NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST BOARD MEETING HELD IN PUBLIC

THURSDAY 13TH APRIL 2023, 10.00AM AT PORT VALE FOOTBALL CLUB

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P67/23	Welcome and Apologies for Absence **– Kenny Laing, David Rogers, Sue Tams**	Janet Dawson	**Note**	
2	1002	P68/23	Declarations of Interests – and changes to be notified	Janet Dawson	**Note**	
3	1003	P69/23	Minutes of the Previous Meeting held on 16th March 2023	Janet Dawson	**Approval**	**Enc. 1**
4	1005	P70/23	• Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda	Janet Dawson	**Note**	**Enc. 2**
5	1010	P71/23	Patient Story – **Service User Feedback for Step On**	Zoe Grant	**Note**	**Video**
6	1020	P72/23	REACH Recognition Individual Award – **Vicki Warren, Advanced Nurse Practitioner - Primary Care**	Dr Adeyemo	**Note**	**Verbal**
7	1030	P73/23	Chief Executives Report	Dr Adeyemo	**Note**	**Enc. 3**
8	1035	P74/23	Chairs Report	Janet Dawson	**Note**	**Verbal**
9	1040	P75/23	Questions from Members of the Public	Janet Dawson	**Note**	**Verbal**
	10 minute break					
Quality We will provide the highest quality, safe and effective services			**QUALITY**			
10	1055	P76/23	Safer Staffing Monthly Report February 2023	Zoe Grant	**Assurance**	**Enc. 4**
11	1100	P77/23	Quality Committee Assurance Report from the meeting held on 6th April 2023	Patrick Sullivan	**Assurance**	**Verbal**

12	1110	P78/23	Improving Quality and Performance Report (IQPR) Month 11	Eric Gardiner	**Assurance**	**Enc. 5**
13	1115	P79/23	Service User Carer Council Update March 2023	Zoe Grant	**Assurance**	**Enc. 6**
People We will attract, develop and retain the best people			**PEOPLE**			
14	1120	P80/23	People, Culture and Development Committee Assurance Report from the meeting held on 3rd April 2023	Janet Dawson	**Assurance**	**Verbal**
15	1130	P81/23	Staff Survey 2022/23	Marie Barley	**Assurance**	**Enc. 7**
Partnerships We will actively promote partnership and integrated models of working			**PARTNERSHIPS**			
16			No Items			
Sustainability We will increase our efficiency and effectiveness through sustainable development			**SUSTAINABILITY**			
17	1150	P82/23	Finance Report Month 11	Eric Gardiner	**Assurance**	**Enc. 8**
18	1155	P83/23	Finance and Resources Committee Assurance Report from the meeting held on 6th April 2023	Russell Andrews	**Assurance**	**Verbal**
19	1200	P84/23	Self-Certification G6 and FT4 Provider Licences	Laurie Wrench	**Information**	**Enc. 9**
20	1210	P85/23	Board Assurance Framework (BAF) Quarter 4 2022/23	Laurie Wrench	**Assurance**	**Enc. 10**
21	1220	P86/23	Trust Board Cycle of Business	Laurie Wrench	**Assurance**	**Enc. 11**
CONSENT ITEMS						
22	1225	P87/23	Any Other Business	Janet Dawson	**Note**	**Verbal**

Date and Time of Next Meeting
Thursday 11th May 2023 at 10.00am Via MS Teams

TRUST BOARD

Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 16th March 2023 At 10:00am via MS Teams

Present:

Chair:

David Rogers
Chair

Directors:

Patrick Sullivan
Non-Executive Director / SID

Janet Dawson
Non-Executive Director / Vice Chair

Dr Buki Adeyemo
Interim Chief Executive

Tony Gadsby
Associate Non-Executive Director

Phil Jones
Non-Executive Director

Laurie Wrench
Associate Director of Governance

Paul Draycott
Director of People, Organisational Development & Inclusion

Dr Dennis Okolo
Interim Medical Director

Elizabeth Mellor
Director of Strategy and Partnerships

Kenny Laing
Executive Director of Nursing and Quality

Russell Andrews
Non-Executive Director

Pauline Walsh
Associate Non-Executive Director

Ben Richards
Director of Operations

Dr Keith Tattum
GP Associate

In attendance:

Lisa Wilkinson
Corporate Governance Manager

Jenny Harvey
Unison Representative

Kimberli McKinlay
Deputy Director of Finance

Joe McCrea,
Associate Director of Communications

Patient Story
Gill Cooke – Clinical Director
Dr Gemma Wall – Consultant Neuropsychologist

REACH Team Award
North Staffordshire Community - Child and Young Person's Eating Disorders Team (CYP ED)
Maxine Buckingham
Julia Matthews

Members of the Public
No members of the Public

The meeting commenced at 10:00am

47/2023	**APOLOGIES FOR ABSENCE** Sue Tams, Service User Carer Council, Eric Gardiner Executive Director of Finance, Performance and Estates, Joan Walley Non-Executive Director	**Action**

48/2023	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS** There were no declarations of interest. ***Noted***	
49/2023	**MINUTES OF THE OPEN AGENDA – 9th February 2023** The minutes of the open session of the meeting held on 9th February 2023 were approved. ***Received***	
50/2023	**ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES** There were no actions arising from the previous meeting. ***Received***	
51/2023	**PATIENT STORY – Angus - Awake Craniotomy** Kenny Laing, Executive Director of Nursing and Quality introduced the patient story. Kenny Laing explained the patient story shone a light on part of our service provision, which was fundamentally about partnerships. Angus underwent a neurosurgery at University Hospital of North Midlands (UHNM) and as part of his care Angus was also under the care of Dr Gemma Wall, Consultant Neuropsychologist, North Staffordshire Combined Healthcare. The Trust has a well-established partnership with UHNM. Kenny Laing acknowledged this was great opportunity to hear more about Angus's experience, but also to explore the partnership working that the Trust did with UHNM and across the region. Kenny Laing felt the story highlighted the importance of the role of advocacy, Angus was able to advocate for himself to a certain extent, but still found that challenging. There are some service users who have not necessarily got the same skills and we need to reflect that back into how we enable advocacy for them and how the Patient and Liaison Service (PALS) are able to support them to navigate, what is often a difficult system. Dr Dennis Okolo felt in addition to advocacy the patient story highlighted that UHNM were helpful during the journey, alleviating fears around access to services, explaining the process, expectation and accessibility to Dr Gemma Wall, Consultant Neuropsychologist. Dr Dennis Okolo felt there was a need to generalise that across our services to create that personal type of access and additional explanation of what we are doing to ensure that our patients are on board. It would help patients feel more welcome and improve their understanding of our services. In terms of transitioning between two hospital areas, Telford and Stoke and the challenges around that we need to look making these journeys as seamless as possible for patients. Dr Gemma Wall explained most of our patients enter the service with a whirlwind diagnosis and are plunged into treatment which is a very stressful and anxiety provoking time and one of the main interventions the team use is preparation. The team also provide follow up as following surgery there can often be normal or more extreme psychological reactions. Paul Draycott felt the evidence suggested that this would be beneficial across other physical health interventions that were quite traumatic and wondered if this was	

	something we should be lobbying with Commissioners in terms of recovery rates and experience of people going through our services to enhance what we already have. Dr Gemma Wall advised evidence showed the service did significantly reduce bed days and patients who had not been prepared for this kind of surgery often suffered symptoms of trauma and sometimes PTSD. Patient satisfaction surveys are undertaken with everybody that goes through the procedure and the service does receive high satisfaction ratings. The service recently secured funds from UHNM for an additional post for an early follow up Psychologist who will prepare our patients and introduce them to a wider group of neurosurgical patients. The team now see a huge group of patients and the referrals are flooding in and additional resource is needed. Ben Richards felt something to consider in the short term was reaching out to some of the patients in the Community who were unable to advocate for themselves. Elizabeth Mellor wondered whether we were doing enough collectively at system level to help the public understand some of the real challenges we face, i.e., waiting two weeks for a bed for a shoulder operation. From a service line perspective are we doing enough. David Rogers highlighted UHNM did have staff that were mental health specialists and wondered whether a review was required. Dr Buki Adeyemo advised this was something that was currently taking place with UHNM and that there was a planned Exec to Exec time out next month to understand what we are currently doing and how we can work even better together. This offer has not just been made to UHNM but also to across our local authority partners and voluntary sector organisations. It was noted that the audio clip would be available to the public on the Trusts public website. ***Noted***	
52/2023	**REACH RECOGNITION TEAM AWARD** The REACH Recognition Team Award for March 2023 was presented to the North Staffordshire Community - Child and Young Person's Eating Disorders Team (CYP ED) Dr Buki Adeyemo introduced the award highlighting the team had seen a significant increase in children and young people presenting with eating disorders since the onset of COVID 19. This led to lots of challenges within the team in meeting national standards of care and in ensuring the often compromised physical health and wellbeing needs of these young people were promptly and adequately met. Additional funding was secured in 2021/22 to meet this increased demand and start to develop a service to meet the needs of those presenting with an Avoidant Restrictive Food Intake Disorder (ARFID) presentation. The team were recognised as a service demonstrating best practice across the Midlands, particularly highlighting the parent/carer peer mentor support available and the ongoing collaboration with paediatricians at University Hospital of North Midlands (UHNM) which has often prevented Tier 4 level admissions. The team are incredibly responsive and supportive for service users and their families. Developing resources, groups, service literature and pathways to best adapt to the needs of these young people. The therapies offered are intensive and robust to manage this potentially risky client group. The team developed a Multi-	

	Disciplinary Team (MDT) approach to assessment allowing psychiatric, paediatric, dietetic, therapist, and practitioner input into the assessment process. Evidence suggests the shorter the duration of an eating disorder the better the outcome. The team continued to meet the increased demands on the service and did not develop a waiting list. The team reduced the number of admissions to tier 4 beds and have not had a Darwin Centre admission for over 12 months. Janet Dawson acknowledged the dramatic increase in demand for this service and asked what it was we had been doing differently as to keep this level of response as fantastically efficient as it has been we need to understand what that was. Maxine Buckingham advised a lot of training had been provided to partner agencies around early identification of eating disorders and getting young people to the right service in a timely way. We are incredibly lucky to have the relationship we do with UHNM and that we fought really hard for prolonged admissions to paediatric wards when young people were quite physically compromised. We provide really intensive support during that stay, not only for the young person but for the family so that a parent is resident on the ward. That early engagement and understanding of the eating disorder shortens their journey through our service and prevented the need for any tier 4 admissions. Ben Richards noted in terms of improving and what we do next the challenge for us is when people move into adulthood, there is not necessarily the same level of service there which is something we have been looking at as well. Dr Dennis Okolo noted previously eating disorders were seen as almost a culture bound syndrome and predominantly females. Dr Dennis Okolo asked if things had changed and services had evolved, whether the ratios were changing. Maxine Buckingham advised referrals were predominantly females but there had definitely been an increase in referrals for males in the service adding what had helped was opening up those conversations within schools and being able to support teachers to be able to ask the right questions and just to break down some of those barriers and myths around eating disorders. Julia Matthews noted there had also been changes within age ranges typically we were seeing more in early teens, but we have quite high number now of 10 year olds plus within the service for anorexia. The service starts from aged 4 and it has been quite concerning receiving referrals around those lower age ranges but at least we are getting them in service early and their journey with us is much, much shorter because we can intervene early. The Team were congratulated on their award. ***Received***	
53/2023	**CHIEF EXECUTIVES REPORT** Dr Buki Adeyemo updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest. Dr Buki Adeyemo took the report as read adding she was proud to announce that the Trust had been allocated the Race Equality Code quality mark. Phil Jones acknowledged the achievement and also highlighted the fantastic results received yet again on the Staff Attitudes Survey adding this was a tribute to what our staff and Execs and are doing and that translated through to good patient care as well. ***Received***	

54/2023	**CHAIRS REPORT** David Rogers provided a verbal update. David Rogers talked about the outcome of the budget and the liberation of pension pots and the benefit of childcare support which would help staffing. There was hope there would be focus on the workforce plan soon which would be a significant step forward. Jenny Harvey provided a brief update on pay and industrial action. Unilateral talks between the Royal College of Nursing (RCN) and the government have now changed and the talks are taking place with all the trade unions on agenda for change. UNISON are looking for a deal for Members and if talks have been successful, this will be a two year resolution in terms of a plan. ***Noted***	
55/2023	**QUESTIONS FROM MEMBERS OF THE PUBLIC** The Trust continued to encourage the use of Ask the Board Online as part of its ongoing commitment to openness, transparency and innovation. There were no Ask the Board questions from the Public. David Rogers highlighted the need to try harder to get more members of the public to join the Trust Board meetings and get more questions. Joe McCrea provided reassurance that we do continue to promote the availability of Ask the Board on the public website and through social media platforms. ***Noted***	
56/2023	**NURSE STAFFING MONTHLY REPORT (January 2023)** Kenny Laing, Executive Director of Nursing and Quality presented the report. During January 2023, an overall fill rate of 98.4% was achieved; this has decreased from 99.5% in December 2022. The fill rate for Registered Nurse (RN) shifts in January, slightly reduced from 80% in December 2022 to 79%. RN vacancies decreased for another month by 0.69wte to 37.54wte**.** Healthcare Support Worker (HCSW) over established positions have increased 1.73wte to 9.48wte. Recruitment to vacancies is improving, graduate nurses continue to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme. We are expecting a further 14 RN's to commence in post this month a further increase in our nursing recruitment and supply line a direct result of our investment into apprenticeships. David Rogers asked who decided what safer staffing levels should be. Kenny Laing confirmed there was no nationally mandated ratios in mental health for staffing levels, for nurses and care staff but what we do use is an evidence based tool that measures acuity. We do that twice a year and that acuity tool tells us based on the needs of the patients that we are caring for during the census period, how many staff we should need, this is then agreed at Committee and Board and we set our budgets against that recommendation annually. ***Received***	

57/2023	**SAFEGUARDING REPORT QUARTER 3 2022/23** Kenny Laing, Executive Director of Nursing and Quality presented the report. An underperformance for training compliance rates in Level 3 in Children and Adults was previously reported to Board and remains the case Quarter 3. There is a push internally to ensure that staff are released to attend the sessions and we have got plenty of capacity. We are confident there will be further improvement at the end of Quarter 4 Supervision from the corporate team is being taken by our clinical teams. During the Safeguarding Group, there were discussions around the quality of those supervision sessions and the benefit that the clinical teams are deriving from the provision of those supervision sessions. Referral rates increased and discussions have taken place around trends that we can see that are driving some of these increases in referral rates and these will be monitored going forward to ensure that that there is not something driving that increase. The nature of referrals were analysed and they were all found to be appropriate. ***Received***	
58/2023	**QUALITY COMMITTEE ASSURANCE REPORT** Patrick Sullivan, Non-Executive Director / Chair presented the assurance report from the meeting held on 9th March 2023. Patrick highlighted the following: The Committee received a system update, a generally improving situation, certainly the pressures on the Acute Hospital and the wider system are less than they were in the worst aspects of Winter, but they are still very pressured for numerous reasons. The Committee received the draft Mental Health Bill which is going to be a significant issue for the Trust both practically and strategically over the next few years and a copy of the CQC Monitoring Report which is a summary of the CQC Mental Health Act reviewer's activity over the 12 month period. It looks at the pressures that inpatient units are experiencing and some of the things that inpatient units nationally do well and some of the things that they don't do so well. The Committee scrutinised the Improving Quality Performance Report (IQPR), the Risk Register and the Community Mental Health Survey and discussed the need to be clear about the exact focus around this. There was a discussion around care planning and the redesign of the care programme approach and how that linked into the transformation of Community Services generally. The use of outcome measures, which is also a CQUIN target, and the role of service user and carer engagement. The Committee received an update on the CQUIN Progress report. The most disappointing aspect of which was the very low level of vaccination for both COVID and Flu. Phil Jones asked what we were doing to try and improve that. Kenny Laing reported there had been a national downturn in vaccination rates across the whole of the sector, we could hypothesize about reasons for staff not taking up the vaccines and the assumption of vaccine fatigue is probably a reasonable one. We have already started planning for next year's campaign. We have to order vaccines very early on in the year usually during April to be able to get them confirmed and delivered for start of vaccination campaign September. Next year's campaign will focus on 2 main elements, partnering with University Hospital of North Midlands (UHNM) and we will also have roving clinics across our clinical services to be more	

	visible for people who are more reluctant to receive the vaccine. There will be lots of communications and promotion and perhaps some incentives as well. Phil Jones asked for more information in relation to performance data scrutinised specifically by the Quality Committee around referral to treatment within 18 weeks. Patrick Sullivan advised in terms of IAPT there were two or three factors involved. One was clearly that because of the prevalence of mental disorder, the demands on services had increased. Secondly, the complexity on those services was increased and thirdly, because there had been some staffing issues and they had to recruit in order to resolve those issues although it was not just about recruiting, but training people properly so they can take on the level of complexity. The Performance Improvement Plan highlighted there would be training and the IT situation should be much improved by the end of the financial year. Tony Gadsby noted one of the achievements for Primary Care was the introduction of Patches. Tony Gadsby advised he was not aware what this was until he googled it and therefore made a plea not to use acronyms going forward and also asked if this was 'docman'. Ben Richards explained Patches was a management system that sat between the Trust and GP's that electronically transferred letters and other correspondence from our system into theirs. It was designed following patient and primary care engagement to allow patients to do some things, not necessarily themselves, but via an alternative route, i.e. request a fitness certificate without an appointment. Feedback has been positive to date and we are looking to roll out. Tony Gadsby noted this had not been discussed at Finance and Resource Committee. Ben Richards to pick up outside of the meeting. ***Received***	**BR**
59/2023	**SERVICE USER AND CARER COUNCIL REPORT (SUCC) (FEBRUARY 2023)** Kenny Laing, Executive Director of Nursing and Quality presented the report in the absence of Sue Tams, Chair of Service User & Carer Council. The Service User and Carer Council meetings have changed to a focus one month on a business agenda and the following month they will meet to discuss development. The Council have been involved in the Community Transformation Programme, Recovery College, which is continuing to deliver sessions and have service users and staff signed up. In relation to patient safety, people with lived experience are being involved through patient safety roles, which again is a really exciting development. Russell Andrews noted there had not been a Service Carer Council representative present at Board recently or Committee and suggested this was something we needed to look at. Is it a reasonable expectation given the fact that they are volunteers? Kenny Laing advised there was a meeting planned to look at capacity and attendance as it need not be the same individual for every Committee and Board. Kenny Laing advised there were a number of different roles across our services for people with lived experience and for assurance the volume of co-production work we are doing has exponentially increased. Lots of developments in terms of other service development or innovation now routinely involve service users and carers and people with lived experience. ***Received***	

60/2023	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR) – Month 10** Kimberli McKinlay, Deputy Director of Finance presented the report: Referral to treatment has been discussed at length at Committees There are some performance improvement plans in place for four week standard not being achieved in Stoke, Specialist and North Staffs Directorates, those plans are being reviewed. Turnover has increased in month 10 to 13.8%. For assurance there is still some ongoing data validation work with regards to data quality following the move to the new data warehouse. ***Received***	
61/2023	**VETERANS HEALTHCARE ANNUAL UPDATE TO TRUST BOARD** Ben Richards, Director of Operations presented the report. 12 months on from discussions around signing the armed forces covenants we now have an externally validated award around our care for veterans. Clinical and operational teams along with corporate colleagues have made some huge strides into ensuring that we reduce those inequalities that are faced which has been assured by the team from NHS England and the Veterans Covenant Healthcare Alliance. General Lord Dannatt GCB, CBE, MC, DL will be visiting the Harplands next week to formally unveil the plaque. The Board were asked to note and celebrate the achievement of the accreditation and continue to support the ongoing work that the teams are doing in terms of access and experience for veterans and their families. Phil Jones asked what sort of population of veterans we had in the Stoke-on-Trent and North Staffordshire area. Ben Richards advised this was unfortunately a difficult question to answer. The numbers from the census told us there was between 20 and 30,000 in terms of our own patients. Part of this programme undertaken over the last year was about improving our data quality in relation to patient data and staff data. This is now one of the questions we are asking. Numbers within the Trust are artificially low, but that was part of what this programme would set out to do to help us find out. Janet Dawson asked in relation to Manifesto 6, the Trust identified veterans to ensure they received appropriate care. How do we balance this, ensuring that we understand people are veterans and may have particular needs and maybe reticent about coming to us with finding that we are promoting veterans up the list and beyond people who have been waiting for a while. Ben Richards confirmed veterans do not jump the queue, they are placed appropriately in the queue based on their clinical need in the same way as anyone else would be. There is an important disadvantage though, that we have to counter, which is where veterans and service people are more likely to move around the country so they may come into our queue at a higher point than maybe we would have initially thought because they been waiting on someone else's list elsewhere. Part of our work has been ensuring that we capture that appropriately because otherwise there is evidence across the country of potentially veterans just continually going to the back of other people's queues as they move around. One of the challenges we have had when linking with veterans was about how they communicate the armed forces covenant to people when they are moving out of active service into being veterans, because in part there had been some miscommunication where people had been given the impression that they would jump the queue.	

	Tony Gadsby asked what the Trusts linkage was with the Midlands Partnership Foundation Trust's (MPFT) military mental health service. Ben Richards advised if we wanted to get someone into a very specialist regional service, we would not necessarily go directly to MPFT, we would link into the regional system, who would then point us in the right direction for the specific needs of that individual. Therefore although they have a service, our patients that need to go into a very specialised service is through that regional process which is operated nationally, and is slightly different in each region to meet their needs. Tony Gadsby asked if this was on a patient by patient basis, Ben Richards confirmed this was the case. ***Received***	
62/2023	**MONTH 10 FINANCE REPORT (2022/2023)** Kimberli McKinlay, Deputy Director of Finance presented the report. Kimberli McKinlay reported a year to date end surplus of £184,000 at Month 10. The Trust continued to forecast a plan of break even. An initial look at Month 11 position indicated possibly a smaller increase in the surplus than initially anticipated. CIP for the year would now be delivered in full. However, £1.2 million of that would be non-recurrently therefore that has fed forward into the 2023/24 planning round and target set as part of next year's plan. There was a higher than expected cash balance due to additional income coming through from local commissioners and Health Education England (HEE) and we are on track in terms of capital. We will be forecasting an underspend against our capital limit, but that is wholly due to the fact that we received external funding that was not in plan to cover off Project Chrysalis in its entirety. No Trust cash had to be used to support the project this year. Some additional external funding was received for digital schemes. ***Received***	
63/2023	**FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT** Russell Andrews, Non-Executive Director presented the assurance report from the Committee held on the 9th March 2023, highlighting the following: The Committee received an update on the performance metrics through the Improving Quality Performance report (IQPR) and focused particularly on the performance improvement plans for four week waits from referral to assessment. The Committee received an update on Estates and received assurance that overall the Estates Plan was on track and also noted the underspend at the moment. A substantive item was the review of the draft financial plan for the next financial year, 2023/24, the extra dimension was of course that now it had to align with system plans and planning at Integrated care System (ICS) level. The Committee were assured that the team were making good progress with the plan which currently suggests that there might be a small deficit at year end, we usually start there and then end in balance. Given the fact that Cost Improvement Plans (CIP) was likely to be a real challenge next year the Committee requested a more in-depth review of CIP and consequences for the next financial year which would also look at recurrent and non-recurrent CIPs.	

	The Committee looked at business opportunities and the business case for the Integration of Keele GP Practice, which is on site at Keele University. Further discussion around this will take place this afternoon during the Private Board Session. Patrick Sullivan asked what percentage CIP was likely to be next year. Kimberli McKinlay advised it was 3% of our controllable spend this is not applied to items such as Transforming Care Programme (TCP) and Mental Health Complex Care. Janet Dawson asked if something was recurring every year so we make a saving by changing something substantially and we know that we are going to continuously save against it why that did not disappear from the budget. How could it appear every year as a saving when it's already effectively established as a saving? Kimberli McKinlay advised when we class a CIP scheme as recurrent we actually physically remove that budget forever so it does recurrently get removed from our budget books going forward so the expectation is that there would not be costs incurred against that budget or up to that level anymore going forward. Janet Dawson asked if that meant it did not count towards CIP ever again. Kimberli McKinlay confirmed this was correct. We need to make these savings year on year on year. It counts towards the year in which we first transact it as a recurrent CIP and then it's gone. We need to find new recurrent CIP the following year. Janet Dawson asked would it not be better to look at one off CIP on the basis that we are just making it tougher and tougher every year to make savings if we do not have a recurring set. Kimberli McKinlay advised we need that recurring CIP to balance the books year on year if we do not save it in one year, we have to save even more the following year. Any CIP that we do non-recurrently takes us back to square 1 effectively for the following year. Janet Dawson asked if we could just set the budgets lower altogether. Kimberli McKinlay advised that would be a very severe approach, it was not just about budget, we actually need to remove the costs as well. So we need to do it in conjunction with the directorates in terms of what they can actually achieve. In reality we could reduce the budgets tomorrow, but if directorates were not able to reduce their spending line with that and then it would not really help our position because ultimately we would be managing on what we actually spend, not what our budget position was. Russell Andrews highlighted within the report there was a statement about allocation assistant deficits, which was a really contentious issue that we had to work through last year when it looked like we were going have a certain amount of debt from other system providers allocated to ourselves. There has been a verbal undertaking that that approach of reallocating debt across providers would not be taken this year. Having met with other Chairs and the System Director of Finance he can confirm that. ***Received***	
64/2023	**STRATEGY AND OPERATIONAL PLAN** Liz Mellor, Director of Partnerships and Strategy presented the report. Elizabeth Mellor advised she was pleased with the level of engagement over the last six months in order to develop the strategy. Both internal and external stakeholders were keen to be engaged which allowed and enabled us to set the three strategic priorities around prevention, access and growth and feel comfortable as a Board and	

	a Senior Leadership Team that they are fit for purpose for us as an organisation over the next few years. A minor typing error was noted and agreement this would be updated. The Operational Plan is an annual plan. We retained the same structure that was used previously but going forward the plan will be streamlined and the format will look significantly different. This planning cycle will commence around September. We will expect a long term plan refresh as we are in the final year of delivery. We apply our priorities year on year to that long term change and benefit for the public and our service users. It was noted the reports were for approval. Phil Jones referred to the sustainability agenda and the green plan and as we have a target to deliver a 50% net zero reduction by 2028, do we have a plan to deliver that target. Elizabeth Mellor confirmed there was a plan, we have a lot of momentum now and we are converting that high level document across the Trust, thinking about how we reach some of those targets over the next few years and we have made some investment. We have the resource in place to work on the green agenda across the organisation. ***Received***	
65/2023	**REGISTER OF TRUST BOARD MEMBERS DECLARATIONS** Laurie Wrench, Deputy Director of Governance presented the register. Laurie Wrench confirmed this was the register of Trust Board declarations which required approval annually prior to being published on the Public Website. ***Received / Approved***	
66/2023	**ANY OTHER BUSINESS** There were no items of any other business. ***Noted***	
	DATE AND TIME OF NEXT MEETING The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 13th April 2023 at 10.00am at Port Vale Football Club.	
	MOTION TO EXCLUDE THE PUBLIC The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12.17pm

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	16th March 2023	58/2023	**Quality Committee Assurance Report** **16.03.23** - Tony Gadsby enquired about the introduction and roll out of Patches in Primary Care noting this had not been discussed at Finance and Resource Committee. Ben Richards to pick up outside of the meeting.	Ben Richards	13th April 2023	**The implementation of Patches as part of the Primary Care directorates journey of continuous improvement to patient experience and access within the services they provide was not at the financial level to require approval from either SLT or Finance and Resources Committee. The directorate took the decision to implement within its own governance processes and highlighted it within their updates to the Trust Performance meeting.**

REPORT TO

Date of Meeting:	13 April 2023		
Title of Report:	CEO Board Report		
Presented by:	Dr Buki Adeyemo, Chief Executive		
Author:	Claire Tallentire, Communications and Engagement Manager Liz Mellor, Director of Strategy and Partnerships		
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive	**Approved by Exec**	☐

Purpose of the report:								
Approval	☐	**Information**	☒	**Discussion**	☐	**Assurance**	☒	

Executive Summary:

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.

**[Select return to make summary box larger]

Seen at:	SLT ☐ Execs ☐	Document Version No.	1
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	N/A		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics'	There is no direct impact on the protected characteristics as part of the completion of this report.		

and other equality groups). See wider D&I Guidance		
Shadow ICS Alignment / Implications:	N/A	
Recommendations:	Board is asked to: To receive for information and assurance	
Version	Name/group	Date issued
1	Dr Buki Adeyemo, Chief Executive	30 March 2023

Keele UNIVERSITY TEACHING TRUST

NHS North Staffordshire Combined Healthcare NHS Trust

Chief Executive's Report to the Trust Board
13 April 2023

1.0 PURPOSE OF THE REPORT

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

2.0 NATIONAL CONTEXT

As part of the Delivery Plan for recovering urgent and emergency care there continues to be a national ambition and emphasis on people receiving more and better care at home at the point of discharge from hospital, and this applies to all patients using hospital services. We know timely discharge of patients to improve patient outcomes and patient flow is key to being able to deliver this ambition. The requirements for our Trust is to ensure accurate and timely data on patients who are medically fit for discharge from our inpatient facilities and the opportunity to continue to work with both local authorities to ensure early discharge is facilitated via the Discharge Funding 2023/24..

The Department for Health and Social Care and NHS England have jointly launched a Cyber Security Strategy 2030. This sets out a vision for improved cyber resilience across services, better protecting data and enabling quicker response and recovery to ensure patient safety. The Trust is committed to adopting this vision and will monitor the opportunities over the coming months.

3.0 STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE SYSTEM

With the formal planning round near completion, the Trust has been part of the submission to NHS England on the Integrated Care Partnership (ICP) Strategy, the Joint Forward Plan and the Operational Plan 2023 – 2024. The situation across the NHS continues to be challenged with financial deficit and workforce supply being the biggest factor to delivery across some providers in our system.

4.0 OUR TRUST

'The Future of North Staffordshire Combined Healthcare NHS Trust' – Our Strategy 2023 - 2028 will be published this month, and we are excited and motivated by our strategic aims of Prevention – Access – Growth and we will continue to embed this throughout our plans over the next 12 months. I offer a special thank you to everyone who has been involved, our staff and wider stakeholders, for your contribution to that work.

I, alongside other members of the Board and senior staff, was delighted to welcome Sir Julian Hartley, Chief Executive, NHS Providers to Harplands Hospital last month. Sir Julian visited Ward 6 for older people with complex needs associated with dementia, the Crisis Care Centre, the new ward in development as part of Project Chrysalis and even took part in a Virtual Reality demonstration of delirium training

.

3.1

Quality
We will provide the highest quality, safe and effective services

All Age Wellbeing Portal adult online referrals now live.

As part of our digital transformation offer, I am very pleased to see that adults and adults with learning disabilities are now able to self-refer to Combined Healthcare's All Age Wellbeing Portal, an online facility for people seeking support and advice for their mental wellbeing.

Similar to the young people's online referall process on the Portal, the referral can be made directly by someone or on behalf of someone.

Co-production of our Quality Improvement (QI) offer

Combined Healthcare and Midlands Partnership NHS Foundation Trust (MPFT) recently came together with a group of service users and partner organisations to discuss how the two trusts could co-produce their Quality Improvement (QI) offer.

This work is now under development with these stakeholders, and there will be further updates as the QI co-produced offer progresses.

Inspiring Combined: Innovation and Improvement conference

I am looking forward to the Trust's face-to-face Inspiring Combined: Innovation and Improvement conference on 10 May 2023 at Yarnfield Conference Centre, with workshops and presentations from keynote speakers. Further details will be announced soon.

3.2

Senior staff appointments

I am pleased to share Natalie Larvin, Nurse Consultant has been appointed as the Clinical Director for the Trust's Acute and Urgent Care Directorate. Also, Elke Henson, Advanced Nurse Practitioner, will start in her post this month as the Trust's Independent Prescribing Lead.

Virtual Wellbeing Week

It was brilliant to see so many colleagues engaged in the recent Staffordshire and Stoke-on-Trent Integrated Care System's Virtual Wellbeing Week event. Staff from Combined Healthcare also delivered sessions at the event. This popular event was also promoted widely across Trust corporate communication channels, to encourage our own workforce to attend.

NICE guidance contribution from Combined

Rachel Bullock, Clinical Director, Specialist Directorate, has recently been working as an expert commentator with NICE (National Institute for Health and Care Excellence), with Combined's ADHD pathway being included as evidence. The report she contributed to is entitled 'QbTest for the assessment of attention deficit hyperactivity disorder (ADHD)'.

Lincoln speaks at leading UK health IT event

Well done to Lincoln Gombedza, Community Learning Disability Nurse, who shared his work and experiences at the recent Digital Health Rewired conference in London, a leading UK health IT event. Lincoln represented Combined Healthcare at the 'Influencing Policy: Shared Decision-Making Councils' session.

3.3

Sustainability Group

Our Sustainability Group is delivering many advances across the Trust. A sustainability launch event will take place at Harplands Hospital this month, with a tree planting, stalls and much more. Attendees will also have the chance to make their 'Green Pledge' at the event.

The Trust celebrated the awareness campaign Global Recycling Day to highlight the steps it is taking to further improve recycling across our sites, and will be supporting Earth Day and Stop Food Waste Day also later this month.

3.4

Lord-Lieutenant of Staffordshire unveils Veteran Aware plaque

Combined Healthcare is proud to be signed up to the Armed Forces Covenant and has recently received accreditation awarded by the Veterans Covenant Healthcare Alliance (VCHA).

I was very proud, alongside other members of Board and senior staff, to recently receive the Lord-Lieutenant of Staffordshire at Harplands Hospital, where he unveiled the new Veteran Aware plaque which was awarded to Combined Healthcare following the accreditation.

Also welcomed at the event were David Woods, the regional lead for VCHA and John Henderson, Chief Executive Officer of Staffordshire County Council, alongside veteran representatives.

World Autism Acceptance Week activities

Colleagues from Combined Healthcare recently supported an Annual Health Check roadshow, held during World Autism Acceptance Week, for service users with a learning disabiity or autism, carers and families, held at Port Vale F.C. The roadshow aimed to increase the knowledge and awareness of annual health checks, with stalls on the day providing information on health awareness and community engagement.

The Trust's Combined Ability Network (CAN), the staff network for people with disabilities, long term health conditions and neurodiversity, also met during the week to discuss autism and neurodiversity, and support network colleagues and raise awareness with wider staff by sharing information and resources in the Trust's internal communications.

Ramadan

Harplands Hospital has been supporting service users observing Ramadan by providing milk, water and dates to accompany the meals at sundown and before sunrise. Guidance to colleagues on supporting others during Ramadan has also been issued through the Trust's corporate communication channels.

4.0 Conclusion

I end this report by saying a huge thank you and well done to all, for the work you have done and what you have achieved over the past few months.

