the grounds of ill health), and
- Performance Improvement Policy (capability on the grounds of performance)

22 What are your views about including capability on the grounds of ill health and performance as two parts of a future Metric?

This would be no problem.

Metric 4 - Harassment, bullying and abuse

23 Are there any issues with the data for this Metric?

No issues

24 Has your organisation compared Staff Survey results against other datasets that may be held, e.g. bullying and harassment advisers, Freedom to Speak Up guardians, grievances, etc.

No

If yes, please provide further details on what comparison your organisation has undertaken:

25 Please summarise any actions taken to reduce harassment, bullying and abuse in relation to Disabled staff:

No specific action taken to date with regard to disability. The Trust introduced Freedom to Speak Up (FTSU) Champions about 12 months ago and opportunity was given to members of our Staff Networks (and other staff) to train to become FTSU Champions. As part of the work of our

Inclusion Council, we have been working to raise awareness and reduce incidence of harassment, bullying and abuse of all kinds.

Metric 5 - Career promotion and progression

26 Are there any issues with the data for this Metric?

No issues

27 Does your organisation provide any targeted career development opportunities for Disabled staff?

No

If yes, please provide further details:

/

Metric 6 - Presenteeism

28 Are there any issues with the data for this Metric?

no issues

29 Does your organisation provide any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well?

No

If yes, please provide further details::

/

Metric 7 - Staff satisfaction

30 Are there any issues with the data for this Metric?

no issues

31 Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff?

Yes

If yes, please provide further details::

The Trust has recently introduced a Neurodiversity Staff Network which is intended to be empowered to identify and address challenges to the workplace satisfaction of neurodiverse conditions. We also have a Deaf Awareness Group which is attended by staff with an interest in deafness. For some members, this interest is due to personal or family deafness/hearing loss.

At present, we do not have a Staff Network for staff with other types of disability. However this is something that we would be keen to develop.

Metric 8 - Reasonable adjustments

32 Are there any issues with the data for this Metric?

No issues.

33 Does your organisation have a reasonable adjustments policy?

Yes

34 Are costs for reasonable adjustments met through centralised or local budgets?

Local

35 Has your organisation taken action to improve the reasonable adjustments process?

Yes

If yes, please provide further details:

HR Adviser support has been given in a number of cases to assist in making reasonable adjustments.

Metric 9 - Disabled staff engagement

36 Are there any issues with the data (9a) or evidence (9b) for this Metric?

No issues

If yes, please provide details:

/

37 Does your organisation have a Disabled Staff Network (or similar)?

Yes

Metric 10 - Board representation

38 Please describe any challenges that your organisation has experienced in collecting and reporting data for this Metric:

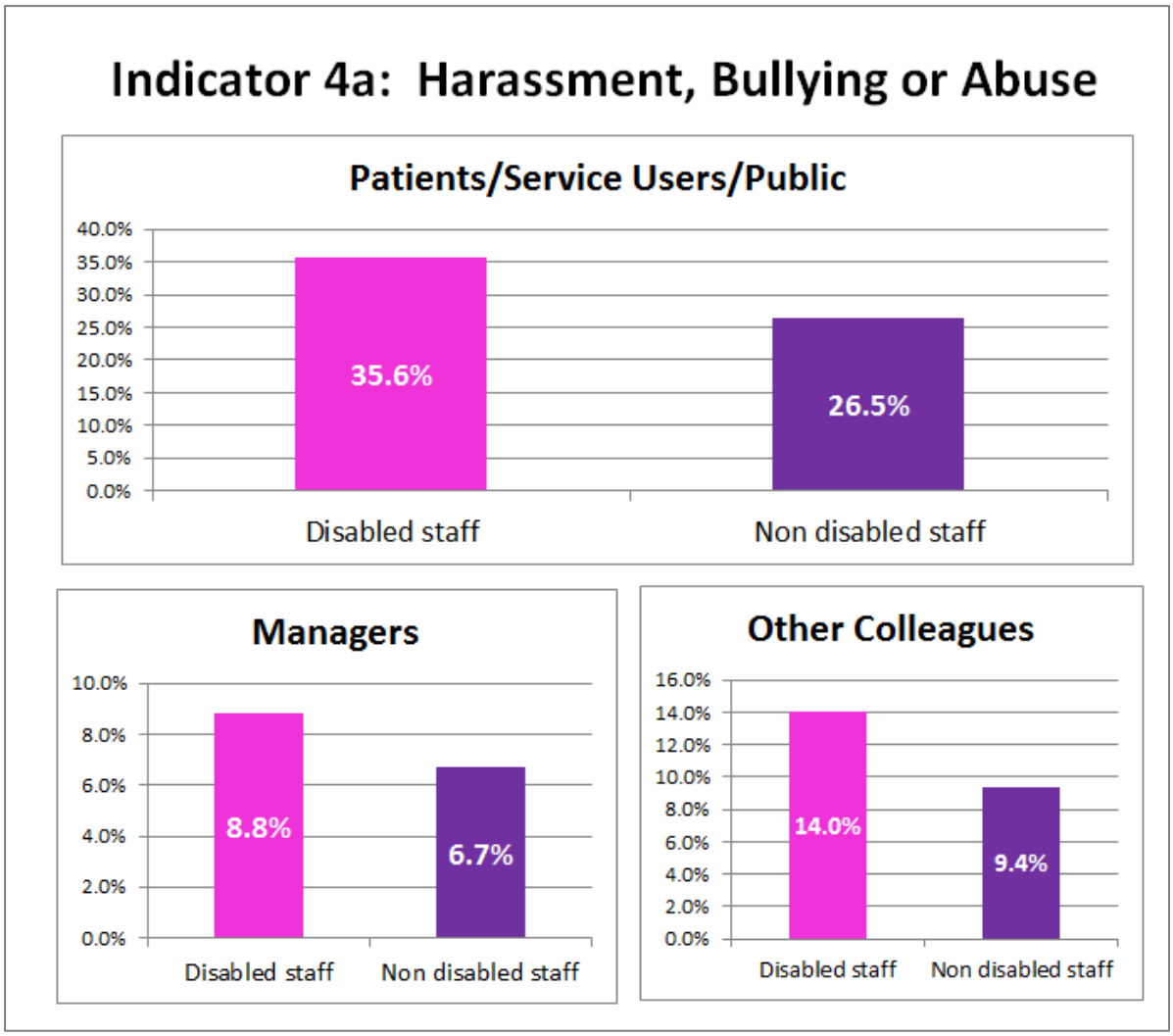
no issues

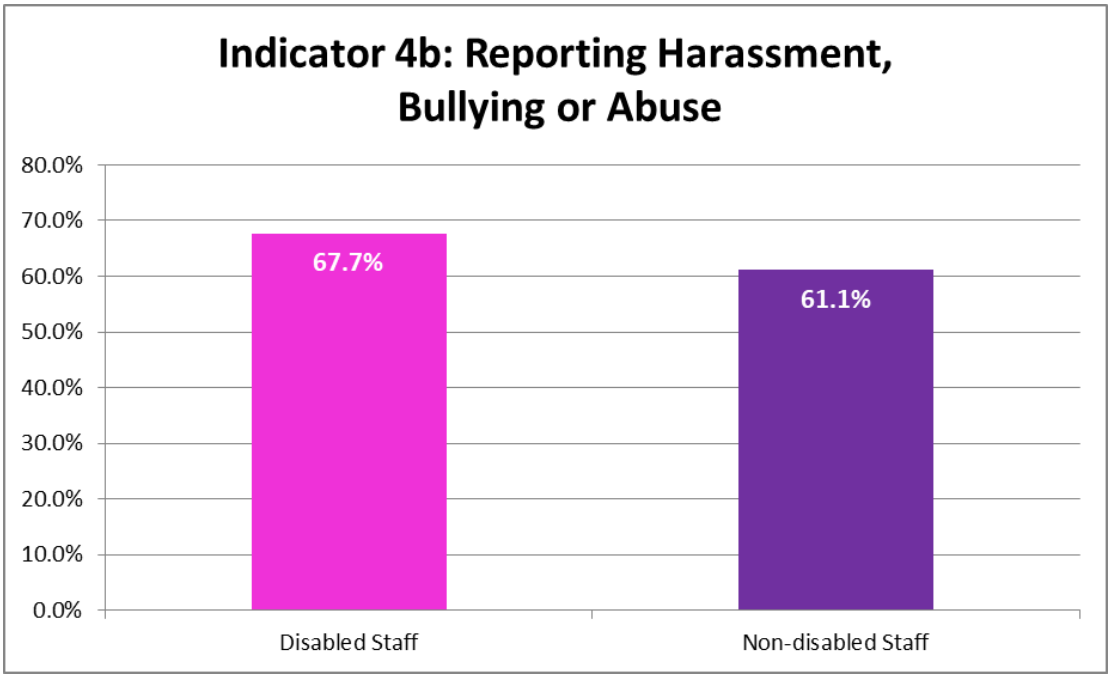
39 Does your Board have a champion for disability equality?

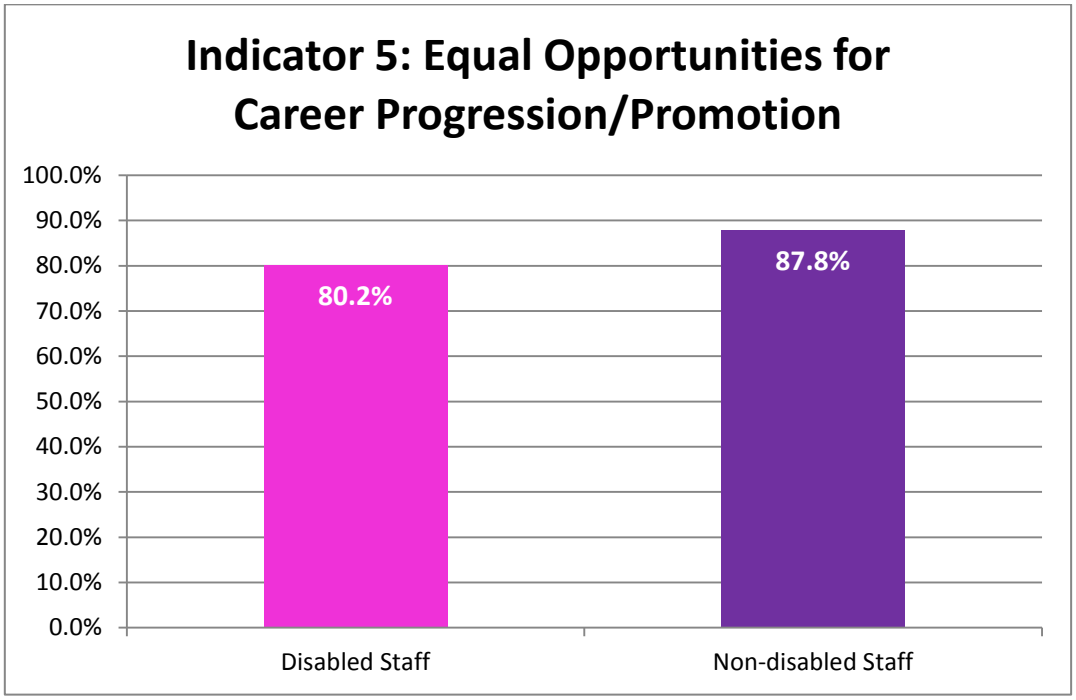
No

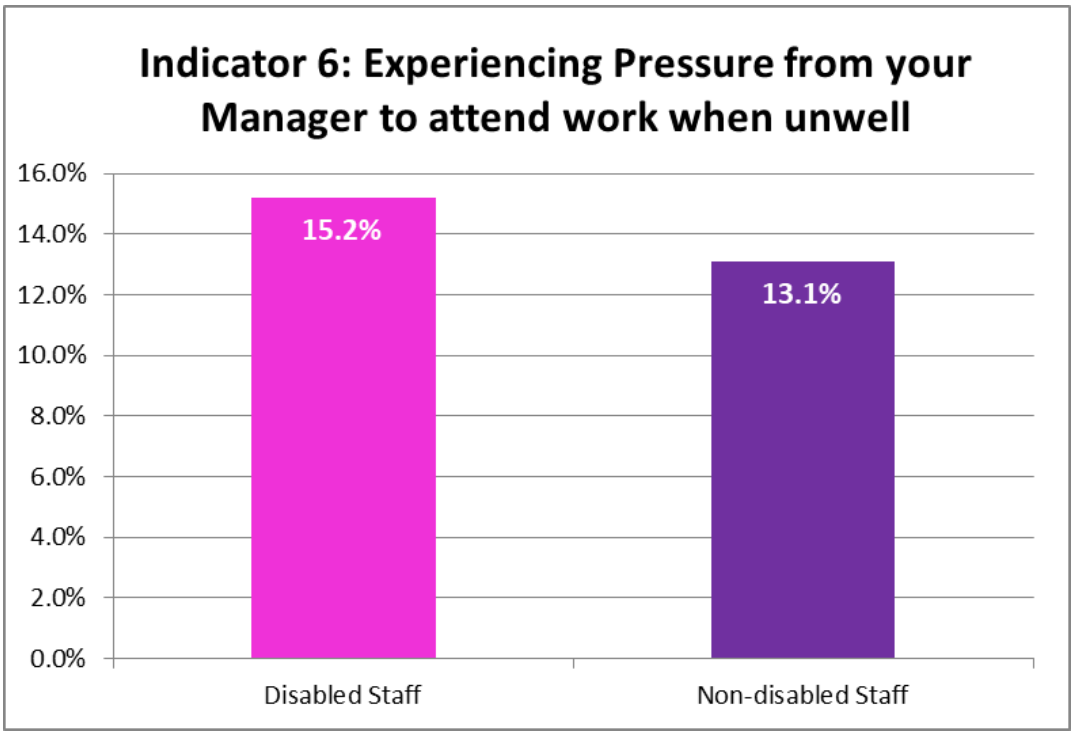
If yes, with their permission, please provide name and position of the Board/Executive champion/sponsor [no Board champion/sponsor currently] [END]

