North Staffordshire Combined Healthcare NHS Trust

MEETING OF THE TRUST BOARD

TO BE HELD IN PUBLIC
ON Thursday 28th February 2019, 10:00AM,
BOARDROOM, LAWTON HOUSE, TRUST HEADQUARTERS,
BELLRINGER ROAD, TRENTHAM LAKES SOUTH,
STOKE ON TRENT, ST4 8HH

	AGENDA	
1.	**APOLOGIES FOR ABSENCE** *To NOTE any apologies for absence*	Note
2.	**DECLARATIONS OF INTERESTS RELATING TO AGENDA ITEMS**	Note
3.	**MINUTES OF THE OPEN AGENDA – 24th January 2019** *To APPROVE the minutes of the meeting held on 24th January 2019*	Approve Enclosure 2
4.	**ACTION MONITORING SCHEDULE & MATTERS ARISING FROM THE MINUTES** *To CONSIDER any matters arising from the minutes*	Note Enclosure 3
5.	**CHIEF EXECUTIVE'S REPORT** *To RECEIVE a report from the Chief Executive*	Note Enclosure 4
6.	**CHAIR'S REPORT** *To RECEIVE a verbal report from the Chair*	Note
7.	**STAFF RETIREMENTS** *To EXPRESS our gratitude and recognise staff who are retiring. To be introduced by the Chief Executive and presented by the Chair.*	Verbal
8.	**REACH RECOGNITION INDIVIDUAL AWARD ON EXCELLENCE** *To PRESENT the REACH Recognition Individual Award to* Nicola Richards and Jodie Stolz, Receptionists, Lawton House. To be introduced by the Chief Executive and presented by the Chair	Verbal

9	**PATIENT STORY – MARCELLA NIXON, EDWARD MYERS UNIT** *To RECEIVE a Patient Story from Marcella Nixon, Edward Myers Unit to be introduced by Maria Nelligan, Executive Director of Nursing & Quality*	Verbal / Video
	QUESTIONS FROM MEMBERS OF THE PUBLIC	
10	*To RECEIVE questions from members of the public*	Verbal
	TO ENHANCE SERVICE USER AND CARER INVOLVEMENT	
11	**SERVICE USER AND CARER COUNCIL** *To RECEIVE an update from Sue Tams, Vice Chair of Service User Carer Council*	Assurance Enclosure 5
	ENCOURAGE, INSPIRE AND IMPLEMENT RESEARCH AND INNOVATION AT ALL LEVELS	
12	**TOWARDS OUTSTANDING INNOVATIVE PRACTICE – BE ABLE APP DEVELOPMENT** *To RECEIVE a briefing re: Towards Outstanding Innovative Practice from Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 6
	TO PROVIDE THE HIGHEST QUALITY SERVICES	
13	**NURSE STAFFING MONTHLY REPORT (NOVEMBER AND DECEMBER 2018)** *To RECEIVE the Nurse Staffing Monthly Report from Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 7
14	**REPORTING HCW FLU VACCINATION INFORMATION** *To RECEIVE the Reporting HCS Flu Vaccination Information from Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 8
15	**MORTALITY SURVEILLANCE QUARTER 3 REPORT** *To RECEIVE the Mortality Surveillance Quarter 3 Report from Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 9
16	**SERIOUS INCIDENTS QUARTER 3 REPORT** *To RECEIVE the Serious Incident Quarter 3 Report from Dr Buki Adeyemo, Executive Medical Director*	Assurance Enclosure 10
17	**SELDOM HEARD GROUPS** *To RECEIVE the Seldom Heard Groups from Jonathan O'Brien, Director of Operations*	Assurance Enclosure 11

18	**QUALITY ACCOUNT PROJECT PLAN** *To RECEIVE the Quality Account Project Plan from Dr Buki, Adeyemo, Executive Medical Director*	Approval Enclosure 12
19	**PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK ENHANCED REPORT (PQMF) – Month 9** *To RECEIVE the Month 9 Performance Report from Lorraine Hooper, Executive Director of Finance, Performance and Digital*	Approval Enclosure 13
	CREATE A LEARNING CULTURE TO CONTINUALLY IMPROVE	
20	**BEING OPEN QUARTERLY REPORT** *To RECEIVE the Being Open Quarterly Report from Linda Holland, Director of Workforce, Organisational Development and Inclusion*	Assurance Enclosure 14
	MAXIMISE AND USE OUR RESOURCES INTELLIGENTLY AND EFFICIENTLY	
21	**FINANCE REPORT – MONTH 9 (2018/19)** *To RECEIVE for discussion the Month 9 Financial position from Lorraine Hooper, Executive Director of Finance, Performance and Digital*	Approval Enclosure 15
22	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE** *To RECEIVE the Finance, Performance & Digital Committee Assurance report from the meeting held on the 7th February 2019 from Tony Gadsby, Chair/Non-Executive Director*	Assurance Enclosure 16
	ATTRACT AND INSPIRE THE BEST PEOPLE TO WORK HERE	
23	**STAFF SURVEY RESULTS** *To RECEIVE the Staff Survey Results from Linda Holland, Director of Workforce, Organisational Development and Inclusion* **Embargoed until 26th February 2019**	Assurance To Follow
	CONTINUALLY IMPROVE OUR PARTNERSHIP WORKING	
24	**ASSURANCE REPORT FROM PRIMARY CARE COMMITTEE** *To RECEIVE the Assurance Report from the Business Development Committee from the meeting held on 7th February 2019 from Chris Bird, Director of Partnerships and Strategy*	Assurance Enclosure 17

25	**STAFFORDSHIRE COUNTY COUNCIL LOCAL SYSTEM CQC REVIEW** *To RECEIVE the Staffordshire County Council Local System CQC Review from Laurie Wrench, Associate Director of Governance*	Assurance Enclosure 18
	CONSENT AGENDA ITEMS	
26	**TOGETHER WE ARE BETTER – JANUARY 2019 UPDATE** *To RECEIVE for information the Together We Are Better January 2019 Update from Caroline Donovan, Chief Executive Officer*	Information Enclosure 19
27	**INFECTION PREVENTION AND CONTROL (DIPC) QUARTER 3 REPORT** *To RECEIVE the Infection, Prevention and Control Quarter 3 Report from Maria Nelligan, Executive Director of Nursing & Quality*	Assurance Enclosure 20
	ANY OTHER BUSINESS	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 28th March 2019 at 10:00am.	
	MOTION TO EXCLUDE THE PUBLIC *To APPROVE the resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admissions to Meetings) Act 1960)*	
	THE REMAINDER OF THE MEETING WILL BE IN PRIVATE	
	DECLARATIONS OF INTEREST RELATING TO AGENDA ITEMS	Note
	SERIOUS INCIDENTS	Assurance
	PERFORMANCE	Approve
	ESTATES	Assurance
	WORKFORCE AND AGENCY	Assurance
	ANY OTHER BUSINESS	

TRUST BOARD

Minutes of the open section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 24th January 2019 At 10:00am in the Boardroom, Trust Headquarters, Lawton House Bellringer Road, Trentham, Stoke on Trent, ST4 8HH

Present:

Chairman:

Tony Gadsby
Vice - Chairman

David Rogers [part]
Chair

Directors:

Dr Keith Tattum
GP Associate

Caroline Donovan
Chief Executive

Linda Holland
Director of Workforce, Organisational Development and Inclusion

Maria Nelligan
Executive Director of Nursing and Quality

Mike Newton
Deputy Director of Finance, Performance and Digital

Patrick Sullivan
Non-Executive Director

Jonathan O'Brien
Director of Operations

Gan Mahadea
Non-Executive Director

Dr Buki Adeyemo
Executive Medical Director

Joan Walley
Non-Executive Director

Chris Bird
Director of Partnerships and Strategy

In attendance:

Laurie Wrench
Associate Director of Governance

Jenny Harvey
Unison Representative

Joe McCrea
Associate Director of Communications

Lisa Wilkinson
Corporate Governance Manager (minutes)

Marcus Warnes
Accountable Officer for Staffordshire CCG's

Members of the public:
Grant Williams

Retirees
Karen Clowes – Service Manager CAMHS

REACH Team Recognition Award
AMHP / BIA Team:
Denise Heatley
Jo Bamford
Rachel Witter
Leanne Devaney
Laura Rushton
Nicolas Slater
Jane Munton-Davies
Darryl Gwinnett

The meeting commenced at 10:05am.

01/2019	**Apologies for Absence** David Rogers, Chairman joined the meeting at 11.20pm Chris Bird, Director of Partnerships and Strategy, Linda Holland, Director of Workforce, Organisational Development and Inclusion and Mike Newton, Deputy Director of Finance, Performance and Digital were welcomed to the meeting.	**Action**
02/2019	**Declaration of Interest relating to agenda items** No declarations of interest	
03/2019	**Minutes of the Open Agenda – 22nd November 2018** The minutes of the open session of the meeting held on 22nd November 2018 were approved.	
04/2019	**Matters arising** The Board reviewed the action monitoring schedule and agreed the following:- ***211/2018** – **Matters Arising – Section 75 (Questions from Members of Public)** – Agenda item* ***224/2018 – Mortality Surveillance Quarter 1 Report –** Agenda item in Closed Trust Board* ***240/2018 – CEO Update – Alliance Initiatives -** Agenda item for February 2019* ***247/2018 – Person Centredness Framework** – Report to come back to Trust Board May 2019* *2**48/2018 – Towards Outstanding Innovative Practice Innovation Nation** – Agenda item* *2**51/2-18 – Six Monthly Safer Staffing Report** - Reviewing TOR for group as part of that service user carer rep will be established* ***259/2018 – PQMF Month 6 NHSI Developing Workforce Safeguards** - This will strengthen the QIA assessment a briefing will go to FPD and will be at next Board in readiness for 1st April 2019.* ***263/2018 – FPD Summary – National Funding for LED Lighting** – Mike Newton, Deputy Director of Finance confirmed work has been undertaken he is also the Chairs of the Staffordshire Energy group and will take this*	

	forward.	
05/2019	**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. **CQC** The CQC Inspection team were onsite at Lawton House last week to undertake their well-led inspection of the Trust. All the executives and some of the Non-Executives and Chairman were interviewed along with the Associate Director of Governance and the Freedom to Speak Up Guardian. This follows inspection visits to three core services; adult community teams, crisis services (access, home treatment, place of safety and mental health liaison) and older person's wards. At the end of the inspection, the CQC shared highlights which included that all staff they met were dedicated to delivering high-quality, person-centred care, which is fantastic. They recognised that the Trust had an experienced leadership team with the skills to deliver high-quality services and also noted the Trust's role in the wider system transformation work. They commented that the breadth and depth of progress across the Trust in a relatively short period was a real credit to everyone. CQC referenced the Trust's clear vision, values and open culture where staff felt able to speak up and commented that staff were both loyal to the organisation and to each other, which demonstrates why Combined is such a great place to work. At the time of the last well-led inspection, the Trust was in the process of implementing and embedding its new EPR system and the CQC fed back that during this inspection they had noticed a real increase in the quality of data within Lorenzo and that staff were much more confident in navigating around the system. They also noted great progress in terms of approach to diversity and inclusion, including the work of the Inclusion Council. It is anticipated the report will be received early March. Caroline Donovan wanted to thank all staff and colleagues for continuing to deliver services they should be very proud of. **FANTASTIC NEWS FOR CAMHS** The CAMHS service received news that Combined Healthcare has been selected as a Wave 1 pilot site, to receive almost £2 million a year from April 2019 to invest in children's mental health services across Stoke-on-Trent and North Staffordshire. This is excellent news for the CAMHS service and further real testament to their reputation for delivery, quality and innovation. Congratulations to	

everyone involved in the bid. The money is split into two parts. The first part will deliver over 30 new posts in CAMHS to form four educational mental health support teams of children's mental health specialists and trainees to work directly with schools. There will be two teams in each of the locality Directorates of Stoke-on-Trent and North Staffordshire, serving between 10 and 20 schools per team.

The second element of the funding will be used to expand the existing three CAMHS community teams in order to provide additional staffing to each team, with the aim of reducing children's mental health waiting times to under four weeks.

A major recruitment drive for trainee educational mental health practitioners and qualified mental health practitioners is underway to form the new mental health support teams covering both Stoke-on-Trent and North Staffordshire.

This major development will benefit parents, children and schools across Stoke-on-Trent and North Staffordshire.

MAJOR CAPITAL INVESTMENT IN MENTAL HEALTH CRISIS CARE CENTRE AT HARPLANDS

£1.6m has been approved by the Government to develop a mental health crisis care centre and detoxification suite at Harplands Hospital, as well as four crisis cafes in the county.

The crisis care centre will include a crisis lounge and three places of calm for people experiencing mental health issues. It will also provide working space for social care staff, police and voluntary sector workers so they can support patients once they are ready for discharge.

The urgent care and detoxification centre will allow people experiencing substance misuse issues to recover in safety and for care and support to be planned once they are ready to go home. The crisis cafes will be located in East Staffordshire, Stoke-on-Trent, Stafford and Staffordshire Moorlands and support people experiencing mental health problems.

NHS OPERATIONAL PLAN AND CONTRACTING GUIDANCE 19/20

The NHS Operational Planning and Contracting Guidance 2019/20 were published on 10th January, alongside CCG 5 Year Allocations and NHS Control Totals. Within the new guidance comes a new financial framework will give local organisations and systems the space and support to shape their operational and financial plans to their circumstances, whilst reducing those with deficits year-by-year. The guidance is clear that CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS).

For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth, 5.8% for Staffordshire CCGs, plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20. We will be working with CCG colleagues over the coming weeks to agree this in line with NHS Long Term Plan, both of which will feature heavily in our Operational Plan for 2019/20.

The first draft of our organisational Operational Plan will be submitted on 12th February with the final version due on April 4th 2019

WELLBEING ACADEMY LAUNCHED

One of key initiatives being taken forward this year by the Director of Nursing and Quality, Maria Nelligan, is the creation of the Wellbeing Academy. The Academy will offer, together with our partners, a wide range of courses, workshops and activities to support people to discover interests and develop their skills on their mental health recovery journey.

All the course facilitators are dedicated to recovery and wellbeing and have a range of personal and/or professional experience in adult education; activities related to mental Health recovery or lived experience of mental health issues.

Wellbeing Academy courses will be open to anyone, regardless of their past experience. We hope to support everyone who becomes a student to accomplish their learning and recovery ambitions. We will do this by providing a safe, welcoming and non-judgmental learning environment to help them to get the best out of their experience. Participants don't need any formal qualifications or experience to attend the college.

January saw the internal 'soft launch' of the Academy, hosted by Medical Director, Dr Buki Adeyemo, and it was incredibly well attended by a range of service users and staff.

'NEW' LEADERSHIP ACADEMY LAUNCHED

The Trust is looking to increase the range of masterclasses on offer, drawing on outside speakers and organisations. The Academy is focused on supporting the senior leadership community but we will continue to support the leadership development needs of all staff.

This first session featured improvement partners AQuA, who will be co-creating with us a Leadership Development Programme, complementing our move to a locality structure and really bringing to life our leadership competency framework.

INCLUSION COUNCIL GOES FROM STRENGTH TO STRENGTH

Caroline Donovan chaired the latest meeting of the Inclusion Council. We heard about all that's being delivered – from recruitment, to HR policies and appraisal, plans for reverse mentoring and increasing staff confidence in reporting incidents. We also heard about the impact the Stepping Up programme has in building confidence and stories of our BAME staff subsequently getting promotions.

The Trust has created a new dedicated section on the Trust Intranet and on the Trust website, where everyone can keep up to date with all the work of the Council.

The intention for each Inclusion Council meeting is to choose one topic each time where we can have a more in-depth discussion and for this meeting we chose the topic of micro-aggression.

Micro-aggression is a term used for brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative prejudicial slights and insults toward any group. Often it can be subtle, even unconscious on the part of those demonstrating it, but the cumulative effects over time can be to make someone feel devalued, demotivated or lower their confidence or mental wellbeing.

As part of the Council Action Plan, the Trust will be shorty launching an awareness campaign and survey so we can understand the degree to which our staff may be experiencing micro-aggression, to be followed by specific programme to tackle it and support those affected by it.

CAMHS DIGITAL EXEMPLAR ENGAGES IN CO-PRODUCTION WITH YOUNG PEOPLE

The Trust's programme to become a CAMHS Digital Exemplar continues and as part of this, the digital team, the CAMHS Team and the digital partners DXC, held an engagement session this week with young people at the Watermill School, in Tunstall. This was an opportunity to get feedback and ideas from service users to inform the co-production, co-design and development of a key part of the exemplar project, an Engagement Portal, where young people can go for advice and support.

The event was really positive and the feedback from attendees was both enthusiastic and informative. Details of the portal will be released once it's ready for launch. In the meantime, congratulations to our Chief Information Officer, Dave Hewitt, our CAMHS teams and all involved in bringing forward this exciting development.

STP ZERO SUICIDE CONFERENCE

The Suicide Conference was attended by over 300 delegates, jointly organised by the Mental Health workstream of the STP and a team from Combined Healthcare and chaired by Medical Director, Dr Buki Adeyemo.

The conference brought together a whole range of experts, service users, clinicians and others from across Staffordshire and Stoke-on-Trent and beyond, including Switzerland to share perspectives and knowledge.

One of the most impactful parts of the day was the sharing of heartfelt personal stories from service users and carers. It was incredibly brave of the individuals and made such a difference to us all being able to think about the personal and emotional consequences of suicide and what we could do better as organisations and the wider community.

It also was an opportunity for the partners across the area to sign a **Suicide Charter**, setting out their determination to work together with an ambitious aim for zero suicide in Staffordshire and Stoke-on-Trent from 2019 onwards.

CRITICAL INCIDENT STRESS MANAGEMENT CONFERENCE

The 2nd Annual Critical Incident Stress Management Conference took place

in December 2018 and was a great success.

The Trust welcomed a variety of speakers including RCN rep Colin Burgess, Maxine Tilstone, PICU Ward Manager, Professor Stephen Regel OBE, DS Mark Naylor, A&E Consultant Julie Norton and PSA's Angela Lewis.

It was a fantastic day of insightful theories, emotional experiences, collaborative approaches to CISM and engaging Q&A sessions.

WELCOME TO OUR NEW KEELE UNIVERSITY GRADUATES

The Trust welcomed 25 new graduates from Keele University, who have started their preceptorship programme. The programme will include masterclasses, action learning sets and rotation across specialties. Thanks went to Maria Nelligan, Director of Nursing and Quality for her leadership of this really important initiative.

Caroline Donovan was invited to attend the medical leadership programme at Keele University and share her personal leadership journey including insights into challenges and personal resilience.

GREAT RESPONSE TO NHS STAFF SURVEY

The survey came to an end in November, and the Trust had the highest response rate since 2015 and one of its best rates of 58%, meaning 797 staff shared their views.

Congratulations to staff working in Workforce and Leadership for posting a perfect 100% response rate and thanks to everyone throughout Combined who took this opportunity to tell us what they think about working at Combined and where we can do even better. We will be publishing the results of the survey, as well as an action plan, setting out precisely how we intend to respond to its findings once the national figures are collated and published in February by NHS England.

COMBINED FLU FIGHTERS UPDATE

By the end of December and 12 weeks into the Flu Fighters campaign, the Trust hit its target of 75%, which is excellent. That means that a total of 1070 vaccines were given, which includes declaration forms received. Congratulations and thank you to all staff working hard and supporting our campaign.

Dr Keith Tattum enquired with regards to the Well Being Academy if patients are able to self-refer. Maria Nelligan confirmed they could and added that the Trust is looking to commence with patients and service users with mental health problems. Courses start 1st February 2019 the full launch will be Wednesday 30th January 2019.

Patrick Sullivan questioned the practicalities of recruiting staff for the CAMHS pilot due to their being difficulties nationally and queried how challenging it is likely to be to spend the money from the recent investment. Caroline Donovan advised a new workforce development programme has been developed which is being led by Jonathan O'Brien. Jonathan confirmed 30 of the posts being recruited to are new roles, Educational

	Mental Health practitioners are largely based in schools across Stoke-on-Trent and Staffordshire. The Trust has been selected as host employers as well. 8 posts for qualified staff will be recruited to train at Derby for a year and work with the CAMHS team for experience whilst undertaking courses at Derby. Some elements of the funding will be difficult to recruit to but the majority is new workforce. Joan Walley highlighted the need to look at where the connections were between the different elements of the new initiatives coming forward and how they integrate into the strategic direction of the Trust, i.e. Recruitment to posts and work undertaken on suicide prevention, the opportunities and update on contracts on suicide and mental health training. The trust needs to consider how schools will be selected to be part of this piece of work that is needed. Work done on equality is really important looking at partnerships and how the Trust is outward facing into the community. The Trust needs to consider how it is using its expertise to look at the way it partners with other organisations and brings opportunities to bear on that. Looking at the mental health needs of travelers in the community as well Caroline Donovan highlighted having restructured the organisation the Trust is looking at how transformation will happen and looking at this in Board Development Sessions. In terms of inclusion there has been a lot of work undertaken internally and the STP has obtained funding for the inclusion work stream inviting all partners in the social care and voluntary sectors. We could start to think about examples of working further than the STP. There is an action to bring back a paper to the next Trust Board meeting that looks at how the Trust is reaching out to travelers and other hard to reach groups in the community. ***Received***	
06/2019	**Chair's Report** There were no matters arising ***Noted***	
07/2019	**Staff Retirements** **Karen Clowes – Service Manager, CAMHS Hub Bennett Centre** Karen started her nursing career as a Nursing Assistant back in 1982 at St Edwards Hospital progressing to a staff nurse, deputy ward manager, ward manager then service manager. Karen did spend some time working at City General Hospital Wards 90 & 91 and from then moved to the Grange at St Edwards Hospital. During her time on the Grange she supporting taking patients on many trips however there was one occasion when she did forget and leave someone behind. Most of Karen's career has been working within CAMHS services as she very early on realised that her passion was to work children, in particular supporting youngsters with eating disorders. Karen has been instrumental in	

	driving forward best practise and eating disorder programmes and more recently been key in the development of the eating disorder service. Karen has always been passionate and dedicated to her role and has always been keen to share her knowledge and experience to more junior members of staff as well as been an excellent role model to ensure patients receive the highest standard of care. As well as patients Karen has always looked after staff well-being and has always been very highly regarded by her team and colleagues. Karen has been an extremely valued and well respected member of CAMHS services and will be missed by all her colleagues and many friends she has formed over the years. ***Noted***	
08/2019	**REACH Team Recognition Award January 2019** **Stoke Approved Mental Health Professional (AMHP) and Best Interests Assessor (BIA) Team** The Stoke AMHP and BIA team operate within a 'hub' model of working, which consists of a 'core' group of permanent AMHPs and BIAs enhanced by 'rota' AMHPs and BIAs who base themselves with the substantive team on their duty day. The structure of the AMHP and BIA team enables strong and efficient multi-disciplinary working ensuring up to date and expert practice. The leadership from the core team informs and facilitates practitioners who are based in other teams and practice part-time in an AMHP/BIA role. The part-time ('rota') practitioners enhance the knowledge and understanding of their colleagues in the teams they are based with. This hub model comprises AMHPs and BIAs from across the NHS and LA, acting as a network and resource with a sound foundation. In May 2017, tragically, the teams manager/professional lead Justin Griffiths passed away suddenly. The team acknowledge that his unexpected death has left a significant gap across Combined Healthcare and partner organisations, a loss for his family that the team find difficult to comprehend. This has been an exceptionally difficult time for the AMHP and BIA team. However, the team have strived to maintain Justin's work ethics and values and to continue his legacy. Had we not been the team that he created and enabled we might not have been able to continue to meet the challenges we face on a daily basis. Further challenges for the AMHP service over the past 12 months have been the volume of Mental Health Act Assessment requests, the coordination and availability of doctors, police and ambulance services and the need to identify a bed when there are no local beds available. The Crisis Care Concordat requires a three-hour response time for all requests for MHA Assessments, which we strive to meet. However, due to the challenges above, this is not always possible.	

Some highlights are:

- The flexibility of the conjoined team has enabled us to meet the referral request demand.
- Reach Award for partnership working with Stoke on Trent City Council, in 2016.
- Working collaboratively within the Trust and the LA, but also external agencies such as Police, Ambulance, University of Birmingham and Staffordshire Safeguarding Board.
- Successful recruitment and training of qualified professionals (from the Trust and the LA) to become AMHPs and BIAs.
- A person's right of appeal via the Court of Protection has led to BIAs becoming experienced in court settings and compliments have been received regarding the standard of their reports and practice.

The team have an open and honest approach putting the person who needs assessing at the centre of their work. The nature of MHA Assessment work is challenging and maintaining a calm approach is essential. The teams response to members of the public and colleagues is never 'not my job or responsibility'. Every member of the team prides themselves in providing a positive customer experience providing ongoing support to families and care providers when a person has been detained under the MHA.

Finally the team are proud of their non-hierarchical structure where every member of the team is valued and enabled to contribute.

Joan Walley asked with regards to partnership / collaborative working with agencies what the hurdles were and how the Board could help the team to get over them. The team advised work is in progress they have been working closely with the City Council and have made links recently with the local community i.e. the local doctors surgery, Church and Mosque. Joan highlighted the need to reflect this in the operational strategy going forward.

Patrick Sullivan asked if there was anything else the Board could help with. The team advised they take their own referrals therefore a designated phone line would be key to this. The Mental Health Capacity Act is not yet embedded across all teams therefore further aid is required with this. It was agreed the Board could provide support with these items.

Caroline Donovan thanked the team for their presentation noting how well the team had done to achieve thee hour response and asked what could be done to improve this further. It was noted that response times can be challenging but are affected by many external influences. The team do utilise all strategies and tools available to keep the response time down generally delays can be delay can be down to AMHP availability.

The Board would like to congratulate the team on their great achievements.

	Received / Noted	
09/2019	**FUTURE OF LOCAL HEALTH SERVICES IN NORTH STAFFORDSHIRE** Marcus Warnes, Accountable Officer CCG (Clinical Commissioning Groups) provided a presentation to the Board on the Future of Local Health Services in North Staffordshire. Marcus attended Trust Board today to obtain feedback on the proposed model and options for the delivery of integrated care hubs and the location of community hospital and NHS care home beds. Marcus talked about the journey so far, the reasons for change, the aims and principles of the proposed model and the six proposed options. Marcus advised that Q & A sessions are available in the community should people have specific questions. Jenny Harvey highlighted her disappointment that there was no acknowledgment of the costs involved with the reopening of beds that were closed temporarily and the significant number of redundancies previously made. Jenny asked how we can get the public's confidence in this process going forward. Marcus acknowledged this and apologised advising it has taken time and has not been a smooth process. In terms of care homes the CCG has always commissioned beds in care homes this model will rely heavily on Bradwell Hall which is a very good geriatric hospital, MPFT will provide the wrap around support beds which will only be commissioned in a small number of trusted good or outstanding homes. This is a big issue for the public and they need to be convinced these homes can provide that care. Stoke-on-Trent had the most number of 'requires improvement' and 'inadequate' ratings previously and now there are none rated inadequate. However, there is work to do to assure people. Joan Walley commented it has been a long process but actually 25 years ago we were involved in wide spread community attempts to work with the NHS. The sadness now is there has never been a proper delivery of a joined up community service and NHS system. This colours the kind of trust there is or is not from the public exacerbated by the premature closures of some of the hospitals in advance of any consultation process. If Stoke and Staffordshire needs 132 beds it is going to be important to have that evidence base on the decision to have this many beds. We need to know more about the background to that. In terms of options put forward how much of a gamble is it having the community hospital beds and integrated care hubs until there is certainty funding will follow the intentions. How can we be sure about the proposals when there has been no guaranteed commitment that the funding will match the further shrinking of hospital beds. Marcus commented in terms of evidence base there is a pre-consultation business case that is available with the detail around the model of care, funding, costs etc.. In terms of money this is factored into the plans as all options are affordable and deliverable. In terms of capital regarding hospitals and turning into hubs this money will come from the system. It is in	

	the plans and will deliver savings that can be invested elsewhere in the system. There is an issue regarding wanting beds in certain communities. The services provided by the hospitals are accessed by local people but beds are not regularly used by those in that local community. The CCG will pay for care in the beds. Money is not a driver for the decision but is a key factor. Dr Keith Tattum asked if the CCG could share their vision of integrated care hubs, community hospitals and GP services how these will fit together in an interconnected mutually beneficial way for the patient. Marcus highlighted that the patient is the middle of this and it is how we wrap services around that person. We have an STP across Staffordshire and Stoke which will be based within the North of the Alliances. Within that 23 primary care networks will have GPs working with an integrated care team. Those teams will be things we cannot deliver on that footprint so the hubs come in to provide those specialist services. Caroline Donovan thanked Marcus for attending adding how great it is to see there is a story that says what is changing and what the additional value is and asked if North Staffordshire Combined and the CCG's can communicate better as we need to be aware of the estates plans as we are about to look at our estates strategy it which needs to be factored into this. ***Noted / Received***	
10/2019	**QUESTIONS FROM MEMBERS OF THE PUBLIC** No questions were received from the public.	
11/2019	**SERVICE USER AND CARER COUNCIL** Sue Tams, Vice Chair of the Service User Carer Council provided an update from the meeting that took place on the 28th November 2018. Discussion was had regarding the impact of Directorate changes from 6 Directorates to 4 on membership of Service User and Carer Council. According to Terms of Reference for the group it is 3 nominated members from each directorate. Going to 4 directorates could minimise representation. The Open Space event planned for 30th January 2019 is seen by the group as an opportunity to influence quality priorities, widen membership of service user and carers council and increase involvement of volunteers across the Trust Volunteer Peer Mentors have met as group to discuss training and development needs, they are people who are already in place as volunteers and have experienced or are experiencing Trust services either as service user or carer. There will be a meeting to bring people together in February and weekly training will start in April	

	New dates for Observe and Act Training will take place as follows: - 1st session 18th February 12019 - 2nd session 18th March 2019 The Triangle of Care - Carers links are identified in inpatients and community teams two meetings have been held with them to share practice and update on what is in place to support carers. Waiting for updated page for carers on Lorenzo. The Clinical Audit team are sending out information and standards for audit. Service user and carers have been asked to share with the audit team any ideas they may have on audit. The Wellbeing Academy has been launched and service users and carers are being encouraged to be part of the development of the academy. There will be an update with partners at the Open Space event Feedback from the CQC patients and carers focus group that took place on the 17th January 2019 was positive, it was agreed that the meeting was focussed, well led, inclusive and all those in attendance were given an opportunity to share their opinion. Laurie Wrench asked for thanks to be passed to the Service User Carer Council for their attendance at the CQC Focus Group. ***Noted***	
12/2019	**TOWARDS OUTSTANDING INNOVATIVE PRACTICE – INNOVATION NATION AND MIDTECH** Dr Buki Adeyemo, Executive Medical Director provided an update. Significant progress has been made to support Innovation across the Trust, with current initiatives including Innovation Nation 2018 and the upcoming Dragons Den; supporting the development of small-scale projects. To support Innovation further the Trust will be undertaking a process mapping exercise, supported by the West Midlands Academic Health Science Network, to review and evaluate existing innovation practices/processes. The aim of the review is to streamline, develop new and join up existing innovation processes, promote resources to support innovation and ensure timely sign off. The relaunch of the Dragons Den initiative will commence shortly, with applications opening on the 31st January 2019. Dragons Den will invite shortlisted applicants to pitch their idea the Combined decision maker panel, which will take place on the 26th April 2019 at Longton Rugby Club. Tony Gadsby highlighted one of the areas of innovation he felt should be focussed on is the innovative piece Mark Williams, Clinical Director of Primary Care is undertaking in primary care with the new model being introduced as this could be a cornerstone of how we develop with primary	

	care in North Staffordshire. ***Received***	
13/2019	**NURSE STAFFING MONTHLY REPORT (October 2018)** Maria Nelligan, Executive Director of Quality and Nursing presented the report. The paper outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during October 2018 was 77% for registered staff and 103% for care staff on day shifts and 87% and 109% respectively on night shifts. Overall a 94% 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. There were no incidents related to ward nurse staffing reported during October 2018. Staff prioritise patient experience and direct patient care. During October there were 4 occasions (4 hours in total) when patient activity had to be cancelled to support safe staffing levels. This had a minimal impact on patient experience and direct patient care. • 124 staff breaks were cancelled (equivalent to approximately 2.6% of breaks). • There were 0 occasions reported during October when staff supervisions, PDRs or mandatory training sessions had to be cancelled to support safe staffing levels. Health Education England has recently identified funding to support Trusts with Return to Practice campaigns. These campaigns target former registered nurses who have left practice and allowed their nurse registration to lapse by providing academic and placement support to enable them to re-register with the NMC. The Head of Nursing & Professional Practice is working with the Trust Recruitment Lead and local Health Education Institutes to progress this campaign. The 29 newly qualified nurses who commenced with the Trust in October 2018 are being supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and, with the exception of one nurse, all newly qualified RNs have been retained in the Trust in the past 2 years. 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. Dr Keith Tattum highlighted there has previously been perceived a positive correlation between understaffing and violent and aggressive incidents and now the staffing situation has improved asked if there has been an associated decline in episodes. Maria advised staffing is improving and felt this would be reflected in November / December reports. We have discussed previously the work undertaken by the teams to reduce this. A piece of work is ongoing in improving the approach we have particularly around trauma informed care. This is not about the numbers but more about approach which is having a positive effect. In terms of older peoples wards a lot of work is undertaken around positive behaviour support looking at prevention, distraction and supporting people. Joan Walley asked if the 29 newly qualified nurses were all from Keele. Maria confirmed they were. Joan asked what scope there is in terms of supporting mechanisms involving the wider campus of Keele. Maria confirmed there are a number of initiatives that are taking place this year. The Trust has a strong relationship with Keele. We also have Staffordshire University that delivers nurse education and we have strengthened this relationship we have just started taking their cohort of students and offering them a conditional offer of employment as we do Keele nurses in their 2nd year. Joan asked if there could be further work offered to nurses to enable them to continue having a relationship with their campus after they have left. Maria advised we are looking at research fellowships as part of this work to be taken forward next year. ***Received***	
14/2019	**TOWARDS SMOKE FREE PROGRESS REPORT** Dr Buki Adeyemo, Executive Medical Director presented the report. The report updated and provide assurance in relation to the progress made in Q3 since the Q1 and Q2 report were received at October, and further progress on 22nd November Trust Board meeting. As previously reported the Trust achieved full payment in relation to the Smoke-Free Interventions CQUIN as it was acknowledged by commissioners that there continues to be no commissioned smoking cessation service provision for Staffordshire patients. During Q3 there were 192 smoking related incidents reported. This is an increase in comparison to Q2 (90 incidents) and Q1 (79 incidents). All incidents are reviewed and discussed at the weekly incident review group. The initial one off purchase, patient usage and opinions have been collated and are with the audit team for analysis; these will be reported in Q4. The e-	

	cig vending machine is now available in Harplands reception and information regarding purchase by wards or patients on discharge have also been distributed. A formal evaluation is being commissioned into lessons learnt which will be reported through to Quality Committee. Patrick Sullivan enquired in terms of there being no commissioned service for Staffordshire does this mean if someone is admitted to one of our wards they have to stop smoking but will not receive any smoking cessation support. Dr Adeyemo the patient would receive support on admission but not on discharge. Patrick highlighted there has been a high number of incidents in the last quarter. Dr Adeyemo emphasised the initial numbers were small they were harm incidents to our staff but what we have seen is a high level of incidents but a low level of harm. Caroline Donovan asked for further assurance to be sought by the Quality Committee. ***Received***	**BA**
15/2019	**ENHANCED PERFORMANCE AND QUALITY MANAGEMENT FRAMEWORK REPORT (PQMF) – Month 8** Mike Newton, Deputy Director of Finance and Performance highlighted the following: Access and Waiting Times: IAPT - The number of service users who are moving to recovery has increased to 66.7% at Month 8 against a target of 50%. CPA compliance: 100% of CPA patients have received a follow up within 7 days of discharge against a target of 95%. Waiting times - 90.1% at Month 8 from 92.8% at Month 7. There has been a dip in performance in Specialist Care and Stoke Community, which is mainly due to the way that treatment, is being recorded on Lorenzo. An action plan is in place and it is anticipated that performance will be above target in Month 9. CPA Review - 84.8% at Month 8 from 85.7% at Month 7. Validation work has been undertaken which points to data quality issues with the accurate recording of reviews on the system. Teams are being reminded of the need to record reviews according to the Care Management Policy and continue to receive weekly validation reports to support compliance. There is an	

	improvement plan to deliver the target by March 2019. 7 day follow up - 88.8% at Month 8 from 95.4% at Month 7. Weekly monitoring has been improved and Inpatient and community staff have been reminded of the requirements of the SOP in respect of discharge planning and follow up. The inpatient wards have strengthened the process of notifying community teams of impending discharges. Caroline Donovan asked that the figures be reported by team and that this is available next month. Patrick Sullivan highlighted with regards to 7 day follow up there seemed to be a lot of patients admitted to wards that were not on CPA and this seemed a high figure. Patrick asked wondered if this was because people with a personality disorder are not being put onto CPA. Dr Adeyemo highlighted there are a number of things we need to understand i.e. patients who are being admitted into wards and are we counting the right things taking into account clinical judgement. We do not want to put people in a category just to follow guidelines as opposed to individualised care. Dr Adeyemo is in the process of ensuring through directorates that we are reviewing our practice. ***Received***	**MN**
16/2019	**MONTH 8 FINANCE REPORT** Mike Newton, Deputy Director of Finance and Performance presented the report. The Trust Board are asked to: Note • The reported YTD surplus of £851k against a planned surplus of £751k. This is a favourable variance to plan of £100k. • The Month 8 CIP achievement YTD achievement of £726k (48%); an adverse variance of £637k • 2018/19 forecast CIP delivery of £1,458k (52%) based on schemes identified an adverse variance of £1,337k to plan • The recurrent value of schemes transacted at £1,104k, 39% of target. • The cash position of the Trust as at 30th November 2018 with a balance of £9,970k; £2,097k better than plan • Month 8 capital expenditure at £345k compared to planned capital expenditure of £890k • Use of resource rating of 1 against a plan of 1. Approve: • The Month 8 position reported to NHSI. Patrick Sullivan noted the specialist service has a shortfall due to underactivity at the Darwin Centre due to length of stay and we have had an issue before where beds have not been filled. Jonathan O'Brien commented that our occupancy is down as length of stay has been shortened.	

	Previously there was a severe shortage of beds we now have a shorter length of stay which we are discussing with commissioners as we develop more community and home treatment in CAMHS. Caroline Donovan highlighted that NHSE have collaborated with CEOs to avoid tendering if we work collaboratively with the private sector and providers and adopt more models of care we could avoid the tendering process. Out of area children for us is in the north of the Midlands but are being asked to collaborate on a west midlands basis. We want to release funding from Tier 4 so we can reinvest into Tier 3+ services. ***Received / Approved***	
17/2019	**ASSURANCE REPORT FROM THE FINANCE, PERFORMANCE & DIGITAL COMMITTEE** Tony Gadsby Non-Executive Director and Chair of the Finance, Performance and Digital Committee presented the report for assurance from the meetings that took place on the 5th December 2018 and the 10th January 2019; highlighting the following: • **2019/20 Planning Update –** The draft Budget and Financial Plan for 2019/20, and Capital plan from 2019/20 to 2023/24 was presented at the committee. The planning assumptions were outlined based on the planning guidance issued. • **Impact of New Accounting Standards –** Following a request from Audit Committee, FPD received an update on the Trust impact of changes to international accounting standards. The impact of changes is minimal in 2019/20. • **Monthly Finance Report – M8.** The Finance position showing £0.1m favourable variance to plan. The committee noted the improvement in performance around the Better Payment Practice Code compared to previous years. Agency Expenditure is £33k (2.7%) under the planned agency ceiling of £1.26m. • **Cost Improvement Programme (CIP) -** The Committee received an update for Cost Improvement for M8 and were concerned that the total identified was significantly short of the target. The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19, particularly given the level of unidentified schemes. • **2019/20 Outline Cost Improvement Plan -** A presentation was received from the Director of Operations around the approach to identification of Cost Improvement schemes for 2019/20. This outlined a change in focus to larger, transformational scheme with a longer term focus. The committee were assured by the approach. • **Activity Information Dashboard -** The committee received an	

	overview presentation of AID developed by the North Staffordshire Combined Costing Team. The dashboard provides an almost real time reporting solution for Activity allowing clinical services to monitor and scrutinise activity. The model was well received by the committee, who noted that the platform was a first for mental health services. • **Gold Standards Cyber Framework -** As part of the BAF, the Digital team have developed a Gold Standard Framework regarding Cyber Security, presented to committee. The Trust is currently at Bronze and has commissioned an external review to identify actions to support the Trust to achieve Silver. The committee approved the framework. • **Committee Self Assurance Framework -** The committee produced an assessment of effectiveness against an Trust wide framework. Overall, it was agreed that the committee governance was strong, with member questionnaires being positive overall. • **Additional Assurance Reports:** The Committee received additional assurance reports as follows: o Agency Utilisation o Digital Update o Finance, Performance and Digital Risk Register The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee. ***Received***	
18/2019	**ASSURANCE REPORT FROM THE AUDIT COMMITTEE** Gan Mahadea, Non-Executive Director and Chair of the Audit Committee presented the report for assurance from the meeting that took place on the 5th December 2018; highlighting the following: • **LCFS Progress Report Q2 -** The Committee received a report which summarised the work delivered against the 2018-19 Counter Fraud plan for the period September to November 2018.The plan is on track in terms of delivery. • **Information Governance Disclosures -** The Committee received an overview of key information Governance risks, training compliance and incidents. Breaches of confidentiality are the main areas for this Committee to address and further work will be undertaken in raising awareness across the Trust. • **Freedom of Information Quarterly Report Q2 -** The Committee received the Freedom of Information Quarter 2 Report which detailed requests received during Q2 within the Trust. There has been a slight dip in the number of requests received from Q1 which is generally down	

to summer break as we tend to receive a lot of requests from students who are undertaking research. The highest number of requests received are for OD & HR apprenticeships; agency spend; nurse staffing levels and Locum Doctors. There has been an increase in the percentage of requests that breach the 20 day deadline since an increase in compliance in Quarter 1 for which a number of initiatives will be implemented. To overcome this we have committed to bringing in some training for people dealing with responses to try and increase knowledge and awareness together with knowing and assessing what is commercially sensitive. An assurance paper regarding deadline delays will come back to the next Audit Committee.

- **Risk by Level and Committee -** The Committee received the Risk Report. KPMG supported the presentation of the report stating this was an excellent way of summarising where the risks sit. It was agreed the Committee would receive a full report back on an annual basis to include all risks associated with Directorates scoring 8 or below.

- **KPMG – Internal Audit Progress Reports –** Reports were received as follows

    - **IT General Controls**
    - **Risk Management –** The Committee received a report from KPMG following a review of the Trust RM system. Assurance was given that papers and information discussed at Directorate level were all detailed and the minutes were considered as appropriate. SLT reinforces this process however whilst every risk had been transferred to the new Risk Register, some detail required updating to reflect the new structure.
    - **DSP Toolkit Review**

- **Review of Single Tender Actions (over £20k) – 1 August to 31 October 2018 -** The Committee received a report that reviewed all Waivers over £20k between 1st August 2018 – 31st October 2018. There have been 4 waivers over £20k.

- **Other reports received were:**
    - Board Assurance Framework 2018/19 Quarter 2
    - Review of Medicines Management and Mental Health
    - Agreement of Annual Accounts Process and Timetables
    - Person Centred Framework

Received

19/2019	**NORTH STAFFORDSHIRE DIRECTORATE SECTION 75 SOCIAL CARE UPDATE** Jonathan O'Brien, Director of Operations presented the report. Jonathan provided a briefing on the current situation with access to social care support within the North Staffordshire Directorate and Adult Community Mental Health Teams in particular, following the end of the Section 75 agreement between Staffordshire County Council and North Staffordshire Combined Healthcare NHS Trust for the provision of adult social care. The formal process of transfer of services and social care staff took place on the 1st October 2018 following a formal 30 day process. At the end of the process the total number of staff who transferred to the County Council was 13. Several clinical pathway meetings were held and led by Sam Mortimer, Associate Director for North Staffordshire Locality Directorate. These meetings were well attended by clinicians from the Trust and managerial representatives from the County Council. A full list of service users and carers in receipt of social care specific interventions was identified in collaboration with the CMHTs and County Council. Work commenced in August to ensure that the multiple needs of these individuals were taken into account. Communication with service users, carers and their families about the transfer and potential changes to their individual practitioners was circulated. Only service users who were expected to be affected by the transfer were contacted. This approach was agreed with the positive intention of reducing cause for concern or uncertainty among service users and carers. However, it was agreed from the outset that staff and the Trust would openly answer any queries in relation to the transfer in order to ensure transparency of the process. For the service users who were identified as being in receipt of care by both health and social care professionals, it was agreed that a formal joint review of care provided would take place following the transfer and this work would be completed within three months (i.e. by January 2019). Following this review, a number of patients have been discharged appropriately to the care of the GP, but remain able to directly access care with their former CMHT if required. It was agreed at the Trust's Senior Leadership Team meeting last week that Section 75 would be added to the Corporate Risk Register and any future risks would be mitigated. The Trust Board was recommended to receive this paper for: • Discussion regarding the impact of the removal of social care staff within the North Staffordshire County Adult CMHTs. • Assurance that processes have been followed to ensure smooth transfer of staff; produce new pathways for social care input into patient care and; review caseloads to maintain high quality patient care.	