REPORT TO PUBLIC TRUST BOARD

Enclosure 4

Date of Meeting:	13th April 2023		
Title of Report:	February 2023 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Zoe Grant, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	☒

Purpose of the report:							
Approval	☐	Information	☒	Discussion	☐	Assurance	☒

Executive Summary:

Purpose:
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2023 in line with the National Quality Board requirements.

Key Findings:

- During February 2023, an overall fill rate of 94.7% was achieved; this has decreased from 98.4% in January 2022.
- The fill rate for RN shifts in February, reduced from 79% in January 2022 to 72.8%.
- RN vacancies decreased for another month by 2.75wte to 35.4wte
- HCSW over established positions have decreased from 9.48wte to 0.31wte
- Recruitment to vacancies is improving, graduate nurses continue to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme.

Recommendations:
The Quality Committee and Trust Board are asked to receive the report, to note the challenges in filling shifts and with recruitment to nurse vacancies, and to acknowledge and support the mitigations that are currently in place. The Board should be assured that the Trust are continuing to maintain safe staffing levels within our ward inpatient areas.

**[Select return to make summary box larger]

Seen at:	SLT ☐ Execs ☐	Document Version No.	1
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☐		

	3. We will provide the highest quality, safe and effective services ☒ **4.** We will increase our efficiency and effectiveness through sustainable development ☒	
Risk / legal implications: Risk Register Reference	NIL	
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☐ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒	
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐	
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	There is no direct impact on the protected characteristics as part of the completion of this report.	
Shadow ICS Alignment / Implications:	NIL	
Recommendations:	Trust Board is asked to receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	
2	Quality Committee	

SLT Safe Staffing Monthly Report – February 2023			
Quality We will provide the highest quality, safe and effective services	☒	People We will attract, develop and retain the best people	☒
Check appropriate objective(s)			
Partnerships We will actively promote partnership and integrated models of working	☐	Sustainability We will increase our efficiency and effectiveness through sustainable development	☐

Introduction

This report details the ward daily staffing levels during the month of February 2023 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 June 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).

Purpose of the Report (Executive Summary)

Purpose:
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2023 in line with the National Quality Board requirements.

Key Findings:

- During February 2023, an overall fill rate of 94.7% was achieved; this has decreased from 98.4% in January 2023.
- The fill rate for RN shifts in February, reduced from 79% in January 2023 to 72.8%.
- RN vacancies decreased for another month by 2.75wte in February 2023 to 35.41wte.
- The HCSW over established positions have decreased to 0.31wte due to an additional 4.62wte vacancies during February 23.
- Recruitment to vacancies is improving, graduate nurses continue to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme.

Key Recommendations to Consider

The Trust Board is asked to:

- Receive the report
- Note the challenges with recruitment and the mitigations that are currently in place
- Note the challenge in filling shifts in January
- Be assured that safe staffing levels have been maintained

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 six monthly basis and report an annual outcome of the reviews to the Trust Board of Directors. The first of the six monthly reviews was scheduled to take place throughout February 2023. A comprehensive annual report for 2021/22 was presented to the September 2022 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

Summary

Trust Performance

During February 2023, the Trust achieved an overall staffing fill rate of 72.8% for Registered Nurses (reduced from 79% in January 2023). This broken down to 73.6% during the day shifts and 71.1% during the night shift.

The overall staffing fill rate for HCSW staff was 111.1%, which saw 111.4% fill rate during the day shifts and 110.8% fill rate during the night shifts.

Taking skill mix adjustments into account an overall fill-rate of 94.7% was achieved; this is decreased from 98.4% in January 2023. This is a reduced position, following a period of stability since October 23 and coincides with a focused reduction of agency usage and is also aligned to a period of reduced acuity within the inpatient wards.

Details of the actions taken to maintain safe staffing levels are provided below. Staffing data, including established, planned (clinically required) and actual hours alongside details of vacancies, bed occupancy and actions taken to maintain safer staffing are provided in Appendix 2.

The impact of unfilled shifts alongside the additional contributory factors are also provided below and are summarised in Appendix 3.

The Safer Staffing Group continues to oversee the safer staffing work plan and Safer Staffing Action Plan.

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 are therefore, the average number of actual nursing care hours spent with each patient per day.

Benchmarking for CHPPD is available through the Model Hospital for Mental Health Trusts. NSCHT performs in the upper quartile and, when compared to similar organisations, is well above the national median for the number of CHPPD. The latest reported position for December 2022 demonstrated that the Trust provided the second highest level of care hours per patient per day nationally (see Appendix 1). In February 2023 the Trusts locally reported average remains consistent at 13.66 CHPPD.

Impact

WMs report the impact of unfilled shifts on a shift-by-shift basis.

Incidents reported relating to staffing levels

There were two reported staffing related incidents during February 2023.

Both of these incidents related to the IOU bed having to be closed due to staffing pressure across the site.

No patient harm occurred as a result of the above incidents reported in February 2023.

Impact on Patient Experience

Staff continue to prioritise patient experience and direct patient care. Ward managers have reported some cancellations of ward based activities, however attempts are made to ensure that these are rescheduled or support from the wider MDT is sort. The main issue for cancelling activities is related to the activity workers having to pick up a staffing shortfall.
The wards continue to hold patient community meetings which allow them to report issues of concern.
There were no reported PALs or complaints which could be related back to staffing issues or concerns.

Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during February 2023:

137 staff breaks were cancelled. This is a decrease when compared to January 2023, where 176 staff breaks were cancelled.

Ward 4 had the highest number of cancelled breaks, this was 17. Darwin cancelled 13 breaks, both ward 3 and ward 5 have improved when compared to the previous month, with 8 and 10 breaks being cancelled.

Supervision compliance throughout inpatient teams is generally good during February 2023, with A&T having the most staff outstanding supervision 14 staff members in A&T). The ward manager is taking steps to ensure that access to supervision is consistent, they have 1 trained Professional Nurse Advocate and the ward manager is currently undergoing their training. All other ward have between 3 (staff members with no recorded supervision for February. A&T continue to have the most outstanding appraisals, with 8 staff members overdue.

There were no teams reporting an impact on mandatory training.

Other incidents of note:

February saw a spike in the number of COVID 19 outbreaks with wards 2, 6, 7 and 4 all declaring outbreak at similar times, this did have an impact on staffing levels due to increased staff absence and was managed with additional bank cover. Hilda Johnson House also had an outbreak. All wards re-opened during February 23.

Mitigating Actions:

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 493 Registered Nurse shifts were covered by HCSW's where Reregistered Nurse temporary staffing was unavailable. This compares to 541 in January 2022.

Registered Nurse staff covered 35 HCSW shifts where HCSW temporary staffing was unavailable, compared to 111 in January. Additionally, as outlined above, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

Ward manager report that the MDT continue to support and cover shortfalls and increase their visibility on the ward at times when the staffing levels or patient acuity requires.

Daily Safer Staffing Huddles continued during February 2023, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls. The commitment and dedication of all Trust staff in supporting and responding to staffing requests continues to be recognised.

During February the huddles have continued to introduce the safe care tool which enables them to make more informed decisions about staffing shortfalls when compared to ward acuity.

Bank and Agency Usage

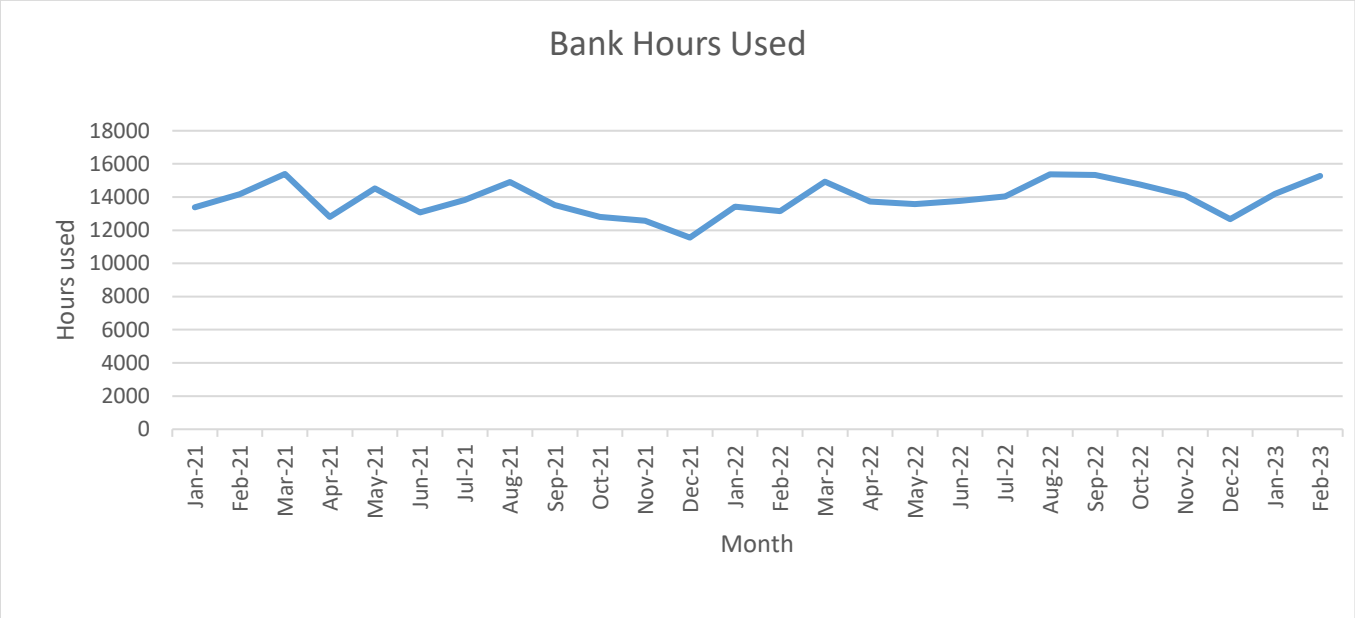
The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls. The additional agency 'pool' staff that were been approved to support the Acute

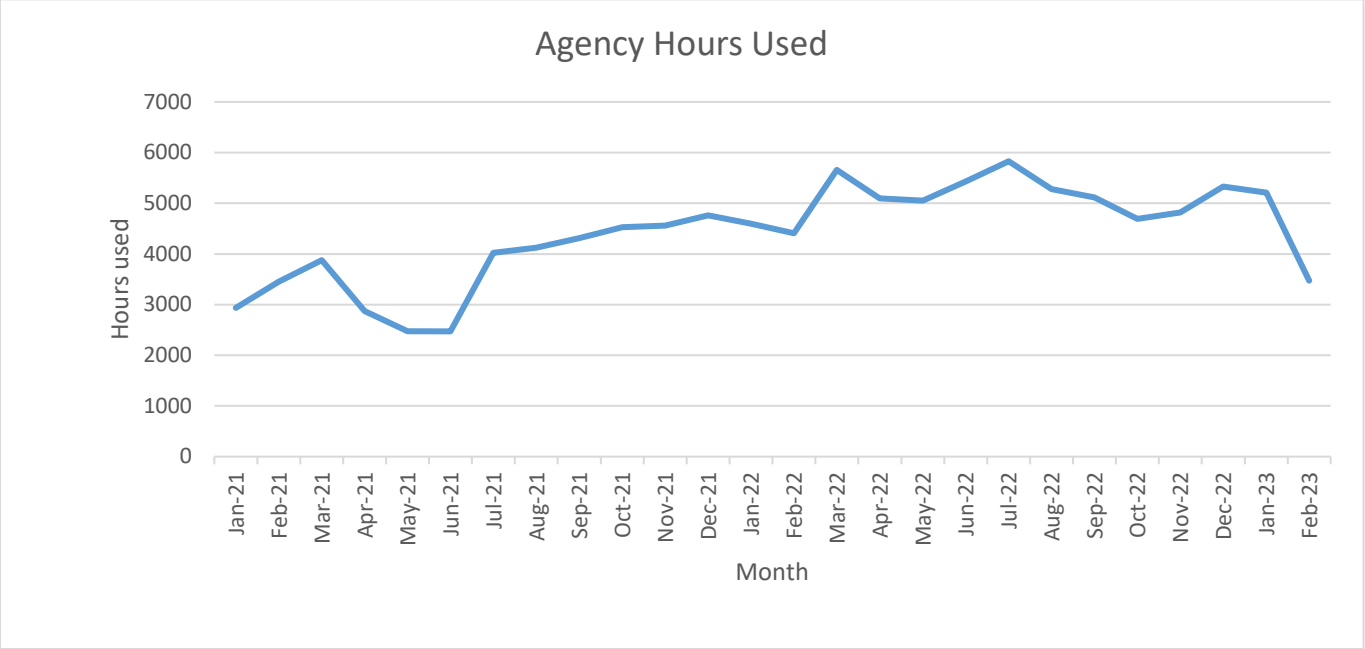
wards are gradually being reduced in line with successful recruitment to vacant posts and the newly registered preceptee nurses being more confident within their registered roles .
With the gradually reducing agency usage, there has been an increased use in bank cover, this is a positive picture as bank staff are much more familiar with the Trust and tend to work regular shifts in one or two wards and does continue to be required to ensure safe staffing levels.

This is demonstrated in the two graphs below:

The annual bank average for January 2022 to February 2023 was 14,165 hours.
The annual agency average for January 2022 to February 2023 is 4,998 hours.

Bank and Agency Usage within inpatient areas January 2021 – February 2023:





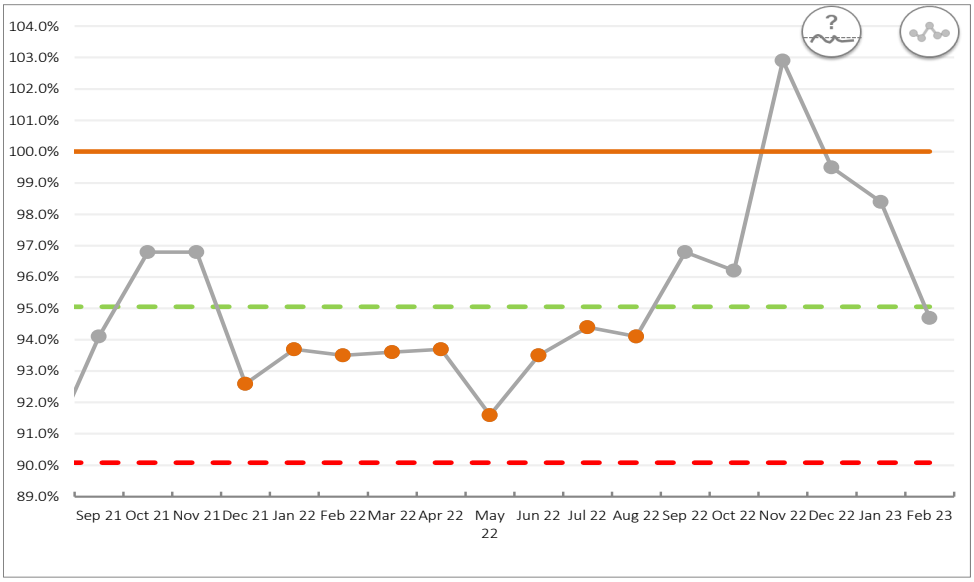
Overall Fill Rate

The overall staffing fill rate during February 2023 was 94.7%. This is decreased from 98.4% in January 2023.

The SPC chart provides an overview of the total fill rate for the past 12 months. During this period staffing fill rates have remained within the area of common cause variation.

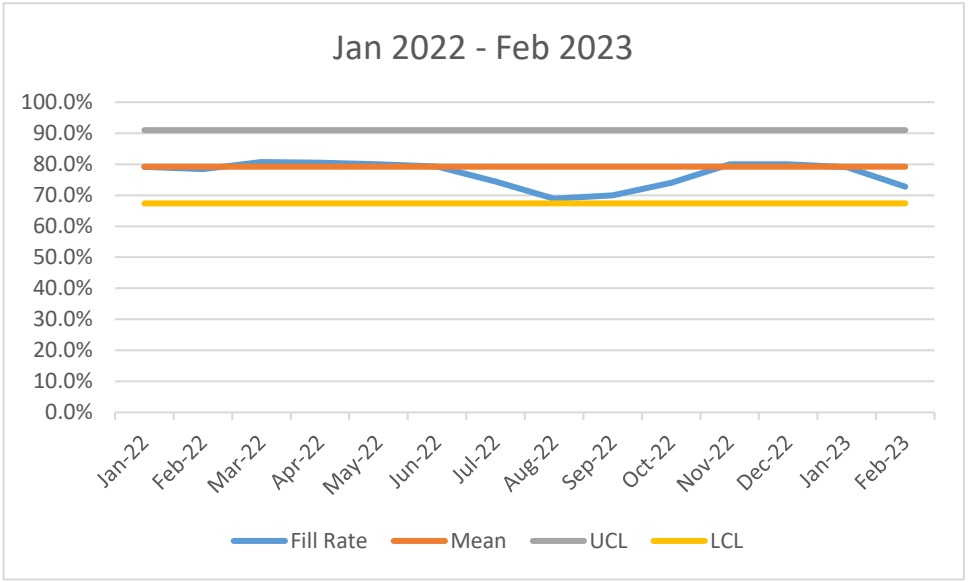
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised above.

Overall Fill-Rate Sept 2021 – February 2023



Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during February 2023 was 72.8%:



Recruitment

In line with the national picture, recruitment to all nursing posts continues to be a challenge, however due to increased placement capacity over several years, the Trust are beginning to see the benefits, with increased numbers of newly registered nurses graduating with local HEI's. There

remains an ongoing need to attract and / or retain experienced Registered Nurses in the inpatient areas.

The following updates are relevant for this month:

Preceptorship programme remains underway for the newly registered nurses who took up post during October 2022. Bespoke supervision and reflective sessions assist in ensuring their experiences are captured and any additional support requirements are being met.

A celebration / careers event took place February 2023 for all year 3 students who are due to register in March and September 2023; with over 60 student nurses attending the event, with very positive feedback; the Trust are confident that we will retain the vast majority of year students in the organisation. Potentially amounting to 92 potential newly registered nurses throughout 2023.

Amongst the above mentioned newly registered, will be the Trusts first MSc Registered Nurses Apprentices; there will be six in total. Work remains underway to consider an elevated career pathway for these individuals.

Recruitment is now complete for the remaining 5 Trainee Nurse Associate (TNA) posts where we secured central funding for 20 TNA's. Our successful candidates take up post in March 2023.

International Recruitment remains underway for registered mental health nurses, however, attracting Mental Health International Nurses is proving to be a challenge with small numbers coming through to the interview stage.

Registered Nurse and HCSW Retention

During February 2023, 13 Registered Nurse (11.4wte) left the Trust;
The stated reasons for leaving are listed below:

Position Title	Destination On Leaving	Leaving Reason
Staff Nurse Ward 2 Harplands	Private Health	Voluntary Resignation - Better Reward Package
Staff Nurse	No Employment	Voluntary Resignation - Health
Mental Health Practitioner (N)	Other Private Sector	Voluntary Resignation - Better Reward Package
Mental Health Practitioner	Unknown	End of Fixed Term Contract - Other
Advanced Nurse Practitioner (ANP)	General Practice	Voluntary Resignation - Better Reward Package
Staff Nurse Dragon Square	NHS Organisation	Retirement Age
Detoxification Nurse	Death in Service	Death in Service
Staff Nurse	NHS Organisation	Voluntary Resignation - Promotion
Staff Nurse	Unknown	Voluntary Resignation - Relocation
Community Psychiatric Nurse Vascular & Wellbeing	No Employment	End of Fixed Term Contract - Other
Community Nurse	NHS Organisation	Voluntary Resignation - Lack of Opportunities
Advanced Nurse Practitioner	Return to Practice	Retirement Age
Caseload Manager - Nurse	Return to Practice	Retirement Age

9 HCSW's (7.64wte) left the Trust during February 2023.
The stated reasons for leaving are listed below:

Position Title	Destination On Leaving	Leaving Reason
HCSW Ward 2 Harplands	Unknown	Voluntary Resignation - Work Life Balance
HCSW	Private Health/Social Care	Voluntary Resignation - Relocation

Health Care Support Worker	Education Sector	Voluntary Resignation - Promotion
HCSW Complex Needs Bucknall EMI	Education Sector	Voluntary Resignation - Promotion
Health Care Support Worker	Return to Practice	Retirement Age
HCSW CAMHS Inpatient Darwin Centre	Education /Training	Voluntary Resignation - Relocation
HCSW Assessment and Treatment	Unknown	Voluntary Resignation - Promotion
HCSW Ward 5 Harplands	Unknown	Voluntary Resignation - Health
Education Mental Health Practitioner	Unknown	Voluntary Resignation - Work Life Balance

Staff support and well-being

The Nursing Directorate continue to offer support and advice on staffing issues and they receive daily staffing updates from Ward Managers, Quality Improvement Nurses (Matrons) and the E-Rostering and Temporary Staffing Team as appropriate.

The E-rostering team have continued to maintain the co-ordination and allocation of the bank staff and the agency pool. The operational directorates have welcomed this support and intervention.

To further support the nursing teams eight Registered Nurses have completed the Professional Nurse Advocate (PNA) Training Programme. This is a Level 7 Accredited PNA Training Programme accessible to Bands 5 and above. It will support the facilitation of restorative clinical supervision in practise, and lead and deliver quality improvement initiatives in response to the service demands and the ongoing changing patient requirements. There are an additional eight Registered Nurses undertaking a further cohort of training.

The Ward Managers reflect and Connect Forum takes place each month. This meeting has recently undergone a significant review of the meeting structure and format. Dedicated time is provided for reflection, group supervision, and wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas.

The Staff Psychological Wellbeing Hub are now providing regular in reach sessions within ward areas. Recognising that staff may benefit from some additional support and time to discuss and reflect upon the challenges of work.

Summary

Whilst still a challenging position, there does remain a degree of stability, following a period of stability since October 23, this reduced position in February 23 coincides with a focused reduction of agency usage and is also aligned to a period of reduced acuity within the inpatient wards.

The Inpatient ward Occupancy levels averaged at 80.4% throughout February, this is a decrease from 83.4% in January.

Ward Managers, Service Managers and Quality Improvement Nurses (Matrons) continue to review staffing levels on a daily basis to ensure that patient safety remains paramount. Any significant staffing concerns are escalated through the operational directorates and via the Senior Operational Team. The safe care tool has continues to be utilised in the daily safer staffing meetings to help inform safer staffing decisions, efforts need to be maintained to continue to embed this.

Registered Nurse vacancies within ward inpatient areas decreased further from 37.54wte to 35.41wte. This is the fifth consecutive month in the previous eight with a decrease in Registered Nurse vacancies, the overall staffing fill rate and Registered Nurse fill rates remain high.

The HCSW over established positions have decreased to 0.31wte due to an additional 4.62wte vacancies during February 23.

The national shortage of Registered Nurses and a reduction in university graduates continues to impact Registered Nurse vacancies. Although the local picture for uptake of people onto the Mental Health Nurse programmes via our local HEI's is looking positive. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both Registered Nurses and HCSW's during this time.

APPENDIX 1

CHPPD – Model Hospital – December 22 benchmark

North Staffordshire Combined Healthcare NHS Trust

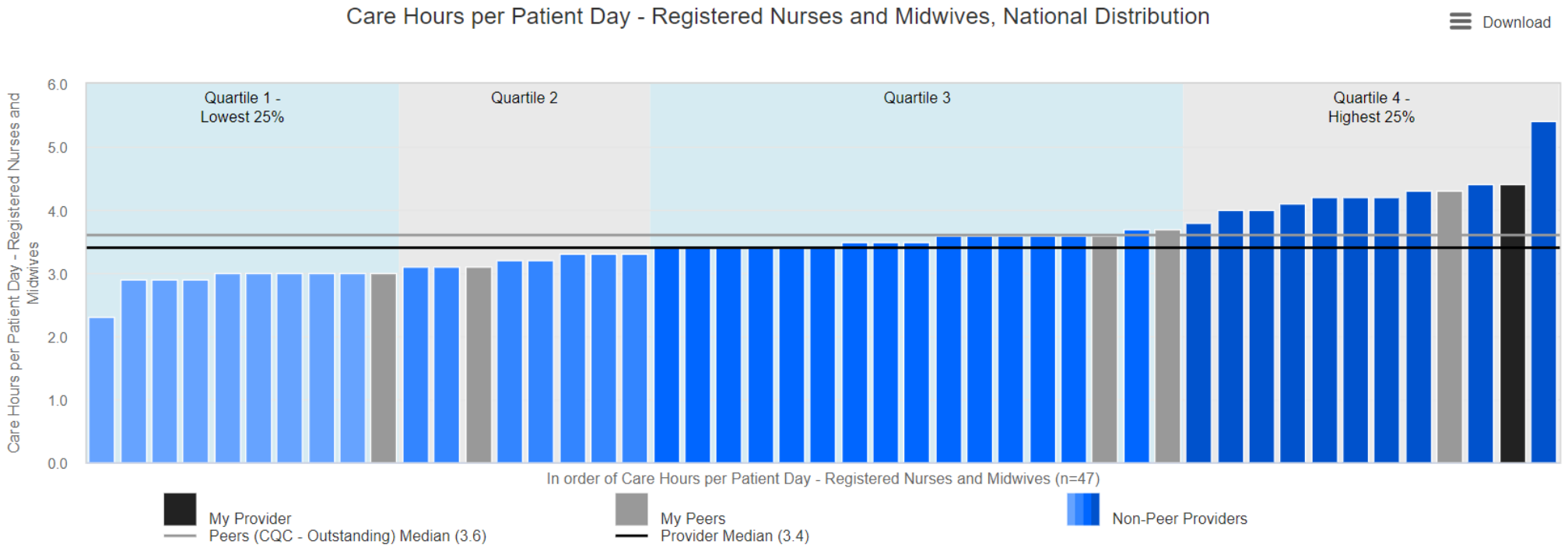
Include independent provider data? Chart View Table View

Select level: Provider

Highlight system providers

Providers in Midlands All providers (national)

Select chart type: Variation Chart



Appendix 2 February 2023 Safer Staffing:

Ward	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Assessment & Treatment	840.00	840.00	474.75	621.60	621.60	331.40	1050.00	1050.00	1099.00	621.60	932.40	1155.30	56.5%	53.3%	104.7%	123.9%	55.2%	113.7%	88.9%
Darwin Centre	1200.00	1200.00	832.67	621.60	621.60	379.20	1050.00	1515.00	1553.25	621.60	1021.20	1189.75	69.4%	61.0%	102.5%	116.5%	66.5%	108.2%	90.8%
Edward Myers Unit	840.00	840.00	809.75	310.80	310.80	321.15	1050.00	1050.00	648.92	621.60	621.60	588.30	96.4%	103.3%	61.8%	94.6%	98.3%	74.0%	83.9%
Summers View	840.00	840.00	640.75	300.16	300.16	300.07	840.00	840.00	804.50	600.32	600.32	600.13	76.3%	100.0%	95.8%	100.0%	82.5%	97.5%	90.9%
PICU	1284.00	1284.00	1226.00	621.60	621.60	663.25	1050.00	1470.00	1817.75	1243.20	1554.00	1420.10	95.5%	106.7%	123.7%	91.4%	99.1%	107.1%	104.0%
Ward 1	1620.00	1620.00	757.25	621.60	621.60	333.85	1050.00	1050.00	1214.83	621.60	621.60	957.55	46.7%	53.7%	115.7%	154.0%	48.7%	130.0%	83.4%
Ward 2	990.00	990.00	821.25	621.60	621.60	433.80	1050.00	1327.50	1341.58	621.60	843.60	973.35	83.0%	69.8%	101.1%	115.4%	77.9%	106.6%	94.4%
Ward 3	1200.00	1200.00	832.75	621.60	621.60	355.35	1050.00	1207.50	1398.50	621.60	632.70	852.75	69.4%	57.2%	115.8%	134.8%	65.2%	122.3%	93.9%
Ward 4	990.00	990.00	858.92	310.80	310.80	335.60	1050.00	1485.00	1633.17	932.40	1243.20	1148.85	86.8%	108.0%	110.0%	92.4%	91.8%	102.0%	98.7%
Ward 5	1200.00	1200.00	822.50	621.60	621.60	320.30	1050.00	1440.00	1638.83	621.60	1221.00	1374.30	68.5%	51.5%	113.8%	112.6%	62.7%	113.2%	92.7%
Ward 6	990.00	990.00	716.08	621.60	621.60	310.05	1050.00	1050.00	1959.67	932.40	932.40	1252.80	72.3%	49.9%	186.6%	134.4%	63.7%	162.0%	117.9%
Ward 7	1200.00	1200.00	915.50	310.80	310.80	326.50	1050.00	1222.50	1268.75	932.40	1065.60	997.50	76.3%	105.1%	103.8%	93.6%	82.2%	99.0%	92.3%
Totals	13194.00	13194.00	9708.17	6205.36	6205.36	4410.52	12390.00	14707.50	16378.75	8991.92	11289.62	12510.68	73.6%	71.1%	111.4%	110.8%	72.8%	111.1%	94.7%

Ward	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Bed Occupancy	Safe Staffing maintained by:	RN Vacancies	HCSW Vacancies
	Overall RN %	Overall Care Staff %	Overall Staffing							
Assessment & Treatment	64.1%	115.3%	93.6%	3792.17	62.00	61.16	67.86%	• Nurses working unplanned hours. • Wider MDT support. • Altered skill mix • Temporary & agency staff cover	(1.04) ↔	0.95 ↓
Darwin Centre	68.9%	135.7%	100.9%	4329.62	193.00	22.43	63.78%		7.52 ↔	(0.99) ↔
Edward Myers Unit	95.4%	75.2%	83.4%	2755.82	277.00	9.95	77.38%		2.44 ↔	(0.40) ↔
Summers View	77.5%	97.9%	89.0%	2583.23	259.00	9.97	80.36%		2.60 ↔	0.00 ↔
PICU	89.3%	126.5%	110.0%	5439.45	181.00	30.05	75.16%		3.76 ↓	0.23 ↓
Ward 1	66.5%	115.5%	87.4%	4035.42	390.00	10.35	91.48%		0.72 ↔	(0.25) ↑
Ward 2	86.3%	109.6%	100.0%	5019.68	518.00	9.69	69.84%		3.94 ↓	(0.06) ↓
Ward 3	78.0%	121.6%	100.8%	4984.05	546.00	9.13	87.77%		5.02 ↔	1.34 ↔
Ward 4	100.3%	108.1%	105.5%	5334.78	464.00	11.50	95.24%		2.12 ↔	(1.12) ↓
Ward 5	73.7%	86.3%	82.3%	5953.05	262.00	22.72	60.36%		3.49 ↔	0.06 ↓
Ward 6	74.2%	190.2%	133.3%	5391.52	381.00	14.15	86.19%		4.19 ↑	(1.49) ↑
Ward 7	86.3%	109.3%	99.6%	4577.35	394.00	11.62	74.01%		2.33 ↓	2.04 ↓
Totals	79.0%	113.2%	98.4%	54196.13	3927.00	13.80	80.4%		35.41 ↑ (1.04) ↔	4.62 ↓ (4.31) ↓

Appendix 3 Staffing Issues

- An overall fill rate of 94.4% was achieved during February 2023; a slight decrease from 98.4% in January 2022.
- The Registered Nurse fill rate remained at 72.8% in February 2023.
- Registered Nurse vacancies decreased very by 2.75wte to 35.41wte.
- HCSW over established position has reduced to 0.31wte due to 4.62wte HCSW vacancies in February 23.
- Registered Nurse night shift cover continues to remain challenging where more than one Registered Nurse is required for the night-time shift, however this is improving.
- 11.4wte Registered Nurses and 7.64wte HCSW's left the Trust during February 2023.
- 43 newly Registered Nurses commenced with the Trust in October 2022.
- Plans are underway to recruit 14 Newly Registered Nurses in March 2023 and 77 in September 2023.
- Average ward occupancy levels were 80.4%
- There we five outbreaks of COVID during February with wards 2,6,7,4 & Hilda Johnson House all requiring a period of closure.
- Ward teams are supported by Quality Improvement Lead Nurses (Matrons), Nurse Practitioners and a Site Manager who in turn, is also supported by an On-Call Manager out of hours.
- Safer Staffing Huddles continued during February 2023, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls.

The Ward staffing is levels look to be improving, with further expected improvements during March 2023.

REPORT TO PUBLIC TRUST BOARD

Enclosure 5

Date of Meeting:	13th April 2023		
Title of Report:	Improving Quality & Performance Report (IQPR) Month 11 2022/23		
Presented by:	Eric Gardiner, Director of Finance, Performance & Estates		
Author:	Victoria Boswell, Associate Director of Performance		
Executive Lead Name:	Eric Gardiner, Director of Finance, Performance & Estates	**Approved by Exec**	☒

Purpose of the report:								
Approval	☐	**Information**	☒	**Discussion**	☐	**Assurance**	☒	

Executive Summary:

Purpose of the report

The Improving Quality and Performance Report [IQPR] provides a Trust summary performance report and a breakdown of areas of under-performance and over-performance by Directorate. The report provides a high degree of assurance to the Finance & Resource Committee and the Trust Board on performance against a balanced scorecard of metrics and standards.

The metrics are reported using SPC methodology and highlight areas where quality improvement is required, help direct efforts in areas where there may be a cause for concern and prompt effective discussion and action planning.

Performance summary

In Month 11 there are 17 rated measures that have met the required standard (10 in M10) and 13 that have not met the required standard and highlighted as exceptions (11 in M10).

There are 3 special cause variations (orange variation flags) - signifying concern, compared to 5 in M10:

- Risk Assessments
- CPA 12 month review
- Numbers in Settled Accommodation

There are 3 special cause variation (blue variation flags - signifying improvement), compared to 3 in M10;

- IAPT: 6 week waits
- Delayed Transfers of Care (DTOC)
- Vacancy Rate

There are 22 metrics flagged with a common cause variation (grey variation flag), 20 during M10.

Highlights

- 4 week RTA and 18 week RTT achieved Trust wide and in CYP in M11
- MH Liaison 4 and 24 hour standards are met
- 48 hour and 7 day follow up standards are achieved
- Appraisal remains above standard at 89%
- Turnover has reduced from 13.8% to 13.3% in M11

Exceptions

- Vacancy rate remains above standard at 10.8%

- Clinical supervision remains at 80%
- Agency expenditure during M11 is at £400k, an improvement on last month's expenditure (£463k).

Issues

DQMI score

As anticipated, the Trust's DQMI rating dipped to 15.7% in November, the latest published national data. It should be noted that this is the month that the Trust transferred to the new data warehouse. Significant improvement is expected in the coming months as data integration and validation continues. The main impact upon the low DQMI score was the lack of SUS data in the calculation as we prioritised the MHSDS submission as this is material for national performance measures.

The MHSDS score of 68% represented a drop of around 28 percentage points from the previous result due primarily to the fact that some tables were not populated in our first Insource derived MHSDS submission.