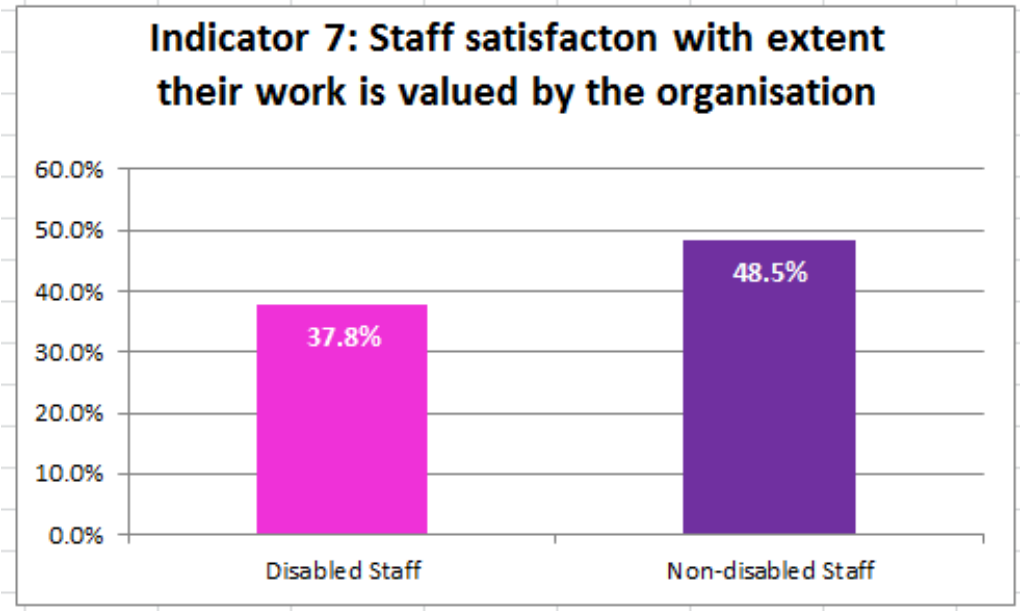
APPENDIX 3: NSCHT Staff Survey 2018 Data Supporting 2019 WDES

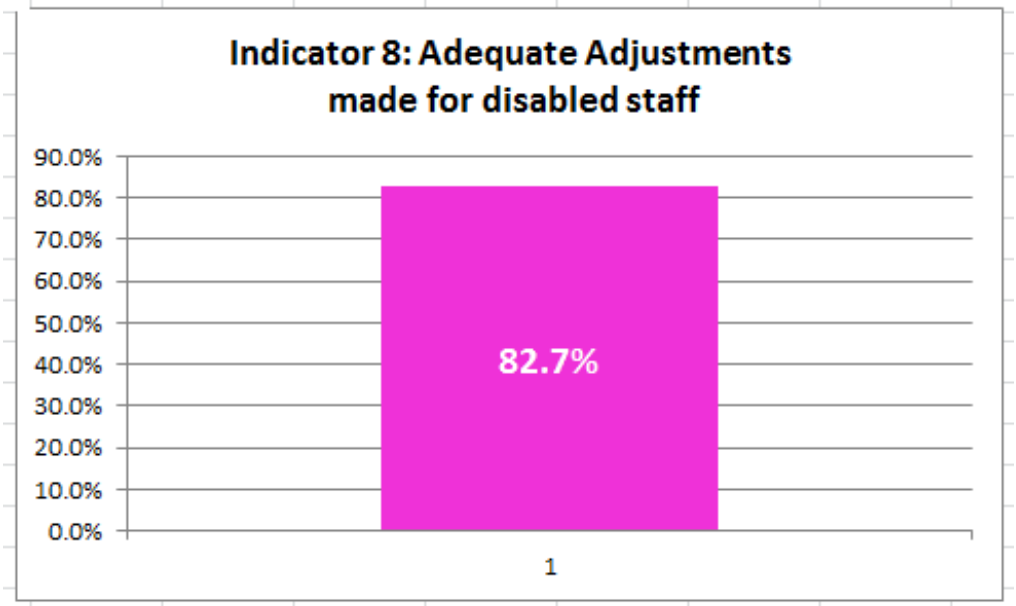


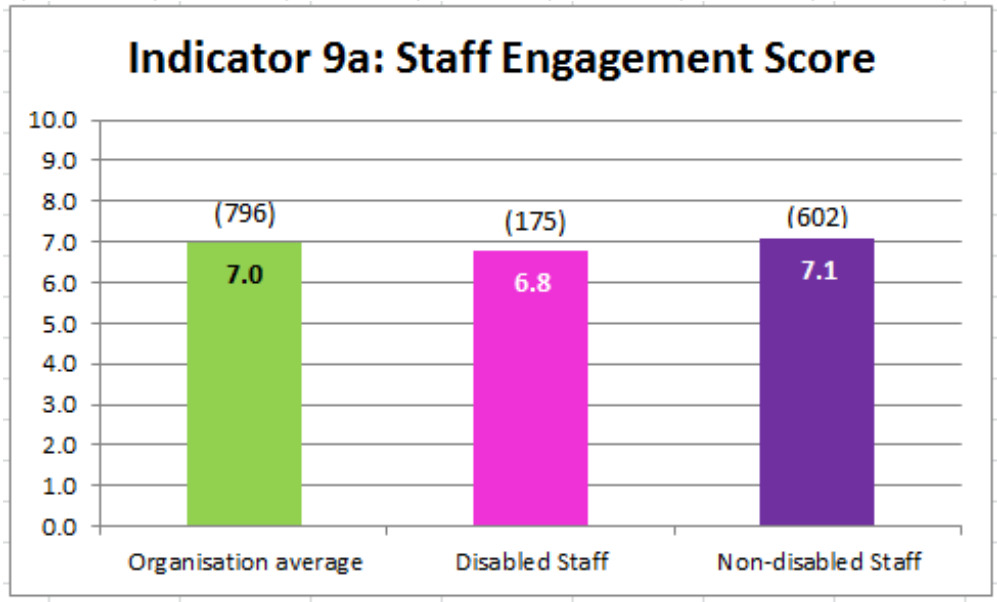



Indicator 5: Equal Opportunities for Career Progression/Promotion
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
80.2%
87.8%
Disabled Staff
Non-disabled Staff


Indicator 6: Experiencing Pressure from your Manager to attend work when unwell
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
15.2%
13.1%
Disabled Staff
Non-disabled Staff


Indicator 7: Staff satisfacton with extent their work is valued by the organisation
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
37.8%
48.5%
Disabled Staff
Non-disabled Staff


Indicator 8: Adequate Adjustments made for disabled staff
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
82.7%
1


Indicator 9a: Staff Engagement Score
10.0
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
(796)
7.0
(175)
6.8
(602)
7.1
Organisation average
Disabled Staff
Non-disabled Staff

APPENDIX 4: **The WDES Metrics**

• **Metric 1:** Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
• **Metric 2:** Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
• **Metric 3:** Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
• **Metric 4:** a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
• **Metric 5:** Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
• **Metric 6:** Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
• **Metric 7:** Percentage of Disabled staff compared to non-disabled staff saying that they are extent to which their organisation values their work.
• **Metric 8:** Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
• **Metric 9:** (a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. (b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) – If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.
• **Metric 10:** Percentage difference between the organisation's board voting membership and its overall workforce, disaggregated:- .1 By voting membership of the board **.2** By Executive membership of the board

APPENDIX 5:

NSCHT WDES ACTION PLAN 2019-20 – All actions by end March 2020 unless otherwise stated

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
1.1	Focus on improving disability declaration rates to give greater validity and understanding of our workforce data in relation to disability through a campaign inviting all staff to review their personal equality data.	• Reduce 'Unknown'/ 'Null' rate from 33% to 10% or less by 31/3/20	• D & I lead with Wf BPs and Wf Info Team. Supported by Directorate & Service Managers	• Quarterly HR Reports to Directorates and PCD
1.2	The Trust should monitor appointments to band 8a+ roles and raise leadership awareness about the apparent lack of opportunity for people with a disability at this level in order to instigate change. Consider positive action approaches.	• Report quarterly on no of disabled applicants/shortlisted/appointed for all Band 8a + roles • Review positive action statement on NHS jobs adverts • Include specific positive return statement on feasibility in all Band 8a + adverts	• Recruitment Lead to PCD & Directorates • Rect. Lead with D & I lead • Rect. lead with D & I lead	• PCD & Directorate Quarterly Data • Adverts on NHS Jobs • Adverts on NHS Jobs
1.3	To develop as an employer of choice for people with a disability through development of our performance against the Disability Confident standard, including the development of role models through our recruitment literature and social media.	• Task & finish group established to progress Disability Confident Standard and the deal and sharing of role models with a disability • Minimum 4 role models shared by end March 2020	• D & I Lead with Associate Director. HR to establish Task & Finish Group including staff side report by end Sept 2019	• Group established and minimum of 3 months by 31st March 2020 • role models shared by 31 March 2020 • Measurable progress seen in at least 2 areas of Disability framework
2.1	Invite staff with a disability to review our recruitment and selection processes to identify and address barriers faced by people with a disability and parts of the process, including potential for bias (conscious and unconscious) to influence decision making.	• Feedback received from staff with a disability during met and selection	• Task & Finish Group	• Feedback to Associate Director of HR, D & I Lead and Rest Lead by end Dec 2019

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
2.2	Continue to roll-out Inclusion and Unconscious Bias training to all Trust managers, and make reference within this to recruiting people with disabilities.	• Monthly Inclusion and Unconscious Bias process delivered to March 2020. Mandatory attendance by Trust managers and leaders • Explore e-learning options for continued roll-out	• D & I lead with support trainers from across the Trust	• Monthly session delivered • Manager compliance rate to 90% by 31 March 2020 (50% by 31 Dec 2019)
2.3	Introduce a new training programme on unconscious bias in recruitment, including focus on disabilities.	• New programme developed and piloted by end Dec 2019	• Rect. lead	• Pilot session delivered and evaluated • To be mainstreamed from April 2020 onwards
3.1	Continue to apply inclusive leadership in managing capability (poor performance) cases	• Demenstrable inclusive practise in managing capabilities cases in line with Trust policies and Trust values	• WF Team	• Wf Team
4.1	NO NEW ACTION INDICATED. To continue to develop a culture of inclusion and zero tolerance of harassment, bullying and abuse of NHS workers through the work of our Inclusion Council, including a specific focus on visible and non-visible disabilities.	• Extend recruit of incidents project group and culture of inclusion project group to include disability (including visible and non-visible disabilities)	• Inclusion Council	• Project group recruit extended • Demonstrable action reported to Incluison Council by 31/3/20
4.2	To continue to promote reporting of all incidents of harassment, bullying or abuse at work by all staff via the Trust's Ulysses incident reporting system and via the appropriate HR procedures.	• Trust D & I trainers • Inclusion & Unconscious Bias training and Incident Reporting Training state implications of reporting incidents and examples	• Relevant Trainer	• Message conveyed at Diversity & Inclusion Meeting

