Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th January 2018

Title and Author of Paper:

NHS Improvement Single Oversight Framework - Quarter 3 update Anna Foster, Deputy Director of Commissioning & Quality Assurance Dave Rycroft, Deputy Director of Finance & Business Development

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- 1. The Trust position against the Single Oversight Framework has been assessed by NHS Improvement as segment 1 (maximum autonomy). Last updated on NHS Improvement website October 2017.
- 2. The Trust Finance templates are now submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 1 at Q3 (Q1 and Q2 were also a 1).
- 3. From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At 2017-18 quarter 3 the Trust is reporting it will achieve its year-end control total so this statement is not required.
- 4. Information on the Trusts Workforce is submitted to NHSI on a monthly basis the report includes a summary of the information which has been submitted in the first 3 quarters of 2017/2018.
- 5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis this report includes a summary of this information for the first 9 months of 2017/2018.
- 6. Governance Information/Updates any changes to Trust Board and Council of Governors; any adverse national press attention which have taken place during quarter 3 of 2017/2018 have been included within the report.

Risks Highlighted to Board : None for Quarter 3

Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No No If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which were approved by the Director of Finance/Deputy Chief Executive on behalf of the Board and submitted to NHS Improvement during Q3.

To note the Quarter 3 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A



BOARD OF DIRECTORS 24th January 2018

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 3 2017-18

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

Until October 2016, Monitor provided all Trusts with ratings in relation to continuity of services and governance risk ratings. These are now overseen by NHS Improvement using the Single Oversight Framework who have assessed the Trust for Quarter 1, 2 and 3 of 2017-18 as segment 1 – maximum autonomy, this is an improvement on segmentation in Quarter 4 of last year when the Trust was assessed as segment 2 – targeted support.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 & Q2 17-18	Q3 17-18
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	1
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of current and expected delivery at Month 9 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

	Year to Date			Year End			
Key Financial Targets	Plan	Actual	Variance/ Rating	Plan	Forecast	Variance/ Rating	
Monitor Risk Rating	1	1	Green	1	1	Green	
I&E – Surplus /(Deficit)	£4.5m	£5.9m	£1.4m	£7.1m	£7.1m	£0.0m	
FDP - Efficiency Target	£7.9m	£7.9m	£0.0m	£10.6m	£10.6m	£0.0m	
Agency Spend	£6.8m	£5.8m	(£1.0m)	£8.6m	£7.7m	(£0.9m)	
Medical Agency Spend	£2.4m	£2.4m	(£0.0m)	£3.1m	£3.1m	£0.0m	
Cash	£20.6m	£15.8m	▼ (£4.8m)	£19.8m	£19.8m	£0.0m	
Capital Spend	£9.0m	£3.4m	(£5.6m)	£12.4m	£7.8m	(£4.6m)	
Asset Sales	£0.6m	£0.4m	▼ (£0.2m)	£1.0m	£0.4m	£0.0m	

<u>Risk Rating</u>

		Year to Date		Year-End	
Risk Ratings	Weight	Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	3	3	3	3
Liquidity	20%	1	1	1	1
I&E Margin	20%	1	1	1	1
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	1	1	1
Overall Rating		1	1	1	1

From Month 6 NHSI have introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This month the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for the first 3 quarters of the year. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 3	Month 6	Month 7	Month 8	Month 9
	Actual	Actual	Actual	Actual	Actual
	WTE	WTE	WTE	WTE	WTE
Total non medical - clinical substantive staff	3,943	3,917	3,981	3,963	3,963
Total non medical - non-clinical substantive staff	1,619	1,617	1,572	1,583	1,572
Total medical and dental substantive staff	305	324	317	312	314
Total WTE substantive staff	5,866	5,858	5,870	5,858	5,849
Bank staff	239	293	271	278	256
Agency staff (including, agency and contract)	158	171	167	150	157
Total WTE all staff	6,264	6,322	6,308	6,286	6,262

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff. The table below shows the number of price cap shifts reported in the first 9 months of the year.

	April	May	June	July	August	Sept	Oct	Nov	Dec
	3/4 -	1/5 -	29/5 -	26/6 -	31/7 -	4/9 -	2/10 -	30/10 -	4/12 -
Staff Group	30/4	28/5	25/6	30/7	3/9	1/10	29/10	3/12	1/1
Medical	70	40	45	70	72	64	81	110	88
Nursing	15	20	20	20	25	20	20	25	20
Total	85	60	65	90	97	84	101	135	108

Price Cap Breaches

At the end of December the Trust was paying 4 medical staff above price caps (1 consultant, 1 associate specialist and 2 Speciality Doctors).

At the end of December, the top10 highest paid agency staff were all consultants. The one above cap is costing the Trust £99.98/hour and the Trust were also paying for 11 consultants at the cap rate of £76.10/hour. The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	7 to 8 years	5 to 6 years	4 to 5 years
Consultant	1		
Associate Specialist			1
Audio Typists		3	5

The Audio Typists are expected to transfer into the Trust before the end of the financial year.

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement of and specific items for information, it is these issues that are included within this report.

Board Changes & Governor Elections 2017

Board changes: No changes to report

Governor changes: Changes to the Council of Governors during September-December are detailed below:

Leavers:

- David Twist, Service User Governor (Adult Services) term of office ended 30 November 2017
- Prof Barry Hirst, Appointed Governor (Newcastle University) term of office ended 30 November 2017
- Alisdair Cameron, Appointed Governor (Community and Voluntary Sector) term of office ended 30 November 2017
- Grahame Ellis, Staff Governor (Non-Clinical) resigned 30 November 2017

Appointed:

Prof Daniel Nettle, (Newcastle University) replaced Prof Barry Hirst on 1 December 2017

Governor Elections were held during November 2017 with the following results:

- Fiona Grant, Service User Governor (Adult Services) re-elected from 1 December 2017 for three years
- Bill Scott, Public Governor (Northumberland) re-elected from 1 December 2017 for three years
- Andrew Fothergill, Service User Governor (Adult Services) elected from 1 December 2017 for three years
- Victoria Bullerwell, Staff Governor (Non-Clinical) elected from 1 December 2017 for three years
- Cheryl Wright, Public Governor (Gateshead) elected unopposed from 1 December 2017 for three years.
- 2 x Carer Governor vacancies were not filled
- 1 x Carer Governor's term of office ends in March 2018
- 1 x appointed governor vacancy in Community and Voluntary Sector

Never Events

There were no never events reported in Quarter 3 2017 - 2018 as per the DH guidance document.

Adverse national press attention Q3 2017-18

October

Article in the Guardian regarding the 'backdoor' privatisation over subsidiary firms

November

Article in the Evening Chronicle following a national NSPCC report claiming one in six mental health referrals to CAMHS services are rejected.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

• Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

 A request from NHSI was received on 30 October for the 2016/17 corporate services national data collection. This data was returned to NHSI on 24 November 2017 and includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital.

Carter Review

- Community and Mental Health (Productivity) Community services
- Corporate Benchmarking First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Lisa Quinn Executive Director of Commissioning & Quality Assurance January 2018