All CDS submissions have now been made for SUS inpatient and outpatient data. In addition, as more data flows via Insource MHSDS tables and this is validated, we will see a marked increase in the DQMI score.

Data quality

Three metrics are marked in grey and this signifies that there are further ongoing data validation work that may impact on performance:

- CPA 12 month review
- Numbers in settled accommodation
- Numbers in employment

Performance Improvement Plans (PIPs)

- IAPT 90 day in treatment waits continues to be on track to meet the trajectory in March 2023
- 4 week RTA - Stoke has met the target in M11
- 4 week RTA - North Staffs has met the target in M11
- 4 week RTA Specialist Services is not meeting trajectory. The trajectory in place aims for the standard to be achieved in June 2023

	SLT ☐ Execs ☐ Performance Review 21/03/23	Document Version No.	1.1
	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not achieved target. In addition,		

they may be required for those measures showing a special cause variation indicating concern.

PIPs in place in M11:

Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services – Neuro community – Long Covid	The trajectory in place aims for the standard to be achieved in June 2023. It has been agreed that the Long Covid service should not be subject to the 4 week RTA standard and it has been removed from reporting in M9. Performance in M11 is not on course to achieve the trajectory.
Referral to Assessment within 4 weeks	Stoke Community	The trajectory in place aimed for the standard to be achieved in November 2022 for Adult and Older People and March 2023 for Children and Young People. The target has been met in M11 and will be monitored to ensure it can be sustained.
Referral to Assessment within 4 weeks	North Staffs Community	The trajectory in place aimed for the standard to be achieved in November 2022 for Adult and Older People and March 2023 for Children and Young People. The target has been met in M11 and will be monitored to ensure it can be sustained.
IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The trajectory in place aims for the trajectory to be achieved in July 2023. The target has been met in M11 and will be monitored to ensure it can be sustained.

Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒

Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒	
Resource Implications: Funding Source:	None directly.	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. This will support the Heath Equity Assessments being undertaken at PCN level to inform the Mental Health Community Transformation programme and address health inequalities at a local level. Quarterly monitoring will be reported to the Inclusion Council in support of the implementation of the Health Equity Framework.	
Shadow ICS Alignment / Implications:	None directly.	
Recommendations:	Trust Board is asked to: • Receive the report as outlined • Note the Management actions	
Version	Name/group	Date issued
1.1	Trust Board	29/03/23

North Staffordshire Combined Healthcare NHS Trust

IQPR

Improving Quality & Performance Report

Board Report

Month 11: February 2023

Contents

1. Balanced Scorecard

Access & Waiting Times

SPC variations signifying concern	Metric	Standard	Performance
	Nothing significant to note		
RAG rated standards	12 met, 2 unmet		
Highlights	RTA 4 weeks RTT 18 weeks CAMHS 4 week, 18 week EIP MH Liaison 4 hr, 24 hrs IAPT 6 weeks, 18 weeks CPA 7 day follow up 7 day follow up (all) 48hr follow up		

Exceptions	Metric	Standard	Performance
	MH Liaison 1 hour	95%	94.8%
	IAPT: 90 day	<10%	12.0%

Inpatient & Quality

SPC variations signifying concern	Metric	Standard	Performance
	Nothing significant to note		
RAG rated standards	2 met, 1 unmet		
Highlights	DTOC Readmissions		

Exceptions	Metric	Standard	Performance
	Place of Safety	100%	78.0%

Community

SPC variations signifying concern	Metric	Standard	Performance
	CPA 12 month review	95%	88.0%
	Accommodation	61%	45.8%
	Risk Assessment	95%	94.2%
RAG rated standards	1 met, 5 unmet		
Highlights	Employment		

Exceptions	Metric	Standard	Performance
	Accommodation	see above	see above
	Care Plan Compliance	95%	94.5%
	Risk Assessment	see above	see above
	CPA 12 Month Review	see above	see above
	IAPT Recovery	50%	49.6%

Organisational Health & Workforce

SPC variations signifying concern	Metric	Standard	Performance
	Nothing significant to note		
RAG rated standards	2 met, 5 unmet		
Highlights	Training Appraisal		

Exceptions	Metric	Standard	Performance
	Complaints	0	1
	Vacancy Rate	<10%	10.8%
	Staff Turnover	10%	13.3%
	Clinical Supervision	85%	80.0%
	Safe Staffing	100%	94.7%

Performance Improvement Plans (PIPs)	Metric	Standard	Performance
Specialist Services	4 week waits PIP - Neuro Community (Long Covid)	95%	80.0%
Stoke Community	IAPT 90 day PIP	10%	12.0%
Stoke Community	4 week waits PIP	95%	96.1%
North Staffs Community	4 week waits PIP	95%	95.2%

2. Data Warehouse Issues

Good progress continues to be made following a change of Data Warehouse provider, and the data integration and validation continues. This was expected and will continue for a period of time while we ensure data quality in all of our reports.

Impact on local reporting to commissioners

It should be noted that all ad hoc requests for data from the ICB or commissioners and our national submissions continue to have been met, including end of year and planning submissions for 2023/24.

Impact on MHSDS

At this stage of the implementation there are inevitably gaps in our MHSDS submission data as we work closely with Insource, our new Data Warehouse supplier, to complete all data tables and fields, and to optimise our data quality. It should be noted that as our normal level of compliance has reduced following our November submissions and this has a significant impact on the Trust's DQMI score in the short term with the publication of the November score (15.9%),

NHS Digital have agreed to issue a note with the published data regarding the data quality issues we are experiencing and will continue to do so this until the data quality issues are resolved. Once these issues have been resolved, we should be in a position to re-submit the MHSDS files under the multi-submission window protocol.

3. Using Statistical Process Control (SPC)

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

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

4. Highlights and Exceptions

In Month 11 there are 17 rated measures that have met the required standard (10 in M10) and 13 that have not met the required standard and highlighted as exceptions (11 in M10).

There are 3 special cause variations (orange variation flags) - signifying concern, compared to 5 in M10:

- Risk Assessments
- CPA 12 month review
- Numbers in Settled Accommodation

There are 3 special cause variation (blue variation flags - signifying improvement), compared to 3 in M10;

- IAPT: 6 week waits
- Delayed Transfers of Care (DTOC)
- Vacancy Rate

There are 22 metrics flagged with a common cause variation (grey variation flag), 20 during M10.

5. Issues

Three metrics are marked in grey in the IQPR and this signifies that there are further ongoing data validation work that may impact on performance:

- CPA 12 month review
- Numbers in settled accommodation
- Numbers in employment

6. Performance Improvement Plans (PIPs)

Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not met the target. In addition, they may be required for those measures showing a special cause variation indicating concern.

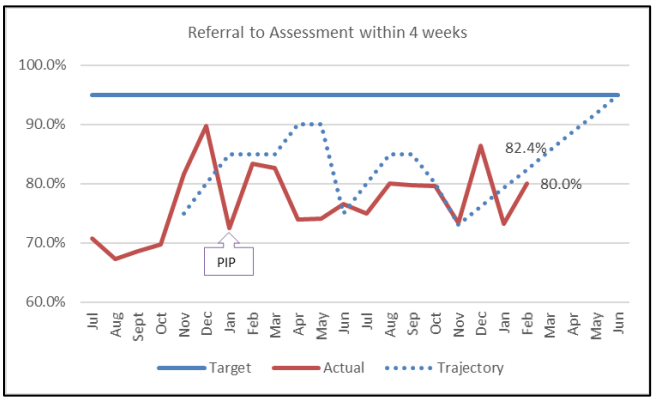
The PIPs require directorates to set out the issues, actions and a trajectory for improvement to mitigate any risks in achieving compliance and maintaining the standard required.

The PIPs are monitored on a monthly basis through the monthly Executive Performance Review meetings until the standard has been achieved for 3 consecutive months, or otherwise agreed. This will ensure that the actions outlined by the Associate Director are embedded and performance levels are sustained. This process takes into account that performance is unpredictable and often across multiple teams.

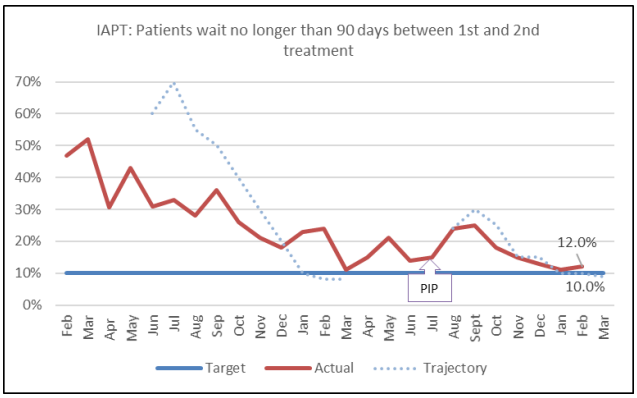
PIPs currently in place

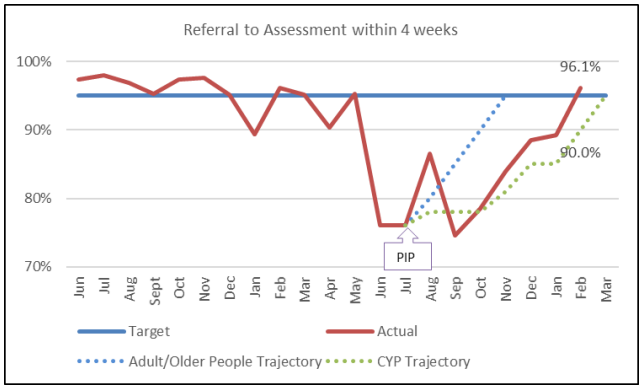
Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services	The trajectory in place aims for the standard to be achieved in June 2023. It has been agreed that the Long Covid service should not be subject to the 4 week RTA standard and it has been removed from reporting in M9. Performance in M11 is currently off trajectory.
	Stoke Community	The trajectory in place aimed for the standard to be achieved in November 2022 for Adult and Older People and March 2023 for Children and Young People. The target has been met in M11 and will be monitored to ensure it can be sustained.
	North Staffs Community	The trajectory in place aims for the trajectory to be achieved in July 2023. The target has been met in M11 and will be monitored to ensure it can be sustained.
IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The trajectory in place aims for the standard to be achieved in March 2023 and performance is on trajectory to achieve this.

Specialist Services

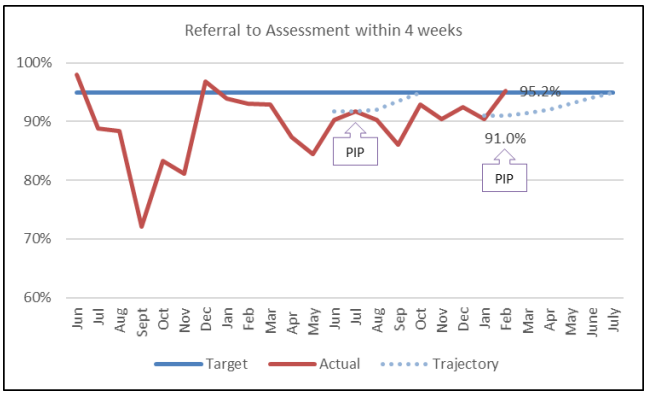


Stoke Community





North Staffs Community



7. IQPR Summary Dashboard

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Met				Performance is at 97.8% and has met the required standard during M11. ***PIPs are in place for Stoke, Specialist Services and North Staffs Community.***
2 - Referral to Treatment within 18 weeks	Met				Performance is at 98.5% during M11.
3 - CAMHS Compliance with 4 week waits (Referral to Assessment)	Met				Performance is at 97.6% during M11***. A PIP is in place for North Staffs Community.***
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Met				Performance is at 98.3% during M11.
5 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met				Performance is at 100% during M11 and is operating well above the national standard of 60%.
6 - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Not Met			*	Performance continues to exceed the 90 day waiting time standard between the first and second treatment at 12%. ***A PIP is in place which aims for the standard to be achieved in March 2023. On track.***
7 - MH Liaison 1 Hour Response (Emergency)	Not Met			*	Performance is at 94.8% during M11 and has not achieved the required standard.
8 - MH Liaison 4 Hour Response (Urgent)	Met				Performance is at 96.6% during M11 and has met the required standard.
9 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Met				Performance is at 98.6% during M11 and has met the required standard.
10 - IAPT: Referral to Treatment (6 weeks)	Met				Performance is at 99.2% and remains well above the required 75% standard.
11 - IAPT: Referral to Treatment (18 weeks)	Met				Performance remains predictably stable at 100% during M11.
12 - Care Programme Approach (CPA) 7 day Follow Up	Met				Performance is at 100% during M11.
13 - 7 Day Follow Up (All Patients)	Met				Performance is at 98.1% during M11 with all directorates having achieved the required standard.
14 - 48 Hour Follow Up	Met				Performance is at 98.1% during M11 with all directorates having achieved the required standard.
15 - IPS (individual placement and support)					There are 518 cases reported in Q3.
16 - Average Length of Stay - Adult					The average length of stay for inpatients on an adult ward is 40 days.
17 - Average Length of Stay - Older Adult					The average length of stay for inpatients on an older adult ward is 47 days.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
18 - Medically Fit for Discharge (MFFD)					There are 4 inpatients recorded as medically fit for discharge, with no clinical grounds for delay.
19 - Delayed Transfers of Care (DTOC)	Met				There are 3 patients whose delayed transfers of care resulted in 67 days delay during M11.
20 - Emergency Readmissions rate (30 days)	Met				The emergency readmission rate is 6.4% and remains within the threshold.
21 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Not Met			*	Out of 9 assessments, 2 occurred outside of 3 hours with no agreed clinical grounds for delay.
22 - Friends and Family Test - Recommended					There have been 127 FFT returns, of which 97% rated the Trust as good.
23 - Care Plan Compliance	Not Met			*	Performance is at 94.5% during M11. North Staffs Community and Acute & Urgent Care having achieved the required standard.
24 - Risk Assessment Compliance	Not Met			*	Performance is at 94.2% during M11. All directorates have achieved the standard, with the exception of Stoke Community and Specialist Services.
25 - CPA 12 Month Review Compliance	Not Met			*	Performance is at 88% during M11. All directorates having not met the required standard.
26 - IAPT : Recovery	Not Met			*	Performance is at 49.6% during M11 and has not met the required standard.
27 - Service Users on CPA in settled accommodation	Not Met			*	Performance is at 45.8% during M11. An exception remains due to the significant drop in performance.
28 - Service Users on CPA in Employment	Met				Performance is as 14.4% during M11.
29 - Serious Incidents					There are 2 serious incidents Trust wide reported during M11.
30 - DQMI					The Trust's DQMI rating during November is 15.7%, which was anticipated following the data warehouse reconfiguration.
31 - Perinatal: Number of women accessing specialist community perinatal mental health services					There were 44 women accessing perinatal services during M11.
32 - Complaints Open Beyond Agreed Timescale	Not Met			*	There is 1 outstanding complaint response, which is in their final review stage.
33 - Sickness Absence					February figures are not yet available.
34 - Vacancy Rate	Not Met			*	The vacancy rate is 10.8% for M11. The position continues to remain challenging for some directorates.
35 - Staff Turnover	Not Met			*	Performance is consistently above the 10% threshold at 13.3% during M11 and continues to remain challenging for most directorates.
36 - Safe Staffing	Not Met			*	An overall staffing fill rate of 94.7% was achieved during M11. This coincides with a focused reduction of agency usage and is

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
					aligned to a period of reduced acuity within the inpatient wards. Improvement in registered nurses fill rate is expected in April 2023.
37 - Clinical Supervision	Not Met			*	Performance is at 80% during M11 which has not met the required standard.
38 - Appraisal	Met				Performance is at 89% during M11. All directorates, with the exception of Acute & Urgent Care and Primary Care, are achieving the required standard.
39 - Statutory & Mandatory Training	Met				Performance is at 89% during M11. All directorates having achieved the required standard.
40 - Agency cost per month (£000)					The agency expenditure during M11 is £400k, which is an improvement on last month's expenditure.

In addition;

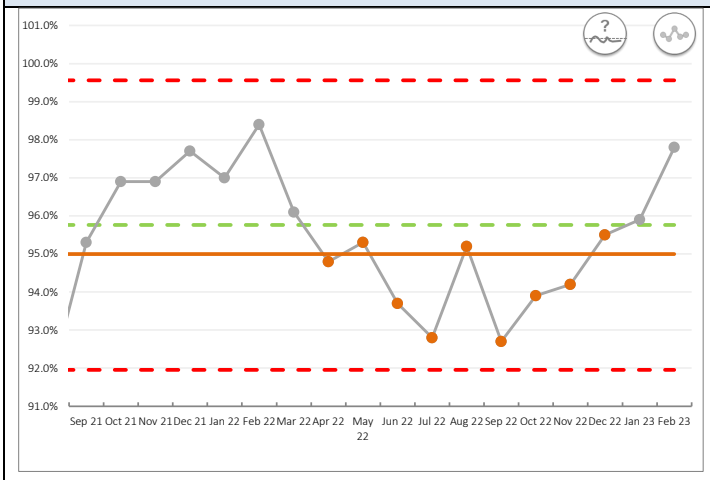
- There are no under 18 admissions to adult wards during M11.
- Performance is at 100% for CYP Eating Disorders Referral to Assessments within 1 week and 4 weeks for Q3.
- There are no out of area admissions during M11 outside Staffordshire.

Access & Wait Times

Met - Referral to Assessment within 4 weeks

A Higher Value Is Better

Actual	97.8%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	Trust Measure	



-- Context --
Trust indicator to ensure that service users referred receive a timely assessment and access to services - based on time between referral and first successful contact for current service users with an incomplete pathway

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 97.8%, and is reported as being above standard in M11. All directorates are achieving the required standard, with the exception of Specialist Services.

PIPs remain in place for Stoke Community, Specialist Services and North Staffs Community.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
96.1%	94.8%	95.3%	93.7%	92.8%	95.2%	92.7%	93.9%	94.2%	95.5%	95.9%	97.8%

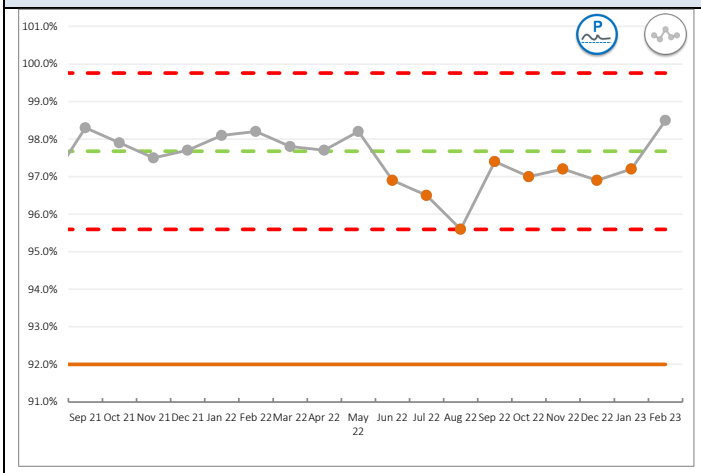
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
97.8%	95.2%	96.1%	80.0%	99.2%

1

Met - Referral to Treatment within 18 weeks

A Higher Value Is Better

Actual	98.5%	#N/A	**Executive Director of Operations**	Responsive
Target:	92.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.5% during M11 with all directorates having achieved the required standard.

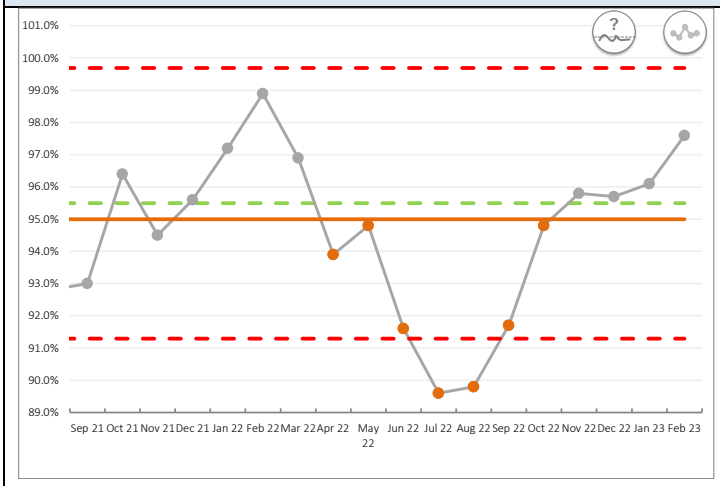
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
97.8%	97.7%	98.2%	96.9%	96.5%	95.6%	97.4%	97.0%	97.2%	96.9%	97.2%	98.5%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
98.5%	95.7%	99.0%	97.1%	98.8%

2

Met - CAMHS Compliance with 4 week waits (Referral to Assessment) ↗ A Higher Value Is Better	**Actual**	97.6%	#N/A	**Executive Director of Operations** Responsive
	Target:	95.0%	Monthly	Trust Measure



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
96.9%	93.9%	94.8%	91.6%	89.6%	89.8%	91.7%	94.8%	95.8%	95.7%	96.1%	97.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✘		✓
97.6%	100.0%	12.5%	#N/A	98.7%

-- Context --
Trust measure to ensure that service users referred receive a timely assessment and access to services - based on time between referral and first successful contact for current service users with an incomplete pathway

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 97.6% during M11.

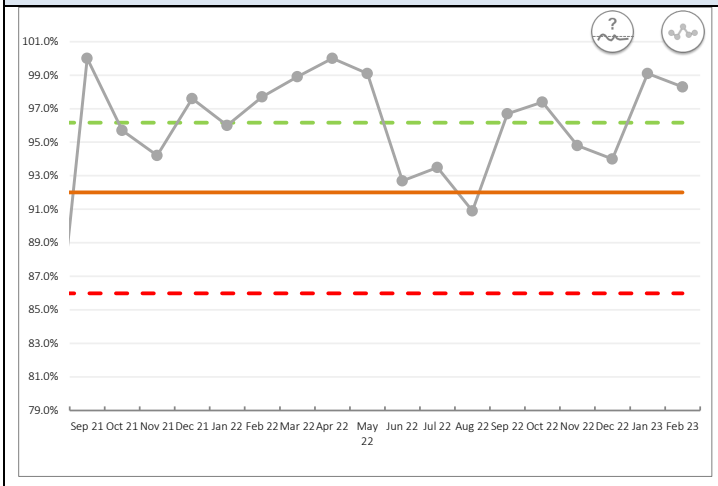
PIPs are in place for North Staffs and Stoke Community:

- ***North Staffs directorate has a trajectory in place to achieve standard by July 2023***

Stoke Community's trajectory in place aims for the standard to be achieved in November 2022 for Adult and Older People, and March 2023 for Children and Young People. The 12.5 % performance for Stoke equates to 1 out of 8 CYP having received an assessment in M11.

3

Met - CAMHS Compliance with 18 week waits (Referral to Treatment) ↘ A Higher Value Is Better	**Actual**	98.3%	#N/A	**Executive Director of Operations** Responsive
	Target:	92.0%	Monthly	CCG



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
98.9%	100.0%	99.1%	92.7%	93.5%	90.9%	96.7%	97.4%	94.8%	94.0%	99.1%	98.3%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
98.3%	100.0%	100.0%	100.0%	98.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.3% during M11 with all directorates having achieved the required standard.

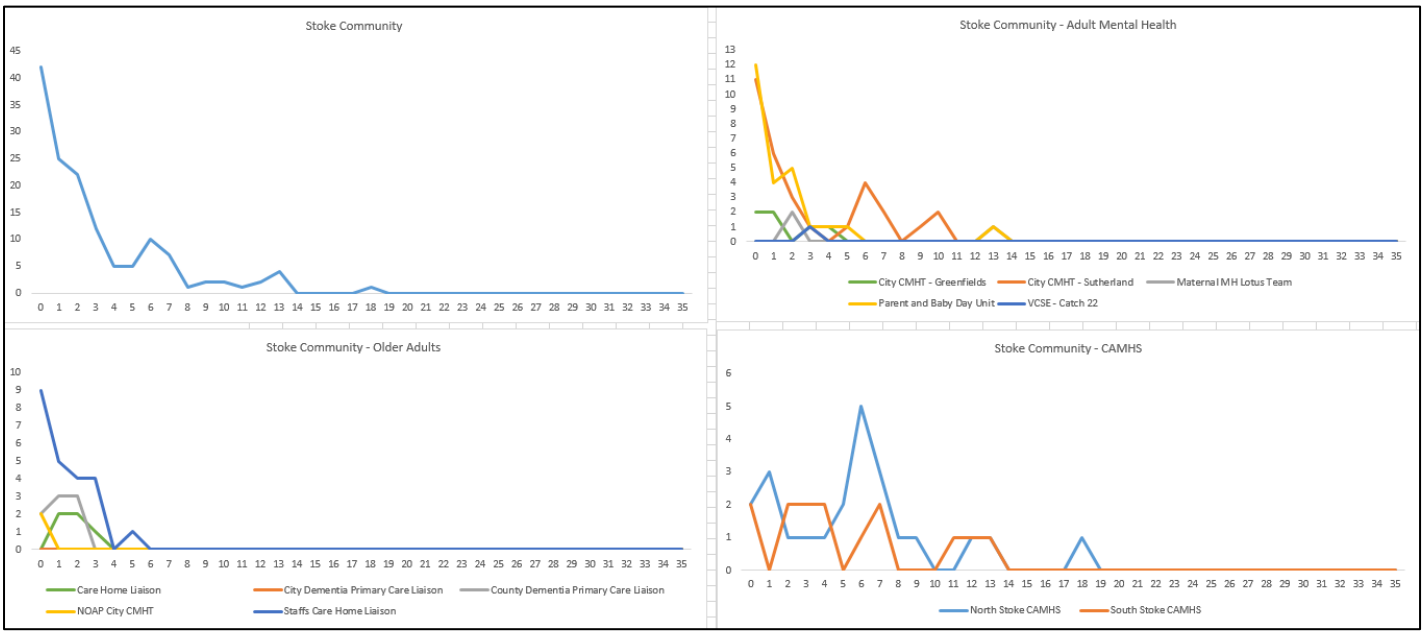
4

Waiting Time Reporting: Wait for RTA (first contact)

Performance data are provided in the IQPR in M11 to show the numbers of those who were waiting for an assessment at the end of M11, split by Directorate and service line.

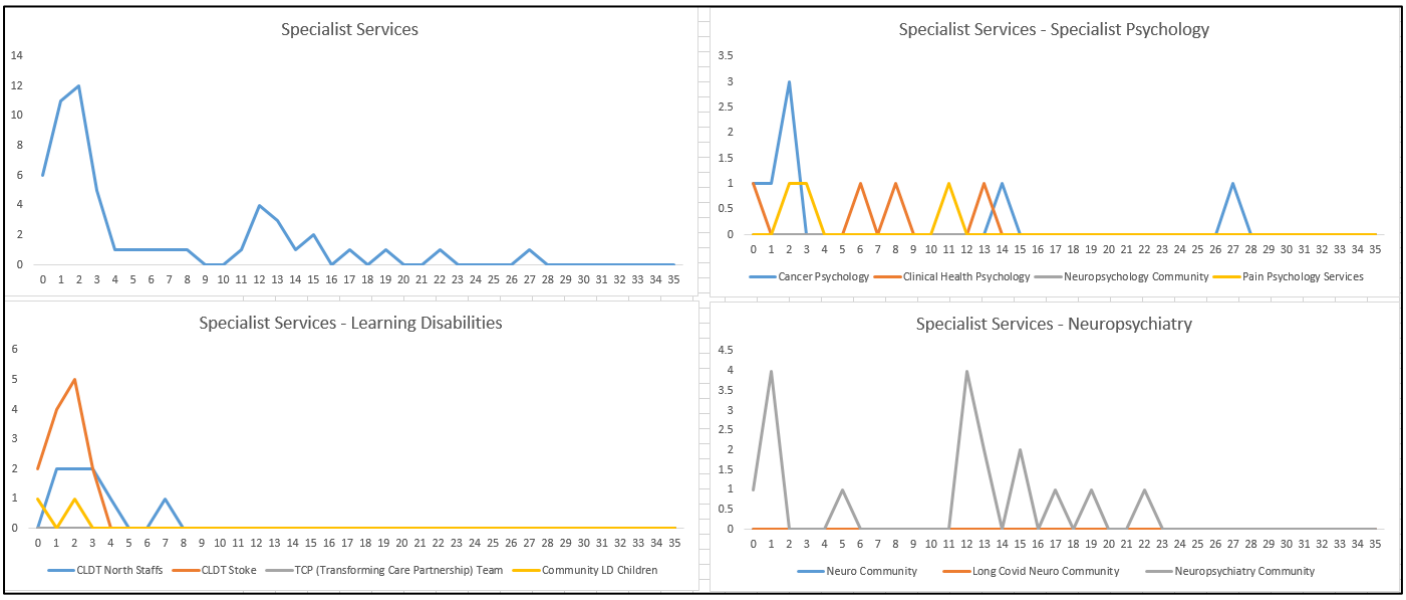
It highlights those teams with the largest number of service users waiting for their first contact in community services, and supplements the regular IQPR metrics showing the numbers who have waited for assessment in 4 weeks or who have waited for treatment within 18 weeks of referral.

Stoke Community



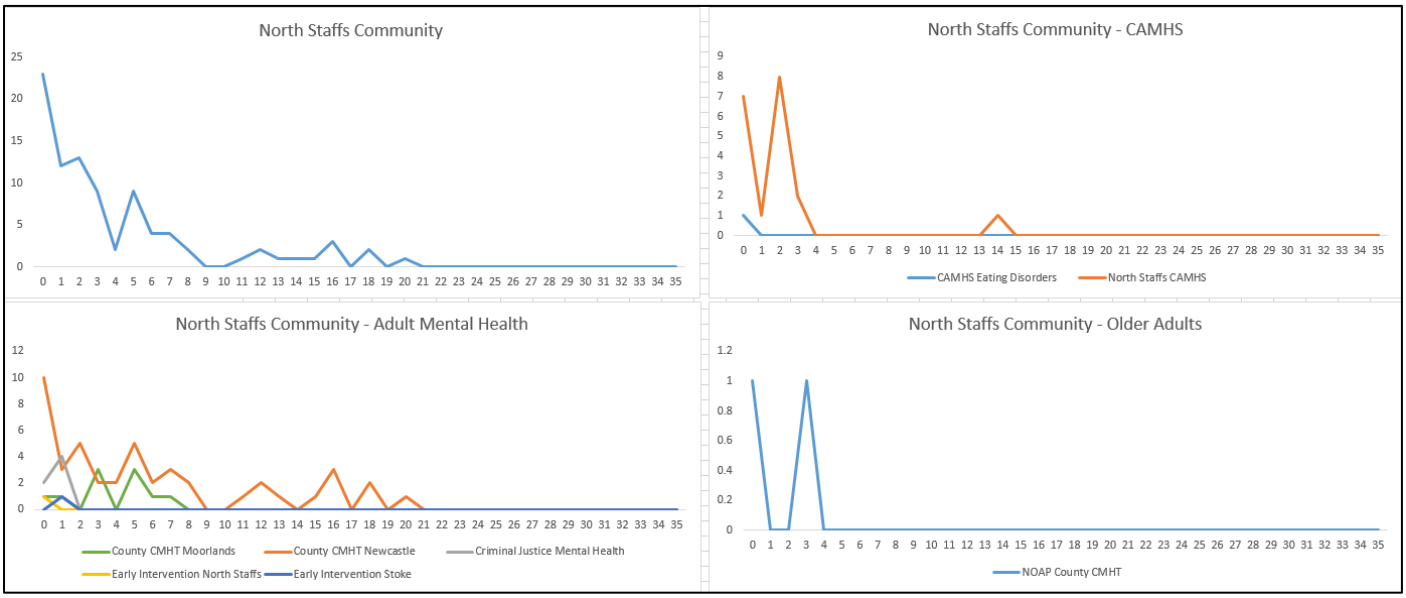
The teams with the largest numbers of patients waiting for assessment are Sutherland (31), Parent and Baby (25), Staffs Care Home Liaison (23) and North and South Stoke CAMHS (37 in total). The longest wait is observed in North Stoke CAMHS where one patient has been waiting 18 weeks for assessment.

Specialist Services



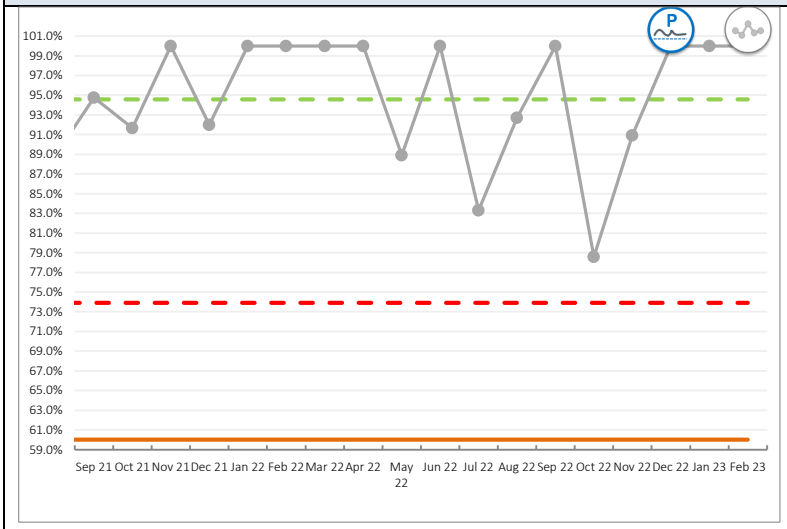
The longest waits in specialist services are with the Neuropsychiatry Community Team where wait times are extended due to the need for acute care investigations to be completed. There is a long wait in the Cancer Psychology Team of 27 weeks.

North Staffs Community



There are a number of long waits indicated for the Newcastle CMHT which are routinely monitored and investigated by the Team Leaders and AD. Other long waits in the directorate are observed in North Staffs CAMHS.

Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment ↔ A Higher Value Is Better	**Actual** 100.0% #N/A **Target:** 60.0% Monthly	**Executive Director of Operations** Responsive National



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 100% during M11 and is predictably operating within normal control limits, well above the national standard of 60%.