Continued/

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
5.1	Continue to develop a culture of inclusion through the work of our Inclusion Council, Trust Directorates, Workforce Team and Diversity and Inclusion Lead.	• High visibility on inclusion in Trust communications with specific focus on disability	• Trust Board Members • D & I Lead • Associate Director of Comms	• Improvement in engagement and belief Trust offers equal share in 2019 staff survey
6.1	In addition to the development of our recently established Neurodiversity Staff Network, establish a new Disability Staff Network with a chair with a direct link to the Senior Management	• Disability Staff Network established as a safe place for disabled employees to share concerns by end Jan 2020. • Identify Board member to act as Disability Champion and to be Board link to Disability Staff Network Chair	• Director of W/force and Inclusion with D & I Lead	• First meeting held by 31 Jan 2020 • Disability Champion identified by end Sept 2019
7.1	Empower the proposed Disability Staff Network and the existing Neurodiversity Staff Network to develop experience and engagement for people with disabilities across the Trust.	• Disability Network Chair and Neurodiversity Network Chair have met with Board Champion on two occasions by end March 2020 to discuss environment of the group and allocated potential time to deliver on this	• Disabilities Staff Network Chair and Neurodiversity Staff Network Chair with relevant link Board Member	• x 2 mtgs happened • protected time in place • network chairs report feeling supported and empowered to develop their network
8.1	HR to continue to follow up reasonable adjustments made with individuals to review adequacy and effectiveness post-implementation. Seek feedback about reasonable adjustment process, particularly including from people who declared a disability in the Staff Survey but are not identified as having a disability in ESR.	• Each reasonable adjustments case reviewed for adequacy and effectiveness on implementation • Feedback gained on reasonable adjustments process	• Kerry Smith, Associate Director of Workforce with HR Team	• Task & Finish Group

Action No	Action Detail	Key Measurable Target	Who is responsible	Where monitored
9.1	In addition to introduction of new disability staff network, engage in direct communication with disabled staff in writing via e mail feedback requests/letter to remind individuals plus Newsround, CEO Blog etc. to reach staff with disabilities who have not disclosed/reported their disability	• Evidence of direct and indirect with staff with disabilities	• CEO and Exec team • D & I lead • Comms team • HR team	• WDES 2020
9.2	Disabilities Staff Network and Neurodiversities Staff Network to hold a focus group on employee experience	• Focus group (s) held before 31 March 2020	• Staff Network Chairs & D & I Lead	• Documented focus group
10.1	As per action points 6.1 and 7.1, identify a Board Executive Sponsor to champion disability matters with their board colleagues. Develop the role of the chairs of the Disability Staff Network and the Neurodiversity Staff Network to liaise with this individual.	• As per 6.1 and 7.1	• As per 6.1 and 7.1	• As per 6.1 and 7.1
10.2	Expressly seek participation in the next round of Reverse Mentoring by colleagues with disabilities to help inform and educate senior leaders with regard to the varied impacts of disability on individuals.	• 4 or more staff with disabilities to take on role as reverse mentor in 2nd cohort of Trust RM. To include visible and non-visible disability. To include intersectionality	• D & I Lead	• Evidence of participation in Reverse Mentoring programme

Continued/

Supplementary Actions				
Action No	**Action Detail**	**Key Measurable Target**	**Who is responsible**	**Where monitored**
Supp Action	i. Identify and train at least one physical, one sensory and one mental health or neuro diversity FTSU Champions	• 3 FTSU Champions trained and commenced	FTSU Guardian with support of D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	ii. Engage with a local group representing people with disabilities such as Disability Solutions to provide critical friend support and challenge on our action plans	• Critical friend organisation identified and engaged with, with a minimum of 2 detailed exchanges by end March 2020.	D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	iii. Engage with staff side organisations and our Patient Experience lead and Volunteer Coordinator to provide further support and challenge on our action plans	• Engagement and involvement undertaken and feedback received with regard to plans and progress	D&I Lead	• Task and Finish Group • Inclusion Council
Supp Action	iv. Ensure the voice of our disabled staff is heard loud and clear throughout development and delivery against the WDES	• Multiple opportunities taken and evidenced to hear voice of staff with disabilities and evident in outcomes	D&I Lead	• Task and Finish Group • Inclusion Council

– All actions by end March 2020 unless otherwise stated

[END]

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 17

Date of Meeting:	26th September 2019		
Title of Report:	Annual Board Report and Statement of Compliant – Medical Appraisal (AOA)		
Presented by:	Dr Buki Adeyemo, Executive Medical Director		
Author:	Robert Walley, Medical Staffing		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☒

Executive Summary:		Purpose of report	
This is the annual board report and statement of compliance for the 2018/19 medical appraisal summary.		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	N/A		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	N/A		
STP Alignment / Implications:	N/A		
Recommendations:	To receive for assurance and information		

Version	Name/group	Date issued

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1st April 2019

To: All Responsible Officers / Designated Bodies

Dear Responsible Officer

Framework of Quality Assurance – Annual Organisational Audit (Annex C)

By the middle of June 2018, all responsible officers had completed the **Annual Organisational Audit** on behalf of their designated bodies. I would like to thank you for your efforts in making the audit a great success, both in terms of the number of returns received (100% for the second year running) and in ensuring the increase in the overall appraisal rate each year.

Since the AOA was first introduced in 2014, we have completed the first cycle of medical revalidation and it now feels the right time to update the FQA and its underpinning annexes. We have started this work by reviewing the AOA and in response to feedback from designated bodies, we have produced a slimmed down questionnaire for responsible officers to compete for the 2018/19 exercise, which includes simplified appraisal categories.

This slimmed down AOA concentrates primarily on the quantitative measures of previous AOAs, the numbers of doctors with a prescribed connection and their appraisal rates. As the systems and processes that support medical revalidation are established, we have moved the emphasis to reporting on how these should be developed year on year through a new version of the board report (Annex D) instead of through the AOA. The new board report, which now also includes **the statement of compliance**, has been designed to cover the remaining requirements of the RO regulations. The board report template, a component of the FQA, will be available from the end of **June 2019** on the NHS England webpages:

http://www.england.nhs.uk/revalidation/qa/.

As your Higher-Level Responsible Officer, I am writing to request that you complete and submit the mandatory return, the 2018/19 **Annual Organisational Audit** (AOA), for the period 1 April 2018 to 31 March 2019. The deadline for submission is **Friday 7 June 2019**. All responsible officers are also asked to present an **annual report** (FQA annex D) to their Board or equivalent management team. Following this, the completed report and the **statement of compliance** with the regulations (FQA annex E) should then be signed off by the Chairman or Chief Executive Officer of the designated body's Board or management team and submitted to me by **September 27, 2019**.

In the accompanying email, there is a link to the electronic version of the **AOA**. Once the 'submit' button has been pressed, the information will be sent to a central database. The information you provide is collated by NHS England and following analysis of the data, a national report is produced. Individual designated bodies are not identified.

Each higher-level responsible officer will receive a detailed report for those designated bodies connected to them and each designated body will receive an individual comparator report personalised to them, indicating their return benchmarked against others in their sector and all designated bodies nationally.

Please note, in terms of the e-form:

- You should only use the link received from NHS England in today's email, as it is unique to your organisation. The link opens an electronic version of the AOA for completion.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference; the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Please do not complete hard copies, or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the 'submit' button has been pressed, the information will be sent to a central database, collated by NHS England.
- A copy of the completed submission will be sent to the responsible officer.

Further detailed guidance on completion and submission is available within the AOA form.

In summary, please may I ask that you:

1. Complete and return the **Annual Organisational Audit** by **Friday 7 June 2019** for your 2018-19 year-end position.

2. Arrange for an **annual report** (FQA Annex D) to be submitted to your Board or equivalent governance body.

3. Return a copy of your board report, complete with a signed **Statement of Compliance** (FQA Annex D) to me by **September 27, 2019**

Kind regards

Dr Nigel Sturrock

Higher-Level Responsible Officer
NHS England - Midlands
NHS England - East of England

Regional Medical Director
NHS England - Midlands

CC: Chairs and Chief Executives of Designated Bodies

NHS

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

  The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

  The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

  Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance[1]. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of North Staffordshire Combined Healthcare NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 6th June 2019
Action from last year: n/a
Comments: n/a
Action for next year: Monthly appraisal and revalidation reports will be sent to the RO and Lead Appraiser.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: n/a
Comments: Dr Olubukola Adeyemo, Medical Director, is the Trust's RO.
Action for next year: n/a

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year: n/a
Comments: n/a
Action for next year: n/a

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: n/a
Comments: The GMC Connect database is reviewed on a weekly basis.
Action for next year: n/a

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: n/a
Comments: Policies are reviewed regularly. The Medical Appraisal and Revalidation Policy was last updated in July 2019
Action for next year: n/a

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: n/a
Comments: Audits are carried out on an annual basis.
Action for next year: n/a

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: n/a
Comments: The Trust has a process to ensure compliance through Locum agencies Responsible Officer .The Trust supports locums in their CPD, appraisal, revalidation and governance.
Action for next year: n/a

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: n/a
Comments: There is a process in place to ensure the above takes place
Action for next year: n/a

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: n/a
Comments: n/a
Action for next year: n/a

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: n/a

Comments: The medical appraisal policy has been ratified by board in agreement with JLNC in 2019.

Action for next year: n/a

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: n/a

Comments: The Trust has 9 medical appraisers for 24 substantive consultants

Action for next year: n/a

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: n/a

Comments: all of the above takes place.

Action for next year: n/a

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: n/a

Comments: annual internal quality assurance processes take place and are included in quarterly updates to the board.

Action for next year: n/a

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: n/a

Comments: timely recommendations take place. Monthly revalidation updates will support the Medical Director in making these timely recommendations.

Action for next year: n/a

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

[2] Doctors with a prescribed connection to the designated body on the date of reporting.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: n/a Comments: no deferrals have taken place, but communication will take place if this occurs. Action for next year: n/a

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: n/a Comments: Doctors have a direct link to the Clinical Directors with processes in place to escalate should an issue be identified that requires it Action for next year:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: n/a Comments: The governance process runs through the Directorate with monthly performance reviews to identify any conduct or performance issues Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: n/a Comments: Yes Action for next year:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and

outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[3].

Action from last year: n/a Comments: The process has been subject to Internal Audit Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[4].

Action from last year: n/a Comments: Yes Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: n/a Comments: There is a Trust policy that covers professional conduct in line with Maintaining High Professional Standards Action for next year:

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: n/a Comments: All locum doctors are booked via HTE Framework, ensuring NHS standard ID checks are undertaken. The Trust records and regularly audits these pre-employment check files. Action for next year: n/a

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of last year's actions**

  No actions were highlighted in the previous year.
- **Actions still outstanding**

  No actions were highlighted in the previous year.
- **Current Issues**

  Monthly appraisal report updates must be sent to the RO and Lead Appraiser.
- **New Actions:**

  Monthly appraisal report updates must be sent to the RO and Lead Appraiser.

Overall conclusion:

Medical appraisal rates remain high, with only one Doctor's appraisal lapsing. This appraisal has since been completed. Monthly updates for the Trust's RO and Lead Appraiser will help to escalate any non-engagement concerns in advance of the end of the appraisal year.

Section 7 – Statement of Compliance:

The Board of North Staffordshire Combined Healthcare NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: North Staffordshire Combined Healthcare NHS Trust

Name: Mr Peter Axon

Signed: _____

Role: Chief Executive

Date: 19th September 2019

North Staffordshire Combined Healthcare NHS Trust

REPORT TO OPEN TRUST BOARD

Enclosure No: 18

Date of Meeting:	26th September 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 September 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	

TOGETHER WE'RE BETTER
Transforming health and care for Staffordshire & Stoke-on-Trent

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

To be held on: **19th September 2019**

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 the operational performance, finance update and the 12-week listening exercise update.							
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 current performance position for our system.
2. Note the finance update.
3. Note the 12-week listening exercise update.

Executive Summary:

This report details:

- updates from the STP CSU, including performance, key challenges and key points.
- the finance position for the year to date and forecast positions reported at month 4. Note the significant risk that exists within this position, particularly with regard to delivery of the £128m total system savings plans. Note the current run rate analysis; extrapolation of the

year to date income and expenditure positions would give a £146.7m system deficit, £38.7m adverse to plan.

- the 12-week listening exercise update.

STP Director's Report

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

1. Performance Update

1.1 The paper found in **Appendix 1** 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.

1.2. Key points to note are:

1.2.1 **A&E Performance** waits (seen within 4 hours, 95% standard): UHNM July position (78.4%) has deteriorated from the June position (81.2%). There were no 12-hour Trolley breaches at UHNM in July.

1.2.2 **Planned Care**: 18-week referral to treatment incomplete pathways (92% standard): STP performance reported at 86.0% for June which is a slight deterioration on the 86.5% position in May. UHNM continues to fail against the standard, and performance remains low for June (80.3%)

1.2.3 **52-week breaches:** 1 breach was reported for the STP in June. This was a patient from South East Staffordshire and Seisdon CCG patient being treated under T&O at Nuffield Health, Wolverhampton.

