

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST TRUST BOARD MEETING HELD IN PUBLIC

THURSDAY 13TH JANUARY 2022, 10.00AM VIA MS TEAMS

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P176/21	Welcome and Apologies for Absence.	Janet Dawson	Note	
2	1002	P177/21	Declarations of Interests – and changes to be notified	Janet Dawson	Note	
3	1003	P178/21	Minutes of the Previous Meeting held on 11 th November 2021	Janet Dawson	Approval	Enc 1
4	1005	P179/21	<ul style="list-style-type: none"> • Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda 	Janet Dawson	Note	Enc 2
5	1015	P180/21	REACH Recognition Team Award – North Staffordshire Community Team	Dr Buki Adeyemo	Note	Verbal
6	1030	P181/21	Chief Executives Report	Dr Buki Adeyemo	Note	Enc 3
7	1035	P182/21	Chairs Report	Janet Dawson	Note	Verbal
8	1040	P183/21	Questions from Members of the Public	Janet Dawson	Note	Verbal
QUALITY						
9	1045	P184/21	Safer Staffing Monthly Report October and November 2021	Kenny Laing	Assurance	Enc 4/5
10	1050	P185/21	Serious Incidents Report Quarter 2	Dr Dennis Okolo	Assurance	Enc 6
11	1055	P186/21	Mortality Surveillance Report Quarter 2	Dr Dennis Okolo	Assurance	Enc 7
12	1100	P187/21	Quality Committee Assurance Report from the meeting held on 2 nd December 2021 and 6 th January 2022	Patrick Sullivan	Assurance	Enc 8/9
13	1105	P188/21	Improving Quality and Performance Report (IQPR) Month 8	Eric Gardiner	Assurance	Enc 10

10 minute break

PEOPLE						
14	1120	P189/21	Service User and Carer Engagement Strategy 2021-2024	Kenny Laing	Assurance	Enc 11
15	1125	P190/21	People, Culture and Development Committee Assurance Report from the meeting held on the 6 th December 2021	Janet Dawson	Assurance	Enc 12
PARTNERSHIPS						
SUSTAINABILITY						
16	1130	P191/21	Finance Report Month 8	Eric Gardiner	Assurance	Enc 13
17	1135	P192/21	Finance and Resources Committee Assurance Report from the meeting held on 2 nd December 2021 and 6 th January 2022	Russell Andrews	Assurance	Enc 14/15
18	1140	P193/21	Audit Committee Assurance Report from the meeting held on 1 st December 2021	Phil Jones	Assurance	Enc 16
19	1145	P194/21	Register of Declarations for Board Members	Laurie Wrench	Approval	Enc 17
20	1150	P195/21	The Green Plan	Chris Bird	Approval	Enc 18
21	1155	P196/21	EPRR Core Standards: Annual Declaration of Compliance	Elizabeth Mellor	Assurance	Enc 19
22	1200	P197/21	2022/23 Planning Guidance	Chris Bird	Assurance	Enc 20
CONSENT ITEMS						
23	1205	P198/21	NHS System Oversight Framework	Chris Bird	Information	Enc 21
24	1210	P199/21	Any Other Business	Janet Dawson	Note	Verbal

**Date and Time of Next Public Board Meeting
Thursday 10th February 2022 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 11th November 2021 At 10:00am via MS Teams

Present:

Chairman:

David Rogers
Chairman

Directors:

Janet Dawson
Non-Executive Director / Vice Chair

Pauline Walsh [until 11.54am]
Associate Non-Executive Director

Dr Buki Adeyemo
Executive Medical Director

Peter Axon
Chief Executive Officer

Phil Jones
Non-Executive Director

Patrick Sullivan
Non-Executive Director / SID

Tony Gadsby
Associate Non-Executive Director

Shajeda Ahmed
Director of People, Organisational
Development and Inclusion

Kenny Laing
Executive Director of Nursing and Quality

Joan Walley
Non-Executive Director

Eric Gardiner
Executive Director of Finance,
Performance and Estates

Laurie Wrench
Associate Director of Governance

Dr Keith Tattum
GP Associate Director,

Jonathan O'Brien
Executive Director of Operations

Sue Tams
Chair, Service User and Carer Council

Chris Bird
Director of Partnerships, Strategy and
Digital.

In attendance:

Lisa Wilkinson
Corporate Governance Manager

Joe McCrea
Associate Director of Communications

REACH Team Award

Michelle Wild, Financial Controller
Kimberli McKinlay, Deputy Director of Finance

Members of the Public

Nicola Matless – Parent and Baby Day
Unit (Patient Story)
Marie Barnett – Parent and Baby Day
Unit (Patient Story)
Tracy Illes

Hilda Johnson Unit Presentation

Jeannette Adams – Deputy Team
Leader
Phoebe Pritchard - Student Nurse

Carolyn Wilkes – Occupational
Therapy Clinical Specialist
Julie Richardson – MH Practitioner
Alice Shone– Senior Occupational
Therapist
Fiona Platt – Service Manager
Tracy Illes

The meeting commenced at 10:02am

155/2021	<p>APOLOGIES FOR ABSENCE Toyin Higgs, Trainee Non-Executive Director (NExT Director Programme), Russell Andrews, Non-Executive Director, Jenny Harvey, Union Representative</p> <p>The meeting was undertaken remotely due to the COVID19 pandemic and was completed in accordance with the governance guidance circulated within the Trust in relation to the functioning of the Board and Committees.</p>	Action
156/2021	<p>DECLARATION OF INTEREST RELATING TO AGENDA ITEMS There were no declarations made.</p> <p>Joan Walley advised she was a Patron of Staffordshire Climate Matters.</p> <p><i>Noted</i></p>	
157/2021	<p>MINUTES OF THE OPEN AGENDA – 14th October 2021 The minutes of the open session of the meeting held on 14th October 2021 were approved.</p> <p><i>Received</i></p>	
158/2021	<p>ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES The Board reviewed the action monitoring schedule and agreed the following:-</p> <p>147/21 (1) - Service User Carer Council Update (1)14.10.21 - Tony Gadsby felt given the pressure at the moment in terms of primary care it would be helpful to have an update of what was happening in primary care in terms of service user and their experience within those practices. Kenny Laing to include in the next report. 11.11.21 – Actioned and included in this month’s report for Service User and Carer Council.</p> <p>147/21 (2) - Service User Carer Council Update (2)14.10.21 - David Rogers asked if there was feedback to the Board from Mental Health Tribunals from Associates. Dr Buki Adeyemo suggested feedback became a regular feature in the Mental Health Act report and a regular invite annually be extended to Associates for the Board. Laurie Wrench to discuss going forward with Tony Gadsby. 11.11.21 - To be provided through quality committee assurance report. Tony Gadsby noted it was Mental Health Hearings and not Tribunals. This was noted. Add to cycle of Business a report to come from Associates. Laurie Wrench to discuss with Dr Adeyemo outside of the meeting. Dr Buki Adeyemo noted Associates had attended Board previously and suggested inviting them to attend a future meeting.</p> <p>150/21 - Month 5 Finance Report14.10.21 - Patrick Sullivan asked if the overall energy crisis and increase in prices would impact on the Trust running costs. Eric Gardiner advised the Trust would be impacted like</p>	LW

	<p>everyone else and we would need if fixed or variable contracts. Eric Gardiner to look into and feedback to the Board. 11.11.21 - The Trust procures its energy via national frameworks, our current contract is fixed until April 2022. A new tariff will be procured for 2022/23 when we expect prices to increase; the increase is currently estimated to be in the region of £150k per annum (this is the total estimated increase for gas and electric). Joan Walley highlighted the need to factor in medium and long term planning in terms of renewables and savings as we go forward with the sustainability agenda.</p> <p>Received</p>	
159/2021	<p>PATIENT STORY – CHIARA BARBARO – PARENT AND BABY DAY UNIT Kenny Laing, Executive Director of Nursing and Quality presented the patient story.</p> <p>Chiara talked about her experience of recovery following the loss of her unborn child during her first pregnancy and the positive impact Parent and Baby Unit had during that recovery. Chiara now works for the Trust as a Peer Worker, working to support others in their journey too.</p> <p>The video of Chiara’s story was made available on the Trust website.</p> <p>Dr Keith Tattum highlighted the need for clear sign posting as there are a number of services available.</p> <p>Joan Walley advised University Hospital of North Midlands (UHNM) were undertaking a review of maternity services and wanted to ensure the Trusts mental health aspect was core and embedded into the wider systemic approach to all aspects of maternity services and asked how the Trust was ensuring the outcome of that review reflected the mental health needs we are so committed to.</p> <p>Pauline Walsh asked how people access the service and if referral was only for individuals who had a connection to the service previously or if anyone who had experienced the loss of a baby or child could access. Peter Axon advised there were formal routes with University Hospital of North Midlands (UHNM), GP’s and the voluntary sector but there were ways of creating a more informal narrative and promoting and getting knowledge out there. The Trust are working closely with the Sentinel and Stoke-on-Trent Local Authority.</p> <p>Kenny Laing advised the Trust had well established links with services locally. There was a training programme for all midwives working with UHNM for awareness of mental health and there was a Mental Health lead practitioner that worked with maternity services at the UHNM. In terms of a review of maternity services the Care Quality Commission (CQC) were heavily involved in reviewing these services.</p> <p>Nicola Matless advised the team worked closely with midwives to produce birth plans to look at mum’s mental health and psychical wellbeing. The team were also in the process of developing a maternal and health pathway that looks at support around loss which is due to go live in the new year. The Perinatal Network has regular meetings with South Staffordshire and professionals outside of the NHS with Health Visitor and midwifery representation.</p> <p>David Rogers asked if there were areas we could get involved in that we are not involved in at the moment. Nicola Matless advised the development of the</p>	

	<p>maternal mental health pathways was very much underway and the team were looking at the long term objectives set out in regards to perinatal there has been some difficulty in regards to establishing what the workforce would look like and the funding to support that. We need to raise our awareness with support from the Board.</p> <p>Joan Walley asked if it might be possible to have sight of our response to the maternity services review. David Rogers advised this would be circulated.</p> <p>Noted</p>	KL
160/2021	<p>REACH RECOGNITION INDIVIDUAL AWARD</p> <p>The REACH Recognition Individual Award for November 2021 was presented to Michelle Wild (Shelley), Financial Controller.</p> <p>Peter Axon presented the item.</p> <p>Shelley has been with the Trust since December 2017, is a qualified accountant with a vast amount of experience in NHS accounting and leads our financial accounts team of 5. She is responsible for the production of our annual accounts and is our main contact for internal and external audit. At the beginning of lockdown just two weeks before year end Shelley led the team in producing an excellent set of accounts for 2019/20 under extremely difficult circumstances of adjusting to home working.</p> <p>External audit reports have been consistently very good and through her support two team members have been internally promoted. In summary, Shelley shows compassion and is always approachable, consistently operates in a professional manner occasionally under significant pressure and produces excellent work.</p> <p>Shelley was congratulated on her award. Shelley thanked the Board and her team for their excellent work.</p> <p>Received</p>	
161/2021	<p>HILDA JOHNSON HOUSE SHOWCASE</p> <p>Dr Buki Adeyemo, Executive Medical Director presented the item.</p> <p>Carolyn Wilkes provided a presentation that looked at the development of the community service and the transformation of Hilda Johnson House. The presentation will be shared on the Trust website.</p> <p>Peter Axon thanked the team for the presentation and acknowledged the whole team should be hugely proud adding it was a valuable rehabilitation for service users but equally important it was also invigorating and empowering for staff.</p> <p>Phil Jones asked the team if they could provide a sense of the journey for a service user. Jeanette Adams advised it was down to individual need adding 'we do with and not for'. The journey for that individual would depend on their need, how much support they wanted and that's how their care package would be built.</p> <p>Janet Dawson asked if there was an agreement that people could stay for 12 months what was the support process for those coming up to that 12 months who felt not ready to leave and how do we support that transition. Janette Adams advised no one would be made to leave. The team work closely with the Care</p>	