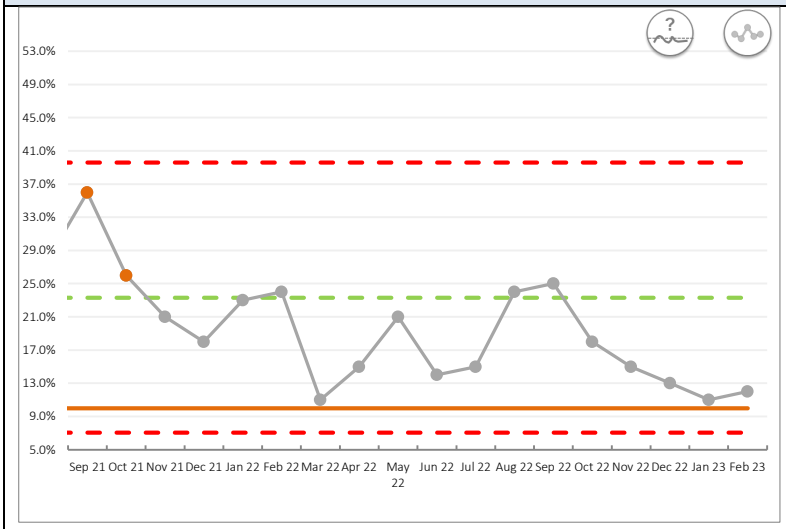
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
100.0%	100.0%	88.9%	100.0%	83.3%	92.7%	100.0%	78.6%	90.9%	100.0%	100.0%	100.0%

Trust
✓
100.0%

5

Not Met - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment ↘ A Lower Value Is Better	Actual 12.0% #N/A Target: 10.0% Monthly	Exec. Director of Operations Safe National



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
11.0%	15.0%	21.0%	14.0%	15.0%	24.0%	25.0%	18.0%	15.0%	13.0%	11.0%	12.0%

Stoke Community
✖
12.0%

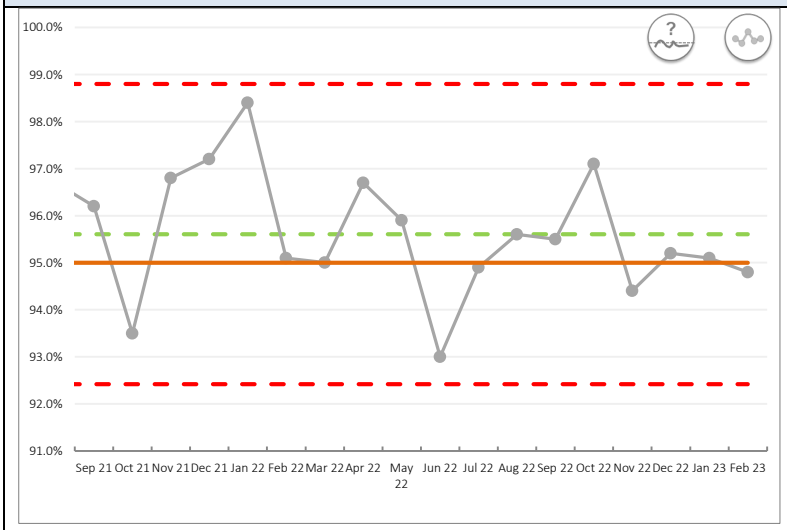
-- Context --
National indicator-IAPT services provide support for adults with depression and anxiety disorders that can be managed effectively. Services are delivered using a stepped-care model.

-- Monthly Narrative (Key Issues and Actions) --
The Stoke Wellbeing Service is now entering Year 3 of the contract (April 22/23) and there has been an uplift in the prevalence rate so that the numbers of people accessing the service has increased. The workforce expansion to meet the uplift requires an increase in the number of Health Education training places to train therapists as well as an increase in the availability of the Post Graduate courses which is being negotiated with HEE and the CCG. Alongside the recruitment plan a long term condition training plan is being developed in the service to expand the range of clinical skills for core therapists.

A PIP is in place which aims for the standard to be achieved in March 2023 and performance against the trajectory is on track to achieve this.

6

Not Met - MH Liaison 1 Hour Response (Emergency) ↘ A Higher Value Is Better	Actual 94.8% #N/A Target: 95.0% Monthly	Executive Director of Operations Responsive CCG



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
95.0%	96.7%	95.9%	93.0%	94.9%	95.6%	95.5%	97.1%	94.4%	95.2%	95.1%	94.8%

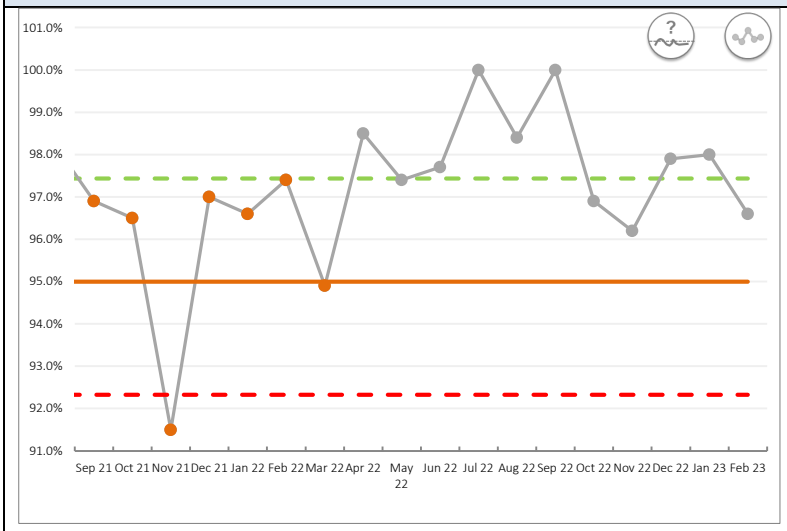
Trust
✖
94.8%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.8% and is just below the required standard during M11.

7

Met - MH Liaison 4 Hour Response (Urgent) ↘	Actual 96.6% #N/A	Executive Director of Operations Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
94.9%	98.5%	97.4%	97.7%	100.0%	98.4%	100.0%	96.9%	96.2%	97.9%	98.0%	96.6%

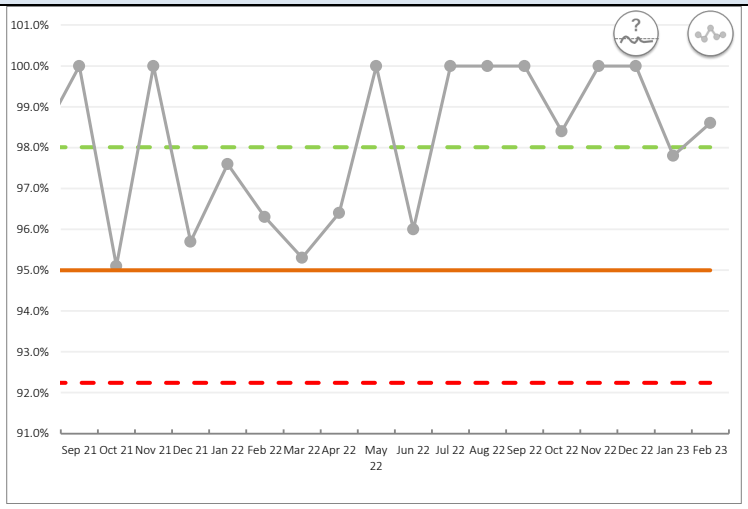
Trust
✓
96.6%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 96.6% and has met the required standard during M11.

8

Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward) ↗	Actual 98.6% #N/A	Executive Director of Operations Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
95.3%	96.4%	100.0%	96.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	97.8%	98.6%

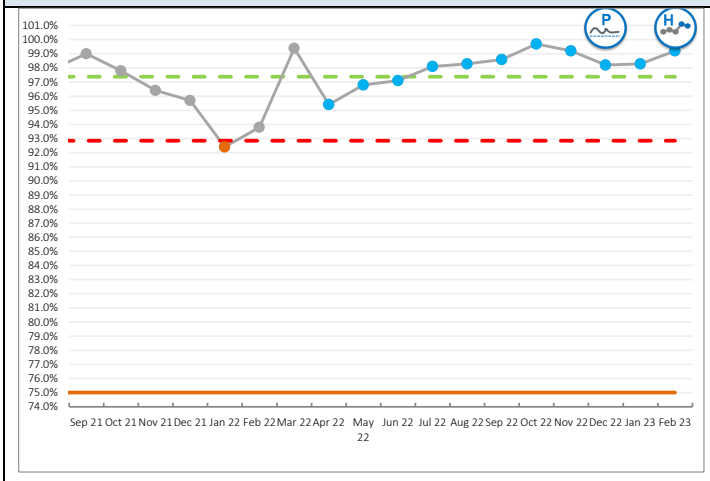
Trust
✓
98.6%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.6% and has met the required standard during M11.

9

Met - IAPT: Referral to Treatment (6 weeks) ↗	Actual 99.2% #N/A	Executive Director of Nursing and Quality	Safe
A Higher Value Is Better	Target: 75.0% Monthly	National	



-- Context --
National indicator - 6 weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the2nd successful contact.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 99.2% and remains well above the required 75% standard.

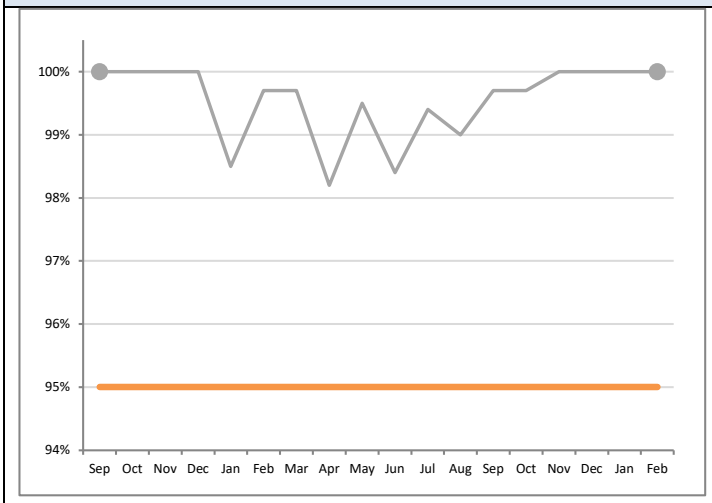
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
99.4%	95.4%	96.8%	97.1%	98.1%	98.3%	98.6%	99.7%	99.2%	98.2%	98.3%	99.2%

Trust
✓
99.2%

10

Met - IAPT: Referral to Treatment (18 weeks) ↔	Actual 100.0% #N/A	Executive Director of Nursing and Quality	Safe
A Higher Value Is Better	Target: 95.0% Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance remains predictably stable at 100% during M11.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
99.7%	98.2%	99.5%	98.4%	99.4%	99.0%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%

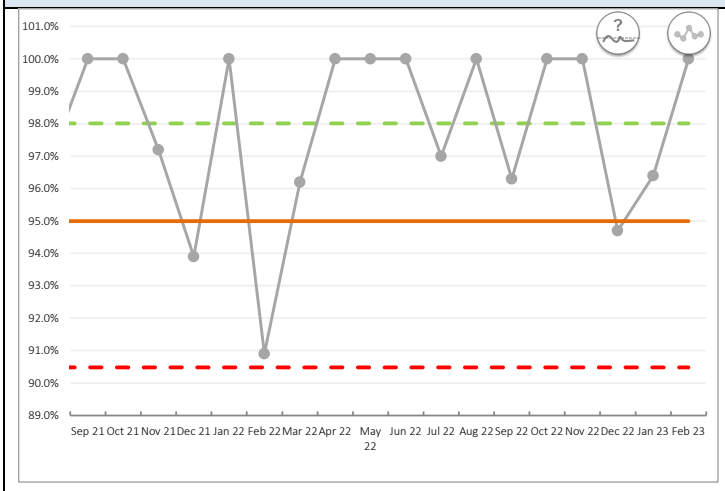
Trust
✓
100.0%

11

Met - Care Programme Approach (CPA) 7 day follow up ↗

A Higher Value Is Better

Actual	100.0%	#N/A	**Medical Director**	Safe
Target:	95.0%	Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 100% during M11 with all directorates having met the required standard.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
96.2%	100.0%	100.0%	100.0%	97.0%	100.0%	96.3%	100.0%	100.0%	94.7%	96.4%	100.0%

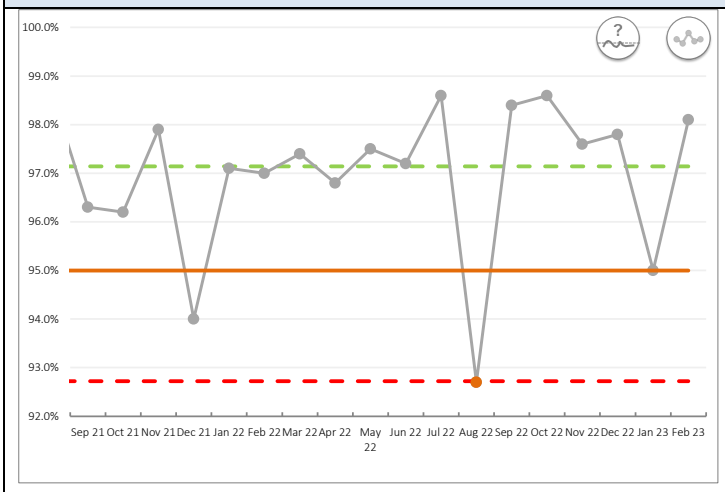
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓		✓
100.0%	100.0%	100.0%	#N/A	100.0%

12

Met - 7 Day Follow Up (All Patients) ↗

A Higher Value Is Better

Actual	98.1%	#N/A	**Medical Director**	Safe
Target:	95.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.1% during M11 with all directorates having achieved the required standard.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
97.4%	96.8%	97.5%	97.2%	98.6%	92.7%	98.4%	98.6%	97.6%	97.8%	95.0%	98.1%

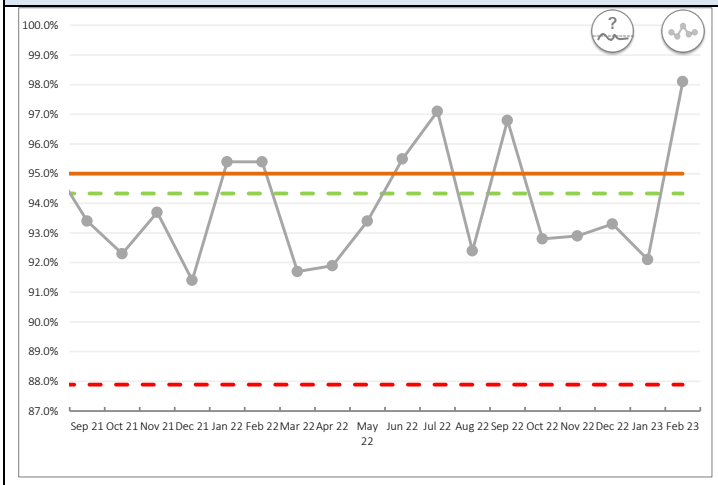
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
98.1%	100.0%	95.8%	100.0%	100.0%

13

Met - 48 Hour Follow Up

A Higher Value Is Better

Actual	98.1%	#N/A	Medical Director	Safe
Target:	95.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.1% during M11.

During M11 there was just one reportable breach. This occurred in the Stoke Community directorate and a breach notice was received that indicated that no harm came to the patient's mental health due to the breach.

12 Month Trend

91.7%	91.9%	93.4%	95.5%	97.1%	92.4%	96.8%	92.8%	92.9%	93.3%	92.1%	98.1%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

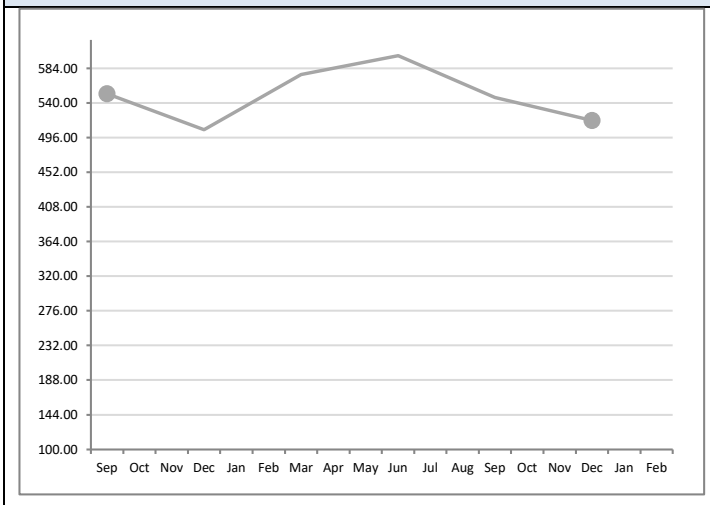
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓		✓
98.1%	95.8%	100.0%	#N/A	100.0%

14

- Individual Placement Support

A Higher Value Is Better

Actual	#N/A	#N/A	Executive Director of Operations	Safe
Target:		Monthly	National	



-- Context --
IPS is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment.

-- Monthly Narrative (Key Issues and Actions) --
There are 518 cases reported in Q3.

The decrease in open cases is representative of there being a significant staff turnover within the past 12 months. New staff members require significant training and socialisation around the IPS model and work with a reduced caseload within their first 12 months as per IPS guidance. Performance across the team is on track to achieve the commissioned targets of 880 employee engagements within the financial year,

12 Month Trend

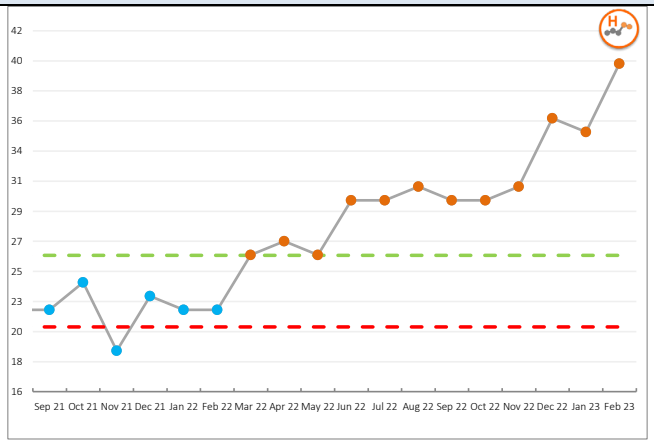
576			600			547			518		
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
#N/A

15

Inpatient & Quality

Met - Average Length of Stay - Adult ↘ A Lower Value Is Better	Actual 40.00 #N/A Target: Monthly	Executive Director of Operations Responsive Trust Measure



12 Month Trend

26	27	26	30	30	31	30	30	31	36	35	40
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
40.00

-- Context --
Trust measure- Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

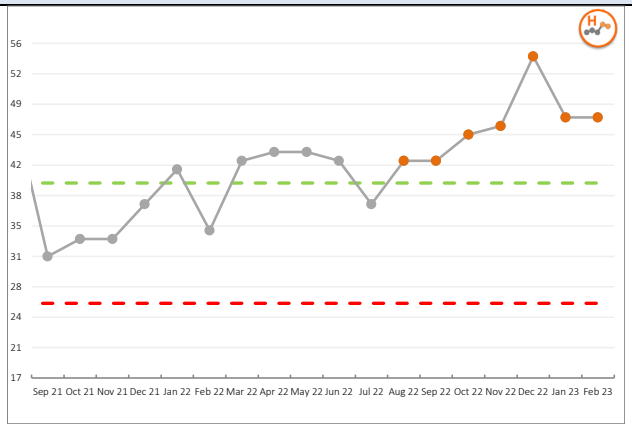
-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an adult ward during M11 is 40 days. There is no exception as there is no target.

There are 69 patients with a LoS >60 days (fin year) of which 1 patient whose ward end period was during February 2023 or remain as an inpatient.

There are 98 patients with a Los >90 days (fin year) of which 6 patients whose ward end period was during February 2023 or remain as an inpatient.

16

Met - Average Length of Stay - Older Adult → A Lower Value Is Better	Actual 47.00 #N/A Target: Monthly	Executive Director of Operations Responsive Trust Measure



12 Month Trend

42	43	43	42	37	42	42	45	46	54	47	47
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
47.00

-- Context --
Trust measure - Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an older adult ward during M11 is 47 days. There is no exception as there is no target.

There are 91 patients with a LoS >60 days (fin year) of which 3 patients whose ward end period was during February 2023 or remain as an inpatient.

There are 95 patients with a LoS >90 days (fin year) of which 3 patients whose ward end period was during February 2023 or remain as an inpatient.

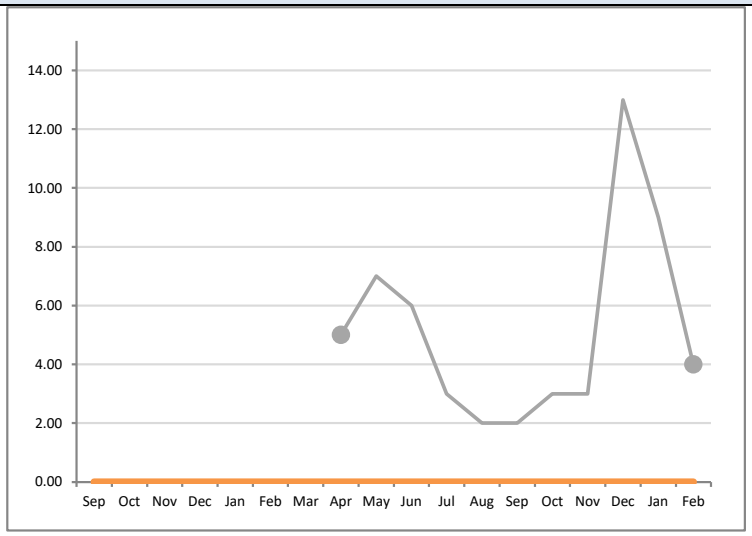
17

Met - Medically Fit for Discharge (MFFD)

↗

A Lower Value Is Better

Actual 4.00	#N/A	**Executive Director of Operations** Responsive
Target:	Monthly	Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
There are 4 in-patients who are recorded as medically fit for discharge, with no clinical grounds for delay during M11. These figures do not include those patients currently on home leave.

12 Month Trend

	5	7	6	3	2	2	3	3	13	9	4
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
4.00

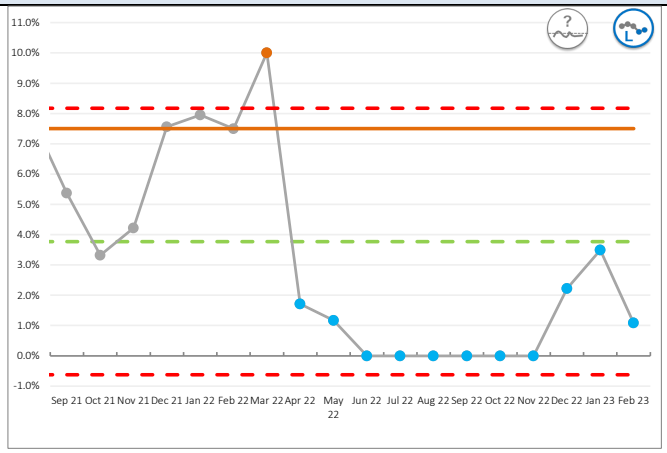
18

Met - Delayed Transfers of Care (DTOC)

↗

A Lower Value Is Better

Actual 1.1%	#N/A	**Executive Director of Operations** Responsive
Target: 7.5%	Monthly	National



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

-- Monthly Narrative (Key Issues and Actions) --
There are 3 patients whose delayed transfers of care resulted in 67 days delay during M11. These delays are attributed to Wards 1 and 7.

12 Month Trend

	10.0%	1.7%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	3.5%	1.1%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

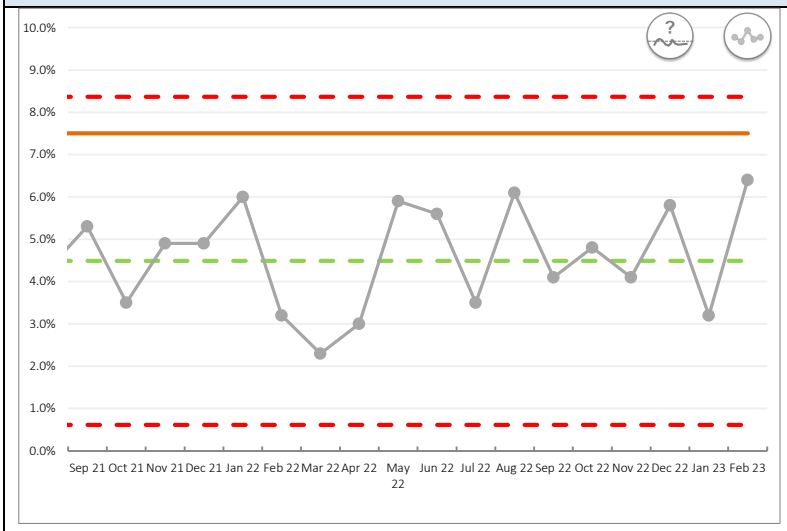
Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
1.1%	0.0%	1.3%

19

Met - Emergency Readmissions rate (30 days) ↘

A Lower Value Is Better

Actual	6.4%	#N/A	**Medical Director**		Responsive
Target:	7.5%	Monthly	Trust Measure		



-- Context --
To measure the prevalence of emergency readmissions - linked to patient outcomes and use of resources

-- Monthly Narrative (Key Issues and Actions) --
The emergency readmission rate during M11 is 6.4% and remains within the threshold.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
2.3%	3.0%	5.9%	5.6%	3.5%	6.1%	4.1%	4.8%	4.1%	5.8%	3.2%	6.4%

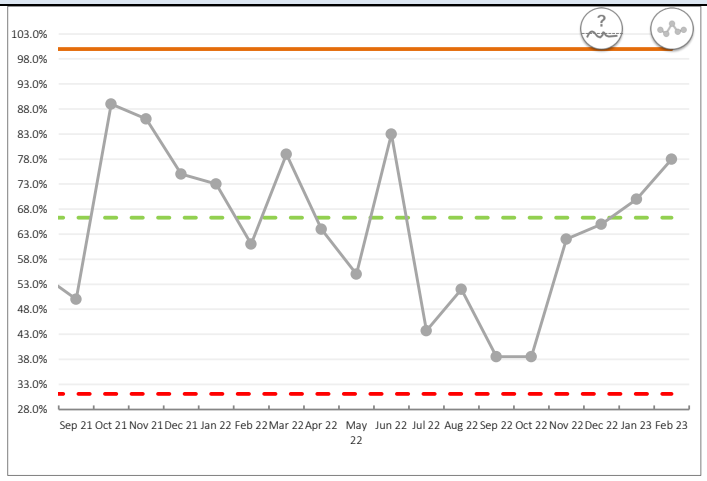
Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
6.4%	0.0%	6.6%

20

Not Met - Place of Safety assessment carried out within 3 hours (where clinically appropriate) ↗

A Higher Value Is Better

Actual	78.0%	#N/A	**Medical Director**		Safe
Target:	100.0%	Monthly	Trust Measure		



-- Context --
The recommendation that PoS assessments are carried out within 3 hours is driven by service user experience and clinical outcomes, as well as availability of PoS for other service users.

-- Monthly Narrative (Key Issues and Actions) --
Out of 9 assessments, 2 occurred outside of 3 hours with no agreed clinical grounds for delay.

The majority of the time the reasons are out of the control of the Trust. The delays link to availability of the assessing team in respect of AMHP's and 2nd independent Section 12 doctors. These are raised and discussed with the local AMHP team leaders for both Staffordshire and Stoke.

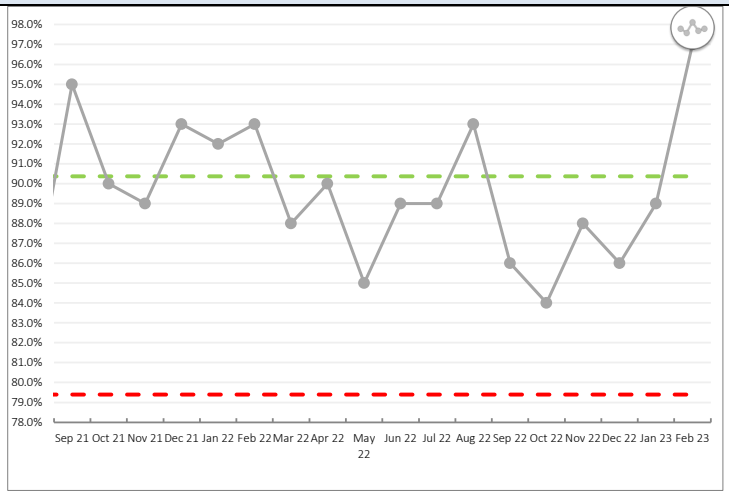
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
79.0%	64.0%	55.0%	83.0%	43.7%	52.0%	38.5%	38.5%	62.0%	65.0%	70.0%	78.0%

Trust
✘
78.0%

21

Not Met - Friends and Family Test - Recommended ↗ A Higher Value Is Better	**Actual** 97.0% #N/A **Target:** Monthly	**Executive Director of Nursing and Quality** Caring National	



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
88.0%	90.0%	85.0%	89.0%	89.0%	93.0%	86.0%	84.0%	88.0%	86.0%	89.0%	97.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
97.0%	100.0%	94.0%	100.0%	100.0%

-- Context --
National indicator - This measure is a proxy for patient experience, and measures where the services user would recommend the Trust to others.

-- Monthly Narrative (Key Issues and Actions) --
There have been 127 FFT returns received of which 97% rated the Trust as good.

The Trust has deployed a digital solution to help to support an increase in patient engagement with the friends and family test. To date this has not significantly increased return rates. Actions are being taken, including a poster campaign and direct text links to the survey to improve engagement and the piloting of electronic FFT via tablets in the Crisis Care Centre and CMHT Bases. A QR code to link directly to FFT has now been included as part of the discharge letter template in Lorenzo.

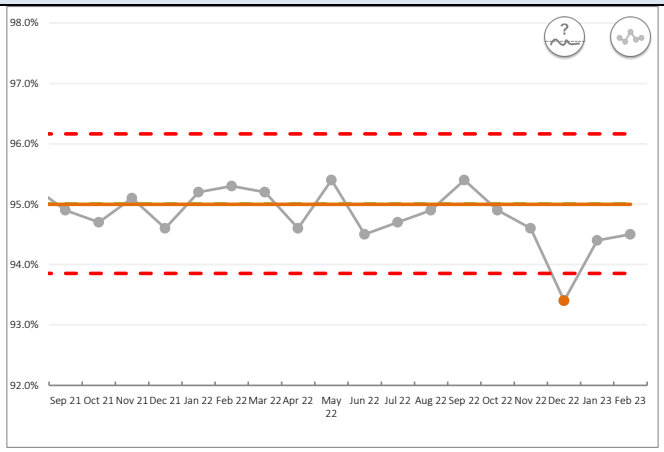
22


Community and
Quality

Not Met - Care Plan Compliance

A Higher Value Is Better

Actual	94.5%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	95.0%	Monthly	Trust Measure	



-- Context --
Service users are entitled to have a care plan that's regularly reviewed. A care plan sets out what support will be provided day to day and who will provide it. The care plan should include details of what should happen in an emergency or crisis.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.5% during M11. Stoke Community and Specialist Services have not met the required standard.

Specialist Services are under standard and have only achieved the 95% target twice since April 2022, with the exception of the Neuro Community services.

12 Month Trend

95.2%	94.6%	95.4%	94.5%	94.7%	94.9%	95.4%	94.9%	94.6%	93.4%	94.4%	94.5%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

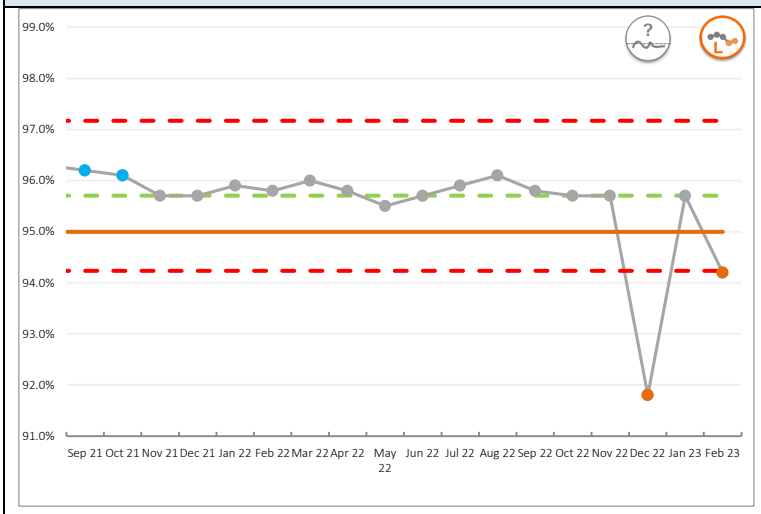
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✓	✗	✗	✓
94.5%	95.9%	93.9%	93.9%	95.9%

23

Not Met - Risk Assessment Compliance

A Higher Value Is Better

Actual	94.2%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	95.0%	Monthly	Trust Measure	



-- Context --
To measure availability of risk assessments for all service users - patients who have been accepted into service and had a first contact are expected to have a risk assessment (exception is Memory Clinic where it is expected after second appointment) - intended to minimise harm to service users and others.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.2% during M11 below the required standard. There were data quality issues evident in the report for M9 due to data warehouse integration and validation issues.

All directorates, with the exception of Stoke Community and Specialist Services have achieved the standard. Specialist Services have not achieved the target since April, mainly due to exceptions in Neuro Community services where there had been an increase in the number of referrals. This is being closely managed through weekly performance reports.

12 Month Trend

96.0%	95.8%	95.5%	95.7%	95.9%	96.1%	95.8%	95.7%	95.7%	91.8%	95.7%	94.2%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✓	✗	✗	✓
94.2%	96.5%	93.6%	91.7%	98.7%

24

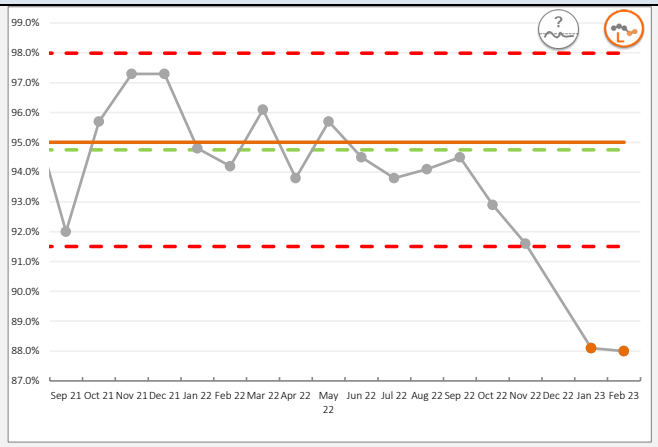
Not Met - CPA 12 Month Review Compliance ↘

A Higher Value Is Better

Actual	88.0%	#N/A
Target:	95.0%	Monthly

Executive Director of Nursing and Quality — Safe

National



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 88% during M11. No directorates have achieved the required standard.