1.2.4 **NHS 111** calls answered in 60 seconds (std 95%): Performance for July was reported as 68.6%, a slight improvement on the previous month (68.3%).

1.2.5 **Delayed Transfers of Care** (standard 3.5%): UHNM performance is still below trajectory reporting 3.8% in June

1.2.6 **Cancer 62** day std (standard 85%): STP position is still not meeting the standard in June (71.6%) from a May (75.1%) position. Performance at UHNM has deteriorated slightly in June (72.4%) from a May (73.0%) position.

Cancer 2 week wait std (standard 93%). STP June performance has improved to 88.8% from 88.2% position the previous month (May). UHNM June position is 94.7%.

1.2.7 **Mental Health**:

- **IAPT access standard** (standard 4.75%): All CCG's are meeting the standard for April. IAPT STP recovery (standard 50%) April position is 59.5% which has increased slightly from March's position (59.1%) **Note:** *IAPT data for May was not available at the time this report was produced.*
- **Dementia**: Overall, the STP (July position 72.8%) is meeting the 66.7% diagnosis rate standard. However, three CCGs (South East Staffordshire & Seisdon Peninsula, Stafford & Surrounds and East Staffordshire) continue to underperform against the 66.7% standard.
- **Early Intervention Psychosis** (standard 53%): All CCGs are meeting the standard in June

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

2. Finance Month 4 Update

2.2 A summary of the monthly financial position is provided in the table below, with more detail in **Appendix 2**. The table summarises 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.

2.3 At month 4, before PSF / CSF, the system has reported a year-to-date £48.9m deficit, a £5.3m adverse variance to plan. After PSF / CSF, the system has reported a year-to-date £40.5m deficit, a £5.3m adverse variance to plan.

2.4 At month 4, the system has forecast a FOT before PSF / CSF of £108.1m, breakeven to plan. After PSF / CSF, the system has reported a £65.6m FOT deficit, breakeven to plan. The forecast outturn positions reported at month 4 do not reflect net risk to the positions; this is most material for the commissioners who are reporting £27.7m of net risk to their reported forecast outturn position.

Income and Expenditure	M4 Year to Date Position (£000s)			M4 Forecast Outturn Position (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
UHNM	254,411	257,286	2,875	765,663	765,890	227
MPFT	138,407	138,016	(391)	413,468	415,685	2,217
NSCHT	30,474	30,952	478	92,091	93,153	1,062
CCG Allocation (RRL)	577,881	577,881	0	1,737,744	1,737,744	0
Less IFP value	(223,619)	(223,619)	0	(670,856)	(670,856)	0
Total Net Income	**777,554**	**780,517**	**2,963**	**2,338,111**	**2,341,617**	**3,506**
Expenditure						
UHNM	(271,991)	(272,213)	(222)	(797,663)	(797,890)	(227)
MPFT	(139,700)	(139,304)	396	(415,945)	(418,162)	(2,217)
NSCHT	(30,607)	(31,190)	(583)	(91,753)	(92,815)	(1,062)
CCG - Total Acute / Community / Mental Health	(424,620)	(429,024)	(4,404)	(1,266,726)	(1,271,438)	(4,712)
Less IFP value	223,619	223,619	0	670,856	670,856	0
CCG - Other Expenditure	(177,898)	(181,315)	(3,418)	(544,933)	(540,220)	4,712
Total Net Expenditure	**(821,198)**	**(829,428)**	**(8,230)**	**(2,446,164)**	**(2,449,671)**	**(3,506)**
Surplus / (deficit) before PSF / CSF	**(43,644)**	**(48,911)**	**(5,268)**	**(108,054)**	**(108,054)**	**(0)**
PSF / CSF / MRET / FRF						
UHNM	7,428	7,428	0	32,000	32,000	0
MPFT	916	916	0	4,229	4,229	0
NSCHT	152	105	(47)	700	700	0
CCG	0	0	0	5,480	5,480	0
Surplus / (deficit) after PSF / CSF	**(35,148)**	**(40,462)**	**(5,315)**	**(65,645)**	**(65,645)**	**(0)**

2.5 Average net STP income is £195.1m a month; to deliver the income forecast outturn, the average monthly income in the remaining months of the year needs to remain static to deliver the income forecast outturn. Average net STP expenditure is £207.4m a month. To deliver the expenditure forecast outturn, the average monthly expenditure in the remaining months of the year needs to reduce to £202.5m to deliver the expenditure forecast outturn, an average reduction of £4.8m a month. Extrapolation of the current run rate would give a £146.7m system deficit, £38.7m adverse to plan.

2.6 Across the STP, £128m of efficiency schemes have been planned for 2019/20. At month 4, the system reported delivery of £27.7m savings, relative to a £29.8m year-to-date plan, a £2.1m adverse variance. Currently, UHNM are reporting a £1.5m year-to-date favourable savings position; this is offset by year-to-date adverse variances for the CCGs (£1.9m), MPFT (£1.4m) and NSCHT (£0.3m). The system is forecasting delivery of £113.1m savings, £15.0m adverse to plan. UHNM and NSCHT are currently forecasting a breakeven position compared to plan. The CCGs and MPFT are both forecasting an adverse position (£11.2m and £3.8m adverse variances respectively). The system is reporting a further £27.9m savings risk, including £21.3m QIPP risk for the CCGs – this includes the £17m stretch QIPP agreed with regulators during 2019/20 plan setting.

Organisation	M4 Year to Date Position (£000s)			M4 Forecast Outturn Position (£000s)			Risk to FOT (£000)
	Plan	Actual	Variance	Plan	Actual	Variance	
Commissioner Total	**13,015**	**11,072**	**(1,943)**	**55,403**	**44,229**	**(11,174)**	**(21,275)**
Providers							
University Hospitals of North Midlands	7,282	8,750	1,468	40,000	40,002	2	(1,876)
Midlands Partnership Foundation Trust	8,427	7,026	(1,401)	29,103	25,317	(3,786)	(4,741)
North Staffordshire Combined Healthcare	1,104	854	(250)	3,505	3,505	0	0
Provider Total	**16,813**	**16,630**	**(183)**	**72,608**	**68,824**	**(3,784)**	**(6,617)**
Aggregate System Position	**29,828**	**27,702**	**(2,126)**	**128,011**	**113,053**	**(14,958)**	**(27,892)**

2.7 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. Current forecasts assume delivery of £13m programme savings compared to a £20m plan. All organisations with the exception of UHNM are relying upon delivery of the programme savings to achieve their forecasts.

2.8 In addition to the risk on savings plans described above, additional material risks for providers include £27.7m receipt of central TSA funding (£24.9m) & modular ward funding (£2.8m) for UHNM; and £2.6m and £1.0m risk with Local Authorities for MPFT and NSCHT respectively.

The Board is asked to

- ***Note the year to date and forecast positions reported at month 4.***
- ***Note the significant risk that exists within this position, particularly with regard to delivery of the £128m total system savings plans.***
- ***Note the current run rate analysis; extrapolation of the year to date income and expenditure positions would give a £146.7m system deficit, £38.7m adverse to plan.***

3. 12-Week Listening Exercise – Update

Background

The Together We're Better partnership held a listening exercise between the 3 June and 25 August 2019 to seek views on health and care services in Staffordshire and Stoke on Trent.

This listening exercise was 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 captured feedback from across health and care services, however was 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 has included:

- Face to face events: 13 public listening events have been completed across the county (additional dates in Stafford and Tamworth). 80+ events were held to reach target audiences, including roadshows in high footfall locations, workforce roadshows and attending existing meetings with local communities and service user involvement groups
- Stakeholder involvement: offer to attend existing meetings with elected members, GP and clinical membership groups
- 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
- A webinar was organised and promoted, however due to low uptake was cancelled.

The team proactively promoted the listening exercise through the media, social media and partner channels.

Activity summary

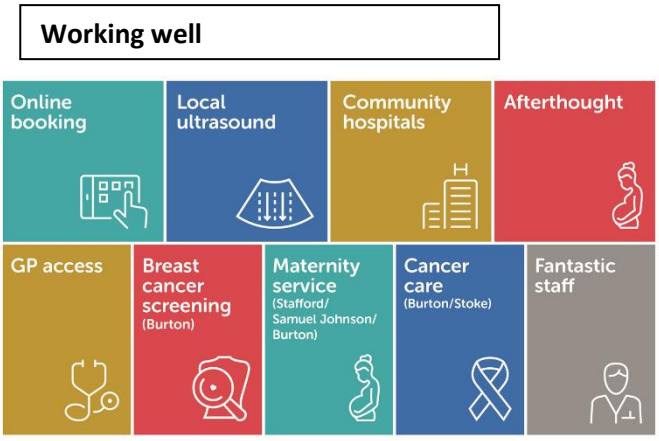
*As of 06/09/19. To note, numbers may change slightly to reflect any final events that are held during September.

Emerging themes

Below is a high-level summary of the emerging themes received through the events held so far.

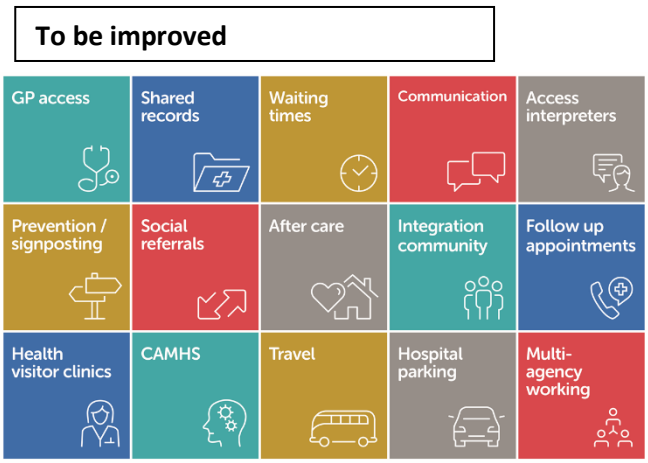
Local services

- 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 continuity when using locum doctors
- Concern for role/appropriateness of receptionists when triaging calls
- 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
- Cuts in prevention services e.g. stop smoking support will have a long-term impact on people's health
- Need to promote the opportunities for people to self-care and the local services available.

Mental health

- CAMHS services need to improve
- Long waiting times
- Reopen George Bryan Centre in Tamworth
- Increase mental health support for cancer patients (and families)
- Need to improve mental health support in schools (including signposting)
- Need early access to crisis support to prevent suicides
- 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
- Continuity of carer could be improved
- Aftercare post birth could be improved
- 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
- Support for the integrated care records to improve patient experience and improve efficiency in appointments (acute and community)
- 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
- Respite care for carers needs improving
- Recognising the needs of people with long term conditions in hospitals, supporting people to manage their condition by allowing self-medication on wards
- Lost test results/lack of information about test results.

To note that these themes have not been analysed and are meant to provide a snapshot of the type of feedback received through the events to date. A detailed analysis of all commentary will be undertaken by NHS Midlands and Lancashire CSU at the end of this listening exercise and a Report of Findings will be produced in Autumn 2019.

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.

This activity is supported by social media promotion on Facebook and Twitter. A series of short videos and related press releases 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. The Healthwatch report has been published and is available on Healthwatch Stoke on Trent's website: https://www.healthwatchstokeontrent.co.uk/ltpreport/ The Healthwatch findings are currently being reviewed to help inform the priorities in the Five Year Plan.

Local Representatives
A workshop is being held on the 17 September to gather views on:

- The lessons learned during the listening exercise
- The format and communications approach to the public Five Year Plan.

A further workshop is planned for October/November to update the group on progress in developing the Five Year Plan. Their comments will be built into the feedback process to further refine the priorities that will be put forward in the plan.

Report of Findings

The below table provides an indicative timeline for the development of the Report of Findings

Activity	Week commencing								
	09/09	16/09	23/09	30/09	07/10	14/10	21/10	28/10	04/11
Draft Report of Findings shared with Operational Group									
Programme Leads Workshop: share the feedback from the Report of Findings. This will help inform the development of the long list of proposals and the Five Year Plan.									
C&E Task and Finish Group									
Final draft Report of Findings shared									
PCBC Programme Board									
Health and Care Transformation Board									
CCGs Governing Body (final report)									
Public report available									
Public summary and animation about how we have listened									

We are working with programme managers over the coming months to commence the option appraisal process. A further update on this process is included in **Appendix 2**. This is a key part of the development of the Pre-Consultation Business Case and will involve a series of events with technical

experts, public representatives and partners to inform future proposals. More information will be shared in the coming weeks.