	David Rogers highlighted that the CQC looked at this during their visit. Jonathan added the CQC have also reviewed this paper which was discussed during Jonathan's and Maria Nelligan's interview, they also visited Adult Community services as a result of this. Assurance was given that this is being monitored in terms of risks to patients and impact to the organsaition in terms of resource. No specific headlines were received from the inspection of the North Staffordshire Community Teams. Grant Williams, (Member of the public), commented that North Staffordshire Combined Healthcare did say it wanted to be transparent and open and he believed the Trust had been but felt a lot of the hiding came from the County Council and this is what has caused the disarray by not letting patients know until the Friday before. CPNs are having difficulties engaging with social services; Grant Williams asked if there is anything that the Trust can do. Jonathan O'Brien agreed to follow this up. Joan Walley thanked Grant Williams for being persistent and raising this adding that the Trust had done its best to be as transparent as possible. ***Received / Approved***	**JOB**
20/2019	**GIFTS AND HOSPITALITY / SPONSORSHIP REGISTER** Laurie Wrench, Associate Director of Governance presented the report. The Board received the register for information and assurance purposes. ***Received***	
21/2019	**REGISTER OF SEALED DOCUMENTS** Laurie Wrench, Associate Director of Governance presented the report. The report provided information on the use of the common seal of the Trust in the period 1 January 2018 to 31st December 2018 for assurance around systems and processes for sealing documents. It was noted changes were required to the report as detailed below: • CHS 60/18 should read 2018 not 2019 • CHS 69/18 minute reference needs to be checked • The business transfer agreement for Moss Green needs to be separated into two documents as contained within is a lease and an agreement to occupy. Laurie advised the report would be amended. ***Received***	**LW**
22/2019	**STOKE-ON-TRENT LOCAL SYSTEM REVIEW PROGRESS REPORT**	

	Laurie Wrench, Associate Director of Governance presented the report. Following the budget announcement of additional funding for adult social care, CQC was requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews were focused on the interface of health and social care. Stoke-on-Trent has been selected as a local authority for review. The reviews focussed specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. Following the initial review in September 2017 a comprehensive action plan was developed to address the improvements required across the system. CQC conducted a follow-up review in September 2018 to determine if those improvements had been achieved and sustained. The report detailed the findings from the follow-up review and describes significant progress made across the system. Improvements being • There are no care homes rated as inadequate and the percentage of homes rated as good had improved from 26% to 42% • There has been some good joint strategic work to develop plans for the winter 2018/19. Areas to work on being: • Integration across health an social care needs to be a priority • Workforce in primary care remains a challenge • No shared care records. ***Received***	
23/2019	**ASSURANCE REPORT FROM THE PEOPLE AND CULTURE DEVELOPMENT COMMITTEE** Patrick Sullivan, Non-Executive Director and Chair of the People and Culture Development Committee presented the report for assurance from the meeting that took place on the 14th January 2019; highlighting the following: **Staff Story** The Committee received a staff story centred on the opening of the new PICU and the PICU team building week that was held in October 2018. The week concentrated on team development; therapeutic intervention; compassion; what care the team would want for themselves /family and the "walking in my shoes" exercise. Experiences were also shared from a BAME perspective and work was conducted on personal drivers. Commissioners have reviewed the PICU unit and comments have been very positive. It was suggested that the PICU team should be nominated for the forthcoming HPMA awards.	

Terms of Reference
The Terms of Reference were approved for a further 12 months, and extended until March 2020.

Workforce Metrics
It was noted that sickness absence for November was 4.61% against a target of 4.95%. There had been a shift in sickness reasons though anxiety/stress remains the main reason for absence at 35.41% up from 28.58% in October, and this will be monitored. Stat/Mand training is at 93% against a target of 85%. Vacancies – positively there were more starters than leavers in November and there has also been a TUPE out of Section 75 staff. DBS compliance was at 97.2% with plans in place to address the shortfall. All posts are risk-assessed for DBS compliance. Bank/agency costs have increased partly due to winter pressures, and nursing and agency continues to be a challenge.It was agreed to invite Directorate representatives to the March Committee to provide assurance over the metrics.

Workforce Disability Equality Standard (WDES) & Sexual Harassment in the Workplace Guide
The WDSE will be a requirement for all NHS Trusts from April 2019 as part of the NHS Standard Contract (monitored by the CQC and Commissioners). The paper also included an advance briefing on the Sexual Harassment in the Workplace Guide that is due out in 2019.

It was noted that the undefined data for staff in ESR on the disclosure of declaring a disability is 41.58%, and the reasons for this needed to be explored further.

Employee Relations Casework
A snapshot of Q1-3 data was provided, and Q1 onwards there were 12 new disciplinary cases, which is comparable to other years; the majority of cases were in AMH Community. Reasons varied from under the influence of alcohol, breach of confidentiality, and failure to follow Trust policies and procedures.

Four sickness absence cases progressed to a Stage 3 dismissal hearing and 155 cases are being actively managed. The Trust historically has a low number of formal grievances with many issues resolved informally with the assistance of staff side.

Towards Outstanding Engagement (ToE)
The Committee was provided with the highlights of the Q1 and Q2 reporting. The decline in response rates from 3.94% in Q1 to 3.80% in Q2 was significant and attributed primarily to the recent locality restructure. The highest scoring enabler continued to be working relationships, with the lowest being recognition and perceived fairness.

POLICIES

	Extensions were approved until the end of March 2019 on the following policies: • 1.76 Job Planning Policy (policy is drafted, requires approval at JNCC, LMC and BMA) • 3.09 Freedom to Speak Up Policy • 3.32 Performance Development Review – (was awaiting clear guidance from NHS England) It was noted that the following are guidance documents only and do not require monitoring at Committee: • 3.40 Local Government Pension Scheme (request approved to remove this as a policy as it is classed as guidance) • 3.41 Management Supervision • 3.42 Medical and Dental Starting Salary Extensions had been approved at the September PCD meeting until the end of December 2018 for the following policies, these were further extended until the end of March 2019: • 3.36 Supporting Staff Policy • 3.39 Medical Appraisal Policy – JLNC was postponed and the policy could not be ratified, it will now be presented to the March 2019 meeting It was noted that policy 1.79 Job Planning Associate Specialists and Speciality Doctors – is no longer classed as a policy and approval was granted to remove this from the policy folder. It was also noted that the following extensions were agreed at the November PCD meeting but not noted in the summary. Extensions were approved until the end of December 2018 for the following policies: • 3.09 Freedom to Speak Up Policy • 3.12 Equality of Opportunity • 3.41 Management Supervision Guidance • 3.01 Disciplinary Policy • 3.19 Retirement Procedure • 3.36 Supporting Staff Policy • 3.39 Medical Appraisal Policy • 3.40 Local Government Pension Scheme • 3.42 Medical & Dental Starting Salary Procedure Extend until end of March 2019 • Performance Improvement Policy Other reports received by the Committee were: • Board assurance Framework (BAF) • Workforce and OD Risks • Performance • Accessible Information Standard • Inclusion Council Update	

	Jenny Harvey highlighted she attended some Inclusion Recruitment Workshops which were found to be really useful, Jenny urged board members to attend. Board commitment is required to look at recruitment methods as we are all recruiting in the same way from the same pool of people. Date in March to be circulated along with the date for Reverse Mentoring. ***Received / Ratified***	**LW**
24/2019	**ASSURANCE REPORT FROM THE QUALITY COMMITTEE** Patrick Sullivan, Non-Executive Director and Chair of the Quality Committee presented the report for assurance from the meetings that took place on the 6th December 2018 and the 10th January 2019; highlighting the following: • **Quality Impact Assessment (QIA) of Cost Improvement (CIPS) -** Within the report CIP schemes transacted in Q1 were reviewed against agreed KPIs to scrutinise their impact in terms of quality. Going forward this will act to improve the robustness of the CIP framework. • **Medicines Management Update –** The committee received a summary of activities occurring within the Trust to ensure safe medicines management practices are followed in order to deliver high quality care of patients. Of note were improvements to address medicines management issues raised by the CQC during their previous inspections, workforce development, collaborative work with the Physical Health Team and work to improve pharmacy input into the community teams. • **Policy report** – the recommendations supported by the Committee for ratification of policies by the Trust Board for 3 years, or otherwise stated as follows: The following policies were all approved for 3 years; • 5.11 Security Policy • 5.39 CCTV Policy • 5.44a Oxygen therapy SOP part of 5.40 Medical Gases policy • 1.24a Subcutaneous Hydration (part of 1.24 Nutrition and Hydration) • 1.04 Complimentary Therapies • 1.55 Policy and Procedure for Advanced Statements and Advanced Decision to refuse treatment • 4.20 Volunteer policy • 4.40 Being open incorporating duty of candour • 5.04 Safer Manual Handling policy • 1.78a End of Life care and care of the deceased standard operating procedure • 1.62 Physical Health policy v 11 • 5.37 Pinpoint policy • NHS choice – Standard Operating policy • 4.36 External visits policy	

	• 1.78 Palliative Care SOP Other reports received by the Committee were: • Learning from Experience September / October 2018 • CCH, Healthwatch and Trust Visits Q3 • Sexual Safety Action Plan • Infection Control Report Q3 • Quality Account Project Plan • Risks ***Received / Ratified***	
25/2019	**Any Other Business** Tony Gadsby noted that Suzanne Robinson and Andrew Hughes have left the Trust and wanted to recognise the contribution both made to the organisation and the wider health economy and STP. ***Noted***	
26/2019	**Date and time of next meeting** The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 28th February 2019 at 10:00am, in the Boardroom, Lawton House, Trust HQ.	
27/2019	*** 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 1.26pm

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	22-Nov-18	240/18	**CEO Update** - Caroline highlighted one of the alliance initiatives we have is High Volume Users, traveller communities would be part of this. This group will address the needs of different communities. Caroline advised we would bring a briefing back to February Trust Board around this to provide more detail.	Jonathan O'Brien	28-Feb-19	Agenda item
2	22-Nov-18	247/18	**Person Centredness Framework** Maria Nelligan will bring a progress report back to Board in 6 months.	Maria Nelligan	23-May-19	
3	22-Nov-18	259/18	**PQMF Month 6** Maria Nelligan will bring a briefing to January Board re: NHSI Developing Workforce Safeguards **24.01.19** - Briefing will go to FPD and come back to next Trust Board in readiness for the 1st April 2019	Maria Nelligan	28-Mar-19	
4	24-Jan-19	14/19	**Towards Smoke Free Progress Report** Caroline Donovan asked for further assurance to be sought by the Quality Committee.	Dr Buki Adeyemo	28-Mar-19	
5	24-Jan-18	15/19	**Enhanced PQMF Month 8** - Caroline Donovan asked that the figures be reported by team and that this is available next month.	Lorraine Hooper	28-Feb-19	
6	24-Jan-19	19/19	**Section 75** - CPNs are having difficulties engaging with social services; Grant Williams asked if there is anything that the Trust can do. Jonathan O'Brien agreed to follow this up.	Jonathan O'Brien	28-Feb-19	Verbal update
7	24-Jan-19	21/19	**Register of Sealed Documents** - It was noted changes were required to the report which Laurie will amend.	Laurie Wrench	28-Feb-19	Actioned
8	24-Jan-19	23/19	**Assurance report PCD** - Reverse Mentoring - Send out reverse mentoring date	Laurie Wrench	28-Feb-19	Complete

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO TRUST BOARD

Enclosure No:4

Date of Meeting:	28th February 2019		
Title of Report:	CEO Board Report		
Presented by:	Caroline Donovan, Chief Operating Officer		
Author:	Caroline Donovan, Chief Operating Officer		
Executive Lead Name:	Caroline Donovan, Chief Operating 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 involvement.☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☒ 4. Encourage, inspire and implement research & innovation at all levels.☒ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Reference	None		
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	Includes update on Inclusion Council.		
STP Alignment / Implications:	Includes appearance by STP Director at Leadership Academy and NAO Report on NHS financial sustainability, including local partnerships		
Recommendations:	To receive the report for assurance and information		

Version	Name/group	Date issued
1.0	Caroline Donovan	19th January

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Chief Executive's Report to the Trust Board
28th February 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.

LOCAL UPDATE

1. CQC INSPECTION FEEDBACK

Communications regarding the CQC initial feedback has been incredibly positive and it's a real tribute both to the quality and compassion of our care and the fantastic way all of our staff showcased this to the inspectors.

There was particularly strong feedback regarding the compassionate nature of our services and staff, including really clear recognition from service users about how much they value and appreciate the way they are treated and the services they receive. There was also real recognition of the continuing improvements we have made even in the relatively short period since our last inspection. This was consistent across all services inspected as well as the Well Led Inspection, which was particularly thorough and challenging, as we are one of the first Trusts to trial the CQC's new approach

Thanks and congratulations are due to everyone – our staff, service users, carers and partners. Inevitably, there have been a few areas for improvement and the core services have already started to take action to address these issues and action plans are being progressed. We anticipate that the Trust will receive more thorough and formal notification of the CQC findings in their reports which they anticipate getting back to us in early March.

2. OPEN SPACE EVENT 2019

On 30 January, we hosted our Service User and Carer Council Open Space 2019 event. The event is one of our most important annual opportunities to get together with service users to help shape our Quality Priorities for the coming year. Hosted by our Executive Director of Nursing and Quality, Maria Nelligan, there was an amazing turnout of nearly 100 people at Port Vale FC. The centrepiece of the day was a live voting and discussion session on our draft Quality Priorities, showing that our service users attached particular importance to:

- leading and collaborating with health and social care agencies for a system-wide approach to zero suicide
- embedding our Person Centredness framework in collaboration with service users and carers
- transforming our community pathways to promote person centredness
- embedding the use of technology via the CAMHS Digital Exemplar to improve access and be more responsive

We also carried out the official public launch of our Wellbeing Academy, following the internal launch a couple of weeks ago and there was real enthusiasm for the venture.

Congratulations to the patient engagement team for putting on another fantastic event.

3. 'COMBINATIONS' PODCAST LAUNCHED

We're proud of our use of staff, service user and carer stories at our Trust Board and Committees to bring real-life experience to the heart of our decision making. And we're also proud or our reputation as an innovator in communications and engagement – particularly digital and social communications.

That's why we're pleased to launch our Combined Healthcare Podcast – which we're calling 'Combinations'. You can access it for free at https://soundcloud.com/nhscombinations.

The first Episode was launched to coincide with national Time to Talk Day and featured our CAMHS team talking about their nationally leading service, involving new investments, new staff, new services, partnership with schools and being a NHS Long Term Plan CAMHS Trailblazer and a NHS Digital Exemplar.

The launch attracted tweets and likes across social media and we've had over 200 listens in just the first week, so it's clear that it's something that is of interest.

We're inviting everyone to submit their ideas for a short film or Podcast via a webform on the Combined public website staff, service users and carers page.

Whether it's an initiative going on across Combined and its partners that people think the wider world would want to hear about, a service that really deserves promotion, or a mental health condition or treatment that they think needs greater understanding or profile, we're inviting everyone to tell us about it!

All ideas will be considered by our Communications Team and, if selected, they will be able to work with the nominators to turn their idea into a film or Podcast

4. AWARDS SUCCESS CONTINUES

Our track record of securing awards nominations for Combined continues unabated and last month we had three pieces of great news.

The first is that our finance team has been shortlisted for 'Finance Team of the Year – Health' in the annual Public Finance Awards. It's been a great year for our Finance Team, as they prepare to deliver our 20th consecutive year of financial balance – which is quite unprecedented and makes us one of the strongest financial performers in the region. The winners will be announced on 1 May.

The second is that we have shortlisted as Provider of the Year in the Leading Healthcare Awards, which will be announced on 6 March. Our entry featured our overall journey towards outstanding and was submitted by our Medical Director, Buki Adeyemo.

Last but not least, the Estates team has been nominated for Best Operational Project in the Partnerships Awards 2019. The project nominated is the Harplands Hospital partnership work during the changeover of the FM provider. The awards ceremony takes place on 9 May.

5. INCLUSION COUNCIL FOCUSSES ON INCLUSIVE RECRUITMENT

The latest meeting of our Inclusion Council focused on our track record in recruiting and retaining BAME staff – as well as a fascinating discussion on how to avoid unconscious bias in recruiting practices.

Cherie Cuthbertson – our Recruitment and Retention Lead – presented some very thought-provoking, high-level analysis on how BAME applicants at Combined Healthcare fare at different stages of the recruitment and interview process, which suggests there is work needed to be done at the latter stages of the process, as the percentage of BAME success drops significantly. We will be carrying out some further Deep Dive analysis to understand exactly what lies behind the apparent top-line messages.

The Council also discussed work done by NHS experts on 'unconscious bias' in recruitment practices. Unconscious bias is an important cause of discrimination in many aspects of workplace activity. Such bias, or judgments about, and behaviour toward others that we are unaware of, is all around us. It is now well established that it affects how staff are shortlisted, appointed, promoted, paid, disciplined and even bullied at work. It affects all manner of decisions, notably in discrimination where research has extensively documented its impact on women, and ethnic minority staff in particular.

We have begun delivering training for regular recruiting managers in the Trust through Inclusive Recruitment Workshops being delivered for us by Joy Warmington, CEO of BRAP Equality. The first of these took part in January and a second is planned for 18 March.

These are practical and enjoyable learning experiences, designed to give managers an understanding of different types of biases and how they can influence the decisions that we all make. They also give an opportunity for attendees to review their own decision making processes and to examine 'real' case studies so that they spot how and where bias occurs. The final part of the workshop helps managers understand and review the effectiveness of interventions that are used to enhance fairness in talent management and recruitment process.

6. CLINICAL RISK SUMMIT

During January, we had 36 of our senior clinicians take part in a Clinical Risk workshop focusing on how we implement 'Just Culture' led by our Medical Director, Buki Adeyemo. The workshop was delivered by Mark Riley-Pit, who has worked with Mersey Care in this approach.

There was discussion about how compassion and openness with service users and staff when an error has occurred will encourage learning culture. Evidence has shown that where this approach has been adopted, there is a commensurate decrease in incidents.

This approach will be further developed within the Trust with the new leaders.

7. STP DIRECTOR ATTENDS OUR LEADERSHIP ACADEMY

It was a pleasure to lead our latest Leadership Academy which has now been refocused with the membership being our senior leaders.

Myself and Jonathan O'Brien presented on the NHS Long Term Plan and its boost for mental health, as well as the STP mental health plans (included in last month's Board Report). We also discussed the future direction in the plan about integration.

Both Maria Nelligan, and Dr Buki Adeyemo gave a presentation on our Quality Priorities Linda Holland and Geoff Neild presented on workforce and estates.

Our external speaker was Simon Whitehouse, Director of the Staffordshire STP. Simon's presentation was a thought provoking and frank assessment of the challenges facing our local health and care economy and the need for everyone across the region to work together collaboratively and imaginatively to deliver top-class care for our local populations and communities.

He also was happy to take questions from attendees and was able to respond to one and all with typical good humour and honesty – including accepting where things were difficult as well as progressing well. I know that his willingness to engage in this way was appreciated by all.

8. EXPLORING WAYS TO TRANSFORM OUR SERVICES FOR THE BETTER

Myself and some of the Executive team were asked to attend a last minute system summit due to concerns about the financial position across the STP and the need for us to have a credible plan moving into 2019/20.

We focused on discussing the art of the possible. The conversations really challenged us all to consider how can we really all work better together and take more risks and responsibility for transformation across the system.

The mental health discussions to date have been about investing in mental health; we have now decided that, through the investments that are continually going in, we need to identify how they can release costs wherever possible.

A particular priority is going to be to continue our focus on out-of-area spend where service users are being treated out of area. We have been successful in the last 18 months or so in caring for some service users closer to home, which is much more positive in enabling support from family and friends.

We are also exploring how the project for service users who use services in a repeated way - either in UHNM or our Trusts - could be expanded. Again, providing the right support to people in their home setting can prevent them needing to use emergency services, which reduced expenditure and improves the service user experience.

The final area is exploring how our work with service users accessing UHNM with alcohol-related needs could be better supported - potentially by accessing our in-patient facilities when in a crisis.

We are leading this work through the mental health workstream and I am very grateful to Johnathan O'Brien, as programme director, for his support and that of our teams, MPFT teams and the CCG.

9. NATIONAL PLANNING DRAFTS SUBMITTED

The Trust has submitted a draft Operational Plan, finance plan and workforce plan as per the national planning requirement. The submissions are fully reflective of the national planning guidance and have been shared with Business Development Committee and the Finance, Performance & Digital Committee. There will now follow a national review process carried out jointly between NHSI and NHSE, which is due to be completed by 29 March 2019. A final submission is due on 5 April 2019.

NATIONAL UPDATE

10. HEALTH EDUCATION ENGLAND PUBLISHES "TOPOL" REVIEW

On 11th February, Health Education England published "The Topol Review - Preparing the healthcare workforce to deliver the digital future." This was an independent review commissioned by the Secretary of State to advise on:

- how technological and other developments (including in genomics, artificial intelligence, digital medicine and robotics) are likely to change the roles and functions of clinical staff in all professions over the next two decades to ensure safer, more productive, more effective and more personal care for patients;
- what the implications of these changes are for the skills required by the professionals filling these roles, identifying professions or sub-specialisms where these may be particularly significant;
- the consequences for the selection, curricula, education, training, development and lifelong learning of current and future National Health Service staff.

The Review proposes three principles to support the deployment of digital healthcare technologies throughout the NHS:

- Patients need to be included as partners and informed about health technologies, with a particular focus on vulnerable/marginalised groups to ensure equitable access.
- The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.
- The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients.
- Genomics, digital medicine and AI will have a major impact on patient care in the future. A number of emerging technologies, including low-cost sequencing technology, telemedicine, smartphone apps, biosensors for remote diagnosis and monitoring, speech recognition and automated image interpretation, will be particularly important for the healthcare workforce.

The Review considered a special submission on technology and mental health, which will be published in due course. It also highlighted:

- a speech recognition mental health triage bot that analyses text and voice inputs for emotion and suicidal ideation

- the use of Virtual Reality with benefits in post-traumatic stress disorders, anxiety and phobic disorders;
- computerised CBT for insomnia treatment, as a fully automated, advanced algorithm-driven program or app being used without any support from a human therapist, to offer a solution to the problem of CBT scalability.

The Report states:

"Some areas of the NHS workforce have been early adopters of digital technologies, for example, primary care and intensive care. It is important that other services, such as mental health and acute medicine, should be in the next wave of adoption of these technologies. Digital technologies must be fully integrated into NHS care and prevention pathways; otherwise their introduction will risk fragmentation, duplication and inefficiency of care delivery."

11. NAO PUBLISHES REPORT ON NHS FINANCIAL SUSTAINABILITY

On 19th January, the NAO published a Report on NHS Financial Sustainability. Its headline finding was "the growth in waiting lists and slippage in waiting times during 2017-18, and the existence of substantial deficits in some parts of the system, offset by surpluses elsewhere do not add up to a picture that we can describe as sustainable…We will be able to judge whether the funding package will be enough to achieve the NHS' ambitions when we know the level of settlement for other key areas of health spending that emerges from the Spending Review later in the year. This will tell us whether there is enough to deal with the embedded problems from the last few years and move the health system forward.

It also noted:

- The long-term funding settlement does not cover key areas of health spending, such as most capital investment for buildings and equipment, prevention initiatives run by Public Health England and local authorities, and funding for doctors' and nurses' training. Spending in these areas could affect the NHS's ability to deliver the priorities of the long-term plan, especially if funding for these areas reduces
- It is not clear that funding is reaching the right parts of the system.
- Sustainability and Transformation Fund payments have helped most trusts improve their reported performance but encourage short-term gains over long‑term sustainability.
- It is difficult to say how much progress has been made by local partnerships across the system. Some local partnerships are clearly making progress in developing a system-level vision, and in planning and delivery, but are still at very different stages of development. Most areas noted that the pace of change was slow in transforming the way services are provided, with few having yet reached the stage where major service reconfiguration had taken place
- Partnership working is vulnerable, given that partnerships are not statutory bodies and face significant challenges. Three-quarters of partnerships have a deficit when the finances of their constituent trusts and CCGs are added together. Even the most advanced partnerships face significant challenges in managing demand within the resources available. The need for organisations to meet their own statutory requirements may hinder partnership working. Partnerships are not statutory bodies supported by a legislative framework, and so require the goodwill of all involved. Continued financial pressure will test this goodwill

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REPORT TO: TRUST BOARD

Enclosure No:5

Date of Meeting:	28th February 2019		
Title of Report:	Service User & Carer Council Report		
Presented by:	Sue Tams, Service User & Carer Council		
Author:	Wendy Dutton, Chair, Service User & Carer Council		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☒

Executive Summary:	Purpose of report	
This report has been prepared to provide an update to Trust Board of the Service User & Carer Council since the last meeting	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

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

North Staffordshire Combined Healthcare NHS Trust

SERVICE USER AND CARER COUNCIL UPDATE
FOR TRUST BOARD February 2019

Open Space Event.

In place of the January SUCC meeting, a large number of the council attended and contributed to the Open space Event. Despite the inclement weather there was an extremely good turn out and a lively debate on;

- **The Quality priorities: Progress on quality priorities for** 2017-2019 were shared and proposals for 2019-20 priorities suggested. Discussions were held on the tables on what options there were as well as additional suggestions being made as to what could be built on for next year.
- **Launch of Wellbeing Academy:**
  There was an explanation of what it is in terms of it not being a building ,it is an offer of courses available in various community buildings , for everybody and wherever possible to be co- delivered by service users and carers. Information was given on how to access courses/ information and how to become involved.
  A number of people present expressed an interest both in undertaking courses and potentially becoming involved in jointly delivering courses
- **Ward 4 carer's group**:
  A video was shared of the Ward 4 family and friends group. This included staff and the family members themselves. It showed the impact the group has for family and friends when loved ones are on the ward but also that it is a support available to them after loved one is discharged. This group has really impacted on the overall care and understanding of this patient group and those involved in their care.

- An overview of SUCC to date including activities and events that council members have been involved in. Presentation included what is coming up in the near future, particularly with regard to Volunteer Peer mentors, generic volunteers and the Well-being Academy.
- There was generally an upbeat feeling in the room with debate.
- Following the presentations the opportunity was taken to invite anyone who might want to consider volunteering or working with SUCC. Volunteers are offered support as and when is needed.

SUCC Business meeting, 27th February has been cancelled therefore the next SUCC Business meeting is 27th March 2019.

Alongside the formalised Agenda; expression of interest for Vice Chair to be asked for, deadline to return nominations is 13 March 2019. To be voted on at the March meeting.

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REPORT TO TRUST BOARD

Enclosure No:6

Date of Meeting:	28TH FEBRUARY 2019		
Title of Report:	BeAble App Development: a review of usability, functionality and design of a self-management market demonstrator app: Executive Summary		
Presented by:	Dr Buki Adeyemo		
Author:	Kerri Mason		
Executive Lead Name:	Dr Buki Adeyemo	Approved by Exec	☐

Executive Summary:	Purpose of report	
The development of technology-enabled care at Combined has been incremental - commencing with small-scale pilots of "Flo" and "Flo plus Autographer". Emerging from the pilot work brought about the concept of BeAble; an "App on prescription which provides service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self-management. The review of the BeAble App gained insight into user experience and feedback across the three review areas: functionality, usability and design.	Approval	☐
	Information	☐
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☒ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	No current risk or legal implications		
Resource Implications: Funding Source:	Financial Investment will be required for Stage 2 and 3 to develop the Content Management System further, including, but not limited to; iOS and Android platform development, security testing, launching, hosting the infrastructure and Amazon hosting and accessibility. Financial Investment will also be required for Project Management and Evaluation support. Resource implications will include staff time to review and feedback on the app within practice		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The prototype Stage One development included basic and limited design functions with recommendations made, from the review, to increase font size. If further investment is agreed for Stage 2 and 3, development will include compatibility with text to speech software and explore offering in different languages		
STP Alignment Implications	None		
Recommendations:	Investment to develop Stage 2; building on learning and recommendations from the review with a focus on developing larger feature sets. Proof of Concept and Business currently being developed		

BeAble App Development: a review of usability, functionality and design of a self-management market demonstrator app: Executive Summary

Executive Summary

The use of Apps across the NHS is increasing, encouraged nationally[1]. The NHS identifies its vision as transforming the way people experience the NHS, by designing digital health tools and services, connecting them with and to necessary information and services, when needed, enabling service users to access care in a convenient and co-ordinated way[1].

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[2] with the building up of two technologies amongst a cohort of 20 service users with significant memory impairments and co-morbidities[2]. 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, and individuals engaged well with this medium[3].

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 (n=7) across the three review areas: functionality, usability and design;
- Service users engaged well with BeAble; majority reported a positive experience, helped focus conversations on current difficulties and was an acceptable intervention;
- Service users reported BeAble was successful in linking all information - advised as "*relevant and concise*";
- Service users indicated the condition management plan was straightforward, collaborative and facilitated creating goals;
- No technical glitches were identified as part of the BeAble review;
- Ease of use and simplicity in operation was a key factor in design, ensuring the focus was firmly on clinical care delivery - not on the technology itself.

Summary of Recommendations

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

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[1] Bauer, J & Murphy, R. (2017). *Apps library is advance for a digital NHS*. [Blog] www.england.nhs.uk. Available at: https://www.england.nhs.uk/blog/apps-library-is-advance-for-a-digital-nhs / [Accessed 14 Feb. 2018].

[2] Molesworth, S & Sharrock, L. (2016) "*Autographer plus Flo": a Memory Support Intervention for People with Mild Cognitive Impairment (MCI) and People with Mild to Moderate Dementia*.

[3] Molesworth, S. (2014) *An evaluation of Florence simple telehealth text messaging with patients with vascular risk factors and at high risk for Mild Cognitive Impairment / Dementia*.

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REPORT TO TRUST BOARD

Enclosure No:7

Date of Meeting:	28th February 2019		
Title of Report:	November 2018 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☐

Executive Summary:	Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during November 2018 was 83% for registered staff and 105% for care staff on day shifts and 79% and 112% respectively on night shifts. Overall a 96% 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: 12th February 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 ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	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 and information		

Version	Name/Group	Date
1	Executive Meeting	19th February 2019
2	Quality Committee	February 2019 (virtually)
3	Trust Board	28th February 2019

1 Introduction

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

2 Background

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

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

3 Trust Performance

During November 2018 the Trust achieved a staffing fill rate of 83% for registered staff and 105% for care staff on day shifts and 79% and 112% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 96% was achieved. Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis, the plan which sets out the actions and recommendations from staffing reviews.

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 CHPPD:

- gives a single figure that represents both staffing levels and patient numbers, unlike actual hours alone
- allows for comparisons between wards/units as CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes
- splits registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected
- is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level
- is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures

The Trust will use CHPPD to benchmark between specialities within the organisation and once the information is available through the model hospital national benchmarking will help inform safer staffing reviews.

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 no incidents related to ward nurse staffing reported during November 2018.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During November there were 3 occasions (12 hours in total), when patient activity had to be cancelled, this was due to staffing levels and it was not possible to rearrange these activities. This had a minimal impact on patient experience and direct patient care.

There were 3 concerns relating to staffing levels at the PICU submitted to the PALS service in November 2018. These reports referred to concerns about a reduction in activities. They were coordinated reports relating to the therapeutic support required by one patient and they did not pertain to, or impact on, staffing numbers. Activities continued to be provided.

5.3 Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during November 2018:

- 105 staff breaks were cancelled (equivalent to approximately 2.2% of breaks).

- There was 1 occasion reported during November when a staff supervision session had to be cancelled to support safe staffing levels. No mandatory training or PDR's had to be cancelled to support safe staffing.

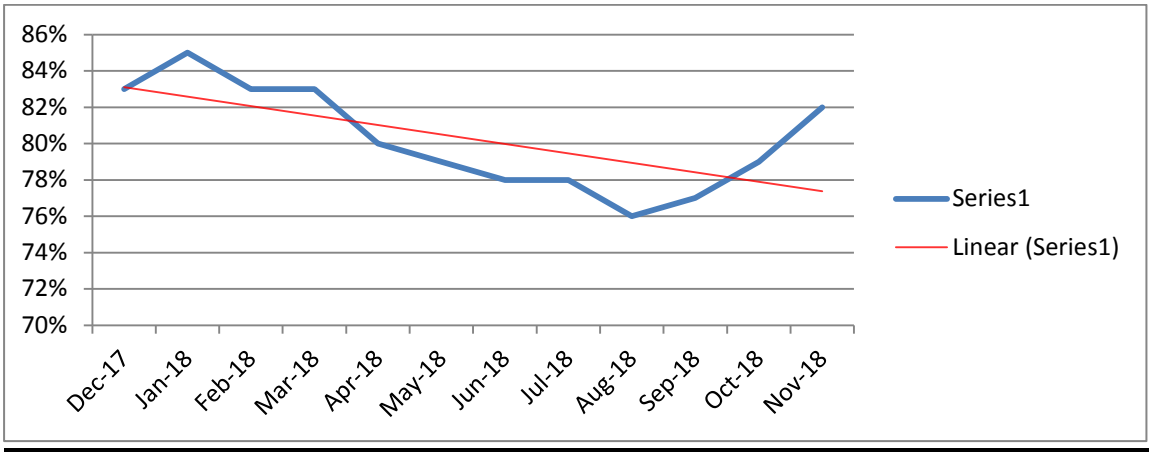
Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. For example a total of 299 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 121 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. A total of 36 hours of additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels.

5.5 RN Staffing Recruitment

In line with the national picture RN recruitment remains challenging. The RN 12 month fill-rate has increased for the third consecutive month; this is due to the successful recruitment of 21 RN's, all new to the Trust, who commenced within our wards during October and November 2018.



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

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

The newly qualified nurses who commenced with the Trust in November 2018 are being supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and, with the exception of one nurse, all newly qualified RNs have been retained in the Trust in the past 2 years.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. The Trust is currently in the process of recruiting Trainee Nursing Associates for the March 2019 intake.

The education programme to support CPD and career progression for all RNs is also being 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.

6. Summary

Safe staffing reporting indicated challenges in staffing wards during November 2018. Over the past 2 years a significant number of RN vacancies have been filled by newly qualified RNs; and during November 2018 the Trust continued to see an increase in its fill rate of RN vacancies as a number of newly qualified nurses were appointed. The Trust continues to employ alternate strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The Trust is participating in the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the Trust Recruitment and Retention Action Plan.

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 November
- Be assured that safe staffing levels have been maintained.

Appendix 1 November 2018 Safer Staffing

Nov-18	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
Date	Day Establishment	Day Clinically	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment	Day Clinically Required	Day Actual	Night Establishme	Night Clinically	Night Actual	Day Fill	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)
Ward 1	1290.0	1290.0	1259.2	333.0	666.0	588.3	1125.0	1125.0	935.2	666.0	666.0	786.6	97.6%	176.7%	83.1%	118.1%
Ward 2	1290	1290	1126.7	666	666	488.4	1485	1485	1600.5	999.9	999	1169.75	87.3%	73.3%	107.8%	117.1%
Ward 3	1290	1290	1214.44	666	666	526	1125	1179	1285.69	666	732.6	929.4	94.1%	79.0%	109.0%	126.9%
Ward 4	1455	1455	1249.21	333	333	344.93	1125	1125	1357.26	999	999	978.4	85.9%	103.6%	120.6%	97.9%
Ward 5	1290	1290	980.23	666	666	390.3	1125	1530	1724.34	666	666	1007.85	76.0%	58.6%	112.7%	151.3%
Ward 6	1290	1290	955.74	643.8	666	393.9	1125	1840.5	2067.92	666	1254.3	1454.1	74.1%	59.1%	112.4%	115.9%
Ward 7	1290	1290	1148.46	333	333	367.3	1125	1138.5	1226.48	999	1021.2	1033.5	89.0%	110.3%	107.7%	101.2%
Assessment & Treatment	1290	1290	793.71	666	666	455.6	1125	1692.75	1841.05	666	1010.1	1209.9	61.5%	68.4%	108.8%	119.8%
Darwin Centre	1290	1290	925.9	666	666	334	1125	1125	1358.75	666	666	666	71.8%	50.2%	120.8%	100.0%
Edward Myers	930	930	939.25	333	333	333	765	765	767.75	666	666	677.1	101.0%	100.0%	100.4%	101.7%
Florence House	615	540	532.83	321.6	321.6	320.18	900	900	636.5	321.6	321.6	321.6	98.7%	99.6%	70.7%	100.0%
Summers View	900	900	483.73	321.6	321.6	332.32	900	900	1054.5	643.2	643.2	621.76	53.7%	103.3%	117.2%	96.7%
PICU	975	975	968.98	666	666	656.7	810	1309.5	1089.48	666	832.5	882.75	99.4%	98.6%	83.2%	106.0%
Totals	15195.00	15120.00	12578.41	6615.00	6970.20	5530.93	13860.00	16115.25	16945.45	9290.70	10477.50	11738.71	83.19%	79.35%	105.15%	112.04%

Nov-18									
	Total Nursing Staffing			CHPPD including AHP's	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
	Overall RN %	Overall Care Staff %	Overall Staffing						
Ward 1	113.8%	96.1%	104.6%	9.87	Nurses working additional unplanned hours and altering the skill mix	-3.48	3.19	88%	↑
Ward 2	82.57%	111.52%	98.77%	7.893760684	Nurses working additional unplanned hours and altering the skill mix	2.14	5.09	92%	↑
Ward 3	88.98%	115.88%	102.27%	7.282239859	Nurses working additional unplanned hours and altering the skill mix	0.02	1.50	86%	↑
Ward 4	89.16%	109.97%	100.46%	12.26263158	Nurses working additional unplanned hours, support of MDT and altering the skill mix	4.24	3.29	84%	↓
Ward 5	70.07%	124.42%	98.81%	11.45438119	Nurses working additional unplanned hours and altering the skill mix	5.09	2.82	99%	↑
Ward 6	69.00%	113.80%	96.45%	14.56225543	Nurses working additional unplanned hours, support of MDT and altering the skill mix	1.31	1.07	82%	↓
Ward 7	93.39%	104.64%	99.82%	7.586296959	Nurses working additional unplanned hours and altering the skill mix	2.65	6.08	95%	↔
Assessment & Treatment	63.87%	112.88%	92.30%	30.12506667	Nurses working additional unplanned hours, support of MDT, altering the skill mix and cross cover from community team.	2.96	-0.92	83%	↔
Darwin Centre	64.41%	113.05%	87.66%	12.61286645	Nurses working additional unplanned hours and altering the skill mix	5.36	1.54	69%	↑
Edward Myers	100.73%	100.97%	100.86%	8.233636364	Nurses working additional unplanned hours and altering the skill mix	2.38	1.02	88%	↓
Florence House	99.00%	78.43%	86.94%	13.09162338	Nurses working additional unplanned hours and altering the skill mix	0.12	0.14	74%	↓
Summers View	66.80%	108.62%	90.14%	9.356725352	Nurses working additional unplanned hours and altering the skill mix	2.59	1.20	100%	↑
PICU	99.07%	92.07%	95.11%	32.29508333	Nurses working additional unplanned hours and altering the skill mix	3.80	-0.20	100%	↑
Totals	81.98%	107.86%	96.12%	11.12	**Total**	**29.18**	**25.82**		

Appendix 2 Staffing Issues

- At the end of November 2018, including PICU, there were 29.18 WTE RN vacancies in in-patient areas. Since April 2018 this is reduced by 17.97 WTE, demonstrating that we have not only been able to successfully recruit new Registered Nurses, we have also retained a large proportion of staff to these posts. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of November 2018, there were 25.82 WTE HCSW vacancies reported within in-patient wards. This is an increase from October 2018 of 9.24 WTE. The majority of these vacancies are within wards 1, 2, 4 & 7, the increase being due to the alignment of budgeted establishments in line with the Safer Staffing Annual Report received and approved by Board in April 2018. As agreed at that time, these recommendations have now been transacted following the opening of PICU. These vacancies are being actively recruited to.

- Ward teams are 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 November 2018. This is a result of increasing night establishments at PICU, Wards 5, 6 and the Darwin Centre, with the number of vacancies on these wards also adding to the challenge. Staffing numbers have continued to be maintained through the use of HCSW's. Ward 1 will show a significantly higher fill rate of RN night shifts during November; this is as a result of a mid-month staffing review and a reduction of RN night cover following the opening of the PICU.

- Occupancy increased in 7 inpatient wards, reduced in 4 and remained unchanged in 2 during November 2018. In spite of this significant increase in occupancy we have been able to achieve overall improvements in our staffing fill rate.

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO TRUST BOARD

Enclosure No:

Date of Meeting:	28th February 2019		
Title of Report:	December 2018 Monthly Safer Staffing Report		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Head of Nursing & Professional Practice		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality	Approved by Exec	☐

Executive Summary:	Purpose of report	
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during December 2018 in line with the National Quality Board requirements. The performance relating to fill rate (actual numbers of staff deployed vs numbers planned) during December 2018 was 81% for registered staff and 97% for care staff on day shifts and 77% and 112% respectively on night shifts. Overall a 92% fill rate was achieved. Where 100% fill rate was not achieved, safety was maintained on in-patient wards by use of additional hours, cross cover and Ward Managers supporting clinical duties. The data reflects that Ward Managers are staffing their wards to meet increasing patient needs as necessary.	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☒ Date: 19th February 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 ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	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 and information		

Version	Name/Group	Date
1	Executive Meeting	19th February 2019
2	Quality Committee	February 2019 (virtually)
3	Trust Board	28th February 2019

1 Introduction

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

2 Background

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

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

3 Trust Performance

During December 2018 the Trust achieved a staffing fill rate of 81% for registered staff and 97% for care staff on day shifts and 77% and 112% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 92% was achieved. The overall total fill-rate has decreased slightly from November 2018 where it achieved 96%; this is in part due to the realigning of budgets which resulted in an overall increase in staffing establishment for some wards. Where 100% fill rate was not achieved, staffing safety was maintained on in-patient wards by nurses working additional unplanned hours, cross cover, Ward Managers (WMs) and the multi-disciplinary team (MDT) supporting clinical duties and the prioritising of direct and non-direct care activities. Established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 1. A summary from WMs of issues, patient safety, patient experience, staff experience and mitigating actions is set out below.

The Safer Staffing Group oversees the safer staffing work plan on a monthly basis; the plan sets out the actions and recommendations from staffing reviews.

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 CHPPD:

- gives a single figure that represents both staffing levels and patient numbers, unlike actual hours alone
- allows for comparisons between wards/units as CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes
- splits registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected
- is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level
- is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures

The Trust will use CHPPD to benchmark between specialities within the organisation and once the information is available through the model hospital national benchmarking will help inform safer staffing reviews.

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 no incidents related to ward nurse staffing reported during December 2018.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. During December there were 6 occasions (total of 37.5 hours) when patient activity had to be cancelled and 10 hours lost due to activities being shortened, this was due to staffing levels and it was not possible to rearrange these activities. This had a minimal impact on patient experience and direct patient care.

5.3 Impact on Staff Experience

In order to maintain safer staffing the following actions were taken by the Ward Manager during December 2018:

- 103 staff breaks were cancelled (equivalent to approximately 2.1% of breaks). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

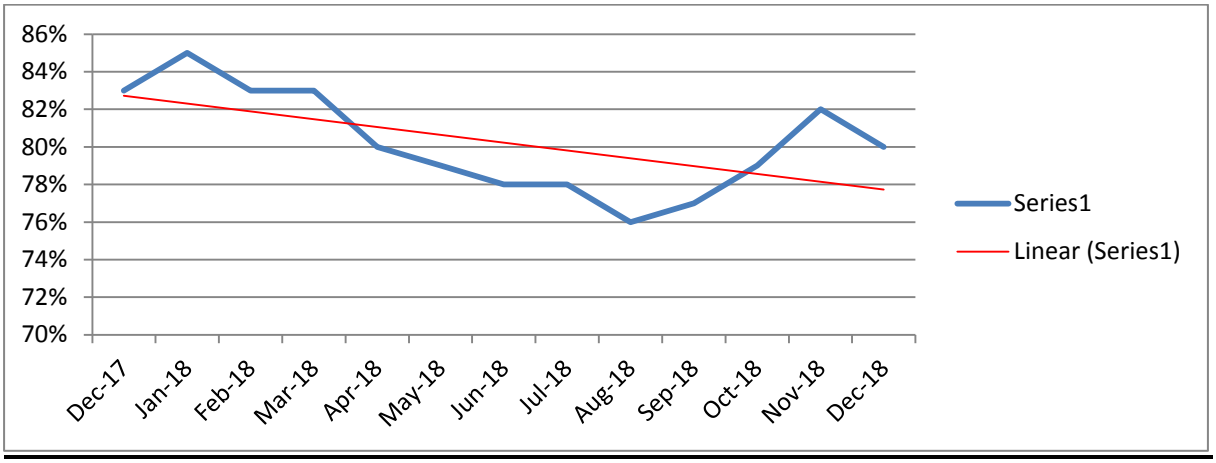
- There were no occasions reported during December when a staff supervision session or PDR had to be cancelled to support safe staffing levels. However, 14 sessions of mandatory training had to be rescheduled to support safe staffing.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. Skill mix has been altered to backfill shortfalls. For example a total of 385 RN shifts were covered by HCSW where RN temporary staffing was unavailable. A total of 176 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 15 occasions (68 hours in total) when additional support was provided by members of the multi-disciplinary team to maintain safe staffing levels.

5.5 RN Staffing Recruitment

In line with the national picture, RN recruitment remains challenging. The RN 12 month fill-rate decreased slightly in December 2018. The Trust is continuing to work proactively to recruit to these vacancies.



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

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

The newly qualified nurses who commenced with the Trust in September 2018 are being supported by a robust preceptorship programme; this programme has been refined and strengthened annually since 2016 and, with the exception of one nurse, all newly qualified RNs have been retained in the Trust in the past 2 years.

The nursing career pathway has been strengthened and 4 Trainee Nursing Associates and 2 Trainee Advanced Nurse Practitioners commenced their training in September 2018. These are academic programmes which run alongside significant work based and placement learning. The Trust is currently in the process of recruiting a further 6 Trainee Nursing Associates for the March 2019 intake.