	<p>Coordinators, we decide the right accommodation with them and our community team will engage with them also.</p> <p>Jonathan O'Brien felt this was an innovations we should putting forward to awards and using as a case study showing the journey of recovery and link with Project 86 Complex Care Team. Fiona Platt confirmed the Complex Care Team were very much linked in with the team.</p> <p>Peter Axon suggested having a slot each month with a set format and time managed given our overall agenda as it was an excellent opportunity to share, educate and critically build pride. Joe McCrea advised he was happy to take this as an action for the Communications Team in conjunction with Laurie Wrench.</p> <p>Pauline Walsh asked if there were plans for evaluation. Fiona Platt confirmed there were and they would be talking to commissioners to ensure Key Performance Indicators (KPIs) are around quality not numbers and will also ensure feedback is received from service users.</p> <p>Received</p>	<p>JMc / LW</p>
<p>162/2021</p>	<p>CHIEF EXECUTIVES REPORT</p> <p>Peter Axon updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest.</p> <p>2021 NHS STAFF SURVEY UPDATE</p> <p>There has been a strong start to the launch of the annual NHS Staff Survey at the Trust, which is to date at a 36% response rate. As referenced in last month's Report, this year the annual NHS Staff Survey has been redesigned to align with the NHS People Promise. Previous survey feedback had been incredibly helpful, enabling us to invest time and funds in the areas that best support colleagues' health and wellbeing.</p> <p>RECRUITMENT ACTIVITY WITH NURSING TIMES</p> <p>The Trust attended another successful Nursing Times Careers Live recruitment event in Manchester and certainly from the photos shared across our corporate social media channels, it looked like a very busy event and one where we did recruit staff thank you to everyone who represented the Trust on the day and for undertaking this work. This is part of a package we are undertaking with the well-known sector title, which also included both a print and online advertorial for Combined Healthcare which focused on the enormous success and collective support for our workforce of the Combined United initiative.</p> <p>SYSTEM UPDATE</p> <p>The interview process for the Integrated Care System (ICS) Chief Executive Officer (CEO) has been concluded and an announcement is expected in mid-November.</p> <p>Colleagues from across the system have refreshed the ICS Roadmap to take account of developments in recent months and have submitted the first cut of the 'Ready to Operate' statement. This latter document provides a progress report on the level of preparedness of the system to establish the ICB and associated supporting arrangements in time for go-live on 1st April 2022.</p> <p>CQC REVIEW PRIMARY CARE SERVICES</p> <p>Our primary care services recently underwent a Care Quality Commission (CQC) review. Work has been immense massive thank you to everyone involved. We</p>	

	<p>have received the draft report from the exercise which is undergoing a factual accuracy process and we will feedback as soon as we can.</p> <p>Patrick Sullivan asked in terms of the recruitment activity if we were starting to reap the benefits in terms of people actually recruited or if it was confirming suspicions that people were not out there. Peter Axon advised there was a limited supply of nurses nationally, we have a pipeline and this expands as the months and years go on and by 2024 we will have a bounty of Registered Nurses. We do have a period for the next 12 months where we will have a real challenge. There are mitigations provided in the safer staffing report each month which leads to retention. If we struggle to recruit then we retain those that we have got. Peter Axon noted it was not about giving people large sums of money to retain them but about giving people that feeling of family and motivation and enjoying working for the Trust.</p> <p>Shajeda Ahmed added as an organisation that has an outstanding rating we continue to attract people. Experience at work is where we are applying our focus and how we can increase our temporary workforce supply moving people from agencies onto our back.</p> <p>Received</p>	
163/2021	<p>CHAIRS REPORT</p> <p>David Rogers provided a verbal update highlighting the Trust had been successfully shortlisted for an Health Service Journal (HSJ) award for staff engagement. David Rogers congratulated all those involved.</p> <p>We hear so much about crisis with ambulances, Accident & Emergency (A&E) and primary care as well that often mental health does not get much recognition but mental health services have been struggling with the number of referrals and acuity of referrals. David Rogers added that he and others would do their best to keep the balance right.</p> <p>ICS development is moving forward quickly there and there had been a lot of attention to place based care on smaller footprints and provider collaboratives.</p> <p>Joan Walley asked for an update on Knivedon. David Rogers advised the commitment was absolute and for all service users there would be no withdrawal of support but a reinforcement of support going forward.</p> <p>Noted</p>	
164/2021	<p>ARMASTICE DAY 2 MINUTE SILENCE</p> <p>The Board acknowledged a 2 minutes silence for Armistice Day.</p> <p>Noted</p>	
165/2021	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>The Trust continued to encourage the use of Ask the Board Online as part of its ongoing commitment to openness, transparency and innovation.</p> <p>A question was received from Ian Syme last month the answer to which was discussed at the Annual General Meeting (AGM) and sent via email directly. A link to the question and the AGM will be available on the public website.</p> <p>Noted</p>	

166/2021	<p>NURSE STAFFING MONTHLY REPORT (September 2021)</p> <p>Kenny Laing, Executive Director of Nursing and Quality presented the report. During September 2021, an overall fill rate of 94.1% was achieved; this had increased from 90.6% in August 2021.</p> <p>The fill rate for Registered Nurse (RN) shifts increased to 77.1% in September 2021 from 75.5% in August 2021.</p> <p>Ward occupancy levels increased in 8 areas and decreased in 5 areas.</p> <p>RN vacancies increased by 1.40 WTE to 46.37 WTE. The Healthcare Support Worker (HCSW) vacancy position continued to be over-established, increasing to+5.95 WTE. Recruitment to vacancies continued to be challenging.</p> <p>Phil Jones asked where we were in terms of vaccinating our staff. There will be a cut-off point quite soon which could have an impact on the Trust. Kenny Laing advised in terms of the flu and boosters we are around 50% for both and third doses. In terms of overall staffing position around the first two doses we have a high level of compliance we are working through business continuity impact following the introduction of the mandated position. We have approximately 70 staff who have not received two doses and we will work through that detail.</p> <p>Tony Gadsby asked if the Trust was seeing any pressure on agency costs in terms of the individual rates the agencies are charging. Eric Gardiner advised we were not seeing any particular increases there is more of a pressure to use off frame agencies who do have the potential to have higher rates.</p> <p>Received</p>	
167/2021	<p>QUALITY COMMITTEE ASSURANCE REPORT</p> <p>Patrick Sullivan, Non-Executive Director / Chair presented assurance report from the meeting held on the 4th November 2021. Patrick highlighted the following:</p> <p>The meeting commenced with the patient's story received at Trust Board today.</p> <p>COVID-19 Update</p> <p>The Committee received a verbal update. Since the last meeting there had been two outbreaks at the Harplands. These involved the Psychiatric Intensive Care Unit (PICU) and Ward 1. Both of these outbreaks are now over. The booster jabs are now being administered and 47% of staff have received these. Plans are being developed to mitigate any impact should staff vaccinations become mandatory.</p> <p>Risk Register</p> <p>The Committee reviewed the risks. In respect of 1218 – Substance misuse service delivery reduction in local authority funding, the Committee were asked to consider the current residual 12 and change to 10 (change impact 5 & likelihood 2), rationale due to changes in new model which have now been implemented. This proposed change was agreed by the Committee.</p> <p>Directorate Dashboards</p> <p>Each Clinical Director (or nominated deputy) presented their report and the balanced scorecard for their area of responsibility. Areas of good practice were highlighted, challenges to services identified and areas of continued improvement noted. Where problems were identified assurances were provided about the steps in place to mitigate the impact of any risks.</p>	

	<p>A number of themes were identified across directorates. These included.</p> <ul style="list-style-type: none"> - Workforce, particularly vacancy and turnover rates exacerbated by difficulties in recruitment. - Challenges and opportunities associated with service transformation and change - The ongoing risks associated with the pandemic. <p>Primary Care The CQC interviews took place 13th–15th October 2021 and the onsite visit took place on the 19th October 2021.</p> <p>Policy Report The following policies were approved for 3 years;</p> <ul style="list-style-type: none"> • 5.35 Management of Medical Devices Policy • 5.44 Medical Gases Policy • Children Visiting Mental Health and Learning Disabilities Hospitals • MHA28 Covet Medication Policy • UHNM Drug Withdrawal Guidelines • 4.30 Policy for the development and management of Trust wide procedural approved documents • 4.44 Policy to Manage Visits to Trust Premises by Celebrities/VIPs or Other Famous People <p>Extend to 28 February 2022;</p> <ul style="list-style-type: none"> • Clinical Audit Policy <p>The Board were asked to ratify the approval of each of these policies.</p> <p>Received / Ratified</p>	
168/2021	<p>IMPROVING QUALITY PERFORMANCE REPORT (IQPR 2020/21) – Month 6 Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report:</p> <p>In Month 6 there were 23 rated measures that met the required standard (compared to 21 in Month 5) and 12 that had not met the required standard and highlighted as exceptions (compared to 11 in Month 5). This is incorporating quarter 2 reporting.</p> <p>There were 4 special cause variations signifying concern, compared to 7 in Month 5.</p> <p>There were 2 Performance Improvement Plans in place both are on trajectories to reach their improvement target early in the new year,</p> <p>There were 3 special cause variations signifying improvement, risk assessment compliance and numbers of CPA service users in employment and in settled accommodation respectively.</p> <p>Received</p>	
169/2021	<p>SERVICE USER CARER COUNCIL (SUCC) Sue Tams, Chair of the Service User Carer Council presented the report and highlighted the following:</p>	

	<p>The report was taken as read. Sue Tams advised meetings were still taking place on Microsoft Teams which meant that some people were not able to meet but they did receive copies of the minutes and were able to ask questions or bring items up on the agenda.</p> <p>Joan Walley talked about the work being undertaken on anchored institutions and the role of the voluntary sector in that and asked if user groups have input into these discussions. Sue Tams confirmed the Council had been invited to many of the groups there had been good attendance of service users and carers at all meetings. Kenny Laing confirmed all transformation work being undertaken involved working with third sector partners and involved using people's expertise and lived experience which was key to the success of the community transformation programme.</p> <p>Dr Buki Adeyemo referred to the triangle of care and asked if this needed to be mandatory training for all staff or are we leaving it optional for staff to be trained. Sue Tams felt this should be mandatory acknowledging the pressures on what staff already have to attend but really all staff needed to attend.</p> <p>Received</p>	
170/2021	<p>MONTH 6 FINANCE REPORT (2021/2022) Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report.</p> <p>Trust Board were asked to note:</p> <ul style="list-style-type: none"> • The reported year to date position of £488k surplus against a planned break even, a favorable variance of £488k. Eric Gardiner felt his would be the position for most organisations. • The 2021/22 agreed capital plan and year to date position. We are behind on spending our capital but this is a picture across the Midlands we do have plans in place to ensure we spend our full allocation by the end of the year. • The cash position of the Trust as at 30th September 2021 with a balance of £23.7m • Agency expenditure of £402k against the agency ceiling of £155k; an adverse variance of £247k to the agency ceiling. • Note the progress to date of identified CIP schemes totaling £1,781k. <p>Joan Walley asked in terms of capital spends whether the purchasing of vans had been considered given they were not retained following the transfer of Section 75. Eric Gardiner advised the Trust were looking to buy new vans for the Trust but had been unable to do so. The lead time is approximately a year at the moment vehicles. We are not desperate to replace them as we do not have an urgent service need but we do have the quandary between cost and sustainability over the next few years with a number of issues. Joan Walley suggested the Midlands Regional Delivery Board would be interested in that experience as it would not just be an issue for the Trust in terms of access to supplies.</p> <p>Eric Gardiner advised the construction market the lack of supply and prices increasing had been volatile, but the team were doing a fantastic job managing those risks and hopefully we would have a positive outcome at the end of the year.</p> <p>Janet Dawson asked how we compare to other colleague partner Trusts in the system. Eric Gardiner advised the UHNM posted quite a large surplus in the first</p>	