Data quality is still to be assured for this measure due to issues with data warehouse integration and validation.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
96.1%	93.8%	95.7%	94.5%	93.8%	94.1%	94.5%	92.9%	91.6%		88.1%	88.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✖	✖	✖	✖	
88.0%	88.8%	87.0%	86.8%	#N/A

25

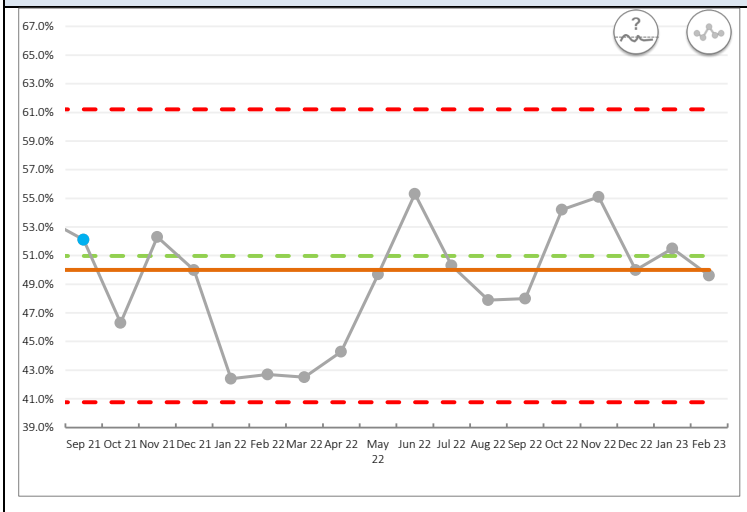
Not Met - IAPT: Recovery ↘

A Higher Value Is Better

Actual	49.6%	#N/A
Target:	50.0%	Monthly

Executive Director of Nursing and Quality — Safe

National



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 49.6% during M11 and has not met the required standard.

Following recruitment, the service has a new workforce that is being trained to be able to deliver the requisite number of sessions to support client to reach recovery and maintain fidelity to the model.

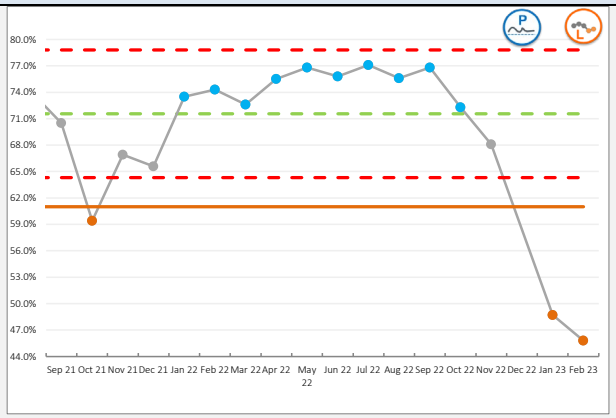
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
42.5%	44.3%	49.7%	55.3%	50.3%	47.9%	48.0%	54.2%	55.1%	50.0%	51.5%	49.6%

Trust
✖
49.6%

26

Not Met - Service Users on CPA in settled accommodation ↘	**Actual** 45.8% #N/A	**Executive Director of Nursing and Quality**	Safe
A Higher Value Is Better	**Target:** 61.0% Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 45.8% during M11 and only Stoke Community has met the required standard.

An exception has been triggered as performance has significantly dropped below the required standard and outside of the lower control limit. However, it should noted that data quality is still to be assured for this measure due to issues with data warehouse integration and validation.

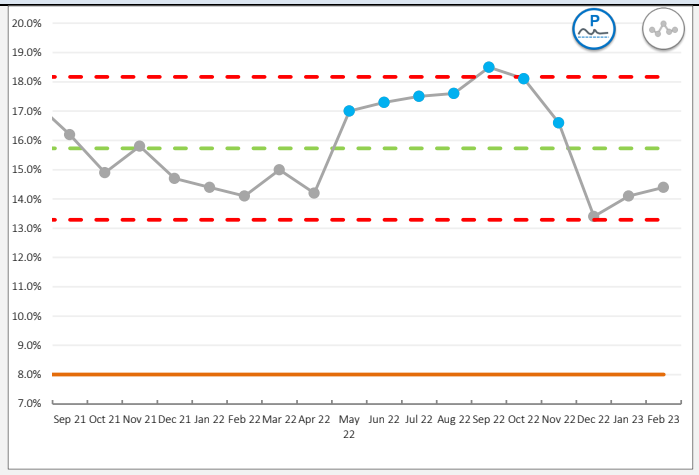
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
72.6%	75.5%	76.8%	75.8%	77.1%	75.6%	76.8%	72.3%	68.1%		48.7%	45.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✓	✗	
45.8%	33.4%	67.1%	20.7%	#N/A

27

Met - Service Users on CPA in Employment ↗	**Actual** 14.4% #N/A	**Executive Director of Nursing and Quality**	Safe
A Higher Value Is Better	**Target:** 8.0% Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 14.4% and is operating well above the required standard. Data quality is still to be assured for this measure due to issues with data warehouse integration and validation.

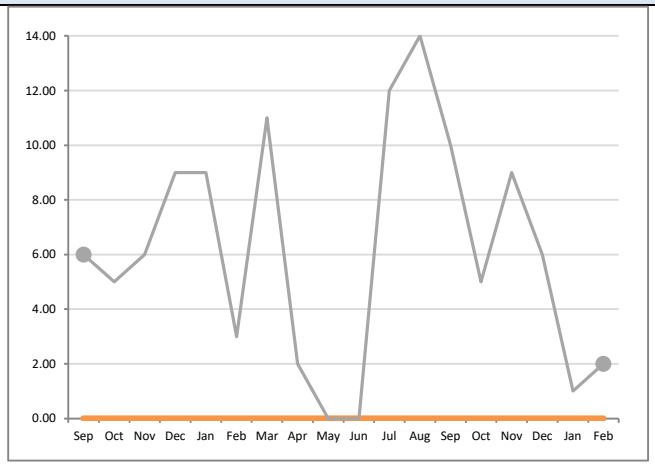
12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
15.0%	14.2%	17.0%	17.3%	17.5%	17.6%	18.5%	18.1%	16.6%	13.4%	14.1%	14.4%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✗	
14.4%	5.5%	25.9%	4.4%	#N/A

28

Met - Serious Incidents ↘ A Lower Value Is Better	**Actual** 2.00 #N/A **Target:** Monthly	**Medical Director** Safe Trust Measure	



12 Month Trend

11	2	0	0	12	14	10	5	9	6	1	2
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

-- Context --
Responding appropriately when things go wrong in healthcare is a key part of the way that the NHS can continually improve the safety of the services we provide to our patients.

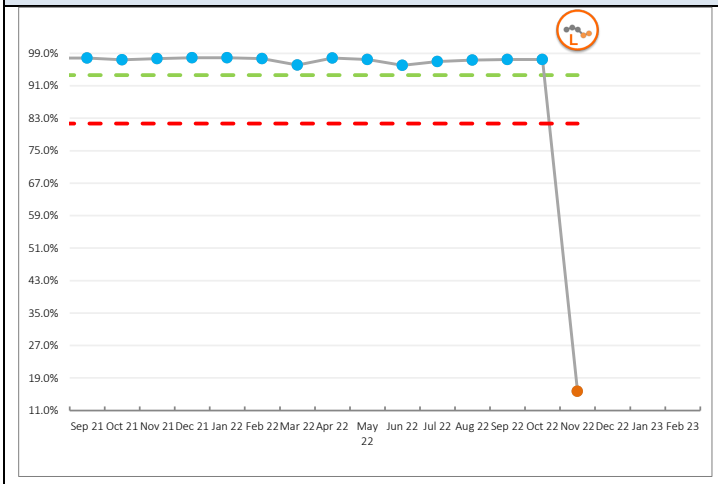
-- Monthly Narrative (Key Issues and Actions) --
There are 2 serious incident reported during M11.

Any trends or themes linking patient safety incidents and SIs are currently being reviewed and any findings will be outlined in the patient safety quarterly report being prepared for Quality Committee.

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
2.00	1.00	1.00	0.00	0.00

29

- Data Quality Maturity Index (DQMI) A Higher Value Is Better	**Actual** #N/A #N/A **Target:** Monthly	**Director of Finance, Performance & Estates** Caring National	



12 Month Trend

96.1%	97.8%	97.5%	96.0%	97.0%	97.3%	97.5%	97.5%	15.7%			
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

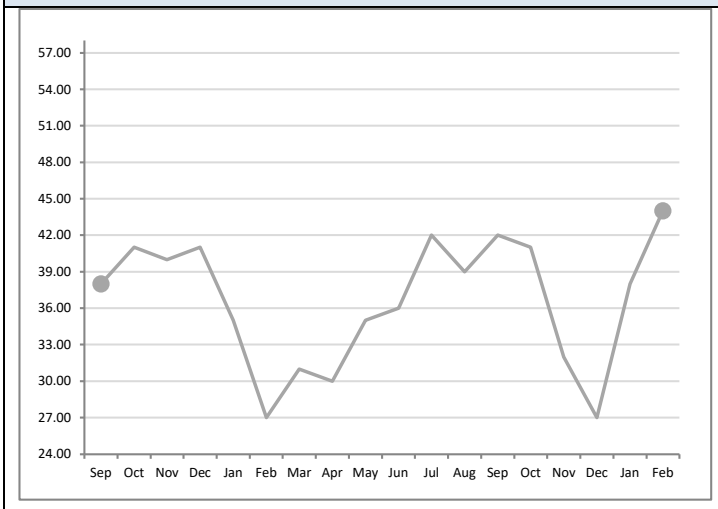
-- Context --
National indicator - The DQMI supports commissioners by demonstrating the quality of providers' submissions and identifying areas for improvement. A provider's DQMI score is based upon several measures of data quality including coverage, completeness, validity, and default values.

-- Monthly Narrative (Key Issues and Actions) --
The Trust's DQMI rating during November was 15.7%, which is the latest published national data. It should be noted that this is the month that the Trust transferred to the new data warehouse. Significant improvement is expected in the coming months as data integration and validation continues. The main impact upon the low DQMI score was the lack of SUS data in the calculation as we have prioritised the MHSDS submission as this is material for national performance. The MHSDS score of 68% represented a drop of around 28 percentage points from the previous result due primarily to the fact that some tables were not populated in our first Insource derived MHSDS submission. All CDS submissions have now been made for SUS inpatient and outpatient data. In addition, as more data is flowed via insource MHSDS tables and this is validated, then we will see a marked increase in the DQMI score.

Trust
#N/A

30

Not Met - Perinatal: Number of women accessing specialist community perinatal mental health services ↗ A Higher Value Is Better	**Actual** 44.00 #N/A **Target:** Monthly	**Executive Director of Operations** Responsive National	



12 Month Trend

31	30	35	36	42	39	42	41	32	27	38	44
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
44.00

-- Context --
This metric is designed to demonstrate the Trust's progress in increasing access to NHS funded specialist community perinatal mental health (PMH) services.

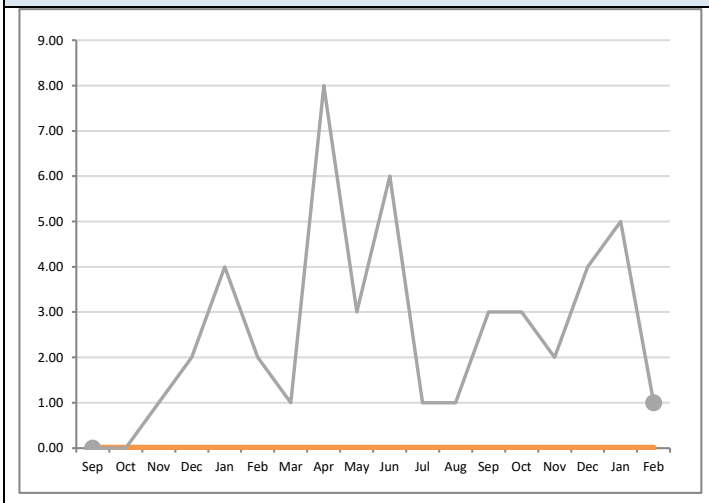
-- Monthly Narrative (Key Issues and Actions) --
There were 44 women accessing the Trust's perinatal service during M11.

Following the business case approval, the Trust will be measured against a 10% access rate based on the 2016 birth rate, (currently this is 8.4%). Capacity for assessment is expected to improve once the vacancies have been filled, which will allow in-reach to communities that were previously difficult to engage with (through community hubs, VCSE) and work more closely with midwifery and health visitor teams.

31

Organisational Health and Workforce

Not Met - Complaints Open Beyond Agreed Timescale ↗ A Lower Value Is Better	**Actual**	1.00	#N/A	**Executive Director of Nursing and Quality**	Caring
	Target:	0.00	Monthly	Trust Measure	



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	8	3	6	1	1	3	3	2	4	5	1

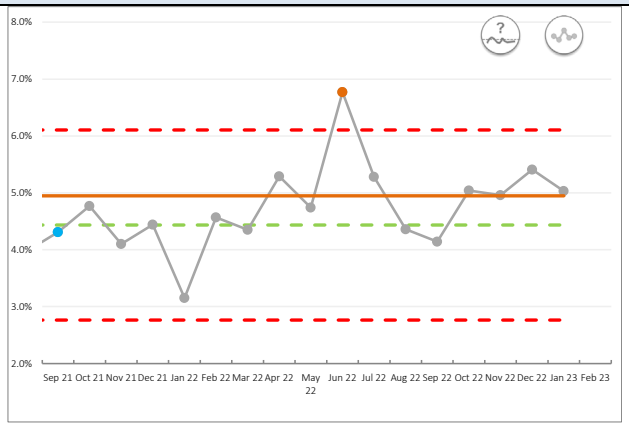
Trust
✖
1.00

-- Context --
All formal complaints will receive a response detailing the outcome of investigation within 40 working days or, where an alternative timescale has been agreed with the complainant.

-- Monthly Narrative (Key Issues and Actions) --
There is 1 outstanding complaint response which is in their final review stage.

32

- Sickness Absence A Lower Value Is Better	**Actual**	#N/A	#N/A	**Executive Director of Workforce**	Organisational Health
	Target:	4.95%	Monthly	Trust Measure	



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
4.35%	5.29%	4.74%	6.77%	5.28%	4.36%	4.14%	5.04%	4.96%	5.41%	5.03%	

Trust	North Staffs Community	Stoke Communit	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

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

-- Monthly Narrative (Key Issues and Actions) --
February figures are not yet available.

There is a key focus on providing Health and Wellbeing support to staff, particularly in light of the recent increase in proportion of sickness due to Mental Health.

33

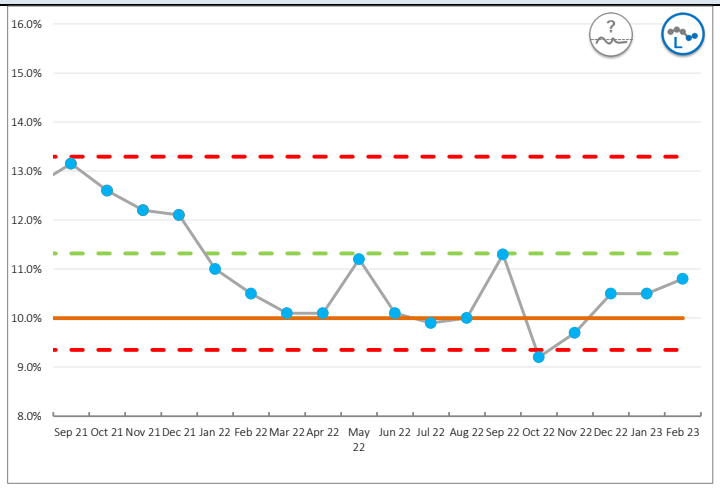
Not Met - Vacancy Rate ↘

A Lower Value Is Better

Actual	10.8%	#N/A
Target:	10.0%	Monthly

Executive Director of Workforce Organisational Health

Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
The vacancy rate is 10.8% for M11. The position continues to remain challenging for some directorates.

Work remains ongoing to stabilise the vacancy position.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
10.1%	10.1%	11.2%	10.1%	9.9%	10.0%	11.3%	9.2%	9.7%	10.5%	10.5%	10.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✘	✓	✘	✘	✘	✓	✓
10.8%	8.1%	13.5%	14.2%	15.1%	4.7%	1.2%

34

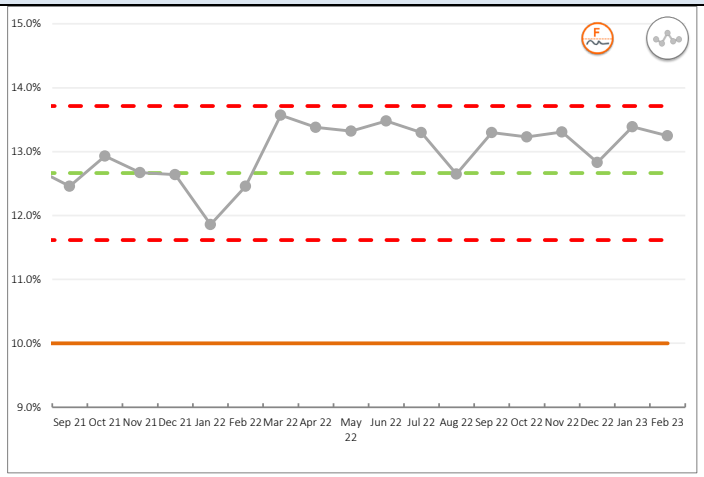
Not Met - Staff Turnover ↗

A Lower Value Is Better

Actual	13.3%	#N/A
Target:	10.0%	Monthly

Executive Director of Workforce Organisational Health

Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is consistently above the 10% threshold at 13.3% during M11 and continues to remain challenging for all directorates, with the exception of North Staffs and Stoke Community.

The top three reported reasons for leaving the Trust include: work life balance, promotion and retirement. Work remains ongoing to stabilise the turnover position.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
13.6%	13.4%	13.3%	13.5%	13.3%	12.7%	13.3%	13.2%	13.3%	12.8%	13.4%	13.3%

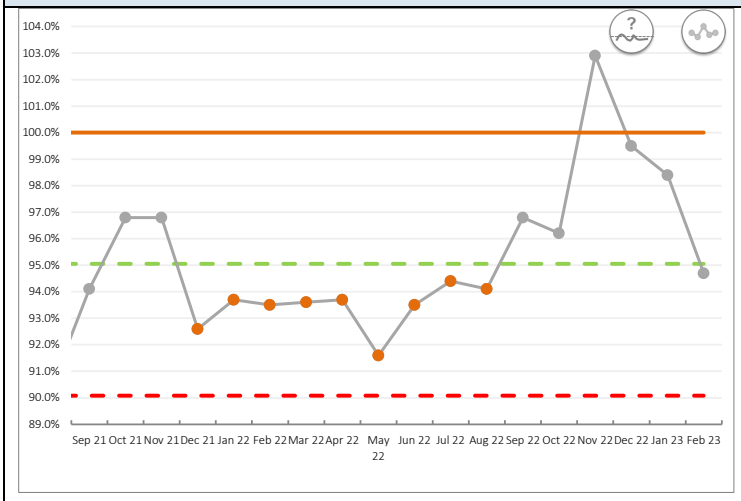
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✘	✓	✓	✘	✘	✘	✘
13.3%	9.0%	9.7%	17.5%	11.0%	30.0%	15.0%

35

Not Met - Safe Staffing ↘

A Higher Value Is Better

Actual	94.7%	#N/A	**Executive Director of Nursing and Quality**	Responsive
Target:	100.0%	Monthly	National	



-- Context --
National measure (Trust target) - This measures the total planned hours divided by the actual hours.

-- Monthly Narrative (Key Issues and Actions) --
An overall staffing fill rate of 94.7% was achieved during M11. This coincides with a focused reduction of agency usage and is aligned to a period of reduced acuity within the inpatient wards.

Improvement in registered nurses fill rate is expected in April 2023.

12 Month Trend

93.6%	93.7%	91.6%	93.5%	94.4%	94.1%	96.8%	96.2%	102.9%	99.5%	98.4%	94.7%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

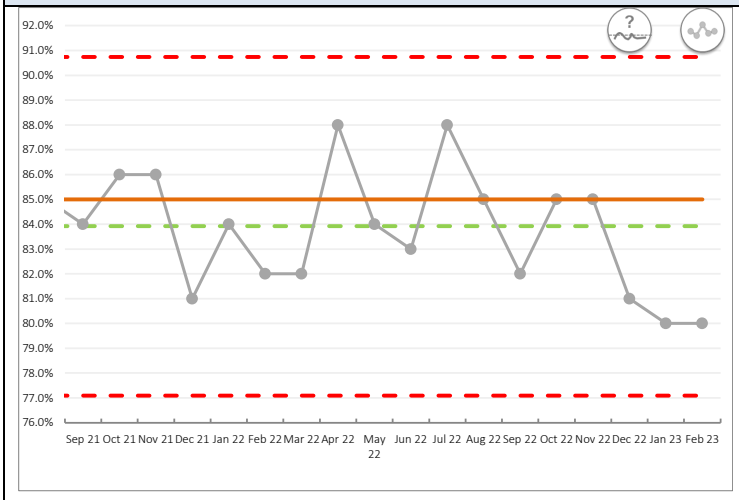
Trust
✖
94.7%

36

Not Met - Clinical Supervision ↔

A Higher Value Is Better

Actual	80.0%	#N/A	**Executive Director of Workforce**	Organisational Health
Target:	85.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 80% during M11 and is not meeting the required standard.

All Associate Directors receive details regarding their Directorate position, identifying those who are non-compliant for them to take appropriate action to remedy.

All Directorate teams receive the fortnightly clinical supervision report identifying percentage compliance rates and individuals who are non-compliant to support action going forward.

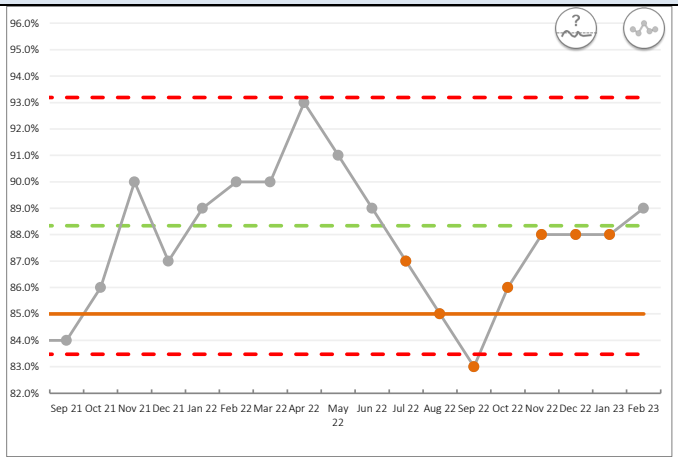
12 Month Trend

82.0%	88.0%	84.0%	83.0%	88.0%	85.0%	82.0%	85.0%	85.0%	81.0%	80.0%	80.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	North Staffs Community	Stoke Communit	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✖	✓	✖	✖	✖	✓	✖
80.0%	85.0%	82.0%	84.0%	78.0%	100.0%	83.0%

37

Met - Appraisal ↗	Actual 89.0% #N/A	Executive Director of Workforce	Organisational Health
A Higher Value Is Better	Target: 85.0% Monthly	Trust Measure	



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
90.0%	93.0%	91.0%	89.0%	87.0%	85.0%	83.0%	86.0%	88.0%	88.0%	88.0%	89.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✗	✓
89.0%	90.0%	90.0%	91.0%	88.0%	65.0%	89.0%

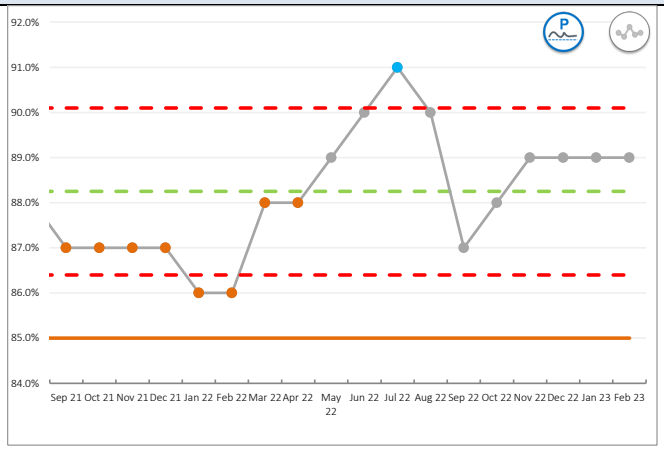
-- Context --
Trust measure - Appraisals and PDR's have been linked to staff performance and patient outcomes, as well as linking to staff turnover by reflecting a supportive environment that helps staff to develop.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 89% during M11. All directorates, with the exception of Primary Care, having met the required standard. Primary Care figures continue to be impacted following on from the TUPE in of a new service and the Directorate is working hard to improve their compliance.

Regular reminders are sent to managers/staff 30 days prior to compliance due to expire, with the window to complete the appraisal open for a further 60 days, giving managers 90 days to complete with the appraisee. All Directorate senior teams receive the fortnightly appraisal report identifying percentage compliance rates and individuals who are non-compliant to support action going forward.

38

Met - Statutory & Mandatory Training ↔	Actual 89.0% #N/A	Executive Director of Workforce	Organisational Health
A Higher Value Is Better	Target: 85.0% Monthly	Trust Measure	



12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
88.0%	88.0%	89.0%	90.0%	91.0%	90.0%	87.0%	88.0%	89.0%	89.0%	89.0%	89.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✓	✓
89.0%	92.0%	89.0%	89.0%	89.0%	86.0%	88.0%

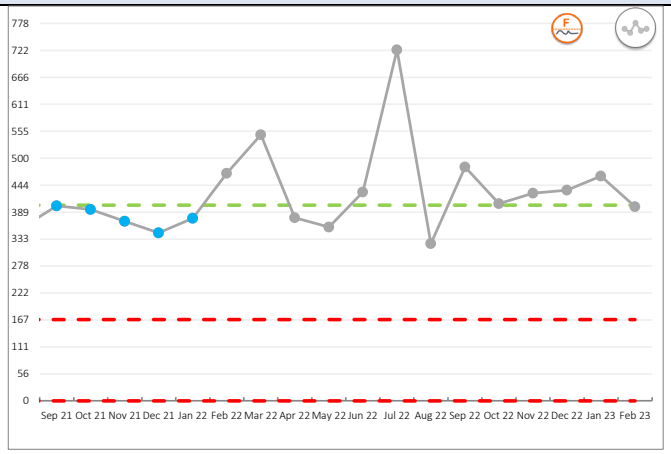
-- Context --
Trust measure - Statutory and mandatory training is determined essential to the safe and efficient delivery of services, therefore completion links directly to care quality and efficiency.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 89% during M11 and has remained consistent for the last 4 month, with all directorates having achieved the required standard.

Statutory training compliance continues to improve and recover following the impact of Covid 19 pandemic. MCA now stands at 85% so is now on target for compliance. Safeguarding 1&2 90%, Level 3 Adult (e-learning) 84%, Level 3 Children (Virtual face to face) 77%. In response to Safeguarding compliance not being met, there is regular communication between education, operations, and safeguarding lead to support and remind directorates about compliance. There are no issues with course availability nor any reported issues with the e-learning.

39

Not Met - Agency cost per month (£000) ↗ A Lower Value Is Better	**Actual** 400.00 #N/A **Target:** 0.00 Monthly	**Executive Director of Operations** Trust measure	Organisational Health



-- Context --
Agency cost per month is reported until there is a national standard clarified for agency spend reduction (anticipated for 23/24 reporting).

-- Monthly Narrative (Key Issues and Actions) --
The agency expenditure is £400k during M11 and continues to operate outside of the upper control limit.

Of the month 11 agency costs;

- £250k related to medical agency spend
  - £102k Stoke Community
  - £73k North Staffs Community
  - £45k Specialist Services
  - £23k Acute & Urgent Care
  - £7k Primary Care
- £87k to nursing agency spend
  - -£70k Acute & Urgent Care
  - £9k Primary Care
  - -£8k Specialist Services
- £42k to other clinical agency spend
- £21k to non-clinical agency spend

12 Month Trend

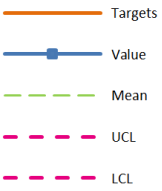
548	377	358	430	723	324	482	406	428	434	463	400
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✖
400.00

40

Interpreting the Report

Variation			Assurance		
					
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target



Variation icons: Orange indicates concerning special cause variation requiring action; **Blue** indicates where improvement appears to lie, and Grey indicates no significant change (common cause variation).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A Grey icon tells you that sometimes the target will be met and sometimes missed due to random variation - in a RAG report this indicator would flip between Red and Green.

Directional Arrows:

↗ If performance this month is **positive** when compared to last month's performance (a higher value is better or a lower value is better)

↘ If performance this month is **negative** when compared to last month's performance (a higher value is better or a lower value is better)

↔ There have been **no change** in performance levels when compared to last month

REPORT TO PUBLIC TRUST BOARD

Enclosure 6

Date of Meeting:	13th April 2023		
Title of Report:	Service User and Carer Council Report		
Presented by:	Zoe Grant, Deputy Director of Nursing, AHP & Quality		
Author:	Jayne Simner Recovery and Experience Lead		
Executive Lead Name:	Kenny Laing Executive Director of Nursing, AHP & Quality	**Approved by Exec**	☒

Purpose of the report:								
Approval	☐	**Information**	☒	**Discussion**	☐	**Assurance**	☒	

Executive Summary:

This report has been prepared to provide an update to Trust Board of the work of the Service User & Carer Council and Patient Experience Team since the last meeting.

**[Select return to make summary box larger]

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	None identified		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics'	There is no direct impact on the protected characteristics as part of the completion of this report.		

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.	
Shadow ICS Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP work streams	
Recommendations:	The Trust Board is asked to receive for assurance and information	
Version	Name/group	Date issued

REPORT TEMPLATE Title of Report			
Quality We will provide the highest quality, safe and effective services	☒	**People** We will attract, develop and retain the best people	☒
Check appropriate objective(s)			
Partnerships We will actively promote partnership and integrated models of working	☒	**Sustainability** We will increase our efficiency and effectiveness through sustainable development	☒

Introduction

A number of national surveys and reports (Five Year Forward View, The NHS Plan) have identified that more can be done to involve people in their own health and care. Indeed, it is only by involving people in their health and care that we will improve their overall health and wellbeing as well as improving the quality of our services that we provide.

The following report provides an update on the discussions from the Service User and Carer Council (SUCC) and the current Trust developments and progress in respect to Service User and Carer Engagement.

Purpose of the Report (Executive Summary)

This report is intended to provide an update to Trust Board members of the work of the Service User Carer Council, Patient Experience Team, Wellbeing college, and Volunteers (including lived experience and Peer support work) involvement in the Trust.

Background

The aim of the Service User and Carer Council is to involve service users and people with lived experience in the delivery of our services by strengthening the working relationships between service users and our services. The SUCC provide an important role in maintaining and developing service user engagement. It is recognised that strong service user engagement significantly supports a service user's recovery and ensures the care they receive is truly holistic.

Volunteers and experts by experience are invited and supported to help us ensure that our services and pathways are person centred and recovery focused. Our volunteers and lived

experience staff are actively involved in coproducing services from design to delivery, further enhancing the service user and carer experience.

Summary

Service User Carer Council

The SUCC held a hybrid meeting in March from the Neuropsychology offices at the Bennet Centre, Shelton. It was an excellent opportunity for SUCC members to meet and support the team around their plans to increase service user and carer engagement.

Zoe Grant (Deputy Director of Nursing) was in attendance and the meeting was chaired by Sue Tams of SUCC. Zoe was able to update the council members on progress of project Chrysalis and recent appointments in the Specialist directorate and in Acute and Urgent care directorate.

A report was presented by Kevin Daley of last quarter Patient Experience data. Kevin shared the Patient Experience Team developments regarding Peer review of formal complaint responses and how we have responded to this in the team. Two council members have coproduced new Reviewing officer training with Patient Experience Team to reflect Trust values and to ensure we consistently offer more compassionate responses which are in keeping with health literacy principles and with choice about how complainants receive their responses.
Following the council meeting on 22nd March, we have delivered the first training session for Reviewing Officers of formal complaints with our two SUCC members present and facilitating the training alongside Patient Experience Team. The evaluation from attendees was positive and we will be further evaluating and repeating this training offer again. The Peer review will also continue every 6 months to evaluate the impact of the changes.

Brigette Hamlett Quality Improvement Lead Nurse Community directorate shared some service user involvement plans and developments from including Stoke Social event held at Stoke City Football ground. A video that has been coproduced by Early Detection and Engagement Team with young people for service users and their families and other updates from CASTT regarding plans to introduce service users who have ‘graduated ‘from their service as volunteers.

Melanie McNair Quality Improvement Lead nurse gave Acute and Crisis Care directorate update which included volunteers working on ward 6 and 7, face to face carers groups meeting up again and the introduction of a carer’s link nurse. The soundboards for Crisis Care Centre to ensure confidentiality for Service users telephoning in have been ordered. This has been a historical concern raised through the council meetings.

Representative from Specialist services directorate gave an overview of recent new appointment of Quality Improvement Lead nurse and the positive outcome of an inspection in Combined prison services. A volunteer is now working on Edward Myers Unit.

Transformation Programme

Service users and carers from various teams across the Trust have been involved in different aspects of service delivery including the Community Mental Health Framework Transformation

program, service user pathways and service redesign. People who access services are part of the evaluation, procurement group and delivery committee.

The Transformation Collaboration group with MPFT continues to meet regularly with representatives of Service Users from Combined SUCC and MPFT involvement team. We are currently working on a Coproduction training package for staff, service users and carers that can be used across the ICS.

In addition to this we have been working with ICS colleagues (Royal Stoke QI Leads, Combined QI Leads and recovery and Experience lead and MPFT QI Leads and Coproduction Lead) to engage a range of Service Users and carers to coproduce information for Service users and Carers in basic QI methodology. The aim is to ensure that where we are using QI tools for service development that we create an inclusive environment where Service Users are empowered to participate and have equitable access to the knowledge base required in service development meetings.

Volunteers and Peer Support Workers

The Trust continues to recognise the huge value that volunteer peer mentors and peer support workers (PSW) provide to the Trust and to people who use our services. Likewise, the work of all volunteers continues to provide a valuable supplementary service, enhancing the experience of patients and visitors and supporting staff across the Trust.

Patient safety partners (PSP) are in post, participating in ward activity and working alongside ward staff. We have met with Craig Stone Patient and Organisational Safety Team lead to think about how the PSPs can be more actively involved with the POST team. We will need more than 2 PSPs identified for the trust in the near future which Jayne Simner and Veronica Emlyn (Volunteer coordinator) will work with Craig and existing Patient Safety Partners to advertise this role and hopefully engage more volunteers into this role.

The peer support network meetings have continued to ensure that we have standardised and high quality training, supervision, support and shared experience. All clinical PSWs in team and volunteers with lived experience have been able to access PSW training through Health Education England (HEE) funded places delivered by Implementing Recovery through Organisational Change (ImROC) programme this year. We are awaiting confirmation of further HEE funded ImROC training provision for the new financial year.

A development day was held on 10th March at The Bridge Centre for all Peer Support Workers which was a well-attended day and included our Transformation VSCE on boarded Peer recovery Coaches. We had a guest speaker from ImROC who was able to talk about the National Picture for Peer Workforce and clinical practice showcase. Our QI Leads also delivered a session to further enhance our peer's lived experience of services, in our teams QI projects.

