



Healthy Staffordshire Select Committee – 10th June 2019

1. Staffing levels and retention

Response: The Trust is fortunate in that we don't have significant turnover or stability problems in many of our roles; however we continue to recruit to posts, with on-going recruitment campaigns for nursing staff at Stoke and the County, and for medical positions.

The Trust has a strategy of "growing our own" staff wherever we can by recruiting apprentices, associates and trainees who we can support and develop into other roles. We also look at introducing new/redesigned roles to support recruitment in those "hard to fill" positions, particularly with junior medical posts where we sometimes have difficulty recruiting.

Nursing

- 7% vacancy or lower
- Retention highest nationally at over 90%
- Agency lowest at under 1%
- Specific recruitment days well-attended

Stability Index **Period 01/05/18 to 30/04/19**

		Start	End	Remain	Index
Add Prof Scientific and Technic	Headcount	396	402	360	90.91%
Additional Clinical Services	Headcount	2,492	2,482	2,181	87.52%
Administrative and Clerical	Headcount	2,013	1,907	1,748	86.84%
Allied Health Professionals	Headcount	503	528	443	88.07%
Estates and Ancillary	Headcount	606	593	540	89.11%
Healthcare Scientists	Headcount	323	318	295	91.33%
Medical and Dental	Headcount	683	699	569	83.31%
Nursing and Midwifery Registered	Headcount	3,276	3,267	2,979	90.93%
Students	Headcount	4	0	0	0.00%
Trust Level	Headcount	10,296	10,196	9,115	88.53%

Turnover by Staff Group **Period 01/05/18 to 30/04/19**

Staff Group	Leavers Count	Leavers FTE	Avg FTE	Turnover Rate (FTE) %
Add Prof Scientific and Technic	33	28.30	359.74	7.87%
Additional Clinical Services	203	166.04	2,179.80	7.62%
Administrative and Clerical	265	225.13	1,721.65	13.08%
Allied Health Professionals	58	51.22	468.91	10.92%
Estates and Ancillary	70	46.73	459.12	10.18%
Healthcare Scientists	30	25.82	291.66	8.85%
Medical and Dental	108	100.29	652.49	15.37%
Nursing and Midwifery Registered	227	191.87	2,891.33	6.64%
Trust Level (based on FTE)	994	835	9025	9.26%

Nb Turnover based on headcount for this period is 9.66%

Notes and Caveats

Dates	Data covers the period 01/05/18 to 30/04/19
Assignment category	Fixed Term Temp and Permanent only (excludes Bank only Staff)
Leaving Reason	<p>Excludes the following reasons for leaving:</p> <ul style="list-style-type: none"> Bank staff not fulfilled minimum work requirement Death in Service Has not worked Initial pension ended Merged Organisation - duplicate record Employee Transfer End of Fixed Term contract - completion of training scheme End of Fixed Term contract - external rotation
Job Role	<p>Excludes Doctors in Training:</p> <ul style="list-style-type: none"> Foundation Year 1 Foundation Year 2 House Officer - Post Registration (Closed) Senior Dental Officer Specialty Registrar
Primary Assignments only	Primary Assignments only (excludes Bank posts held by substantive staff)

Medical and Dental Labour Turnover Rate Grouping								
Period 01/05/18 to 30/04/19								
All Job Role, All reasons for leaving							Turnover Rates	
Job Role	Avg Headcount	Avg FTE	Starters Headcount	Starters FTE	Leavers Headcount	Leavers FTE	LTR Headcount %	LTR FTE %
Associate Specialist (Closed to new entrants)	12.75	12.12	0		2	1.45	15.69%	11.92%
Clinical Assistant	3.00	0.36	0		0		0.00%	0.00%
Consultant	496.08	476.82	33	29.65	53	47.86	10.68%	10.04%
Dental Officer	5.42	5.42	8	8.00	8	8.00	147.69%	147.69%
Foundation Year 1	68.67	68.29	69	69.00	14	14.00	20.39%	20.50%
Foundation Year 2	72.42	72.02	25	25.00	70	69.80	96.66%	96.92%
Salaried General Practitioner	10.58	3.08	0		1	0.30	9.45%	9.74%
Specialty Doctor	93.33	87.32	23	21.29	14	12.08	15.00%	13.83%
Specialty Registrar	299.75	290.91	213	208.65	209	204.29	69.72%	70.22%
Trust Grade Doctor - Career Grade level	4.00	3.15	0		0		0.00%	0.00%
Trust Grade Doctor - SHO Level	1.30	1.30	0		0		0.00%	0.00%
Trust Grade Doctor - Specialty Registrar	67.08	66.22	53	52.73	38	37.66	56.65%	56.87%
Doctors in Training								
Stability Index								
			Start	End	Remain	Index		
Medical and Dental	Headcount	1,138	1,131	739	64.94%			
	Assignment Count	1,138	1,131	730	64.15%			

2. Cancer

Cancer Strategy with the STP and Cancer Performance Improvement

The National cancer plan maps out a route to achieve world class cancer outcomes in England by 2020. The UHNM cancer plan aims to deliver this plan for the population of Staffordshire in collaboration with the West Midlands Cancer Alliance who are custodians of the STP plan.