	<p>half of the year and that generally related to income generated from the elective Recovery Fund, which was a national scheme to encourage organisations to reduce their backlogs and deliver electing waiting times.</p> <p>Neighbouring Trusts posted a reasonable surplus at the end of H1 but expect that to reduce over the latter half of the year due to investments coming on board and actually filling some of those staffing gaps, which is the same for our Trust. The reality will be how successful can we be in recruiting those extra staff in the last half of the year.</p> <p>Received</p>	
171/2021	<p>ASSURANCE REPORT FROM THE FINANCE AND RESOURCES COMMITTEE</p> <p>Phil Jones, Non-Executive Director presented the assurance report from the Committee held on the 4th November 2021 in the absence of Russell Andrews, Chair of the Finance and Resource Committee.</p> <p>Q2 Data Quality Report</p> <p>The Committee received the report and were pleased that the Trusts DQMI rating was 97.9% against a national average of 81.8%. The Committee received the update and were assured by ongoing work to maintain and improve data quality.</p> <p>Digital Update</p> <p>The Committee received an update report on the work of the Digital Aspirants Programme and focussed in particular on the positive progress in the deployment of the CommunityAide App, the launch of the SMART documentation project and the continued progress to implement electronic prescribing.</p> <p>Business Opportunities Update</p> <p>The Committee received an update on the outcome of a recent tender submission for Medically Managed Inpatient Detoxification Services. The Committee discussed the next steps in respect of the bid and the wider implications for NHS substance misuse services.</p> <p>Estates Update</p> <p>The Associate Director of Estates advised the Committee that the Trust had explored developing a bid for the Public Sector Decarbonisation Scheme Phase 3 but given the age and good state of current heating systems the Trust were not eligible for the scheme at this time. Assurance was given regarding reduced ligature work at the Harplands which was to be carried out at the same time as Project Chrysalis to minimise disruption to ward areas.</p> <p>Alternative Space Business Case – Edward Myers Unit</p> <p>The Associate Director of Estates presented the case which had been approved by CIG and SLT and would allow for enabling works at the EMU site to be carried out to facilitate the required decant of clinical services as part of the major inpatient reconfiguration works. The Committee requested quarterly updates of Project Chrysalis and any inter-related schemes to be presented to members including an overview of the sources and applications of funding. The Committee approved the business case.</p> <p>H2 Plan Update</p> <p>The Committee received an update on the current position of the H2 financial planning exercise and were advised that the requirements are for the system to breakeven overall and H2 arrangements are broadly consistent with a</p>	

	<p>continuation of the current H1 framework. It was noted that the Trust is likely to have a surplus position at the end of H2 under the current financial regime and that discussions with system partners is ongoing regarding the redistribution of the system income streams to ensure all partners at least breakeven.</p> <p>The Committee noted that the CIP requirement for H2 is lower than initially planned for and operational teams will now re-focus on longer term transformational CIP schemes for deliver from next year. The Committee were advised that the submission deadline for the H2 system plan is 16th November therefore an extraordinary committee is likely to be required to sign off the H2 plan figures once finalised.</p> <p>Nursing Apprenticeship Business Case The Director of Nursing presented a business case proposing the external recruitment of 20 new nursing degree apprentices to commence in March 2022. The recruitment of nursing apprentices will mean we will have new registered nurses qualifying at the latest in April 2025 which will help to ensure our future workforce supply, fill skills gaps, cut ongoing vacancy rates and enhance the delivery of services. This directly supports the National 'Grow your own' directives and demonstrates our local commitment to this. The Committee agreed to support the business case.</p> <p>Policy Updates The Petty Cash Policy update was not discussed and will be presented to Audit Committee in December.</p> <p>Joan Walley talked about the future of Health Informatics Service (HIS) and how other trusts in the Midlands had actually privatized their digital services and the role of the NHS as an anchor institution and highlighted that digital was very much part of that and should inform our way going forward.</p> <p>Patrick Sullivan requested an update on digital programmes. Chris Bird advised he was happy to provide a digital update to Board Development for all colleagues.</p> <p>Eric Gardiner advised planning for next year was actually going to be just a duplicate of what it is for H2 this year. There will be a few caveats with that. We do expect things to be tighter. We are in comfortable position compared to others but we will have savings to make like everyone else.</p> <p><i>Ratified / Received</i></p>	CB/LW
172/2021	<p>CHARITABLE COMMITTEE ASSURANCE REPORT Joan Walley, Non-Executive Director presented the assurance report from the Audit Committee that took place on the 1st November 2021.</p> <p>Charitable Funds Committee Terms of Reference The Committee received the Terms of Reference for approval. Changes requested at previous Committee meetings and Task and Finish Groups were incorporated. Terms of Reference approved following minor amendments.</p> <p>Charity Strategy / Roadmap The Committee reviewed the Charity Strategy which consolidated previous discussions from the Trustees on the future direction of charitable fund raising for Combined Healthcare charity.</p> <p>To assist ward level and community services fundraising and reduce cash</p>	

	<p>handling and banking processes, we have to set up a Trust “Just Giving” account which is linked directly to the charitable funds bank account. Fund raising activities could be promoted and conducted via this route. A communications plan is under development. The charity is now registered for Gift Aid, registering for Gift Aid increases the level of donations received, from UK tax payers who have made a Gift Aid declaration. The Trust is also looking to register with NHS Charities Together and has registered with HMRC regarding charitable funds.</p> <p>At the previous Charitable Funds Committee four options appraisals were considered; the preferred option being to develop a fundraising strategy and infrastructure. This requires a dynamic strategy and investment in infrastructure for the next 2- 5 years, to ensure effectiveness and to give reassurances to the respective Boards, and more importantly those donating funds that the return on investment (so the pence in every pound donated) is reaching the charitable areas intended.</p> <p>Cycle of Business The Committee received an updated Cycle of Business which was approved.</p> <p>Phil Jones asked if all non-executive directors as trustees would get to see the set of accounts. Joan Walley confirmed there would be a report through to the Corporate Trustees Committee.</p> <p>Received</p>	
173/2021	<p>BOARD ASSURANCE FRAMEWORK (BAF) QUARTER 2 Laurie Wrench, Associate Director of Governance presented the report</p> <p>Laurie Wrench highlighted a few key points on each of the four strategic objectives with a focus on where we think we would come out at your end.</p> <p>There were some areas for action around the mental health survey. Data is embargoed until the 1st of December 2021 but there are already plans in place on how to take forward some big ticket items to address through those findings.</p> <p>We have a mixed level of mental health law compliance, we will look into how we can strengthen that going forwards, the main area being consent. The biggest area for quality and safety that we need to monitor is the three hour compliance in terms of assessment for places of safety, the teams and the Directorates are fully briefed on that..</p> <p>There is lots of work in terms of future CQC preparation here is a lot of work on going in the background. David Rogers advised we are under significant pressure with our place of safety, largely because Stafford and Shropshire have been closed for some time and it is all flowing in our direction David Rogers felt the system needed to take action to rectify this.</p> <p>There is ongoing work around talent management which is being progressed but was stalled slightly due to capacity issues but has started to progress now.</p> <p>Laurie Wrench advised we had strengthened our partnerships with Keele and Staffordshire University, particularly around how we can embed our research strategy.</p> <p>In terms of sustainability one of the areas we need to monitor closely over the next six months is agency spend, which is compounded by our vacancy rates.</p>	

	<p>We have continued to deliver on video conferencing, and this is receiving positive feedback from service users. We also have our Trust sustainability group established and they are working towards a work plan. We are still not reporting on Cost Improvement Programme (CIP) but this will be reintroduced in Quarter 3.</p> <p>Jonathan O'Brien commented on the agency spend and highlighted the need to be realistic as we head into H2. We will not be under cap this year whether we have the relaxation this year in terms of regulator scrutiny on how much we're spending on agency. We are spending money on agency to keep our services and service users safe and cared for in safe environments and in a timely way across our services.</p> <p>Janet Dawson noted an error within the report under objective 4 as the COVID 19 risk was out of date. Laurie Wrench confirmed this would be updated for Quarter 3.</p> <p>Received</p>	LW
174/2021	<p>QUARTER 2 STRATEGY UPDATE</p> <p>Chris Bird, Director of Partnerships, Strategy and Digital provided an update.</p> <p>The report provided an update on the promotion and implementation of the Trust Strategy as at Quarter Two 2021/22.</p> <p>The report set out a summary of the actions that had taken place since the launch of the strategy and reported on headline progress towards implementation. There were a number of positive developments to be reflected with no significant risks emerging.</p> <p>Measures of success will be reported on in Quarter 4.</p> <p>Received</p>	
175/2021	<p>ANY OTHER BUSINESS</p> <p>There were no items of other business.</p>	
	<p>DATE AND TIME OF NEXT MEETING</p> <p>The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 13th January 2022 at 10.00am via MS Teams.</p>	
	<p>MOTION TO EXCLUDE THE PUBLIC</p> <p>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.</p>	

The meeting closed at 12.45pm

Signed: _____
Chairman

Date _____

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	14-Oct-21	144/21	Health and Safety Annual Report 14.10.21 - Tony Gadsy suggested reviewing and updating Health and Safety Policies to align with current working from home arrangements.	Kenny Laing	13-Jan-22	Annual report complete
2	14-Oct-21	147/21 (1)	Service User Carer Council Update (1) 14.10.21 - Tony Gadsy felt given the pressure at the moment in terms of primary care it would be helpful to have an update of what was happening in primary care in terms of service user and their experience within those practices. Kenny Laing to include in the next report. 11.11.21 - Add to cycle of Business a report to come from Associates. Laurie Wrench to discuss with Dr Adeyemo outside of the meeting. Dr Buki Adeyemo noted Associates had attended Board previously and suggested inviting them to attend a future meeting.	Laurie Wrench	9-Mar-22	Mental Health Act Associates will be invited to Trust Board in March to present a paper on their work and on a 6 monthly basis thereafter
3	11-Nov-21	159/21	Patient Story - Chaira Barbaro - Parent and Baby Day Unit 11.11.21 - Joan Walley asked if it might be possible to have sight of our response to the maternity services review. David Rogers advised this would be circulated.	Kenny Laing	13-Jan-22	complete
4	11-Nov-21	161/21	Hilda Johnson House Showcase 11.11.21 - Peter Axon suggested having a slot each month with a set format and time managed given our overall agenda as it was an excellent opportunity to share, educate and critically build pride. Joe McCrea advised he was happy to take this as an action for the Communications Team in conjunction with Laurie Wrench.	Joe McCrea / Laurie Wrench	13-Jan-22	Showcase items to be built into Trust Board cycle of business
5	11-Nov-21	171/21	Assurance Report from the Finance and Resource Committee - Digital 11.11.21 - Patrick Sullivan requested an update on digital programmes. Chris Bird advised he was happy to provide a digital update to Board Development for all colleagues.	Chris Bird / Laurie Wrench	13-Jan-21	all NEDs have been offered digital updates outside of board development as a deeper dive session; however this will be discussed as part of the board development programme for next year
6	11-Nov-21	173/21	Board Assurance Framework (BAF) Quarter 2 11.11.21 - Janet Dawson noted an error within the report under objective 4 as the COVID 19 risk was out of date. Laurie Wrench confirmed this would be updated for Quarter 3.	Laurie Wrench	13-Jan-21	complete

REPORT TO PUBLIC TRUST BOARD

Enclosure No:3

Date of Meeting:	13 th January 2022		
Title of Report:	CEO Board Report		
Presented by:	Dr Buki Adeyemo, Interim Chief Executive		
Author:	Dr Buki Adeyemo, Interim Chief Executive		
Executive Lead Name:	Dr Buki Adeyemo, Interim Chief Executive	Approved by Exec	<input type="checkbox"/>

Executive Summary:		Purpose of report	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Date:			
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications:	N/A		
Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
Shadow ICS Alignment / Implications:	N/A		
Recommendations:	To receive for information and assurance		
Version	Name/group	Date issued	
2.0		05/01/2021	

Interim Chief Executive's Report to the Trust Board 13 January 2022

PURPOSE OF THE REPORT

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

OUR "PEOPLE" STRATEGIC THEME

Changes to Executive Team

Dr Buki Adeyemo has been appointed as Interim Chief Executive of Combined Healthcare, following Peter Axon's appointment as Interim CEO of the Staffordshire and Stoke-on-Trent Integrated Care System. Dr Adeyemo started working in the NHS in 1997, the vast majority of which has been spent working at all levels as part of the family at Combined Healthcare..

The Trust considers the appointment of Peter to lead the ICS to be in part a recognition of Combined's strong support for system-wide working alongside the Trust's own achievements, values and success. Well done to Peter.

Congratulations to Dr Dennis Okolo who has been appointed as the Trust's Interim Medical Director. Dr Okolo has been with Combined Healthcare for over 20 years, having trained in and around the Staffordshire

We are delighted to announce the appointment of Ben Richards as Executive Director of Operations, and wish Jonathan O'Brien every success in his new role in the NHS. Ben will be joining the Trust in spring from Birmingham Community Healthcare NHS Foundation Trust where he is currently Deputy Chief Operating Officer.

NHS Staff Survey

We received the best response rate ever on the recent NHS Staff Survey that was promoted to staff, at 64 per cent. Thank you to everyone who took the time and effort to respond.