A review of our Patient experience team, wellbeing college and involvement staff is nearing completion. We now have of an email address for all involvement

(coproduction@combined.nhs.uk), database and process for all expressions of interest for involvement/coproduction and have overhauled the current Volunteer policy to develop an Involvement and Coproduction policy which is awaiting edits and ratification. We have a meeting in April with our Trust communications team to launch our coproduction team and aims to increase involvement through varying opportunities moving forward.

Jayne Simner (Recovery and Experience Lead) has been working with Deborah Boughey (Transitioning into adult care lead) to deliver a pilot scheme where Peer Ambassador training is delivered in schools to YR 12 and 13 students. This is a 10 hour training pack delivered over several weeks and the offer of group supervision from our Senior Peer on a monthly basis whilst in the role. The Mental Health Support team has written the training and held a train the trainer day where Wellbeing College staff, EDIE (At risk mental state pathway at Early Intervention) staff, pegis representative and local authority staff were trained to deliver the training package in schools. We are continuing to advertise the training opportunity and involvement through our networks to increase our training pool and to be able to grow the offer to more schools in the future.

Service User and Carer Engagement Strategy

To support the implementation of the Service User and Carer Engagement Strategy the Patient Experience and Recovery Lead is currently developing a Steering Group of Key professionals and Service Users to plan and assist in the implementation of the strategy. Jayne Simner continues to meet with all SU involvement trust staff to plan how we can support and develop patient feedback and involvement opportunities.

SUCC council members have supported Jayne Simner and Sarah Newton (Transformation Senior Service Manager) at four day long sessions in one in each Community Mental Health Team, to speak to Service Users and carers attending face to face appointments about their care plans and collate views on it.

The Research and Development Team have produced a short questionnaire which can be taken away and completed or people could give verbal views on the days. The deadline for the questionnaires is 3rd April and the feedback will be evaluated in the New Care Plan work stream meetings.

Recovery and Living Well Strategy

We have arranged are quarterly meeting with Dr Julie Repper from ImROC to continue our conversation around our Living well strategy. The Next meeting is 12th April.

Internal Reviews

Observe and Act training plan is rolled out. Places are available for anyone who is interested, staff from any directorate, volunteers, service users and carers. The outcomes/observations are linked into the Quality Assurance plan with Laurie Wrench.

Triangle of care application has been signed off and year one will start with baseline assessments on support for carers which will be carried out with inpatient units from October 2022. In 2023 we will be completing baseline assessments with community teams.

Carer's link meetings continue quarterly for updates on anything carer related issues and developments. Jayne Simner has met with Jayne Hodges (North Staffs Carers) which went really well with lots of ideas generated for future collaboration.

We have also rolled out PLACE training with service user / carer representatives in order to support the PLACE inspections.

Wellbeing College

The Wellbeing College is nearing completion of Spring term workshops. The feedback has been great across the students, newly trained coproduced/facilitators and the student cohort is increasing in number. We also have a number of people expressing interest in becoming volunteer facilitators in the college. We will be collating an evaluation of the second term to share with the board.

The Website for the Wellbeing college is nearing completion and will be handed over to Trust staff within the next few weeks when we will then be able to launch it officially through our communications and our partner networks.

The Summer Term prospectus for April to July will be published after the Easter break and includes an additional 8 new workshops for students to book onto. Board members are invited to enrol and book onto any of the workshops.

Jayne Simner (Recovery and Experience Lead) continues to work alongside two internal candidates on fixed term contracts which have been extended to support the delivery and development of the wellbeing college and workshops.

REPORT TO PUBLIC TRUST BOARD

Enclosure 7

Date of Meeting:	13th April 2023		
Title of Report:	Staff Survey Results 2022		
Presented by:	Marie Barley, OD & Engagement Lead/FTSU Guardian & Being Open Lead		
Author:	Marie Barley, OD & Engagement Lead/FTSU Guardian & Being Open Lead		
Executive Lead Name:	Paul Draycott – Chief People Officer	Approved by Exec	☒

Purpose of the report:							
Approval	☐	Information	☒	Discussion	☒	Assurance	☒

Executive Summary:

This report presents the results for North Staffs Combined national staff survey 2022. The results compare to our local benchmarking sector group - Mental Health, Learning Disability and Community Trust sector and show a good set of results, with six out of the nine people promises and themes achieving the best scores within our sector and the remaining three promises with a score of 0.1 below the best overall scores.

The report also identifies our most improved areas when compared to our 2021 results. Using the feedback from our results, all areas where energy and attention is needed in this forthcoming year are also identified.

Seen at:	SLT ☒ Execs ☐	Document Version No.	1
Committee Approval / Review	• People, Culture & Development Committee ☒		
Strategic Objectives (please indicate)	**1.** We will attract, develop and retain the best people ☒ **2.** We will actively promote partnership and integrated models of working ☐ **3.** We will provide the highest quality, safe and effective services ☒ **4.** We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	Action to address the feedback provided by our workforce is essential in supporting staff retention, sickness absence, staff wellbeing and recruitment.		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:	Funding for any actions will be sourced internally using the existing workforce skillset		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Diversity & Inclusion is an essential area of need which will continue to support our inclusion agenda. The report provides an overview of some inclusion issues and will be backed up with detail and the use of the WRES and DES presented to the committee by our Diversity & Inclusion Lead.
Shadow ICS Alignment / Implications:	N/A
Recommendations:	Trust Board is asked to: • Take assurance there is a good level of staff engagement and a positive culture within the Trust • Note the areas for development • Agree the improvement approach for 2023/24

Version	Name/group	Date issued
1	TB	29.03.2023

Staff Survey Results 2022			
Quality We will provide the highest quality, safe and effective services	☒	**People** We will attract, develop and retain the best people	☒
Check appropriate objective(s)			
Partnerships We will actively promote partnership and integrated models of working	☐	**Sustainability** We will increase our efficiency and effectiveness through sustainable development	☐

Introduction

This report presents the 2022 staff survey results for North Staffs Combined Healthcare Trust and provides the committee with information and assurance for how these results will be used to create positive change within the organisation.

- The Trust commissioned Quality Health to implement our National Staff Survey providing us with consistency, comparison and validity year on year wherever possible
- For staff to be eligible to be included in this year's survey, staff needed to be employed on1st September 2021.
- The Trust have been aligned to the Mental Health, Learning Disability and Community Trust sector.
- This sector provides us with our local benchmarking
- The staff survey went live between the months of September and November 2022.

Purpose of the Report (Executive Summary)

The national staff survey provides the organisation with enriched data from our workforce, presenting us with insight in to where action is needed; and helping to ensure we respond to our people's voices. This data will also help to inform the People Plan and support the decisions and actions needed that impact on future workforce retention, wellbeing, engagement and sickness absence, whilst also supporting the opportunity for further recruitment.

Our 2022 staff survey results show a positive set of results. Six out of the nine people promises and two themes (staff engagement and morale) have achieved the best scores within our sector, with the remaining three promises scoring 0.1 below the best overall scores.

The report identifies our most improved areas when compared to our 2021 results and using the feedback from our results, identifies areas where energy and action is needed for this forthcoming year.

Background

Methodology

- A mixed mode survey was used, meaning that all substantive staff employed before 1st September 2021 were provided with an online survey questionnaire and
- Staff on maternity /paternity leave, were sent paper copy questionnaires, which were posted to home addresses.

Response Rates

- We were delighted to receive our best ever response rate this year, with **69.2%** of staff sharing their voice through this engagement route. This provided the Trust with an improvement in response rates of **5.2%.**
- We were also delighted that we had the best response rate in our sector when comparing to our local benchmarking group**.**
- The Trust has continued to improve its response rates year on year as shown in table 1 below

Local Benchmarking Results

The staff survey results are aligned to the seven people promises and two themes as shown below. Each promise or theme is made up of a combination of questions.

Themes
Staff Engagement – made up of questions associated to motivation, involvement and advocacy

Morale
Made up of questions associated to thinking about leaving the organisation, work pressures and stressors

Our results present a good set of results. We have met the **best scores in our sector in 6 areas**, with the remaining 3 areas achieving a score of 0.1 below the best scores. This is highlighted in figure 1 below.

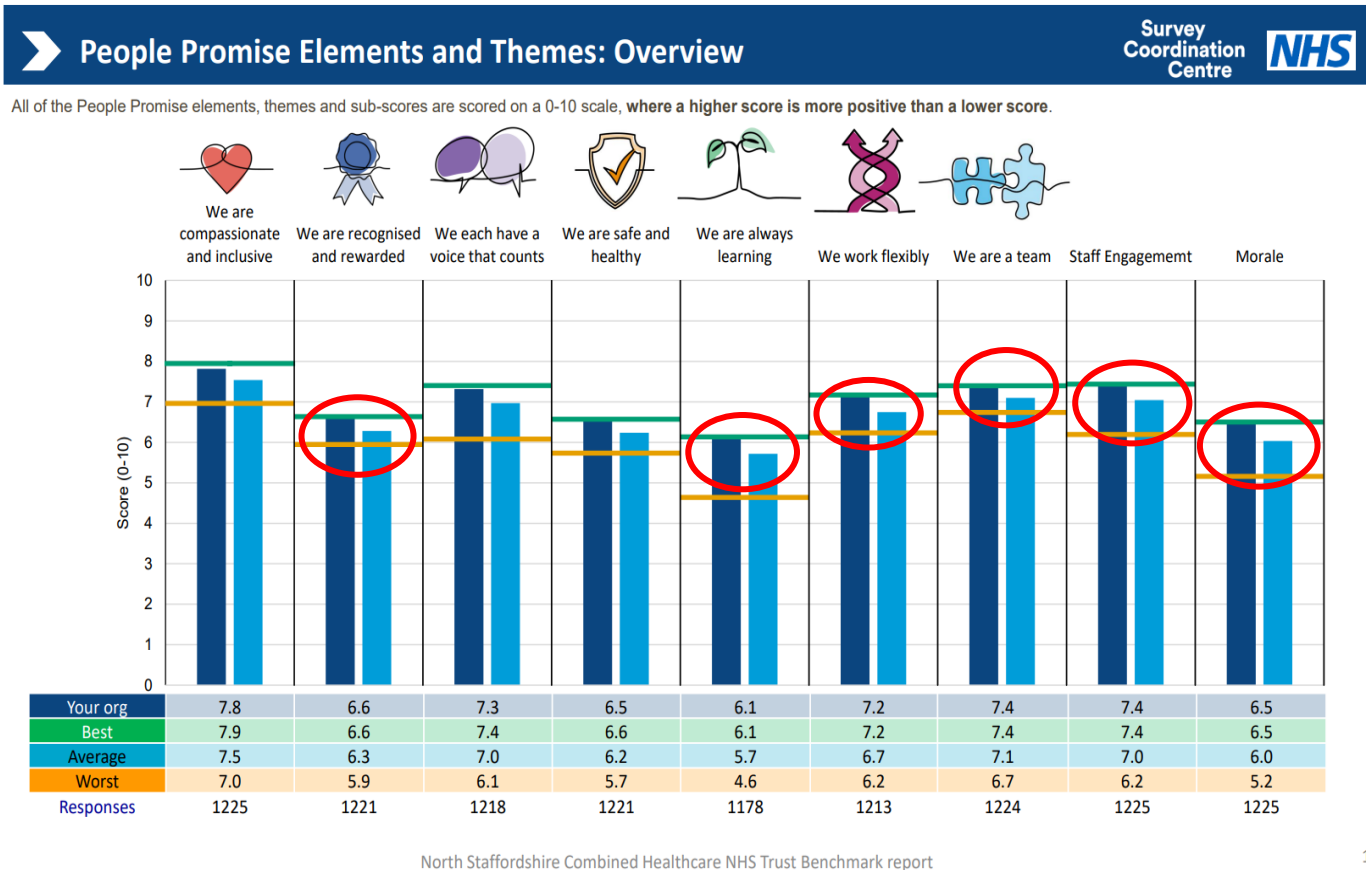


Figure 1. Local benchmarking staff survey results (2022)

Our results indicate the need for action in the following areas:

1.Diversity & Inclusion

It is important to recognise that we have made improvements in this area when compared to our 2021 results with staff who experience for discriminatory behaviours with the following characteristics:

- Ethnicity – **5.8% improvement**
- Religion – **1.9% improvement**
- Other – **1.2% improvement**

However, our results also show a decline in score when compared to 2021 results in the following protected characteristics for discriminatory behaviours:

- Gender – **1.5% decline**
- Sexual orientation – **2.2% decline**
- Age - **2.6% decline**
- Disability – **2.7% decline**

2. Bullying and Harassment

Although we have made improvement in one question as below

*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers? - **2% improvement**.*

All 3 questions scored lower than the benchmarked sector score. The remaining 2 questions also show a decline in result when compared to 2021 results. As follows:

*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? - **1% decline***

*In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues? – **2% decline***

3.Violence and Aggression

This area scored lower than the benchmarked sector score and slightly varied through our internal results when compared to our 2021 results, in the areas of staff personally experiencing physical violence at work from patients / service users, their relatives or other members of the public.

	2022	**2021**	
1 - 2 times	9.9%	10%	0.1% improvement
3 - 5 times	2.7%	4.6%	0.6% decline
6 - 10 times	2.5%	1.9%	0.6% decline
more than 10 times	4.3%	4.4%	0.1% improvement

This is the same for staff personally experiencing physical violence at work from managers, although our results show a consistent score with the local sector score of but shows a slight decline in score when compared to 2021 results

	2022	**2021**	
1 - 2 times	0.2%	0.1%	0.1% decline
3 - 5 times	0.2%	0.1%	0.1% decline
6 - 10 times	0.0%	0.1%	0.1% improvement
more than 10 times	0.1%	0.0%	0.1% decline

Staff experiencing physical violence at work from other colleagues shows a marginally better score than our local sector, but shows an internal decline in score when compared to our 2021 results.

	2022	**2021**	
1 - 2 times	0.7%	0.5%	0.2% decline
3 - 5 times	0.1%	0.2%	0.1% improvement
6 - 10 times	0.1%	0.0%	0.1% decline
more than 10 times	0.1%	0.0%	0.1% decline

4.Health and Wellbeing

Health and wellbeing (HWB) has seen significant improvements in scores over the last 2 years, but the results indicate a need for this area to be addressed

My organisation takes positive action on health and wellbeing **– 3% decline.**
This is also indicated in the area with immediate managers:

My immediate manager takes a positive interest in my health and well-being – **2% decline**

5.Leadership and Teamwork
One of our main focusses this year is around team working. This will be an action ultimately supported at team level per directorate with trust wide support offered from our OD and People teams as appropriate. Examples of some of the questions showing a decline in team working are presented below:

The team I work in often meets to discuss the team's effectiveness – **2% decline**
I receive the respect I deserve from my colleagues at work – **2% decline**
Team members understand each other's roles – **3% decline**
I enjoy working with the colleagues in my team **– 2% decline**
My team has enough freedom in how to do its work **- 3% decline**
In my team disagreements are dealt with constructively **– 3% decline**
My immediate manager asks for my opinion before making decisions that affect my **work – 2% decline**
I am able to make suggestions to improve the work of my team / department **– 2% decline**
I always know what my work responsibilities are **- 2% decline**

Recommendations

Our Peoples Voice – Areas for Action

The feedback from our people highlights a number of areas for us to address this forthcoming year.

We must recognise that some areas of feedback are beyond our control as they are governed at national level, such as levels of pay and staff shortages, although as trust we continue to work hard to recruit and build our workforce using various innovative ways to attract people to work in our organisation.

The main themes recommended for action during 2023/24 are therefore:

- Violence and aggression at work
- Diversity & Inclusion
- Bullying and harassment and discriminatory behaviours
- Health and Wellbeing
- Leadership and Teamwork

Figures 2 to 4 below show these areas aligned to each promise or theme.

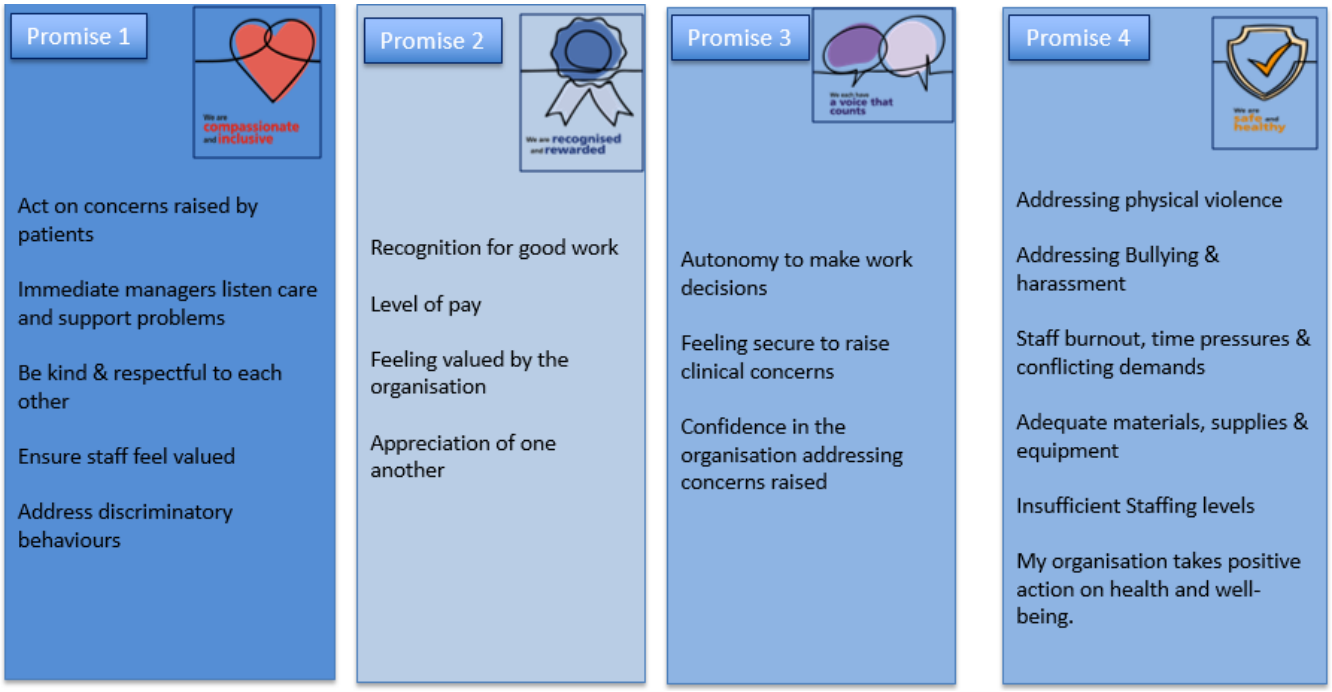


Figure 2. staff survey areas for improvement

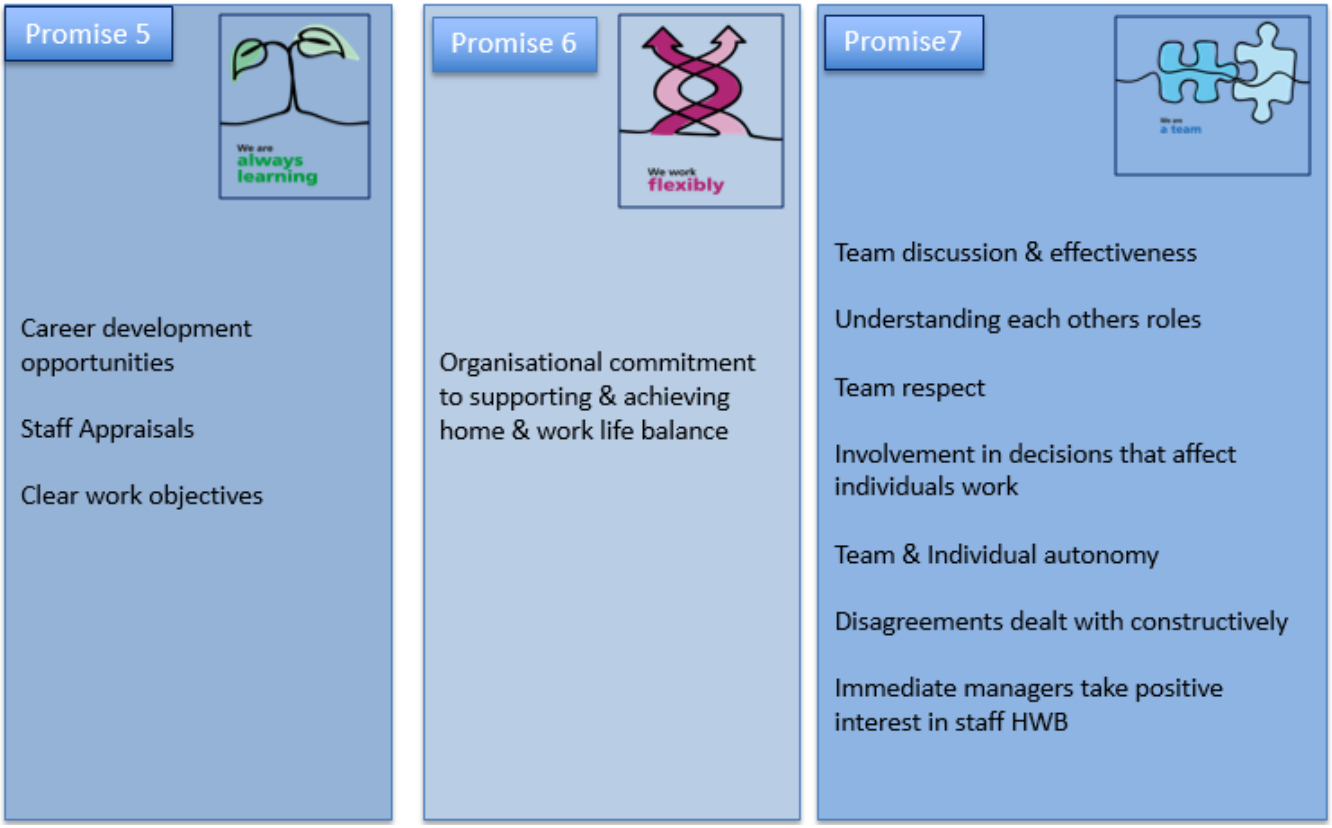


Figure 3. staff survey areas for improvement

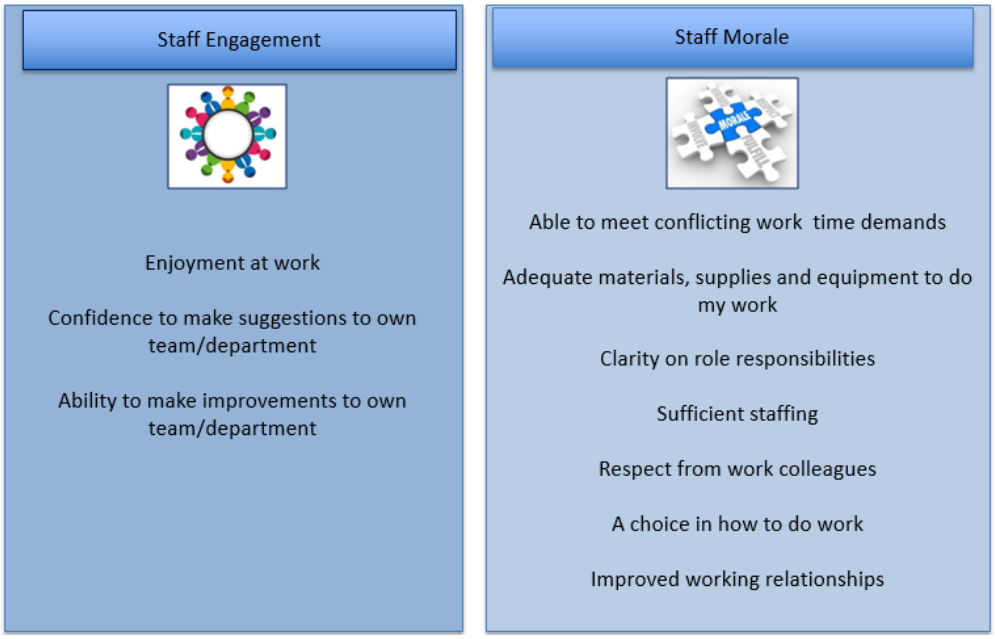


Figure 4. staff survey areas for improvement

Next Steps (including timeframes)

Using Results - Next Steps

- We have made good progress on promoting the Staff Survey results this year
- Our results are being used to help to inform the people plan
- Our results have been shared at the Leadership Academy, giving leaders a head start to begin to discuss at senior level and plan how and where to share their results, once broken down with their teams
- Results will be presented to Trust Board during April 2023
- The Engagement and Communication Teams have shown exceptional levels of joint working to promote our results and this will continue throughout the year as changes are made at directorate level, giving opportunity to show case and share practices.

Directorate Level

- Staff survey results will be broken down to directorate level
- Results will be presented to senior leaders, identifying areas of improvement when compared to their 2021 results. A results on a page document will also identify areas where energy and action is needed this year
- Directorates will be encouraged to take ownership of their results, designing engagement plans to address action
- Directorates will be encouraged to engage with all teams to encourage contribution and ideas to their engagement plans

- On-going support will be provided to directorates from the Staff Engagement Lead and Organisational Development Team as appropriate.

6.2 Trust Wide Action

Our staff survey results, identify a need for focus and energy in the following main themes:

- Diversity & Inclusion
- Bullying and harassment is also an area for further action
- Violence and Aggression
- Health and Wellbeing
- Leadership and Teamwork

Summary

Our staff survey results are a good set of results and support us to understand where action and change is needed moving forward.

We will celebrate our areas of improvements internally and our position when benchmarking against our local sector scores.

These results will help to inform our people plan and will be broken down to directorate level, where ownership and bespoke action will be encouraged.

Recommendations

The Committee is asked to

- Take assurance there is a good level of staff engagement and a positive culture within the Trust
- Note the areas for development
- Agree the improvement approach for 2023/24

Marie Barley
OD and Engagement Lead

REPORT TO PUBLIC TRUST BOARD

Enclosure 8

Date of Meeting:	13th April 2023		
Title of Report:	Finance Position M11		
Presented by:	Eric Gardiner – Executive Director of Finance, Performance & Estates		
Author:	Michelle Wild – Financial Controller / Lisa Dodds – Assistant Director of Finance/ Rachel Heath – Project Accountant		
Executive Lead Name:	Eric Gardiner – Executive Director of Finance, Performance & Estates	**Approved by Exec**	☒

Purpose of the report:								
Approval	☐	**Information**	☒	**Discussion**	☐	**Assurance**	☒	

Executive Summary:

As at month 11, the Trust is reporting an in-month deficit position of £7k against a planned surplus of £37k giving an adverse variance of £44k. This has resulted in the Trust being in surplus by £177k at the end of month 11.

In month 11 the Trust delivered £447k of CIP efficiencies against a plan of £316k giving an in month over achievement of CIP of £131k. Year to date CIP delivery is £1,677k against a plan of £2,423k, giving an under-achievement year to date of £746k.

Trade receivables have decreased slightly compared to month 10 leading to an increase in cash and payables have decreased by £2.2m as a result of higher levels of payment runs during month 11.

Cash was £12.4m above plan at month 11 due to the higher than planned income from the ICB, MPFT, HEE, PDC and VAT returns, including settlement of the TCP bad debt by the ICB.

In month 11, the Trust did not achieve the Better Payment Practice Code target of 95% on both the value of invoices paid and the number paid at 91% on count and 93% on value. Year to date the Trust is below both targets, at 92% on both the number and 93% on the value paid within 30 days. It is highly unlikely this position will be recovered by the year-end.

The Trust's capital expenditure for month 11 was £1,131k against a planned CRL of £462k giving an adverse variance in month of £669k.

**[Select return to make summary box larger]

Seen at:	SLT ☒ Execs ☒	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☐ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position.		

Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☐ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☐ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒	
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐	
Resource Implications: Funding Source:	If the Trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
Shadow ICS Alignment / Implications:	Part of the aggregate ICS reported financial position	
Recommendations:	Trust Board are asked to: Receive the Month 11 position noting: • The year-to-date surplus of £177k. • Note the 2022/23 capital forecast and month 11 position. • The cash position of the Trust at 28th February 2023 with a balance of £32.2m. • Agency expenditure of £4,826k year to date (including £24k COVID agency spend) against the agency ceiling of £2,842k; an adverse variance of £1,984k to the share of the ICB agency ceiling, and a £1,159k adverse variance against the 10% target reduction. • Note identified in year CIP schemes of £1,925k (£1,449k recurrent) against a target for the year of £2,736k.	
Version	Name/group	Date issued
		20th March 2023

Public Trust Board – 13th April 2023
Finance Position Month 11

Quality We will provide the highest quality, safe and effective services	☐	**People** We will attract, develop and retain the best people	☐
Check appropriate objective(s)			
Partnerships We will actively promote partnership and integrated models of working	☐	**Sustainability** We will increase our efficiency and effectiveness through sustainable development	☒

Introduction

This report summarises the Trust's financial position as at 28th February 2023. Key financial performance metrics are included for the following:

- Income and expenditure position
- CIP delivery
- Agency expenditure
- Capital expenditure
- Better Payment Practice Code performance
- Summary balance sheet position

Purpose of the Report (Executive Summary)

As at month 11, the Trust is reporting an in-month deficit position of £7k against a planned surplus of £37k giving an adverse variance of £44k. This has resulted in the Trust being in surplus by £177k at the end of month 11.

High Level Analysis	Annual Plan	Month 11 Budget	Month 11 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income from Patient Care Activities	137,018	11,947	12,144	197	130,022	129,144	(878)	141,988	141,518	(470)
Income from Other Operating Activities	11,051	1,211	1,356	146	13,255	13,765	510	14,429	14,964	534
Income	**148,069**	**13,158**	**13,500**	**343**	**143,277**	**142,910**	**(368)**	**156,418**	**156,482**	**64**
Pay Costs	(81,495)	(7,305)	(7,269)	37	(79,097)	(79,484)	(387)	(86,362)	(86,781)	(419)
Non Pay Costs	(60,544)	(5,618)	(5,826)	(208)	(59,142)	(58,086)	1,057	(64,522)	(64,007)	515
Finance & Other Non Operating Costs	(6,030)	(197)	(412)	(215)	(5,073)	(5,163)	(90)	(5,534)	(5,289)	245
Expenditure	**(148,069)**	**(13,121)**	**(13,508)**	**(387)**	**(143,312)**	**(142,733)**	**579**	**(156,418)**	**(156,076)**	**341**
Retained Surplus / (Deficit)	**0**	**37**	**(7)**	**(44)**	**(35)**	**177**	**212**	**0**	**406**	**406**

In month 11 the Trust delivered £447k of CIP efficiencies against a plan of £316k giving an in month over achievement of CIP of £131k. Year to date CIP delivery is £1,677k against a plan of £2,423k, giving an under-achievement year to date of £746k.

Trade receivables have decreased slightly compared to month 10 and payables have decreased by £2.2m as a result of a higher level of payment runs during month 11.

Cash was £12.4m above plan at month 11 due to the higher than planned income from the ICB, MPFT, HEE and VAT returns, including settlement of the TCP bad debt by the ICB. The Trust has also received additional PDC of £2.6m above the original plan of £3.8m, all of which has now been drawn down.

In month 11, the Trust did not achieve the Better Payment Practice Code target of 95% on both the value of invoices paid and the number paid at 91% on count and 93% on value. Year to date the Trust is below both targets, at 92% on both the number and 93% on the value paid within 30 days. It is highly unlikely this position will be recovered by the year-end.

The Trust's capital expenditure for month 11 was £1,095k against a plan of £801k.

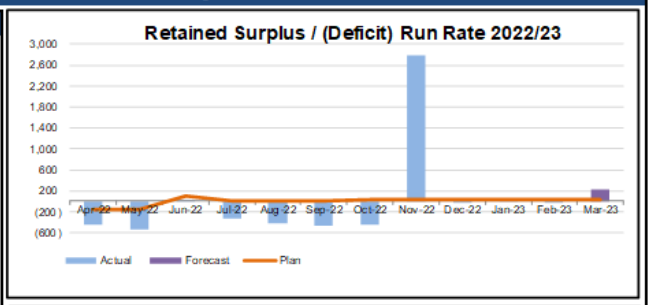
Financial Overview as at 28th February 2023

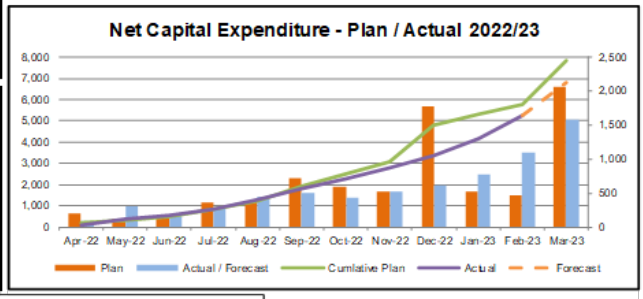
Key Metrics

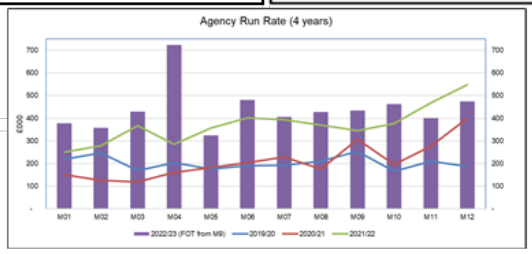
		Plan £000	Actual £000	Var £000	%	RAG
Financial Position	YTD	(35)	177	212	605	G
	FOT	0	406	406	0	G
Charge to CRL	YTD	5,795	5,244	551	10	G
	FOT	7,857	6,821	1,036	13	G
Cash Balances	YTD	19,779	32,228	12,449	63	G
	FOT	23,292	30,598	7,306	31	G
CIP Programme	YTD	2,423	1,677	(746)	(31)	R
	FOT	2,736	2,736	0	0	G
Identified Schemes	Full Year	2,736	1,925			R

Better Payment Practice Code

	In month Number	In month £000	YTD Number	YTD £000
Total trade invoices paid in period	1,239	11,222	14,093	97,392
Total trade invoices paid within target	1,124	10,431	13,015	90,683
% paid within target	91%	93%	92%	93%







Key Recommendations to Consider

Receive the Month 11 position noting:

- The year-to-date surplus of £177k.
- Note the 2022/23 capital forecast and month 11 position.
- The cash position of the Trust at 28th February 2023 with a balance of £32.2m.
- Agency expenditure of £4,801k year to date
- Note identified in year CIP schemes of £1,925k (£1,449k recurrent) against a target of £2,736k

Background

1. Forecast

The initial unmitigated forecast prepared at month 11 is £1.235m surplus. The main areas driving this position are:

- £2.0m ward overspends due to acuity and sickness.
- £0.8m of unidentified CIP.
- £1.0m of non-recurrent expenditure (£0.5m CAMHS deep dive/ASD, £0.2m A&T doors, £0.3m Project Chrysalis).
- £0.4m overspends on direct drugs.
- £0.2m provision.
- £0.1m overspends on room hire.
- (£2.7m) benefit from 21/22 bad debt release.
- (£1.7m) vacancies.
- (£0.6m) over recovery of income.
- (£0.2m) overage.
- (£0.2m) accounting adjustments for discount factors for provisions.
- (£0.2m) under performance of services received.
- (£0.1m) other non-pay underspends.