Next steps/ priorities

- Completing any remaining events with target groups that could not be held during the listening exercise are being delivered e.g. attending an antenatal clinic in Stafford, Staffordshire Sight Loss and the YMCA in Burton (October)
- Analysis of the feedback is underway by the CSU with the Report of Findings expected to be completed in October 2019
- A communications plan will be developed to promote the Report of Findings and the publication of the Five Year Plan
- A revised Communications and Engagement Strategy and Equality Impact Assessment will be developed
- In preparation for any future involvement activity, following the outcome of the Options Appraisal Process, the team will continue to build networks with local communities and manage ongoing communications with key groups

Next steps

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

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

Events planned by CCG area

See Appendix 3

Transforming health and care for Staffordshire and Stoke-on-Trent Options appraisal process

See Appendix 4

Simon Whitehouse
STP Director
September 2019

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	Jun-19	Jul-19
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%	81.2%	78.4%
A&E Trolley Waits >12 Hours	0																		
			UHNM	2	0	0	0	0	0	1	0	0	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%	4.4%	3.8%	
			% 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%	99.4%	99.7%	
			% 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%	0.6%	0.3%	
			% 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%	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%	68.3%	68.6%
NHS111 calls receiving clinical assessment Staffordshire and Stoke on Trent	50% - April 2019 onwards 30% previously	30%	111	57.9%	52.1%	53.6%	55.7%	49.5%	48.4%	46.5%	45.4%	48.6%	51.3%	54.9%	55.1%	56.4%	55.2%	56.0%	59.0%
Cancer Care Metrics																			
Cancer 62 Days	85%	80%	STP	84.4%	80.4%	83.1%	78.6%	79.6%	80.8%	82.7%	78.4%	82.7%	69.8%	75.3%	75.6%	70.7%	75.1%	71.6%	
			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%	73.0%	72.4%	
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%	88.2%	88.8%	
			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%	94.7%	94.7%	
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%	39.7%	45.5%	
			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%	87.2%	90.1%	
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%	86.0%	
			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%	80.3%	
18 Week RTT Waiting List	N/A		STP	85,212	86,291	85,329	83,392	83,529	82,361	82,592	80,697	79,875	80,713	81,931	82,303	85,296	86,968	87,398	
			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	47,481	
RTT Incomplete Pathways >52 Weeks	0		STP	68	77	89	85	89	71	42	24	33	18	9	1	0	1	1	
			UHNM	66	78	114	116	111	77	70	46	39	19	8	0	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%	1.9%	
			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%	2.3%	
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%				

Protective Marking Level 2 SCC Use Only

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	Jun-19	Jul-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%		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%	5.34%			
			NS CCG	3.26%	5.00%	5.45%	6.12%	5.42%	5.30%	5.17%	5.12%	4.73%	4.8%	4.7%	5.9%	5.8%			
			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%	4.90%			
			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%	5.98%			
			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%	4.75%			
			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%	5.28%			
			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%	6.05%			
IAPT Recovery Rate	50%		STP	56.4%	57.4%	59.3%	60.3%	60.0%	59.1%	57.5%	57.4%	56.7%	57.1%	57.1%	59.1%	59.5%			
			NS CCG	59.8%	60.7%	61.9%	62.5%	62.2%	63.4%	63.3%	63.4%	59.0%	54.6%	55.1%	58.6%	59.6%			
			SoT CCG	66.3%	68.6%	68.5%	69.2%	68.1%	65.8%	61.9%	62.2%	62.7%	64.3%	62.8%	64.4%	63.2%			
			CC CCG	52.1%	52.7%	54.2%	55.3%	55.8%	54.5%	54.1%	55.8%	56.1%	57.4%	56.0%	56.0%	60.3%			
			SESSP CCG	54.5%	53.9%	57.0%	57.5%	58.1%	57.1%	57.1%	55.8%	55.1%	55.4%	54.8%	56.6%	55.4%			
			SS CCG	51.8%	51.4%	51.1%	51.7%	52.2%	52.6%	53.5%	52.5%	52.6%	51.2%	52.9%	55.1%	55.1%			
			ES CCG	54.8%	58.1%	63.8%	64.0%	61.8%	59.7%	56.8%	55.3%	54.3%	57.1%	60.0%	62.0%	62.7%			
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%	77.8%	100.0%	100.0%	100.0%	100.0%	100.0%	
			SoT CCG	50.0%	50.0%	69.2%	73.3%	83.3%	84.2%	88.9%	88.9%	90.5%	91.7%	95.5%	85.7%	86.4%	80.8%	86.2%	
			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%	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%	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%	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%	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%	70.6%	70.9%	72.0%	71.8%	72.1%	72.5%	72.8%
			NS CCG	73.2%	73.3%	72.7%	73.2%	73.0%	72.7%	72.2%	72.1%	72.0%	72.4%	73.2%	73.9%	74.9%	75.4%	75.9%	76.1%
			SoT CCG	82.7%	82.4%	83.0%	83.3%	83.1%	87.4%	83.2%	84.4%	84.9%	85.1%	85.2%	86.7%	87.0%	87.5%	87.9%	88.2%
			CC CCG	68.7%	69.1%	70.0%	69.6%	70.7%	71.7%	71.9%	72.2%	71.8%	72.3%	72.6%	75.0%	74.4%	74.7%	75.5%	75.0%
			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%	64.3%	65.0%
			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%	61.5%	62.0%
			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%	62.7%	63.1%
Children & Young People (CYP) ED Routine Referrals < 4 weeks	95.0%		STP			100.0%			100.0%			100.0%							
			NS CCG			100.0%			100.0%			100.0%			100.0%			100.0%	
			SoT CCG			100.0%			100.0%			100.0%			100.0%			100.0%	
			CC CCG			100.0%			-			100.0%			-			100.0%	
			SESSP CCG			100.0%			100.0%			100.0%			-			100.0%	
			SS CCG			100.0%			100.0%			100.0%			100.0%			100.0%	
			ES CCG			100.0%			-			-			-			100.0%	
Children & Young People (CYP) ED Urgent Referrals < 1 weeks	95.0%		STP			100.0%			50.0%			100.0%							
			NS CCG			100.0%			100.0%			100.0%			100.0%			100.0%	
			SoT CCG			100.0%			100.0%			-			100.0%			100.0%	
			CC CCG			-			-			-			-			100.0%	
			SESSP CCG			-			0%			-			-			100.0%	
			SS CCG			100.0%			-			100.0%			100.0%			100.0%	
			ES CCG			100.0%			100.0%			100.0%			100.0%			100.0%	
System Quality Metrics																			
Infection Control -MRSA	0																		
			UHNM	0	0	0	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	11	7	5	

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Staffordshire and Stoke-on-Trent STP

Financial Position Update

Month 4 – 31st July 2019

TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Contents

- Summary
- Financial Performance
- Run Rate
- Risks and Opportunities
- Savings and Efficiency

Summary

Financial performance

- At M4, before PSF / CSF, the system has reported a YTD £48.9m deficit, a £5.3m adverse variance to plan. After PSF / CSF, the system has reported a YTD £40.5m deficit, a £5.3m adverse variance to plan.
- At M4, the system has forecast a FOT before PSF / CSF of £108.1m, breakeven to plan. After PSF / CSF, the system has reported a £65.6m FOT deficit, breakeven to plan.

Run rate

- A straight line extrapolation of the current income and expenditure run rate, would give a £146.7m system deficit, £38.7m adverse to plan.
- Average net STP expenditure is £207.4m a month; to deliver the expenditure forecast outturn, average monthly expenditure in M5-M12 needs to reduce to £202.5m. Average net STP income is £195.1m a month; to deliver the income forecast outturn, the average monthly income in the remaining months of the year needs to remain static.

Risks

- At M4, the CCGs reported a net risk of £27.7m. This include £21.3m QIPP risk. The net risk position includes application of the 0.5% contingency.
- At M4, material risks for providers include £27.7m receipt of central TSA funding (£24.9m) & modular ward funding (£2.8m) for UHNM; £2.6m POLR LA risk for MPFT & £1.0m S75 risk for NSCHT.
- The current forecasts assume delivery of £6.2m programme savings compared to a £20m plan.
- £1.9m of misalignment in risk reporting exists between the CCGs / MPFT due to different assumptions on wound care.

Savings and efficiency

- At M4, the system reported delivery of £27.7m savings, relative to a £29.8m year-to-date plan, a £2.1m adverse variance.
- The system is forecasting delivery of £113.1m savings, £15.0m adverse to plan.
- Following the formation of the TDU, an urgent stock take of system savings is being undertaken to provide assurance on the latest financial assessment, due for completion by early September 2019.

Financial Performance - System

Income and Expenditure	M4 Year to Date Position (£000s)			M4 Forecast Outturn Position (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
Net system income	777,554	780,517	2,963	2,338,111	2,341,617	3,506
Net system expenditure	(821,198)	(829,428)	(8,230)	(2,446,164)	(2,449,671)	(3,506)
Surplus / (deficit) before PSF / CSF / MRET	**(43,644)**	**(48,911)**	**(5,268)**	**(108,054)**	**(108,054)**	**(0)**
PSF / CSF / MRET funding	8,496	8,449	(47)	42,409	42,409	0
Surplus / (deficit) after PSF / CSF / MRET	**(35,148)**	**(40,462)**	**(5,315)**	**(65,645)**	**(65,645)**	**(0)**

Income and Expenditure	M4 Year to Date Position (£000s)			M4 Forecast Outturn Position (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
UHNM	254,411	257,286	2,875	765,663	765,890	227
MPFT	138,407	138,016	(391)	413,468	415,685	2,217
NSCHT	30,474	30,952	478	92,091	93,153	1,062
CCG Allocation (RRL)	577,881	577,881	0	1,737,744	1,737,744	0
Less IFP value	(223,619)	(223,619)	0	(670,856)	(670,856)	0
Total Net Income	**777,554**	**780,517**	**2,963**	**2,338,111**	**2,341,617**	**3,506**
Expenditure						
UHNM	(271,991)	(272,213)	(222)	(797,663)	(797,890)	(227)
MPFT	(139,700)	(139,304)	396	(415,945)	(418,162)	(2,217)
NSCHT	(30,607)	(31,190)	(583)	(91,753)	(92,815)	(1,062)
CCG - Total Acute / Community / Mental Health	(424,620)	(429,024)	(4,404)	(1,266,726)	(1,271,438)	(4,712)
Less IFP value	223,619	223,619	0	670,856	670,856	0
CCG - Other Expenditure	(177,898)	(181,315)	(3,418)	(544,933)	(540,220)	4,712
Total Net Expenditure	**(821,198)**	**(829,428)**	**(8,230)**	**(2,446,164)**	**(2,449,671)**	**(3,506)**
Surplus / (deficit) before PSF / CSF	**(43,644)**	**(48,911)**	**(5,268)**	**(108,054)**	**(108,054)**	**(0)**
PSF / CSF / MRET / FRF						
UHNM	7,428	7,428	0	32,000	32,000	0
MPFT	916	916	0	4,229	4,229	0
NSCHT	152	105	(47)	700	700	0
CCG	0	0	0	5,480	5,480	0
Surplus / (deficit) after PSF / CSF	**(35,148)**	**(40,462)**	**(5,315)**	**(65,645)**	**(65,645)**	**(0)**

System summary:

- At M4, after PSF / CSF, the system reported a YTD £40.5m deficit position compared to a £35.1m plan, £5.3m adverse variance to plan, and a £1.8m deterioration from the position at M3.
- The FOT before PSF / CSF is £108.1m, breakeven against plan.
- The FOT after PSF / CSF is £65.6m, breakeven against plan, with £42.5m of non-recurrent funding currently forecast.

Financial Performance - Organisations

Organisation	M4 Year to Date Position pre PSF / CSF (£000s)		
	Plan	Actual	Variance
Commissioner Total	**(24,637)**	**(32,459)**	**(7,822)**
Providers			
UHNM	(17,580)	(14,927)	2,653
MPFT	(1,293)	(1,288)	5
NSCHT	(133)	(238)	(105)
Provider Total	**(19,006)**	**(16,452)**	**2,554**
Aggregate System Position	**(43,644)**	**(48,911)**	**(5,268)**

Organisational detail:

- At M4, before PSF / CSF, the system has reported a YTD £48.9m deficit, a £5.3m adverse variance to plan. This was made up of a £7.8m adverse CCG position, partially offset by favourable variances for UHNM of £2.7m and smaller variances for MPFT and NSCHT.
- At M4, the system has forecast a FOT before PSF / CSF of £108.1m, breakeven to plan.