The education programme to support CPD and career progression for all RNs is also being 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 to date, attracted 32 applications.

6. Summary

Safe staffing reporting continued to highlight challenges in staffing wards during December 2018 and although the Trust experienced a slight decrease in its fill rate of RN vacancies during December 2018, we have over the past 2 years, seen a significant number of RN vacancies being filled by newly qualified RNs. The Trust continues to employ a number of strategies with the support of the HR and communication teams to attract RNs during this national shortage.

The Trust is participating in the NHSI Retention Support Programme. A project team visit has been completed and learning shared, this has been incorporated into the Trust Recruitment and Retention Action Plan.

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 December
- Be assured that safe staffing levels have been maintained.

Appendix 1 December 2018 Safer Staffing

	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
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 (%)
Ward 1	1320.00	1320.00	1228.69	344.10	688.20	533.70	1162.50	1162.50	839.25	688.20	688.20	837.60	93.1%	77.6%	72.2%	121.7%
Ward 2	1320.00	1320.00	1218.98	688.20	688.20	445.30	1534.50	1534.50	1488.29	1032.30	1032.30	1280.70	92.3%	64.7%	97.0%	124.1%
Ward 3	1320.00	1320.00	1215.42	688.20	688.20	534.60	1162.50	1162.50	1189.98	688.20	688.20	796.20	92.1%	77.7%	102.4%	115.7%
Ward 4	1477.50	1477.50	1313.56	344.10	344.10	373.80	1162.50	1162.50	1358.96	1032.30	1032.30	1005.00	88.9%	108.6%	116.9%	97.4%
Ward 5	1320.00	1320.00	941.98	688.20	688.20	393.90	1162.50	1378.50	1655.40	688.20	688.20	1009.98	71.4%	57.2%	120.1%	146.8%
Ward 6	1320.00	1320.00	1011.91	688.20	688.20	357.00	1348.50	1969.50	1953.38	688.20	1198.80	1566.10	76.7%	51.9%	99.2%	130.6%
Ward 7	1320.00	1320.00	1066.73	344.10	344.10	366.30	1162.50	1176.00	1400.17	1032.30	1076.70	1063.80	80.8%	106.5%	119.1%	98.8%
Assessment & Treatment	948.00	948.00	980.94	688.20	688.20	434.50	1534.50	2254.00	1588.13	688.20	1376.50	1570.70	103.5%	63.1%	70.5%	164.5%
Darwin Centre	1320.00	1320.00	881.25	688.20	688.20	355.20	1162.50	1284.00	1446.50	688.20	699.30	685.70	66.8%	51.6%	112.7%	98.1%
Edward Myers	1105.50	1105.50	901.17	344.10	344.10	344.10	790.50	790.50	803.03	688.20	688.20	688.20	81.5%	100.0%	101.6%	100.0%
Florence House	1027.50	1027.50	524.67	332.32	332.32	334.32	930.00	930.00	543.48	332.32	332.32	332.32	51.1%	100.6%	58.4%	100.0%
Summers View	930.00	930.00	563.00	332.32	332.32	385.92	930.00	930.00	995.76	664.64	664.64	578.88	60.5%	116.1%	107.1%	87.1%
PICU	994.50	994.50	896.94	688.20	688.20	681.30	837.00	1255.50	1152.11	688.20	688.20	747.30	90.2%	99.0%	91.8%	108.6%
Totals	15723.00	15723.00	12745.24	6858.44	7202.54	5539.94	14880.00	16990.00	16414.44	9599.46	10853.86	12162.48	81.06%	76.92%	96.61%	112.06%

Date	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy	Movement
	Overall RN %	Overall Care Staff %	Overall Staffing								
Ward 1	87.8%	90.6%	89.1%	3439.24	378.00	10.21	Nurses working additional unplanned hours and altering skill mix.	-4.48	3.19	80%	↓
Ward 2	82.9%	107.9%	96.9%	4433.27	622.00	7.39	Nurses working additional unplanned hours, altering skill mix and the rescheduling of training.	2.14	4.09	86%	↓
Ward 3	87.1%	107.3%	96.8%	3736.20	495.00	7.96	Nurses working additional unplanned hours and altering skill mix.	1.02	1.50	67%	↓
Ward 4	92.6%	107.7%	100.9%	4051.32	426.00	10.97	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	3.24	4.28	92%	↑
Ward 5	66.5%	129.0%	98.2%	4001.26	369.00	11.92	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	5.09	1.82	88%	↓
Ward 6	68.2%	111.1%	94.4%	4888.39	370.00	14.27	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	3.31	1.07	79%	↓
Ward 7	86.1%	109.4%	99.5%	3897.00	589.00	7.43	Nurses working additional unplanned hours, altering skill mix and the support of the wider MDT.	2.65	6.08	94%	↓
Assessment & Treatment	86.5%	98.4%	94.4%	4574.27	176.00	26.95	Nurses working additional unplanned hours, altering skill mix and cross-service support form the Community Team	2.96	-1.92	95%	↑
Darwin Centre	61.6%	107.5%	84.4%	3368.65	237.00	15.83	Nurses working additional unplanned hours and altering skill mix.	6.36	1.54	61%	↓
Edward Myers	85.9%	100.8%	93.5%	2736.50	318.00	8.61	Nurses working additional unplanned hours and altering skill mix.	2.38	1.02	85%	↓
Florence House	63.2%	69.4%	66.2%	1734.79	182.00	6.67	Nurses working additional unplanned hours, altering skill mix and the support of the MDT.	-0.08	1.14	88%	↑
Summers View	75.2%	98.7%	88.3%	2523.56	288.0	9.13	Nurses working additional unplanned hours and altering skill mix.	2.79	1.20	99%	↓
PICU	93.8%	97.7%	95.9%	3477.65	124.00	28.59	Nurses working additional unplanned hours and altering skill mix.	6.00	1.80	98%	↓
Totals	79.76%	102.63%	92.30%	46862.10	4574.00	10.25		**33.38**	**26.81**		

Appendix 2 Staffing Issues

- At the end of December 2018, there were 33.38 WTE RN vacancies in in-patient areas. This is a slight increase on the November position. Our overall vacancy figure continues to show a significant and positive reduction from our April 2018 position, demonstrating that we have not only been able to successfully recruit new Registered Nurses but, we have also retained a large proportion of these nurses. We continue to advertise for the remainder of the vacancies in a variety of part and whole time roles.

- At the end of December 2018, there were 26.81 WTE HCSW vacancies reported within in-patient wards. This is an increase of 1.53 WTE since November 2018. A majority of these vacant posts are within wards 1, 2, 4 & 7 and have also been created in November 2018 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.

- Ward teams are 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 day shift cover remained challenging during December 2018; the most significant increases being at Florence House, Summers View and Darwin Centre with the number of vacancies within these areas also adding to the challenge.

- RN night shift cover remained challenging during December 2018. This was particularly so on Wards 5, 6 and Darwin Centre where there has been an increase in night establishments, with the number of vacancies on these wards also adding to the challenge. Staffing numbers have continued to be maintained through the use of HCSW's.

- The Assessment and Treatment Service has, when safe and appropriate to do so, been supported to maintain safe staffing levels by the Learning Disabilities Intensive Support Team.

- All wards, with the exception of Assessment and Treatment and Ward 4, reported a decrease in occupancy during December 2018. This will have assisted in supporting and maintaining safe staffing levels in all areas.

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REPORT TO TRUST BOARD

Enclosure No:8

Date of Meeting:	28 February 2019		
Title of Report:	Healthcare Workers Flu Vaccination Uptake 2018-19		
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality/Director of Infection, Prevention, Control		
Author:	Julie Anne Murray, Deputy Director of Nursing, AHP & Quality		
Executive Lead Name:	Maria Nelligan, Executive Director of Nursing & Quality/Director of Infection, Prevention, Control	Approved by Exec	☒

Executive Summary:	Purpose of report	
NHSI require all Trusts to report on the uptake of the flu vaccination by Healthcare Workers through their public Trust Board papers. This report details the information requested by NHSI including flu vaccination uptake and opt-out rates, actions taken to improve uptake and a breakdown of reasons staff have given for opting-out.	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 involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Increasing flu vaccination uptake reduces the risk of service users and staff contracting flu		
Resource Implications: Funding Source:	Peer vaccinator training and time, prize incentives. Flu budget		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None have been identified.		
STP Alignment / Implications:	n/a		
Recommendations:	To note the report		
Version	Name/group	Date issued	

1. Introduction

In September 2018, all NHS Trusts were asked, by NHS Improvement, to publicly report information on frontline healthcare worker flu vaccination uptake via their boards by February 2019. All NHS providers are expected to report this information, the purpose of which is to help inform next year's healthcare worker flu vaccination policy.

2. Discussion

The relevant passage from the NHSI letter (September 2018) states that:

"By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2."

There are four pieces of information that the Trust are required to publish as detailed below:

1. Total flu vaccination uptake and opt-out numbers and rates
2. A list of areas designated higher-risk and the uptake and opt-out rates for each
3. Details of actions taken to deliver the 100% uptake ambition
4. A breakdown of the reasons that staff have given for opting-out

NHSI provided a template to assist reporting and this has been completed and returned to NHSI (appendix 1). It should be noted that the Trust does not have any areas designated as 'higher risk'.

The Trust reported an uptake of 75.8% as at 15 February 2019; this was against a national target of 75%. The Trust also demonstrated a wide range of initiatives, led by the IPC Team, to maximise uptake of the flu vaccine amongst HCWs. These initiatives were supported by a wide range of front line peer vaccinators and the communications team and were innovative and responsive.

There were a small number of staff who opted out of the vaccine (3.6%) and the top 3 reasons for opting out were reported as:

- 'Other' (22)
- 'I don't believe the evidence that being vaccinated is beneficial' (14)
- 'I'm concerned about possible side effects'(11)

3. Conclusion

The Trust has utilised a range of innovative and responsive measures to maximise the uptake of the flu vaccine amongst HCWs. This has been led by the IPC Team and supported by colleagues across the Trust, enabling an uptake rate of 75.8%.

Appendix 1 NHSI HCWs Flu Uptake Template

1. Total uptake and opt-out rates

	Total numbers	Rates
Number of frontline HCW	**1378**	**100%**
Uptake of vaccine by frontline HCW	**1039**	**75.8%**
Opt-out of vaccine by frontline HCW	**50**	**3.6%**

2. Higher-risk areas (only trusts with relevant areas – a minimum of which are set out in 7 September letter) – **Not applicable**

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken

3. Actions taken to reach 100% uptake ambition (all trusts)

- Peer vaccinators trained across the Trust (including Team Prevent) covering wide range of specialities acting as 'Roving Vaccinators' to provide vaccines locally to staff
- 2 x 24 hour Jabathon (vaccinators available over a 24 hour period focussing on vaccinations throughout that time)
- Dial-a-jab and Text-a-jab (opportunity to contact IPC team and arrange convenient time and place for vaccination)
- Emails to all staff that are on the database as not vaccinated to offer the opportunity to have the vaccine.
- Incentives- 20 Golden ticket winners (£10 Love to shop voucher) and 1 IPAD winner
- Social Media (Twitter/Facebook/You-tube) Campaign
- Weekly communications sent out trust wide

4. Reasons given for opt-out (all trusts)

Reason	Number
I don't like needles	**7**
I don't think I'll get flu	**2**
I don't believe the evidence that being vaccinated is beneficial	**14**
I'm concerned about possible side effects	**11**
I don't know how or where to get vaccinated	**0**
It was too inconvenient to get to a place where I could get the vaccine	**0**
The times when the vaccination is available are not convenient	**0**
Other reason	**22**

NB On some forms completed staff selected more than one of the above reasons.

From the office of Dale Bywater
Executive Regional Managing Director – Midlands and East

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Derby
DE1 3QT
T: 0330 123 2605
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

14th February 2019

All Midlands & East Provider CEOs

Sent via e-mail

Dear Colleagues

Reporting HCW Flu Vaccination Information

I know that you are focused on delivering great care through winter and staff flu vaccination is an important part of that. We are once again seeing record uptake of the flu vaccine amongst frontline healthcare workers this winter.

On 7 September 2018, all NHS Trusts and NHS Foundation Trusts were asked to publicly report information on frontline healthcare worker flu vaccination via your boards by February 2019. All NHS providers should report this information, although some details regarding higher-risk areas are only required from some organisations. The purpose of this collection is to help inform next year's healthcare worker flu vaccination policy.

If you have not yet published this information and do not have board meetings in February, please send this information directly to us in February and then publish it in your next board meeting.

The relevant passage from the letter states that:

"By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2."

To summarise, there are four pieces of information that we are expecting you to publish. In order to help you do this, a template for reporting this information is attached.

1. Total flu vaccination uptake and opt-out numbers and rates
2. A list of areas designated higher-risk and the uptake and opt-out rates for each
3. Details of actions taken to deliver the 100% uptake ambition
4. A breakdown of the reasons that staff have given for opting-out

Please let us know whether you have already published this information and are planning to do so in your February board papers, or whether you will need to contact us to supply this information separately. If you could reply to Nick Hardwick, Head of Performance at nick.hardwick@nhs.net that would be appreciated.

Thank you very much for your help and support with this.

Yours sincerely

Dale Bywater
Executive Regional Managing Director – Midlands and East

Encs.

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REPORT TO Trust Board

Enclosure No:9

Date of Meeting:	28 February 2019		
Title of Report:	Q3 Mortality Surveillance Report		
Presented by:	Dr B Adeyemo. Medical Director		
Author:	Jackie Wilshaw		
Executive Lead Name:	Dr B Adeyemo. 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:	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 involvement.☐ 2. To provide the highest quality services ☐√ 3. Create a learning culture to continually improve.☐√ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Issues relating to Equality, Diversity and Inclusion were not identified during the MS process or the writing of this report		
STP Alignment / Implications:	Nil		
Recommendations:	To receive for assurance		

Version	Name/group	Date issued
1	CSIG	

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 Q3 reporting period 2018/19 and provides information for the time frame October 2018 to December 2018.

2. Trust reporting and data collection

The table below shows the number of deaths reported monthly during Q3. 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	
Oct 18	15	1	6	8	2	0	2	0
Nov 18	18	10	4	4	1	3	1	3
Dec 18	15	10	1	4	2	3	4	1

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

During Q3 the mortality surveillance group reviewed the care of 9 people (meetings took place on 2nd October, 6th November and 27th November). 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
2nd Oct 18	62	EN1	Good	No	No	Physical Health
	63	EN1	Excellent	No	No	Physical Health
	67	UN1	Good	No	No	Drugs and Alcohol
	74	EN1	Good	No	No	Physical Health
6th Nov 18	79	EN1	Good	No	No	Physical Health
	87	UN2	Good	No	No	Physical Health
27th Nov 18	76	UN1	Adequate	No	No	Physical Health
	84	UN2	Adequate	No	No	Drugs and Alcohol
	33	UU	Poor	No	No	Physical Health + Drugs and 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. In case 63 the Group considered that the care given was person-centred and responsive to meet the needs for the person and that the evidence was well documented. Adequate care was determined in cases 76 and 84. This is where the Group considered that the basic standards of expected support were given. 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 will be sent in order to improve future clinical entries.
In case number 33, the care was assessed as being poor due to the standard of record keeping rather than care delivered. This case had been investigated under the Serious Incident policy and an action plan implemented to address the issues raised. The investigation also showed that there were other areas that could be improved e.g. the standards for caseload management and clinical supervision.

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. Since November 2017, the Trust has reported eight deaths for review under the LeDeR process. To date only one case has been fully reviewed. The person was found to have received good care and no issues were raised for the Trust. However the remaining deaths are still in the review process and there has been no further information for the Trust. Therefore the Trust has made the decision to include the deaths of people with Learning Disabilities in the mortality surveillance process. Reviews from LD services have been requested for all of the outstanding LD deaths. This information should be completed by end March 2019. Finally, any future information from LeDeR will also be shared with the MS group.

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 Q3, there were no evidence of deficits in the healthcare provided by the Trust which may be considered to have contributed to the death of any individuals.

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REPORT TO TRUST BOARD

Enclosure No:10

Date of Meeting:	28 February 2018		
Title of Report:	Q3 Serious Incident Report		
Presented by:	Dr Buki Adeyemo, Executive Medical Director		
Author:	Jackie Wilshaw, Head of Patient and Organisational Safety		
Executive Lead Name:	Dr Buki Adeyemo, Executive Medical Director	Approved by Exec	☐

Executive Summary:		Purpose of report	
This report provides the Trust with information relating to the nature and status of SI's currently open and the trend data for Q2 and Q3 2018/19. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. There are 6 and 12 month updates to completed SI actions plans (Closing the loop) also the quarterly Duty of Candour report is included.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐√ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☐√ 3. Create a learning culture to continually improve.☐√ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐√ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	nil		
Resource Implications: Funding Source:	nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Consideration of Diversity and Inclusion issues is given during the SI investigation processes and the analysis provided in this report. There have been no issues raised with regards to D+I during these processes.		
STP Alignment / Implications:			
Recommendations:			

Version	Name/Group	Date Issued
Version 1	CSIG	18/02/2019
Version 2	Quality Committee	Virtually 20 Feb 2019
Version 2	Trust Board	20 Feb 2019

1. Purpose of the report

This report provides assurance to the Quality Committee of the Trust processes relating to Serious Incidents (SIs) and Duty of Candour. The report covers the period from 1st October to 31st December 2018 (Quarter 3, 2018/19) and details the following:

- The status of SIs currently open and trend data for Q2 2018/19 and Q3 2018/19.
- Serious Incidents by category reported by quarter.
- Themes, learning and change arising from Serious Incident investigations.
- 6 and 12 month updates to completed SI actions plans (Closing the loop)
- The quarterly Duty of Candour report.

2. Serious Incidents Q2

SI investigations are undertaken following incidents involving people in receipt of services or who have been in receipt of services in the previous 12 months. Investigations are completed for incidents where death, serious injury or occurrence has occurred. For the purposes of this report, investigations are not completed for those service users whose deaths are determined by HM Coroner to be the result of natural causes. The table below illustrates the total number of SIs reported by quarter for the period April 2017 to December 2018.

StEIS Incident category	Q1	Q2	Q3	Q4	Total 2017/18	Q1	Q2	Q3	Q4	Total 2018/19
Apparent/actual abuse	0	1	2	2	5	2	0	0		2
Unexpected potentially avoidable injury causing serious harm: this is subdivided as shown below										
Apparent/actual/suspected self-harm criteria meeting SI criteria	1	0	2	2	5	2	2	3		7
Slip, trip, fall	2	6	3	3	14	1	6	1		8
Unexpected/Potentially avoidable injury causing serious harm	0	0	0	0	0	3**	0	0		3
Disruptive, aggressive behaviour meeting SI criteria	0	0	0	0	0	1	1	0		2
Unexpected/Potentially avoidable serious assault	0	0	0	0	0	0	0	1		1
Under 18 admission	0	0	0	0	0	0	0	1		1
Incident demonstrating existing risk	0	0	0	0	0	0	0	1		1
Unexpected potentially avoidable death: This is subdivided as shown below										
Pending review	4	10	8	11	33	7	14	10		31
Apparent/actual/suspected self-harm criteria meeting SI criteria (suspected suicide)	3	6	2	5	16	10	3	4		17
Total	10	23	17	23	73	26	26	21		73

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

During Q3, 22 incidents were reported into StEIS and have undergone or are in the process of undergoing SI investigation.

The tables below shows the incidents reported in Q3 by team (Table 1) and by directorate (Table 2).

Table 1. Incidents by team

Team	October 18	November 18	December 18	Total
Ashcombe	1			1
CJMHT*/CDAS	1			1
Darwin Centre		1	1	2
Florence House	1			1
Greenfields*/Sutherland centre	1			1
Greenfields		1		1
Lymebrook	2			2
Lymebrook*/One Recovery(Newcastle)	1			1
One Recovery*/Lymebrook	1			1
One Recovery (Burton)	1	1		2
One Recovery (Leek)		1	1	2
Recovery + Resettlement	1	1		2
Ward 1		1		1
Ward 2		1		1
Ward 2*/Home Treatment Team		1		1
Ward 7		1		1
Grand total	10	9	2	21

*Denotes team allocated as lead for purpose of investigation

Table 2. Incidents by directorate

Directorate	October 18	November 18	December 18	Total
Acute and Urgent Care	4			4
North Staffordshire Community	5			5
Specialist Services	4	4	2	10
Stoke Community	1	1		2
Grand total	14	5	2	21

The main points to note are:

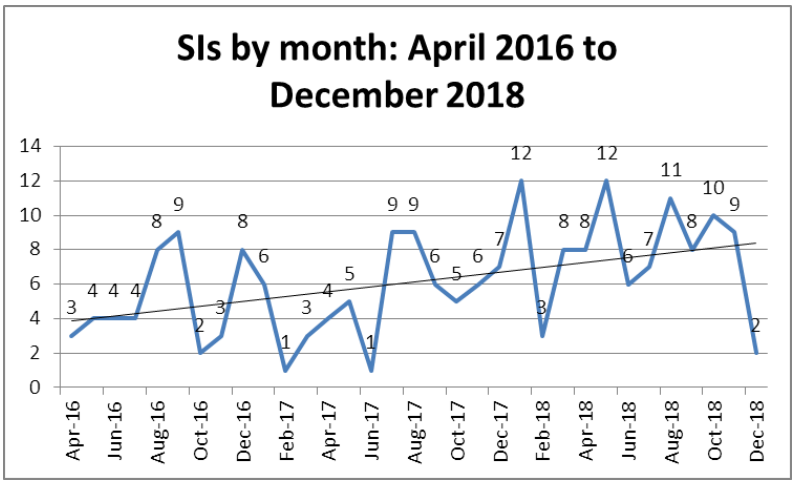
- There were 10 serious incidents reported for the Specialist Directorate.
    - There were 6 unexpected, potentially avoidable deaths, 2 incidents of serious self-harm, 1 incident where a person under the age of 18 was admitted to an adult ward and 1 incident involving a collapsible shower rail. The incident with the shower rail was later reported as a Never Event at the request of a Board executive, although the incident itself did not fully meet the criteria for a Never Event as the Trust demonstrated full compliance with Healthcare Technical Memorandum 66 in the testing and maintenance of collapsible shower rails. Nevertheless the Trust has

worked alongside another Trust, the rail manufacturer and a design engineer in order to learn from the event and to assist in the possible development of an improved design. This incident was also reported to NHS England. With regards to the incident where an under 18 year old was admitted to an adult ward, the person was claiming to be 17 years and 8 months however the correct age of the person was unable to be corroborated and potentially the person is older than 18 years.

- There were 5 incidents in North Staffordshire Community Services.
    - There were 4 unexpected/potentially avoidable deaths and 1 incident where a person was later charged with attempted murder.
- There were 4 incidents in Acute and Urgent Care Services.
    - There was 1 incident of serious self-harm by an inpatient on one of the adult wards, a fall resulting in fracture of an elderly person on one of the older person's wards.
    - The Trust was notified of the deaths of 2 people who had recently been discharged from adult inpatient wards: One death is likely to be determined to be suicide, however it is suspected that the other gentleman died from an accidental drug overdose
- There were 2 incidents in Stoke Community Services.
    - One person died as a result of electrocution, this is likely to be declared an accident at inquest and the SI will be downgraded to a natural cause death.
    - The second incident involved a person well known to services who set fire to her property. This person has been remanded into custody and is being supported through the prison health service.

3. Themes and Trends

The graph below shows the number of Serious Incidents reported monthly from April 2016 to December 2018. During this timeframe the trend line shows an increasing number of SIs.



The numbers of slip, trips, falls has reduced in Q3 with one fracture reported by ward 7. The total number of unexpected deaths has fallen slightly in Q3 with 15 deaths reported; however during Q3 the number of unexpected deaths within the Substance Misuse Services reduced with 4 out of the 11 reported deaths whereas in the previous quarter 10 out of 14 deaths were of people known to Substance Misuse Services.

During Q3 there have been 3 incidents of self-harm meeting the SI criteria relating to people receiving either 24 hour or enhanced support from clinical staff

4. Learning from Serious Incidents

4.1 Quarter 3 learning

Recommendations and learning from investigations are disseminated upon completion of the SI investigation. As in previous reports, elements relating to care planning and risk assessments remain an issue for the Trust. Inpatient and community teams are subject to regular (monthly) peer audits utilising the patient safety matrix tool however this is a relatively small sample size and therefore does not allow for widespread analysis of the quality of the risk assessments and care plans for each person under the care of the Trust. The quality of the care [plans and risk assessments is being followed up from an improvement perspective through the Ward Manager Task and Finish groups and the Community Team Managers Meeting.

Examples of the learning themes found from this quarter and the previous Q2 investigations are outlined below:

- Staff have been reminded through training and supervision that care plans should be SMART (specific, measurable, achievable, realistic and timely) and person centred.
- Service users should be encouraged to register with GPs for support with their physical health
- Improved letters to GPs following service user non-engagement with services. A new Standard Operating Policy was implemented by the Access Team to ensure that practitioners complete a detailed contact note, including the reason for discharge and a review of risks (historical and current) when the person is discharged.
- Inpatient Teams were also reminded to include the rationale for discharge in the notes, especially in cases where the service user does not agree with plan to discharge
- Substance Misuse teams were reminded to ensure that clinical notes also include any engagement strategies to support hard to engage patients. The teams were also asked to consider the need to access records from partner agencies in order to fully explore the care delivered.
- Substance Misuse services were advised to ensure that all clients with a history of opiate misuse are issued and trained in the use of take home Naloxone, and to consider if this training needs to be extended to probation and housing services.
- All entries in clinical notes by staff in training should be authorised by registered staff at the earliest opportunity
- It is well recognised that the period of transition of care between teams is a time of potential opportunity for poor/miscommunication and therefore extra care must be taken to ensure robust transfer pathways between areas.
- Staff have also been reminded of the need to ensure that the care reviews include a review of any specific psychosocial interventions offered.

4.3 SI Action Plan Analysis (previously known as Closing the Loop)

During 2018, a refresh of Trust processes to ensure that all recommendations identified as a result of Serious Incident (SI) investigations are embedded into clinical and operational practice was undertaken. The assurance process includes the following:

The following process has been established to provide the required assurance to CSIG:

- An overarching action plan has been developed which incorporates the recommendations and actions from completed SI investigations.
- The Head of the Patient and Organisational Safety meets with Team leaders to review action plans due in that quarter. This is followed by discussions with team members, selected at random, in relation to the actions to ensure that these were embedded; additionally, patient records or audits were also reviewed.
- To further strengthen the process, the Head of the Patient and Organisational Safety will meet with the Directorate Quality Improvement Lead Nurses to review the action plans and obtain assurance that the actions and learning are cascaded across the wider Teams/Directorates.
- Following the Trust restructure, the Head of the Patient and Organisational Safety attends the locality quality forums, where learning and actions plans form part of the standing items agenda, for discussion by the wider locality team leaders.
- The overarching action plan is reviewed on a monthly basis by Patient and Organisational Team (POST) and the relevant action plans (due for 6 or 12 monthly review post incident) is reviewed in order to ensure that the learning from investigations has been embedded into practice.
- CSIG will receive a quarterly report detailing progress
- In the event of actions not being completed/embedded into practice, immediate action will be taken by the directorates and the action review date will be further extended to 18 months in order for the embedding of learning to be evidenced. Furthermore the Head of POST works alongside the Quality Improvement Lead Nurses until all actions are completed. The action is given a blue final RAG rating when the Trust is able to demonstrate that recommendations/actions are embedded into practice.
- Assurance and any required escalation is through the Directorate quality forums and Quality Committee (via CSIG Quarterly Serious Incident reports).

The table in Appendix 1 contains the action plan reviews undertaken during Q3 2018/19. The action plans are RAG rated during the 6 monthly reviews. Actions are reviewed again at 12 months, if the action is demonstrated to be embedded into practice the action is RAG rated blue. If there is no evidence to support that actions are embedded in practice, the escalation procedures detailed above will be implemented. The six actions reviewed during Q3 were all evaluated as blue (ie embedded into practice).

5. Duty of Candour (Quarter 3 report)

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

In the case of SIs, it is not always possible to immediately determine which, if any of the deaths under investigation meet the Duty of Candour requirements. However should any investigation identify causal links between patient harm and service delivered, the Duty of Candour process would be initiated and a letter outlining the issues sent to the patient or next of kin. The table below shows the incidents that were initially reported as potentially meeting the DoC requirements.

Month	Moderate and above incidents reported	Moderate and above incidents downgraded after review	Moderate and above incident. Managed via SI process	Moderate incident but does not meet DoC criteria	Incident meeting DoC requirement	Moderate and above incident. Managed through the MS process
Oct	40	29	9	1	1	0
Nov	29	22	6	0	0	1
Dec	24	22	1	1	0	0
total	93	73	16	2	1	1

During Q3, there was 1 incident at the Darwin Centre that met the criteria for reporting under the Duty of Candour requirements (self-harm, overdose), action taken as per DoC requirements by the directorate. The current ongoing SI investigations may determine that incidents meet the DoC criteria as part of the investigative process however the initial investigations do not indicate this at present.

6. Conclusion

- The Trust continues to monitor all incidents on a weekly basis and this report demonstrates compliance with Trust policies and processes.
- The trend line shows that Serious Incidents have continued to increase during the timeframe April 2016 to December 2018.
- No specific care or service delivery themes have been identified during this time.
- The greatest number of Serious Incidents relate to unexpected/potentially avoidable deaths however SI investigations do not demonstrate that actions taken/omitted by clinical teams are a contributory factor in these incidents.
- The number of high impact harm falls has reduced during Q3 2018/19
- The learning from investigations, as outlined above, is cascaded across the Trust through a variety of governance processes: From the internal team and directorate processes across to full Trust cascade through the Learning Lessons framework. This is to ensure that the learning from investigations is not completed in isolation and that a positive learning culture is maintained, through supporting staff with the opportunity to reflect and share learning.

7. Appendix 1

KEY:

	Complete
	Embedded in practice
	Almost complete
	Incomplete

Action	Date completion progress note or 6 month review progress	RAG	12 month review progress	RAG
Once the DR officer has completed their risk assessment, if significant change to the level of risk is identified, the risk assessment should immediately be updated. The care co-ordinator will be informed of this entry and the care co-ordinator will make an assessment of the need to increase the level of input or to escalate to the HTT.	Sep-18 DR officer aware that risk assessment must be completed on change of circumstances, Audit completed by NN		Dec-18 Discussion with KL from the team- verbal assurance given that risk assessments are completed on change of circumstances. In addition this has been discussed at the directorate meetings for cascade across other teams	
HTT action - For all team members to document as part of the assessment process and in progress notes at each contact that there is clear rationale for decision making regarding Home Treatment vs hospital admission. GF action - The care co-ordinator to maintain contact with the HTT to inform a collaborative risk assessment.	07/09/2018- check with HTT Discussed with NN- assurance given. Discussed with JW - assurance given		Dec-18 Discussion with KL from the team evidenced assurance. Also noted PIPPA document no longer completed. Record keeping template in use.	
Centre Manager to introduce the use of the PIPPA document to the GF team with the need to commence the process pre admission which would then follow the patient through to discharge and engage all appropriate community personnel.	PIPA document no longer completed by community teams - discussed at team meetings CLOSE		Closed	

Effective care planning is a mandatory requirement for all staff.	07/09/2018 progress note: guidance discussed at team meeting - provided opportunity to discuss the role. Checked LSM for training GF majority of staff completed - 2 staff outstanding - email reminder sent		Dec-18 Discussion with team. Team leader responsible for ensuring all new staff complete the training; team leader aware of which new staff need to complete training. All other staff compliant.	
For all staff to have knowledge of the report and case discussion for the purpose of reflective practice. For GF – SI report to be discussed at the next Clinical Governance meeting being held on 1st February 2018. A review of the case will also be completed in the care co-ordinators next caseload management session.	SI report disseminated to GF staff- discussion with CC involved and open discussions with GF team. Team leader has improved understanding of governance process.		Dec-18 Discussion with team - reflective practice sessions ongoing. HHT/Access continue to hold reflection sessions post SI reports. The HHT/Access teams meet separately and jointly on a monthly basis in order to capture all staff. For GF - action plans reviewed at quality forum and cascaded to team via team meetings	
To ensure all staff are clear regarding their responsibilities under law, professional standards and Trust Policy as regards Safeguarding adults and children and the making of appropriate and timely referrals where potential for harm to others is reported, significantly where there are children in residence at the home address.	Safeguarding supervision on going only one member of staff still to completed L3 Safeguarding training (new member of staff)		Dec-18 Level 3 safeguarding checked on LMS - where people are outstanding these are people new to the team/trust. Team leaders aware of these and of people who are out of date and assurance given that staff are booked onto training sessions	

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REPORT TO THE TRUST BOARD

Enclosure No:11

Date of Meeting:	28th February 2019		
Title of Report:	Seldom Heard Groups & Intensive Users		
Presented by:	Jonathan O'Brien- Director of Operations		
Author:	Jane Munton-Davies, Associate Director for Stoke Directorate Sam Mortimer, Associate Director for North Staffordshire Directorate		
Executive Lead Name:	Jonathan O'Brien- Director of Operations	Approved by Exec	☒

Executive Summary:	Purpose of report	
This paper provides a briefing to the Trust Board on the services and engagement with those groups identified as 'seldom heard', with a focus on the homeless, traveller communities and support to high intensity users of health services	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☐ Date: 25th February 2019	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Committee ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement. ☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve. ☐ 4. Encourage, inspire and implement research & innovation at all levels. ☐ 5. Maximise and use our resources intelligently and efficiently. ☐ 6. Attract and inspire the best people to work here. ☐ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Reference	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.	The paper outlines services provided to service users and carers considered 'seldom heard' and therefore has implications for the inclusion of such groups in access to and provision of services.		
STP Alignment / Implications:			
Recommendations:	The Trust Board is recommended to receive this paper for: • **INFORMATION** regarding the services available for vulnerable and seldom heard groups. • **ASSURANCE** that the provision of such services is a priority for the Operational Directorates and that there is active and ongoing development of such services with partner organisations.		

Introduction

The briefing outlines for the Trust Board, the services available to those considered seldom heard groups and those who are high intensity users of our health services.

Services to Homeless

In 2018 significant changes were made to the Homelessness Reduction Act of 2017, essentially placing a new duty on public authorities, such as hospitals and prisons, requiring them to make a referral, with the individual's consent, to the local housing authority if someone they're working with appears to be homeless or appears threatened with homelessness.

The act informs us that:

- 86% of homeless people report having a mental health problem
- 29% of homeless people leaving hospital were not given a suitable discharge to address their housing and health needs

The act focuses on:

- Prevention
- Rapid response for people with low level needs
- Sustained support for people with complex needs - developed in collaboration with people who have been homeless and frontline organisations contributing their expertise.

Stoke on Trent City Council have developed a 4 year strategy to support the homelessness reduction agenda that identifies a collaborative approach between health, Criminal Justice Teams and Housing. In addition, during 2018 the CCG in collaboration with North Staffordshire Combined Healthcare NHS Trust undertook focus groups with individuals who were homeless, essentially in hostels to establish the local health needs and subsequent support received or indeed barriers to support required.

The focus groups informed that access to services for those seldom heard groups were challenging. As a result of this a multi-agency homeless hub was developed in November 2018, to run as pilot for 6 months.

The homeless hub provides an additional collaborative approach to existing services within the Trust and other statutory services within the Stoke locality, the aim of which is to provide:

- Housing Options
- Mental Health Access
- Community Policing
- DWP – benefits/finance advice
- Probation
- Social Care
- CAB
- Night Shelter – emergency food and shelter
- Primary Care
- Community Nursing

It is the shared intention that the hub will address the following needs:

- To improve the accessibility of help and support through statutory, voluntary, faith-based, and community-based responses
- To improve coordination between local authority, welfare benefits, health, criminal justice, voluntary, faith-based, and community-based services around individuals
- To offer rapid help and support in relation to immediate needs (food, warmth, companionship, clothing, ablutions, etc.), housing, welfare benefits, primary physical and mental health, drug and alcohol treatment, and social care, as well as information advice and guidance
- Provide mental health assessment and support where required
- Improve accessibility to mental health services
- Early intervention and detection of mental health need

- Early intervention and support with complex need such as drug and alcohol dependency
- Provision of links into the Step on service that will support in improving access to meaningful employment for seldom heard groups.

High Volume / Intensive Users

The HVU service is a partnership between health services and the British Red Cross, aimed at reducing demand on A&E services in North Staffordshire by addressing the health and social care issues that are driving regular attendance at A&E. The service partnership, which has been running since April 2016, has evidenced significant reduction in the use of services, via the provision of robust support in the community to some of the most vulnerable service users.

The service, based at Harplands Hospital, works solely with patients who have been associated with persistent A&E attendances and non-elective admissions, offering help and pointing them in the direction of more appropriate health and social care support.

The HVU service works with identified cohorts of patients to understand their needs and offer practical help. The service is funded by North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups and is jointly run by North Staffordshire Combined Healthcare NHS Trust and the British Red Cross.

The service ensures patients have support for their physical and mental health needs and also work on social issues such as housing and benefits, which in many cases are the root of their problems. In providing education for service users and working in partnership with GP surgeries, A&E, West Midlands Ambulance Service, out-of-hours services and local authorities, the services provides better options, resolves underlying issues and in tandem encourages service users to not default to urgent care services.

The team provides support directly into service user homes where necessary and being a multi-agency team, is able review all support available across social care to physical and mental health care.

The first cohort of service users to be engaged with the team, were those who had attended A&E 12 or more times in a 12 month period in 2016/17. In this cohort there were **66 service users**. The service was expanded in 2017/18 and commissioned to work with a further **140 service users**. The outcomes for these cohorts were tracked and the comprehensive support provided resulted in a **50%** reduction in A&E attendances and admissions for these service users, saving the health economy an estimated **£500,000** on a recurrent basis and most important ensuring that access to the right support and service provision is available to service users when and where they need it.

Access & Home Treatment

The Access and Home Treatment Team have developed collaborative working arrangements with the housing teams locally to ensure;

- Early engagement with discharge planning where a housing need is identified
- Information and guidance on service provision
- Housing provision of in reach support

Progress has been made, particularly with the older population within the travelling community. We have trusted link workers with whom the community feel more comfortable in engaging with and have seen an increase in support to this population.

The Directorates are working in partnership with public health to understand their local populations, and over the coming months as the new locality structures embed, will have a greater awareness of the local demographics. The intention of which is to provide mental health and alcohol and substance

misuse drop in support into known areas where seldom heard citizens are known to frequent, including identified hostels, YMCA , housing authorities within the community localities

Links are being established through the Quality Improvement Lead Nurses with charitable organisations such as “Friends, Families and Travellers” in order to further progress our engagement strategy.

Equality & Diversity Implications

Work is currently underway through Lesley Faux, Equality and Diversity Lead, to update the Diversity and Inclusion Strategy to take account of seldom heard citizens such as homeless people and the travelling community. This will also reflect the renewed emphasis on access and parity for hard to reach groups as recognised through The NHS Long Term Plan.

Summary & Recommendations

The Trust continues to develop services in partnership with other statutory organisations and the voluntary sector in order to improve on and develop support for those groups in our population who may have difficulty in accessing support services

The Trust Board is recommended to receive this paper for:

- **INFORMATION** regarding the services available for vulnerable and seldom heard groups.
- **ASSURANCE** that the provision of such services is a priority for the Operational Directorates and that there is active and ongoing development of such services with partner organisations.

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REPORT TO TRUST BOARD

Enclosure No:12

Date of Meeting:	28TH FEBRUARY 2019		
Title of Report:	2018/19 Quality Account Project Plan		
Presented by:	Dr Buki Adeyemo, Medical Director		
Author:	Sandra Storey, Associate Director MACE		
Executive Lead Name:	Dr Buki Adeyemo	Approved by Exec	☒

Executive Summary:	Purpose of report	
By 30 June 2019, all organisations are required to develop and publish a Quality Account which if designed well will assure commissioners, patients and the public that Trust Boards are regularly scrutinising each and every one of their services. The Quality Account is produced annually to report to the public about the quality of services and should address the following: - what an organisation is doing well - where improvements in the quality of services are required - the priorities for improvement in the coming year - how the Trust has involved service users, staff and others in determining these priorities for improvement. A draft project plan has been developed to ensure that all of the key stages are delivered.	Approval	☒
	Information	☐
	Discussion	☐
	Assurance	☒

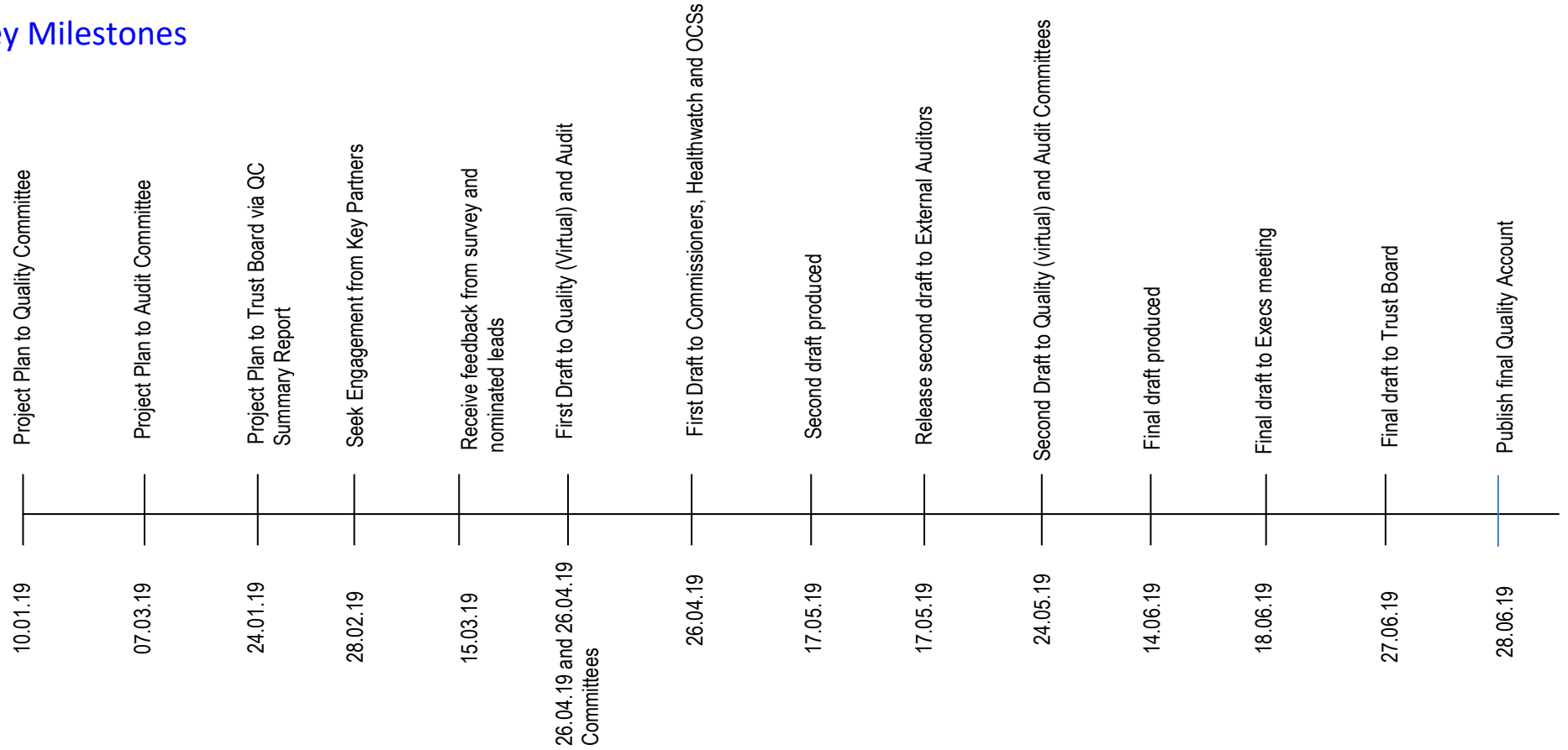
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☐ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Primary Care Integration Programme Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☒ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☒ 4. Encourage, inspire and implement research & innovation at all levels.☒ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Reference	It is a legal requirement to produce a Quality Account		
Resource Implications: Funding Source:	Nothing highlighted in this report.		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Nothing highlighted in this report.	
STP Alignment / Implications:	Not applicable	
Recommendations:	Approve Project Plan	
Version	Name/group	Date issued

Project Plan: Development of 2018/19 Quality Account V1

Key:	
	Achieved
	On target
	Risk to delivery
	Will not be delivered by due date and high risk
Accountability & Delivery: Sandra Storey, Associate Director Medical & Clinical Effectiveness	
Director Accountability: Dr Buki Adeyemo, Medical Director	

Key Milestones



NOTE: The delivery of this Project Plan is reliant on the submission of information for the Quality Account by nominated leads within the specified deadlines.