Work is under way with operational colleagues on a number of financial recovery actions relating to addressing the pressures identified above which will improve the Trust underlying position longer term. The sensitivity assessment of the year end forecast ranges from a best-case scenario at £1.7m surplus and a worst-case scenario at £0.04m deficit. This is reviewed monthly in line with the forecast and updates brought to the Committee.

Mitigations	Worse Case £000	Best Case £000	Most Likely £000
Baseline	**1,235**	**1,235**	**1,235**
Annual leave accrual	(300)	250	(100)
Pipework Provision	(250)	100	0
NP expenditure	(150)	100	(150)
Services received	(50)		(50)
Pay changes	(49)		(49)
Income deferral	(407)		(407)
Year end provisions	(73)		(73)
Total	**(44)**	**1,685**	**406**

2. Income

The table below shows the Trust's 2022/23 income position at 28th February 2023.

- Most of the CCG/ICB/NHSE income is fixed for 2022/23 under the block payments arrangements. In month 11 block contract income totalled £7,860k against a plan of £7,852k given a favourable variance in month of £7k.
- Patient Placements income relates to TCP and Community Rehab Placements income from the CCGs/ICB and Local Authorities per appendix E, this is separate from the ICB block.

- Under achievement of non-patient care services to other bodies mainly relates to neuropsychology services provided to UHNM due to vacancies.

Income	Annual Plan	Month 11 Budget	Month 11 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income From CCGs, ICBs and NHSE / Block Contract Income	88,346	7,852	7,860	7	85,166	84,619	(547)	93,037	92,637	(400)
Local authorities	3,508	428	495	66	4,526	4,423	(103)	4,954	4,920	(34)
Patient Placements Income	39,684	3,264	3,346	81	35,909	35,428	(481)	39,173	38,843	(330)
Non-NHS: Private Patients	0	0	0	0	0	9	9	0	9	9
Non-NHS: other	5,482	402	444	42	4,422	4,665	244	4,824	5,108	285
Total Income From Patient Care Activities	**137,019**	**11,947**	**12,144**	**197**	**130,022**	**129,144**	**(878)**	**141,988**	**141,518**	**(470)**
Research and development	102	9	9	0	98	109	11	106	117	11
Education and training	2,491	389	540	151	3,950	4,603	654	4,301	5,053	751
Non-patient care services to other bodies	8,074	759	714	(45)	8,190	7,726	(464)	8,950	8,450	(500)
Other Income	384	55	94	39	1,017	1,327	309	1,072	1,344	272
Total Income from Other Operating Activities	**11,051**	**1,211**	**1,356**	**146**	**13,255**	**13,765**	**510**	**14,429**	**14,964**	**534**
Total Income	**148,069**	**13,158**	**13,500**	**343**	**143,277**	**142,910**	**(368)**	**156,418**	**156,482**	**64**

3. Expenditure

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

- Pay costs in month are £7,269k, £37k above the budget mainly due to agency costs. In month 11 there were 201.91 wte vacancies (budgeted wte less contracted wte, the figures in the table below show budgeted wte and worked wte to show the inclusion of overtime, bank and agency). 93.63 wte of these vacancies are in nursing and 68.07 wte are in other clinical. Agency expenditure in month 11 was £400k.
- Non-Pay is overspent by £208k in month 11 against plan due to overspends on Premises costs, TCP patient placements, drugs and clinical supplies, services received and consultancy. The forecast assumes no further recurrent CIP will be delivered.

Expenditure	Annual Plan	Month 11 Budget	Month 11 Worked	Month 11 Budget	Month 11 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	WTE	WTE	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical	(7,752)	(90.67)	(83.55)	(851)	(770)	80	(9,316)	(8,242)	1,074	(10,166)	(8,982)	1,185
Nursing	(28,169)	(609.74)	(535.28)	(2,473)	(2,207)	266	(27,048)	(24,282)	2,767	(29,521)	(26,345)	3,176
Other Clinical	(25,712)	(765.72)	(758.94)	(2,530)	(2,536)	(6)	(26,990)	(26,954)	36	(29,523)	(29,550)	(27)
Non-Clinical	(15,482)	(407.32)	(379.23)	(1,399)	(1,343)	55	(15,528)	(14,893)	635	(16,927)	(16,300)	627
Agency	(4,380)	0.00	(43.29)	(45)	(400)	(355)	(124)	(4,801)	(4,677)	(126)	(5,275)	(5,149)
COVID-19 Direct Pay Costs	0	(3.01)	(3.63)	(8)	(13)	(4)	(91)	(312)	(221)	(99)	(329)	(230)
Total Pay	**(81,495)**	**(1,876.46)**	**(1,803.92)**	**(7,305)**	**(7,269)**	**37**	**(79,097)**	**(79,484)**	**(387)**	**(86,362)**	**(86,781)**	**(419)**
Drugs & Clinical Supplies	(2,472)			(223)	(249)	(26)	(2,419)	(2,712)	(293)	(2,642)	(3,007)	(365)
Establishment Costs	(878)			(98)	(105)	(7)	(1,065)	(995)	70	(1,163)	(1,101)	61
Premises Costs	(4,768)			(377)	(550)	(172)	(4,321)	(5,089)	(768)	(4,728)	(6,041)	(1,313)
Private Finance Initiative	(3,537)			(281)	(312)	(31)	(3,091)	(3,163)	(71)	(3,372)	(3,448)	(75)
Services Received	(6,234)			(664)	(725)	(61)	(7,272)	(7,913)	(641)	(7,936)	(8,587)	(651)
Patient Placements	(41,484)			(3,414)	(3,481)	(67)	(37,559)	(38,816)	743	(40,973)	(40,367)	607
Consultancy & Prof Fees	(12)			(3)	(93)	(90)	(37)	(394)	(357)	(56)	(379)	(324)
External Audit Fees	(108)			(10)	(9)	1	(105)	(94)	11	(114)	(102)	12
COVID-19 Direct Non Pay Costs	0			0	21	21	0	(34)	(34)	0	(36)	(36)
Other	(1,051)			(328)	(323)	5	(4,105)	(877)	3,228	(4,443)	(939)	3,505
Unmet Cost Improvement	0			(219)	0	219	831	0	(831)	905	0	(905)
Total Non-Pay	**(60,544)**			**(5,618)**	**(5,826)**	**(208)**	**(59,142)**	**(58,086)**	**1,057**	**(64,522)**	**(64,007)**	**515**
Finance Costs	(2,862)			(250)	(257)	(8)	(2,745)	(2,833)	(88)	(2,995)	(2,787)	207
Dividends Payable on PDC	(422)			(35)	(47)	(12)	(387)	(458)	(72)	(422)	(503)	(81)
Investment Revenue	74			297	87	(210)	359	383	24	391	458	66
Depreciation & Amortisation	(2,820)			(209)	(196)	14	(2,299)	(2,255)	45	(2,508)	(2,456)	53
Total Non-operating Costs	**(6,030)**			**(197)**	**(412)**	**(215)**	**(5,073)**	**(5,163)**	**(90)**	**(5,534)**	**(5,289)**	**245**
Total Expenditure	**(148,069)**	**(1,876.46)**	**(1,803.92)**	**(13,121)**	**(13,508)**	**(387)**	**(143,312)**	**(142,733)**	**579**	**(156,418)**	**(156,076)**	**341**

4. Agency Utilisation

Headlines - Trust Agency Use

For 2022/23 the Trust will be monitored against its share of the ICB agency ceiling at £3,100k for the year which is based on the expectation that the ICB reduces agency costs by 30% compared to last year as part of the system plan. The report below also shows a 'soft' shadow agency ceiling set at a 10% reduction against last year's costs. The agency costs to month 11 are shown below.

Month 11 expenditure on agency is £400k (including COVID costs); **which is over the in-month agency ceiling by £142k**.

39% of agency costs to date were incurred in the two community directorates, with 21% in Specialised and 30% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas. The table below shows total agency expenditure by staffing group.

Agency Expenditure	Actual												Forecast	
	M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	YTD £000	M12 £000	Total £000
Medical	(260)	(106)	(214)	(274)	(132)	(229)	(208)	(232)	(163)	(256)	(243)	(2,316)	(293)	(2,609)
Nursing	(51)	(131)	(126)	(337)	(147)	(120)	(96)	(85)	(123)	(68)	(65)	(1,350)	(66)	(1,416)
Other Clinical	(37)	(38)	(38)	(67)	(43)	(68)	(64)	(79)	(85)	(69)	(56)	(643)	(66)	(710)
Non Clinical	(4)	(10)	(24)	(17)	(1)	(40)	(3)	(43)	(9)	(21)	(19)	(193)	(20)	(213)
Sub Total	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(380)**	**(414)**	**(382)**	**(4,502)**	**(445)**	**(4,947)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(54)	(49)	(18)	(323)	(30)	(353)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(434)**	**(463)**	**(400)**	**(4,826)**	**(475)**	**(5,301)**
Agency Ceiling (based on 30%)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(2,842)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(176)**	**(205)**	**(142)**	**(1,984)**	**(217)**	**(2,201)**
Agency as a % of Total Pay														
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(434)***	***(463)***	***(400)***	***(4,826)***	***(475)***	***(5,301)***
Soft Agency Ceiling (based on 10%	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(3,667)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(101)***	***(130)***	***(67)***	***(1,159)***	***(142)***	***(1,301)***

The table below shows total agency expenditure by Directorate.

Total Agency	Actual												Forecast	
	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	YTD £000	Mar-23 £000	Total £000
Acute Services & Urgent Care	(108)	(147)	(142)	(188)	(138)	(152)	(122)	(113)	(127)	(139)	(92)	(1,468)	(116)	(1,584)
North Staffordshire Community	(38)	(27)	(44)	(65)	(37)	(47)	(45)	(60)	(37)	(58)	(73)	(531)	(82)	(613)
Specialist Care	(70)	(40)	(70)	(277)	(76)	(70)	(83)	(89)	(92)	(66)	(57)	(990)	(74)	(1,064)
Stoke Community	(133)	(64)	(120)	(145)	(121)	(134)	(116)	(135)	(113)	(124)	(144)	(1,349)	(153)	(1,502)
Workforce & OD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Central Services	0	0	0	0	48	0	0	0	0	(4)	0	44	0	44
Covid-19	0	0	0	(5)	0	(15)	(1)	(1)	(2)	(1)	(0)	(24)	(1)	(26)
Quality & Nursing	(0)	(1)	(0)	(1)	1	(2)	(1)	(0)	(5)	(4)	(9)	(23)	(6)	(28)
Finance, Performance & Estates	(4)	(9)	(24)	(15)	0	(38)	(2)	(42)	(5)	(17)	(6)	(162)	(13)	(175)
Total Agency	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(380)**	**(414)**	**(382)**	**(4,502)**	**(445)**	**(4,947)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(54)	(49)	(18)	(323)	(30)	(353)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(434)**	**(463)**	**(400)**	**(4,826)**	**(475)**	**(5,301)**
Agency Ceiling	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(2,842)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(176)**	**(205)**	**(142)**	**(1,984)**	**(217)**	**(2,201)**
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(434)***	***(463)***	***(400)***	***(4,826)***	***(475)***	***(5,301)***
Soft Agency Ceiling	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(3,667)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(101)***	***(130)***	***(67)***	***(1,159)***	***(142)***	***(1,301)***

The table below shows the percentage of agency usage that has been provided by off framework agency providers. This information is currently reported from the purchase ledger system based on when invoices are paid. Month 6 shows a negative percentage of off framework suppliers for medical staff as this relates to a credit note received, no other costs were incurred in that month against off framework suppliers.

% Agency off framework	M01 %	M02 %	M03 %	M04 %	M05 %	M06 %	M07 %	M08 %	M09 %	M10 %	M11 %	2022/23 YTD %
Medical	15%	16%	5%	19%	24%	-3%	10%	71%	21%	23%	2%	17%
Nursing	0%	0%	0%	0%	57%	0%	0%	1%	4%	7%	0%	14%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	3%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
Total	**7%**	**11%**	**2%**	**10%**	**45%**	**-1%**	**3%**	**14%**	**12%**	**31%**	**2%**	**13%**

5. COVID Costs

During the 2022/23 planning rounds, the ICS was challenged to submit a breakeven plan. To help achieve this, the non-recurrent COVID costs were reduced by £428k from month 3 in the plan in line with national expectations. The table below details the COVID expenditure to month 11. COVID expenditure is overspent against the plan by £795k YTD mainly because of additional pay costs due to staff absences as well as additional staffing support required on wards.

YTD Expenditure	Staff absences £000	Additional shifts £000	Decontamination £000	Remote management of patients £000	Total £000
Nursing	430	237			**667**
Other Clinical	91	31			**122**
Non-Clinical	94	42			**136**
Agency	0				**0**
Total Pay	**615**	**310**	**0**	**0**	**925**
Drugs & Clinical Supplies		6	6		**12**
Establishment Costs			21	32	**53**
Total Non Pay		**6**	**27**	**32**	**65**
Total Expenditure	**615**	**316**	**27**	**32**	**990**
Plan	69	61	0	64	**195**
Variance	**(546)**	**(255)**	**(27)**	**32**	**(795)**

6. CIP

The below table shows the identified schemes to date against the target of £2.7m for 2022/23 following the submission of the plan. The Directorates have identified a total of £1.9m CIP schemes to date against the target, therefore there is an additional £0.8m CIP schemes that require identifying. Of the £1.9m identified schemes £1.8m have been transacted & £0.1m are ready for QIA (see appendix D). Year to date CIP delivery is £1.7m against a plan of £2.4m, giving an under-achievement year to date of £0.7m.

2022/23 CIP Target £000	Acute	Stoke	N Staffs	Speciali st	CEO	Q&N	S&D	FPE	MACE	Operatio nal	Workfor ce	Trust-wide	22/23 Total	23/24 Total
BAU Housekeeping - 2.5% Base Expectation	438	367	267	346	22	71	97	105	39	4	71		1,828	
Trustwide Themes:														
Digital												100	100	
Estates												100	100	
Grip & Control												100	100	
Corporate												200	200	
Share of additional CIP & remaining unallocated	98	82	60	77	5	16	22	23	9	1	16		408	
Total CIP target - 2022/23	**536**	**449**	**327**	**424**	**27**	**87**	**119**	**128**	**48**	**4**	**87**	**500**	**2,736**	**2,736**
Identified Schemes	135	403	194	130	10	62	0	53	30	0	27	881	**1,925**	**1,449**
Remaining CIP Requirement	**401**	**45**	**133**	**294**	**17**	**25**	**119**	**75**	**18**	**4**	**60**	**(381)**	**811**	**1,287**

The Trust is forecasting to achieve a breakeven position at year end which ultimately includes delivery of the CIP target in full delivered with a combination of further recurrent schemes and non-recurrent benefits elsewhere for example with vacancy slippage. For month 12 a non-recurrent CIP on vacancy slippage will be transacted to close the CIP gap this year.

7. Statement of Financial Position

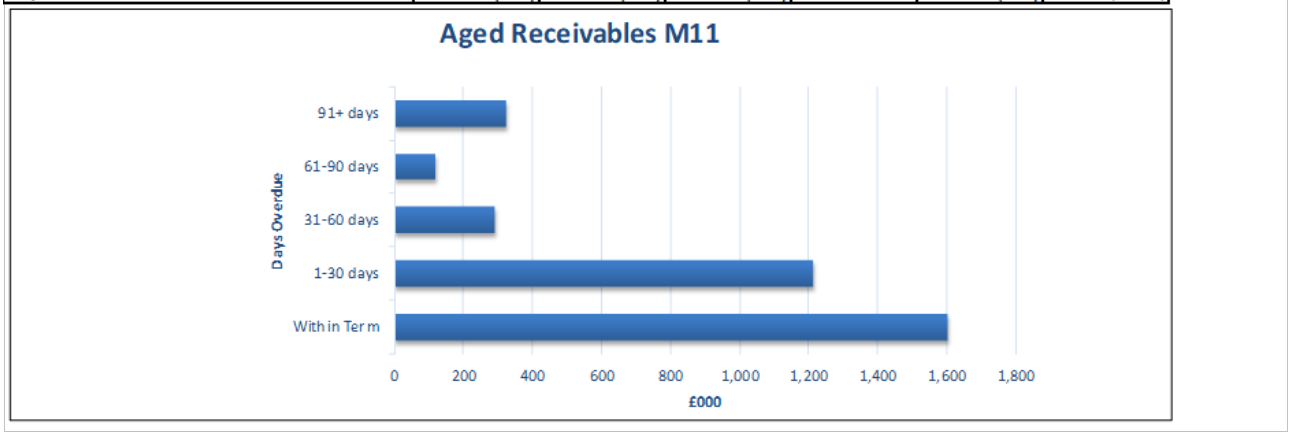
The table below shows the Statement Financial Position of the Trust.

SOFP	Dec-22 £000	Jan-23 £000	Feb-23 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	18,234	18,938	19,715
Property, Plant and Equipment	17,126	17,064	17,259
Right of Use Assets	6,374	5,724	5,676
Intangible Assets	1,533	1,510	1,487
NCA Trade and Other Receivables	190	896	884
Other Financial Assets	0	0	0
Total Non-Current Assets	**43,457**	**44,132**	**45,021**
Current Assets			
Inventories	146	150	154
Trade and Other Receivables	13,672	8,524	7,909
Cash and Cash Equivalents	24,769	31,531	32,228
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**38,587**	**40,204**	**40,291**
Current Liabilities			
Trade and Other Payables	(26,430)	(28,191)	(25,993)
Provisions	(763)	(756)	(771)
Borrowings	(633)	(633)	(633)
Total Current Liabilities	**(27,826)**	**(29,580)**	**(27,397)**
Net Current Assets / (Liabilities)	**10,761**	**10,624**	**12,894**
Total Assets less Current Liabilities	**54,218**	**54,756**	**57,915**
Non Current Liabilities			
Provisions	(1,642)	(1,642)	(1,642)
Borrowings	(14,607)	(14,633)	(14,562)
Total Non-Current Liabilities	**(16,249)**	**(16,275)**	**(16,204)**
Total Assets Employed	**37,968**	**38,481**	**41,711**
Financed by Taxpayers' Equity			
Public Dividend Capital	14,600	15,077	18,314
Retained Earnings reserve	16,661	16,696	16,689
Other Reserves (LGPS)	0	0	0
Revaluation Reserve	6,707	6,707	6,707
Total Taxpayers' Equity	**37,968**	**38,481**	**41,711**

Current receivables are £7,909k of which:

- £4,364k is based on accruals (not yet invoiced) relating to income for services invoiced retrospectively at the end of every quarter.
- £3,545k is trade receivables; based on invoices raised and awaiting payment of invoice (£1,600k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.
- Local Authority and Non NHS invoices overdue by 91+ days are included in the bad debt provision.
- Trade and Other payables remain high as a result of patient placement invoices and accruals.

		Days Overdue				
Aged Receivables/Payables	Within Term £000	1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	Total £000
Receivables Local Authority	12	984	12	15	332	**1,355**
Receivables Non NHS	302	142	237	60	112	**854**
Receivables NHS	1,286	87	42	42	(123)	**1,336**
Payables Local Authority	15	0	(124)	0	(88)	**(197)**
Payables Non NHS	(2,854)	(300)	(168)	(103)	(1,408)	**(4,833)**
Payables NHS	(401)	(463)	(176)	0	(366)	**(1,406)**



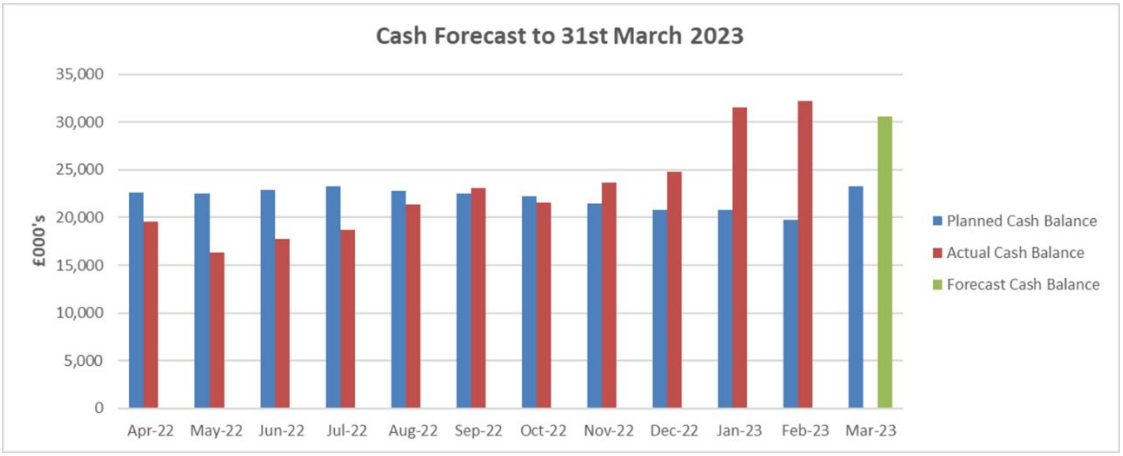
8. Cash Flow Statement

The Trust's cash balance at 28th February 2023 is £32.2m. This is above plan by £12.4m due to the settlement of debtors relating to TCP and Project 86 by the ICB, increased block income from the ICB, increased PDC funding and increased income from Health Education England.

A cash forecast was prepared for 2022/23 based on the Trust's final submitted plan and budget setting assumptions. This gave a planned cash position at 31st March 2023 of £23.3m. The detailed cash flow is updated each month and any changes reflected in the cash forecast. The Trust is currently forecasting to achieve above the planned cash balance at 31st March 2023 at £30.6m as a result of increased block income, higher than planned HEE income, higher PDC funding and higher than planned VAT reimbursements as a result of the latest guidance relating to IT expenditure and additional PDC funding notified in year.

	Cashflow summary - Apr 22 - Mar 23											
	Actuals											Forecast
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance b/fwd	**25,920**	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**24,760**	**31,522**	**32,220**
Patient Income ICB, CCG & NHSE	7,485	9,535	12,198	7,582	14,670	11,819	10,720	12,830	12,584	16,292	9,910	10,142
Local Authority Income	129	52	426	1,755	175	648	3	1,118	278	602	109	1,207
Other income	1,911	1,639	914	3,568	1,720	763	2,841	1,640	1,398	1,760	3,782	3,291
PDC Funding	0	0	0	0	0	963	608	0	1,093	477	3,237	0
Total Receipts	**9,525**	**11,227**	**13,538**	**12,906**	**16,565**	**14,192**	**14,172**	**15,588**	**15,353**	**19,131**	**17,038**	**14,641**
Monthly Pay	(6,021)	(6,372)	(6,380)	(6,383)	(6,332)	(7,148)	(7,547)	(6,877)	(6,924)	(6,797)	(6,874)	(6,903)
Non Pay	(6,731)	(7,727)	(5,594)	(5,390)	(7,131)	(4,502)	(7,928)	(4,877)	(8,059)	(5,021)	(7,814)	(7,526)
Capital	(3,222)	(262)	(113)	(237)	(436)	(560)	(46)	(1,036)	(99)	(551)	(1,653)	(1,555)
PDC	0	0	0	0	0	(293)	0	0	0	0	0	(288)
Total Payments	**(15,974)**	**(14,361)**	**(12,086)**	**(12,011)**	**(13,898)**	**(12,502)**	**(15,521)**	**(12,790)**	**(15,082)**	**(12,370)**	**(16,340)**	**(16,272)**
Closing Cash Balance - Main Accounts	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**24,760**	**31,522**	**32,220**	**30,589**
Unpresented cheques/uncleared deposits	**98**	**(8)**	**(11)**	**(3)**	**(3)**	**(2)**	**(117)**	**(877)**	**(1)**	**0**	**(1)**	
Cash in Hand (Petty Cash)	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**
Total Reported Cash Book Balance	**19,578**	**16,338**	**17,787**	**18,690**	**21,356**	**23,047**	**21,584**	**23,622**	**24,769**	**31,531**	**32,228**	**30,598**
Plan	**22,634**	**22,526**	**22,858**	**23,262**	**22,761**	**22,480**	**22,216**	**21,464**	**20,759**	**20,761**	**19,779**	**23,292**
Variance to Plan	**(3,056)**	**(6,188)**	**(5,071)**	**(4,572)**	**(1,405)**	**567**	**(632)**	**2,158**	**4,010**	**10,770**	**12,449**	**7,306**

The graph below shows the cash to date and forecast for the year against plan. Cash was lower than planned in month 1 to 4 due to a delay in the receipt of TCP and Project 86 income. The ICB settled the majority of the outstanding TCP and Project 86 invoices during August however the Local Authority invoices remained outstanding at that point. The Trust has since re-invoiced the local authority TCP bad debt to the ICB and settlement was received in December.
Additional block income and TCP income from the ICB was received in January, and PDC of £3.2m was drawn down in February.
The Trust is forecasting to achieve above the year end planned cash balance at £30.6m, £7.3m above plan.



9. Capital Expenditure

The Trust's final gross capital expenditure plan for 2022/23 was £7,250k including £3,808k PDC funding for Project Chrysalis. The Trust has received additional PDC funding during the year for Project Chrysalis and Digital schemes which has increased the Trusts Capital Resource Limit to £7,857k for the year.

Capital expenditure at month 11 is £5,243k, £552k below plan due to slippage on several schemes, COS VAT review refunds and the delay of the new GP premises lease.

The table below shows the annual plan, revised plan based on the latest CRL, forecast and capital spend at month 11. All PDC funded schemes are shown separately in the bottom section of the table. As a result of the additional PDC, the Trust is forecasting to underspend against its self-funded capital allocation by

£964k and also due to slippage on the digital patient monitoring scheme is forecasting a small underspend against PDC funding of £32k.

Capital Expenditure	Annual Plan £000	Year to Date YTD Plan £000	Year to Date Actual £000	Year to Date Variance £000	Forecast Outturn Revised Plan £000	Forecast Outturn Outturn £000	Forecast Outturn Variance to Plan £000
Operational Schemes							
Environmental Improvements (Backlog Maintenance)	150	150	142	(8)	157	157	0
Environmental Improvements (Incl. Reduced Ligature Risk)	170	170	170	(0)	170	170	0
Medical Equipment	20	20	13	(7)	13	13	0
IFRS16 - New leases / renewals	900	900	0	(900)	0	0	0
Corporate Recovery (Lawton House/Ashtenne)	125	125	0	(125)	75	75	0
Digital							
Capitalised Salaries - IT rolling replacement (Trust funded)	0	0	0	0	0	0	0
EPMA System Implementation (Trust Funded)	50	50	0	(50)	31	0	(31)
Contingency / Reactive							
COS VAT refunds	0	0	(171)	(171)	(167)	(171)	(4)
Anti-Ligature Perimeter Fencing	0	0	0	0	131	143	12
A & T Bathrooms 36, 37 & 26	0	0	4	4	88	88	(0)
Contingency	0	0	0	0	41	0	(41)
Strategic Schemes							
Dormitory Conversion Trust funded	1,452	0	0	0	900	0	(900)
Total Trust Funded Capital Expenditure	**2,867**	**1,415**	**158**	**(1,257)**	**1,439**	**475**	**(964)**
Digital infrastructure- Placeholder (PDC Funded)	100	100	0	(100)	75	75	0
Digital Infrastructure - Digital Patient Monitoring (PDC Funded)	235	235	19	(216)	200	97	(103)
IT Devices (PDC Funded)	200	200	260	60	434	434	0
EPMA System Implementation (PDC Funded)	0	0	96	96	66	97	31
Capitalised Salaries - IT rolling replacement (PDC funded)	40	37	36	(1)	40	40	0
Dormitory Conversion PDC funded	3,808	3,808	4,673	865	4,708	4,708	0
Urgent & Emergency Care Pathways	0	0	0	0	895	895	0
Total Gross Capital Expenditure	**7,250**	**5,795**	**5,243**	**(552)**	**7,857**	**6,821**	**(1,036)**
Total Project Chrsyalis Capital Expenditure (for information only)	**5,260**	**3,808**	**4,673**	**865**	**6,503**	**5,603**	**(900)**

The Trust was successful with its bids for additional PDC in 22/23 to cover all of Project Chrysalis. Expenditure previously forecast for 23/24 has been brought forward into 22/23 and the latest forecasts for this year show a slight underspend. The programme is still forecast to overspend against secured levels of PDC in 23/24 & 24/25 by £1.5m & £1.1m respectively. This position is reflected in the 5-year capital plan and is expected to be managed with the overall ICS wide capital resource limit available and/or further PDC being made available. The table below summarises the position.

10. Better Payment Practice Code

The BPPC 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 11, the Trust did not achieve the 95% target for both the number and value of invoices paid, achieving 91% on the total number and 93% on the total value of invoices. The Trust did achieve the target on the number and value of NHS invoices paid at 95%, however due to the total of NHS invoices being significantly lower than Non NHS, this hasn't affected the total in month under - achievement.

Overall, the year to date position is that the Trust has not achieved the target on the value of invoices or on the number of invoices paid, achieving 92% against the target on the number of invoices and 93% on the value of invoices paid within 30 days.

The main reason for the under-achievement is a large number of TCP invoices were authorised late due to annual leave in the TCP admin team in previous months and also incorrect GRN issues which are being reviewed by the Finance team.

	2021/22 Total			2022/23 Month 11			2022/23 Total		
Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices									
Total Paid	455	13,882	14,337	19	1,220	1,239	325	13,768	14,093
Total Paid within Target	427	13,314	13,741	18	1,106	1,124	298	12,717	13,015
% Number of Invoices Paid	94%	96%	96%	95%	91%	91%	92%	92%	92%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-1%**	**1%**	**1%**	**0%**	**-4%**	**-4%**	**-3%**	**-3%**	**-3%**
Value of Invoices									
Total Value Paid (£000s)	6,849	76,244	83,093	556	10,666	11,222	6,853	90,539	97,392
Total Value Paid within Target (£000s)	6,483	70,245	76,728	542	9,889	10,431	6,267	84,416	90,683
% Value of Invoices Paid	95%	92%	92%	97%	93%	93%	91%	93%	93%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**0%**	**-3%**	**-3%**	**2%**	**-2%**	**-2%**	**-4%**	**-2%**	**-2%**

The finance team will continue to review performance and act where necessary to improve timely authorisation of invoices and avoid retrospective raising of purchase orders.

Recommendations

The Finance and Resource Committee are asked to receive the Month 11 position noting:

- The year-to-date surplus of £177k.
- Note the 2022/23 capital forecast and month 11 position.
- The cash position of the Trust at 28th February 2023 with a balance of £32.2m.
- Agency expenditure of £4,801k year to date (including £24k COVID agency spend) against the agency ceiling of £2,842k; an adverse variance of £1,984k to the share of the ICB agency ceiling, and a £1,159k adverse variance against the 10% target reduction.
- Note identified in year CIP schemes of £1,925k (£1,449k recurrent) against a target for the year of £2,736k.

REPORT TO PUBLIC TRUST BOARD

Enclosure 9

Date of Meeting:	13th April 2023		
Title of Report:	Provider Licence G6 and FT4		
Presented by:	Laurie Wrench, Deputy Director of Governance		
Author:	Laurie Wrench, Deputy Director of Governance		
Executive Lead Name:	Paul Draycott, Director of People, OD & Inclusion	**Approved by Exec**	☒

Purpose of the report:								
Approval		**Information**	X	**Discussion**	☒	**Assurance**	☐	

Executive Summary:

Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. These being conditions FT4 and G6 (risk and governance).

NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.

Trust Board must self-certify and confirm compliance against the conditions and these verifications would normally be seen at April Trust Board, however, there has been a national consultation on the Provider Licence requirements and guidance has not yet been issued and Providers are awaiting a revised template for the submission. It is anticipated that the new guidance will be issued shortly and once issued, will be bought to Audit Committee and Board for approval.

**[Select return to make summary box larger]

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☒ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference			
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☐ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		

Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐	
Resource Implications: Funding Source:	None	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
Shadow ICS Alignment / Implications:	None	
Recommendations:	Trust Board is asked to note the executive summary contained within this front sheet and await further guidance to be issued	
Version	Name/group	Date issued
1	Laurie Wrench	30th March 2023

REPORT TO PUBLIC TRUST BOARD

Enclosure 10

Date of Meeting:	13th April 2023		
Title of Report:	Board Assurance Framework Report 2022/2023		
Presented by:	Laurie Wrench, Deputy Director of Governance		
Author:	Laurie Wrench, Deputy Director of Governance		
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive Officer	**Approved by Exec**	☒

Purpose of the report:								
Approval	☐	**Information**	☒	**Discussion**	☐	**Assurance**	☒	

Executive Summary:

The Board Assurance Framework (BAF) for 2022/23 aligns the Trusts strategic objectives to our quality priorities and key risks. The BAF provides oversight of the key control and assurances to be introduced and mapped against our four strategic objectives. This is the Q4 update

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	The paper describes the Trust's strategic risks and associated trust wide 12+ risks		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics'	The BAF describes the ongoing work regarding diversity and inclusion		

and other equality groups). See wider D&I Guidance		
Shadow ICS Alignment / Implications:	N/A	
Recommendations:	Members are asked to receive the BAF for information and assurance purposes noting the mapping of controls and assurances against the four strategic objectives	
Version	Name/group	Date issued
1	Laurie Wrench	24.03.23

Board Assurance Framework (BAF) 2022/2023- Quarter 4

Welcome to the Board Assurance Framework for North Staffordshire Combined Healthcare NHS Trust.

The Trust Board is responsible for ensuring that North Staffordshire Combined Healthcare NHS Trust consistently follows the principles of good governance applicable to NHS organisations. The Board does this through the development of systems and processes for financial and organisational control, clinical and information governance and risk management.

Our Board Assurance Framework identifies the procedures for risk management against our new key strategic objectives, encompassing the management of all types of risk to which the Trust may be exposed, our controls and the assurances we have in place. This includes the effective integration and management of clinical and non-clinical risk.

Those key risks, mapped against our current new four strategic ambitions are set out in the following pages. We have also categorised each objective against our quality priorities – SPAR. A full refresh of the BAF will be undertaken following the publication of pending national guidance and the formal agreement of the new Trust strategic objectives to fully reflect the deliverables of the Trust's enabling strategies; Quality, People, Partnerships, and, Sustainability.