The full national picture will be published early this year but we already know from the company who handled our staff survey responses – Quality Health - as well as those for 127 other NHS Trusts, that it is the best result of any mental health trust handled by Quality Health and it puts us in the top eight per cent of Quality Health NHS trusts overall.

All of this was achieved by our magnificent staff during one of the most challenging years the NHS has ever faced. It's further evidence of our determination and our people's continuing commitment to being Outstanding in all we do and how we do it

Our staff have shown they are keen and willing to tell us what they think. We will now match their commitment with our most imaginative and determined response ever to listen and act on what they have told us.

In the meantime, our staff also have an additional and more frequent opportunity to help us further understand employee experience, and to support decision making and actions for

improvement with the ambition of making the NHS the best place to work. This is through the quarterly NHS People Pulse survey which complements and augments the full annual national survey. We will be offering staff more regular opportunities from the New Year to share how they feel we are engaging with them, and the latest quarterly survey link will be launched shortly.

Latest External Awards

The Learning Disabilities Team were finalists for their Experts By Experience initiative in three categories of the RIDI (Recruitment Industry Disability Initiative) Awards 2021 in December 2021; 'Getting Started', 'Making a Difference – Public Sector' and 'Inclusive Recruiter of the Year'. Well done to the team.

Congratulations to Jessica Fitzgerald and Jessica Sinden who were finalists at the recent Student Nursing Times Awards. Jessica Fitzgerald was nominated in the 'Learner of the Year: Post-registration' award and Jessica Sinden in the 'Student Nurse of the Year: Learning Disabilities' category.

The Trust was also a finalist in the 'Staff Engagement Award' category at the recent HSJ Awards. Our submission was entitled 'A Combined Approach to Staff Engagement' and was led by Shajeda Ahmed and her team.

Staff Achievements

Well done to colleagues at Greenfields CMHT who held a Christmas Jumper Day and raised over £130 for The Donna Louise Hospice for Children & Young People and Douglas Macmillan Hospice.

Rhiannon the Christmas Elf lead the toy donations drive internally for the Trust's contribution to the recent Signal 1 radio station 'Mission Christmas' appeal. Over 150 gifts were donated for disadvantaged children in our local area – a big thank you to everyone who kindly donated.

The inpatient wards at the Trust also participated in the Shoe Box Initiative to raise money for The Salvation Army over the festive season. Colleagues packed shoe boxes with items such as hats, gloves, scarves, blankets, bedding, toiletries, hygiene products, grooming products, underwear, non-perishables and warm clothes.

Many congratulations to Phil Wardle on attaining his Advance Nurse Practitioner qualification. He completed a three-year Master's degree course at Keele University which included four pillars of capability; Clinical Practice, Leadership, Education and Research.

Dr James Boardman was recently interviewed by BBC Radio Stoke's Stuart George about the subject of teenage mental health.

Dr Boardman was interviewed with Dr Waheed Abbasi and you can [hear the interview at around 2:17 on the broadcast here](#).

Congratulations to Rhys Howley and Mark West, Healthcare Support Workers in Neuropsychiatry, who skydived to raise funds for their new ward.

Well done to Ward 7 who have achieved AIMS accreditation from the Royal College of Psychiatrists. This means they have been recognised as a benchmark for standards as an Older Adult Inpatient Mental Health Service.

Ward 6's Activity Co-ordinator Steve Thompson was recently supported by the Trust's training department to attend a hairdressing course. Following this, patients on the Ward can now receive support to have their hair both cut and styled. This has been a fantastic therapeutic addition to the care that patients receive on Ward 6.

OUR "QUALITY" STRATEGIC THEME

Combined Healthcare's Primary Care Leadership Rated Outstanding by CQC

We were proud to announce that our primary care leadership of Moorcroft Medical Centre and Moss Green Surgery has been rated as Outstanding by the Care Quality Commission – the highest leadership rating it is possible to achieve.

The Outstanding rating from CQC in the well-led domain of its inspection of Moorcroft Medical Centre and Moss Green Surgery – carried out in November 2021 – is accompanied by a Good rating for all other domains – Safe, Effective, Caring and Responsive.

The CQC said of Moorcroft Medical Centre "leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care."

Our Christmas Films for 2021

Our Christmas Films, created and released in December 2021 by our Communications team, have had over 1,000 views to date. In our first film, we had a very special message from Santa to all members of staff, thanking them for caring for people and going the extra mile at all hours of the day and night. It can be viewed at <https://www.youtube.com/watch?v=bvwcoxWBpKI>

Our main external Christmas film highlighted the work of our frontline and back office staff to serve the people of North Staffordshire and Stoke-on-Trent, and had a very special message for everyone – you are not alone this Christmas and New Year. It can be viewed here https://youtu.be/N8_cBo0s-qQ

We also teamed up with the Stoke Sentinel to provide further details of the range of help available, which you can also see here <https://www.stokesentinel.co.uk/special-features/nhs-here-you-christmas-6282256>

And for the first time this year, we created a special video Christmas Card for staff to send out, for example, to contacts at partner organisations or volunteers. This video card had a simple message of thanks and appreciation on behalf of the Trust Board and our staff. It's available to view here <https://youtu.be/ToMel-urBnQ>

Wellbeing College To Launch In 2022

Combined Healthcare is proud to announce that it will be launching a Wellbeing College programme and offer in early 2022.

The project is currently being led by Zoe Grant and a co-production working group involving Trust staff and service user representatives, with two permanent, full-time members of staff joining the project and Trust this month to manage and deliver the programme.

The vision for the Wellbeing College is to offer, together with partner organisations, a variety of courses, workshops and activities that will support people aged over 18 who live in Staffordshire to discover interests and develop their skills on their wellbeing journey with a built 'by you, for you' approach.

As part of the co-production and to understand what courses may be of interest to local communities, a survey is being run until 31 January 2022 to ask people for feedback and ideas. The survey can be accessed at <https://www.smartsurvey.co.uk/s/881QT8/> and a website is in development at <https://wellbeingcollege.combined.nhs.uk> – there is also a bespoke email address available for queries on wellbeingcollege@combined.nhs.uk

QI In Action

We're embarking on a really exciting journey of QI (Quality Improvement) which '...aims to make a difference to patients by improving safety, effectiveness and experience of care further by using understanding of our complex healthcare environment, applying a systematic approach and designing, testing and implementing changes using real time measurement for improvement...' ([source: BMJ 2019;364:k5408](#))

Many colleagues are now engaging in the QI process at Combined, with developments including QI Quickstart 'Quality Improvement into Action' sessions on learning how to begin a QI project using available tools and techniques, and colleagues sharing their Quality Improvement projects.

There will be many more QI updates throughout 2022, so please do watch this space.

Combinations Podcast Receives Top Rating

Our Combinations podcast, created and managed by our Communications team, has been placed in an independently produced list of the top ten of UK healthcare podcasts and is the only frontline podcast to make the list.

The listing is from Feedspot, the internet's largest human curated database of bloggers and podcasts.

Listen to Combinations here <https://www.combined.nhs.uk/combinations/>

Community Mental Health Survey Results Published

Listening to the views and feedback from our service users is crucial to Combined Healthcare as part of our Active Listening strategy. This helps us to deliver further improvements in our services, and we welcome and appreciate our service users' feedback in the 2021 Community Mental Health Survey.

Commissioned by CQC on an annual basis, the Community Mental Health Survey looks at the experiences of people who use community mental health services. For the 2021 survey,

people were eligible to take part if they had at least one contact with services between September and November 2020, with another contact before, during or after this period.

The survey was sent to 1,250 service users in total and was open from February to June this year. Combined Healthcare's response rate was 26%, which is in line with the national average. Results of the 2021 survey were published for all Trusts on 1 December 2021.

We were pleased to note that the Trust received good scores on questions relating to Organising Care, NHS Therapies and in Overall Views of Care and Services, in the 2021 survey.

When compared with other mental health and learning disability NHS organisations nationally, the Trust is broadly comparable with most other trusts that took part in the survey for the majority of questions.

There are a small number of areas for improvement highlighted from the survey and senior managers will be meeting over the coming weeks to discuss these and to look at ways to further improve the quality of services.

The survey and acting on results is part of our overall aim at Combined to be Outstanding in all we do and how we do it.

OUR “PARTNERSHIPS” STRATEGIC THEME

The national planning guidance for 2022/23, published on Christmas Eve, confirms a new target date of 1 July 2022 has been agreed for the new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established. This remains subject to the passage of the Health & Care Bill through Parliament.

National and local plans for ICS implementation will be adjusted to reflect this timescale. Locally, it has been agreed that this new target date offers an extended preparatory phase for the current plans and progress will continue towards this revised date.

Recruitment of Non-Executive Directors and leadership teams will continue to be progressed and the designate ICB leadership will work closely with CCG leaders – who will remain legally constituted until the revised date – to ensure that all individuals affected by these changes have clear roles and responsibilities during this extended phase.

The national planning guidance for 2022/23 has been reviewed by Finance & Resource Committee and a short briefing note will be available to colleagues at the Trust Board meeting.

Three Years' MedicAlert Membership and A Free ID For All Staff

Combined Healthcare and The MedicAlert Foundation have joined forces to protect staff living with medical conditions, providing free MedicAlert membership and medical ID jewellery.

As the UK's only charity providing life-saving medical ID services, MedicAlert has partnered with the Trust to offer this exclusive package and the project – fully funded by MedicAlert – is one of the first of its kind in the UK.

Supporting our staff and service users living with a medical condition by providing access to a potentially life-saving service is something we are very excited to be part of.

Our collaboration with MedicAlert will allow an opportunity to not only access the membership, but it will also provide valuable training and insights into the use of MedicAlert in an emergency. We would like to thank MedicAlert for this fantastic opportunity and we look forward to working with them.

Ward 6 Participates In British Ceramics Biennial Exhibition

Ward 6 patients have recently been involved in the BCB2021 Exhibition (British Ceramics Biennial Exhibition), decorating plates which were displayed at the event – a phenomenal achievement, well done to all involved.

The fun and individual ceramic pieces were proudly displayed at the BCB Exhibition at The Goods Yard in Stoke-on-Trent, and were created in one-to-one sessions with the Ward's Activity Co-ordinator Stevan Thompson.

The plates have been returned to Ward 6 and are on display in the cabinet in the main corridor of the Ward.

Trust Participating in Phase II Roll-Out of NHS Rainbow Badge

Combined Healthcare first joined the NHS Rainbow Badge scheme in 2019 and since then approximately a third of Trust staff have made a pledge to be a champion of LGBT+ inclusion and to proudly wear the NHS Rainbow Badge pin.

The NHS Rainbow Badge initiative has now developed into a second phase, in conjunction with the LGBT Foundation, with the addition of a new assessment framework to benchmark and award NHS organisations for their work on LGBT+ inclusion.

The Trust is delighted to have been selected to take part in the next tranche of trusts participating in this programme and we are preparing for the first stage of assessment over the period of February – June 2022. Stage 1 (by 14 February) relates to assessment of core Trust HR policies and the Trust's internal and external statements of LGBT+ inclusion. Stage 2 (by 13 June) involves wider assessment of practices and environments in clinical and non-clinical services, and includes a staff and service user survey.

Our evidence and survey results will be assessed and we will be awarded either Bronze, Silver or Gold standard accreditation. The process overall provides the basis for us to form an action plan to further enhance LGBT+ inclusion across Trust services for patients, service users, carers and colleagues alike, which will be overseen by our Trust LGBT+ Staff Network and Inclusion Council.

There is also a 'new look' NHS Rainbow Badge which can be used to accompany the process, and the original NHS Rainbow Badge is still current and appropriate for continued use also.

EMU Open Morning

As part of Dry January 2022, the Edward Myers Unit recently held a successful Virtual Open Morning.

Partner agencies, professionals, commissioners, external organisations and members of the public from across the country were invited to 'virtually' visit the unit and meet the staff, learn more about the work and find out about the services available, including the private alcohol detox service.

The service has developed a new website to showcase its substance misuse recovery services for people with complex physical and mental health needs to community drug and alcohol services across the UK, as well as private individuals. It can be viewed at <https://edwardmyersunit.co.uk/>

Celebrating Awareness Days and Events

The theme for this year's Occupational Therapy Week, led by the Royal College of Occupational Therapists, was #OTsForEquity and the following video from our Community Learning Disability Occupational Therapists and Expert By Experience Advisors helped to explain the importance of equity to people with a learning disability and how the team is making positive changes to improve equity <https://www.youtube.com/watch?v=qtXZ8xj2N3g>

The Safeguarding teams from Combined Healthcare and MPFT worked together to organise a week-long event to promote current key messages in Adult Safeguarding Practice during Adult Safeguarding Week. They hosted 30-minute virtual lunchtime learning sessions.