PROJECT PLAN

KEY TARGET	ACTION	ACTION DATE	BOARD / COMMITTEE DATE	DIRECTOR LEAD	OPERATIONAL LEAD	PROGRESS R / O / Y / G
Review and plan framework	• Undertake a high level review of the requirements associated with the development and production of the Trust's Quality Account • Develop a Project Plan to deliver the Quality Account by the due date (this document – section 1)	**03/01/19**	**-**	B Adeyemo	S Storey	
BRIEF QC RE PROCESS	• Present Project Plan to the QC with regard to the development of the Trust's Quality Account	**03/01/19**	**10/01/19**	B Adeyemo	S Storey	
BRIEF AUDIT COMMITTEE RE PROCESS	• Present Project Plan to the Audit Committee with regard to the development of the Trust's Quality Account • Seek confirmation from Auditors that this is acceptable in terms of timescales	**28/02/19**	**07/03/19**	B Adeyemo	S Storey	
BRIEF TRUST BOARD RE PROCESS	• Present a paper to the open Trust Board with regard to the development of the Trust's Quality Account via QC Summary Report • Seek delegated responsibility for the Quality Committee to sign off the final version of the QA	**17/01/19**	**24/01/19**	B Adeyemo	S Storey	
Meet with External Auditors to discuss audit requirements	• Meet with external auditors to discuss and clarify audit requirements and external assurance process	**TBC**	**-**	B Adeyemo	S Storey	
Plan content	• Develop a standard template for the content of the Quality Account and assign key areas to lead officers	**28/02/19**	**-**	B Adeyemo	Storey	
Develop a survey to seek engagement in the QA	• Develop a survey to provide key stakeholders and staff with the opportunity to inform the development of the Trust's QA	**28/02/19**	**-**	B Adeyemo	TBC	
Seek engagement from key partners	• Draft and issue a covering letter and the survey to key stakeholders	**28/02/19**	**-**	B Adeyemo	TBC	

Seek engagement from staff	• Issue a communication to staff with a copy of the survey via News Round	**28/02/19**	**-**	B Adeyemo	J McCrea	
Issue Standard Template for action	• Ensure that the standard template is issued for action to ensure that key leads in the Trust are clear of the requirements and are developing the information for inclusion • Response date for draft data: **22/03/19**	**w/c 04/03/19**	**-**	B Adeyemo	S Storey	
Survey deadline	• Key stakeholders to respond via the survey • Staff to respond via the survey	**15/03/19**	**-**	B Adeyemo	TBC	
Draft Input from nominated leads	• All leads identified to provide the required information to S Storey	**22/03/19**	**-**	B Adeyemo	Nominated lead	
Review input from surveys received	• Review the response via the surveys and ensure that the standard template is adjusted to respond to the results	**29/03/19**	**-**	B Adeyemo	TBC	
Identify requirements in relation to the Quality Account for inclusion in the Trust's Annual Report	• Ensure that there is clarity regarding the standard content of the Trust's Annual Report with regard to the Quality Account • Ensure that there is clarity regarding key delivery dates (initial and final)	**08/04/19**	**-**	L Holland	J McCrea	
Identify development, publishing and communication requirements	• Ensure that there is clarity regarding the content of the full Quality Account, final published version, printing costs, layout, use of case studies, pictures, etc. • Ensure that there is clarity re publication in different languages • Progress the development of a summary Quality Account – agree development stages in line with main Quality Account	**08/04/19**	**-**	L Holland	J McCrea	
Report to Staffordshire OSC	• Present a paper to Staffordshire Overview & Scrutiny Committee with regard to the progress in developing the Trust's Quality Account and inform them when the next stage draft will be available • CC this report to Newcastle Borough Council OSC and Staffordshire Moorland's OSC	**TBC**	**To confirm attendance with Nick Pountney**	B Adeyemo	B Adeyemo	
Report to Stoke on Trent	• Issue a paper to Stoke on Trent OSC with regard to the progress in developing the Trust's Quality Account and	**TBC**	**To confirm**	B Adeyemo	B Adeyemo	

OSC	inform them when the next stage draft will be available		**attendance with Mandy Pattinson**			
PRODUCE FIRST DRAFT QUALITY ACCOUNT	• Develop first draft of QA (this will not include full year outturn data at that time)	**w/c 25/03/19**	**-**	B Adeyemo	S Storey	
Draft QA to Audit Committee *Permission to Table*	• Present the draft of the QA to the Audit Committee • Release first draft to Ernst Young	**26/04/19**		B Adeyemo	S Storey	
Draft QA to QC	• Present the draft of the QA to the Quality Committee	**26/04/19**		B Adeyemo	S Storey	
SEND COPY OF FIRST DRAFT QUALITY ACCOUNT TO COMMISSIONERS / Healthwatch / OSCs / NHS England Area Team	• This is a regulation and mandatory requirement • A copy of the provider's Quality Account must be shared with key Commissioners; Healthwatch; and OSCs within 30 days beginning with 1 April at the end of the reporting period (i.e. by 30 April each year) o Executive Chair – Clinical Commissioning Group Staffordshire o Executive Chair – Clinical Commissioning Group Stoke on Trent o Chair of Overview & Scrutiny Committee – Staffordshire Moorlands District Council o Chair of Overview & Scrutiny Committee – Newcastle under Lyme Borough Council o Chair of Overview & Scrutiny Committee – Staffordshire o Chair of Overview & Scrutiny Committee – Stoke on Trent o Healthwatch – Staffordshire o Healthwatch – Stoke on Trent o NHS England Area Team • Seek a formal statement from key commissioners; Healthwatch; OSC; no longer than 500 words long. This statement must include confirmation that the information is accurate and any other comments considered relevant **(Offer opportunity to Healthwatch)**	**Latest Date 30/04/19**	**-**	B Adeyemo	S Storey	

	• Seek feedback by 31st May 2019 with regard to the stakeholders' view of the Trust's Quality Account. • The commissioners have a responsibility to check the accuracy of the information contained in the QA in relation to services provided					
Drop-In Session to be held for staff and key Stakeholders	• Key staff to be available to talk about the 2018/19 Quality Accounts	**TBC**	**TBC**	B Adeyemo	S Storey / L Wrench	
PRODUCE SECOND DRAFT QUALITY ACCOUNT	• Develop a second draft of the QA to include full year outturn data	**17/05/19**	**-**	B Adeyemo	S Storey	
Second draft to External Auditors	• Present the second draft to external auditors	**17/05/19**	**-**	B Adeyemo	S Storey	
Second draft QA to QC Committee	• Present the second draft of the QA to the QC Committee / Audit Committee	**24/05/19**		B Adeyemo	S Storey	
Communicate the second draft Quality Account to key stakeholders if required	• Issue the second draft of the QA to other stakeholders as listed below and seek their comments regarding the Trust's QA • Seek feedback by 31 May 2019 with regard to the stakeholders' view of the Trust's Quality Account.	**24/05/19**	**-**	B Adeyemo	S Storey	
Feedback on the second draft QA from commissioners	• Receipt of a formal statement from key commissioners; Healthwatch; OSC no longer than 500 words long. This statement must include confirmation that the information is accurate and any other comments considered relevant. • Must be provided within 30 days of receiving the Trust's draft QA	**31/05/19**	**-**	B Adeyemo	S Storey	
Feedback on the draft QA from other partners	• Final comments from key partners and staff • Ensure that comments are incorporated in the final version of the QA	**31/05/19**	**-**	B Adeyemo	S Storey	
External Auditors to provide full assurance on QA data	• External Auditors to undertake assurance work around key performance metrics as reported in the QA	**May/June 2019**	**-**	B Adeyemo	External Auditors	

PRODUCE FINAL QUALITY ACCOUNT	• Develop final draft of Quality Account	**14/06/19**	**-**	B Adeyemo	S Storey	
Final draft to QC	• Present the final draft of the QA to the Quality Committee – (virtual)	**17/06/19**		B Adeyemo	S Storey	
Final draft to Audit Committee	• Present the final draft of the QA to the Audit Committee	**17/06/19**		TBC	S Storey	
Final draft to Trust Board	• Present the final draft of the QA to the Trust Board (permission to table)	**27/06/19**		B Adeyemo	S Storey	
PUBLISH FINAL QUALITY ACCOUNT	• Publish the final draft of the QA on website • Publish the final draft on NHS Choices • Send copy to Secretary of State • Send final draft to key stakeholders	**28/06/19 for deadline of: 30/06/19**	**-**	B Adeyemo	J McCrea	
Present QA at AGM	• Formally present at the Trust's AGM	**TBC**	**TBC**	CEO	CEO	

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REPORT TO Trust Board

Enclosure No:13

Date of Meeting:	28 February 2019		
Title of Report:	Q3 Enhanced Performance Report		
Presented by:	Lorraine Hooper, Director of Finance, Performance & Estates		
Author:	Vicky Boswell, Associate Director of Performance		
Executive Lead Name:	Lorraine Hooper, Director of Finance, Performance & Estates	Approved by Exec	☒

Executive Summary:	Purpose of report	
On a quarterly basis the Finance, Performance & Digital Committee and the Trust Board receive an Enhanced Performance & Quality Report which considers the national and regulatory oversight performance positon. This report is produced and presented on a quarterly basis. The report provides: • Performance and Quality Management Framework (PQMF) An overview of performance for December 2018 covering Contracted and internal Key Performance Indicators (KPIs) and Reporting Requirements. In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in the supporting PQMF dashboard. • Single Oversight Framework Report This report provides information on the Quality of Care, Operational Performance and Finance & Use of Resources metrics relevant to Mental Health Trusts for Quarter 1 - 3 2018/19. Performance is assessed based on national standards where available or the development of proxy measures to replicate what is published on the Model Hospital site. • Five Year Forward View for Mental Health This dashboard presents the NHSE performance assessment by Stoke and North Staffs CCG against the priority areas identifies within the Five Year Forward View for Mental Health. It contains the data published nationally by NHSE	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☐

Seen at:	SLT ☒ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☒ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		

Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☐
Risk / legal implications: Risk Register Ref	In Month 9 there are 2 targets related metric rated as Red and 1 metric rated as Amber; all other indicators are within expected tolerances. All areas of underperformance are separately risk assessed and a rectification plan is developed, overseen by the relevant sub-committee of the Trust Board.
Resource Implications: Funding Source:	There are potential contractual penalties if the Trust is not able to meet reporting requirements or performance standards. A Data Quality Improvement Plan is agreed with commissioners to address data quality issues that may impact on performance.
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	The PQMF includes monitoring of ethnicity as a key national requirement. The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. A new diversity and inclusion report is being developed to monitor trust performance on closing service user and workforce equality data gaps.
STP Alignment / Implications	Reporting from Month 8 reflects the Locality restructuring in support of STP alignment. This includes a breakdown of activity and performance according to North Staffs and Stoke localities.
Recommendations:	The committee is asked to • Receive the report as outlined • Note the Management action and committee oversight

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Enhanced Performance Report
Quarter 3 – December 2018
Trust Board

Enhanced Performance Report Quarter 3 – December 2018

1. Introduction

On a quarterly basis the Finance, Performance & Digital Committee and the Trust Board receive an Enhanced Performance & Quality Report which considers the national and regulatory oversight performance position.

2. Performance Overview

Section 1 – Monthly Performance & Quality Management Framework (PQMF)

The report provides an overview of performance for December 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements. In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Associate Directors and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

Section 2 – Single Oversight Framework: Q3 Quality of Care and Operational Metrics

NHS Improvement (NHSI) published the updated Single Oversight Framework (SOF) in November 2017. This report provides information on the Quality of Care, Operational Performance and Finance & Use of Resources metrics relevant to Mental Health Trusts for Quarter 3 2018/19. Performance is assessed based on national standards and targets where available, or the development of proxy measures to replicate what is published on the Model Hospital site.

The report is informed by an analysis of Model Hospital, NHSE or NHS Digital published national data to identify areas of comparatively high or relatively poor performance.

Section 3 – Five Year Forward View for Mental Health

This dashboard presents the NHSE performance assessment by Stoke CCG and North Staffs CCG against the priority areas identifies within the Five Year Forward View for Mental Health (FYFV). This reports on the latest published national reports (Quarter 4 2017/18).

3. Update on Report Development

Board and Locality Reporting

A new style Board report is under development in Q4 which will support the transition of the Trust to measuring for (quality) improvement. It will enable the development of the use of SPC charts to demonstrate quality improvement and describe the process changes that have resulted in it.

At the same time it recognises that the Trust's regulatory KPIs in the Single Oversight are RAG-rated targets that must be achieved and therefore offers a hybrid approach of run charts or SPC charts with a RAG rating or performance against target as appropriate by Trust and Locality Directorate level. In this way a single report on high value KPIs can serve both as a QI and performance tool to support Board, and Committee meetings together with a more granular reporting for the 4 x Directorates (Stoke and North Staffs Community, Acute & Urgent Care and Specialist Services) to inform Performance Review meetings.

This report will replace the Enhanced Performance Report from Q1 2019/20.

4. Section 1 – Monthly Performance & Quality Management Framework (PQMF)

Introduction to Performance Management Report

The report provides an overview of performance for December 2018 covering Contracted Key Performance Indicators (KPIs) and Reporting Requirements.

In addition to the performance dashboards a full database (Divisional Drill-Down) has been made available to Directorate Heads of Service and Clinical Directors to enable them to interrogate the supporting data and drive directorate improvement. This is summarised in Appendix 1.

Executive Summary

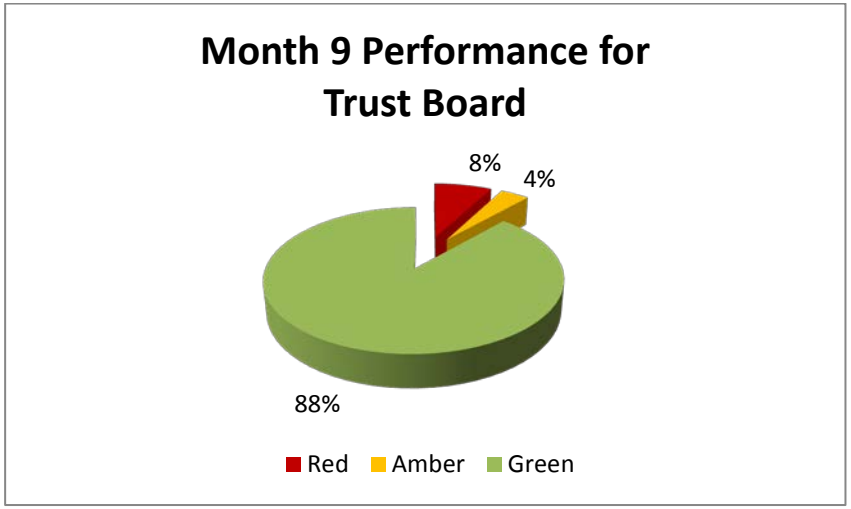
The following performance highlights should be noted:

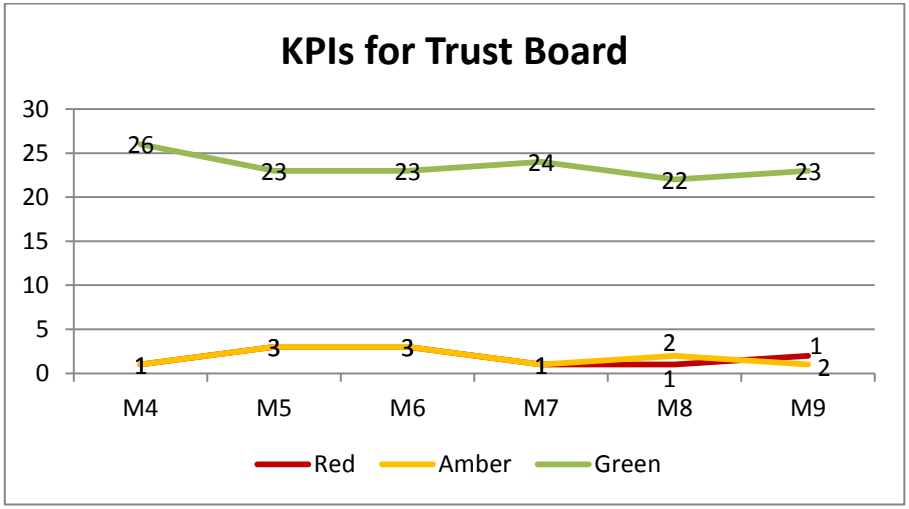
Access and Waiting Times:

- Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment have achieved 100% in M9
- CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs and Stoke CCG) have achieved 100% in M9
- 92.5% of people have been treated within 18 weeks (target 92%)
- The Mental Health Liaison team has consistently met the 95% target for A&E referrals within 1 hour for the last 6 months
- Delayed Transfers of Care is 2.9% in M9, well within the 7.5% target
- There has been an increase of emergency readmissions during M9 (6.3%) but this remains within the 7.5% target
- There were no patients sent out of area for an adult or older adult bed in M9

Exception Reporting

In Month 9 there are 2 target related metrics rated as **Red** and 1 as **Amber**, all other indicators are within expected tolerances.





Updated metrics and targets

The following measures and targets have been updated for Month 9:

- PALS & Complaints figures for November confirmed, provisional data received for December 2018
- Sickness absence percentage figures for M9 are provisional. Year to date sickness absence figures have been refreshed to reflect the updated 12 months rolling position.

Exceptions - Month 9

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
CCG	CYP admissions to adult ward: Number of patients 16/17 years old admitted to Adult Psychiatric Wards	Exec Dir of Ops	0.0	GREEN 0.0	RED 1.0	↗	1.0 at M9 from 0.0 at M8 A patient aged 17 was detained under Section 2 of the Mental Health Act and admitted to Ward 1 as the Darwin Centre was deemed not appropriate.
CCG	CPA Review: The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths	Exec Dir of Ops	95.0%	RED 84.8%	RED 86.3%	↗	86.3% at M9 from 84.8% at M8 • North Staffordshire Community – 94.7% at M9 from 93.7% at M8 469 out of 495 patients have had a 12 month review recorded o Community Based 90.9% at M8 o Community Based MH Services for Adults of Working Age 95.7% at M9 o Community MH Services for Children & Young People 85.7% at M9 • Stoke Community – 77.2% at M9 from 77.0% at M8 431 out of 558 have had a 12 month review recorded o Community Based MH Services for Older People 97.5% at M9 o Community Based MH Services for Adults of Working Age 78.7% at M9 o Other Specialist services 96.1% at M9 o Community MH Services for Children & Young People 66.7% at M9 • Acute Services & Urgent Care – 55.2% at M9 from 0% at M8 o MH Crisis Services 53.8% at M9

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
							o Specialist Community MH Services for CYP 0% at M9 o MH Acute Wards for Adults of Working Age & Psychiatric Intensive Care Units 60% at M9 o MH Wards for Older People with Mental Health Problems 75% at M9 o Other Specialist Services 100% at M9 • Specialist Care – 94.9% at M9 from 89.3% at M8 205 out of 216 have had a 12 month review recorded o Community Based MH Services for Adults of Working Age 97.5% at M9 o Community MH Services for Children & Young People 50% at M9 o Other specialist services 86.7% at M9 from 92.3% at M8 o CAMHS wards 62.5% at M9 o LD wards 80.4% at M9 o Community Mental Health Services for People with a Learning Disability or Autism 80.4% at M9 The Trust has responded to commissioners following the issuing of a contract performance notice and provided an action plan with a trajectory to achieve the target Trustwide by end of March 2019. There is a key focus in the Stoke Locality 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.
CCG	7 day Follow Up: The proportion of those receiving follow up within 7 days of discharge (all patients)	Exec Dir of Ops	90.0%	AMBER 88.8%	AMBER 89.2%	↗	89.2% at M9 from 88.8% at M8 This is a Contractual requirement introduced in M4 to ensure that all patients discharged from an inpatient admission receive a 7 day follow up, both CPA and non CPA. 91 of the 102 patients discharged in M9 were followed within 7 days, 11

KPI Classification	Metric	Exec/Op Lead	Target	M8	M9	Trend	Commentary
							patients were not followed up within the timescale. Of the 11 follow up breaches: - 4 were Stoke (1 Sutherland and 3 Greenfields) - 2 were N Staffs (1 Newcastle and 1 Moorlands) - 5 were Acute services (CRHT) The Trust is a national pilot site for 48 hour follow up for wards 1, 2 and 3 as it is recognised that the 48 hours following discharge is the period where mental health service users may be most at risk of suicide. This aims to ensure a 48 hour follow up in addition to a 7 day follow up. The requirement in the SOP is for all patients not allocated to a CMHT to receive a 48 hour and 7 day follow up contact from the CRHT. Weekly monitoring has been strengthened and inpatient and community staff have been reminded of the requirements of the SOP in respect of discharge planning and follow up. The inpatient wards have strengthened the process of notifying community teams of impending discharges. A deep dive is being undertaken to understand the details of each breach rectification report when follow up has not been made with 7 days. This will be reported to the Finance, Performance and Digital Committee on 7 March.

5. Section 2 – Single Oversight Framework : Q3 Quality of Care and Operational Metrics

Metrics	Frequency	18/19 Target	National Average	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
Section 1: Quality of Care							
Written complaints rate	Quarterly	N/A		9.4%	10.0%	5.4%	
Occurrence of any Never Event	Monthly	0		0.0	0.0	0.0	
Patient Safety Alerts not completed by deadline	Monthly	0		0.0	0.0	0.0	
Mental Health Scores from Friends and Family test - % positive	Monthly	N/A		88.3%	84.6%	100.0%	
Admissions to adult facilities of patients under 16 years old	Monthly	0		0.0	0.0	0.0	
CPA follow up - proportion of discharges from hospital followed up within 7 days	Monthly	95.0%	95.8%	98.9%	96.9%	97.8%	
% Clients in settled accomodation (target based on Q1 2018/19 national average)	Monthly	31.4%	31.4%	20.1%	23.5%	25.4%	
% Clients in employment (target based on Q1 2018/19 national average)	Monthly	7.8%	7.8%	1.3%	1.5%	1.6%	
Section 2: Operational Performance							
People with a first epsiode of psychosis begin treatment with a NICE- recommended care package within two weeks of referral	Monthly	53.0%	82.0%	83.3%	84.2%	87.5%	
Data Quality Maturity Index (DQMI) - MHSDS dataset score	Quarterly	95.0%	87.1%	96.1%	100.0%	97.4%	
Improving Access to Psychological Therapies (IAPT) - Proportion of people completing treatment who move to recovery (Stoke only)	Monthly	50.0%	51.60%	65.6%	65.5%	62.1%	
Improving Access to Psychological Therapies (IAPT) - Waiting time to begin treatment **i) within 6 weeks** (Stoke only) **ii) within 18 weeks**	Monthly Monthly	75.0% 95.0%	89.2% 99.1%	100.0% 99.9%	99.9% 100.0%	99.2% 100.0%	
Inappropriate out-of-area placements for adult mental health services. Baseline M9 2017/18 of 150 bed days - ratio of bed days each month compared to baseline Total no. patients have spent out of area in period Total no. bed days have spent out of area in period	Monthly	<100%		5.8% 9.0 53.0	15.8% 7.0 64.0	0.4% 2.0 2.0	

Single Oversight Framework (SOF) – Noteworthy points
This report provides information on the Quality of Care, Operational Performance and Finance & Use of Resources metrics relevant to Mental Health Trusts for Quarters 1 - 3 2018/19. Performance is assessed based on national standards and targets where available, or the development of proxy measures to replicate what is published on the Model Hospital site. The report is informed by an analysis of Model Hospital, NHSE or NHS Digital published national data to identify the latest national average/ median position and areas of comparatively high or relatively poor performance. Performance exceptions and noteworthy points are summarised below:

Metric	Performance Exceptions: Actions
Service users in Employment: % service users in employment (count of patients who have an employment status that has been updated within the last 12 months)	The Trust is underperforming as the SOF counts as valid only when the status has been reviewed in the last 12 months. In order to improve performance, a SOP has been developed to ensure that the status is actively reviewed each year and the review recorded correctly in Lorenzo. A self-serve operational management report has been developed to highlight patients with missing demographics, such as ethnicity, employment and settled accommodation status, in time for them to update at their next appointment or contact.
Service users in Settled Accommodation: % of service users in settled accommodation (count of patients who have an accommodation status that has been updated within the last 12 months)	

Metric	To note
Data Quality Maturity Index (DQMI): The DQMI provides healthcare data submitters with timely and transparent information about their data quality. It is an overall score calculated for each provider; it is defined as the average of the percentage of valid and complete entries in each field of each dataset and is proportional to the coverage. The core data items including NHS number date of birth, gender, ethnicity, postcode, speciality and consultant. A target has not been set in the SOF and the Trust target is based on the national average in Q1 2018/19.	The latest nationally figures for Quarter 2 shows Trust performance at 97.4% (based on the latest published data at Q1 2018/19). Out of the 114 Mental Health Trusts who submit MHSDS data NSCHT is currently: ▪ 10th highest regionally out of 21 (NHS England Midlands and East) ▪ 32nd nationally

Early Intervention in Psychosis (EIPS) : DQ issue

There is a national imperative to ensure that our MHSDS submissions of EIPS data conform to the UNIFY submissions. The table below sets out the difference in submissions from April to October based on a rolling 3 month period.

		Referrals on EIP pathway entering Treatment			Referrals on EIP pathway entering Treatment - % waiting 2 weeks or less		
Trust Name	Rolling 3 Month Period	MHSDS	UNIFY	Variance	MHSDS	UNIFY	Variance
North Staffs Combined Healthcare NHS Trust	Apr - Jun 2018	20	20	0	50%	80%	-30%
	May - Jul 2018	18	20	2	67%	80%	-13%
	Jun - Aug 2018	19	22	3	79%	86%	-7%
	Jul - Sep 2018	24	25	1	83%	88%	-5%
	Aug - Oct 2018	15	18	3	62%	89%	-27%

The validated position for October demonstrated a discrepancy of 3 cases between Unify and MHSDS data for numbers entering treatment and a 27% variance on waiting time data.

It has been highlighted that the MHSDS process demands that only contacts booked against the Referral Team will count towards the Early Intervention Waiting time standard. This is an issue as the 2 EIPS teams in the Trust with staff covering across both teams. A new issue has emerged as staff are not correctly coding contacts against the correct referral team.

The Performance team are working with the EIP service to ensure that all contacts will be booked against the same referral team, and are working closely to ensure that there are no issues with the submission in January and going forward.

The EIPS is developing a clear SOP to be implemented across CAMHS & adult community and inpatient services to ensure that there is an immediate (on the day) onward referral to EIPS once psychosis is suspected or identified. It will also clarify that contacts must be attached to the correct referring team. This will help to ensure data alignment between the submissions.

Cardio-metabolic assessment and treatment:

This measure aims to ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:
a) inpatient wards
b) early intervention in psychosis services (EIPS)
c) community health services (people on care programme approach)
The target is to achieve 90%

Compliance is based on CQUIN audit and will be assessed at the end of Q4 for inpatient and community services.

The data for the EIPs audit has been submitted nationally at the end of November and the Trust is awaiting a response on performance.

Out of Area Beds The aim of the target is to demonstrate a reduction in total numbers of bed days patients (adult acute) have spent inappropriately out of area against rolling annual baseline, working towards elimination of inappropriate out of area placements by 2020/21. The rationale for this is to support the commitment in the Five Year Forward View for Mental Health to eliminate inappropriate placements (due solely to local acute bed pressures) for non-specialist adult acute care by 2021. The data source for this will be the CAP monthly data collection of acute out of area placements.	In the SOF dashboard there are 3 data lines reported: ▪ Baseline M9 2017/18 of 150 bed days - ratio of bed days each month compared to baseline (SOF indicator) ▪ Number of patients placed out of area ▪ Number of bed days out of area

6. North Staffs CCG : 5 Year Forward View for Mental Health Dashboard

Quarter 1 2018/19

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Indicators*	Reporting Period	Indicator Value	Standard met / on track	Trend**
NORTH STAFFS CCG		**ITALICS IS PLANNED*		
Children and Young People (CYP) Mental Health				
% of CYP accessing treatment by NHS funded community services (at least two contacts)	**2018/19**			
% of CYP with eating disorders seen within 1 week (urgent)	**Q1 2018/19**	66.7%	N/A	
% of CYP with eating disorders seen within 4 weeks (routine)	**Q1 2018/19**	100	N/A	
Number of bed days for CYP under 18 in Child and Adolescent Mental Health tier 4 wards	**Q1 2018/19**	720.0	N/A	
Number of admissions of CYP under 18 in Child and Adolescent Mental Healh tier 4 wards	**Q1 2018/19**	10.0	N/A	
Bed days of CYP under 18 in adult in-patient wards	**Q1 2018/19**	N/A	N/A	N/A
Number of CYP under 18 in adult in-patient wards	**Q1 2018/19**	N/A	N/A	N/A
CYP Mental Health planned CCG spend - exluding learning disabilities and eating disorders	***2018/19***	*£1.8M*	N/A	N/A
CYP Mental Health planned CCG spend - eating disorders	***2018/19***	*£423K*	N/A	N/A
Adult Mental Health: common mental health problems (Improving Access to Psychological Therapies services)				
IAPT access rate: proportion of people with depression/anxiety entering NHS funded treatment during reporting period	**Q1 2018/19**	5.45%	N/A	
IAPT % of all referrals that are for older people 65+	**Q1 2018/19**	8.2%	N/A	
IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery	**Q1 2018/19**	61.0%		
IAPT recovery rate for black or minority ethnic (BME) groups	**Q1 2018/19**	59.0%		
IAPT % of people receiving first treatment appointment within 6 weeks of referral	**Q1 2018/19**	85.0%		
IAPT % of people receiving first treatment appointment within 18 weeks of referral	**Q1 2018/19**	99.0%		
IAPT planned CCG spend	***2018/19***	£1.8M	N/A	N/A
Early Intervention in psychosis (EIP)				
% of people who started treatment within 2 weeks of referral - All ages	**Q1 2018/19**	100.0%		
EIP planned CCG spend	***2018/19***	£420k	N/A	N/A
Acute hospital mental health liaison				
A&E and Ward Liaison mental health actual spend	***2018/19***	£697k	N/A	N/A
Suicide Prevention				
Suicide: age-standardised death rate per 100,000 population - Age: 10+	**2014-2016**	8.2	N/A	
Hospital admissions for self-harm: age standardised rate per 100,000 - Age: 10-24	**Q1 2018/19**	140.7	N/A	
Hospital admissions for self-harm: age standardised rate per 100,0000 - Age: 25 +	**Q1 2018/19**	53.1	N/A	
% of population of England with access to liaison and diversion services - All ages	**Q1 2018/19**	100.0%	N/A	
Meeting commitment to increase mental health funding				
CCG spend on MH as a % of CCG base allocations	***2018/19***	16.8%	N/A	N/A
Mental Health actual spend in 2017/18	**2017/18**	£45.7m	N/A	N/A
Mental Health actual spend in 2018/19	***2018/19***	£48.6m	N/A	N/A
MH investmet standard achieved?	***2018/19***	Y	N/A	N/A

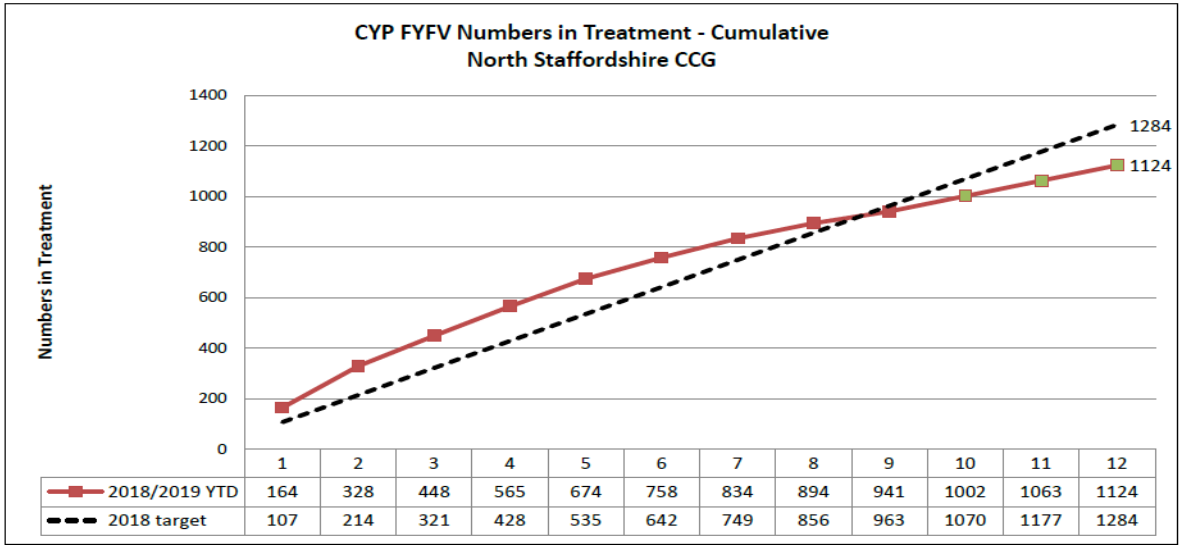
Stoke-on-Trent CCG : 5 Year Forward View for Metal Health Dashboard

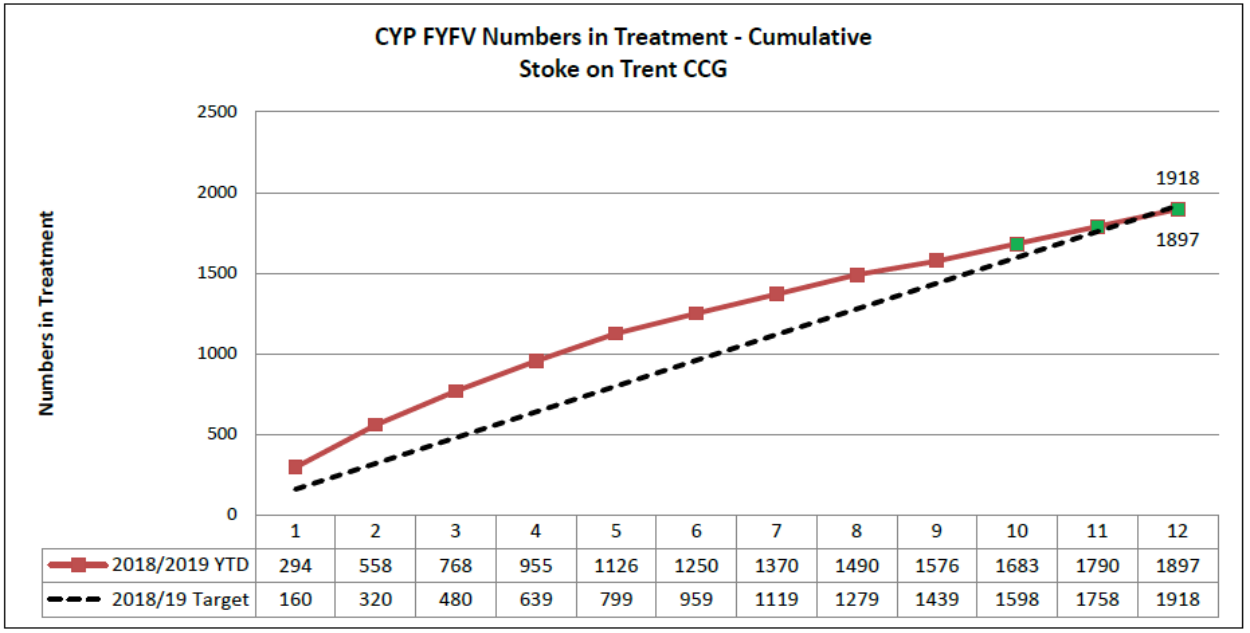
Quarter 1 2018/19

NHS
North Staffordshire
Combined Healthcare
NHS Trust

Indicators*	Reporting Period	Indicator Value	Standard met / on track	Trend**
STOKE-ON-TRENT CCG		**ITALICS IS PLANNED*		
Children and Young People (CYP) Mental Health				
% of CYP accessing treatment by NHS funded community services (at least two contacts)	**2018/19**			
% of CYP with eating disorders seen within 1 week (urgent)	**Q1 2018/19**	66.7%	N/A	
% of CYP with eating disorders seen within 4 weeks (routine)	**Q1 2018/19**	100.0%	N/A	
Number of bed days for CYP under 18 in Child and Adolescent Mental Health tier 4 wards	**Q1 2018/19**	720.0	N/A	
Number of admissions of CYP under 18 in Child and Adolescent Mental Healh tier 4 wards	**Q1 2018/19**	10.0	N/A	
Bed days of CYP under 18 in adult in-patient wards	**Q1 2018/19**	N/A	N/A	N/A
Number of CYP under 18 in adult in-patient wards	**Q1 2018/19**	N/A	N/A	N/A
CYP Mental Health planned CCG spend - exluding learning disabilities and eating disorders	***2018/19***	£1.8m	N/A	N/A
CYP Mental Health planned CCG spend - eating disorders	***2018/19***	£423k	N/A	N/A
Adult Mental Health: common mental health problems (Improving Access to Psychological Therapies services)				
IAPT access rate: proportion of people with depression/anxiety entering NHS funded treatment during reporting period	**Q1 2018/19**	5.5%	N/A	
IAPT % of all referrals that are for older people 65+	**Q1 2018/19**	8.2%	N/A	
IAPT recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery	**Q1 2018/19**	61.0%		
IAPT recovery rate for black or minority ethnic (BME) groups	**Q1 2018/19**	59.0%		
IAPT % of people receiving first treatment appointment within 6 weeks of referral	**Q1 2018/19**	85.0%		
IAPT % of people receiving first treatment appointment within 18 weeks of referral	**Q1 2018/19**	99.0%		
IAPT planned CCG spend	***2018/19***	£1.8m	N/A	N/A
Early Intervention in psychosis (EIP)				
% of people who started treatment within 2 weeks of referral - All ages	**Q1 2018/19**	100.0%		
EIP planned CCG spend	***2018/19***	£420k	N/A	N/A
Acute hospital mental health liaison				
A&E and Ward Liaison mental health actual spend	**2018/19**	£697k	N/A	N/A
Suicide Prevention				
Suicide: age-standardised death rate per 100,000 population - Age: 10+	**2014-2016**	8.2	N/A	
Hospital admissions for self-harm: age standardised rate per 100,000 - Age: 10-24	**Q1 2018/19**	140.7	N/A	
Hospital admissions for self-harm: age standardised rate per 100,0000 - Age: 25 +	**Q1 2018/19**	53.1	N/A	
% of population of England with access to liaison and diversion services - All ages	**Q1 2018/19**	100.0%	N/A	
Meeting commitment to increase mental health funding				
CCG spend on MH as a % of CCG base allocations	***2018/19***	16.8%	N/A	N/A
Mental Health actual spend in 2017/18	**2017/18**	£45.7m	N/A	N/A
Mental Health actual spend in 2018/19	***2018/19***	£48.6m	N/A	N/A
MH investmet standard achieved?	***2018/19***	Y	N/A	N/A

5 Year Forward View for Mental Health: Noteworthy points
These dashboards present the NHSE performance assessment by Stoke and North Staffs CCG against the priority areas identifies within the Five Year Forward View for Mental Health. This reports on the latest published national reports (Quarter 1 2018/19).

Metric	Performance Exceptions: Actions
CAMHS Access (Locally reported data as this measure is not currently reported nationally)	This measure tracks progress in achieving the aspiration set out in the 5 Year Forward View of increasing access to treatment for children and young people by 35% over the 5 year period. It measures the numbers who have received treatment (expressed by 2 contacts) in each financial year. The current performance for North Staffs and Stoke CCGs is set out below:  |	1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |---|---|---|---|---|---|---|---|---|---|---|---|---| | 2018/2019 YTD | 164 | 328 | 448 | 565 | 674 | 758 | 834 | 894 | 941 | 1002 | 1063 | 1124 | | 2018 target | 107 | 214 | 321 | 428 | 535 | 642 | 749 | 856 | 963 | 1070 | 1177 | 1284 | *Note that M10-M12 figures in Green are projected.* On the current trajectory North Staffs CYP teams need another 107 entering into treatment each month between January and March 2019 to meet the Commissioner target of 1284. Current monthly average is only 61. On this basis North Staffs CYP Teams are unlikely to hit the Target.



Note that M10-12 figures in Green are projected.

On the current trajectory, Stoke teams need another 120 entering into treatment each month between January and March 2019 in order to meet the target, against a monthly average of 111. It would appear that Stoke CYP teams may meet the target of 1918 with a slight increase in average monthly numbers.

7. Recommendations

The Trust Board is asked to:

- Receive the report as outlined
- Note the Management action and committee oversight

Appendix 1 - Month 9 PQMF Dashboard

Month: 9 **December**

Key:-

PQMF Report

NHS North Staffordshire Combined Healthcare NHS Trust

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

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

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
NHSI	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	75.0%	75.0%	100.0%	75.0%	90.0%	87.5%	80.0%	72.2%	100.0%			
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (North Staffordshire CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%			
	Number of completed EIP pathways (North Staffordshire CCG)	Monthly	No Target	4.0	2.0	2.0	2.0	1.0	4.0	0.0	0.0	3.0			
	Number of incomplete EIP pathways (North Staffordshire CCG)	Monthly	No Target	1.0	2.0	0.0	1.0	0.0	1.0	5.0	0.0	0.0			
	Early Intervention in Psychosis - A maximum of 2 week waits for referral to treatment (Stoke-on-Trent CCG) (Target 17/18-50%, 18/19-53%, 19/20-57%, 20/21-60%)	Monthly	53%	50.0%	66.6%	100.0%	66.6%	88.8%	100.0%	80.0%	88.9%	100.0%			
	Number of completed EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	2.0	4.0	2.0	4.0	8.0	4.0	4.0	8.0	7.0			
	Number of incomplete EIP pathways (Stoke-on-Trent CCG)	Monthly	No Target	1.0	1.0	1.0	0.0	0.0	0.0	5.0	0.0	7.0			
NHSI	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (North Staffs CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
	CAMHS - % of CYP with ED (Routine Cases) referred with a suspected ED that start treatment within 4 weeks of referral (Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
NHSI	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs and Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (North Staffs CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
	CAMHS - Number of CYP with ED (Urgent Cases) referred with a suspected ED that start treatment within 1 week of referral (Stoke CCG)	Monthly/Quarterly	95%			100.0%			100.0%			100.0%			
CCG	Compliance with 18 week waits (Referral to Treatment or Intervention)	Monthly	92%	90.5%	86.8%	93.5%	93.9%	93.9%	91.7%	92.8%	90.1%	92.5%			
	Acute Services & Urgent Care									100.0%	100.0%	98.0%			
	North Staffordshire Community									89.2%	92.6%	94.9%			
	Specialist Care									84.5%	75.6%	88.7%			
	Stoke Community									89.2%	85.8%	87.6%			

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PROUD TO CARE

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CCG	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Monthly	0	0	0	0	0	0	0	0	0.0	0.0			
CCG	MH Liaison Team response to A&E referrals within 1 hour	Monthly	95%	94.8%	93.0%	98.0%	95.0%	97.9%	97.3%	96.7%	96.0%	95.0%			
CCG	Patients will be assessed within 12 weeks of referral to the Memory Assessment service	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
CCG	Number of people seen for crisis assessment within 4 hours of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
National	Percentage of inpatient admissions that have been gatekept by crisis resolution/ home treatment team	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
National/CCG	Overall safe staffing fill rate	Monthly	No Target	93.7%	93.4%	94.1%	93.7%	93.6%	93.4%	94.3%	94.2%	89.9%			
National	Mental health delayed transfers of care (target NHSI)	Monthly	7.5%	5.5%	9.1%	7.6%	7.8%	7.8%	5.9%	4.1%	2.1%	2.9%			
CCG	Emergency Readmission rate (30 days). Percentage of patients readmitted within 30 days of discharge.	Monthly	7.5%	6.0%	4.8%	4.8%	6.5%	7.5%	6.4%	6.4%	3.5%	6.3%			
NHSI	Total **bed days** patients have been Out of Area	Monthly	No target	4.0	0.0	22.0	2.0	67.0	2.0	0.0	2.0	0.0			
Trust Measure	Adult	Monthly	No target	4.0	0.0	22.0	2.0	67.0	2.0	0.0	2.0	0.0			
Trust Measure	Older Adult	Monthly	No target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
NHSI	Ratio of days Out of Area to baseline (Baseline set at M9 2017/18 figure of 150 bed days, as per SOF guidance, shown as 100%. The ratio of days each month to this baseline figure is then expressed as a percentage.)	Monthly	<100%	2.7%	0.0%	14.7%	1.3%	44.7%	1.3%	0.0%	1.3%	0.0%			
Trust Measure	Total patients Out of Area	Monthly	No target	2.0	0.0	6.0	2.0	4.0	1.0	1.0	1.0	0.0			
Trust Measure	Adult	Monthly	No target	2.0	0.0	6.0	2.0	4.0	1.0	1.0	1.0	0.0			
Trust Measure	Older Adult	Monthly	No target	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Trust Measure	Total bed days - PICU	Monthly	No target	252.0	441.0	715.0	547.0	252.0	93.0	604.0	54.0	83.0			
Trust Measure	Total patients - PICU	Monthly	No target	5.0	4.0	4.0	12.0	6.0	5.0	8.0	8.0	1.0			

	Metric	Frequency	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
SAFE															
CCG	Number of patients 16/17 years old admitted to Adult Psychiatric wards	Monthly	0.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0			
NHSI	Admission to adult facilities of U16s	Monthly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
CCG	Bed Occupancy (incl home leave) - Trust	Monthly	85%	90.7%	89.0%	87.8%	85.4%	89.7%	89.7%	80.4%	86.5%	82.5%			
CCG	Bed Occupancy (incl home leave) - Acute Services & Urgent Care - Adult Inpatient	Monthly	90%	89.7%	77.8%	89.5%	91.1%	89.7%	86.4%	76.1%	86.5%	79.0%			
CCG	Bed Occupancy (Including Home Leave)-Trust excluding Adult Inpatient	Monthly	85%	90.6%	94.3%	85.3%	79.6%	88.0%	90.4%	86.9%	86.0%	83.8%			
CCG	LD & CAMHS Inpatient - LD	Monthly	85%	79.7%	83.6%	90.6%	81.7%	80.3%	81.9%	83.3%	83.3%	94.6%			
CCG	Neuro & Rehab - Neuro	Monthly	85%	88.2%	102.0%	91.8%	93.1%	96.5%	99.1%	89.9%	99.1%	87.5%			
CCG	Acute Services & Urgent Care - Older Adult Inpatient	Monthly	85%	91.5%	95.3%	83.4%	78.4%	88.2%	96.9%	94.4%	88.2%	88.9%			
CCG	LD & CAMHS Inpatient - C&YP	Monthly	85%	98.7%	95.1%	85.1%	68.3%	84.7%	66.6%	66.5%	73.1%	61.0%			
CCG	IAPT: The proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Quarterly	19% per annum (4.75% per quarter)			4.8%			4.6%			4.7%			
NHSI / CCG	IAPT : The number of people who are moving to recovery. Divided by the number of people who have completed treatment minus the number of people who have completed treatment that were not at caseness at initial assessment	Monthly	50%	69.3%	71.7%	67.8%	70.3%	66.0%	60.3%	57.9%	66.7%	61.7%			
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 6 weeks of referral	Monthly	75%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.0%	98.6%			
NHSI / CCG	Improving Access to Psychological Therapies (IAPT) Programme: the percentage of service users referred to an IAPT programme who are treated within 18 weeks of referral	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
CCG	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Monthly	<10%	26.1%	17.9%	17.8%	15.1%	6.8%	4.4%	8.4%	12.1%	10.6%			
CCG	Place of Safety Assessments	Monthly	No Target	22.0	24.0	22.0	25.0	27.0	26.0	18.0	29.0	14.0			
National	The proportion of those on Care Programme Approach (CPA) for at least 12mnths having formal review within 12mnths "NHSI"	Monthly	95%	95.3%	96.5%	97.1%	97.0%	93.8%	93.4%	85.7%	84.8%	86.3%			
NHSI	The proportion of those on Care Programme Approach (CPA) receiving follow-up contact within 7 days of discharge	Monthly	95%	100.0%	97.9%	98.7%	96.3%	96.4%	98.0%	97.1%	100.0%	96.2%			
Trust Measure/CCG	(ALL PATIENTS) The proportion of those receiving follow up within 7 days of discharge	Monthly	Internal-No Target CCG -90%	91.2%	85.2%	91.0%	80.2%	87.3%	83.5%	95.4%	88.8%	89.2%			
NHSI/CCG	Never Events	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
National	Patient Safety Alerts not completed by deadline	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
CCG	Mixed Sex Accommodation Breach	Monthly	0	0	0	0	0	0	0	0	0	0			
CARING															
National	Inpatient Scores from Friends and Family Test – % positive	Monthly	No Target	90.8%	84.9%	89.2%	89.8%	87.0%	77.0%	86.0%	87.0%	89.5%			
National	Staff Friends and Family Test - % recommended - care	Quarterly	No Target			73.0%			73.0%			N/A			
National	Percentage of complaints responded to in line with timescale agreed with complainant	Monthly	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
National	Written complaints rate	Quarterly	No Target			9.4%			10.0%			5.4%			
CCG	Duty of Candour Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident	Monthly	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
ORGANISATIONAL HEALTH															
National	% Year to Date Agency Spend compared to Year to Date Agency Ceiling	Monthly	0%	-45.0%	-39.0%	-23.0%	-12.9%	-2.0%	2.0%	1.0%	-3.0%	-7.0%			
National	Sickness Absence Percentage: Days lost	Monthly	4.95%	4.6%	4.4%	4.6%	4.6%	4.4%	4.3%	4.3%	4.5%	4.4%			

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO TRUST BOARD

Enclosure No:14

Date of Meeting:	28TH FEBRUARY 2019		
Title of Report:	Being Open Report: An Evaluation and Analysis of Dear Caroline, Freedom to Speak up Guardian, Raising Concerns and Workforce Grievance activity (January – December 2018 and quarterly update October – December 2018)		
Presented by:	Linda Holland		
Author:	Kerry Smith, Associate Director of Workforce		
Executive Lead Name:	Linda Holland, Director of Workforce, OD, Inlcusion and Communications	Approved by Exec	☐

Executive Summary:	Purpose of report	
The Being Open report provides a combined report of Dear Caroline, FTSU, Raising Concerns and Grievances submissions, reporting on their collective activity providing details regarding the themes, trends and patterns for assurance at Trust Board. It provides a full summary of activity covering a 12 month period for Jan – Dec 2018 and a detailed quarterly review for the period of Oct – Dec 2018 Combined Being Open key themes – Jan – Dec 2018 Top three themes: - Policies, Procedures and Processes - Service Changes - Other Combined Being key themes (quarter) – Oct - Dec 18 Top themes: - Policies, Procedure and Processes - Other - Service Changes <u>Next Steps</u> It is proposed that the Trust will: • Continue to utilise all four mechanisms to support staff to raise concerns and issues • Support the ongoing development of an open and transparent culture through development and embedding of the Trust Values and supporting Behaviours Framework • Continuation of the Freedom to Speak Up Guardian role including further strengthening of approach/ development of a range of Freedom to Speak Up Champions to further support the FSUG role. • Continue and strengthen communication to the wider Trust to help promote speaking to managers, professional leads, trade union representatives as well as the more formal routes that are available.	Approval	☐
	Information	☐
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People & Culture Development Committee ☒ • Charitable Funds Committee ☐ • Business Development Committee ☐ • Digital by Choice Board ☐		
Strategic Objectives			

(please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☒ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☐
Risk / legal implications: Risk Register Reference	n/a
Resource Implications: Funding Source:	Management Time N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	All staff are actively encouraged to access the abovementioned mechanisms to raise concerns and can do so either electronically, in writing or where requested via telephone/face to face meeting.
STP Alignment / Implications:	
Recommendations:	• Receive the report for assurance • Support the proposed next steps • Receive an update report quarterly

Being Open Report:
An Evaluation and Analysis of Dear Caroline, Freedom to Speak up, Grievance and Raising Concerns activity (January 2018 to December 2018)

1. Introduction

As a Trust we are committed to supporting staff to raise concerns they may have, ensuring that they are taken seriously, investigated where appropriate, actions taken where required and any lessons learnt are shared across the organisation.