Organisation	M4 Forecast Outturn pre PSF / CSF (£000s)			2018/19 PSF / CSF Full Year (£000s)			M4 Forecast Outturn post PSF / CSF (£000s)		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Commissioner Total	**(73,915)**	**(73,915)**	**0**	**5,480**	**5,480**	**0**	**(68,435)**	**(68,435)**	**0**
Providers									
UHNM	(32,000)	(32,000)	(0)	32,000	32,000	0	0	0	(0)
MPFT	(2,477)	(2,477)	(0)	4,229	4,229	0	1,752	1,752	(0)
NSCHT	338	338	0	700	700	0	1,038	1,038	0
Provider Total	**(34,139)**	**(34,139)**	**(0)**	**36,929**	**36,929**	**0**	**2,790**	**2,790**	**(0)**
Aggregate System Position	**(108,054)**	**(108,054)**	**(0)**	**42,409**	**42,409**	**0**	**(65,645)**	**(65,645)**	**(0)**

Run Rate

Income and Expenditure	Run rate analysis (£000s)			
	YTD actual	Straight line extrapolation	FOT	Variance
Net system income	780,517	2,341,550	2,341,617	(67)
Net system expenditure	(829,428)	(2,488,284)	(2,449,671)	(38,613)
Surplus / (deficit) before PSF / CSF / MRET	**(48,911)**	**(146,734)**	**(108,054)**	**(38,680)**

Run rate analysis:

- A straight line extrapolation of the current income and expenditure run rate, would give a £146.7m system deficit, £38.9m adverse to plan.
- Average net STP expenditure is £207.4m a month. To deliver the expenditure forecast outturn, the average monthly expenditure in the remaining months of the year needs to reduce to £202.5m, an average reduction of £4.8m a month.
- Average net STP income is £195.1m a month. To deliver the income forecast outturn, the average monthly income in the remaining months of the year needs to remain static.
- 77% of savings plans are phased between M5 and M12. Year to date savings plans equate to £27.7m compared to an annual plan of £113.1m. The year end savings forecast is £30m higher than a straight line extrapolation of the year to date savings.

2019/20 Financial Risks

*This risk is on the FOT before PSF / CSF. If the risks materialise, this will result in a further PSF / CSF risk.

Organisation	Mitigations in Forecast (£000)				Gross risk over and above forecast (£000)						Mitigations (£000)	Central funding TBC (£000)
	QIPP / CIP YTD	QIPP/CIP M5-M12	Programme savings	Total	System Savings	£2.6m NSCHT risk	Internal savings	LA risk	Other income risk	Other net risk		
Commissioner Total	**11,072**	**30,946**	**2,211**	**44,229**	**(3,031)**	**0**	**(19,844)**	**0**	**0**	**(8,903)**	**4,121**	**0**
Providers												
UHNM	8,750	31,252	0	40,002	(1,876)	(325)	0					(27,700)
MPFT	7,026	15,291	3,000	25,317	(3,000)	(290)	(1,741)	(2,591)		(3,821)	3,238	
NSCHT	854	1,651	1,000	3,505	0	(98)	0	(1,000)	(400)	0		
Provider Total	**16,630**	**48,194**	**4,000**	**68,824**	**(4,876)**	**(713)**	**(1,741)**	**(3,591)**	**(400)**	**(3,821)**	**3,238**	**(27,700)**
Aggregate System Position	**27,702**	**79,140**	**6,211**	**113,053**	**(7,907)**	**(713)**	**(21,585)**	**(3,591)**	**(400)**	**(12,724)**	**7,359**	**(27,700)**

The M4 organisational forecasts do not reflect risk adjusted positions. The table above summarises the savings assumptions within FOTs and material risks not reported in FOTs. The materialisation of these risk may result in further PSF / CSF risk.

Savings assumptions and risk:

- At M4, the system breakeven forecast assumes the delivery of £113.1m savings, £79.1m between M5-M12. £21.6m of internal QIPP / CIP risk is reported at M4 and is not reflected in FOTs, alongside £8m of risk on the system savings FOT.
- The CCG forecast includes £44.2m of planned savings, including £2.2m of system savings compared to a £9m planned share of the collective £20m target. The CCGs are currently forecasting £19.8m risk on the internal savings FOT and £3m risk on the system savings FOT (larger than the £2.2m due to the application of the IFP risk apportionment). The CCG FOT currently assumes £1.7m support to NSCHT via the IFP (share of the £2.6m).
- The UHNM forecast is not reliant upon the system programme savings and the risk adjusted forecast assumes no pressure from the NSCHT £2.6m mitigation (based on an exposure of 50% of the total risk). UHNM are currently reporting £2.2m of system risk over and above the forecast, made up of 50% of the risk on the system programme savings and UHNM's share of the NSCHT £2.6m mitigation.
- The MPFT forecast assumes £3m of system programme savings are delivered and no pressure from the NSCHT £2.6m mitigation. MPFT are currently reporting £3.3m of system risk over and above the forecast, made up of MPFT's £3m share of the programme savings and £0.3m risk over and above forecast for MPFT's share of the NSCHT £2.6m mitigation.
- The NSCHT forecast position assumes £1m of system programme savings and that the £2.6m unmitigated position is covered through offsetting income by STP partners.

2019/20 Financial Risks

*This risk is on the FOT before PSF / CSF. If the risks materialise, this will result in a further PSF / CSF risk.

Organisation	Mitigations in Forecast (£000)				Gross risk over and above forecast (£000)						Mitigations (£000)	Central funding TBC (£000)
	QIPP / CIP YTD	QIPP/CIP M5-M12	Programme savings	Total	System Savings	£2.6m NSCHT risk	Internal savings	LA risk	Other income risk	Other net risk		
Commissioner Total	**11,072**	**30,946**	**2,211**	**44,229**	**(3,031)**	**0**	**(19,844)**	**0**	**0**	**(8,903)**	**4,121**	**0**
Providers												
UHNM	8,750	31,252	0	40,002	(1,876)	(325)	0					(27,700)
MPFT	7,026	15,291	3,000	25,317	(3,000)	(290)	(1,741)	(2,591)		(3,821)	3,238	
NSCHT	854	1,651	1,000	3,505	0	(98)	0	(1,000)	(400)	0		
Provider Total	**16,630**	**48,194**	**4,000**	**68,824**	**(4,876)**	**(713)**	**(1,741)**	**(3,591)**	**(400)**	**(3,821)**	**3,238**	**(27,700)**
Aggregate System Position	**27,702**	**79,140**	**6,211**	**113,053**	**(7,907)**	**(713)**	**(21,585)**	**(3,591)**	**(400)**	**(12,724)**	**7,359**	**(27,700)**

Other material risks to the forecast:

- Further risk includes £3.6m of Local Authority risk, related to Section 75s at NSCHT and Provider of Last Resort Funding at MPFT.
- Other income risk includes £0.4m for NSCHT related to specialised commissioning income linked to the Darwin Unit.
- A further £12.7m net system risk includes:
  - CCG £8.9m, including £2.4m primary care allocation pressure, £2m CHC growth, £2m acute out of area provider risk. No pressure around wound dressings to MPFT is assumed.
  - MPFT £3.8m, including £3.0m additional financial improvement.

Mitigations:

- Material mitigations highlighted amount to £7.4m, including:
  - CCG £4.1m, including £3.4m East Staffordshire contract provision
  - MPFT £3.8m, including £1.9m wound dressing funding via the CCG and £0.5m contingency reserves release.

Central funding TBC:

- The UHNM 2019/20 plan and forecast outturn reflects £27.7m of non-recurrent central funding (£24.9m TSA and £2.8m modular ward funding); this funding is still to be confirmed.

Risks – Risk Log

To be reviewed and developed through FPC

Financial risks	Narrative	Impact	Likelihood	Risk score
Financial alignment	A minimal risk of financial misalignment exists between NHS STP organisations due to the agreement to the IFP approach in 2019/20	2	2	4
Delivery of organisational saving plans	The £109m organisational saving plans represent a 4.2% cash releasing saving target. These savings will need to be delivered without adversely affecting another area of the health economy. Equally, the delivery of a savings target of this value will require action at pace, to ensure that savings are delivered as soon as possible in 2019/20 and not back-loaded into the end of the financial year.	5	4	20
Delivery of system transformation programme savings	The 2019/20 financial plans are based on delivery of £20m system savings. Currently, plans amount to £5m, leaving a £15m shortfall. These plans are backloaded towards the end of the year.	5	4	20
£2.6m NSCHT risk	For 2019/20, a £2.6m unmitigated risk was submitted within the NSCHT financial plan. A system approach to this has been agreed, in order to ensure all statutory health organisations can remain partners to the IFP. A service line review of expenditure will take place led by the CCG and NSCHT to identify cash releasing opportunities and potential decommissioning options. Any residual risk at the end of the financial year will be risk shared by partners in proportion to their shares of the final IFP allocation apportionment. The £108.1m system deficit plan for 2019/20 assumes that the £2.6m risk is mitigated in full. Any shortfall in identifying and delivering the £2.6m cash releasing efficiencies will result in a 2019/20 pressure.	2	3	6
Out of area income and expenditure	A significant proportion of the CCGs' contract spend lies outside of the Staffordshire and Stoke-on-Trent STP. Equally, a material element of providers' income comes from commissioners other than the Staffordshire and Stoke-on-Trent CCGs. The IFP framework described above relates to intra-STP provider and commissioner arrangements only. The ability to deliver clinical and financial sustainability for the Staffordshire and Stoke-on-Trent health and care economy, therefore, requires engagement with out of area providers, commissioners and STPs, and the ability to leverage change outside of the STP footprint.	4	3	12
Superannuation pressure	The system plans have been built on the assumption that the employers superannuation pressure from 2019/20 will be funded in full. The gross risk amounts to over £30m, and therefore, should this not be fully funded, this will be a material risk to delivery of the plans.	5	3	15
Brexit inflationary pressures	Inflationary pressures within the 2019/20 plan have been based on national planning guidance. Any additional inflationary pressure as a result of Brexit, e.g. drugs costs, will be an additional cost pressure to the system.	2	3	6
Commissioner Sustainability Fund and Provider Sustainability Fund	In 2019/20, £83.8m of non-recurrent CSF and PSF funding was available if organisations delivered the £92.1m system deficit control total. The 2019/20 plan, assumes that £42.4m of non-recurrent CSF and PSF will be received based on delivering a £108.1m system deficit plan. Slippage against organisational plans may result in loss of this non-recurrent funding.	5	3	15

Risks – Provider Risk Ratings

Capital service cover metric

Organisation	YTD			FOT			Rating	
	Capital service total £000	Revenue available for capital services £000	Capital service cover metric £000	Capital service total £000	Revenue available for capital services £000	Capital service cover metric £000	YTD	FOT
UHNM	11,939	9,715	1	70,919	51,980	1	4	4
MPFT	1,671	2,837	2	6,430	11,233	2	3	3
NSCHT	829	912	1	2,437	4,144	2	4	3
Total	**14,440**	**13,464**	**0.93**	**79,786**	**67,357**	**0.84**	4	4

Liquidiy metric

Organisation	YTD			FOT			Rating	
	Working capital balance £000	Operating expenses £000	Liquidity metric £000	Working capital balance £000	Operating expenses £000	Liquidity metric £000	YTD	FOT
UHNM	- 23,618	- 254,772	- 11	- 46,582	- 745,683	- 23	3	4
MPFT	47,397	- 136,095	42	43,798	- 408,681	39	1	1
NSCHT	8,148	- 30,145	33	8,083	- 89,709	33	1	1
Total	**31,927**	**- 421,012**	**4.63**	**5,299**	**- 1,244,073**	**1.56**	1	1

Risks – Provider Risk Ratings

I&E margin

Organisation	YTD			FOT			Rating	
	Adjusted financial performance £000	Turnover £000	I&E margin metric	Adjusted financial performance £000	Turnover £000	I&E margin metric	YTD	FOT
UHNM	- 7,499	264,408	-2.8%	-	797,423	0.0%	4	2
MPFT	- 372	138,553	-0.3%	1,752	419,240	0.4%	3	2
NSCHT	- 133	31,033	-0.4%	1,038	93,781	1.1%	3	1
Total	**- 8,003**	**433,994**	**-1.8%**	**2,790**	**1,310,444**	**0.2%**	4	2

I&E margin - distance from financial plan

Organisation	Distance from financial plan %		Rating	
	YTD	FOT	YTD	FOT
UHNM	1.1%	0.0%	1	1
MPFT	0.0%	0.0%	1	1
NSCHT	-0.5%	0.0%	2	1
Total	**0.60%**	**0.00%**	1	1

Agency metric

Organisation	YTD			FOT			Rating	
	Agency staff £000	Updated agency ceiling £000	Agency metric %	Agency staff £000	Updated agency ceiling £000	Agency metric %	YTD	FOT
UHNM	5,742	6,200	-7%	12,656	18,000	-30%	1	1
MPFT	5,301	3,376	57%	14,524	10,132	43%	4	3
NSCHT	838	803	4%	1,925	2,187	-12%	2	1
Total	**11,881**	**10,379**	**14%**	**29,105**	**30,319**	**-4%**	2	1