We also celebrated Disability History Month, World Antimicrobial Awareness Week, Hanukkah, Trans Awareness Week, World AIDS day, Nursing Support Workers Day, International Men's Day, Movember, Psychological Professions Day, commemorated Armistice Day and Remembrance Sunday, and highlighted support during Fraud Awareness Month.

STR Pathway Roadshows

The Support Time & Recovery (STR) Pathway team was on the road, showcasing their offer at three local Tesco stores recently.

The team provided mental health advice, resources and education to members of the public at Tesco Extra Hanley, Tesco Trent Vale and Tesco Kidsgrove.

Given recent unprecedented times, adjustment back to our new normal, dark nights and Christmas, it can be a period of time that exacerbates stress and mental health difficulties, and the roadshows aimed to proactively offer advice to support people to manage, know what is out there and that help is available.

OUR “SUSTAINABILITY” STRATEGIC THEME

Creating A Greener NHS

The NHS is the world’s first health service to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. The [“Delivering a Net Zero Health Service”](#) report sets out a clear ambition and two evidence-based targets.

Partners in Staffordshire and Stoke-on-Trent are working together to tackle climate change, and there are lots of ways we can all do our bit.

[Watch this film](#) featuring Chris Bird, System Lead for Sustainability on what we are doing locally.

Subscribe to the Greener NHS Bulletin here <https://www.england.nhs.uk/email-bulletins/greener-nhs/>

You can also join the Greener NHS Community [here](#)

Watch this space throughout 2022 as there will be more work and announcements on this important work.

REPORT TO PUBLIC TRUST BOARD

Enclosure 4

Date of Meeting:	13 th January 2022		
Title of Report:	October 2021 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
<p><u>Purpose:</u> This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2021 in line with the National Quality Board requirements.</p> <p><u>Key Findings:</u></p> <ul style="list-style-type: none"> • During October 2021, an overall fill rate of 96.8% was achieved; this has increased from 94.1% in September 2021. • The fill rate for RN shifts increased to 77.5% in October 2021 from 77.1% in September 2021. • Ward occupancy levels increased in 7 areas and decreased in 6 areas. • RN vacancies decreased by 11.00 WTE to 35.37 WTE. • The HCSW vacancy position continues to be over-established by +4.54 WTE. • Recruitment to vacancies continues to be challenging but has been helped this month by a number of graduate nurses commencing with the Trust. <p><u>Recommendations:</u> SLT 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.</p>	Approval	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 	

	4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/>	
Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.	
Resource Implications:	Temporary staffing costs.	
Funding Source:	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:	To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	
2	Quality Committee	

1.0 Introduction

This report details the ward daily staffing levels during the month of October 2021 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2.0 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 the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2020/21 was presented to the October 2021 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

3.0 Trust Performance

During October 2021, the Trust achieved a staffing fill rate of 76.3% for Registered Nurses and 112.1% for care staff on day shifts and 80.2% and 109.9% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 96.8% was achieved; this has increased from an overall fill rate of 94.1% reported in September 2021.

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 1.

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.

4.0 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.

Using the Model Health System, a data-driven improvement tool that enables NHS health systems and trusts to benchmark quality and productivity both nationally and also with peer organisations; we can identify that the Trusts CHPPD for the latest data period were 13.1, placing the Trust in the highest quartile, against a national median and peer median of 11.2 CHPPD.

5.0 Impact

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

5.1 Incidents reported relating to staffing levels

There were seven incidents reported in relation to ward staffing levels during October 2021.

Three incidents were reported for PICU, all of which related to occasions when the unit worked with one staff member below the required level. These were due to shortfalls resulting from short notice sickness, the cancellation of shifts due to the ward having COVID positive patients and a shortfall in MAPA trained staff which is being addressed by increasing the availability of MAPA training and refresher sessions; this has included the secondment of an additional trainer into the MAPA team.

Two incidents were reported for Ward 2. These incidents were due to staffing shortfalls during daytime shifts and increased patient acuity, support was provided from other areas.

Assessment and Treatment Unit reported one incident. This was due to the late cancellation of bank shift which left the Unit one staff member below the minimum number.

One incident was reported for Ward 5. This was due to a shortfall in night staffing due to sickness, support was provided by the Site Manager.

None of the above incidents resulted in patient harm.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. COVID-19 restrictions continued to have an impact on patient activities during October 2021. There were 35 occasions (total 177 hours) reported of patient activities having to be cancelled due to shortfalls in staffing levels. On three occasions activities were rescheduled. There were 22 occasions when activities were shortened due to shortfalls in staffing numbers.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during October 2021:

- 129 staff breaks were cancelled (equivalent to approximately 2.4% of total breaks). This figure has increased slightly from September 2021. Ward 4 reported the highest number of missed breaks – 33 in total (14 for RN's and 19 for HCSW's). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.
- Face to face, mandatory training sessions for MAPA and In Hospital Resuscitation (IHR) recommenced in May 2021. Where appropriate all other mandatory training is provided using the web-based Learning Management System or through a facilitated virtual presentation and discussion. During October 2021, 5 mandatory training sessions had to be cancelled as a result of staffing shortfalls, these occurred at PICU and Ward 1.
- During October 2021, there were three reports of staff appraisals being cancelled due to staffing shortfalls, all occurring at PICU.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 458 RN shifts were covered by HCSW's where RN temporary staffing was unavailable. RN staff covered 149 HCSW shifts where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

There were 36 occasions in October 2021 (152 hours total) when members of the multi-disciplinary team provided additional support to maintain safe staffing levels. These occasions occurred most frequently within the adult acute wards. This mitigation continues to demonstrate the high level of flexibility provided by staff when responding to shortfalls.

There were 40 occasions (222 hours total) reported when staff worked additional unplanned hours to support ward staffing levels. These occasions occurred at Ward 2 and PICU.

Safer Staffing Huddles continued during October 2021, 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.

In addition, to support staffing shortfalls the Temporary Staffing Team have been given early approval to recruit to an additional twelve agency staff each day to support ward inpatient areas. The highest users of bank and agency staff are the Adult Acute Wards. A breakdown of the top 5 areas for bank and agency usage is provided in Appendix 2. Where ward areas have regularly used an agency and bank RN or HCSW (particularly during night shifts), they have ensured that there is consistent use of the same member of staff, usually for periods of three months or more.

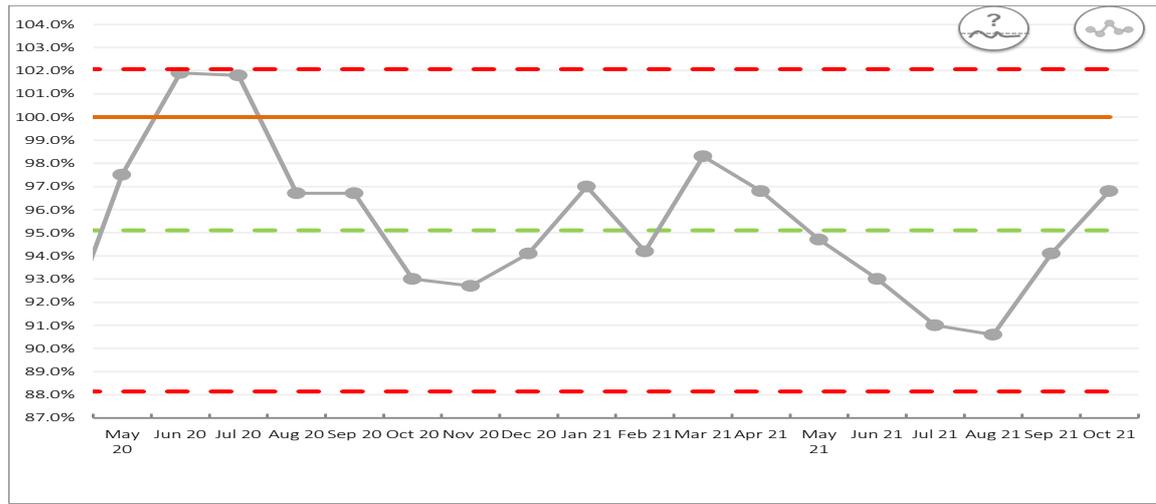
5.5 Overall Fill Rate

The overall staffing fill rate during October 2021 was 96.8%. This has increased from 94.1% in September 2021 as outlined in the SPC chart below. The chart provides an overview of the total fill rate for the past 18 months. During this period staffing fill rates have remained within the area of common cause variation and have most frequently fallen within the upper control limit.

However, a consistent and steady decline in the overall fill rate can be seen from March 2021 until September 2021. This has been more noticeable than in previous years due to the ending of March student nurse intakes and the resulting absence of spring graduates. This situation appears to be more noticeable this year due to an increase in overall RN vacancies. As expected that this position has continued to improve into October 2021 when a number of graduate RN's commenced with the Trust.

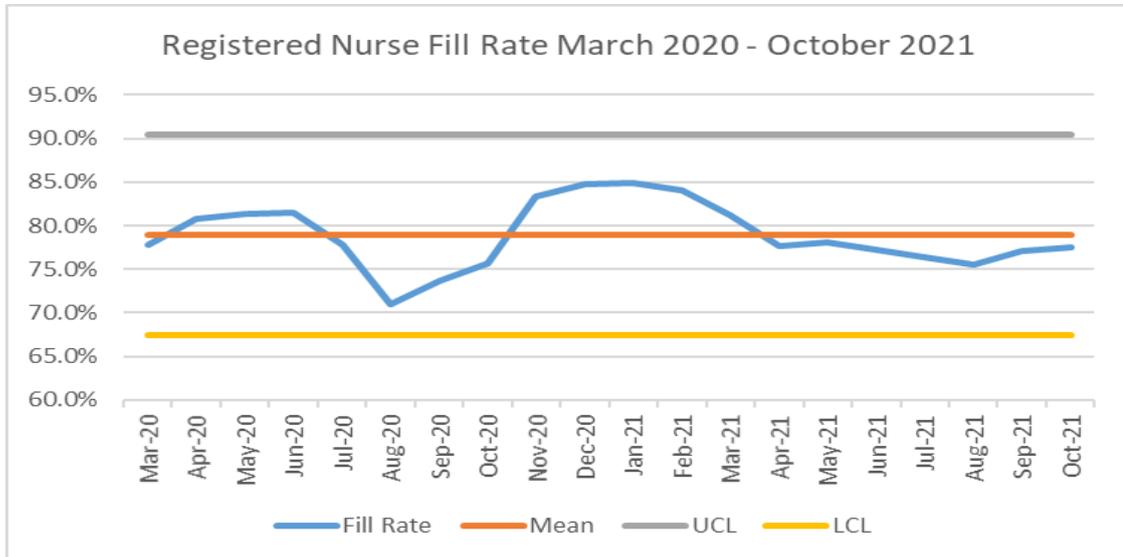
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised in section 5.4.

Overall Fill-Rate February 2020 – October 2021



5.6 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during October 2021 was 77.5%. This has increased from the 77.1% fill rate reported in September 2021. The trend over the past 18 months is presented in the chart below. We can see that the RN fill rate has consistently remained within the area of common cause variation though remains a challenge due to the reasons outlined above.



5.7 Recruitment

In line with the national picture, recruitment to all nursing posts continues to be difficult. In July 2021, the Trust established a project group to support short-term workforce planning within the Acute and Urgent Care Directorate. Recognising the need to ensure adequate staffing availability to deliver service developments

and also maintain current safe staffing levels this project has now been broadened out to include all clinical areas. Chaired by the Deputy Director of Operations, a Task and Finish Group is currently working to deliver 33 schemes. Focussing on retention and well as recruitment, some schemes have clear output values e.g. completion of training programmes, whilst others are less quantifiable such as the development of extended recruitment campaigns.

The Trust continues to employ a majority of our RN's from the newly graduating student nurse cohorts. During October 2021, 27 nursing graduates commenced with the Trust. Relationships with both local HEI's, as well as those further afield remain strong and have helped to improve recruitment and attract the best graduates to join our workforce.

During April 2021, our first cohort of 14 Registered Nurse Degree Apprenticeship (RNDA) commenced their training on the mental health pathway with the University of Derby. Staff are funded by the Trust with some central funding being provided by Health Education England (HEE). It is hoped that these cohorts of apprentice nurses can be supported over the next few years to provide a regular intake of Registered Nurses for the Trust.