The Trust has introduced a number of mechanisms to support staff to raise their concerns including; the Dear Caroline initiative, the appointment of the Freedom to Speak up Guardian and a review of the Trust's formal Raising Concerns Policy (formerly the Whistleblowing Policy). The Trust also operates a Resolution of Grievance and Dispute procedure which supports staff to raise issues regarding their working arrangements. A brief synopsis of each mechanism is provided in appendix 1.

The Being Open report provides a combined report of the abovementioned mechanisms reporting on their collective activity providing details regarding the themes, trends and patterns for assurance at Trust Board. It provides a full summary of activity covering a 12 month period for January 2018 – December 2018 and a detailed quarterly review for the period of October 2018 – December 2018. Furthermore, to allow greater comparison and review the high level themes developed by the National Freedom to Speak Up Guardian have been adopted and allocated to all submissions across each of the abovementioned mechanisms. Further detailed drill downs are available.

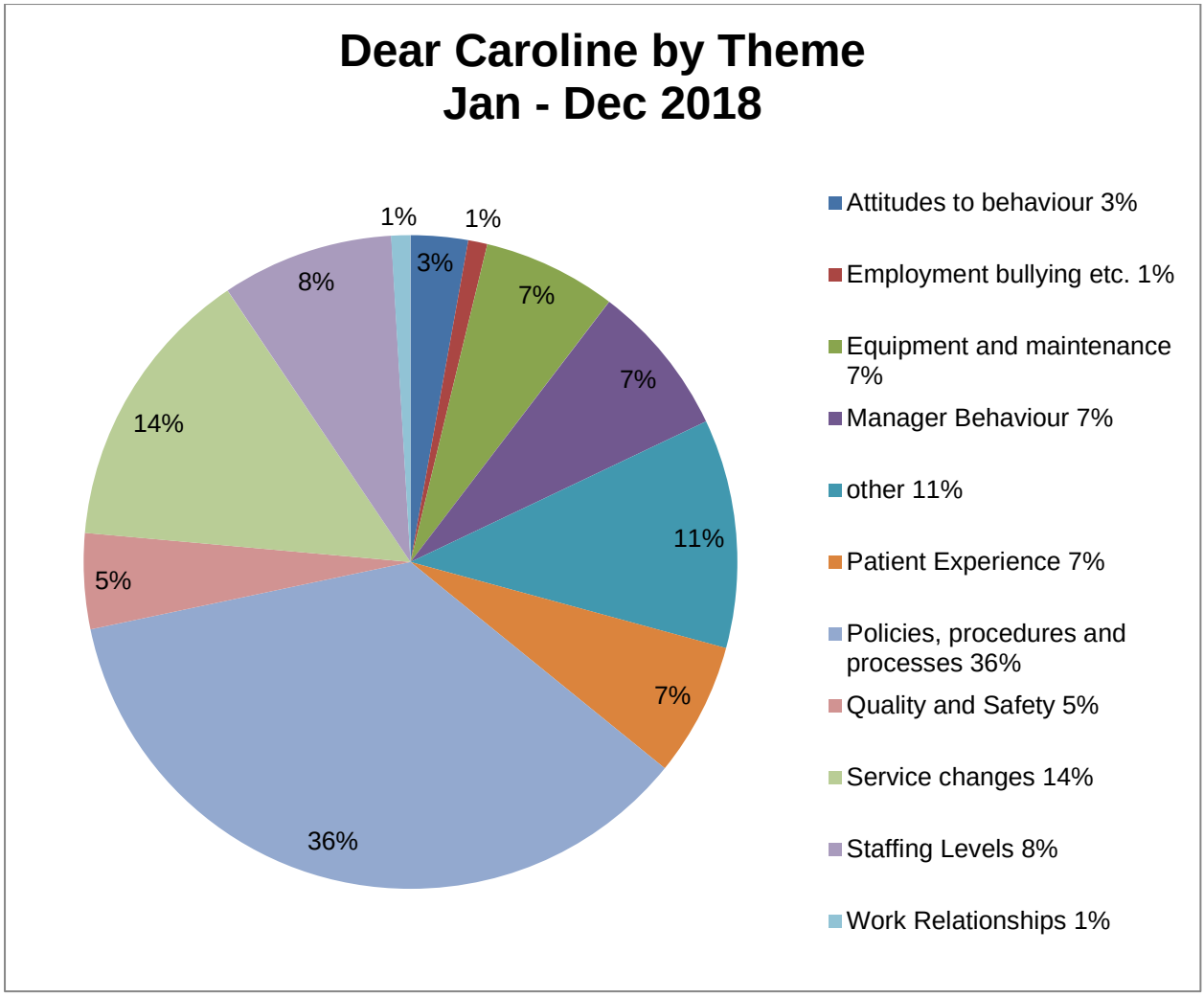
The high level themes recommended by the FTSU Guardian include:

- Attitudes and behaviours
- Equipment and maintenance
- Staffing levels
- Policies, procedures and processes
- Quality and safety
- Patient experience
- Performance capability
- Service changes
- Other
- Employment Bullying etc.
- Manager Behaviour
- Work Relationships

2. Summary of activity and themes (12 month – January 2018 – December 2018)

2.1 Dear Caroline (DC) Activity

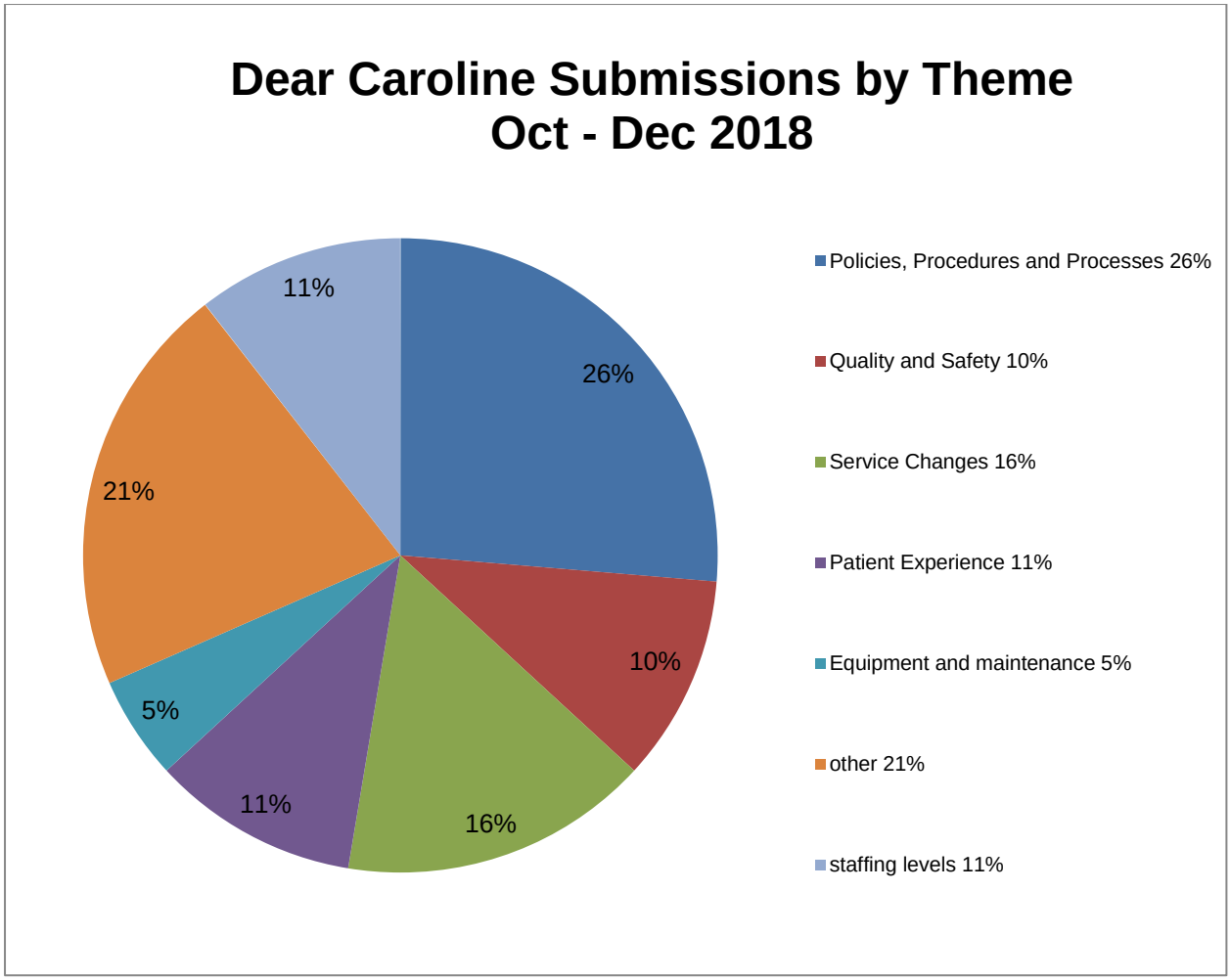
Between January 2018 – December 2018, a total of 106 DC submissions have been received and 21 submissions between October 2018 – December 2018. The pie chart below details themes by percentage over the 12 month period.



Over the 12 month period the top three themes include Policies, procedures and processes (36% 38 submissions), Service changes (14% - 15 submissions) and other (11% - 12 submissions). Repeat themes relating to policies procedures and processes include car parking and car parking fines at the Harplands site, E-rostering implementation concerns, Lorenzo implementation concerns, a variety of workforce reward and recognition suggestions and concerns/suggestions regarding the Trust Smoke Free initiative. Submissions relating to service changes relate in the main to the recent locality restructure and include concerns regarding CAMHs, Inpatients, Psychology and Substance Misuse Services.

Submissions which fall into the Other theme include matters regarding general communications, Dear Caroline and CEO Blog.

The pie chart below details themes by percentage for the quarter October 2018 – December 2018.



Between October and December 2018, themes are fairly disparate. The most common concerns raised are with regards to policies, procedures, and processes (26%, 5 submissions) which cover a wide variety of matters including senior leadership structure, agenda for change banding process, senior leadership appointments and patient admissions.

Submissions classified as 'other' (21% - 4 submissions) include concerns regarding car parking at the Harplands site and recycling.

Service Changes (16% - 3 submissions) submissions relate in the main to the Recent locality restructure concerning re CAMHs, Inpatients, Psychology and Substance Misuse Services.

2.2 Freedom to Speak Up Guardian Activity

From January – December 2018, 10 submissions have been received by the Freedom to Speak Up Guardian and 4 submissions between October – December 2018. The submissions relate in the main to North Staffordshire Community and Stoke Community regarding Quality and Safety (5 submissions) and staffing levels (2 submissions) raising matters such as high caseload/activity levels and staffing levels (2 submissions). One submission relates to colleague and one manager behavior.

2.3 Raising Concerns Activity

From January – December 2018, 4 submissions have been received in total and 1 submission for the period October – December 2018. Previous submissions relate to the culture and leadership style of a Senior Manager who is no longer employed by the Trust, the perceived leadership style and morale/staff engagement within a two teams in the former AMH Community Directorate. The most recent submission relates to the CAMHs ASD Service.

All submissions have been reviewed and actions taken where required.

2.4 Grievance and Dispute Activity

From January – December 2018 a total of 3 grievances were raised and 1 submission during the period October – December 2018.

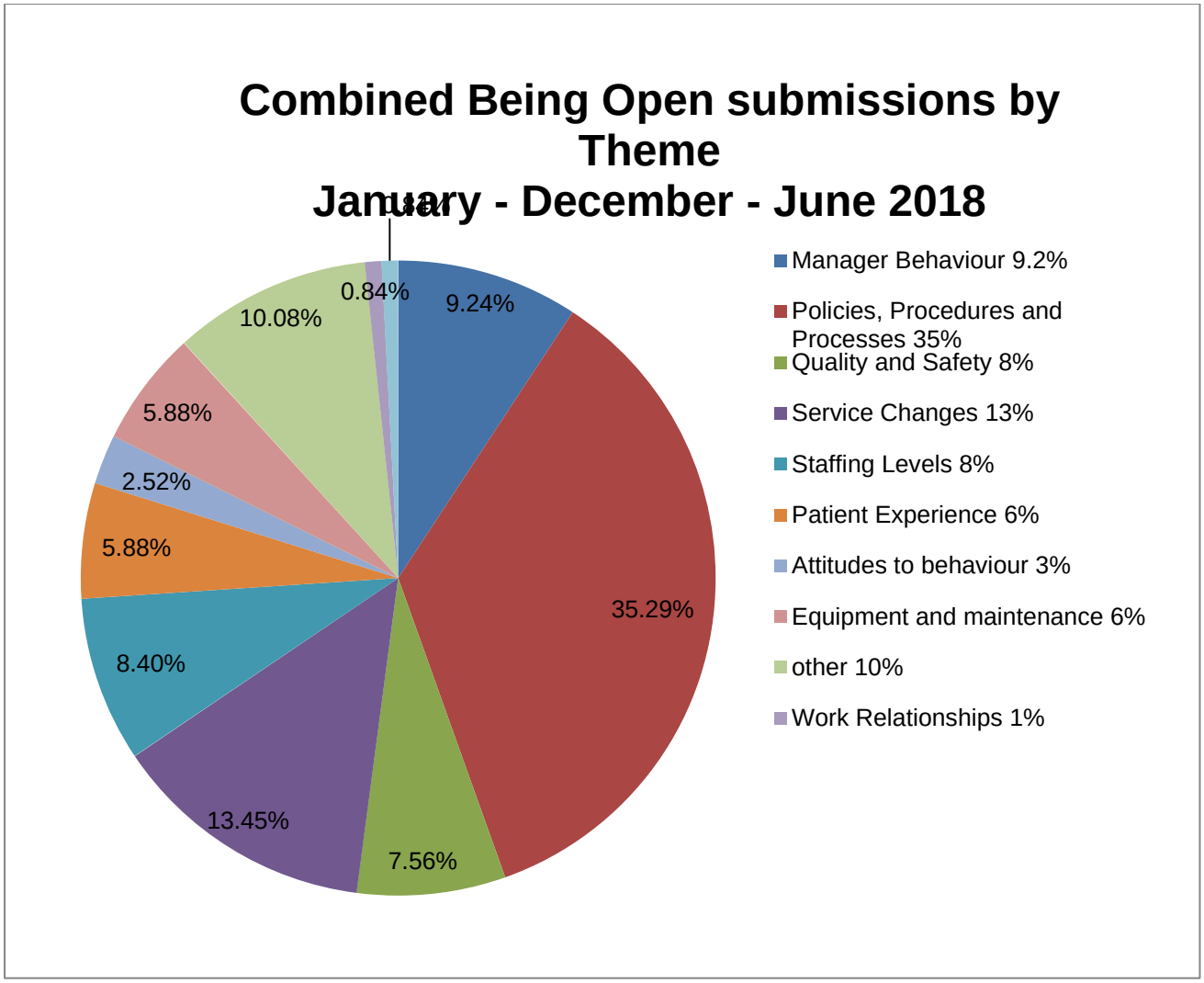
Overall, grievances raised relate in the main to the Corporate function (Estates Team with 3 submissions) and have an overarching classification of Manager Behaviour theme pertaining to a TUPE process, a request to take on additional duties/manager behavior and a contract dispute. All matters continue to be managed in accordance with the Trusts Grievance policy and procedure.

1. Combined Being Open Key Themes

1.1. High level: 12 month theme analysis

In order to assess the themes that emerge from Dear Caroline, FTSU, Grievances and Raising Concerns each submission is assigned a summary category where possible for further evaluation. Please note the submissions have been categorised to allow analysis against the recommended FTSU Guardian national themes. Furthermore, all submissions (where possible) have been reallocated in line with the new locality restructure.

It is important to note the submissions have been categorised based on the primary concern and some of the submissions are multi-faceted. The chart below shows the distribution of submissions, with further detail provided below for the top 3 reasons which include Policies, Procedures and Processes (35%), Service Changes (13%) and Other (10%).



1.1.1. Policies, Procedures and Processes (37.4%)

The concerns categorised as Policies, Procedures and Processes relate to a number of areas within the Trust and predominately refer to Trust Wide and Corporate issues.

Repeat submissions have been made regarding Trust Policies including suggestions regarding service improvement, Lorenzo, E-rostering, LMS, Trac recruitment, dress code and No Smoking Policy.

1.1.2. Service Changes (13%)

A number of submissions have been received concerning the locality restructure and supporting management of change process, concerns regarding Care Coordination, Psychology services and planned changes within CAMHs. Also concerns regarding service changes to Section 75 staff and Substance Misuse service.

1.1.3. Other (10%)

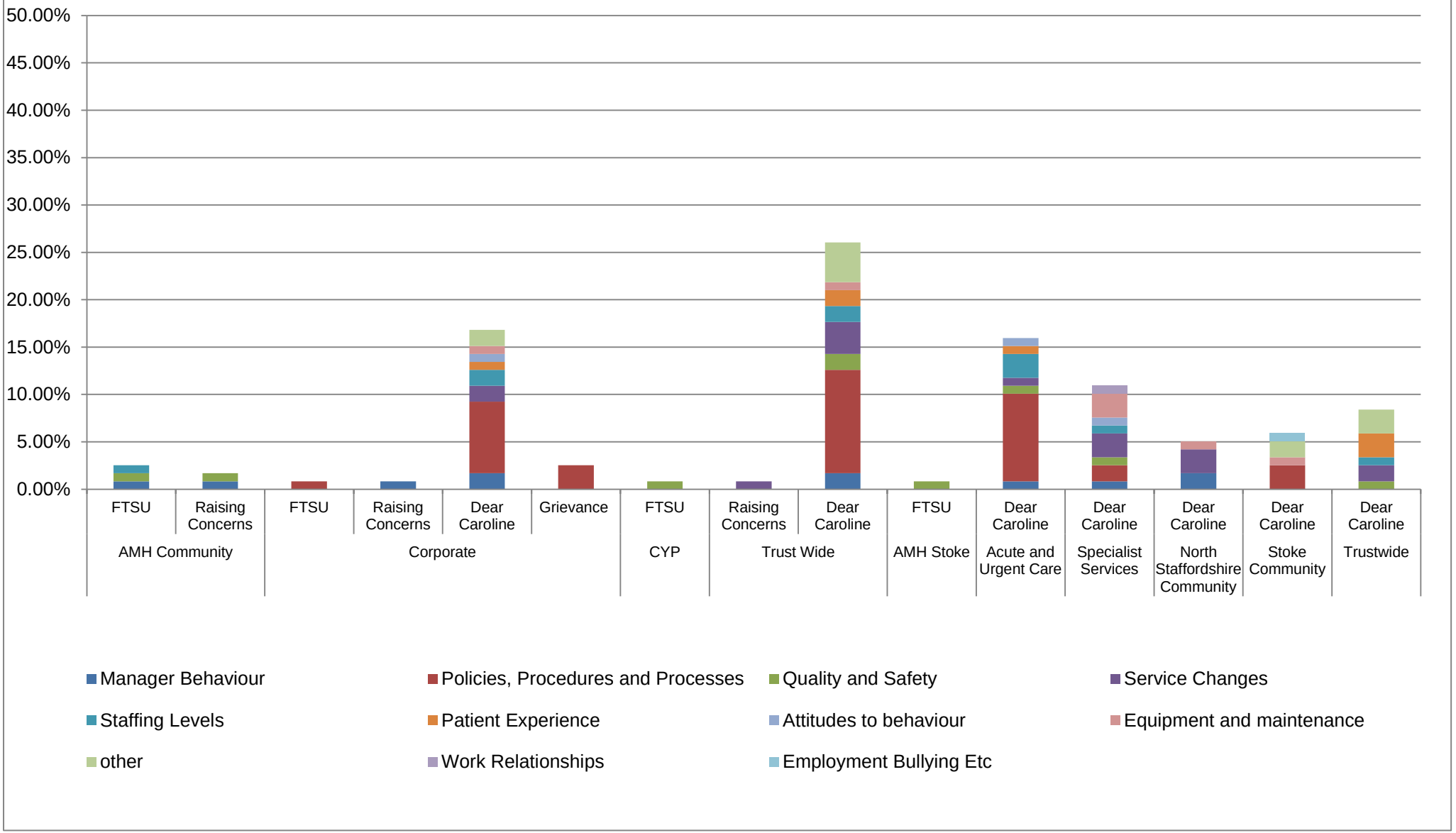
This category combines a variety of submissions including Cycle to work suggestions, CEO Blog, Dear Caroline initiative, Christmas incentives, Recruitment and Retention incentives, café opening times and parking at the Harplands site.

1.2. High Level: Quarterly Directorate Themes and activity (January – December 2018)

For all Directorates/areas, the graph below details themes including Dear Caroline (DC), FTSU, Raising Concerns (RC) and Grievance (Gri) themes. Broadly, themes within Acute and Urgent Care and the Corporate Directorates are aligned to overall Trust wide themes.

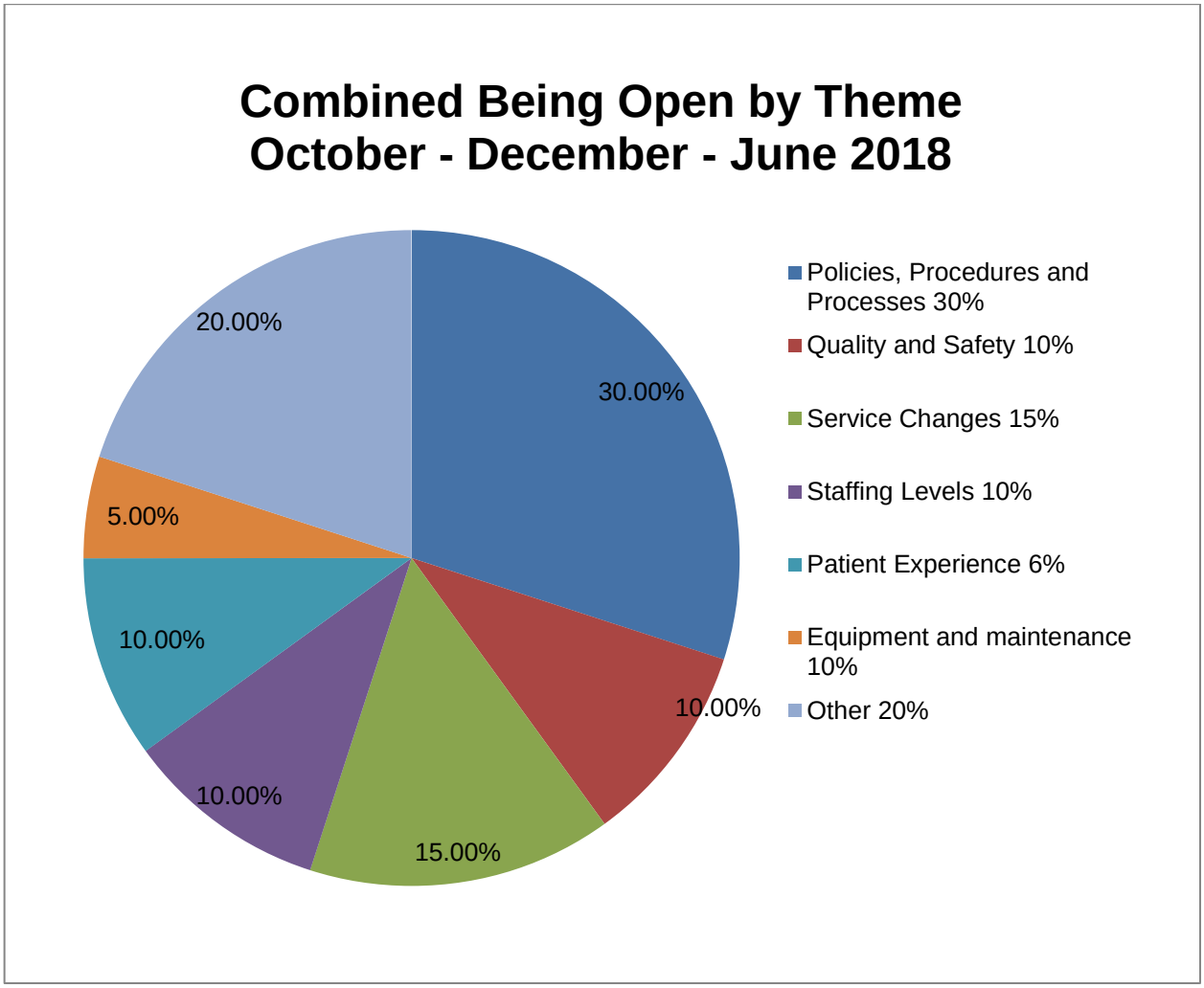
Following the Trust's locality restructure in October 2018, all submissions have been reviewed and matched against the structure.

Being Open - All Submissions by Theme, Type and Directorate
January 2018 - December 2018



1.2.1. Being Open Combined High level Quarterly Theme Update (October – December 2018)

Following the last Being Open report submissions for DC's have significantly increased whilst Grievance, FSUG and Raising Concerns have reduced when compared to the same time frame in 2017. Themes continue to be varied as previously highlighted.



1.2.2. Policies, Procedures and Processes (30%)

The concerns categorised as Policies, Procedures and Processes relate to a number of areas within the Trust and predominately refer to Trust Wide and Corporate matters.

Submissions have been made regarding Trust Policies and process relate to topics including the new inpatient e-rostering system, Lorenzo, Trac, Dear Caroline, Recruitment and retention, No-Smoking Policy and communication suggestions.

1.2.3. Other (20%)

This category combines a variety of submissions including Cycle to work suggestions, CEO Blog, Dear Caroline initiative, Christmas incentives, Recruitment and Retention incentives, car parking at the Harplands site and general recycling facilities.

1.2.4. Service Changes (15%)

A number of submissions have been raised concerning the locality restructure relating to perceived changes to Psychology provision, the management of change process, CAMHs and Substance Misuse Service.

2. Being Open Mechanisms – Impact review

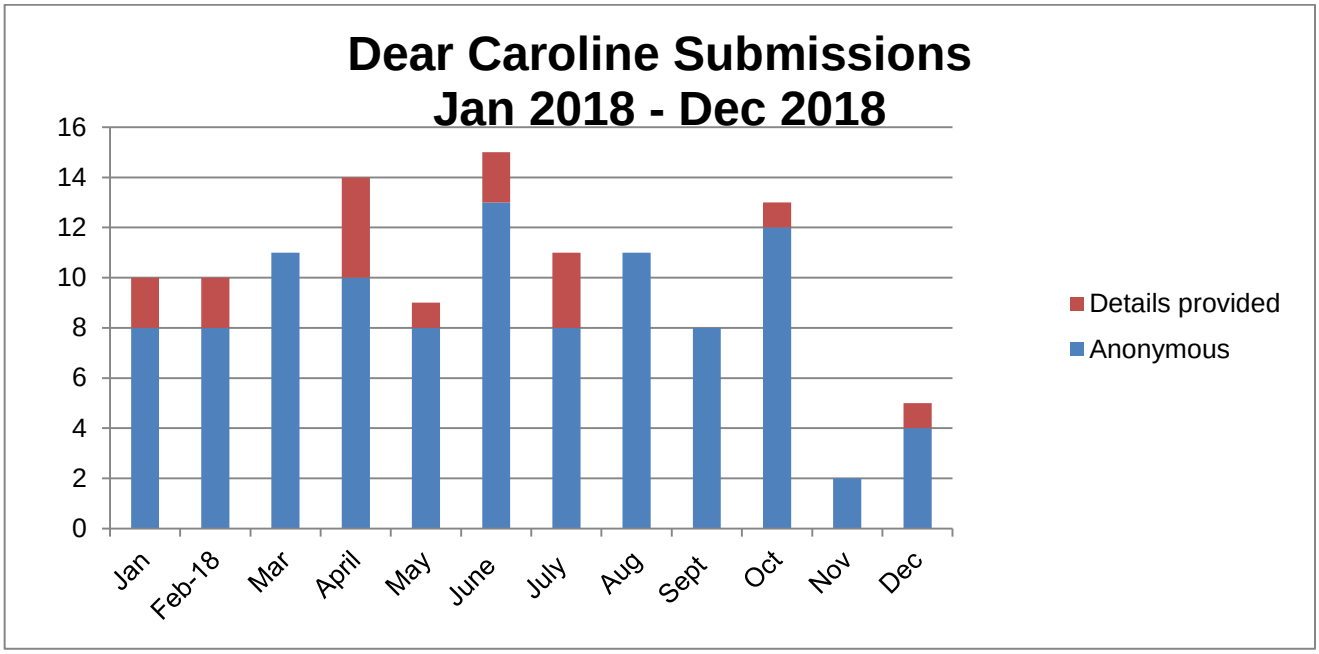
2.1. Dear Caroline Impact

In order to provide further detail, context and assurance regarding issues raised via the Dear Caroline initiative, each of the submissions received (which do not specifically identify any Trust colleagues) including those received since the last report are accessible via the link below:

Jan – June 2018 http://sid/news/DC/Pages/January-to-June-20180228-1636.aspx
July – Dec 2018 http://cat.combined.nhs.uk/being-open/dear-caroline/july-to-december-2018/

The Dear Caroline website provides staff with an anonymous channel to raise concerns. Between January – December 2018, 106 submissions have been received against a position of 57 submissions for the same period in the previous 12 months (January 2017 – December 2017).

Feedback has been received from a range of areas and regular submissions are being made. The bar chart below shows the number of submissions made by month over a rolling 12 month period. The most recent quarter (October – December 2018) has seen a reduction in the number of submissions at 20 in comparison from the previous two quarters, 38 submissions received (Apr – June) and 30 submissions received (July – Sept) this is consistent with previous years submissions which also saw a reduction for the same period.

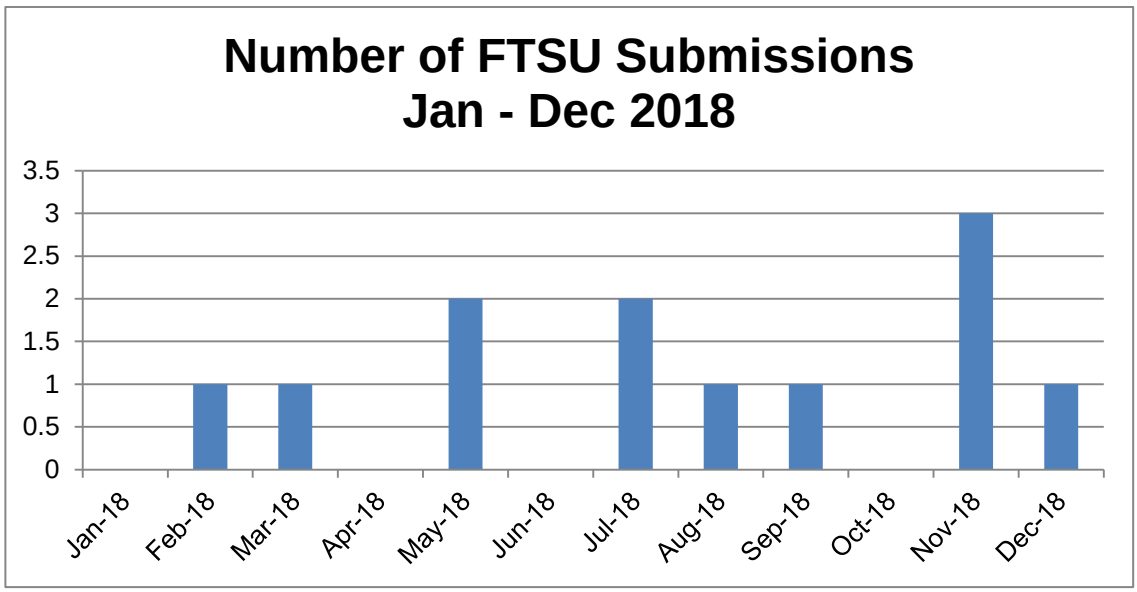


The majority of submissions (86%) continue to be submitted anonymously; however some submissions have raised concerns with regards to whether the mechanism is entirely anonymous.

That said it should be noted that 14% of the submissions received are choosing to leave their contact details which is encouraging. Where a submission has a named contact, feedback is directly provided.

2.2. Freedom to Speak Up Guardian Impact

12 concerns have been raised during January – December 2018 which is significantly higher than the same period in 2017 where 2 concerns were raised. 4 submissions were raised in the last quarter.



It should be noted that a new Freedom to Speak Up Guardian has recently been appointed which may have led to an increase in submissions.

2.3. Raising Concerns Impact

One concern has been raised via this method in the last quarter which relates to the provision of ASD Services within CAMHs.

A total of four concerns have been raised via this method over the 12 month period and include an allegation of bullying and harassment, service changes and the introduction of the Meridian Tool. This is an overall reduction in submissions when compared to five submissions raised for the previous 12 months.

By the very nature that concerns relate to a danger or illegality that has a public interest aspect it would be of great concern if many concerns were being raised via this method. However it is important for the Trust not to be complacent with regards to this matter.

2.4. Grievances Impact

Three concerns have been raised via this method between January 2018 – December 2018 and one between October – December 2018. This is a significant decrease when compared to the same period in 2017 where six grievances were raised. One of which was a collective grievance submitted by 12 staff.

The Resolution of Grievance and Disputes procedure provides a clear informal and formal process for all Trust colleagues to raise serious concerns regarding their working arrangements. By the very nature that concerns relate in many cases to a matter which may not be able to be resolved

informally it would be of great concern if many concerns were being raised via this method. It should also be noted that the HR Advisory team support individuals to resolve grievance matters informally wherever possible, which this activity does not account for.

All grievance matters are handled in accordance with the Trusts procedure and reviewed, investigated and action taken where required.

2.5. Summary of combined mechanisms impact

In summary, from January – December 2018 there has been an increase in FTSU and DCs submissions and a decrease in Grievance and Raising Concern submissions when compared to the same period in 2017. All mechanisms will continue to be publicised internally using a variety of media.

2.6. Actions taken in response to submissions

As part of the collective submissions received there have been numerous actions taken to address issues or where Dear Caroline, Raising Concern, FTSU and Grievance submissions have supported ongoing work. These have included some of the following:

- Car parking system at the Harplands site revised and additional communications published.
- Further recognition of long service event held and process amended based on suggestions received
- Team development sessions held for Access and Home Treatment and CYP Team
- Clarification of the Dear Caroline process and timely publication of responses
- Amendment of the Establishment Control Process
- Commissioning of a number of investigations
- Development of Values and Behaviours Framework
- Developments linked to the Trusts Digital approach
- Review of staffing in identified areas where raising concerns were raised
- Enhanced OD/Counselling support offered to teams raising concerns
- Changes made to Lorenzo processes/service developments
- Streamlining of recruitment and selection/Trac process and additional training sessions provided
- Developments to the REACH Awards ceremony and process
- Development of policies such as the Dress Code Policy.
- Development of the LMS
- A refresh of the FTSU approach including the Trust Board undertaking a self-assessment at a recent Board Development session and supporting action plan which is in development, dedicated pages on the Trust's intranet, the introduction of 9 FTSU Champions across the organisation, commissioning of regional FTSU training for the champions and also the development of a FTSU protocol which is currently in consultation.
- Feedback from the being open submissions led to changes being made as part of the Locality Restructure and consultation.

In general terms, the themes received to date are broadly consistent with other sources of information such as the staff survey and action plans and initiatives have been launched to address the issues. Examples include Towards Outstanding Engagement Programme and commissioning of further cohorts of the People Management Programme.

Detailed Staff Survey analysis will shortly be undertaken and a separate full report given and action plan developed which will continue to be monitored and reviewed at the Trust's People Culture and

Development Committee along with the quarterly Towards Outstanding Engagement (F&F) survey results.

3. Conclusion

In conclusion, the Dear Caroline initiative continues to be used by our staff as an effective mechanism and means for staff to raise issues/concerns regarding the quality and effectiveness of our services, with 106 submissions received from January – December 2018. It continues to provide a mechanism for staff to raise concerns anonymously if they prefer. Whilst the majority of submissions, 86% have been submitted anonymously, some staff are choosing to leave their contact details which is encouraging.

Furthermore, it continues to provide an additional direct source of information, enabling the Executive Team to be connected to current frontline issues and concerns from a staff perspective and provides a useful pointer for further review and/or action. The Dear Caroline process will therefore continue as a means of raising concerns. A high level summary of each submission continues to be published on CAT, along with each of the Dear Caroline submissions – published in a 'you said, we did' approach.

Although the FTSU Guardian role and initiative is relatively new in comparison, it is encouraging that staff are accessing the Guardian to raise issues or concerns. Further developments are expected with regards to this role as directed by the National FSUG office, the CQC and the newly appointed FTSU Guardian.

Both the Raising Concerns process and Grievance and Disputes procedure continue to be used on an adhoc basis by staff to raise serious matters and concerns.

In order to support the abovementioned mechanisms, trust wide communications will continue to be undertaken on a regular basis to raise awareness and reinforce the importance of each of the mechanisms.

Each of the submissions and actions are regularly reviewed and progress is also monitored to provide assurance that concerns and appropriate actions are being undertaken in a timely manner.

The Being Open report will continue to report on a quarterly basis. With a view to sharing submissions in one comprehensive report and adopting a transparent and open approach to all concerns and themes raised.

4. Next Steps

It is proposed that the Trust will:

- Continue to utilise all four mechanisms to support staff to raise concerns and issues
- Support the ongoing development of an open and transparent culture through further development and embedding of the Trust Values and supporting Behaviours Framework
- Continuation of the Freedom to Speak Up Guardian role including further strengthening of approach/ development of a range of Freedom to Speak Up Champions to further support the FTSU Guardians role.

5. Recommendations

It is recommended that the Trust Board

- Receive the report for assurance
- Support the proposed next steps
- Receive an update report quarterly

Appendix One

Synopsis of Being Open Mechanisms

- **Dear Caroline (DC)**
  The Dear Caroline website (www.dearcaroline.org.uk) was launched within the Trust in February 2015 in order to provide staff with an additional mechanism to raise concerns in an anonymous way. All Dear Caroline's are received by the Trust's Chief Executive and shared with the Executive Team. The Clinical Directorates/ Heads of Directorates are also advised of any Dear Caroline's which concern their respective Directorates. Summary analysis of the submissions is undertaken on a regular basis and presented at Trust Board.

- **The Freedom to Speak Up Guardian (FTSU)**
  Following Francis's recommendations the NHS contract 2016/2017 specified that NHS Trusts should have nominated a Freedom to Speak Up Guardian (FSUG) by 1 October 2016. This position is currently held by Zoe Grant. The purpose of the FSUG is to work alongside the leadership team to support a more open and transparent place to work, where all colleagues are actively encouraged and enabled to speak up safely. The Freedom To Speak Up Guardian has adopted the recommended national recording system and core activity themes.

- **The Raising Concerns Policy**
  This policy (formerly the Whistleblowing Policy) is used when someone who works for the Trust raises a concern about a possible fraud, crime, malpractice, danger or other serious risk that could threaten clients/patients, colleagues, the public or the organisation's reputation. The Raising Concerns process is used when an individual has a concern about a danger or illegality that has a public interest aspect to it.

  Our workforce is supported and empowered to raise issues and concerns early and will always be involved in helping to resolve them. Our staff are our best early warning system and they are integral in ensuring that problems are identified and addressed early, before they have a chance to escalate into something potentially very serious.

  This procedure has been developed to support members of staff to bring genuine concerns to the attention of appropriate people within the Trust, who can then take the relevant action. This includes bringing the matter to the immediate attention of a suitable person outside the normal line of management. No member of staff will be penalised for disclosing genuine concerns about any form of malpractice. Individuals raising concerns under this *procedure have legislative protection from such victimisation, as set out in Public Interest Disclosure Act 1998.* A database of concerns raised under this procedure is maintained by Associate Director of Governance and is reported to the Quality Committee for monitoring.

- **Resolution of Grievance and Dispute procedure**
  A grievance may arise when a member of staff or group of staff wishes to resolve a complaint about their working arrangements, which may include:

  - Duties
  - Conditions of Employment
  - Working Conditions

- Working Procedures
- Working Practices

It is clearly in the interests of the Trust and its managers to resolve problems before they develop into major difficulties/disputes. This procedure provides an appropriate mechanism for those individual employees or group of employees to resolve their complaint, which they may have been unable to resolve through informal means.