Objective 1: Quality	We will provide the highest quality, safe and effective services									
SPAR PRIORITY										
Exec owner:	Director of Nursing and Quality and Medical Director									
Assurance Committee:	Quality Committee									
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation			

	Gross Risk (no mitigation)			Residual Risk (with mitigation)			Target Risk (31/03/23)		
	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE	LIKELIHOOD	IMPACT	SCORE
RISK: *The Trust fails to collaborate with service user and carer involvement resulting in an inability to deliver responsive services.* *Risk Trend Arrow*	4	3	12	3	3	9	2	3	6
RISK: *The Trust fails to deliver safe and effective services, resulting poor care, reputational harm and regulatory restrictions* *Risk Trend Arrow*	4	4	16	3	4	12	2	4	8
RISK: *The Trust fails to exploit its potential in research and innovation, resulting in a loss of credibility and a failure to improve services.*	4	3	12	3	3	9	2	3	6

Risk Trend Arrow ⟷									
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic which will impact on the safety, wellbeing and capacity of staff and patients	4	5	20	3	5	15	2	5	10

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 – Staffing. • 1112 – Anchored and non-anchored ligature points, self-harm. • 1383 – Covid-19 pandemic (quality of services). • 440 – 3 hour assessment timescale (section 136). • 900 – Diverse and Inclusive Services and improving experience to service users. • 1696 – Pharmacy services, quality and capacity, staffing issues. • 1757 – Lack of commissioned adult ADHD service. • 1277– Fails to comply MHA/MCA (S17 leave and consent standards). • 1500 – Face to face mandatory training stood down during Covid 19. • 868 - Agency staff due to numerous staffing difficulties. • 1403 – Insufficient Capital in future years supporting capital plan. • 1829 – Industrial strike actions (safe delivery of care). • 1828 – Harplands site, faulty pipework, risks of flooding, hot water leaking contact with staff/service users. • 1699 - Ongoing service pressures on staff, as a result Covid 19, increase service demand, workforce supply challenges. • 1139 – ESCA's, GP's refusing to accept ESCA's prescribing in the community.

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)**

• **Incident Reports** • **SI Reports**		• **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q3 RAG	On Target RAG	Year End RAG
R	Enhance Service User & Carer Collaboration - Focus on Service Users Recovery.	2	Embed the Wellbeing Academy to support recovery with greater participation of peers. Aim to have SU attend at least one of the Well Being Academy's. Measure SU experience of the Academy and report to QC.	DON		Q3	The well-being college is now fully operational and accepting new students to take part in sessions. The first autumn wellbeing college has been completed and was evaluated well. Spring prospectus now launched and sessions advertised and open for students			

AR		2	Further embed Peer Support Workers and Peer Support Mentor roles, as a key component of our workforce having lived experience. This will be evidenced by increased numbers of service users and carers in our workforce on either a voluntary or paid basis year on year.	DON		Ongoing Quarterly	Senior peer support worker appointed. Career pathway now in place ImRoC supporting with transformation across the system working with peers			
SPAR		3	The Trust will achieve a year on year improvement for the overall indicator of "better" in the Community Mental Health Survey.	DO		Q4	An action planning and assurance programme is currently underway following the publication of the results from the period covering 2021. The Executive Director of Nursing and Quality, in conjunction with the AD for North Staffordshire, is leading the action plan and regular updates are provided through SLT.			
SPAR	CQC Rating of 'Outstanding' is maintained.	3	A rating of 'good' for all core services in the Safe domain (Adult Inpatient Wards).	CEO		Q4	To carry forward into 23/24 Inspection preparation underway pre-covid now reinstated with amongst other things e.g. heat map exercise, quality walk about targeted work with teams well led session with Board planned using an external contractor. The interim, assurance	Good Progress underway but no RAG as no inspection		

							action plans shared via directorate quality meeting and performance. New inspection team in place and engagement ongoing. Heatmap areas requiring deep dive being identified To work with QI to identify areas of good practice. Pentagon diagram produced and shared with all teams, clinical and corporate. Analysis underway re recent CQC inspections in the region to share learning.	
SPAR		3	An increase in the number of core services rated as 'outstanding' currently 3/11).	CEO		Q4	See above	Good Progress underway but no RAG as no inspection

SPAR	Continue work to strengthen approach to risk management	1	Risk appetite analysis is undertaken for strategic risks.	DDG		Q2	All Trust risks realigned to strategic objectives. Risk appetite session planned for future Board Development session. Session to be scoped with external provider			

SPAR	Develop a Trust wide systematic approach to quality improvement.	1	Continue to strengthen relationship with the CQC via regular engagement meetings and new inspection team	DON		Ongoing	Although there has been a regular change of inspection team due to CQC management of change process, we have maintained a productive and positive relationship and no concerns flagged by CQC and they assess our organisation as low risk			
S	Continue Capital Plan for reduced ligature	2	Investment in environmental ligature improvements as per the capital plan.	DO		Ongoing – Quarterly Update	Project Chrysalis construction work has commenced on site. 2022/23 programme as part of the Trust Capital plan remains on track and is monitored through the Capital Group.			
SPAR	Every patient can expect Mental Health Law compliance including response to new reforms. Zero tolerance for failure to comply with the MHA:	1	100% compliance with requirements for Section 17 leave.							
				MD		Ongoing and quarterly update	New methodology introduced and new MHA audit tool developed which will report quarterly based on 100% sample of eligible service users. Results anticipated early April			

		1	100% compliance with requirements for consent.	MD		Ongoing and quarterly update	Full sample audit to be undertaken on consent to treatment if changes to treatment are made – monitored through performance monthly. Following the results of a MHA audit conducted across acute and older person's wards conducted in November the Trust's Quality Assurance and Improvement manager is leading on a MHA improvement plan, supporting wards to address areas of poor compliance. New MHA audit tool developed which will report quarterly based on 100% sample of eligible service users			
A	Services are responsive to the needs of service users.	1	92% compliance for referral to treatment (2nd contact) in 18 weeks.	DO		Quarterly	Performance is consistent across all directorates except for Specialist Services which is due to the demand and workforce challenges within the Neuro Community and Community LD Children teams which are being actively managed by the directorate. Q1 – 96.9% Q2 – 96.6% Q3 – 96.9% Q4 – 97.2% (M10)			

SA		1	100% compliance with 3 hour assessment target for service users entering the Place of Safety (where clinically appropriate).	DO		Quarterly	Ambitious target set by the Trust due to number of agencies involved in overall process. Q1 – 83% Q2 – 38.5% Q3 – 65% Q4 -70% (M10)			
A		1	95% compliance referral to assessment within 4 weeks (CAMHS).	DO		Quarterly	This Trust target remains challenging for CYP teams given the increase in demand and workforce issues due to vacancies. The Directorates are taking action to innovate the workforce by introducing new professional groups and will embed the Thrive model, a framework for providing a person centred and needs-led approach. Q1 – 91.6% Q2 – 90.1% Q3 – 95.7% Q4 – 96.1% (M10)			
A		1	There are zero acute adult mental health out of area placements.	DO		Quarterly	There have been 0 inappropriate out of area placements in month 10			

		1	Raise Awareness regarding ongoing work with Veterans	DO		Q3	Accreditation achieved			
SPAR	Implement a Trust wide innovation Strategy to support widespread engagement and to celebrate the successes achieved.	1	Develop and deliver the ambitions set out in the approved R&D Roadmap (2022/2025)	MD		Q3	Year one of the R&D roadmap is on track with several objectives achieved R&D Lead time funding to support evaluation, service developments and innovations over the last six months has had a good impact. There has been a significant increase in the number of projects being supported, including some wider boundary spanning projects such as the Community Mental Health Transformation evaluation. Two Clinical Academic posts funded – to be reviewed at the end of April 2023 to decide on future posts. Non-Exec director in place Trust Board Access to SPSS (via Keele) and NVIVO programme purchased by R&D			

							Evidence platform created and is live for staff to use			
SPAR	ADHD Antipsychotic Prescribing	2	Requirement for a commissioned service to support ADHD pathway / clinical model and prescribing	DO		Q3	Due to the transition to ICB structures there has been a loss of momentum in the discussion with commissioners. The Trust has submitted an overarching view of its requirements to the ICB			

Objective 2: People	We will attract, develop and retain the best people								
SPAR PRIORITY									
Exec owner:	Director of Workforce, Organisational Development and Inclusion								
Assurance Committee:	People and Culture Development Committee								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		
		Gross Risk (no mitigation)			**Residual Risk (with mitigation)**			**Target Risk (31/03/23)**	
		LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
RISK: *The Trust fails to continually learn and improve resulting in poor staff and service user experience.* *Risk Trend Arrow* ⟷		3	4	12	2	4	8	2	4	8
RISK: *The Trust fails to attract, develop and retain talented people resulting in reduced quality and increased cost of services* *Risk Trend Arrow* ↑		4	4	16	4	4	16	3	4	12
COVID-19 Risk - There is a risk to the quality of the Trust's services due to the COVID-19 pandemic		4	5	20	3	5	15	2	5	10

which will impact on the safety, wellbeing and capacity of staff and patients									

Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 – Staffing. • 900 – Diverse and Inclusive services. • 868 – Agency spend due to numerous staffing difficulties. • 1500 – Face to face mandatory training stood down during Covid 19. • 1699 – Ongoing service pressures on staff, as a result Covid 19, increase service demand, workforce supply challenges. . • 1696 - Pharmacy services, quality and capacity, staffing issues. • 1839 – Lawton house reception staff, vulnerable due to lone working. •

Internal Assurance Examples		**External Assurance Examples**
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**

Number of Controls			

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q3 RAG	On Target RAG	Year End RAG
SPAR	Clinical Professional Workforce strategies	1	Review of Clinical Strategies (overseen by MACE) and highlighting the opportunities to optimise new and diversifying roles	MD		Q3	Strategies to reviewed: • Identify and promote new clinical roles • Pursue educational funding mechanism • Review establishing and develop plan to address any gaps • Work continues to enhance relationship with Universities to develop curriculums and capacity for existing and new roles			
SPAR	Maximise collaborative working across the ICB to build skills and capacity in the local health economy.	1	Continue to develop programmes in collaboration with delivery partners and other NHS Trusts and stakeholders. Cohorts of staff from local health economy learning together.	DPODI		Q4	**Cohort 1** High Potential Scheme concluded in April 2022. **Cohort 2** Successful candidates have been informed and the subsequent launch of Cohort 2 took place in November. NSCHT has 2 successful applicants. Unsuccessful candidates have been offered development feedback which can be taken forward into their appraisal for personal development. The National People plan Belonging to the NHS references the drive to develop our workforce to become inclusive compassionate Leaders. NSCHCT are a pivotal part of the system Inclusive Talent steering group which will enable NSCHCT to deliver a talent approach for the trust whilst			

							contributing to the system collective strategy. **Scope for Growth framework** "A system wide common framework of development pathways for all our people " The scope for growth toolkit will enable better conversations to be conducted capturing the ambition and drive of our people. This will enable a considered and planned approach with an inclusive lens, harnessing ambition and talent wherever it resides. This is a National pilot located in the SSOT ICS with NSCHCT as full partners. Scope for growth conversations have been built into our Appraisal module, and sessions have been developed and delivered via MS Teams to appraisers and appraisees and will continue to be delivered quarterly.			
SPAR	Learning and development options reflect the demands of our sector and the investment in Mental Health through the 10 year Plan.	1	Develop a suite of learning and development options that reflect the demands of our sector.	DPODI		Q4	Development of organisation, professional and personal development; including clinical, service improvement and leadership skills. The LMS has continued to develop and grow to meet the needs of the Trust and currently houses the following chapters: Admin & Corporate Education & Development, Bitesize Workshops, Coaching Culture, Organisation & Personal Development, Staff			

							Support & Counselling, Talent & Leadership Development and Quality Improvement. The LMS responds to the needs of the workforce and new bespoke courses are created and added as required. SEAL has oversight of new statutory and mandatory courses: Oliver McGowan, Prevent 3, and Suicide Mitigation: Awareness, Risk Assessment and Safety Planning, Mental Health Act and Capacity, 3 Veterans modules, Trauma and Informed Care, Triangle of Care. Apprenticeships available and utilised for development and leadership needs.			
SPAR	**Equality Delivery System (EDS)** The care that services users and carers receive respects (reflects) the diverse requirements of our local population	2	The workforce more accurately represents the community it serves through themes identified within the: • Staff Survey • WRES • WDES • Annual D&I report	DPOD I		Q4	Continued progress has been achieved with Inclusion agenda and workforce representation. Significant improvements have been made in relation to workforce representation /reporting of diverse protected characteristics (namely diverse ethnic heritage (reported 9.49% BAME staff and 2.3% not known), disability (7.1% and 14% not known) sexual orientation (TBC).			
SPAR										

	Deliver Talent Management Strategy linking Trust People & OD strategy and the Regional Talent Review	1	Launch Talent Management Steering Group.	DPODI		Q3	Trust Inclusive Talent Management Operational Group is scheduled for Q3 launch (delayed from Q2 due to funeral QEII). Focus on priority shaping of 3 key work streams; Quality Development Conversations, Leadership for All & Growing Our Future Workforce.			
SPAR	Enhance our staff and wellbeing activities and initiatives to ensure that our working environment is supportive and encourages self-care.	1	Refresh workforce Health and Wellbeing Strategy	DPODI		Ongoing	Staff HWB Ops group formed bringing together key leads to discuss how best to further evolve and embed a culture of wellbeing and psychological safety. 7 Wellbeing Ambassadors recruited and being trained/inducted in October. Ongoing promotional work to demonstrate activity and impact to encourage others to want to sign up. Staff hormonal support engagement sessions taking place with staff to inform actions and outcomes to be launched alongside events and activities promoting and supporting World Menopause Day in October. Two toolkits produced and promoted, specifically focused on: • Financial wellbeing and resilience. Access to Wagestream is due to commence in Q4. • Veterans support • Partner in the ICS Occupational			

							Health contract tender. • Suite of Staff Counselling and wellbeing sessions • Ongoing CISM programme – conference due to be held in Q3. ICS Virtual Wellbeing Week will be delivered in March 2023.			
SPAR	Deliver OD interventions to support staff engagement aligned to staff survey trends	2	Ensure the Staff Survey results (2022) are promoted and celebrated Continuation of an annual cycle of activity using a cross sectional approach and regular engagement, ensuring action plans reflect Directorate ownership	DPOD I		Q2	Directorates celebrated staff survey results through designs of infographics or through showcasing at team meetings. NSCHT identified as the best overall Trust in the Staff Survey. Strong consultation of results has been shared with teams and implementation plans developed.			
SPAR	Encouraging an open, fair, inclusive, transparent and just culture.	1	Widen the focus of the Inclusion Council to include other protected characteristics.	DPOD I		Q3	The Trust's Inclusion Council has continued to meet bi-monthly WRES AND WDES – reports available through appropriate committees RACE Code – We have been assessed and have being given feedback from the process. Currently actions plans are being developed			

							with the Trust aiming for a Gold Award Trust Staff networks continue to develop role and impact Inclusion School and Comfortable Being Uncomfortable programmes continue.			
SPAR	Embed Values and Behaviour framework.	2	Evidenced in all development programmes e.g. In Place Systems Leadership Programme	DPOD I		Ongoing	Our 'Comfortable Being Uncomfortable' programme is rolling out across the Trust and system. Collective, Compassionate & Inclusive Leadership & Trust Values is embedded into content for all current & future available Leadership Programmes e.g. System Connects, Leadership & QI Programme, Preceptorship Programme & People Managers Programme (refreshed & in design). Leadership Journey signposts to supporting development on Kind & Compassionate Cultures, Collective Leadership & Inclusion development activities.			
SPAR	Promote and extend our reach into all communities within our localities.	1	Stakeholder Engagement Map and Listening Landscape in MOOD. Develop Stakeholder	DSP		Q3	Stakeholder Map and Listening Landscape under construction. Participation of stakeholders in 'Ask the Board' Community engagement in transformation work on health inequalities underway			

			Engagement Programme. Increase number of engaged groups, with emphasis on Seldom Heard Groups.							
SA	Workforce Planning regarding Vacancies	1		DPODI		Ongoing	Vacancy challenges are recognised and receive ongoing Senior Leadership Team oversight. Pipelines are in place for Nursing and HCSW roles. Work has commenced and remains ongoing regarding Inclusive Talent Management with system retention leads, People Operations Manager & People Business Partners to align workforce & succession planning cycles & process.			
P	Training Passports	2		DPODI		Q3	Complete			

Objective 3: Partnerships	We will actively promote partnership and integrated models of working									
SPAR PRIORITY	 									
Exec owner:	Director of Partnerships and Strategy									
Assurance Committee:	Finance and Resource Committee									
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation			
RISK: *The Trust fails to lead in partnership working resulting in an absence of system and clinical integration.*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/23)**			
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	
Risk Trend Arrow	4	4	16	4	4	16	2	4	8	
COVID-19 Risk - There is a risk that the Trust cannot maintain business critical functions due to the impact of COVID-19	4	5	20	3	5	15	2	5	10	
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 1757 - Lack of commissioned adult ADHD service. • 1696 - Pharmacy services, quality and capacity, staffing issues. • 440 - 3 hour assessment timescale (section 136). • 1139 – ESCA's, GP's refusing to accept ESCA's prescribing in the community.									

Internal Assurance Examples		External Assurance Examples	
Level 1	**Level 2**	**Level 3**	
• Corporate Performance Report/ Dashboard • Internal Performance • Reportable Issues Alert • Quality Account • Practice Improvement & Lessons Learnt Report • Complaints and Concerns Report • Incident Reports • SI Reports	• Strategy implemented • Plan realised • Clinical Audit • Unannounced Assurance Visits • Performance Scrutiny	• Internal Audit (linked to annual plan) • National Patient Satisfaction Surveys (F & F Test) • Healthwatch Reports • Independent Reviews (e.g. Ombudsman Reports) • External Visits / Inspection Reports • CQC • EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control) • NHS Benchmarking Club • Quality Account • Annual Governance Statement • INSIGHT • NHSI Oversight • AQUA	
Number of Controls			

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q3 RAG	On Target RAG	Year End RAG
ARP	Ongoing cannel development channel development to ensure the Trust is at the forefront of digitalisation that will enhance service user engagement.	2	Implementation and further development of Combined TV	DSP		Q2	Combined Podcast well established CTV established and launched			
S	Zero Suicide Ambition – 2019/20 is the third year of this collaborative journey	1	Work with partners to deliver new 2022/2025 strategy – work	MD		Q4	Continue to expand the trainers available for the suicide mitigation training and good progress made with training compliance across the trust, just below			

	with partners to reduce deaths by suicide as part of the county wide strategy.		with partners and the system to reach others who are not in contact with the system.				60% at present. Suicide awareness level training is a 98.81% compliance and is available to all via LMS			
SPAR	Strengthen relationships with HEI beyond Keele	2	Continue to strengthen Keele & Staffordshire University Partnership. • Meet criteria to become a University Trust.	MD		Q3	The research team continue to explore University opportunities and enhance partnership working with Keele University. A NED has been appointed from Keele University which strengthens board oversight and engagement. A series of meetings have been scheduled with Staffordshire University to enhance partnership working for the clinical psychology professional doctorate programme, and to explore effective joint research governance arrangements. R&D Roadmap outlines some of the key University Hospital Status milestones to be achieved from 2022 to 2025. Key objectives met to date include: • Funding increase to support evaluation and innovation projects – seen increase in the number of project supported • Workforce plan in place for R&D team including extension of project support a further 12 months to support evaluation and projects • Two Clinical Academic posts funded – to be reviewed at the end of April 2023 to decide on future posts. • Access to SPSS (via Keele) and NVIVO programme purchased by R&D • Evidence platform created and is live for staff to use			

SPAR	Commitment to the ICS as a willing partner in deploying the skills and expertise of our workforce outside of our immediate organisational boundaries.	3	CEO is the lead for the Mental Health work stream.	CEO		Ongoing	Achieved and Ongoing			
		3	Trust is the lead for the OD work stream.	CEO (DPO DI)		Ongoing	Achieved and Ongoing			
		3	Trust is Programme Director lead for the Mental Health work stream.	CEO (DON)		Ongoing	Achieved and Ongoing			
SPAR	Continue to identify and develop further primary care service offerings.	2	Continued dialogue with GP Practices who have shown an interest in NSCHT service menu.	DPS		Ongoing	Further practice integrated and due diligence work underway to explore further practices. Anticipated next integration within 14 weeks			

Objective 4: Sustainability	We will increase our efficiency and effectiveness through sustainable development								
SPAR PRIORITY									
Exec owner:	Director of Partnerships and Strategy and Director of Finance, Performance and Estates								
Assurance Committee:	Finance and Resource								
Risk appetite	Financial		Quality (Innovation)		Regulation		Reputation		
RISK: *The Trust fails to optimise its resources resulting in an inability to be sustainable.* *Risk Trend Arrow*	**Gross Risk (no mitigation)**			**Residual Risk (with mitigation)**			**Target Risk (31/03/23)**		
	LIKELIHOOD	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**	**LIKELIHOOD**	**IMPACT**	**SCORE**
	4	5	20	4	4	16	3	4	12
COVID-19 Risk - There is a risk that as a result of COVID-19 business as usual and financial arrangements are not in place for 20/21 and there is insufficient monies to ensure continued abilities to pay staff and suppliers and so ensure business continuity	4	5	20	3	5	15	2	5	10
Links to 12+ Trust Risks	**Description of linked 12+ Trust Risks** • 12 – Staffing. • 868 – Agency staff due to staffing difficulties.								

	• 1696 - Pharmacy services, quality and capacity, staffing issues. • 1752 - Delivery of Cost Improvement Plan. • 1760 – Project Chrysalis may run over the timeline. • 1761 – Project Chrysalis costs may differ to funding timeline, lead the Trust to under/over spend its capital allocation. • 1762 – Project Chrysalis increased and unexpected costs may exceed funding, lead the Trust overspending its capital allocation. • 1764 – Project chrysalis unable to agree with system partners additional capital resource required to complete project, which would exceed capital resource limit. • 1828 – Harplands site, faulty pipework, risks of flooding, hot water leaking contact with staff/service users.

Internal Assurance Examples		External Assurance Examples
Level 1	**Level 2**	**Level 3**
• **Corporate Performance Report/ Dashboard** • **Internal Performance** • **Reportable Issues Alert** • **Quality Account** • **Practice Improvement & Lessons Learnt Report** • **Complaints and Concerns Report** • **Incident Reports** • **SI Reports**	• **Strategy implemented** • **Plan realised** • **Clinical Audit** • **Unannounced Assurance Visits** • **Performance Scrutiny**	• **Internal Audit (linked to annual plan)** • **National Patient Satisfaction Surveys (F & F Test)** • **Healthwatch Reports** • **Independent Reviews (e.g. Ombudsman Reports)** • **External Visits / Inspection Reports** • **CQC** • **EY External Audit (e.g. Annual Governance Statement / Statement of Financial Control)** • **NHS Benchmarking Club** • **Quality Account** • **Annual Governance Statement** • **INSIGHT** • **NHSI Oversight** • **AQUA**
Number of Controls		

SPAR Reference	CONTROLS to Mitigate Strategic Risk	Level of Assurance	Description of Assurance	Exec Owner	Year Start RAG	Qtr Due	Forward Plan/Progress	Q3 RAG	On Target RAG	Year End RAG
A	Services are responsive to the needs of service users.	1	Deliver substantial compliance against EPRR core standards in annual declaration.	DO		Q2	The Trust achieved substantial compliance against the EPRR core standards in 2022/23 despite a number of new standards being implemented. Within the wider system UHNM were the only other provider to achieve this level of compliance.			
A	Utilise national profile re digital to enhance accessibility for service users, carers and staff.	1	Optimising digitalisation of clinical processes – evaluation of and enhancement of digital systems	MD		Q3	Review use of video consultations from patient and staff perspective Evaluate formatting/tools available to support ease of access of patients clinical information			
A	Increase Digital profile as national exemplar improving access to services within CYP through the use of digital technology.	2	Delivery of the Lorenzo digital exemplar pilot within the CYP Directorate.	CEO		Ongoing	Digital Aspirant programme confirmed with £4m of national funding, DXC support in place with purchase orders approved. DA programme content has been shared and approved via SLT and individual 'spotlight' sessions with key internal stakeholders.			

-	Delivery of CIP targets.	1	CIP target for 2022/23 is achieved recurrently.	DO		Q4	CIP plans and delivery programmes discussed at the CIP Management Group and subject to QIA process. A detailed report is provided to F&R on a quarterly basis. Work is underway regarding CIP plans for 23//24 2023/24.			
		2	Granular CIP plans are developed for 23/24.	DO		Q4	As for 22/23 CIP plans and delivery programmes discussed at the CIP Management Group and subject to QIA process. There are a number of plans that will straddle 22/23 and 23/24 but work is underway for 23/24 plans including a SLTD session held in March.			
SPAR	Five year financial model aligned to organisational and ICB strategy (year 1 of 5).	2	Five year plan is developed which describes plans for sustainability.	DOF		Q1	The LTFM has been updated and is awaiting the 2023/24 plan to be updated. All providers within the ICS are working to update their underlying financial position to align priorities for 2023/24.			
		2	Delivery of the control total.	DOF		Q4	The Trust is now in surplus after resolving the TCP debt and will deliver the control total at the year end.			

		3	Use of resources level 1.	DOF		Q4	The scoring has been updated and the Trust has been awarded level 1.			
			Agency spend contained within the agency cap throughout the year.	DO		Q4	Although a number of steps have been taken to reduce agency use (cease off framework, over recruit to HCAs, commencement of newly qualified nurses) it will remain an issue throughout the year and the Trust will not be in a position to achieve the agency reduction target recently applied to the ICS. Notwithstanding this work continues to recruit substantive and bank staff wherever possible to reduce the financial, operational and clinical risks that agency usage can bring and is subject to ongoing monitoring by F&R Committee.			
SPAR	Delivery of ICS Financial Plan.	3	Work with the ICS long-term financial plan for system solutions to resolve the deficit.	DOF		Q4	Agreed plan is in place with regular discussions with NHSE who provide scrutiny and oversight. Savings plans in place to support the eradication of the underlying deficit.			
SPAR	Rationalisation of the Trust Estate ensuring value for money.	2	Development of a five year Estates Strategy aligning the estate to operational	DOF		Q3	Preliminary work has taken place focused on working arrangements after COVID. Inpatient reconfiguration is underway with			

			delivery, locality working and strategic direction.				the Dormitory scheme. An external company has been commissioned to help support the development of a 5-year Estates Strategy. Work is ongoing and the strategy should be ready by Q1 2023.for a variety for reasons.			
SPAR	Capital Plan	2	Implement 22/23 capital plan:	DOF		Q4	Capital plan implementation overseen by Capital Investment Group. Likely to underspend due to securing additional funding for the Project Chrysalis.			
SPAR	Enhance approach to Sustainability Development Goals.	2	Implement Green Plan	DPS		Q4	NSCHT has published Trust level Green Plan in January 2022 and will be coordinating delivery through the Trust Sustainability Group.			
SPAR	Deliver of transformational programmes of work to enhance service user experience and quality of care	2	Projects TCP and 86	DO		Q4	The Trust is currently ahead (positively) of trajectory in relation to TCP/P86. There have been a number of positive examples in relation to improved outcomes, one of which was shared as a patient story.			
			Project Chrysalis	DO		Q4	The contact between Interclass and Town Hospitals has now been signed and the insurance concerns resolved. The Trust has received £1.5m in additional UEC			

							Capital to support the scheme, which has reduced the amount that is unfunded in relation to the overall capital envelope. Discussions with NHSE in this regard are ongoing. Building work continues at the Harplands Hospital site.			

REPORT TO PUBLIC TRUST BOARD

Enclosure 11

Date of Meeting:	13th April 2023		
Title of Report:	Cycle of Business 2023/24		
Presented by:	Laurie Wrench, Deputy Director of Governance		
Author:	Lisa Wilkinson, Corporate Governance Manager		
Executive Lead Name:	Paul Draycott, Director of People, OD and Inclusion	**Approved by Exec**	☒

Purpose of the report:								
Approval		**Information**	x	**Discussion**		**Assurance**	x	

Executive Summary:
The Cycle of Business has been updated for 2023/24 and requires Board approval.

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	N/A		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications:	There is no direct impact on the protected characteristics as part of the completion of this report.		

(Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance		
Shadow ICS Alignment / Implications:	N/A	
Recommendations:	To receive for approval.	
Version	Name/group	Date issued

Open and Closed Trust Board Meetings	Lead	14 April	12 May	9 June	14 July	8 September	13 October	10 November	12 January	9 February	16 March
		Board	Board	Board	Board	Board	Board	Board	Board	Board	Board
Standing Items		**Public**	**Public / Private**	**Public**	**Public / Private**	**Public / Private**	**Public**	**Public / Private**	**Public / Private**	**Public**	**Public / Private**
Chairs Report	Chairman	x	x	x	x	x	x	x	x	x	x
Chief Executive's Report	Chief Executive	x	x	x	x	x	x	x	x	x	x
Patient Story	Director of Nursing and Quality	x	x	x	x	x	x	x	x	x	x
REACH Recognition Individual Award	Corporate Governance Manager		x			x			x		
REACH Recognition Team Award	Corporate Governance Manager				x			x			x
Service User and Carer Council Update	Director of Nursing and Quality	x	x	x	x	x		x	x		x
MHA Associates Report	Executive Medical Director						x				x
Quality Committee											
CQC - Compliance Review reports (when received)	Director of Nursing and Quality										
DIPC Annual Report	Director of Nursing and Quality				x						
H & S Annual Report	Director of Nursing and Quality				x						
Mortality Surveillance Quarterly Report	Executive Medical Director			x (Q4)		x (Q1)			x (Q2)		x (Q3)
Mortality Surveillance Annual Report	Executive Medical Director			x							
MHA Compliance Action Plan Quarterly Report	Executive Medical Director			x (Q4)		x (Q1)			x (Q2)		x (Q3)
Nurse Staffing Monthly Report	Director of Nursing and Quality		x		x	x		x	x		x
Annual Safe Staffing Review	Director of Nursing and Quality					x					
Quality Committee Assurance Report	Director of Nursing and Quality / Executive Medical Director	x	x	x	x	x	x	x	x	x	x
Quality Committee Review of TOR	Director of Nursing and Quality / Executive Medical Director										x
Quality Account (Progress update and final submission June)	Executive Medical Director			x						x (project plan)	x (project plan)
Quality Strategy (as required)	Director of Nursing and Quality and Executive Medical Director					x					
Research and Development Annual Report	Executive Medical Director			x							
Safeguarding Quarterly Report	Director of Nursing and Quality			x (Q4)		x (Q1)			x (Q2)		x (Q3)
Safeguarding Annual Report	Director of Nursing and Quality					x					
Serious Incident Quarterly Report	Executive Medical Director			x (Q4)		x (Q1)			x (Q2)		x (Q3)
Serious Incident Monthly Update (Closed)	Executive Medical Director	x	x	x	x	x	x	x	x	x	x
Serious Incidents Annual Report	Executive Medical Director					x					
Workforce											
Assurance Report from People and Culture Committee	Deputy Director of HR	x	x		x	x	x		x		
Equality and Diversity Annual Report	Director of People, OD & Inclusion				x						
Freedom To Speak Up Annual Report (with a 6 month update)	Chief Executive Officer				x Annual					x	
Medical Workforce Strategy	Executive Medical Director										x
Medical Revalidation Annual Organisational (AOA) - Consent Item	Executive Medical Director					x					
People and Culture Committee Annual Review of ToR	Director of People, OD & Inclusion	x									
Staff Survey Results	Director of People, OD & Inclusion										x
World Mental Health Day	Deputy Director of Commuications				x						
Veterans Aware / Veterans Covenant Annual Update	Director of Operations										x
WRES and WDES	Director of People, OD & Inclusion						x				
Finance & Resource Committee											
Charitable Funds Summary	Deputy Director of Finance				x		x				
Charitable Funds TOR	Deputy Director of Finance			x							x
Commissioning Intentions	Director of Operations									x	
Finance and Budget Plan (via Assurance Report)	Director of Finance, Performance & Estates	x									
Finance Report	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x
Finance & Resources Assurance Report	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x
F&R Annual Review of ToR (via Assurance summary)	Deputy Director of Finance										x
Data Security and Protection Toolkit Annual Declaration	Director of Partnerships, Strategy and Digital				x						
IQPR Report - (Open)	Director of Finance, Performance & Estates	x	x	x	x	x	x	x	x	x	x
Audit Committee											
Annual Accounts (Draft to Closed - Delegated authroity - Open - AC Summary)	Director of Finance, Performance & Estates		x								
Annual Governance Statement	Deputy Director of Governance / Trust Board Secretary		x								
Annual Report & Summary Financial Statements - Closed	Deputy Director of Governance / Trust Board Secretary				x						
Annual Statement of Purpose (As required)	Deputy Director of Governance / Trust Board Secretary			X							
Audit Committee Assurance Report	Deputy Director of Governance / Trust Board Secretary	x	x	x			x			x	
Audit Committee TOR	Deputy Director of Governance / Trust Board Secretary										x
Charitable Funds Annual Accounts & Report	Director of Finance, Performance & Estates									x	
Declaration of Interests- Board Members	Deputy Director of Governance / Trust Board Secretary				x						
Gifts and Hospitality / Sponsorship Annual	Deputy Director of Governance / Trust Board Secretary										x
Risk Management Strategy & Policy (as required)	Deputy Director of Governance / Trust Board Secretary					x					
Self Assessment	Deputy Director of Governance / Trust Board Secretary					x					
Self Certification G6 & FT4	Deputy Director of Governance / Trust Board Secretary	x									
Standing Orders Annual (as requiired)	Director of Finance, Performance & Estates										
Governance											
Board & Committee meeting dates	Deputy Director of Governance / Trust Board Secretary						x				
Board Assurance Annual Report	Deputy Director of Governance / Trust Board Secretary						x				
Board Assurance Framework Q1, Q2, Q3, Q4 Annual	Deputy Director of Governance / Trust Board Secretary		x (Q4) Annual			x (Q1)		x (Q2)			x (Q3)
Board review of its cycle of business and TOR	Deputy Director of Governance / Trust Board Secretary	x									
Board review of its effectiveness and TOR	Deputy Director of Governance / Trust Board Secretary		x								
Register of Sealed Documents	Deputy Director of Governance / Trust Board Secretary									x	
Scheme of Delegation (as required) - 3 yearly	Deputy Director of Governance / Trust Board Secretary										
Remuneration Committee Annual Report / TOR	Deputy Director of Governance / Trust Board Secretary	x (Annual) and TOR									
Business and Strategy											
One Year Operational Plan to be submiited to NHSI mid April (Closed)	Director of Partnerships, Strategy and Digital		x								
Business Cases (As required)											
Trust Strategy Updates	Director of Partnerships, Strategy and Digital		x (Q4)			x (Q1)		x (Q2)		x (Q3)	