The Trust has also been working with the University of Derby to recruit graduates to undertake a 2 year Masters Level 7 apprenticeship programme.

Furthermore, we have secured funding (circa £100,000) from HEE to support up to 6 existing staff – Nursing Associates/Assistant Practitioners to undertake a 2 year nursing top up degree. We are aiming for a October start date with Staffordshire University.

We are continuing to support HCSW apprenticeships within our Acute and Urgent Care Wards; this includes our own apprentices and those who rotate through our ward areas as part of a Staffordshire wide programme.

During 2020/21, we significantly increased our learner placement opportunities from 10,643 in 2019/20 to 15,300 in 2020/21, demonstrating our ability to offer learning opportunities to higher number of students will increase our capacity to recruit those learners once they graduate.

The Trust continues to participate in the NHSE/I Retention Support Programme. This includes a number of initiatives including, involvement with national return to practice campaigns and the strengthening of the nursing career pathway through our partnership work with Staffordshire and Keele Universities.

We continue to deliver a robust programme of preceptorship to our newly qualified nurses. We also support a number of academic programmes, which run alongside significant work based and placement learning.

In addition, we are currently expanding our support for nurses who trained overseas to enable their registration to be recognised in the UK. We are continuing to contribute to the regional NHSE/I international nurse recruitment programme for mental health and learning disability nurses which will include the development of a regional OSCE (Test of Competence) programme.

5.8 Registered Nurse and HCSW Retention

During October 2021, five Registered Nurses (4.64 WTE) left the Trust; three from Community Services (including a Consultant Nurse), and two from inpatient areas. Two nurses took age retirement, one left for an improved work life balance, one to relate and one due the end of short-term contract.

Three HCSW's (2.26 WTE) and one Activity Worker (1.00 WTE) left the Trust during October 2021. Three from within inpatient services and one from Community Services. Three taking age related retirement and one voluntary resignation due to ill health.

5.9 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.

The Trust preceptorship programme has been enhanced, providing additional support and supervision for our newly registered staff. The initial induction programme has been updated to ensure that staff receive a thorough briefing regarding COVID-19 and the required Infection Prevention and Control (IPC) standards and expectations.

The Ward Managers Task and Finish Meetings take place each month. Dedicated time is provided for reflection, group supervision, and wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas.

6.0 Summary

Ward staffing remained challenging during October 2021. Patient acuity continues to be high within a number of ward areas. 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 Incident Management Group.

RN vacancies within ward inpatient areas decreased by 11.00 WTE during October 2021 to 35.37 WTE from 46.37 WTE in September 2021. The highest level of RN vacancy remains at PICU (7.76 WTE) and Darwin Centre (5.56 WTE).

Overall ward based HCSW positions continue to be over established by 4.54 WTE during October 2021.

The national shortage of Registered Nurses and a reduction in university graduates has resulted in a steady increase in RN vacancies from March 2021. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both RNs and HCSW's during this time, these are outlined in section 5.7. Recent targeted recruitment campaigns have focused upon our Acute and Urgent Care Services.

During October 2021 27 graduating RN's commencing employment with the Trust.

7. Recommendations

The Trust Board is asked to:

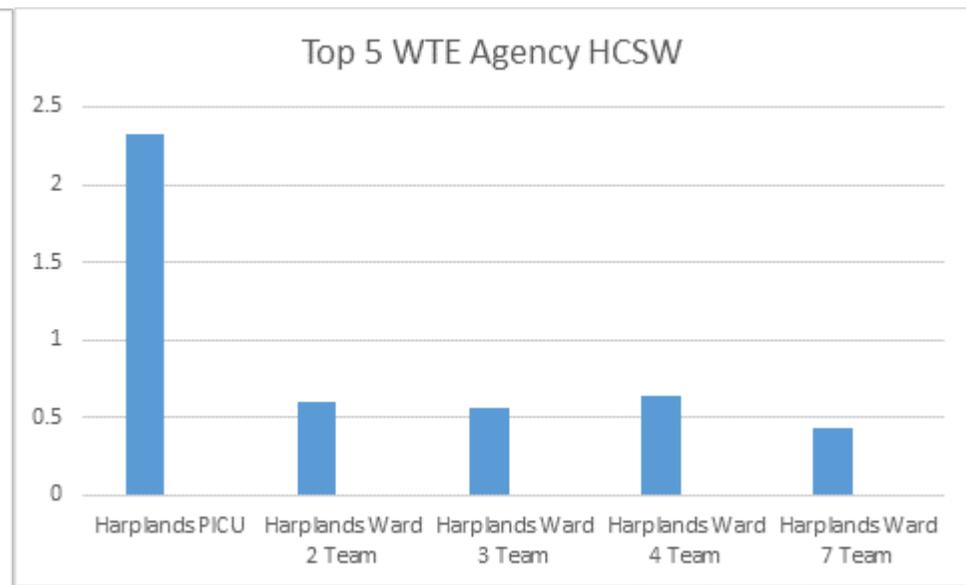
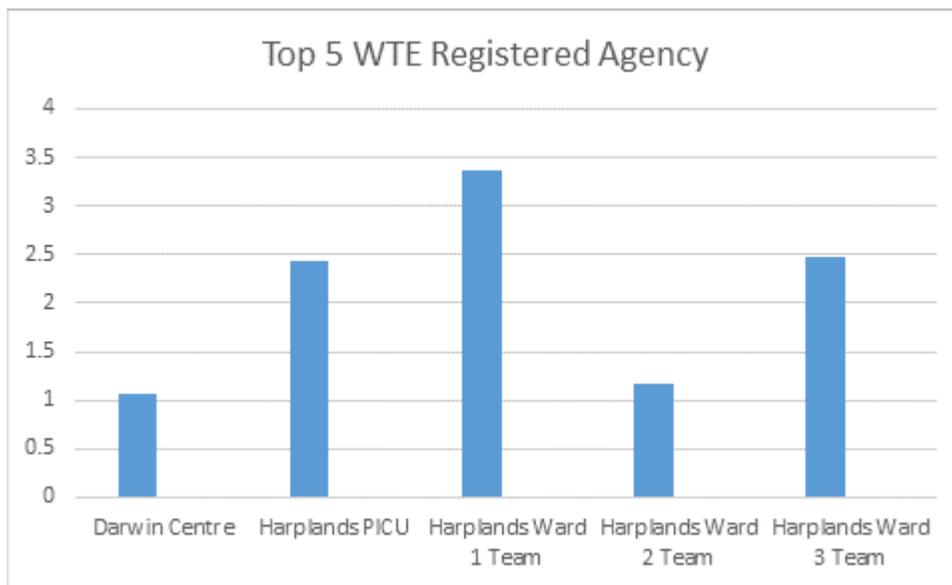
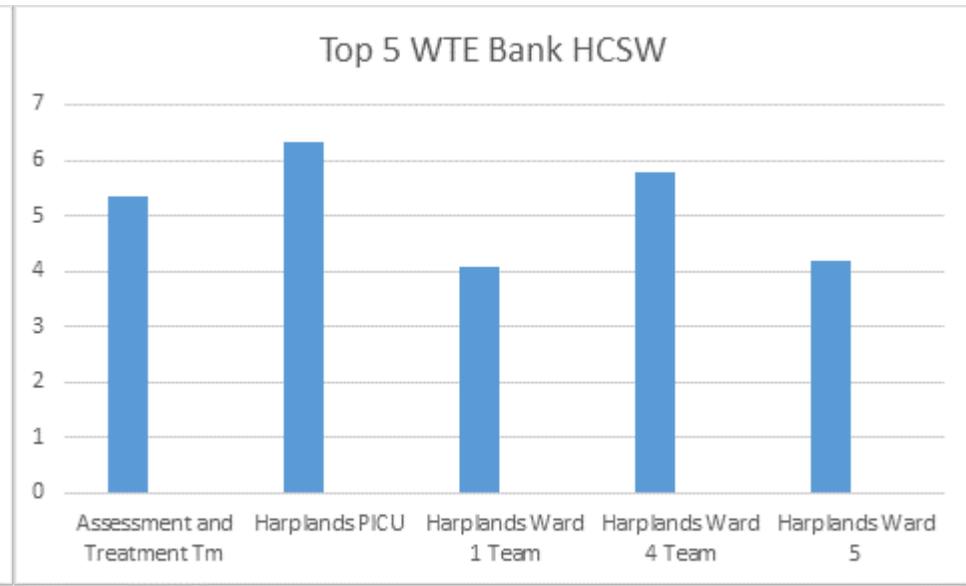
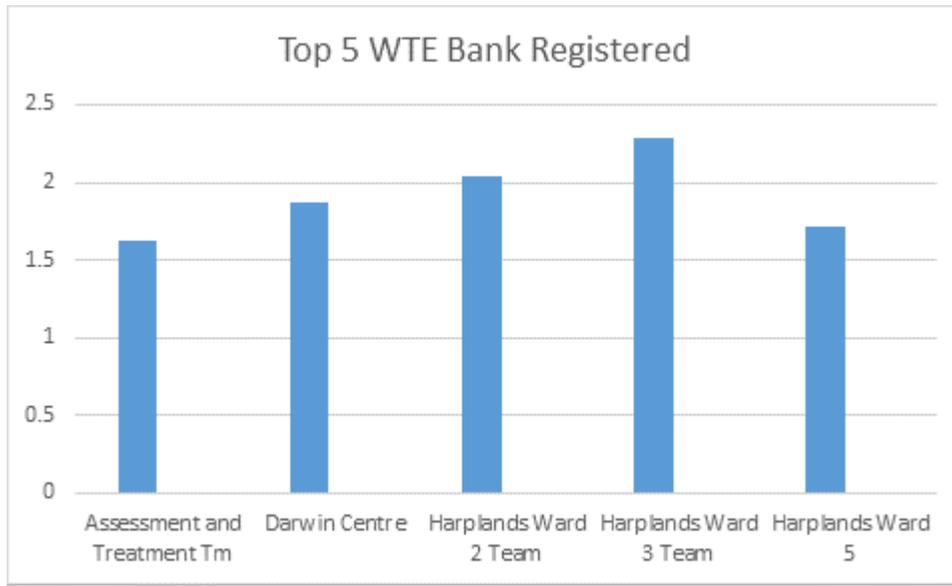
- Receive the report
- Note the challenges with recruitment and the mitigations that are currently in place
- Note the challenge in filling shifts in October
- Be assured that safe staffing levels have been maintained.