NHS
North Staffordshire
Combined Healthcare
NHS Trust

REPORT TO TRUST BOARD

Enclosure No:15

Date of Meeting:	28/02/2019		
Title of Report:	Finance Position Month 9		
Presented by:	Lorraine Hooper – Executive Director of Finance, Performance and Estates		
Author:	L Dodds - Assistant Director of Finance		
Executive Lead Name:	Lorraine Hooper – Executive Director of Finance, Performance and Estates	Approved by Exec	☒

Executive Summary:	Purpose of report	
The report summarises the finance position at month 9 (December 2018)	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 involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐
Risk / legal implications: Risk Register Reference	Ref 1035: Trust top 3 risks around delivery of cost improvement target.
Resource Implications: Funding Source:	None applicable
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report;
STP Alignment / Implications:	Part of the aggregate STP reported financial position
Recommendations:	The Trust Board are asked to: Note: The reported YTD surplus of £1,133k against a planned surplus of £1,063k.

	This is a favourable variance to plan of £70k. The M9 CIP achievement: • YTD achievement of £975k (54%); an adverse variance of £816k; • 2018/19 forecast CIP delivery of £1,450k (52%) based on schemes identified; an adverse variance of £1,345k to plan; • The recurrent value of schemes transacted at £1,248k, 45% of target. The cash position of the Trust as at 31st December 2018 with a balance of £9,681k; £1,418k better than plan; Month 9 capital expenditure at £456k compared to planned capital expenditure of £1,230k; Use of resource rating of 1 against a plan of 1. Approve: The month 9 position reported to NHSI.

Version	Name/group	Date issued
1	N/A	23/01/2018

NHS
North Staffordshire Combined Healthcare NHS Trust

Financial Overview as at 31st December 2018

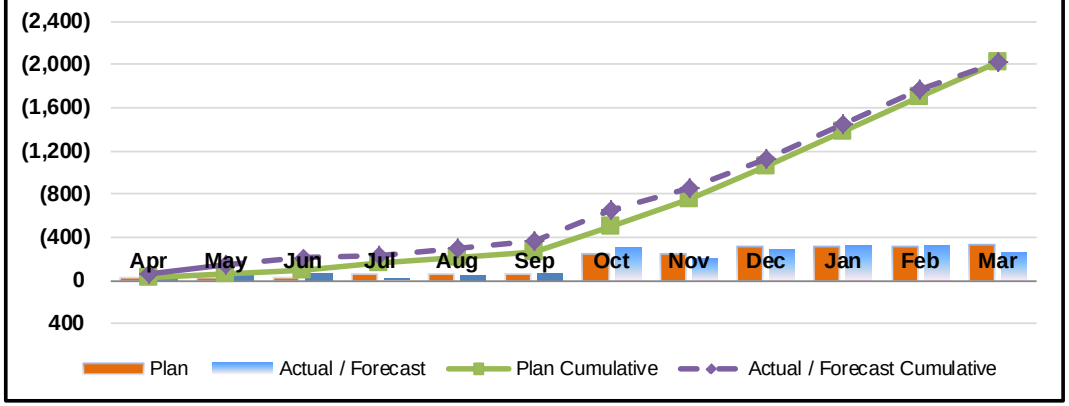
Income & Expenditure - Control Total (Surplus) / Deficit

£000	Plan	Actual	Var	%	RAG
YTD	(1,063)	(1,133)	(70)	(7)	G
FOT	(2,023)	(2,023)	(0)	(0)	G

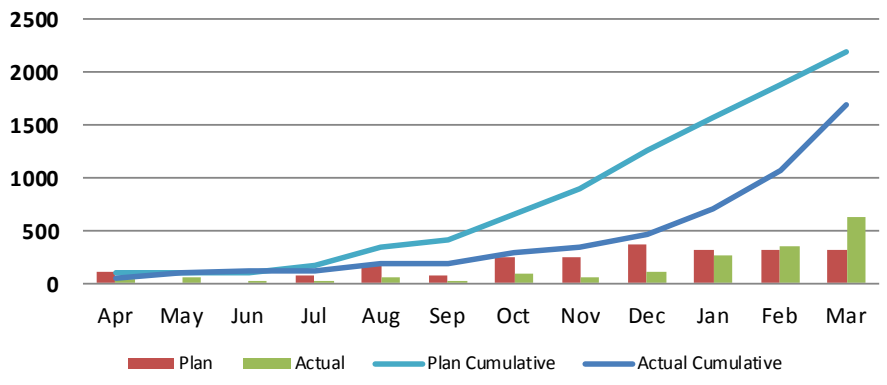
Charge to CRL

£000	Plan	Actual	Var	%	RAG
YTD	1,230	456	(774)	(63)	R
FOT	2,185	1,685	(500)	(23)	R

Retained (Surplus) / Deficit Run Rate 2018/19



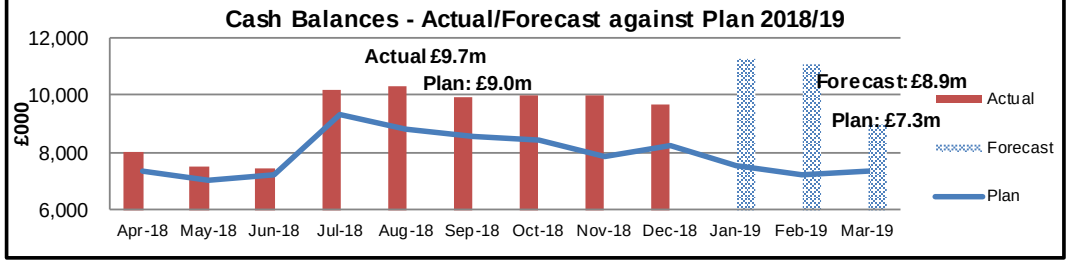
Net Capital Expenditure - Plan / Forecast 2018/19



Cash Balances

£000	Plan	Actual	Var	%	RAG
YTD	8,263	9,681	1,418	17	G
FOT	7,339	8,977	1,638	22	G

Cash Balances - Actual/Forecast against Plan 2018/19



Cost Improvement

£000	Plan	Actual	Var	%	Rec Var	RAG
Clinical	1,509	711	(798)	(53)	(768)	R
Corporate	282	265	(17)	(6)	(214)	R
Total	1,791	976	(815)	(46)	(982)	R

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

1. Introduction:

The Trust's original 2018/19 financial plan is to deliver a trading position of £0.720m surplus. The trust accepted the Control Total from NHS Improvement (NHSI) of £1.423m surplus which includes £0.703m from the Provider Sustainability Funding (PSF).

2018/19 Forecast Improvement

NSCHT Trust Board agreed to improve the 2018/19 forecast outturn position by £0.2m, increasing the trading surplus for 2018/19 to £0.920m. Trusts that agree to improve beyond the control surplus attract an incentive payment of £2 funding for every £1 additional surplus; and therefore earns an additional £0.4m PSF, to deliver an overall control surplus of £2.023m.

	2018/19 Plan Control (£m)	Agreed Forecast Improvement (£m)	2018/19 Revised Control (£m)
Trading Surplus	(0.720)	(0.200)	(0.920)
Provider Sustainability Funding	(0.703)	(0.400)	(1.103)
Surplus/Deficit	**(1.423)**	**(0.600)**	**(2.023)**

2. Income & Expenditure (I&E) Performance

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

- During month 9, the trust had an in month trading position of £125k surplus against a plan of £155k surplus; **giving an adverse variance of £30k**. Provider Sustainability Funding (PSF) has been assumed at £157k for month 9, bringing the overall trust control total to a £282k surplus against plan of £312k; **giving an adverse variance of £30k**.

- Year to date, the trust has a trading position of £416k surplus against a plan of £346k surplus, **giving a favourable variance of £70k**. Provider Sustainability Funding (PSF) is assumed at £717k, bringing the overall year to date trust control total to £1,133k surplus, **giving a favourable variance of £70k.**

		Month 9			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	(86,504)	(7,670)	(7,416)	253	(63,709)	(63,489)	221	(86,811)	(86,229)	582
Pay	63,731	5,519	5,185	(335)	47,550	45,624	(1,925)	63,723	61,360	(2,363)
Non Pay	19,088	1,761	1,878	117	13,751	15,385	1,634	19,404	21,195	1,791
EBITDA	**(3,684)**	**(389)**	**(353)**	**36**	**(2,409)**	**(2,479)**	**(70)**	**(3,684)**	**(3,675)**	**10**
Other Non-Op Costs	2,764	234	228	(6)	2,063	2,063	(0)	2,764	2,755	(10)
Trading Surplus	**(920)**	**(155)**	**(125)**	**30**	**(346)**	**(416)**	**(70)**	**(920)**	**(920)**	**(0)**
Provider Sustainability Funding	(1,103)	(157)	(157)	0	(717)	(717)	0	(1,103)	(1,103)	0
(Surplus)/Deficit for the year	**(2,023)**	**(312)**	**(282)**	**30**	**(1,063)**	**(1,133)**	**(70)**	**(2,023)**	**(2,023)**	**(0)**

* Note – the forecast does not include the impact of the 2018/19 local government pension scheme (LGPS) or any revaluations/impairments.

3. Income

Table 2 below shows the Trust income position by contract:

- The NHS Stoke-on-Trent CCG and NHS North Staffordshire CCG contracts are set on a block basis. Variance to plan to date relates to 2017/18 quarter 4 under performance of CQUIN, which was not confirmed until June 2018 and further CQUIN under performance in quarter 1 of 2018/19.
- Specialised Services are under performing year to date by £335k due to a reduction in activity at the Darwin Centre as a result of lower length of stay for service users.
- OATs income is over performing year to date by £201k due to out of area patients in A&T.

Table 2: Income	Annual Budget £'000	Month 9			Year to Date			Forecast		
		Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000
NHS Stoke-on-Trent CCG	(37,604)	(3,273)	(3,273)	0	(27,975)	(27,966)	9	(37,816)	(37,807)	9
NHS North Staffordshire CCG	(25,581)	(2,271)	(2,271)	0	(19,052)	(19,046)	6	(25,584)	(25,578)	6
Specialised Services	(3,282)	(266)	(164)	102	(2,392)	(2,057)	335	(3,282)	(2,766)	516
Stoke-on-Trent CC s75	(3,999)	(333)	(333)	(0)	(3,000)	(3,000)	0	(3,999)	(3,999)	0
Staffordshire CC s75	(527)	0	0	0	(527)	(528)	(1)	(527)	(528)	(1)
Stoke-on-Trent Public Health	(2,093)	(123)	(111)	12	(1,109)	(995)	114	(2,093)	(1,979)	114
Staffordshire Public Health	(613)	(51)	(51)	0	(460)	(460)	0	(613)	(613)	0
ADS/One Recovery	(1,461)	(118)	(118)	(0)	(1,095)	(1,095)	0	(1,461)	(1,461)	0
Associates	(666)	(55)	(66)	(11)	(499)	(514)	(15)	(666)	(683)	(18)
OATS	(1,294)	(164)	(121)	43	(791)	(992)	(201)	(1,278)	(1,309)	(30)
Department of Health	(827)	(87)	(86)	1	(630)	(630)	0	(827)	(827)	0
Private Patients	0	0	(1)	(1)	0	(8)	(8)	0	(8)	(8)
Total Clinical Income	**(77,947)**	**(6,742)**	**(6,595)**	**147**	**(57,531)**	**(57,291)**	**240**	**(78,146)**	**(77,558)**	**589**
Other Income	(8,557)	(928)	(822)	106	(6,179)	(6,198)	(19)	(8,665)	(8,672)	(7)
Total Income	**(86,504)**	**(7,670)**	**(7,416)**	**253**	**(63,709)**	**(63,489)**	**221**	**(86,811)**	**(86,229)**	**582**
Provider Sustainability Funding	(1,103)	(157)	(157)	0	(717)	(717)	0	(1,103)	(1,103)	0
Total Income Incl. PSF	**(87,607)**	**(7,827)**	**(7,573)**	**253**	**(64,426)**	**(64,206)**	**221**	**(87,914)**	**(87,332)**	**582**

4. Expenditure

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

- Underspend of £1,925k at month 9 on pay is due to vacancies across the trust, partially covered by temporary staffing.
- Agency costs at month 9 are £1,375k, **£71k below the M9 agency ceiling of £1,479k.**
- Non-Pay over spend at month 9 of £1,634k mainly due to residential payments and unachieved Cost Improvement.

Table 3: Expenditure	Annual Budget £'000	Month 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Forecast Budget £'000	Forecast Actual £'000	Forecast Variance £'000
Medical	7,661	666	586	(80)	5,660	4,956	(704)	7,642	6,722	(921)
Nursing	30,221	2,634	2,437	(198)	22,601	21,540	(1,061)	30,220	28,885	(1,336)
Other Clinical	14,704	1,201	1,030	(171)	11,169	9,757	(1,412)	14,704	12,970	(1,734)
Non-Clinical	11,151	990	962	(27)	8,153	7,830	(323)	11,162	10,627	(535)
Apprenticeship Levy	214	18	19	1	161	166	5	214	223	9
Agency	87	36	151	114	36	1,375	1,339	87	1,934	1,847
Cost Improvement	(307)	(26)	0	26	(230)	0	230	(307)	0	307
Total Pay	**63,731**	**5,519**	**5,185**	**(335)**	**47,550**	**45,624**	**(1,925)**	**63,723**	**61,360**	**(2,363)**
Drugs & Clinical Supplies	2,426	231	242	12	1,685	1,861	176	2,426	2,655	229
Establishment Costs	1,686	145	106	(39)	1,267	1,089	(178)	1,686	1,489	(196)
Information Technology	712	60	74	14	534	543	9	712	748	36
Premises Costs	2,315	213	289	76	1,683	1,953	269	2,315	2,698	384
Private Finance Initiative	4,349	365	329	(35)	3,254	3,228	(26)	4,349	4,340	(8)
Services Received	3,880	284	259	(24)	2,552	2,664	112	3,880	4,031	151
Residential Payments	1,760	147	287	141	1,320	1,937	617	1,760	2,441	681
Consultancy & Prof Fees	144	16	37	20	117	343	226	144	415	272
External Audit Fees	65	5	5	(0)	49	47	(2)	65	62	(3)
Legal Fees	0	0	0	0	0	0	0	0	0	0
Unacheived CIP	(1,507)	(39)	0	39	(816)	0	816	(1,346)	0	1,346
Other	3,259	336	250	(86)	2,105	1,720	(385)	3,413	2,314	(1,100)
Total Non-Pay	**19,088**	**1,761**	**1,878**	**117**	**13,751**	**15,385**	**1,634**	**19,404**	**21,195**	**1,791**
Finance Costs	1,239	103	103	0	929	929	0	1,239	1,239	0
Local Government Pension Scheme	0	0	0	0	0	0	0	0	0	0
Unwinding of Discounts	0	0	0	0	0	0	0	0	0	0
Dividends Payable on PDC	592	53	53	0	434	461	28	592	617	24
Investment Revenue	(14)	(1)	(6)	(5)	(11)	(38)	(28)	(14)	(56)	(42)
Fixed Asset Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation (excludes IFRIC 12)	947	79	78	(1)	710	710	0	947	955	8
Total Non-op. Costs	**2,764**	**234**	**228**	**(6)**	**2,063**	**2,063**	**(0)**	**2,764**	**2,755**	**(10)**
Total Expenditure	**85,584**	**7,515**	**7,291**	**(223)**	**63,363**	**63,072**	**(291)**	**85,891**	**85,309**	**(582)**

Agency Breakdown		
Agency Type	YTD (£000)	%
Medical	937	68%
Nursing	24	2%
Other Clinical	341	25%
Non Clinical	73	5%
Total	**1,375**	**100%**

Directorate Summary

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

Table 4: YTD Expenditure	Pay			Non Pay			Income			Total		
	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	10,515	10,456	(59)	534	514	(20)	(231)	(224)	8	10,818	10,747	(71)
North Staffordshire Community	6,958	6,376	(582)	579	832	254	(1,237)	(1,258)	(21)	6,300	5,950	(349)
Specialist Care	12,104	11,374	(730)	1,086	1,412	326	(1,672)	(1,569)	103	11,517	11,217	(300)
Stoke Community	9,264	8,515	(749)	2,547	3,437	889	(761)	(812)	(50)	11,050	11,140	90
Corporate	8,547	8,736	189	9,005	9,190	185	(60,524)	(60,336)	188	(42,972)	(42,410)	562
Trustwide	161	166	5	2,063	2,063	(0)	0	(8)	(8)	2,223	2,222	(1)
Total	**47,550**	**45,624**	**(1,925)**	**15,814**	**17,448**	**1,634**	**(64,426)**	**(64,206)**	**221**	**(1,063)**	**(1,133)**	**(70)**

- North Staffordshire Community, Specialist Care and Stoke Community are underspent on pay due to vacancies partially offset with bank and agency.
- Adverse variances on non-pay are due to an under delivery of cost improvement against the target and overspends on residential payments (Stoke-on- Trent section 75).
- The residential placement budgets are forecast to overspend by £681k. The Trust and Stoke-on-Trent City Council are working closely to design a sustainable service model for 2019/20, and risk share arrangement which will be factored into the new contract.
- Primary Care is currently within the Strategy directorate. A breakdown of the financial position is shown in Appendix 1.

5. Cost Improvement Programme

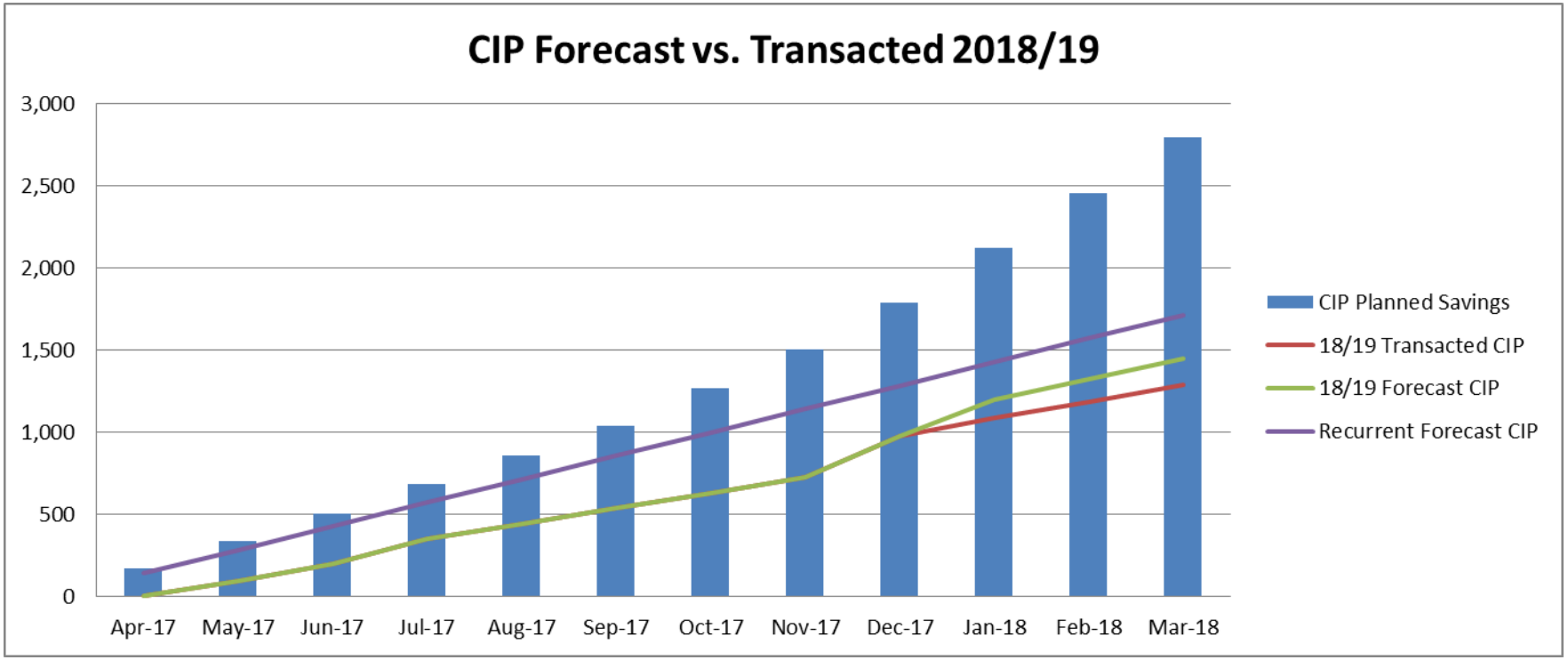
The Trust target for the year is £2,795k, as reported to NHSI. This takes into account the requirement to deliver a £2,023k control surplus for 2018/19. The table below shows the achievement by Directorate towards individual targets at M9. The Trust wide cost improvement achievement is 54% at M9 compared to plan.

		YTD M9			Forecast					
CIP Delivery	Annual CIP Target 2018/19	Plan	Transacted	(Under)/Over Achievement	Plan	Total Schemes	(Under)/Over Achievement	RAG	Recurrent Transacted	Recurrent Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
Clinical										
Acute Services & Urgent Care	538	360	375	15	538	508	(30)	94%	442	442
North Staffordshire Community	458	308	68	(240)	458	115	(343)	25%	127	414
Specialist Care	533	385	196	(189)	533	249	(284)	47%	214	214
Stoke Community	685	457	72	(384)	685	247	(438)	36%	124	376
Total Clinical	**2,214**	**1,509**	**711**	**(798)**	**2,214**	**1,119**	**(1,095)**	**51%**	**908**	**1,446**
Corporate										
CEO	15	11	11	0	15	15	0	100%	15	15
Finance, Performance & Digital	43	32	45	13	43	60	17	140%	60	60
MACE	9	7	10	3	9	14	4	144%	14	14
Operations	6	4	4	(0)	6	6	0	100%	6	6
Quality & Nursing	41	30	21	(10)	41	30	(10)	74%	42	42
Strategy	11	8	8	(0)	11	11	0	100%	11	11
Trustwide	384	134	120	(14)	384	135	(249)	35%	133	160
Workforce & OD	72	54	45	(10)	72	60	(13)	82%	60	60
Total Corporate	**581**	**282**	**264**	**(17)**	**581**	**331**	**(250)**	**57%**	**340**	**367**
Total	**2,795**	**1,791**	**975**	**(816)**	**2,795**	**1,450**	**(1,345)**	**52%**	**1,248**	**1,813**

Below 75%		Target	2,795
Below 90%		Variance	(982)

- The forecast position as at M9 for 2018/19 is £1,450k (52%), which represents an in year shortfall against the annual target of £1,345k.
- The recurrent risk adjusted forecast is £1,813k (65%); whereas schemes have been identified to the value of £1,949k (70%).
- Work since month 9 has identified further opportunities that will be transacted increasing the delivery to 79%

a. Cost Improvement Programme Forecast & Transacted 2018/19



6. Statement of Financial Position

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

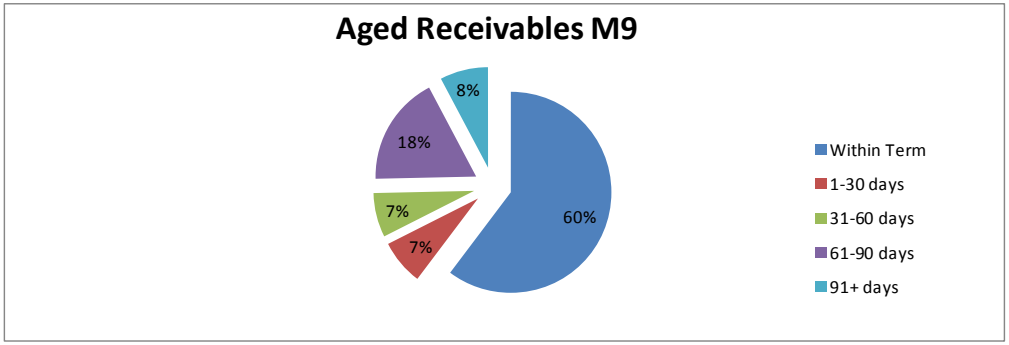
Table 6: SOFP	31/03/2018 £'000	31/10/2018 £'000	30/11/2018 £'000	31/12/2018 £'000
Non-Current Assets				
Property, Plant and Equipment - PFI	16,185	16,233	16,219	16,241
Property, Plant and Equipment	14,841	14,568	14,571	14,589
Intangible Assets	277	233	227	220
NCA Trade and Other Receivables	608	0	0	0
Other Financial Assets	1,089	1,089	1,089	1,089
Total Non-Current Assets	**33,000**	**32,123**	**32,106**	**32,139**
Current Assets				
Inventories	79	79	74	98
Trade and Other Receivables	7,347	5,266	5,932	6,465
Cash and Cash Equivalents	6,633	9,997	9,948	9,658
Non-Current Assets Held For Sale	0	0	0	0
Total Current Assets	**14,058**	**15,341**	**15,953**	**16,221**
Current Liabilities				
Trade and Other Payables	(7,166)	(7,345)	(7,813)	(7,801)
Provisions	(621)	(530)	(516)	(503)
Borrowings	(633)	(635)	(635)	(635)
Total Current Liabilities	**(8,420)**	**(8,510)**	**(8,964)**	**(8,938)**
Net Current Assets / (Liabilities)	**5,639**	**6,831**	**6,989**	**7,283**
Total Assets less Current Liabilities	**38,639**	**38,954**	**39,095**	**39,422**
Non Current Liabilities				
Provisions	(458)	(458)	(458)	(458)
Borrowings	(11,557)	(11,214)	(11,161)	(11,079)
Total Non-Current Liabilities	**(12,015)**	**(11,672)**	**(11,619)**	**(11,537)**
Total Assets Employed	**26,624**	**27,282**	**27,475**	**27,884**
Financed by Taxpayers' Equity				
Public Dividend Capital	7,648	7,648	7,648	7,775
Retained Earnings reserve	7,943	8,601	8,795	9,077
Other Reserves (LGPS)	1,089	1,089	1,089	1,089
Revaluation Reserve	9,944	9,944	9,944	9,944
Total Taxpayers' Equity	**26,624**	**27,282**	**27,475**	**27,884**

Current receivables are £6,465k, of which:

- £2,306k is based on accruals (not yet invoiced) and relates to income accruals for services invoiced retrospectively at the end of every quarter.
- £4,159k is awaiting payment of invoice. (£2,507k within terms)

£2,809k is overdue by 30 days or less. £1,350k is overdue by 31 days or more and therefore 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	1,154	16	17	83	252	1,522
Receivables NHS	1,353	286	279	649	70	2,637
Payables Non NHS	221	99	(3)	0	26	343
Payables NHS	331	72	42	11	7	463

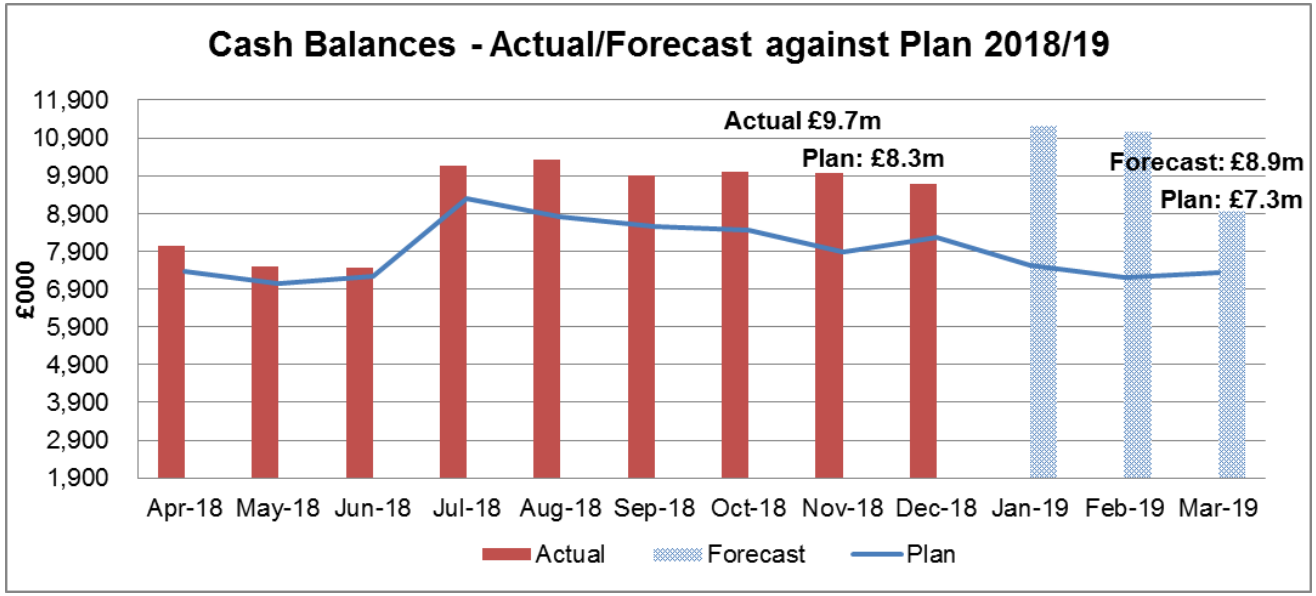


7. Cash Flow Statement

The Trust cash position at 31st December 2018 is £9.681m, **£1.418m higher than planned.** The cash forecast is being closely monitored and the Trust anticipates being £1.638m above plan by March 2019, mainly due to additional surplus and PSF agreed at M7 as well as slippage on the Capital Programme.

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

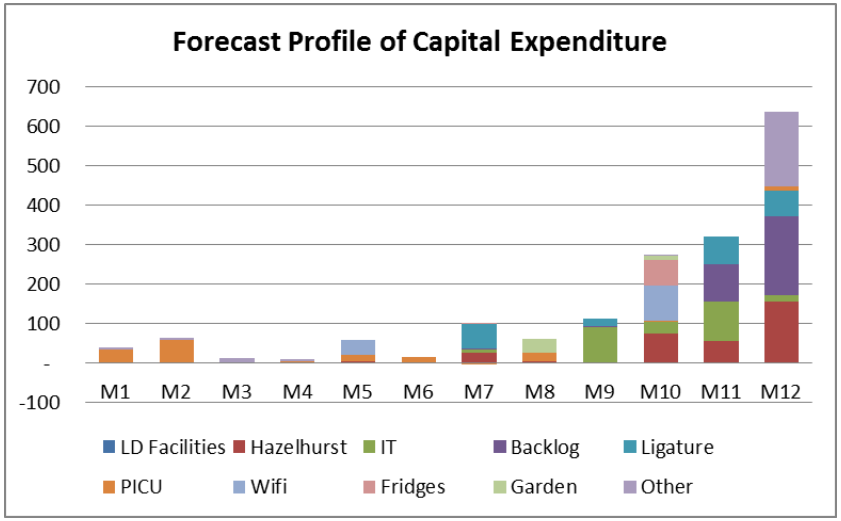
Table 7: Statement of Cash Flows	Apr-18 £'000	May-18 £'000	Jun-18 £'000	Jul-18 £'000	Aug-18 £'000	Sep-18 £'000	Oct-18 £'000	Nov-18 £'000	Dec-18 £'000	Jan-19 £'000	Feb-19 £'000	Mar-19 £'000	Annual £'000
Net Inflows/(Outflow) from Operating Activities	927	(281)	159	2,908	408	(178)	395	227	54	1,761	359	(1,238)	**5,501**
Net Inflows/(Outflow) from Investing Activities	676	(60)	(8)	(6)	(54)	(6)	(88)	(54)	(105)	(5)	(330)	(627)	**(668)**
Net Inflows/(Outflow) from Financing Activities	(193)	(193)	(202)	(202)	(203)	(230)	(206)	(199)	(238)	(208)	(209)	(208)	**(2,491)**
Net Increase/(Decrease)	**1,410**	**(534)**	**(51)**	**2,701**	**151**	**(414)**	**101**	**(26)**	**(290)**	**1,548**	**(180)**	**(2,073)**	**2,343**
Opening Cash & Cash Equivalents	**6,633**	**8,043**	**7,509**	**7,458**	**10,159**	**10,310**	**9,896**	**9,997**	**9,970**	**9,681**	**11,229**	**11,048**	**6,633**
Closing Cash & Cash Equivalents	**8,043**	**7,509**	**7,458**	**10,159**	**10,310**	**9,896**	**9,997**	**9,970**	**9,681**	**11,229**	**11,048**	**8,977**	**8,977**
Plan	7,366	7,055	7,255	9,307	8,825	8,568	8,445	7,873	8,263	7,523	7,204	7,339	7,339
Variance	**(677)**	**(454)**	**(203)**	**(852)**	**(1,485)**	**(1,328)**	**(1,552)**	**(2,097)**	**(1,418)**	**(3,706)**	**(3,844)**	**(1,638)**	**(1,638)**



8. Capital Expenditure

The Trust's permitted capital expenditure agreed within the 2017/18 plan is £2,058k. Further PDC funding has been granted for £127k for 2020 Wifi – Secondary care implementation. Table 7 below shows the planned capital expenditure for 2018/19 as submitted to NHSI.

			Year to Date			Forecast		
Capital Expenditure	Annual Plan £'000	Revised Plan £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Learning Disability Facilities	400	100	0	0	0	100	0	(100)
Mental Health Crisis Care Centre	1,000	827	414	33	(380)	827	319	(508)
Information Technology Replacement Programme	108	108	108	100	(8)	108	137	29
Backlog Maintenance	150	150	150	6	(144)	150	300	150
Reduced Ligature Risks	250	250	250	81	(169)	250	215	(35)
Equipment Replacement Programme	50	50	24	0	(24)	50	167	117
Psychiatric Intensive Care Unit	0	100	100	135	35	100	150	50
Darwin	0	0	0	(1)	(1)	0	0	0
Generator	0	0	0	33	33	0	33	33
Garden Redesign CYP Short Breaks	0	0	0	36	36	0	48	48
Pharmacy Temperature Monitoring System	0	0	0	1	1	0	65	65
ICT	0	0	0	0	0	106	106	0
Contingency	100	462	185	(5)	(190)	367	18	(349)
Sub Total Gross Capital Expenditure	**2,058**	**2,047**	**1,230**	**418**	**(812)**	**2,058**	**1,558**	**(500)**
Wifi	127	127	0	38	38	127	127	0
Total Gross Capital Expenditure	**2,185**	**2,174**	**1,230**	**456**	**(774)**	**2,185**	**1,685**	**(500)**



- Actual capital expenditure as at month 9 is **£456k** mainly relating to PICU, IT Replacement Programme and Reduced Ligature Risks.
- It has been agreed by the Business Development Committee and Trust Board to support the re-phasing of the MH Crisis Care Centre Project. This results in planned expenditure in 2018/19 reducing by £500k.
- A Business Case for essential equipment was approved by SLT in December. This is part of an ongoing programme that that in 2018/19 sees a more comprehensive replacement profile. The programme has been led by the Health & safety Team.

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	RAG Rating
Liquidity Ratio (days)			
Working Capital Balance (£000)		7,185	
Annual Operating Expenses (£000)		61,010	
Liquidity Ratio days		32	
Liquidity Ratio Metric	**1**	**1**	
Capital Servicing Capacity (times)			
Revenue Available for Debt Service (£000)		3,234	
Annual Debt Service (£000)		1,865	
Capital Servicing Capacity (times)		1.7	
Capital Servicing Capacity Metric	**3**	**3**	
I&E Margin			
Normalised Surplus/(Deficit) (£000)		1,133	
Total Income (£000)		64,206	
I&E Margin		1.8%	
I&E Margin Rating	**1**	**1**	
I&E Margin Variance from Plan			
I&E Margin Variance		0.1%	
I&E Margin Variance From Plan	**1**	**1**	
Agency Spend			
Providers Cap (£000)		1,479	
Agency Spend (£000)		1,375	
Agency %		(7%)	
Agency Spend Metric	**1**	**1**	
Use of Resource	**1**	**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 9, the Trust has achieved above the 95% target in terms of the 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.

	2017/18			2018/19 Month 9			2018/19 YTD		
Table 10: Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices									
Total Paid	659	10,933	11,592	36	978	1,014	466	8,146	8,612
Total Paid within Target	575	9,527	10,102	33	891	924	434	7,340	7,774
% Number of Invoices Paid	87%	87%	87%	92%	91%	91%	93%	90%	90%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-8%**	**-8%**	**-8%**	**-3%**	**-4%**	**-4%**	**-2%**	**-5%**	**-5%**
Value of Invoices									
Total Value Paid (£000s)	7,164	33,211	40,375	489	3,036	3,525	4,995	25,029	30,024
Total Value Paid within Target (£000s)	6,258	31,653	37,911	481	2,878	3,359	4,801	24,058	28,859
% Value of Invoices Paid	87%	95%	94%	98%	95%	95%	96%	96%	96%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-8%**	**0%**	**-1%**	**3%**	**0%**	**0%**	**1%**	**1%**	**1%**

The majority of breaches in number of Non NHS invoices relates to the retrospective raising of purchase orders, or late authorisation. The finance team will continue to monitor the retrospective raising of Purchase Orders and also to review the reasons for late authorisation.

11. Recommendations

The Trust Board are asked to:

Note:

- The reported YTD surplus of £1,133k against a planned surplus of £1,063k. **This is a favourable variance to plan of £70k.**
- The M9 CIP achievement:
  - YTD achievement of £975k (54%); **an adverse variance of £816k**;
  - 2018/19 forecast CIP delivery of £1,450k (52%) based on schemes identified; **an adverse variance of £1,345k to plan**;
  - The recurrent value of schemes transacted at £1,815k (70%) with further schemes identified to take achievement to a forecast 79%.
- The cash position of the Trust as at 31st December 2018 with a **balance of £9,681k**; £1,418k better than plan
- Month 9 capital expenditure at £456k compared to planned capital expenditure of £1,230k;
- Use of resource rating of **1** against a plan of 1.

Approve:

- The month 9 position reported to NHSI.

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REPORT TO OPEN TRUST BOARD

Enclosure No:16

Date of Meeting:	28th February 2019		
Title of Report:	Finance, Performance and Digital Committee Assurance Report		
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 issues discussed at the Finance, Performance and Digital Committee meeting on the 7th February 2019. The meeting was quorate with minutes approved from the previous meeting on the 10th January 2019. Progress was reviewed and actions confirmed from previous meetings.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs X 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 ☐ • Digital by Choice Board ☐		
Strategic Objectives (please indicate)	1. To enhance service user and carer involvement.☐ 2. To provide the highest quality services X☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently. X 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Ref	Oversees the risk relevant to the Finance & Performance 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)	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. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
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.		

Assurance Report to the Trust Board
28th February 2019

Finance, Performance and Digital Committee Report to the Trust Board – 28th February 2019.

This paper details the issues discussed at the Finance, Performance and Digital Committee meeting on the 7th February 2019. The meeting was quorate with minutes approved from the previous meeting on the 10th January 2019. Progress was reviewed and actions confirmed from previous meetings.

Executive Director of Finance, Performance and Digital Update

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

- **2018/19 Provider Sustainability Fund (PSF) –** An outline of the incentive scheme for 2018/19 for the provider sustainability fund. As with previous years, providers are incentivised to deliver an improved trading surplus to attract £1 for £1 additional PSF, as well as a portion of any remaining PSF. The committee noted the need to consider this as the trust enters the final quarter of 2018/19.

- **2019/20 Control Total** – NHSI issued the control total for North Staffordshire Combined Healthcare NHS Trust for 2019/20. This outlined a £1.038m control, made up of £338k trading surplus and £700k PSF Funding.

- **Response to Commissioning Intentions –** The 6 priority areas for investment, aligned to the long term plan and local commissioning need, was discussed in the committee.

- **STP Budget Proposals –** An update around the system work on the STP budget proposals, which suggests a £4m deficit control for combined healthcare. The proposal was discussed at Trust Board previously, which is not supportive of any level of deficit control for the trust.

- **Q3 Deep Dive –** A presentation providing a deep dive analysis into the 2018/19 financial position, which outlined the current forecast and sensitivity analysis to consider best and worst case forecast scenarios. Key risks to the financial position were presented, as well as mitigations, with a particular focus around the shortfall in identified schemes for Cost Improvement.

  The committee are assured around the delivery of control in 2018/19 and noted the consideration for a further improvement in surplus to access the Provider Sustainability Fund incentives.

  The draft financial plan submission was also presented, ahead of the submission on 12th February 2019, which the committee approved.

Finance

- **Monthly Finance Report – M9**

The Finance position was presented, showing £70k favourable variance to plan. The committee noted the improvement in performance around the Better Payment Practice Code compared to previous years.

The Trust Capital position is forecast to underspend by £0.5m against an initial plan of £2.2m, mainly due to slippage in the MH Crisis Care Centre Scheme.

Forecast Agency Expenditure is £53k under the planned agency ceiling of £1.987m. The committee noted that the £300k full year increase for Primary Care Locum, was now reflected in the organisational ceiling.

Use of resource rating is 1 against a plan of 1.

- **Cost Improvement Programme (CIP)**

The Committee received an update for Cost Improvement for M9 and were concerned that the total identified was significantly short of the target. CIP achievement in M9 was £975k, giving an adverse variance of £816k. The recurrent shortfall is forecast to be £982k, which has been 'risk adjusted' to reflect an element of uncertainty for schemes not yet worked up fully.

The Committee were assured that there was sufficient focus being placed on Cost Improvement but are unable to give assurance around the ability to deliver the target for 2018/19, particularly given the level of unidentified schemes.

Activity and Performance

- **Enhanced PQMF Month 9**

The committee received the M8 performance report outlining performance exceptions against the Trust Key Performance Indicators. The Committee were assured that for areas where performance was falling short of the target, rectification plans were in place to improve within the next quarter.

The committee noted that for CPA reviews, there is some work to do to improve data quality and working practices, which performance and operations are working to address. For 7 day follow up, the committee requested a Deep Dive analysis from the Associate Director of Performance to address data quality issues, with a report to be presented at the next committee.

Digital

- **Digital Update**

The committee received an update from the Chief Information officer around key digital

developments as at February 2019. Whilst the committee were assured around the progress on most projects, it expressed concern around the timescales for delivering the "docman" electronic transfer project, which allows electronic document transfer between GP and the Trust. The committee requested an project timeline to be presented at the next committee for assurance around timescales of delivery.

Other:

- **E Rostering Demonstration**

The committee received a demonstration of the E Rostering Tool, which has been successfully implemented across all inpatient wards to improve nurse rostering. The committee were impressed with the system, particularly the level of detail and sophistication that reports could be generated to support managers.

The committee noted that the current system did not have the "budget functionality" enabled and highlighted the importance of using all system functionality to support decision making on the front line. Some work is required to align the trust financial ledger system with E Rostering budget functionality, which will be completed in early 2019/20.

- **Information Risk Policy**

The committee approved the policy to be ratified at Trust Board

- **Additional Assurance Reports:**

The Committee received additional assurance reports as follows:

- Agency Utilisation
- Monthly Activity Reporting
- EU Exit Assurance
- Finance, Performance and Digital Risk Register
- Cycle of Business 2018/19 *(For Information)*
- Finance, Performance and Digital Monitoring Schedule *(For Information)*
- Partnerships and Contracts (Q3) *(For Information)*
- Cash and Capital Affordability (Q3) *(For Information)*
- Treasury Report (Q3) *(For Information)*

Recommendation

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

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

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REPORT TO THE TRUST BOARD (OPEN)

Enclosure No:17

Date of Meeting:	28 February 2019		
Title of Report:	Primary Care Committee Assurance Report		
Presented by:	Chris Bird, Executive Director of Partnerships and Strategy		
Author:	John Tacchi, Programme Director for Integration		
Executive Lead Name:	Chris Bird – Executive Director of Partnerships and Strategy	Approved by Exec	☒

Executive Summary:		Purpose of report	
This report is presented to the Trust Board as an Assurance Report for the Primary Care Committee held on 5 February 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 involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☒ 7. Continually improve our partnership working. ☒		
Risk / legal implications: Risk Register Ref	None directly related to this paper		
Resource Implications: Funding Source:	None directly related to this paper		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups)	None directly related to this paper		
STP Alignment / Implications	None directly related to this paper		

Recommendations:	The Trust Board are asked to:- • Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains on track. Financial contribution is slightly below that expected but within acceptable limits. There are some issues surrounding recruitment but it is hoped that these can be streamlined.

ASSURANCE REPORT TO THE TRUST BOARD

28 FEBRUARY 2019

PRIMARY CARE COMMITTEE

This paper details the issues discussed at the Primary Care Committee on 5th February 2019. The meeting was quorate with minutes approved from the previous meeting (PCIPB) on 14th December 2018. Progress was reviewed and actions confirmed from previous meeting.

ACTION ITEMS

The Meeting received an update on the progress of the lease for Moorcroft and Moss Green Surgeries. Ian Lowe, Quantity Surveyor, had been appointed to represent the Trust in the case of Moss Green Surgery and, as regards the Moorcroft lease, the Trust's solicitors confirmed that a draft lease was expected imminently from the partners' solicitors.

NEW CLINICAL MODEL

The Meeting received an assurance report on the progress of implementing the new clinical model. Although the review period is relatively short, the current trend for patient access and experience is positive. The number of patient contacts offered has risen and the process of triage between urgent and non-urgent appointments is releasing more urgent appointment slots. It will be possible to further increase this over time.

The practice is in process of creating a consolidated phone hub at Moorcroft to further streamline the appointment process and improve access. There have been some transition issues and the patient experience has not been as smooth as it might have been however the patient service and experience relevant to other surrounding practices is improving rapidly and the Trust should be assured that these issues are transitional and reflective of a change in working practices.

It was noted that within General Practice incidents of a significant nature are classed as Significant Events (SE) as opposed to the terminology Serious Incident (SI) used within secondary services. The practice reported on SE had occurred since the previous meeting and this is being investigated through the current GP practice process; the requirements relating to SE investigation and reporting processes differs from the requirements for SIs within the Trusts other directorates. It was noted that the Trusts Head of Patient Safety would review processes in relation to incident reporting as part of the harmonisation of policies and procedures.