Examples of strategy alignment and collaborative working with the STP include Medical staff providing educational support to primary care to ensure early and appropriate referral; outreach early diagnosis projects one example being the recent initiation of a community lung cancer screening pilot project run by UHNM staff using West Midlands Cancer Alliance funding. This follows an innovative approach to direct CT scanning in symptomatic patients that is to be adopted nationally.

The UHNM Strategic Cancer Plan will use Cancer Alliance funding to introduce best practice diagnostic pathways for patients suspected to have lung, prostate, colorectal and upper GI cancer during 2019. The Trust is traditionally an early adopter of new diagnostic pathways especially in lung and prostate pathways. It is developing new pathways to use FIT for the detection of GI cancer- this will go beyond the national role out of FIT for screening, but will use FIT to guide pathway decisions.

A high quality modern service increasingly relies on specialist services and technology. UHNM has positioned itself to become one of a handful of large cancer centres, building on its robotic surgical programme, which is already providing Urological, colorectal and Gynaecological services. Increased caseload makes the programme more resilient and is expected to drive use in other specialities and forming alliances with other acute provider hospitals within the Region.

The Trust will form further strategic alliances to strengthen specialised services, guided by local need and complying with national cancer and GIRFT plans. This includes both surgical and oncological services. Indeed oncological services are under increasing pressure with a large number of new treatments, which can improve prognosis and/or reduce side effects of treatment. The Trust radiotherapy strategy is to develop links to the West Midlands radiotherapy network. It also has a memorandum of understanding with the Christie Hospital to investigate how the oncological services of the 2 Trusts can collaborate to provide a more resilient service and to improve access to research studies for the local population.

UHNM sees itself as one of the future dominant cancer centres in the region. It will drive quality and improve patient experience and provide improved outcomes by developing and increasing specialised treatments by collaborating with other local hospitals.

Cancer performance and improvement/sustainability plans

- The Trust has had a number of significant challenges in the first half of the year which our Divisional Teams are continuing to model and manage, especially with the prospect of the 28 day faster diagnostic standard, April 2020.
- exponential increase in referrals in the first half of the year for breast, urology and colorectal services which impacts on the downstream capacity to diagnose and treat to timescale.
- significant diagnostic capacity challenges in endoscopy and cross sectional imaging (CT and MRI), consistent with the national experience.
- Medical/clinical skills gap in certain cancer modalities, which again is consistent with the national workforce challenge experience.