Appendix 1 October 2021 Safer Staffing

Ward	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
	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 (%)
Assessment & Treatment	918.00	918.00	863.00	688.20	688.20	355.20	1162.50	1162.50	1466.73	688.20	1143.30	1386.00	94.0%	51.6%	126.2%	121.2%
Darwin Centre	1320.00	1320.00	934.75	688.20	688.20	610.50	1162.50	1627.50	1610.00	688.20	1032.30	1095.80	70.8%	88.7%	98.9%	106.2%
Edward Myers Unit	948.00	948.00	745.75	344.10	344.10	344.10	1162.50	1162.50	780.25	688.20	688.20	643.80	78.7%	100.0%	67.1%	93.5%
Summers View	930.00	930.00	597.25	332.32	332.32	332.22	930.00	930.00	1022.75	664.64	664.64	664.47	64.2%	100.0%	110.0%	100.0%
PICU	994.50	994.50	995.00	688.20	688.20	642.05	1162.50	1627.50	1704.67	1032.30	1376.40	1353.45	100.1%	93.3%	104.7%	98.3%
Ward 1	1320.00	1320.00	777.50	344.10	344.10	427.80	1162.50	1177.50	1067.00	688.20	1032.30	944.40	58.9%	124.3%	90.6%	91.5%
Ward 2	1320.00	1320.00	937.50	688.20	688.20	512.85	1162.50	1207.50	1395.50	688.20	876.90	1090.05	71.0%	74.5%	115.6%	124.3%
Ward 3	1320.00	1320.00	991.00	688.20	688.20	414.70	1162.50	1207.50	1641.45	688.20	688.20	962.40	75.1%	60.3%	135.9%	139.8%
Ward 4	1467.00	1467.00	1138.50	344.10	344.10	348.25	1162.50	1777.50	1918.00	1032.30	1487.40	1427.60	77.6%	101.2%	107.9%	96.0%
Ward 5	1320.00	1320.00	935.00	688.20	688.20	422.70	1162.50	1297.50	1672.25	688.20	1032.30	1418.55	70.8%	61.4%	128.9%	137.4%
Ward 6	1178.25	1178.25	1011.00	688.20	688.20	453.35	1162.50	1402.50	1974.00	1032.30	1176.60	1451.10	85.8%	65.9%	140.7%	123.3%
Ward 7	1320.00	1320.00	1030.00	344.10	344.10	369.70	1162.50	1162.50	1397.50	1032.30	1076.70	1050.60	78.0%	31.8%	120.2%	97.6%
Totals	14355.75	14355.75	10956.25	6526.12	6526.12	5233.42	13717.50	15742.50	17650.10	9611.24	12275.24	13488.22	76.3%	80.2%	112.1%	109.9%
Dragon Square	1065.00	1065.00	888.00	300.00	300.00	298.50	1125.00	1125.00	916.00	600.00	750.00	450.00	83.4%	99.5%	81.4%	60.0%

Ward	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed occupancy October 2021	Movement
	Overall RN %	Overall Care Staff %	Overall Staffing								
Assessment & Treatment	75.8%	123.7%	104.1%	4213.43	128.00	32.92	Nurses working additional unplanned hours and altering the skill mix	3.36	-0.52	67%	↓
Darwin Centre	76.9%	101.7%	91.1%	4663.55	379.00	12.30	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	5.56	-0.66	85%	↑
Edward Myers Unit	84.3%	76.9%	80.0%	2513.90	219.00	11.48	Nurses working additional unplanned hours and altering the skill mix	1.39	0.80	56%	↓
Summers View	73.6%	105.8%	91.6%	2746.93	306.00	8.98	Nurses working additional unplanned hours and altering the skill mix	2.59	0.60	90%	↑
PICU	97.3%	101.8%	100.2%	4895.42	159.00	30.79	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	7.76	0.71	90%	↑
Ward 1	72.4%	91.0%	83.0%	3728.20	241.00	15.47	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	2.72	3.11	57%	↓
Ward 2	72.2%	119.2%	96.2%	4611.65	496.00	9.30	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	3.94	-1.18	76%	↓
Ward 3	70.0%	137.4%	102.7%	4294.55	401.00	10.71	Nurses working additional unplanned hours and altering the skill mix	5.02	-4.00	64%	↓
Ward 4	82.1%	102.5%	95.2%	5437.85	429.00	12.68	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	-0.08	0.88	92%	↑
Ward 5	67.6%	132.7%	102.5%	4823.25	214.00	22.54	Nurses working additional unplanned hours and altering the skill mix	0.35	-1.95	45%	↑
Ward 6	78.5%	132.8%	110.0%	5305.45	320.00	16.58	Nurses working additional unplanned hours and altering the skill mix	1.79	-0.73	69%	↑
Ward 7	56.4%	109.3%	81.5%	4688.30	443.00	10.58	Nurses working additional unplanned hours and altering the skill mix	0.97	-1.60	82%	↑
Totals	77.5%	111.1%	96.8%	51922.48	3735.00	13.90		35.37	-4.54		
Dragon Square	86.9%	72.9%	78.8%	2552.50	126.00	20.26	Nurses working additional unplanned hours and altering the skill mix	0.40	0.74	68%	↓

Appendix 2 Top 5 areas of Bank and Agency Usage for October 2021



Appendix 3 Staffing Issues

- RN vacancies within ward inpatient areas decreased by 11.00 WTE during October 2021 to 35.37 WTE.
- The HCSW vacancy position continues to be over established by 4.54 WTE.
- The RN fill rate increased slightly to 77.5% in October 2021 from 77.1% in September 2021.
- 27 RN Graduates commenced with the Trust in October 2021.
- RN night shift cover continues to remain challenging particularly in those areas with this highest RN vacancies and where more than one RN is required for the night-time shift. This has been reflected by an increase in reported staffing incidents.
- Five Registered Nurses and two HCSW's have left the Trust during October 2021.
- Ward occupancy levels increased in 7 areas and decreased in 6 areas.
- Patient acuity remains high in a number of ward areas.
- 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 October 2021, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls.
- Staffing levels continue to remain under constant review, ensuring that the Trust is as alert as possible to changes, which could affect safe staffing levels within our ward inpatient areas, these being our most critical services.

REPORT TO PUBLIC TRUST BOARD

Enclosure 5

Date of Meeting:	13 th January 2022		
Title of Report:	November 2021 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Alastair Forrester, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
<p><u>Purpose:</u> This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2021 in line with the National Quality Board requirements.</p> <p><u>Key Findings:</u></p> <ul style="list-style-type: none"> • During November 2021, an overall fill rate of 96.8% was achieved; this has remained unchanged from October 2021. • The fill rate for RN shifts increased to 85.5% in November 2021 from 77.5% in October 2021. • Ward occupancy levels increased in 11 areas, decreased in 1 area and remained unchanged in 1 area. • RN vacancies increased by 1.00 WTE to 36.40 WTE. • The HCSW vacancy position continues to be over-established by +3.42 WTE. • Recruitment to vacancies continues to be challenging but has been helped this month by a number of graduate nurses commencing with the Trust. <p><u>Recommendations:</u> 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.</p>	Approval	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 	

	3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/>	
Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.	
Resource Implications:	Temporary staffing costs.	
Funding Source:	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:	To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	
2	Quality Committee	

1.0 Introduction

This report details the ward daily staffing levels during the month of November 2021 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from April 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2.0 Background

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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 the outcome of the review to the Trust Board of Directors. A comprehensive annual report for 2020/21 was presented to the October 2021 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

3.0 Trust Performance

During November 2021, the Trust achieved a staffing fill rate of 84.8% for Registered Nurses and 105.0% for care staff on day shifts and 87.3% and 103.9% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 96.8% was achieved; this has remained unchanged from October 2021.

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 1.

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.

4.0 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.

Using the Model Health System, a data-driven improvement tool that enables NHS health systems and trusts to benchmark quality and productivity both nationally and also with peer organisations; we can identify that the Trusts CHPPD for the latest data period were 13.1, placing the Trust in the highest quartile, against a national median and peer median of 11.2 CHPPD.

5.0 Impact

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

5.1 Incidents reported relating to staffing levels

There were three incidents reported in relation to ward staffing levels during November 2021. Two incidents were reported for Assessment and Treatment, both related to occasions when the unit worked with one staff member below the required level.

One incident was reported for Ward 3. This was due to a staffing shortfall during a night shift when the ward operated one staff member below the minimum level and also reported higher than usual acuity on the ward. The ward were unable to provide emergency support to other areas and were reliant on additional support from the Site Manager and other ward areas if required.

None of the above incidents resulted in patient harm.

5.2 Impact on Patient Experience

Staff prioritise patient experience and direct patient care. COVID-19 restrictions continued to have an impact on patient activities during November 2021. There were 21 occasions (total 64.5 hours) reported of patient activities having to be cancelled due to shortfalls in staffing levels. On eight occasions activities were rescheduled. There were 7 occasions when activities were shortened due to shortfalls in staffing numbers.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during November 2021:

- 161 staff breaks were cancelled (equivalent to approximately 3.4% of total breaks). This figure has increased from 2.4% in October 2021. Ward 3 reported the highest number of missed breaks – 40 in total (18 for RN's and 22 for HCSW's). Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.
- Face to face, mandatory training sessions for MAPA and In Hospital Resuscitation (IHR) recommenced in May 2021. Where appropriate all other mandatory training is provided using the web-based Learning Management System or through a facilitated virtual presentation and discussion. During November 2021, 4 mandatory training sessions had to be cancelled as a result of staffing shortfalls, these occurred at PICU and Ward 1.
- During November 2021, there were five reports of staff appraisals being cancelled due to staffing shortfalls, these occurred at PICU and Ward 3.

5.4 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 383 RN shifts were covered by HCSW's where RN temporary staffing was unavailable. RN staff covered 141 HCSW shifts where HCSW temporary staffing was unavailable. Additionally, as outlined in section 5.3, staff breaks have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

There were 39 occasions in November 2021 (127 hours total) when members of the multi-disciplinary team provided additional support to maintain safe staffing levels. These occasions occurred most frequently within the adult acute wards. This mitigation continues to demonstrate the high level of flexibility provided by staff when responding to shortfalls.

There were 52 occasions (170 hours total) reported when staff worked additional unplanned hours to support ward staffing levels. These occasions occurred at Ward 2 and PICU.

Safer Staffing Huddles continued during November 2021, 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.

In addition, to support staffing shortfalls the Temporary Staffing Team have been given early approval to recruit to an additional twelve agency staff each day to support ward inpatient areas.

Bank and agency usage has increased significantly in the past 24 months; this has at times been essential for the maintenance of safe staffing levels. An overview of the bank and agency usage during 2020 and 2021 is provided towards the end of this report in Appendix 2.

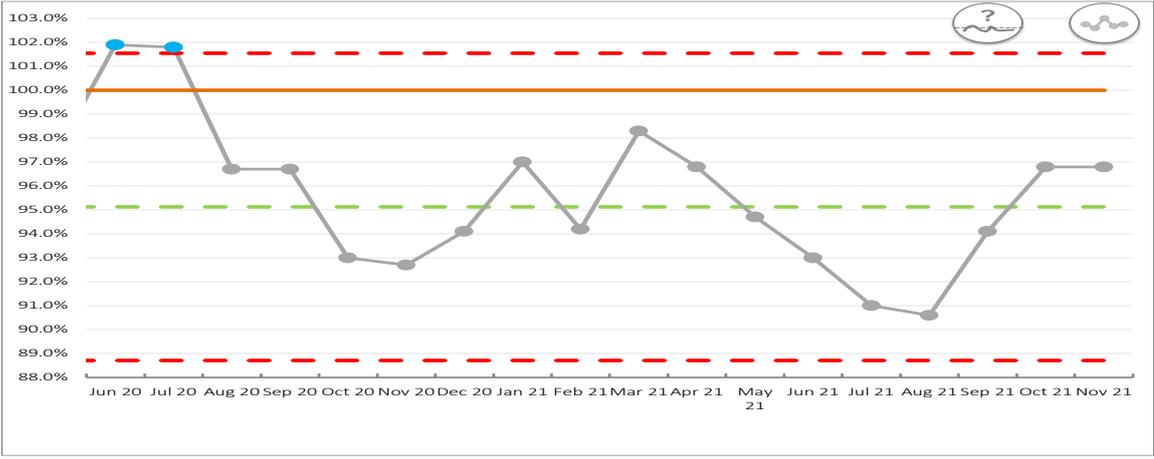
5.5 Overall Fill Rate

The overall staffing fill rate during November 2021 was 96.8%. This has remained unchanged from October 2021 and is outlined in the SPC chart below. The chart provides an overview of the total fill rate for the past 18 months. During this period staffing fill rates have remained within the area of common cause variation and have most frequently fallen within the upper control limit.

A consistent and steady decline in the overall fill rate can be seen from March 2021 until September 2021. This has been more noticeable than in previous years due to the ending of March student nurse intakes and the resulting absence of spring graduates. As expected fill rates began to improve from September 2021 when a number of graduate RN's commenced with the Trust.

The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised in section 5.4.

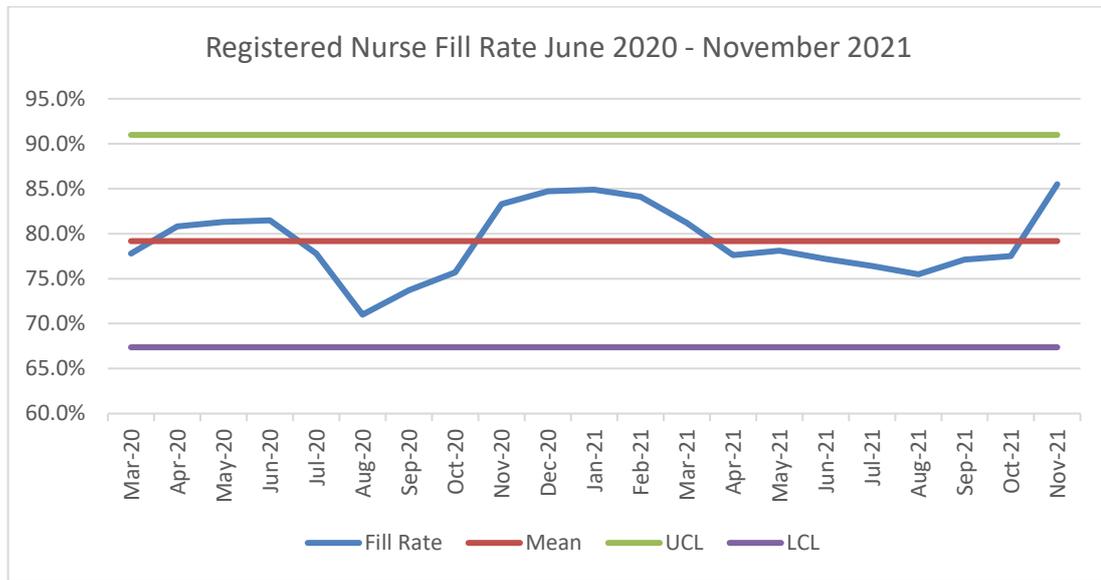
Overall Fill-Rate February 2020 – November 2021



5.6 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during November 2021 was 85.5%. This has increased from the 77.5% fill rate reported in October 2021 and is due to the commencement of a number of graduating nurses.