The Committee received the report.

FINANCE REPORT

The Committee received an assurance report on the financial position showing an overall year to date deficit of £7k against forecast but, considering the size of the budget, this was considered acceptable. The main discrepancy was income generation and part of this related to payments under QOF; these are 'back-ended' traditionally and it is anticipated that as the practice catches up, then the overall position will recover. The main shortfalls in expenditure were down to staff vacancies which are waiting to be filled. The annual agency figure had been agreed in December 2018 as £19K but to date this was below forecast. The harmonisation process for financial systems is on track and should be complete by the end of March.

The Committee received the report.

WORKFORCE

The Meeting received a verbal update on workforce issues. There were a number of vacant posts at the practice, including three GP posts, two AHP posts, a clinical coder and two reception staff. As these posts will be new to the Trust, the jobs are being progressed through the usual process of Job Evaluation to ensure consistency against Agenda for Change Pay Bands. A priority has been highlighted to create a Clinical Bank for GP's as a number of GPs are interested in joining the Clinical Bank.

As part of the transition from independent GP practices to becoming part of the Trust, there are understandably challenges to integration of systems and processes. The Committee has recommended an initial transitional period for Finance and considered that this should be the case for HR practices as well. The Chair noted that if our aim is to develop primary care services then the Trust may choose to offer services such as HR and ensure a positive experience.

PERFORMANCE

The Committee received a further report on the proposed reporting framework. The framework sets out the proposed metrics for this quarter with a target to complete them in time for the next.

The Committee received the report.

RISKS

The Committee received an update on items relating to Primary Care Services on the Trust risk framework. No changes were proposed.

The Committee agreed the risks should remain at current levels and not be reduced.

Trust Board are asked to:-

- Be assured that the process of integration of Moorcroft Medical Centre is continuing and remains on track. Financial contribution is slightly below that expected but within acceptable limits. There are some issues surrounding recruitment but there is a plan for these to be streamlined.

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REPORT TO Trust Board

Enclosure No:18

Date of Meeting:	28th February 2019		
Title of Report:	Staffordshire County Council Local System CQC review		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	NA		
Executive Lead Name:	Caroline Donovan, CEO	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
The Care Quality Commission has published its findings following a review of health and social care services in Staffordshire. (December 2018).	**Approval**	☐
	Information	☒
The overall Care Quality Commission highlighted the following:	**Discussion**	☒
• Older people living in Staffordshire had varied experiences of health and social care services. • There were instances of people attending A&E because they couldn't get GP appointments • A&E experiences were much improved at Royal Stoke Hospital. • Person centred support for people with dementia were very positively received. • Some people felt their choice was restricted when choosing a care home placement • The quality of care homes varied.	**Assurance**	☐
The review also acknowledged that the STP had a clear vision and at senior leader level there was a strong sense of a shared vision, maturing relationships and improved partnership working. However highlighted key areas for further improvement: • Provision of health and care was fragmented and people's experiences were dependent on where in the county they lived • There was a lack of involvement of people using services in Staffordshire in the design and development of services. • The system is not fully using the range of potential sources of support in Staffordshire, particularly VSCE organisations and independent care providers.		

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 involvement.☐ 2. To provide the highest quality services ☐x		

	3. Create a learning culture to continually improve. ☐x 4. Encourage, inspire and implement research & innovation at all levels. ☐x 5. Maximise and use our resources intelligently and efficiently. ☐ 6. Attract and inspire the best people to work here. ☐x 7. Continually improve our partnership working. ☐
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	FTSU is an inclusive response to ensuring that all staff members within the organisation have the opportunity to raise concerns without feeling worried that they may discriminate against if they do.
STP Alignment / Implications:	None
Recommendations:	Please review for information and discussion.

Version	Name/group	Date issued

Staffordshire

Local system review report

Health and Wellbeing Board

Date of review:
22 to 26 October 2018

Summary of findings

Published: December 2018

What are older people's experiences of care in Staffordshire's health and care system?

- Older people living in Staffordshire had varied experiences of health and social care services. There were local variations in what was available and as a result people's experiences of care and support were inconsistent. Access to preventative services was also variable. Some people were aware of what services were available to support them in their local area, others were not.
- We spoke to people in a range of health and social care environments. The people we spoke to were mainly satisfied with the quality of services provided once they received them.
- People were being supported to remain in their own home and as part of the community through a number of services coordinated through a GP practice hub model. This was more developed in some parts of the county, for example in Lichfield.

- Our analysis showed that A&E attendances for people over 65 (January to March 2018) were similar to the national average but higher than comparator area averages ('comparator areas' are nationally determined and refer to areas of a similar geographical size and population as Staffordshire). A&E attendances for people over 65 living in care homes (January to March 2018) were higher than both national and comparator areas.
- There had been some recent improvements. However, people living in Staffordshire were still more likely than people in comparator areas to be delayed coming out of hospital, and older people with complex needs were more likely to experience long delays in accessing suitable care and support.
- Some people we spoke with during the review told us that they felt their choice was restricted when choosing a care home placement following the introduction of a new care home brokerage system by Staffordshire County Council (SCC). People we spoke with said the choice of home was based mainly on cost and did not consider, for example, their existing community networks or how their friends and family might travel to visit them.
- The quality of care homes varied. Staffordshire had higher than average numbers of care homes rated as requires improvement or inadequate. The quality assurance team was doing good work to improve the quality of care and that was having a positive impact, however people still had a limited choice of care homes rated as good.

Is there a clear shared vision and common purpose, underpinned by a credible strategy to deliver high-quality care that is understood across the health and care system?

- The Sustainability and Transformation Partnership (STP) had a clear vision which was underpinned by the Health and Wellbeing Board's (HWB) Joint Strategic Needs Assessment (JSNA). There was strong commitment at system leader level to deliver the vision, and good political support at county level. The vision was supported by Staffordshire's Health and Wellbeing Strategy.
- At senior leader level there was a strong sense of a shared vision, maturing relationships and improved partnership working. At different operational levels of the health and care system, the vision became less understood.
- There were opportunities to include involve, and engage with frontline staff, the voluntary, community and social enterprise (VCSE) sector, local people and communities to help deliver the strategy and improve understanding of the vision for Staffordshire.

Are there clear governance arrangements and accountability structures for how organisations contribute to the overall performance of the health and care system?

- The STP was the driver for transformation in Staffordshire, and the forum where the strategy would be agreed rather than the HWB. This was acknowledged by the HWB. Staffordshire's Health and Wellbeing Strategy for 2013 to 2018 did not contain an overarching set of indicators to measure the progress of the whole system against its strategic aims.
- New governance arrangements had recently been introduced to support collaboration between partners. As well as recent trust mergers, a combined accountable officer management team had been put in place combining six CCGs (five from Staffordshire plus Stoke on Trent CCG). Delivery mechanisms included three new provider alliance boards and 23 integrated care teams.
- However, there was not yet a clear thread between the strategy for the system, and the individual roles of the organisations and people involved in commissioning and delivering services.

Are there arrangements for the joint funding, commissioning and delivery of services to meet the needs of older people?

- There was no joint commissioning strategy in place at the time of our review. There were limited joint commissioning arrangements in place other than the Better Care Fund (BCF) arrangements for winter planning.
- Steps had been taken to make commissioning system-wide with the recent development of a joint strategic commissioning board, however a joint commissioning strategy had not yet been developed. There was limited joint commissioning of services and a transactional approach meant that commissioning largely remained organisational and contract-based.
- At the time of our review there was a draft market position statement to provide information to partners regarding the current and future care needs of people in Staffordshire. A joint approach to care market management and development was in its early stages. There was some system-wide working to address problems regarding service provision across the county, however activity remained fragmented.

Are people who work in the system encouraged to collaborate and work across organisational boundaries to meet the needs of older people?

- We saw some good examples of collaborative and joint working at both senior leader and operational level. The STP's strategy and vision had brought together organisations through a number of workstreams to tackle system issues.
- The workforce workstream was using a system-wide approach to look at redeployment. A system was in place to offer redeployment and retraining to those at risk of redundancy. The aim was to retain a skilled and valued workforce and avoid redundancies.
- The quality assurance team was made up of SCC and CCG staff with a specific safeguarding focus. The team was working together to improve the quality and safety of care homes in the independent sector. This work was targeted and well-managed, and there were already encouraging signs that it was leading to improved outcomes and positive experiences for local people.
- The new frailty hub in Lichfield was an example of good primary and secondary care working together to improve outcomes for people. A Lichfield GP, who was also a Consultant Geriatrician, had developed a new service after seeing high numbers of patients being admitted to hospital due to falls. The service hub brought together resources already available to local health and care organisations, and included 'community connectors' who helped signpost and connect individuals with local community activities and groups. The service also included staff members, such as a care navigator and an elderly fare facilitator, to coordinate care for those referred to the service.
- There was an opportunity to increase collaboration between services in the north and south of the county. For example, the Home First Integrated Team, a team that provides reablement and rehabilitation services, was more developed in the north than the service in the south. The team was able to share good practice across other teams and locations, and improve the consistency of all the services.
- The VSCE and independent sectors were not included in a number of workstreams and in the development of transformational strategies. If VCSE groups were included more in the co-production of initiatives, it would help support the implementation and embedding of the initiatives as all parties would feel involved and equally valued.

Key areas for improvement

At the time of our review, the Staffordshire health and social care system was in the early stages of transformation. Although there was a clear vision and strong senior leadership in place, there was potential to improve services and outcomes for local people. Provision of health and care was fragmented and people's experiences were dependent on where in the county they lived.

There was a lack of involvement of people using services in Staffordshire in the design and development of services. Work is required to include local people in the co-production of services for the future so that their needs and aspirations are met and supported.

The system is not fully using the range of potential sources of support in Staffordshire, particularly VSCE organisations and independent care providers. Including VCSE organisations as full partners is under-developed.

Background to the review

Introduction and context

This review has been carried out following a request from the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government to undertake a programme of targeted reviews of local authority areas. The purpose of this review is to understand how people over 65 move through the health and social care system in Staffordshire with a focus on the interfaces between services.

This review was carried out under Section 48 of the Health and Social Care Act 2008. This gives the Care Quality Commission (CQC) the ability to explore issues that are wider than the regulations that underpin our regulatory activity. By exploring local area commissioning arrangements and how organisations are working together to meet the needs of people who use services, their families and carers, we can understand people's experience of care and what improvements can be made.

This report follows a programme of 20 reviews carried out between August 2017 and July 2018. The reports from these reviews and the end of programme report, *Beyond barriers* can be found on our website.

How we carried out the review

Our review team was led by:

- Ann Ford, Delivery Lead, CQC
- Wendy Dixon, Lead Reviewer, CQC

The review team included: two CQC reviewers, a CQC Expert by Experience; and three specialist advisors, two with experience as a senior system leader in a local authority and another with experience as a commissioner and clinical nurse advisor at a senior level in the health system.

The Staffordshire local system review considered system performance along a number of 'pressure points' on a typical pathway of care with a focus on **older people aged 65 and over**.

We looked at the interface between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

Using specially developed key lines of enquiry, we reviewed how the local system was functioning within and across three areas:

- supporting people to maintain their health and wellbeing in their usual place of residence
- care and support when people experience a crisis
- supporting people to return to their usual place of residence and/or admission to a new place of residence following a period in hospital.

Across these three areas, we asked the questions:

- Do people experience care that is safe?
- Do people experience care that is effective?
- Do people experience care that is caring?
- Do people experience care that is responsive to their needs?

We then looked across the health and care system to understand:

- Is the system well-led?

Before visiting the local area, we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We asked local system leaders to provide an overview of their health and social care system in a System Overview Information Request (SOIR) and asked local stakeholder organisations for evidence.

We used two online feedback tools: a relational audit to gather views on how relationships across the system were working, and a discharge information flow tool to gather feedback on the flow of information when older people are discharged from hospital into adult social care.

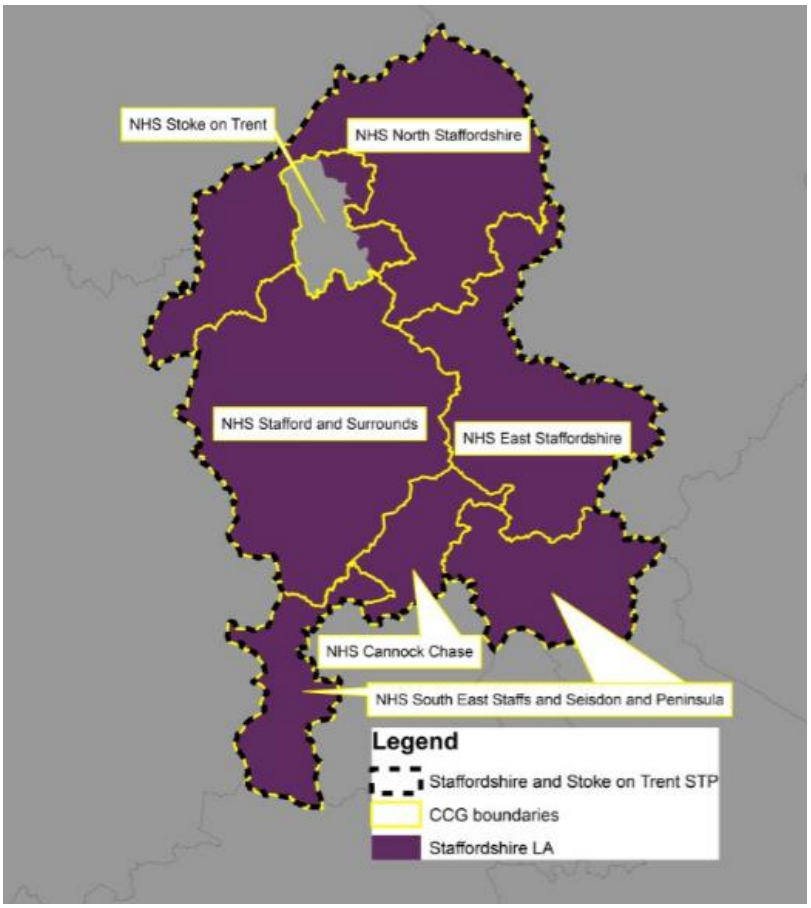
We reviewed 18 care and treatment records and visited 21 services including acute and community NHS services, care homes, GP practices, extra care facilities, out of hours services (OOH) and a hospice.

We sought feedback from people involved in shaping and leading the system, those responsible for directly delivering care, as well as people who use services, their families and carers. The people we spoke with included:

- System leaders from Staffordshire SCC, including the chairs of the HWB.
- The management team with overall responsibility for the CCGs covering Staffordshire: North Staffordshire; Cannock Chase; Stafford and Surrounds; South East Staffordshire and Seisdon Peninsula; and East Staffordshire.

- Senior leaders from University Hospitals North Midlands (UHNM), University Hospitals Derby and Burton (UHDB), Royal Wolverhampton NHS Trust, Midlands Partnership NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT).
- Staff including members of the workforce, quality, commissioning, market shaping and brokerage teams. We also met staff working in the community, care homes, A&E departments, frailty services, medical wards and the discharge lounge.
- Local Healthwatch.
- Provider representatives from adult social care and VCSE services.
- People who use services, their families and carers.

Staffordshire context



Map 1: Geographical location of each of the five CCGs that cover the Staffordshire health and care system.

[Note that Stoke on Trent CCG appears on the map but was not included in this review].

Detailed findings

Are services in Staffordshire well-led?

Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high-quality care and support?

We looked at the strategic approach to delivery of care across the interface of health and social care services. This included looking at strategic alignment across the system and the involvement of people who use services, their families and carers. We found that the Staffordshire and Stoke-on-Trent STP was the system driver of transformation and there were good relationships and a good understanding between senior leaders and the STP. A new Health and Wellbeing strategy has been developed from 2018 for five years which takes a 'life course' approach to the population's health and wellbeing and is focused on addressing health inequalities as identified in the JSNA. The delivery of this plan was yet to be developed. People working in the Staffordshire health and social care system, both at a senior and operational level demonstrated that they were proactive and willing to work together across organisational boundaries, however this did not always translate into consistent delivery and outcomes for people. There was limited evidence to demonstrate how system partners involved people who use services, their families, carers and representative organisations in the strategic approach to planning and delivering services.

- The Staffordshire health and social care system was complex, made up of a number of non-acute and acute providers. Some providers were not located in the county of Staffordshire, for example the Royal Wolverhampton NHS Trust, which had created additional complexity and differences in delivery of services. There were five CCGs across Staffordshire that had recently joined and established one accountable officer. In 2017, the STP was set up to include SCC, NHS trusts and CCGs.
- Rather than the HWB being the forum where the system was to be held to account, this took place at the STP board with the HWB's agreement. There were good relationships between senior leaders in the STP and they demonstrated a strong understanding and consensus regarding the issues and challenges in Staffordshire. The STP's Together We're Better Strategy had a plan for transforming the health and care system. There were not yet detailed comprehensive delivery plans in place to implement the changes as the strategy was relatively new.
- There was strong political support from SCC for the STP. This was confirmed in our conversations with leaders and demonstrated in the drafting of the HWB manifesto in May 2017 as, the SCC cabinet included the delivery of the STP in that manifesto.

Senior leaders met fortnightly as an STP executive forum; chairs and chief executives met monthly to consider strategic issues. The HWB met bi -monthly.

- At the time of our review, the Staffordshire Health and Wellbeing Strategy (2013 to 2018) was coming to an end and a revised strategy had been developed for 2018 to 2023. The new strategy took a life course approach to the population's health and wellbeing and was focused on addressing health inequalities as identified in the JSNA.
- As the 2018 to 2023 Health and Wellbeing Strategy was new, there were no plans in place yet to describe how it would be delivered. Documentation outlining the strategic ambition, challenges and way forward for 2018 to 2023 did not fully address equality and diversity. For example, the documentation did not reference the faith sector or set out how the needs of minority groups or those with protected characteristics would be met.
- We found that the people working in health and care in Staffordshire demonstrated a willingness to work together across organisational boundaries for the benefit of people. We saw this in frontline staff, at leadership level and across community and hospital services.
- The willingness to work together did not always translate into consistent delivery and outcomes for people. We found that the Home First initiatives operating in the north and south of the county were at different stages of development, yet the learning was not being shared across the system to drive consistency and better outcomes for people.
- We found examples of good joint working, for example the quality assurance team that monitored the quality and safety in care homes across Staffordshire. This team comprised members from SCC and the CCG. The work they had done together had seen quality and safety outcomes for people improve. There were opportunities for leaders to build on this good practice and create a collaborative environment that would enable people to work together proactively. That supported a shift of focus from being tactical and reactive, towards long-term, multidisciplinary work and strategic planning.
- There was evidence of proactive approaches to clinical leadership in facilitating cross-sector working, as identified in the STP vision. We found that the integrated care teams were becoming established and staff told us that they could deliver better outcomes through adopting a multidisciplinary team approach to supporting people.
- There was limited evidence to demonstrate how health and care system partners involved people who use services, their families, carers and representative organisations in the strategic approach to planning and delivering services. Recently there had been significant organisational change across the CCGs and the NHS trusts. Information about the changes was communicated by the relevant organisations, however a true co-production approach to developing services based on the views of people had not been used.

What impact is governance of the health and social care interface having on quality of care across the system?

We looked at the governance arrangements in the system, focusing on collaborative governance, information governance and effective risk sharing. We found that governance arrangements for organisational changes across the system were understood but needed to be embedded. The STP with the agreement of the HWB was the forum where the system was to be held to account to ensure the delivery and the embedding of plans. There was limited evidence of organisations sharing learning across the system. Organisations had systems to reflect on issues and implement learning but these were based within organisations and were not system-wide.

- Significant work had taken place to reconfigure organisations across the system. In 2018, the five CCGs covering the Staffordshire area joined with the Stoke on Trent CCG with a single accountable officer and management team, managing across all of the six CCGs. Three Alliance Boards were formed to provide professional accountability and clinical governance for the integrated care teams, with arrangements overseen at the STP level. There had also been structural changes in provider arrangements with the reconfiguration of acute and community NHS trusts.
- Governance arrangements had recently been introduced to support collaboration and consistency across the system. There was not yet a strong understanding of how system governance fitted within the new organisations.
- The system was working to evolve clear governance arrangements at system level which included the newly merged CCG, the Alliance Boards, the local integrated care teams and NHS providers. There was not yet a clear thread between the strategy for the system, the individual roles of the organisations and the people involved in the delivery of services.
- Rather than the HWB being the forum where the system was to be held to account, this took place at the STP board with the HWB's agreement. The Staffordshire Health and Wellbeing Strategy for 2018 to 2023 did not contain measures to determine the success of progress of the whole system against its strategic aims.
- There was limited evidence of organisations sharing learning across the system, however there were some informal discussions on a daily basis across the system which involved looking at lessons learned. Different organisations had formal systems to reflect on issues and implement learning but these were not system-wide. There had been a more collaborative approach to the development of 2018/19 winter plan following learning from 2017/18, which was spoken about very positively. System leaders and frontline staff were more confident that this approach would lead to a more resilient system and better outcomes for people.

- There were opportunities for closer working and sharing of practice, for example in the way that complaints were reviewed across the system. There was some collaboration between SCC and health providers, but there was a need to establish formal joint working and to carry out monitoring to determine if complaints disproportionately affected people with protected characteristics (as defined in the Equality Act 2010, for example race, disability, sexual orientation) with the CCG. This would help to identify themes across organisations and address them through a whole system approach.

How is the system working together to develop a health and social care workforce that will meet the needs of its population now and in the future?

We looked at how the system is working together to develop its health and social care workforce, including workforce planning and effective use of the current workforce. We found that there were workforce pressures across Staffordshire with vacancies in areas such as urgent and emergency care, primary care and domiciliary care. System-wide workforce arrangements were in place at STP level, and a STP Workforce Programme Board had been developed to move this forward. The strategy proactively articulated the drivers and immediate pressures such as an ageing workforce, recruitment and retention, and the culture needed to move to new ways of working. The system and STP Workforce Programme Board were not as sighted on the workforce pressures in the independent care sector and the VSCE sector.

- Workforce was one of five 'enabler' projects within the STP plan. There was a system-wide workforce strategy to ensure there were sufficient staff with the right skills across health and social care to meet the needs of older people, now and in the future. The work to develop a health-based workforce was more developed than in adult social care.
- An STP Workforce Programme Board had been developed to move this forward. The board met monthly and all key system partners were represented. They included Health Education England, NHS Improvement, NHS England, three universities and Skills for Care. The strategy articulated the drivers and immediate pressures such as an ageing workforce, recruitment and retention, and the culture needed to move to new ways of working. The three areas of the workforce strategy were clear with risks identified.
- Partner organisations including UHNM, NSCHT, SCC, MPFT and the CCGs were collaborating to implement an innovative approach to redeploying and retraining staff across the system. People at risk of redundancy in one organisation were made an offer to be retrained to work in another, saving on redundancy as well as retaining a skilled and valued workforce.
- There were workforce pressures across Staffordshire with vacancies in areas such as urgent and emergency care, primary care and domiciliary care. Initiatives to address workforce pressures over winter included increasing the use of bank and

agency staff to cover additional hospital wards that were planned to be opened over the winter period. We heard that there had been some success in recruiting hospital staff from other countries but the turnover of staff meant that vacancies continued to be challenging.

- Work had started with Health Education England to recruit and retain GPs across Staffordshire. Posts were developed that provided GPs with the opportunity to work across both primary and secondary care. This was designed to make general practice a more attractive profession and encourage staff retention.
- The system and STP Workforce Programme Board were not as sighted on the workforce pressures in the independent care sector. A domiciliary care workforce review was being undertaken at the time of our review by the STP workforce team. A steering group was in place with key partners to take forward the actions as a system.
- Skills for Care estimates for 2017/18 showed that Staffordshire's adult social care staff turnover rate was 30.7%, slightly below its comparators and England averages. The adult social care vacancy rate was 7.2%, again below England and comparator averages, although rising.
- While adult social care recruitment and retention in Staffordshire overall was better than its comparators, Skills for Care data provided to us showed that there were approximately 50% more vacancies within the independent domiciliary care sector than those in care homes and that recruitment was a challenge.

Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?

We looked at the strategic approach to commissioning and to what extent commissioners are providing a diverse and sustainable market of health and social care services. We found that in Staffordshire there was not a well-developed approach to joint commissioning or joint funding commitments between SCC and the CCGs. The merger of the CCGs had been a priority over the past 12 months and the development of a joint commissioning strategy for Staffordshire had not taken place. This was now seen as a priority by the STP. There was only true joint funding through the BCF for specific commissioning activities including those focused on relieving winter pressures. Steps had been taken towards the integration of commissioning with the recent development of a joint commissioning board. The management and development of the adult social care market was in the early stages, but there were examples of positive system working to address quality and capacity issues across the county.

- There was not a well-developed approach to joint commissioning or joint funding commitments between SCC and the CCGs. There was only true joint funding through

the BCF for specific commissioning activities including those focused on relieving winter pressures. At the time of the review, commissioning in Staffordshire was fragmented and it was felt that without a more joined up approach the STP vision could be hard to achieve.

- Some steps had been taken towards the integration of commissioning with the recent ongoing development of a joint commissioning strategy. However, a joint strategy, informed by a joint strategic needs assessment process, was not yet agreed.
- The joining of the six CCGs (five Staffordshire CCGs and one Stoke CCG) through a single accountability and management structure had potential to improve outcomes through improving the consistency of commissioning and reducing variation in people's experiences. The three Provider Alliance Boards attended by commissioners were planned to be developed to be contractors and to then undertake population-based commissioning. The services commissioned should then be responsive to the local needs of the local populations
- A joined up urgent and emergency care commissioning strategy, including out-of-hours and extended access was being developed and was acknowledged to be needed. However, this now needs to develop at pace to ensure people in Staffordshire receive a more equal service.
- There was evidence available for specific commissioning areas, including the current provision, gaps and future requirements across different service environments (such as extra care, domiciliary care and care homes) as well as service types (such as day services, community equipment services and reablement). However, the market position statement was in draft at the time of the review and was not able to fully inform providers of the current and future adult social care needs of people in Staffordshire.
- System leaders told us there was a lack of good quality independent providers, particularly those providing nursing home beds. Only 65% of residential care homes in Staffordshire were rated as good, lower than the comparator areas (76%) and England (77%) averages. The quality of nursing homes was even more challenging, with 46% rated as good compared with 69% across comparator areas and 66% across England.
- Market management and oversight teams were closely linked in with the work of the quality assurance team through management structures. This included joint working with all system partners such as acute providers. The team prioritised addressing unsafe and poor-quality care and worked with providers to either improve or exit the market. The team was being expanded to enable it to focus on improving the capability and capacity of registered managers in domiciliary care, care homes and nursing homes. In Staffordshire, 44% of nursing homes are rated as requires improvement.
- The Market Oversight Team were working with the Public Health team to identify adult social care needs. The Public Health team were tracking the ageing population in Staffordshire and had modelled future needs and gaps. For example, the team identified a lack of domiciliary care and respite provision in Newcastle-under-Lyme. In response, the Market Oversight Team approached local independent providers to increase their

capacity and recruited a rapid response team to provide 315 additional hours of care. This additional capacity was due to be available from November 2018. This was a tactical response to a specific issue rather than part of a joint commissioning strategy to ensure sufficient services to meet people's needs. In the interim, some people had faced a limited choice of high-quality local services. One service users' daughter said, *"I had been given very limited options which meant I couldn't visit as it was too far away."*

How do system partners assure themselves that resources to support the interface of health and social care are achieving sustainable high-quality care?

We looked at how the local health and care system can have assurance that resources are being used to achieve sustainable high-quality care and promote people's independence. We found that the local financial position was challenging in Staffordshire. The system was anticipating a £157 million overspend (£100 million of which was related to UHNM). The newly formed CCG management team acknowledged it was also financially challenged. Although the system partners understood each other's pressures, they agreed that cost-saving schemes should be balanced with quality and assessed need, and should not be focused just on the financial position of the system.

- The system was anticipating a £157 million overspend (£100 million of which was related to UHNM). Leaders across Staffordshire acknowledged that the system was financially challenged and had recently undergone a significant restructure of the CCGs to help address this. There were also future plans to look at reconfiguring community hospital services. However, leaders were clear that the financial position was not the main driving force for the introduction or withdrawal of services and any change had to be balanced with quality and assessed need.
- BCF and Improved Better Care Fund (iBCF) spending primarily focused on the 'out of hospital' part of the STP Work Programme and particularly supported the Discharge to Assess (D2A) model. The BCF/iBCF was the only area that was truly subject to joint commissioning processes. BCF/iBCF spending was aligned to the STP strategy.
- System leaders had been in discussions with the Department of Health and Social care (DHSC) because DHSC had not agreed the BCF for the last two years. In the 2016/17 plan, a sum of around £15 million was in dispute, and for the 2018/19 plan, discussions were related to system leaders not agreeing the NHSE-imposed delayed transfers of care (DTOC) target. It had finally been agreed with NHSE that changing (lowering) the target was considered achievable by the system. However, the monitoring report for quarter 2 stated 'not on track' but with a comment that DTOCs had reduced by 25% since the start of 2018 and would be close to target by the end of September 2018. CQC data showed that the Staffordshire DTOC rate was 15.2 average days delayed per 100,000 population and that the overall delays in September 2018 amounted to

3,084 days. This meant that they were not on track but were close to the target. All other areas of the BCF were reported to be on target.

- SCC's adult social care sector had a challenging savings target and had already made substantial savings in previous years; however, they were confident that this year they would meet their budget or deliver a small underspend. System leaders said that system transformation was making a difference to financial outcomes through NHS initiatives that reduced people's use of hospital services. These included: the 'Exemplar Front Door' model to reduce emergency hospital admissions; additional D2A beds; Home First services; the Enhanced Primary and Community Care model; and support for care homes, including therapy input and community support for people who are frequent service users.
- SCC had taken a number of measures to ensure financial sustainability. It had reduced support for people whose needs fall beneath the eligibility criteria set out in the Care Act 2014. They had increased productivity which had reduced spend on adult social care assessments and case management for people with eligible needs. They had also increased charging for services in line with the Care Act 2014. Services were being recommissioned to improve the productivity of the market.
- The arrangements for Disabled Facilities Grants (as part of the BCF) were well developed with a consortium of six of the eight district councils working with SCC to deliver a consistent and flexible approach. Two district councils remained independent of the consortium and there was an opportunity to strengthen the approach by involving them.

How are people in Staffordshire system supported to stay well in their usual place of residence?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the health and care system is in the area in terms of maintaining the wellbeing of a person in their usual place of residence. We found that across Staffordshire there were a range of services to support people to be safe at home although access was not equitable across the county. Access may be addressed by the establishment of The First Contact Centre which plans to support people with signposting to services and community support. There was a phased introduction of integrated care teams in the community to effectively support early identification and prevention approaches. Risk stratification was being implemented in some primary care settings. The system told us that the CCG had achieved 100% extended access to GP services across Staffordshire as at October 2018. We saw some improvements to access to primary care and general practice where services were responding to need by increasing the extended access available in primary care hubs for routine appointments. Further work was needed to fully embed this approach so that people are not attending A&E as an alternative, and have the same access to services regardless of where they live in Staffordshire. The role of the VCSE sector as a strategic partner in the prevention agenda was underdeveloped and there were missed opportunities to make the most of the VCSE resources available in the community.

- There was a range of services to support people in their own homes and to keep people included and engaged in their community, for example a ‘dementia café’ and a carers support group. There were also plans to introduce social prescribing across Staffordshire. At the time of the review these services were not available in all parts of Staffordshire and people told us about difficulty accessing preventative services.
- People who accessed preventative services spoke about them in a positive light, however access points were not always clearly understood across the county, for example how to access services (such as the dementia café) or rapid response services.
- People told us about difficulties they had experienced with the Staffordshire Cares service. Staffordshire Cares is a service provided by SCC and comprises a team of call handlers who provide information, advice and guidance, and process social care enquires. We were provided with data that showed the average waiting time for people was 1.5 minutes. During the review we were told by some people that it took a long time to get through to the service, and that when people were promised a call back this did not always happen.

- A new service, the First Contact Centre, was being introduced to support older people at the time of our review and is due to be fully operational as of November 2018. The First Contact Centre supports people with signposting to services and support in the community. The service was built on a successful pilot supporting people with learning disabilities. At the time of the review, the service was expected to alleviate pressure on Staffordshire Cares and ensure that referrals to operational teams were appropriate.
- First Contact had worked with the NSCHT outreach team to reduce duplication using a joined up approach to triaging referrals. An example of this was the autographer project. The project involved a camera that is worn by the service user and takes real-time pictures throughout the day that can be played back to support memory recall and assist with the assessment process.
- There was a phased introduction of integrated care teams in the community to support early identification and prevention approaches. We saw, for example the frailty hub and the early work going on around early identification of those at risk. Risk stratification was being implemented in some primary care settings and we attended a multidisciplinary team meeting that was being used effectively to arrange services around the individual to keep them safe at home. This approach had seen some early success, but due to Staffordshire's integrated care teams being at different stages of maturity it was not available to all people.
- Frailty services were also being developed in the community to prevent people going into crisis; the Lichfield hub was a good example of this. The hub included Community Connectors who helped signpost and connect individuals with local community activities and groups. It also included staff, such as a Care Navigator and an Elderly Care Facilitator, to coordinate care for those referred to the service. There were plans to develop similar facilities but at the time of the review this service was only available to people from the Lichfield area.
- System leaders told us that the CCG had achieved extended access to GP services across Staffordshire. The Staffordshire CCGs had been required to commission extended access to GP services, including at evenings and weekends for 100% of their population since 1 October 2018. At the time of the review, our data showed that extended coverage for the 112 surgeries in Staffordshire in March 2018 was available to 42% of the population, which is below comparators (49%) and England averages (62%). Fifty nine per cent of the 112 Staffordshire GP surgeries offered partial provision and 21% offered no provision. We heard that a large number of additional primary care appointments had been commissioned for the winter period. However, these were not urgent out-of-hours appointments and this could mean that people would not be able to get appointments at times of increased demand.
- There was not a consistent approach to the delivery of rapid response services across Staffordshire. Different CCGs had historically commissioned different types and volumes of services. At the time of the review there was a move to improve standardisation. However, in the south of the county people could access intravenous antibiotics in their own home, preventing hospital admissions, whereas in the north of the county, digital technology was being used and community pharmacists, GP

practices and consultants were able to access care home records to review people's care and treatment. Both these initiatives had had some success in keeping people well at home but had not been adopted across the whole county.

- We also saw examples of people attending A&E where wraparound care in the community would have prevented this. In one instance a person was admitted to hospital and the documented reason was that their daughter had gone on holiday and was no longer able to support them. This was a planned event and if respite care or additional home support had been arranged beforehand then the hospital admission could have been avoided.
- There were different models of GP practice support for care homes across Staffordshire which meant that there was variation in the primary care support for the people of Staffordshire who were living in a care home at the time of the review. Each CCG had had a different commissioning strategy for care homes and so people's experiences were different depending on where they lived. We were told these different models were being tested now that the CCGs had merged. This variation was occurring despite national evidence of best practice in how to commission GP practices and pharmacy services that are effective in keeping people well and preventing hospital admission.
- The Mental Health Liaison Service provided by NSCHT operated 24 hours a day, seven days a week. The team used a cluster approach where each practitioner was linked to a group of wards or the A&E department in order to develop strong working relationships with colleagues at the Royal Stoke University Hospital. This piece of work had demonstrated positive results in the early diagnosis of delirium and addressed identified training needs. This service was not available across the whole of Staffordshire.
- There was no whole system dementia strategy in place at the time of review. In north Staffordshire a dementia strategy existed and reflected national guidance by considering how to create dementia-friendly communities and the importance of shaping the market and providing high-quality dementia services. The strategy included rapid access to memory services; ways to avoid admission to hospital; and a focus on how to promote personal, family and community resilience with positive outcomes for people with dementia. The strategy had not been adopted across the whole of the county.
- The latest Adult Social Care Outcomes Framework (ASCOF) data (2017/18) showed the proportion of people aged over 65 using adult social care services who received a direct payment had increased from 13.7% in 2016/17 to 20.5%, making performance in Staffordshire better than the England average (17.5%) but slightly lower than the comparator areas (20.9%). This indicated that more people in Staffordshire could use direct payments to manage their own care choices in a way that supported their independence. There is still more that can be done to support more people to have choice and control as Staffordshire was still not as good as comparator areas.

How are people supported during a crisis?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the health and care system was in Staffordshire in providing support to a person in a crisis. We found that across the county there were multiple points of access to urgent care and out-of-hours primary care services. Staff needed a greater understanding of services available in the community. Access to acute services differed depending on where people lived in the county. Staff indicated that access is improving with recent initiatives being implemented. Services were in place to specifically support and be responsive to people with dementia or frailty. However, hospital providers in the north and the south were not implementing consistent approaches to assessing and managing discharges and the patient choice policy was not being consistently applied across trusts. We found that people had different experiences of discharge, and processes were not always effective at supporting people to be discharged as soon as they were ready.

- There were multiple points of access for people who needed urgent care and out-of-hours primary care services in Staffordshire depending on the area they lived because the large size of the county. The major problems related to County Hospital (Stafford) and Burton Hospital at acute sites. We were told that there were ongoing conversations between system leaders about the provision of emergency and urgent care however for people living in Staffordshire at the time of our review, provision was inconsistent.
- The two main acute providers that serve the people of Staffordshire were experiencing an increase in attendances. These providers are: University Hospitals North Midlands (UHNM) with acute sites at the Royal Stoke University Hospital, the County Hospital (Stafford); and University Hospitals Derby and Burton (UHDB) which also has an acute site in Burton. Surrounding providers of acute services for the people of Staffordshire are The Royal Wolverhampton, Telford and The Russell Hall (Dudley) Hospital. They were also experiencing the same issues.
- At the County Hospital (Stafford), out-of-hours GP practices were situated in the A&E department throughout the night. The A&E department closed at 10pm, however there were no shared processes if a person had to be seen by a GP when the A&E department was closed, members of staff or the person themselves had to dial 111 to arrange a hospital admission.
- Access to primary care and general practice was improving with increased extended access available in primary care hubs for routine appointments. There were still instances where people were attending A&E because they could not get GP practice appointments. Between April 2016 and March 2017, the proportion of discharges in the local area at the weekend following emergency admission (19%) was similar to the England average (19.6%). while on a site visit to the Royal Stoke University Hospital, we met a person who had attended the A&E department, eight times in nine months. The person had contacted

their Staffordshire-based GP practice with shoulder pain but was unable to gain an appointment for two weeks. They had then been referred to the 111 service where they were transported to hospital (five other admissions for this person had been for similar reasons). None of the agencies involved, primary care services, acute hospital services or ambulance services had looked at the pattern of these admissions until the day of our review to consider if other services could have prevented further hospital admissions.

- Hospital managers did not always know what services were available in the community to prevent people being admitted to hospital or to support their discharge from hospital. This risked people being admitted to hospital when more appropriate support might have been available in the community. It also meant that people might stay in hospital too long receiving treatment that they could have received at home.
- Although emergency admissions to hospital for people over 65 were in line with the comparator average, A&E attendances from care homes were higher. There were plans to work with the ambulance service to provide a service where a paramedic could treat a person in their own home or refer them on to community-based service, such as the falls team, to prevent hospital admission, however this service was not yet in place.
- Front door services at the Royal Stoke University Hospital had recently been reconfigured to facilitate a better experience for people through the department. The Acute Medical Rapid Assessment team had been set up three weeks before the review to assess where the most appropriate place was for people to be seen and treated in order to avoid admissions.
- Services available seven days a week included: the front door service at UHNM; GP practice streaming; daily consultant-led ward rounds and hospital social work input. Discharge to assess processes involving Home First and including fast-track end of life and community nursing were available. However not all acute or community hospital trusts provide the same level of service at the weekend. Also, not all independent domiciliary care providers would restart home care and new packages of care at the weekend. Falls services in some areas of the county are not available on a seven-day basis. Over the winter there were plans to extend the hours of the brokerage service to cover seven days a week. Between April 2016 and March 2017, the proportion of discharges in the local area at the weekend following emergency admission (19%) was similar to the England average (19.6%).
- We spoke to staff who worked across the front door services at the Royal Stoke University Hospital who told us that over recent months, the service offered to people was much improved. They thought the department was better managed and people did not wait as long. The A&E four-hour wait performance at UHNM over a lengthy period of time had been below the England average, although this had recently improved from the 69% reported in January 2018, to more than 84% in July 2018.
- When people who were living with dementia came into the A&E department there was a separate dedicated room where they could wait with family and carers. There were distraction tools such as ‘twiddle mits’ to help people remain calm.

- There were frailty assessment services located at each acute site where people's needs would be assessed and after a short stay, usually 48 hours, they would be referred on to either services in the community such as Home First (short term intermediate care and reablement) or admitted into a longer-term hospital bed.
- When people were admitted to County Hospital (Stafford) and Burton Hospital, some people had a poor experience of moving through the hospital, for example experiencing multiple ward moves and delays in leaving hospital. There were examples of people being delayed owing to lack of capacity in block contract arrangements in care homes and domiciliary care. We noted that delayed transfers of care were improving, albeit from a low base.
- Hospital providers in the north and the south of the county were not implementing consistent approaches to assessing and managing discharges. The patient choice policy was not also not being consistently applied in either of the Staffordshire trusts. This meant that people had different experiences of discharge, and processes were not always effective at supporting people to be discharged as soon as they were ready.
- At the County Hospital (Stafford), people were being transferred from the Royal Stoke University Hospital without staff at the County Hospital being made aware of a full patient history. There was a lack of urgency regarding discharge planning. Expected dates of discharge were not being worked towards and the 'red and green discharge boards' were not kept up to date on all wards.
- There was no clear risk stratification of people who were waiting for discharge at any of the acute sites, and there were examples of people who experienced avoidable harm, such as the hospital-acquired infections, pneumonia and Clostridium Difficile.

How are people supported to return home or to a new place following an admission to hospital?

Using specially developed key lines of enquiry, we reviewed how safe, effective, caring and responsive the system is in Staffordshire in providing support to a person returning home or to a new place of residence. We found that partners in Staffordshire were effectively adopting the high impact change model to support people returning home. Progress with this model was being overseen by a single Urgent Care Board. Although some parts of the model were being addressed proactively, other parts, such as Trusted Assessors, were being implemented inconsistently. While systems were in place for integrated discharge planning we found that there was scope for these multidisciplinary teams to be more assertive in how they planned people's discharge to get them home as soon as they were ready. Home First teams had been introduced to support people to stay well in their own homes where possible. Home First offered a suite of integrated prevention and D2A services including intermediate care, reablement, palliative and end of life care, for up to six weeks. There were also bed-based solutions for discharging people from hospital, and this has been replicated in the winter plan. However, we found that discharge teams did not routinely involve the VSCE sector therefore not always making the most of the resources already available in the community.

- The high impact change model is a national good practice model for improving transfers of care. It was developed in 2015 by national partners including the Local Government Association, the Association of Directors of Adult Social Services, NHS England and the Department of Health. Partners in Staffordshire were adopting the high impact change model with progress overseen by a single Urgent Care Board.
- The system's self-assessment of their progress against the model demonstrated that all eight areas had been considered and were at different stages of maturity. There was variation across Staffordshire in how the model was implemented. There was inconsistent application of the Trusted Assessor scheme. We found some independent providers were carrying out their own assessments as a Trusted Assessor was not in place. This contributed to delays to people's discharge from hospital.
- While systems were in place for integrated discharge planning (one of the high impact changes), we found that there was scope for these multidisciplinary teams to be more assertive in how they planned people's discharge to get them home as soon as they were ready
- The system had experienced some success with the D2A element of the high impact change model particularly in the north of the county. At the time of the review the CCG had commissioned 363 beds within the independent sector. People could be discharged to these beds for their assessment to be completed rather than remain in hospital. Further BCF funds were being invested into D2A to support the system over winter.

- At both UHNM sites a track and triage system was used to manage discharges to assess. This involved ward staff completing a patient profile once a person was medically fit and ready to be discharged from hospital and sending this to the track and triage team based at the Royal Stoke University Hospital, who if needed visited the person on the ward. Track and triage was done remotely at the County Hospital (Stafford) site using an electronic patient profile proforma. Face-to-face assessments were only done by exception which could lead to an extra step in the process if a reassessment was required at home.
- The track and triage system had been operating for approximately 15 months and had improved the time people waited to be assessed and discharged. When sampling people's care records and when speaking to staff it was clear that the system was not fully embedded or being implemented consistently by ward staff at the Stoke and County Hospital sites.
- There was an outreach service provided by NSCHT for people with dementia. They could work with the track and triage team as part of the discharge to assess model at the Royal Stoke University Hospital. The service provided specialist assessment for older people with mental health needs to ensure that they were supported in the correct environment. As a result, the impacts had been: a reduction in the number of patients with dementia need waiting at The Royal Stoke; a seamless patient journey with fewer handoffs and moves around the system; and patients picked up early who may have had a delirium rather than a dementia. A crisis service was also provided to the CCG beds within care homes so that they were supported to accept admissions at weekends.
- UHDB hospital sites had more traditional discharge processes in place which included an assessment being carried out by a care manager under the, now historic, Community Care (Delayed Discharges) Act 2003 by a Care Manager. Only once this process was completed could discharge planning start in full. At the Sir Robert Peel Community Hospital, we saw examples of good multidisciplinary team working to facilitate discharge, but this was limited in effectiveness in part due to the availability of community care, but also due to the appropriateness of admissions. For example, one person had been in the hospital for 95 days in addition to 179 days in Burton Hospital when a community placement would have been more suitable. With both trusts we saw that the discharge process did not start until either the patient profile or the section 2 (assessment by a care manager) had been completed, meaning a delay in both cases in the start of the discharge process. For the month of September 2018, data provided by the trusts showed there were154 days of acute delays attributed to adult social care and 231 days attributed to non-acute delays at UHDB. This compared with 16 days of delay attributed to adult social care at UHNM. This indicated the track and triage or patient profile system being used at UHNM had more success in arranging timely discharges.
- Discharge teams did not routinely involve the VSCE sector therefore they did not make the most of the resources already available in the community.