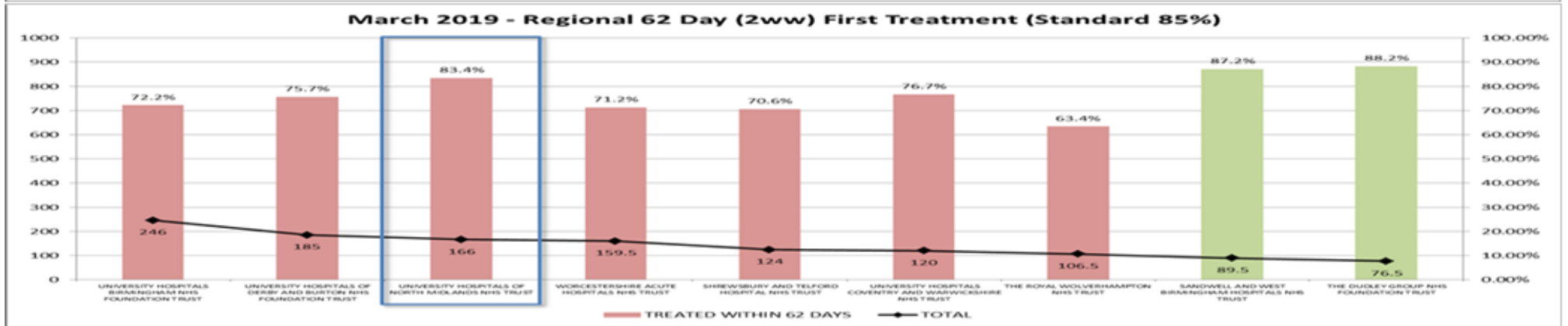
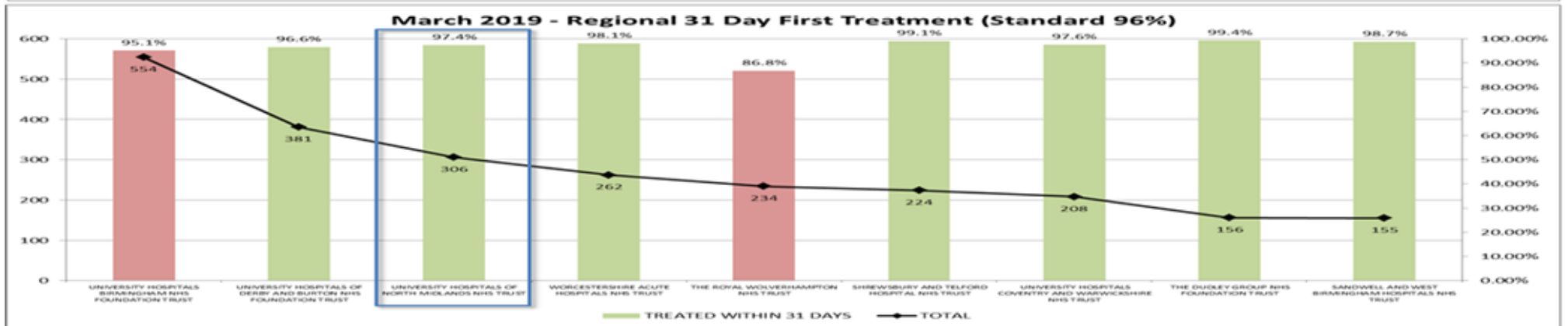
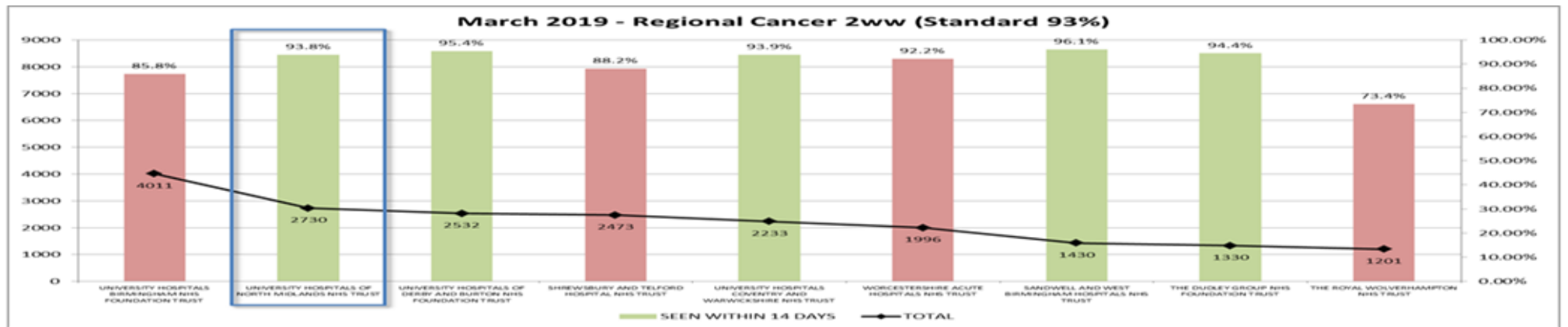
Details of Performance by Tumour Site for Quarter 4 of 2018/19 are detailed below.

Confirmed Diagnosis:	Quarter 4 2018/19	
	Total	%<62
Brain/CNS	1	100.00%
Breast	71	81.69%
Colorectal	44	75.00%
Gynae	36	83.58%
Haematology	27	88.68%
Head & Neck	20	70.00%
Lung	35	47.62%
Other	5	60.00%
Sarcoma	9	23.08%
Skin	112	91.07%
Upper GI	38	61.97%
Urology	120	71.55%
Trust	518	76.38%

The improvement initiatives cited within our cancer delivery plan for 2019/20 outline how our current cancer pathways will be reconfigured to support earlier diagnosis and expedited treatment plans for our patients.

Oncology service developments include treatments for patients within their post code catchment, (Wolverhampton) and a Specialty doctor now working with our Consultant teams from 1st May to give additional support.

UHNM Cancer Performance for March 2019 is shown below. Whilst UHNM performance has been at variance for some modalities, we do compare favourably with our respective peer Trusts and we have been working with colleagues in the Intensive Support Unit to assist with future modelling of our service demand and capacity in order to ensure we can deliver and sustain our cancer services in accordance with the UHNM vision to deliver best in peer outcomes for the local population we serve.



3. Death rates

The death rates are in relation to published SHMI and relates to 2017/18 figures. There has been increase in the number of patients with palliative care being coded within their diagnosis from 39.5% to 43.8%. Within the calculation of SHMI, palliative care coding does not have any impact therefore does not have impact on our overall SHMI which is within expected band 2 at 1.06.

I am unable to identify how many of these cases were on a discharge pathway and were subsequently delayed in discharge. The increase would be that there are more patients which are being identified by the clinicians as requiring palliative care input during their inpatient stay in 2017/18 compared to 2016/17.

The NHS Digital website is currently closed until Wednesday 5th June 2019 so cannot check any details behind this figure until then.

4. Financial Position

Verbal update to be provided by the team at the meeting on the 10th June 2019.

5. Service changes

Verbal update to be provided by the team at the meeting on the 10th June 2019.

6. UHNM / STP priorities

Verbal update to be provided by the team at the meeting on the 10th June 2019.