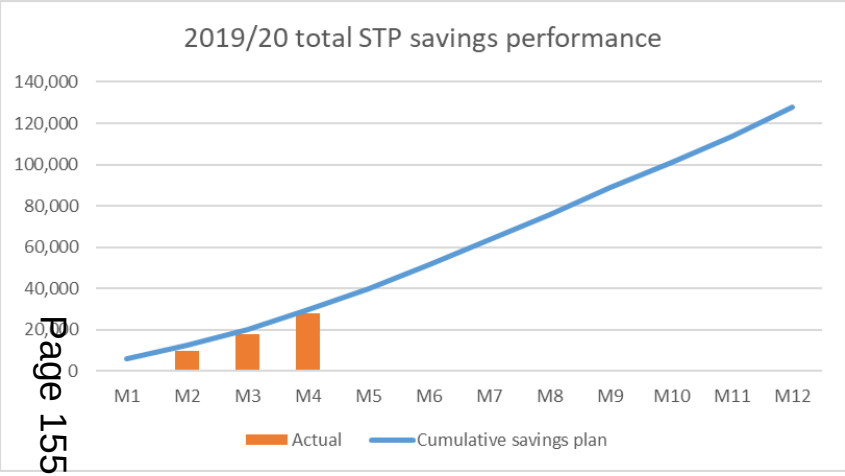
Savings and Efficiency

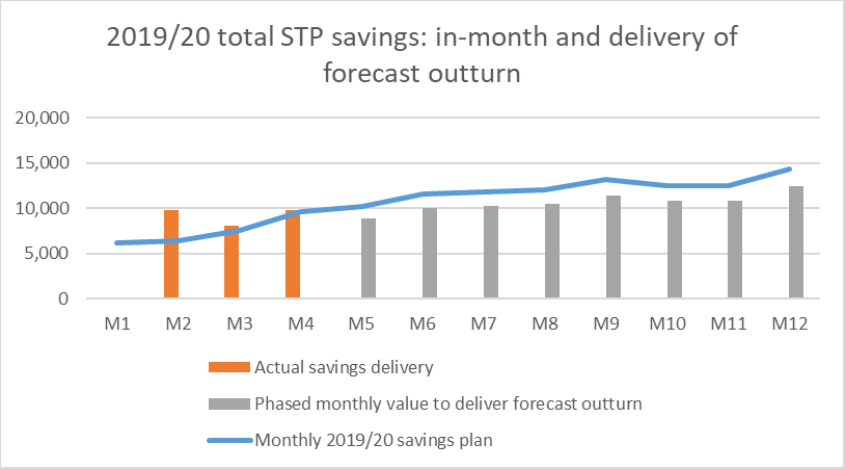
Organisation	M4 Year to Date Position (£000s)			M4 Forecast Outturn Position (£000s)			Risk to FOT (£000)
	Plan	Actual	Variance	Plan	Actual	Variance	
Commissioner Total	**13,015**	**11,072**	**(1,943)**	**55,403**	**44,229**	**(11,174)**	**(21,275)**
Providers							
University Hospitals of North Midlands	7,282	8,750	1,468	40,000	40,002	2	(1,876)
Midlands Partnership Foundation Trust	8,427	7,026	(1,401)	29,103	25,317	(3,786)	(4,741)
North Staffordshire Combined Healthcare	1,104	854	(250)	3,505	3,505	0	0
Provider Total	**16,813**	**16,630**	**(183)**	**72,608**	**68,824**	**(3,784)**	**(6,617)**
Aggregate System Position	**29,828**	**27,702**	**(2,126)**	**128,011**	**113,053**	**(14,958)**	**(27,892)**

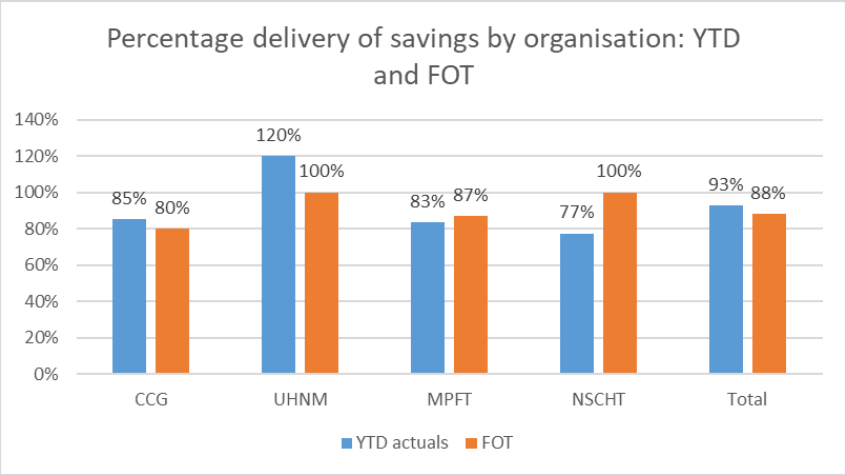
System summary:

- The total system efficiency plans in 2019/20 are £128.0m, including £20m of system savings.
- At M4, the system reported delivery of £27.7m savings, relative to a £29.8m year-to-date plan, £2.1m adverse.
- The system is forecasting delivery of £113.1m savings, £15.0m adverse.
- The reported savings forecasts do not reflect risk adjusted positions. The system is reporting £27.9m of risk to saving plans. The risk position includes risk relating to system savings.
- A further £1.6m related system savings risk is being reported by the CCG, reflecting the application of the IFP risk share apportionment linked to the forecast savings shortfall.
- Further underlying risk exists within provider positions, with proportionally higher levels of non-recurrent CIP relative to plans, including a £5m recurrent CIP deficit at UHNM.

Savings and Efficiency – Run Rate







System summary:

- The system is reporting 93% delivery of the savings system YTD and 88% forecast outturn.
- At M4, the £27.7m reported savings represents an average of £6.9m per month.
- To deliver the £113.1m FOT saving, will require the delivery of £85.4m savings between M5 and M12, equivalent to £10.7m savings per month.
- The system savings plan is backloaded with 60% planned between M7 and M12.

Savings and Efficiency – System Savings

System Programme Savings	Urgent Care £'000	Planned Care £'000	Mental Health £'000	Other £'000	Total £'000
Original total plan	10,000	2,000	3,000	5,000	**20,000**
Latest plan	2,613	600	1,160	0	**4,372**
Planned in-year savings (shortfall) / surplus	**(7,388)**	**(1,400)**	**(1,840)**	**(5,000)**	**(15,628)**

System summary:

- Following the formal start of the TDU on 1st August 2019, a stock take of all system savings has been agreed through the TDU Programme Board. The target date for completion of this work is the end of August. The work will include a review of key metrics, mobilisations plans, KPIs and finance. The aim of this stock take is to ensure consistency and assurance. This work is being led by the TDU and Deloitte, working with project leads and finance leads.
- The System Financial Planning Group are meeting on 3rd September for a collective workshop where feedback on the financial element of the stock take will be taken. The aim of this workshop is to provide collective system overview of system savings, to report into and make recommendations to the next IFP Board on 11th September.

Appendix 3: 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
Workforce Roadshow	Cannock Hospital	Staff/ Patients	22nd July
CCG meeting	Cannock Chase CCG GP Membership Board	Stakeholders	13th August
CCG meeting	Cannock Chase CCG AGM	Stakeholders	22nd August
Workforce	Great Wyrley Health Centre	Staff/ Patients	22nd August

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
Workforce Meeting	Virgin	Staff	10th July
Workforce Roadshow	Balance Street HC	Staff/ 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

Workforce meeting	Virgin	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
Voluntary/community sector meeting	Burton YMCA	Stakeholders	TBC
Roadshow	Virgin Care	Staff	10th July and 17th July
Voluntary/community sector meeting	Burton Age UK Lunch Club	Stakeholders	9th August
Voluntary/community sector meeting	Burton Caribbean Association	Stakeholders	21st August
Roadshow	Burton A&E	Public	21st August

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	Public	22nd July

	Centre		
CCG meeting	North Staffordshire & Stoke-on-Trent CCGs AGM	Stakeholders	30th July (TBC)
Council meeting	Staffordshire Moorlands Local Member Priority Meeting	Stakeholders	30th July
Voluntary/community sector meeting	Support pan-can	Stakeholders	14th August
Voluntary/community sector meeting	North Staffordshire Carers Association	Stakeholders	19th August
Voluntary/community sector meeting	Polish Day Centre	Public	22nd August

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
PPG meeting	Penkridge PPG AGM	Public	24th June
Voluntary/community sector meeting	Age UK - Penkridge	Stakeholders	27th June
Voluntary/community sector meeting	U3A Stafford	Stakeholders	1st July
Workforce	Midwifery Teams	Staff	1st July
Workforce	Staffside	Staff	2nd July
CCG meeting	Stafford and Surrounds CCG GP Membership Board	Stakeholders	2nd July
Voluntary/community sector meeting	New Era Victim Support Group	Public	4th July
Voluntary/community sector meeting	Deaf Stafford Coffee Morning	Public	5th July
Voluntary/community sector meeting	Staffordshire Council of Youth Voluntary Services	Stakeholders	6th July
Healthwatch meeting	Healthwatch Staffordshire AGM	Stakeholders	9th July
Workforce	Learning Centre Roadshow	Staff	9th July
Patient Group	UHNM Hospital Users Group	Patients	23rd July
Council meeting	Stafford Borough Council Local Member Priority	Stakeholders	23rd July

	meeting		
Staff listening event	Entrust, Stafford	Staff	24th July
Staff roadshow	St George's Hospital, Stafford (MPFT)	Staff	31st July
Listening event	Stafford Best Western Tillington Hall Hotel	Public	31st July
Voluntary/community sector meeting	Parkinson's UK	Stakeholders	5th August
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
Voluntary/community sector meeting	CASS Living Well with Dementia	Stakeholders	7th August
Council meeting	Healthy Staffordshire Select Committee	Stakeholders	12th August
Workforce Roadshow	Rising Brook Clinic	Staff	14th August
Roadshow	Stafford A&E	Public	18th August
Councillor Meet	Stafford Local Member Priority meeting	Stakeholders	5th September

South East Staffordshire and Seisdon

Type	Location/organisation	Audience	Date
Listening event	Snow Dome, Tamworth	Public	3rd 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
Workforce Roadshow	Queens Hospital	Public and Staff	3rd 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,	Staff	12th July

	Tamworth – Time for Tea meeting		
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
Listening event	Tamworth Masonic Rooms	Public	29th July
Roadshow	Burntwood Leisure Centre	Public	30th July
Voluntary/community sector meeting	CASS Dementia Tamworth	Stakeholders	12th August
Workforce Roadshow	Tamworth Health Centre	Staff/ Patients	13th August
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
Workforce Roadshow	Greenhill Health Centre	Staff/ Patients	15th August
Workforce Roadshow	Burntwood Health Centre	Staff	15th August
Voluntary/community sector meeting	Lichfield Breastfeeding support group	Public	20th August

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
Workforce Roadshow	BAME Conference	Staff	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
Public Roadshow	Smallthorne Community Centre	Public	28th June
Workforce	Registered Managers	Staff	3rd July
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
GP Meeting	Bridge Centre	Stakeholders	24th July
Voluntary/community sector meeting	Pink Sisters Breast Cancer Support	Stakeholders	25th July
Voluntary/community sector meeting	Brighter Futures	Stakeholders	25th July
CCG meeting	North Staffordshire & Stoke-on-Trent CCGs AGM	Stakeholders	30th July
Voluntary/community sector meeting	Deaflinks	Stakeholders	8th August
Voluntary/community sector meeting	Penny Brohn Living Well and Beyond Cancer	Stakeholders	8th August
Voluntary/community sector meeting	Hanley Breastfeeding Support Group	Stakeholders	12th August
Workforce	District Nurses	Staff	12th August
Workforce	Hanley WIC	Staff/ Patients	19th August
Workforce	Tunstall Primary Care Centre	Staff/ Patients	20th August
Workforce	Cheadle Health Centre	Staff/ Patients	20th August
Workforce	Milehouse Primary Care Centre	Staff/ Patients	21st August
Voluntary/community sector meeting	Healthwatch Stoke on Trent AGM	Stakeholders	11th September
Voluntary/community sector meeting	Staffordshire Sight Loss Association	Stakeholders	25th September

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Protective Marking Level 2 SCC Use Only