- We saw instances where the patient choice policy was not being fully implemented. For example, when people did not want to return home with their existing provider of domiciliary care because of safeguarding concerns. In one instance the person had developed a grade four pressure sore where the care provider had not carried out the required visits. In a second example, a property had been left insecure when a domiciliary care provider had left. The case tracking notes reflected that in both cases they had felt bullied by the discharge team to continue receiving care from their providers. The drafting of the choice policy at UHNM had started 12 months earlier but at the time of the review it was still in draft.
- Home First teams had been introduced to support people to stay well in their own homes where possible. Home First offered a suite of integrated prevention and D2A services including intermediate care, reablement, palliative and end of life care, for up to six weeks. The service was commissioned jointly by the CCGs and SCC and additional capacity in the service had been commissioned in the last year as part of winter planning, using BCF funds. The service was more developed and established in north Staffordshire as it had been operating for a longer time. There was an opportunity for sharing learning and best practice across the north and south teams to offer a more consistent quality service.
- Data provided by organisations in the system showed that the number of people discharged from hospital and then going on to receive rehabilitation services at both University Hospitals North Midlands sites was 70% of those discharged at University Hospitals Derby and 50% of those at Burton Hospitals. National data showed that the percentage of people over 65 during 2017/18 receiving reablement within Staffordshire had reduced since 2016/17 from 1.3% to 0.7%. This was significantly lower than the comparator (3%) and England (2.9%) averages. System leaders told us that this data was not accurate and they were taking this up nationally. Data provided by the system showed that the percentage of people over 65 during 2017/18 receiving reablement within Staffordshire had increased since 2016/17 from 1.3% to 7%, which is significantly higher than the comparator (3%) and England (2.9%) averages. The effectiveness (91.1%) of these services, as measured by the proportion of people over 65 still at home after 91 days, remained better than the comparator and the England averages.
- Haywood Hospital provides rehabilitation for people living in Staffordshire, however during our review we found that 40% of people on the wards were there inappropriately and were not receiving rehabilitation but instead were waiting for a long-term care placement. When speaking with staff they told us that the system often filled beds with inappropriate referrals. A number of people told us they had been in an acute setting for at least four weeks before arrival at Haywood Hospital and had been moved several times.
- There were bed-based solutions for discharging people from hospital, and this had been replicated in the winter plan. There were some pilot schemes to support discharges away from a hospital setting, for example a virtual ward set up in the east of the county,

however this seemed to be an isolated example. There was a lack of an innovative approach across the county to increasing opportunities for care in people's own homes.

- The average Staffordshire DTOC rate for people over 18 in July 2018 was 16 days. That had continued to remain worse than the comparator (10.1 days) and England (10.3 days) averages. Local performance had however improved since April 2018 when the rate was significantly worse at 18.6 days. From April 2017 to March 2018, the majority of delays were attributed to the NHS, although rates attributed to adult social care were much higher than comparator and England averages. During this period, the majority of delays were categorised as either, awaiting a care package in a person's own home or awaiting community equipment/adaptations; or awaiting completion of an assessment.
- The CCG brokerage system (ADAM) was used to source care and nursing home placements for people requiring continuing healthcare (CHC) both as a fast track process, usually for people at the end of their lives, and long-term. The time people waited for assessments and accessed a care home placement had recently improved and at the time of the review nobody was waiting for a fast track placement. There was a strong record for assessments taking place in 28 days. The rate at which local CHC referrals were concluded was better than the England average in all five Staffordshire CCG areas, and at the time of the review there were no incomplete assessments.
- There were more Decision Support Tools (DST) for CHC completed in a hospital setting in south east Staffordshire as there were less D2A placements available in that part of the county. Plans were being developed to introduce a model where community hospitals were used to complete DST, rather than acute hospitals. The use of DST in an acute setting during quarter two of 2018/19 varied across the five CCG areas. Just two met the national target of 15% and performed better than the England average. This was: 12% in north Staffordshire, 1% in Stafford and Surrounds, 3% in south east Staffordshire. Seisdon Peninsula was the worst performing of the five local areas at 36%. The data showed considerable differences in the conversion rates for CHC across the county. However, the system did not recognise any outliers with regards to the high variation, the numbers involved were low and the percentages were misleading as there was no obvious explanation for the variation.
- There was a heavy reliance on a bed-based approach and the way to help reduce this was to increase the Home First model to reduce bed use in care homes.

Maturity of the system

What is the maturity of the system (direction of travel) to secure improvement for the people who use the Staffordshire health and care system?

- System leader relationships are good in Staffordshire, with a willingness from all system partners to work around a shared agenda. As relationships mature further, a proactive rather than reactive approach needs to be developed.
- There was a good plan in place and clarity about the vision for Staffordshire. Implementation was at an early stage and there was a risk that the resources needed to deliver this were not in place. Most of the deficit was held within one organisation, UHNM. Their plan for rectifying this and generating income from planned activity was not aligned with the STP plan.
- The system would benefit from joint mapping of resources with a clear delivery plan that all stakeholders are signed up to, along with wider engagement. This transformation would require highly developed, sustained and mature relationships.
- The challenges regarding workforce were being addressed through the STP workstream. More emphasis needs to be given to the adult social care workforce. At the time of the review, there was some improvements but more work needed to be done to attract people to certain roles for example domiciliary care roles.

Areas for improvement

We suggest the following areas for improvement

- The Staffordshire health and care system is in the early stages of transformation. Although there was a clear vision and strong leadership at a senior level, services delivered remained fragmented and dependent on the area of Staffordshire people lived in. A whole county joint commissioning strategy needs to be developed so that there is consistency of provision throughout Staffordshire, including detailed delivery plans.
- The Health and Wellbeing Strategy for 2018 to 2023 should refer to how people with protected characteristics will be included in the development of services.
- A whole county dementia strategy needs to be developed to ensure that people with dementia have their needs planned for and are consistently supported across Staffordshire.
- The market position statement needs to be finalised and work started across the system to address the findings. Areas of particular need should be prioritised.
- The system needs to develop a co-production strategy that ensures services are developed with input from the people who will use them.
- Nationally validated models of GP practice support for care homes need to be rolled out more quickly as at the current pace means these models will not impact on services and people in winter 2018/19.
- Work needs to be done to ensure people living in Staffordshire have equal access to services such as the intravenous antibiotics administered in their own home and the falls prevention services.
- All elements of the high impact change model should be implemented to the same level across Staffordshire.
- There is a reliance on bed-based solutions to discharge. A system-wide approach is needed to look at more innovative solutions to manage the market, for example developing options such as virtual wards.
- Learning from serious incidents and complaints currently takes place at an organisational level and should be shared across the health and care system.

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REPORT TO Trust Board

Enclosure No:19

Date of Meeting:	28th February 2019		
Title of Report:	Together We're Better Update		
Presented by:	Caroline Donovan, CEO		
Author:			
Executive Lead Name:	Caroline Donovan, CEO	Approved by Exec	☐

Executive Summary:		Purpose of report	
Attached is the Together We're Better Update for January 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 involvement.☐ 2. To provide the highest quality services ☐ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☐ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil 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

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ENC 19 front sheet

Together We're Better Update

January 2019

Introduction

The start of 2019 has marked a noticeable change of pace for the Together We're Better health and care partnership.

Preparations are well underway for our public and workforce involvement launching this Spring, with a host of events being planned alongside a range of other opportunities for people to get involved.

More detail on our plans for involvement can be found below, as well as via our new look website, the address for which remains the same as before – www.twbstaffsandstoke.org.uk. The site will be regularly updated with all the latest information about the system plans going forwards and how people can make their voices heard and share their views on the proposals being developed.

This engagement follows the public consultation being led by North Staffordshire and Stoke- on-Trent Clinical Commissioning Groups into the future of local health services in Northern Staffordshire. The consultation closes on 17 March 2019 and more information on this is available at www.healthservicesnorthstaffs.nhs.uk.

You will no doubt be aware that NHS England published the long-awaited NHS Long Term Plan this month. It sets out a series of challenging, but realistic ambitions for the health and care system over the next 10 years.

Encouragingly, much of what is being proposed in the national plan aligns with the work that is underway in our own health and care system. This, of course is positive as it means we can continue with our current focus and in some areas push even harder. This alignment is most notable through our plans to become a single, integrated health and care system that is made up of 23 localities in Staffordshire and Stoke-on-Trent. These localities will be supported by Integrated Care Teams, wherein primary, community and mental health services work in tandem with social care professionals and the voluntary and independent sector to enable a coordinated approach to improving the health of the communities they serve.

The progress made within our four early adopter Integrated Care Teams in Meir, Leek Moorlands, Lichfield and Stafford has been positive and we'll be rolling this out across the rest of the patch during 2019. It is important though that we do not think that purely by creating Integrated Care Teams we have solved the problem. These will be the bed rock of our system along with General Practice services, but will require ongoing support and input if they are to genuinely change the way that care is delivered locally. Creating the team is one important aspect, but it is not the end point.

As part of our promotion of the NHS Long Term Plan locally, we have produced this simple factsheet that provides an overview of Together We're Better and our work. We're also showcasing each of our work programmes via our Twitter account @TWBstaffsstoke. One programme is being highlighted per week, with links to introductory videos and factsheets. These have been created by the programmes themselves.

More information about our response to the NHS Long Term Plan can be found via our website at www.twbstaffsandstoke.org.uk/about-us/nhs-long-term-plan.

Finally, we wanted to congratulate our partners, especially frontline staff for the hugely positive report by the Care Quality Commission (CQC) on older peoples' services in Stoke-on-Trent. We're particularly pleased the CQC recognised there had been a "significant improvement" in how our partners work together and this is reflected in the fantastic progress made over the past 12 months; for which everyone involved deserves a great deal of credit and recognition.

Thank you.

Sir Neil McKay
Chairman

Simon Whitehouse
Director

Our journey towards public and workforce involvement

Our clinically-led programmes have been focused on developing new models of health and care to achieve our vision of 'working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work'.

In Spring 2019 we plan to begin public and workforce involvement – this is the start of a thorough process to develop proposals jointly with local communities, health and care staff and local groups that will form the basis of any formal consultation. This will be a discussion with local communities and our stakeholders based around four key areas:

- Developing a new vision for health and care across Staffordshire and Stoke-on-Trent
- Simplifying urgent and emergency care
- Reviewing Community Hospitals in South Staffordshire
- Identifying additional priorities that will deliver clinical and financial stability.

Not all of the work of our programmes will require public involvement or formal consultation – only those areas that will result in significant transformation of our health and care system. There is a substantial amount of work that we can and should simply just be getting on with that will improve care for local people. We need to ensure we have as much focus on this as we do on the areas that are likely to require something more formal.

A workforce engagement toolkit is being developed to share with partners – this toolkit will be used to communicate with their workforce to promote the involvement process. This will include digital posters, web banners, pull-up banners and comment cards for staff and a staff article for partners to include in their own bulletins.

Partners will be holding engagement roadshows in key buildings for the workforce, e.g. hospitals/council buildings, launching in late February/early March, using the toolkit provided.

A social media toolkit has also been developed for partners, including videos, infographics and factsheets explaining more about each of Together We're Better's programmes of work. Messaging is being shared via Together We're Better's Twitter account (www.twitter.com/TWBstaffsstoke), as well as through partner social media accounts.

You can find out more information about this and our plans for engagement via our website at www.twbstaffsandstoke.org.uk.

Key highlights from the January 2019 Health and Care Transformation Board meeting

- The first half of the meeting was taken up by a workshop discussion on the development of a 'manifesto' for locality working. As part of Together We're Better's ambition to develop an Integrated Care System, there will be 23 localities across Staffordshire and Stoke-on-Trent, each made up of primary, community and mental health services working alongside social care professionals and the voluntary and independent sector. The manifesto, approved by the Board, outlines a set of considerations aimed at supporting localities in their work to improve health and care for the communities they serve. The Board also approved the formation of a Staffordshire and Stoke-on-Trent Academy that will aim to prepare staff and teams for locality working and be led by the Organisational Development and Leadership programme.
- A business case has been submitted to NHS England by the Staffordshire Clinical Commissioning Groups (CCGs) detailing how £12m of recurrent direct commissioning funding can be used to improve services for people experiencing frailty and long term conditions and develop new systems that more effectively identify patients most at risk. The approach is based on stabilising GP services.
- The Board approved an introductory report into population health management, an approach that provides a more rounded understanding of the health and care needs of different sections of the community. A more detailed report into how population health management will benefit the local system will be shared at March's meeting.

Risk summary

Progress continues to be made in the majority of areas. The Prevention programme is in the process of revising their projects within their programme, while the Maternity, Children and Young People programme is continuing to develop projects that are focused on the recently established children and young people aspect of the programme.

Risks that remain red-rated after mitigation (15 and above) are considered by the Together We're Better Health and Care Transformation Board on a quarterly basis. There are currently six red risks raised by three programmes – these are summarised as follows:

- Risks relating to funding shortfalls and/or concerns, raised by the Digital programme (rated 16) and Mental Health (rated 16) programme
- Risk relating to a lack of suitable estate for community clinics, raised by the Maternity, Children and Young People programme (rated 16)
- Risk relating to the development of duplicate systems to fill the gap prior to the integrated care record being in place, raised by the Digital programme (rated 16)
- Risk relating to the restriction of access to service provision at neighbouring trusts, raised by the Maternity, Children and Young People programme (rated 15).

Update from Together We're Better's work programmes

Urgent and Emergency Care programme

- Together We're Better partners are continuing to work well together to implement the 2018/19 Winter Plan
- To support this and its actions partners have been working to develop an 'escalation trigger' tool, which will provide an indication of how the system is coping during winter, as well as where any hot spots occur
- Two new modular wards are in place at Royal Stoke University Hospital to provide extra bed capacity – with the first one due to open on 24 January 2019

- The 'What's Your Emergency?' winter campaign has also been operating across Staffordshire and Stoke-on-Trent – with NHS and social care partners working together
- The campaign led by University Hospitals of North Midlands NHS Trust (UHNM) spotlights a variety of frontline staff from across the NHS who give a combination of advice about different illness and conditions, how people can be prepared for winter, what they can do for others and the services that are on offer
- The Acute Medical Rapid Assessment Unit continues to operate at UHNM, promptly moving patients out of A&E, with a focus on avoiding unnecessary admissions
- Overall performance against the four-hour target is improved and there has been a significant reduction in corridor waits, with only one 12-hour trolley wait since April 2018. All colleagues are commended on the unremitting focus and hard work that is being undertaken in this area.

Planned Care and Cancer programme

- A total of £1.15m transformation funding has been awarded by the West Midlands Cancer Alliance
- The funding has been allocated to ensure robust systems and processes are in place to enable achievement of national cancer standards, core requirements and objectives
- It will be split into a number of areas, with £489,000 going to support a targeted lung cancer screening programme pilot
- First Contact Practitioner pilots are continuing at Newcastle-under-Lyme and Eccleshall, with a third pilot due to get underway in Cannock
- A revised Eye Health Capacity Review Plan has been submitted to NHS England
- A pathology network action plan has been developed and is on track to support diagnostics redesign
- A campaign to deliver a 2% reduction in 'did not attends' (DNAs) is ongoing at University Hospitals of North Midlands NHS Trust.

Prevention programme

- The programme is currently undergoing a refresh to provide a more rounded scope of the work taking place within both Stoke-on-Trent and Staffordshire – this will be reflected in future updates
- Social prescribing was the focus at the latest Together We're Better Pan Staffordshire and Stoke-on-Trent Chairs Group with CEOs, Non Executives, Local Authority Partners and Lay Members
- The presentation was introduced by Paul Edmondson-Jones, Lead for the Prevention programme and led by Andrew Thompson, Chief Executive for VAST and Garry Jones, Chief Executive for Support Staffordshire – as well as providing an overview of the social prescribing work taking place locally, the session also focused on next steps
- The programme has been successful in securing £3.8m from the Affordable Warmth scheme to help alleviate fuel poverty in 1,000 homes in the county – it includes match funding from energy firm EON and will allow for new boilers, home insulation and home adaptations to enable people to live well and warm at home
- Local charity Beat the Cold is working with EON on the improvements and will work closely with NHS Community Hubs and local partners to identify households eligible for support
- This year's flu vaccination campaign continues, having been developed in partnership with Public Health England, the six Staffordshire CCGs and, for the first time Sanofi Pasteur from the pharmaceutical industry
- Figures in the south of the county indicate there has been an increase in requests for flu vaccinations from front line staff and staff within schools compared to last year, and the six CCGs are in line with other CCGs in the Midlands and East of England

- The Supportive Communities programme is continuing its work to identify and improve signposting and access to existing community services in the voluntary, faith and third sectors
- The programme was successful in 2018 in securing £208,000 to launch an Air Quality Project – this project is expected to run until 2020 and will focus on developing a network of large and small companies to offer travel plan support and active/sustainable travel promotion, an electric vehicle scoping initiative and schools engagement; alongside behaviour change and awareness raising
- The national Diabetic Prevention Programme is delivering the 'Healthier You' behaviour change course across Staffordshire and Stoke-on-Trent to people at risk of developing type two diabetes – all GP practices have been invited to join the programme and referral numbers are continuing to increase
- Suicide prevention skills training for GPs and other primary care staff was commissioned jointly by Public Health colleagues as part of the pan Staffordshire and Stoke-on-Trent Suicide Prevention Action Plan – this training is being made available in targeted areas across Staffordshire and Stoke-on-Trent, with sessions continuing in 2019.

Mental Health programme

- £1.6m capital funding was announced in December 2018 by the Department for Health and Social Care to develop a mental health crisis care centre and detoxification suite at Harplands Hospital in North Staffordshire
- The crisis care centre will include a crisis lounge and three places of calm for people experiencing mental health issues
- The detoxification centre will enable people experiencing substance misuse issues to recover in safety and for care and support to be planned once they are ready to go home
- The funding also provides for four crisis cafes in the county to support people experiencing mental health problems – located in East Staffordshire, Stoke-on-Trent, Stafford and Staffordshire Moorlands
- Work is ongoing to review best practice and build a business case for the implementation of a 24/7 Home Treatment service for children and young people – to be completed by end of the third quarter of 2018/19
- An electronic out of area placement tracker has been developed linking patient detail, need and finance as a tool to utilise across the patch – this is currently in the testing phase and is being employed by North Staffordshire Combined Healthcare NHS Trust
- An all-age 24/7 Liaison Psychiatry service is now operational within University Hospitals of North Midlands NHS Trust
- Further work will focus on the arrangements that are in place for County Hospital in Stafford and Queen's Hospital in Burton to ensure a consistent all age and 24/7 service is in place across Staffordshire and Stoke-on-Trent
- Links are being made with third sector organisation Brighter Futures on a capital funding bid for the pan-Staffordshire Beyond Place of Safety development.

Enhanced Primary and Community Care (EPCC) programme

Integrated care

- Progress in the four early adopter Integrated Care Teams (Meir, Leek Moorlands, Lichfield and Stafford) has been good, with the Lichfield frailty hub especially receiving excellent feedback
- Teams will be in place across all 23 localities in Staffordshire and Stoke-on-Trent from April 2019, with some areas being more advanced than others
- The 'Bill's story' animated video that charts the support provided by an Integrated Care Team (ICT) in supporting the health and care of Bill has relaunched and is available to view on YouTube at https://youtu.be/6zoW5MP3IW0
- An ICT Steering Group has been established to oversee the delivery of teams across the 23 localities in Staffordshire and Stoke-on-Trent

- The three Alliance Boards in the county were requested to discuss final membership at their December 2018 meetings alongside the service specification.

Sustainable General Practice

- The programme is continuing its work with practices interested in taking on an international GP
- The Physician Associate (PA) initiative is scoping a further six PAs based on NHS England funding in 2019
- General practice nurses and health care assistants from 24 practices across Staffordshire and Stoke-on-Trent are championing Technology Enabled Care
- A bespoke general practice nurse leadership programme previously piloted in East Staffordshire is set to be offered across the county
- The training hub and GP Federation are scoping interest for the training needs of health care assistants
- The £12m allocation of funding has been referenced earlier in this report.

Future of local health and care services (North Staffordshire)

- The 14-week consultation period is ongoing and closes on 17 March 2019
- The consultation focusses on:
  - How community-based services can be delivered differently in a more integrated way, closer to home
  - How to make better use of community hospital rehabilitation beds
  - How to ensure consultant-led outpatients clinics work more efficiently and, importantly, ensure consultants have more time with patients and less time travelling
- A series of workshop events are being held – for more information about the events and the consultation in general, visit www.healthservicesnorthstaffs.nhs.uk
- Publication of the outputs of the consultation (within 12 weeks) to allow for deliberation and due consideration, with outputs to be considered at CCG Governing Bodies in public on 4 June 2019.

Community Hospitals South

- Services currently provided at Sir Robert Peel and Samuel Johnson Community Hospitals – urgent and emergency care, maternity and Discharge to Assess beds – are the subject of Together We're Better's pre-consultation business case (PCBC) process; timelines for this process will impact upon the transformation of services.

Maternity, Children and Young People programme

- Following the successful bid to the Perinatal Mental Health Community Services Development Fund to help increase access to perinatal mental health services in Staffordshire and Stoke-on-Trent, the programme is implementing service improvements across Together We're Better's footprint and Shropshire's STP
- As part of this, a recruitment drive is underway for staff to implement this project and the programme will shortly be launching a destigmatising perinatal mental health campaign
- A total of 15 Maternity Champions have now been recruited as part of the Maternity Voices Partnership and have received inductions and training, with further recruitment ongoing – this team will be visiting areas to collect feedback from women and families to help improve services
- The programme is developing an innovative two-way noting system, in partnership with NHS Digital and University Hospitals of North Midlands NHS Trust (UHNM) – this system will give women the ability to input into their own notes, with the initial focus being on women being able to enter medical and pregnancy history information at the start of their pregnancy, as well as preferences for labour and birth as their pregnancy progresses
- Led by local Heads of Midwifery, the programme is working on developing a sustainable model of continuity of carer as part of the reconfiguration of local maternity services

- The programme has also recently been successful in securing additional funding from Health Education England to appoint a full time Midwife for six months to help drive the continuity of carer project forward.

Workforce programme

- The programme held an event on 17 January offering more information to local health and care organisations about the range of apprenticeship opportunities available in Staffordshire and Stoke-on-Trent
- The event also provided more detail about how to apply for funding that will support apprenticeship training costs for new or existing employees
- The recruitment process to the End of Life/Palliative Care rotational apprenticeship got underway in December – this will see eight recruits beginning placements in NHS, private and voluntary organisations across the county
- Work is continuing on the various new groups set up following the recent Think Tank event
- The groups are focused on supporting flexible retirement and retention, careers hub/'itchy feet' conversations, a new route into nursing, the Apprenticeship Levy sharing process and a young people's marketing strategy linked to an app or website targeted directly for them
- Integrated Care Team workforce planning continues alongside Midlands Partnership NHS Foundation Trust, which is leading on developing the service model
- Work to develop a graduate/student nursing career pathway targeted at young people continues.

Digital programme

- Congratulations to Dr Paddy Hannigan, who has been appointed as new Senior Responsible Officer (SRO) for the Digital programme, taking over from Caroline Donovan
- Guidance has been received from NHS England on the replacement Integrated Care Record (ICR) 2 project, with Operational Project Team and Stakeholder Board meetings established and a revised procurement timeline plan agreed
- The benefits of an Integrated Care Record include:
  - Patients avoiding having to repeat information to different health and care professionals
  - Patients avoiding having to undergo unnecessary duplication of tests – leading to fewer delays in receiving the right care
  - Empowering patients to have greater control of their care by enabling them to view their patient record online
  - Enabling health and care professionals to be able to access an individual's record wherever they are based
- A Together We're Better conference on business analytics and healthcare analytics is being arranged for early 2019, the outputs of which will form the updated scope for the project
- The delivery of digital upskilling of nurses, digital exemplar GP practices, long term condition pathways, digital inclusion and management of atrial fibrillation is ongoing.

Estates programme

- £21.9m capital funding has been announced by the Department for Health and Social Care for the development of a health and care campus on the Outwoods site at Burton Hospital
- The development will include supported housing, 'step down' services for patients to receive further care before returning home, a nursery and residential and keyworker accommodation

- A community hub will be the heart of the development and provide a space for residents, service users and visitors to interact and support each other
- The programme is supporting South Staffordshire Council on its plans for a new multi-million pound Community Hub in Codsall
- It is planned that Russell House GP Surgery will relocate to Codsall, providing the practice with much needed additional space to expand the number of GPs for the community's growing population
- Midlands Partnership NHS Foundation Trust's community outreach teams are also due to be relocated to the building, while South Staffordshire Council's physical and mental health, children's and social care, housing and benefit teams will be brought together into an integrated space at the Community Hub
- A new governance structure, which supports a system wide approach across Together We're Better and One Public Estate is commencing in the New Year
- The programme is continuing to work with NHS England and GPs to ensure primary care requirements are included within the wider strategy approach
- The energy efficiency project continues, with the recent inclusion of Stoke-on-Trent City Council
- A development plan is being produced to capture progress on identified projects and disposals.

Organisational Development and Leadership programme

- A total of 40 people are due to take part on the latest cohort of the BAME (Black, Asian and minority ethnic) Leadership Programme in February
- So far, 55 existing and aspiring leaders from the BAME community have taken part in the programme
- A series of videos have been produced as part of the recently completed second cohort, including a number of individual case studies – these are available on Together We're Better's website at www.twbstaffsandstoke.org.uk
- A total of 25 places are available for the latest cohort of the Primary Care Leadership Programme – aimed at a multidisciplinary cohort from across Staffordshire and Stoke-on-Trent
- Work continues on the High Potential Scheme locally following a successful application to the NHS Leadership Academy to become a pilot site – this scheme will identify and support the most talented individuals providing NHS-funded care
- A bespoke offer is being developed for those involved in programme support using improvement techniques and the NHS change model – it will form tools and a workshop for Programme Directors, Programme Managers and Project Leads.

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REPORT TO TRUST BOARD

Enclosure No:20

Date of Meeting:	28TH FEBRUARY 2019		
Title of Report:	Director of Infection Prevention & Control (IPC) quarterly report (Q3) 2018/19		
Presented by:	Maria Nelligan – Director of Nursing and Quality/DIPC		
Author:	Amanda Miskell – Deputy DIPC		
Executive Lead Name:	Maria Nelligan	Approved by Exec	☒

Executive Summary:	Purpose of report	
This report will provide assurance to the Quality Committee and the Board on IPC activity and position in relation to the Health & Social Care Act on Infections (2015) and the Trust IPC Assurance Framework in relation to avoidable Health Care Acquired Infections (HCAIs).	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☒ Date: 15th and 8th January 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 involvement.☐ 2. To provide the highest quality services ☒ 3. Create a learning culture to continually improve.☐ 4. Encourage, inspire and implement research & innovation at all levels.☐ 5. Maximise and use our resources intelligently and efficiently.☒ 6. Attract and inspire the best people to work here.☐ 7. Continually improve our partnership working. ☐		
Risk / legal implications: Risk Register Reference	None		
Resource Implications: Funding Source:	Vaccinations, bank shifts, additional resources and incentives. Influenza budget.		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on protected characteristics in relation to the completion of this report.		
STP Alignment / Implications:	None		
Recommendations:	Receive the report for information		

Version	Name/group	Date issued
V1	Maria Nelligan	31/12/2018
V2	SLT/IPCG/QC	/01/2019

1. Purpose of the report

This report will update and provide assurances for quarter three (Q3) on IPC including influenza activity, and prevalence of IPC/PH issues, within the organisation. The Board will also be apprised of our position in relation to Health Care Acquired Infections (HCAIs) and other relevant issues.

2. Health Care Acquired Infections (HCAI)

During the Q3 period there were no HCAIs to report, in relation to Blood Stream Infections, Sepsis or MRSA Bacteraemia.

One patient was confirmed as having C-difficile Toxin positive (A&B) infection related to poor physical health and antibiotic use. The patient experienced loose stools and was treated successfully with no further relapse. There were no cross infection cases linked to this. A Post Infection Review (PIR) was carried out and reported into the IPCG.

MRSA screening continues to result in a zero return in terms of positive results, and no exceptions have been reported externally.

There has been an increase in Gram Negative bacterial infections, particularly around E.coli and Klebsiella in urinary tract infections. This is in line with the national picture and there have been no incidents of avoidable harm.

All pathology reporting, including Microbiology and Virology is now reported via a "result run" on Lorenzo. Surveillance continues around HCAIs and any organisms reported into the NHS.net account which is monitored daily.

3. Influenza Activity

This year the IPC team took responsibility in coordinating the campaign delivering all training internally as well as ordering, PGD and reporting to NHSI and Immform. A handbook was developed and used by staff as a resource, appendix 2. The immunisation programme for 2018/19 commenced late September 2018, and to the end of December 2017, our peer vaccinators have vaccinated over 1000 staff. The Flu team have also passed the 75% CQUIN which was achieved on 20th December 2018, 12 weeks into the campaign. The denominator for this year has increased to over 1300 frontline staff, which means our vaccinators have had to vaccinate more staff to meet overall compliance. The programme has included:

- Jabathon's (24 hour access to the vaccine)
- Peer vaccinators working flexibly on the bank in addition to normal hours.
- Dial or text a jab
- 7 day service
- Flu fighter email address
- We deliver to you, and
- Clinics.

Frequently asked questions, declaration forms and other relevant information, including myth busting tips, are all available via the IPC pages on CAT. The communication team have also run the "12 days of Flu for Xmas" for myth busting. Alongside this the Trust had 20 golden tickets which were randomly placed in each new batch of vaccines. These could be exchanged for a £10 shopping voucher. The action plan up to end of December 2018 is included as appendix 1.

There have been no cases of confirmed Flu.

4. Outbreaks and incidents

There have been no outbreaks to report.
There has been an identified gastrointestinal food related incident related to a staff Christmas buffet. This was supported by the IPC team and reported to the DIPC due to staff sickness. A review of food handling and consumption suggests the bacterial growth was related to a homemade food source, therefor environmental health were not involved and IPCT actioned locally.

5. Infection Prevention & Control Group

The Infection Prevention and Control Group (IPCG) meets bi monthly, and the last meeting took place in November 2018. The chairs summary comprises:

- Terms of reference updated and approved at Quality Committee
- The IPC strategy, terms of reference, work plan and assurance framework have been reviewed and updated were necessary
- Sepsis day was celebrated
- Environmental work plans reviewed in conjunction with Estates team and PFI colleagues
- Standardisation process continues for IPC consumables, including Personal Protective Equipment (PPE), Sharps bins, decontamination products and medical devices.
- The IPC audit programme on track to be completed by end of Q4. Non-compliant areas identified are being supported by the IPC team, Estates and Facilities.

6. Recommendations

The Board is asked to note the DIPC Quarter 3 Report for 2018/19.

7. Appendices

Appendix 1.

Flu action plan
updated Dec 2018 v4.:

Appendix 2.

Flu handbook v4.docx

Seasonal Influenza Action Plan 2018/2019

North Staffordshire Combined Healthcare

RAG	Recommendation	Action	Completion date	Lead Person	Comments
	Order vaccines dependant on agreed Denominator with Workforce	Order vaccines with UHNM	22/06/2018	Amanda Miskell/Kerry Smith	Vaccines now available. Denominator calculated.
	Develop new Consent form/ Handbook/PGD and Training Programme	Develop new Consent form/ Handbook/PGD and Training Programme	05/10/2018	Amanda Miskell/Chief Pharmacist	Completed
	Coordinate submissions to Immform and take responsibility for data management	Register with Immform and Develop data management programme	05/10/2018	Amanda Miskell	Registered with Immform/ first submission completed 2nd November
	Training event for peer Vaccinators	Coordinate vaccinators and commence PV comms	14/09/2018	IPCT	Training days have taken place
	Raise awareness among staff and offer vaccination	Infection Prevention & Control Team training and Communications	30/09/2018	Amanda Miskell/ Joe McCrea	Materials ordered/ Training day booked

Seasonal Influenza Action Plan 2018/2019

	Promote the start of the flu campaign and offer opportunity for staff to have the vaccine	"Feel Good Friday" Event with Team Prevent available to offer advice and perform vaccinations	05/10/2018	Amanda Miskell/ Joe McCrea	Programme for first week in Development
	Comply with NSCHC policy with regards to medicine management and extended staff roles.	Formalise and complete Flu Patient group Direction (PGD)	21/09/2018	Pharmacy/ Amanda Miskell	PGD complete and sign off commenced
	Sufficient anti virals in stock and shock packs in place	Order and distribute across emergency areas in addition to pharmacy (both strengths)	28/09/2018	Pharmacy/ Amanda Miskell	D/W Helen Sweeney. stock now available.
	Consider extending the storage of flu vaccinations into Pharmacy as well as Dragon Square and Ward 5.	Order fridge and amend PGD	22/08/2017	Louise Jackson	Extra fridge ordered and delivered funded from Flu campaign budget
	Prepare vaccinators for role	Vaccinator training to be delivered by IPC team	30/09/2018	Amanda Miskell	Completed
	Budget for financial cost of purchasing "injecting arms"	Raise Purchase order and approve	22/08/2017	Amanda Miskell/Fay Smallman	Completed
	Competency sign off for vaccinators	Vaccinator Competence assessment October 2018	31/10/2018	IPCT	Completed

Seasonal Influenza Action Plan 2018/2019

	Collaborative working across teams with OH "Team Prevent" flu campaign	IPCT to organise core clinics across the trust	31/08/2018	IPCT	All clinics have been provisionally scheduled
	Data collation	IPCT administration will receive all forms completed by vaccinators including Team Prevent. NSCHT flu vaccinators will collate and deliver this data to Fay Smallman.	31/03/2019	Fay Smallman	All completed consent forms obtained by NSCHT vaccinators are to be delivered to Fay Smallman for her to collate
	Check all Cool boxes with medicool packs to maintain cold chain for vaccines	IPCT to check and store	22/09/2018	IPCT	Completed
	Accessibility and awareness	Reminder about flu clinics and roving vaccinators	31/09/2018	Comms	Ongoing
	Leadership and accountability	Promote clinics through CEO Blog and the importance of receiving the jab for patient safety	31/10/2018	Comms	Completed
	Myth Busting and role modelling	Launch of flu clinics with photos taken at first senior meetings of staff receiving jab – reminder about getting the jab & flu myth of the week	31/10/2018	Vaccinators/ Comms	Completed

Seasonal Influenza Action Plan 2018/2019

	Myth Busting and role modelling	Flu page in Comms/SID promoting clinics, myth busting, hand hygiene and featuring a chat with DIPC/IPCT about the importance of getting the jab and pics of some key staff having received the jab	Nov-18	Comms	Completed
	Awareness, accountability and acknowledgment	Final chance to get your flu jab! - Reminder of final clinics, Prize draw & thank everyone who has had jab	21/12/2018	Comms	All preparedness in place. Maria as DIPC booked, Clinics booked, Choir booked, Comms booked
	Leadership and accountability	Myth busting 12 days of xmas	30/11/2018	Comms	Amanda has sent narrative to Comms. To run 5-20 th December, Mon- Fri
	Leadership and accountability	Still time to beat flu this winter - Further reminder of remaining clinic dates & flu myth of the week	04/01/2019	Comms	
	Leadership and accountability	Final reminder from Caroline through CEO Blog of flu clinics	04/01/2019	Comms	
	Leadership and accountability	Time's running out to get your jab! – Promote final few clinics & flu myth of the week	01/02/2019	Comms	

Seasonal Influenza Action Plan 2018/2019

	Leadership and accountability	Reporting to NHSI WM by 12md every Wednesday	Feb-19	IPCT	Commenced and ongoing
	Leadership and accountability	Report to Immform first working day of every month	Feb-19	IPCT	Commenced and ongoing
	Leadership and accountability	Keep CCG up to date with activity	Feb-19	IPCT/Audit team	Commenced. Last meeting 3.12.18

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2018/19 FLU IMMUNISATION GUIDE v2 September 2018

SEASONAL FLU VACCINATION PROGRAMME

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PROUD TO CARE

SECTION 1: PROGRAMME OUTLINE

The COMBINED staff seasonal flu vaccination campaign will commence on Friday 5th October 2018 with a dedicated resourced full weeks programme. During this week we will include 2 Jabathons and a 7-day service. We will continue with our "Dial a Jab", and we have some new jabbers in addition to our fabulous regulars and Team Prevent. High five to our super Jabbers and blue-sky thinker awards from last year, Jenny Cunningham, Andy Bough and Lesley Whittaker. Lesley will be our project coordinator this year, Fay Smallman our administration person to go to (as last year she did such an amazing job!) and Rob Sillito will operationally lead the 2018 campaign.

So why do we put so much resource and passion into the campaign? Well, it saves people's lives and can prevent complications related to Influenza. Even if you don't get vaccinated to protect yourself, to build up immunity for our populations we need to have at least 75-80% of the population vaccinated, Similar to measles etc.

Every member of staff and each area will have access to the vaccine whether it's through planned clinics, training, Feel Good Fridays or your peer vaccinator colleagues. We will really focus on Jabbing as early as possible this year, so staff and patients are covered as soon as possible in the Flu season. Please don't be cross with vaccinators if they ask you for your immunity status, they are trying to protect your and colleagues, as well as our patients and visitors.

Following last year's Flu prevalence, we recognise that one of the strains mutated so wasn't covered with the Tri (3) vaccines. This year we have purchased as recommended the Quad (4) vaccine to give much better cover for our staff.

Following our "Full On Out There October", (FOOTO FLU) we will take a short break and reflect on our position as a Trust. We may even use all our 1000+ vaccines in October and be the fastest mental health Trust to vaccinate 75% of its patient facing workforce, that would be worth celebrating!

So, this year's delivery is being offered as follows:

October, November & December Clinics:

- Clinics during these months commence at the beginning of October with a focus on encouraging and vaccinating the following key groups but we will not exclude any member of Staff:
    - Doctors
    - Nurses
    - AHPs and Psychologists
    - Staff with access to service users such as porters, domestics, ward clerk etc.)

Vaccinations will be offered in the following ways:

- Peer vaccinators and IPC team undertaking vaccinations in areas/wards/departments increasing access to staff working out-of-hours, such as night staff and those working at the weekends

Opportunistic immunisations available via all trust vaccinators at meetings, events, training etc. In addition, "walkabout" sessions will be held by peer vaccinators and the IPC team. **Please note, we may run out of vaccines depending on demand hence why we have a large stock for the first week and the rest of October available.**

SECTION 2: TRAINING

a) Peer Vaccinator Training

Note: A 'new vaccinator' is someone who either has never completed a new flu vaccinator course or who has completed the course but more than 12 months ago without having a refresher update since.

Venue	Room	Date	Time
Harplands	AC 1&2	September	12:00
TBC	TBC	TBC	TBC

New vaccinators will be able to support vaccination delivery with an experienced flu vaccinator prior to delivering their own to ensure confidence and competency.

b) Anaphylaxis Training

All vaccinators must ensure they are up to date with anaphylaxis training; this is covered during the flu training sessions.

c) Basic Life supportive

All vaccinators **MUST** be up to date with their basic life support training. It is the responsibility of each vaccinator to ensure their basic life support training remains valid for the entirety of the campaign.

d) Competency Form

All vaccinators must ensure that they complete a minimum of 5 assessments per competency and the competency framework form is signed off by an assessor when competencies are achieved.

SECTION 3: VACCINES

a) Vaccine Storage

Flu vaccines must be stored in a specialised vaccine refrigerator the temperature of which should be maintained at between +2ºC to +8ºC. These fridges should only be used for the storage of pharmaceutical products. **Food, drink, and clinical specimens must never be stored in the pharmaceutical refrigerators.**

Vaccines should be stored in the original packaging and protected from light. The flu vaccines will be divided across several designated vaccine fridges in the following locations:

1. Harplands pharmacy
2. Ward 5 emergency stock in clinic room
3. Dragons square

b) Vaccine Transportation / Maintenance of the Cold Chain

The person collecting/transporting the vaccine is responsible for maintaining the cold chain up until such time that the vaccine is administered, returned to the fridge or destroyed. All vaccines being transported to/from fridges by vaccinators must be carried in a suitably recognised and approved vaccine carriage system (e.g. a vaccine porter) which should also contain the correct number of 'cool packs' required in accordance with its size in order to maintain the vaccine at an acceptable temperature.

The Medicool packs should be refrigerated for a minimum of 24 hours at + 5°C as recommended by the manufacturer prior to use. The integrity of all cool packs must be checked before use.

Direct contact between vaccines and the Medicool packs MUST be avoided to protect the vaccines from any damage. Vaccines should be wrapped in bubble wrap or another suitable insulating material. Any surrounding area should be filled with bubble wrap; this will prevent temperature variations due to shifting of the load within the vaccine porter.

If the vaccine porters are used correctly, the manufacturers states that the correct temperature range (+2°C to +8°C) should be maintained for approximately 8 hours.

c) Vaccine trail

Each fridge has with it a Vaccine sheet. It is essential that any vaccine removed or returned to a vaccine fridge is recorded in order to maintain the trail. The logging of both taking and returning vaccines requires the signature of the person taking/returning the vaccine.

All sections of the form must be completed in order that a clear trail is maintained.

Please place this form by the fridge in your area with the temperature monitoring form.

d) Fridge Monitoring

Peer vaccinators and staff in the clinical area will be responsible for monitoring the flu fridges. Responsibilities for these fridge leads include routine daily checks where possible (e.g. min/max daily temperature recordings and resetting of the fridges) which should be conducted and recorded in accordance with Trust policy.

SECTION 4: ADMINISTRATION & CONSENT

a) Clinic Schedules

All clinic schedules will be available on the Trusts intranet site and IPC page. We work really closely with Team Prevent and our Communications team throughout, so don't be shy! Speak out if you have a great idea or concern.

b) Clinic Preparation/Supplies

i) Area based clinics and roaming vaccinators
Each vaccinator is responsible for ensuring they have all the relevant supplies required for their clinic/programme. Most items will be available by the vaccine

fridges, i.e. anaphylaxis pack, sharps bin, consent forms, cool packs, transport bags, plasters, and chlorhex wipes. **Vaccinators are encouraged to prepare a box containing all supplies (except vaccines) in advance of the clinic.** The vaccine should then be collected from a relevant fridge using the appropriate vaccine porter and cold packs.

c) Patient Group Directive (PGD)

The Seasonal Flu Vaccine PGD supports the administration of the flu vaccine to relevant groups without the need for individual prescriptions. This includes administration to COMBINED staff and employees of other organisations that have direct access to our service users.

The Seasonal Flu Vaccine PGD for this year has been developed in conjunction with other NHS organisations within the region. The PGD includes all possible manufactured vaccines that might be received. All flu vaccinators will be signed off against the PGD as part of the flu training.

All vaccinators are reminded that they must be authorised by name under the current version of the 2018 Seasonal Flu PGD before attempting to work according to it (see section 6 – Additional Information).

d) Eligibility

Frontline health workers have a duty of care to protect their patients and service users from infection. This includes getting vaccinated against flu (DH Flu Plan 2018)

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programme_2018-20:

The vaccine provided is intended for administration to:

- COMBINED staff
- Other non-COMBINED staff groups who have direct contact with COMBINED service users and who are covered by the PGD (e.g. social service staff and Student Nurses)

e) Consent/Administration/Non-acceptance form

Consent forms are required dependent on whether the vaccine is being administered to a staff member (either COMBINED or another organisation) or service user.

i) <u>Staff/other employee vaccination</u>

A signed administration and consent form is required for every vaccine given and a copy is here, as well as a declaration (received elsewhere) and decline form for use.
If staff do not accept the vaccine a decline form must be offered to understand the reasons why.

ii) Service User Vaccination

- Administration to 'People who use our services' (Inc. the homeless) who have capacity to consent

An individual patient prescription is required for **all** service user flu vaccination (with exception of the homeless population being targeted by the Drug Service staff). In addition, a signed administration and consent form is required for every vaccine given (available either via the attached document or link below). As with the standard consent form, the first part of the form is for completion by the individual receiving the vaccine and the second part is for completion by the vaccinator. All sections must be completed and the administration must also be recorded within the Electronic Patient Record (EPR) (e.g. Lorenzo).

- Administration to 'People who use our services' who lack capacity to consent

An individual patient prescription is required for **all** service user flu vaccination. A separate consent form should be used for service users who lack capacity to consent.

The vaccinator is responsible for completing all sections of this form. The vaccine administration must also be recorded within the relevant EPR.

- Other service user vaccination
  - **Other non-inpatient service users**
    Other non-inpatient service users requesting seasonal flu immunisation should be directed to their own GP.

- Staff vaccinated outside of COMBINED

It is imperative to capture information regarding any staff member vaccinated via a third party (eg GP, other employer, local pharmacy, supermarket etc). All staff need to email **infection.control@combined.nhs.uk** or telephone 60122 (internal) or 07740372868 to let us know their details and these can be added to the database.

SECTION 5: DATA COLLECTION AND RETURN to Fay Smallman at Harplands or

Flu Email Box: infection.control@combined.nhs.uk

SECTION 6: ADDITIONAL INFORMATION

a) **Green Book Update**
This year's updated chapter of the Green Book for seasonal flu can be found by accessing the following link:

https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

b) **Seasonal Flu PGD**
A copy of this year's PGD can be accessed via the following link:

c) **Promotional Material**

Materials to support the advertising of the campaign will be distributed across the Trust.