Together We're Better

Transforming health and care for Staffordshire and Stoke-on-Trent

Options appraisal process

20 August 2019

TOGETHER WE'RE BETTER

Transforming health and care for Staffordshire & Stoke-on-Trent

Elements of the process we need to define

1	**Stages of the options appraisal process**	• ***What are the key elements of our option appraisal?***
2	**Methodology for the options appraisal**	• ***What process are we going to follow for the options appraisal?***
3	**Governance**	• ***What is our governance and sign off process for the consideration of options?***
4	**Events to be organised**	• ***What events need to be organised to enable the options appraisal process to be followed?***
5	**Participation**	• ***Which representatives would we need to see at the options appraisal events?***

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1

Stages of the options appraisal process

Work over the coming weeks will need to focus on determining the potential solutions around delivery models for each programme

	1 Define the essential criteria	2 Develop long list	3 Apply essential criteria to develop medium list	4 Define desirable criteria and weightings	5 Apply desirable criteria to develop short list	6 Detailed short list analysis
Inputs	Programme board review	Fixed points and parameters for programmes	Essential criteria and long list	Outputs of listening events	Medium list and weighted desirable criteria	Short list of viable options
Outputs	**Essential criteria**	**Long list**	**Medium list**	**Weighted desirable criteria**	**Short list of viable options**	**Preferred option(s)**

Iteration and refinement

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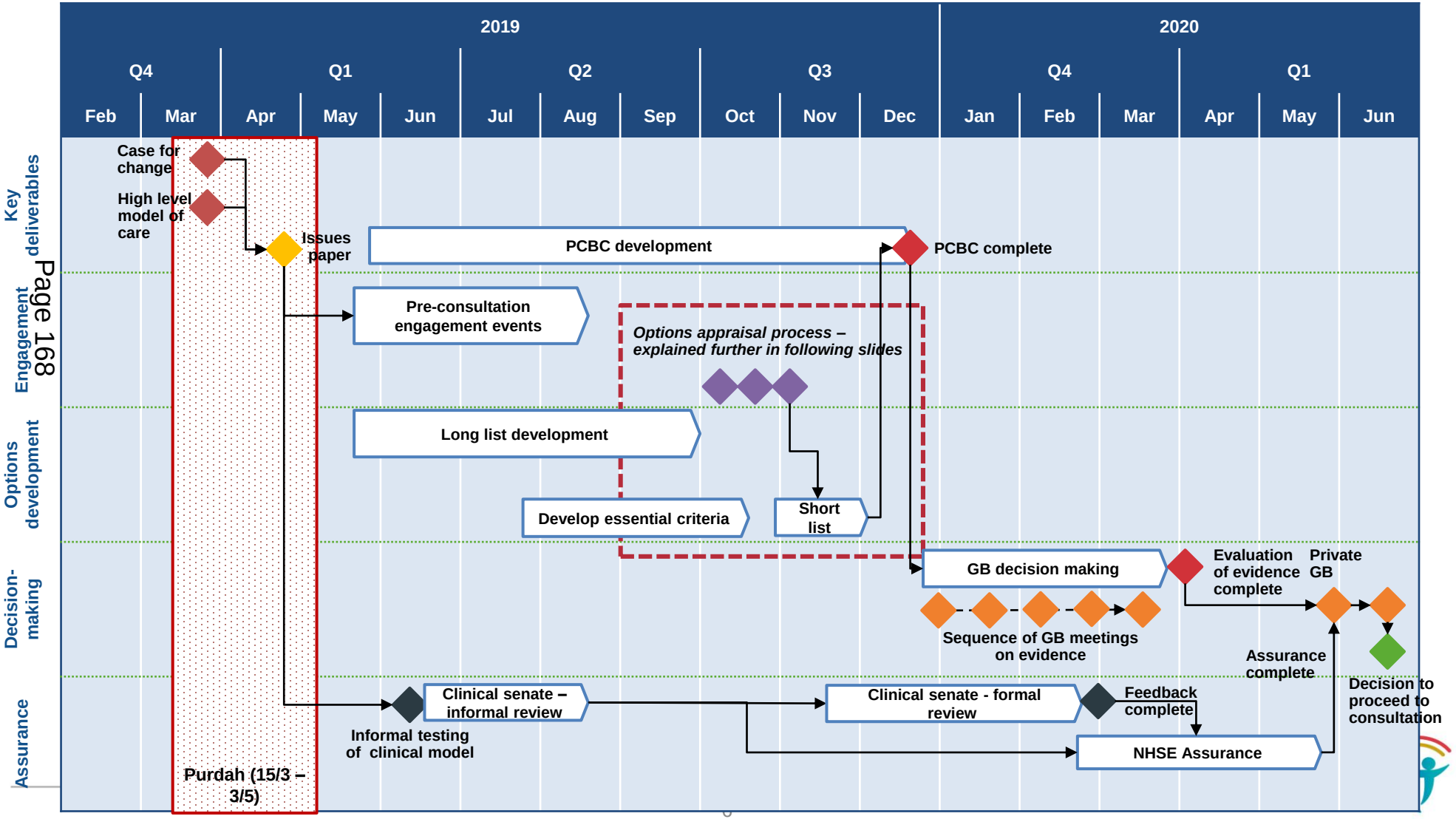
2

Methodology for the options appraisal process

The overall programme is working to a timeline aiming to achieve consultation by Summer 2020; the options appraisal events are scheduled for October and November



Our engagement to date has focused on receiving public feedback on health and care services in the area and understanding what is important to them

The listening exercise collated public feedback, including a consideration of desirable criteria

- This listening exercise will seek people's views on local health and care services, with a **focus on the five programmes within the PCBC**, including:
  - What is working well?
  - What can be improved?
  - What is important to them?
- The last question will be used **to inform the development of desirable criteria** that will be used in any future shortlisting of proposals.
- Participants were also shown criteria:
  - **Essential criteria** (set and scored by Technical Experts):
    - Clinical sustainability
    - Meets national and local strategy.
  - **Desirable criteria** (influenced by public - TBC)

The feedback from the listening exercise is in process of being collated

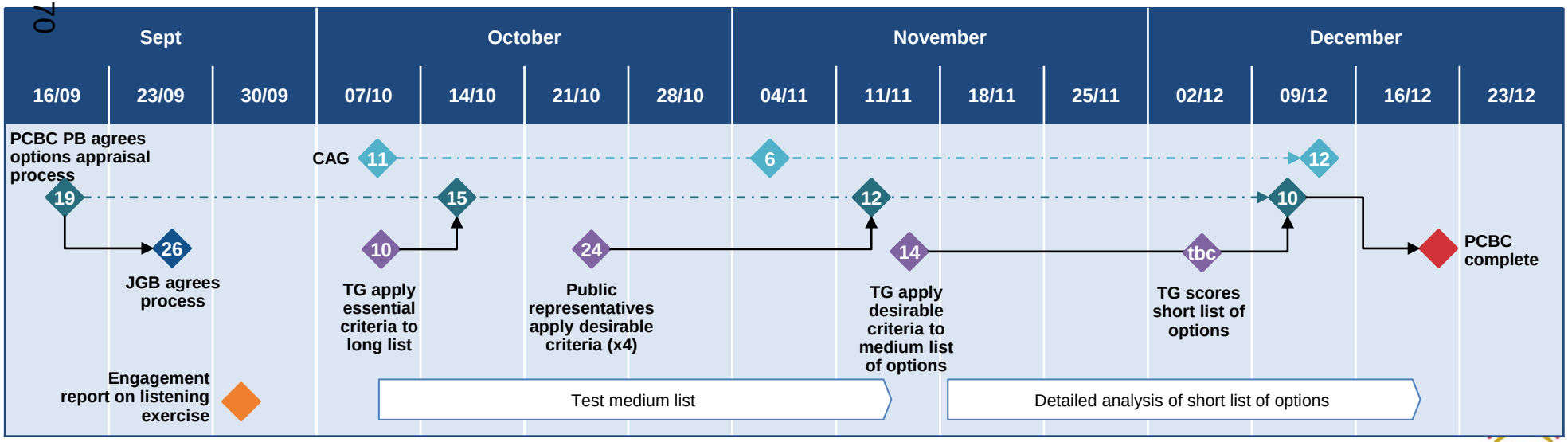
- The feedback gathered through these events will be analysed and then built into the development of the system Strategic Refresh and any formal service change business cases.
- NHS Midlands and Lancashire Commissioning Unit has been commissioned to produce an analysis report.
  - This will review all responses received through the survey, correspondence and feedback at events.
  - This report will be **produced at the end of the listening exercise** and directly inform the development of the PCBC
  - The report will be shared with the Governing Body meeting in common to inform future decisions.
- A public summary of this feedback will be produced, including a report and presentation.
- We are looking for this to be complete prior to progressing our options appraisal process, at **GB at the end of September.**

The options appraisal process uses the outputs of public engagement to develop a scored short list of options from the provisional long list

There are five main parts to our options appraisal process:

1. **Listening exercise**: The listening exercise in Summer 2019 was the start of a formal involvement process to gather local experiences and views to inform the development of the long list.
2. **Technical group**: To apply essential criteria to the long list to create a medium list.
3. **Deliberative events** across the North, South and East with local representatives, patient groups, LEAF will consider the evidence and feedback on proposals to date, including the medium list as evaluated by the Technical experts. Any screened out proposals will also be shared at this point. Apply desirable criteria to the medium list of options.
4. **Second technical group**: Review and apply desirable criteria to the medium list of options to get to a short list.
5. **Third technical group:** Score short list to get to a preferred option.

Each of these stages would need to be reviewed and signed off by the PCBC Programme Board.



Essential criteria could include a range of different metrics across different domains – this needs to be confirmed following the listening exercise and with Programme Board

Domain	Criteria	Description
Clinical sustainability	• Recruitment & retention • Staffing rotas • Staff experience • Training and education	• Expected workforce against requirements for sustainable rotas meeting clinical standards • Expected impact on sickness absence, recruitment, retention and staff feedback • Expected impact on the availability and attractiveness of training posts
Strategic fit	• Wider economic impact • Strategic alignment • Impact on (and including) other providers	• Expected impact on the wider economy • Expected alignment with national strategies • Expected number of large capital schemes needed in other providers

Desirable criteria could include a range of different metrics across different domains – this needs to be confirmed following the listening exercise and with Programme Board

Domain	Criteria	Description
Quality of care	• Patient experience • Safety • Clinical quality	• Expected impact on patient feedback scores • Expected impact on excess mortality and serious untoward incidents • Expected impact on relevant clinical outcomes
Access	• Average travel time • Patient choice • Deprivation	• Expected change in weighted average travel times • Expected access to sites providing major acute and district hospital services • Expected impact on deprived communities
Infrastructure	• Complexity of build • Time • Ability to secure funding	• Expected complexity of build (including number of decants) • Expected time to build • Expected number of funding sources and agreement(s) in principle

Note: (1) To meet regulatory and assurance requirements, additional financial metrics will be reported. These include capital availability, impact on CDEL, cash position and I&E.

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3

Governance

There are different roles in the evaluation process

	Purpose
Programme team	• Develop draft essential and desirable criteria, based on listening exercise feedback
Listening exercise	• Provide input into the development of draft desirable criteria
Clinical Advisory Group	• Ownership of clinical essential and desirable criteria
Finance, activity and estates group	• Ownership of financial inputs
Technical group	• Apply essential criteria to the long list, desirable criteria to medium list and short list
Patient and public groups	• Apply desirable criteria to medium list of potential solutions
Programme Board	• Make recommendations to the Governing Bodies and Committees in Common
Governing Bodies	• Consider the result of the scoring of potential solutions against criteria
Committees in Common	• Agree short list of viable options for formal consultation

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DRAFT FOR DISCUSSION – SUBJECT TO APPROVAL

4

Events and participation

For the technical group workshops we would require attendance from across the STP from technical experts

Agenda for the long listing session

- The evaluation take place through a full day workshop
- Attendees will be provided with evidence packs containing information to help understand how the long list was arrived at.
- Attendees would work through the programmes in turn and review the parameters, fixed points and initial long list.
- Additional observers could be invited to observe the process and/or provide evidence.
- Agenda:
  1. Overview of process
  2. UEC
  3. EPCC
  4. Maternity
  5. Planned care
  6. Mental health
  7. Review of long list for hubs
  8. Review of long list for ED and UTCs
  9. Conclusion

Evaluators

- Chair (x1)
- Programme Director (x1)
- Commissioner AO (x1)
- Commissioner CCG finance lead (x1)
- Medical Directors (x5)
- Clinical programme leads (x5)
- CCG GB lay member rep for PPI and NED (x2)
- Estates STP (x1 - tbc)
- Workforce STP (x1 – tbc)
- Ambulance provider
- CCG medical director / clinical chairs (combine organisational and other roles).

Observers

- NHSE/NHSI
- Other clinicians *(as required)*
- Healthwatch (x2)
- Provider representatives

Advisors

- Local authority – public health reps (x2)
- Finance Lead
- Programme directors