The trend over the past 18 months is presented in the chart below. We can see that the RN fill rate has consistently remained within the area of common cause variation though remains a challenge due to the reasons outlined above.



5.7 Recruitment

In line with the national picture, recruitment to all nursing posts continues to be difficult. In July 2021, the Trust established a project group to support short-term workforce planning within the Acute and Urgent Care Directorate. Recognising the need to ensure adequate staffing availability to deliver service developments and also maintain current safe staffing levels this project has now been broadened out to include all clinical areas. Chaired by the Deputy Director of Operations, a Task and Finish Group is currently working to deliver 33 schemes. Focussing on retention and well as recruitment, some schemes have clear output values e.g. completion of training programmes, whilst others are less quantifiable such as the development of extended recruitment campaigns.

The Trust continues to employ a majority of our RN's from the newly graduating student nurse cohorts. During October 2021, 27 nursing graduates commenced with the Trust. Relationships with both local HEI's, as well as those further afield remain strong and have helped to improve recruitment and attract the best graduates to join our workforce.

During April 2021, our first cohort of 14 Registered Nurse Degree Apprenticeship (RNDA) commenced their training on the mental health pathway with the University of Derby. Staff are funded by the Trust with some central funding being provided by Health Education England (HEE). In addition we have a further cohort of 7 BSc Nursing Apprentices commencing in March 2022 and we are

currently planning for the commencement of 6 MSc Nursing Apprentices in September 2022.

Furthermore, we have secured funding (circa £100,000) from HEE to support up to 6 existing staff – Nursing Associates/Assistant Practitioners to undertake a 2 year nursing top up degree. We are aiming for a March 2022 start date with Staffordshire University.

We are continuing to support HCSW apprenticeships within our Acute and Urgent Care Wards; this includes our own apprentices and those who rotate through our ward areas as part of a Staffordshire wide programme.

The Trust continues to participate in the NHSE/I Retention Support Programme. This includes a number of initiatives including, involvement with national return to practice campaigns and the strengthening of the nursing career pathway through our partnership work with Staffordshire and Keele Universities.

We continue to deliver a robust programme of preceptorship to our newly qualified nurses. We also support a number of academic programmes, which run alongside significant work based and placement learning.

In addition, we are currently expanding our support for nurses who trained overseas to enable their registration to be recognised in the UK. We are continuing to contribute to the regional NHSE/I international nurse recruitment programme for mental health and learning disability nurses which will include the development of a regional OSCE (Test of Competence) programme.

5.8 Registered Nurse and HCSW Retention

During November 2021, three Registered Nurses (2.64 WTE) left the Trust; two from Community Services, and one from inpatient areas. Two nurses left for an improved work life balance and the other retired for reasons of health.

Six HCSW's (6.86 WTE) and one Activity Worker (1.00 WTE) left the Trust during November 2021. Five from within inpatient services and one from Community Services. Two taking age related retirement, two seeking an improved work life balance, one for health reasons and one for a promotion opportunity.

5.9 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 we have a number of Registered Nurses who are undertaking a 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.

The Trust preceptorship programme has been enhanced, providing additional support and supervision for our newly registered staff. The initial induction programme has been updated to ensure that staff receive a thorough briefing regarding COVID-19 and the required Infection Prevention and Control (IPC) standards and expectations.

The Ward Managers Task and Finish Meetings take place each month. Dedicated time is provided for reflection, group supervision, and wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas.

6.0 Summary

Ward staffing remained challenging during November 2021. Patient acuity continues to be high within a number of wards with occupancy increasing in almost all areas. 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 Incident Management Group.

RN vacancies within ward inpatient areas increased by 1.00 WTE during November 2021 to 36.40 WTE. The highest level of RN vacancy remains at PICU (9.76 WTE) though

Overall ward based HCSW positions continue to be over established by 3.42 WTE during November 2021.

The national shortage of Registered Nurses and a reduction in university graduates has resulted in a steady increase in RN vacancies from March 2021. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both RNs and HCSW's during this time, these are outlined in section 5.7. Recent targeted recruitment campaigns have focused upon our Acute and Urgent Care Services.

During October 2021 27 graduate RN's commenced employment with the Trust.

7. Recommendations

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

Appendix 1 November 2021 Safer Staffing

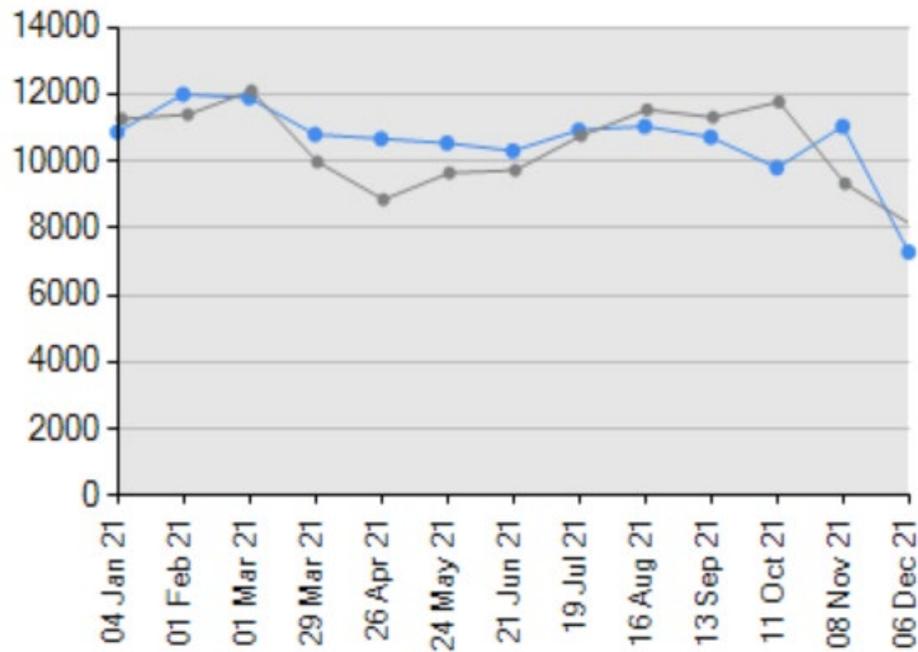
Ward	Registered Nurses						Care Staff						Registered Nurse		Care Staff	
	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)
Assessment & Treatment	906.00	906.00	1052.00	666.00	666.00	344.85	1125.00	1680.00	1660.00	666.00	1320.90	1609.50	116.1%	51.8%	98.8%	121.8%
Darwin Centre	1290.00	1290.00	1093.00	666.00	666.00	577.20	1125.00	2130.00	1698.33	666.00	1409.70	1310.30	84.7%	86.7%	79.7%	92.9%
Edward Myers Unit	930.00	930.00	821.25	333.00	333.00	333.00	1125.00	1125.00	922.75	666.00	666.00	665.50	88.3%	100.0%	82.0%	99.9%
Summers View	900.00	900.00	639.42	321.60	321.60	324.50	900.00	900.00	990.08	643.20	643.20	643.50	71.0%	100.9%	110.0%	100.0%
PICU	1380.00	1380.00	1355.75	666.00	666.00	699.30	1620.00	1620.00	1582.00	1332.00	1332.00	1250.55	98.2%	105.0%	97.7%	93.9%
Ward 1	1290.00	1290.00	960.58	333.00	333.00	430.55	1125.00	1335.00	1184.50	666.00	1154.40	1053.75	74.5%	129.3%	88.7%	91.3%
Ward 2	1290.00	1290.00	1114.75	666.00	666.00	638.70	1125.00	1290.00	1341.75	666.00	854.70	921.30	86.4%	95.9%	104.0%	107.8%
Ward 3	1290.00	1290.00	1117.22	666.00	666.00	522.75	1125.00	1185.00	1387.80	666.00	788.10	1006.50	86.6%	78.5%	117.1%	127.7%
Ward 4	1444.00	1444.00	1179.50	333.00	333.00	358.10	1125.00	1530.00	2046.25	999.00	1298.70	1411.25	81.7%	107.5%	133.7%	108.7%
Ward 5	1290.00	1290.00	979.52	666.00	666.00	433.80	1125.00	1642.50	1839.67	666.00	1387.50	1573.80	75.9%	65.1%	112.0%	113.4%
Ward 6	1141.50	1141.50	884.00	666.00	666.00	458.70	1125.00	1575.00	1937.75	999.00	1332.00	1317.95	77.4%	68.9%	123.0%	98.9%
Ward 7	1290.00	1290.00	1042.50	333.00	333.00	389.50	1125.00	1147.50	1422.98	999.00	1021.20	964.95	80.8%	117.0%	124.0%	94.5%
Totals	14441.50	14441.50	12239.48	6315.60	6315.60	5510.95	13770.00	17160.00	18013.87	9634.20	13208.40	13728.85	84.8%	87.3%	105.0%	103.9%
Dragon Square	1065.00	1065.00	858.50	300.00	300.00	295.50	1125.00	1125.00	892.75	600.00	680.00	390.00	80.6%	98.5%	79.4%	57.4%

Ward	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Safe staffing was maintained by	RN Vacancies	HCSW Vacancies	Bed Occupancy November 2021	Movement
	Overall RN %	Overall Care Staff %	Overall Staffing								
Assessment & Treatment	88.9%	109.0%	102.0%	4666.35	142.00	32.86	Nurses working additional unplanned hours and altering the skill mix	2.46	-1.52	77%	↑
Darwin Centre	85.4%	85.0%	85.1%	5252.83	372.00	14.12	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	4.56	-0.34	89%	↑
Edward Myers Unit	91.4%	88.7%	89.8%	2742.50	260.00	10.55	Nurses working additional unplanned hours and altering the skill mix	1.63	1.20	72%	↑
Summers View	78.9%	105.9%	93.9%	2755.00	272.00	10.13	Nurses working additional unplanned hours and altering the skill mix	3.60	1.00	92%	↑
PICU	100.4%	96.0%	97.8%	5181.60	176.00	29.44	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	9.76	0.71	93%	↑
Ward 1	85.7%	89.9%	88.3%	3922.88	338.00	11.61	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	1.72	2.11	85%	↑
Ward 2	89.6%	105.5%	97.9%	4846.00	523.00	9.27	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	3.94	-1.18	79%	↑
Ward 3	83.8%	121.3%	102.7%	4605.52	422.00	10.91	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	5.02	-4.40	70%	↑
Ward 4	86.5%	122.2%	108.5%	5719.60	424.00	13.49	Nurses working additional unplanned hours and altering the skill mix and support from the MDT.	-0.28	0.88	91%	↓
Ward 5	72.3%	112.7%	96.8%	5259.03	262.00	20.07	Nurses working additional unplanned hours and altering the skill mix	0.20	-1.95	87%	↑
Ward 6	74.3%	112.0%	97.5%	5228.40	350.00	14.94	Nurses working additional unplanned hours and altering the skill mix	3.79	-0.73	76%	↑
Ward 7	88.2%	110.1%	100.7%	4650.43	429.00	10.84	Nurses working additional unplanned hours and altering the skill mix	0.00	0.80	82%	↔
Totals	85.5%	104.5%	96.8%	54830.15	3970.00	13.81		36.40	-3.42		
Dragon Square	84.5%	71.1%	76.9%	2436.75	136.00	17.92	Nurses working additional unplanned hours and altering the skill mix	0.40	0	71%	↑

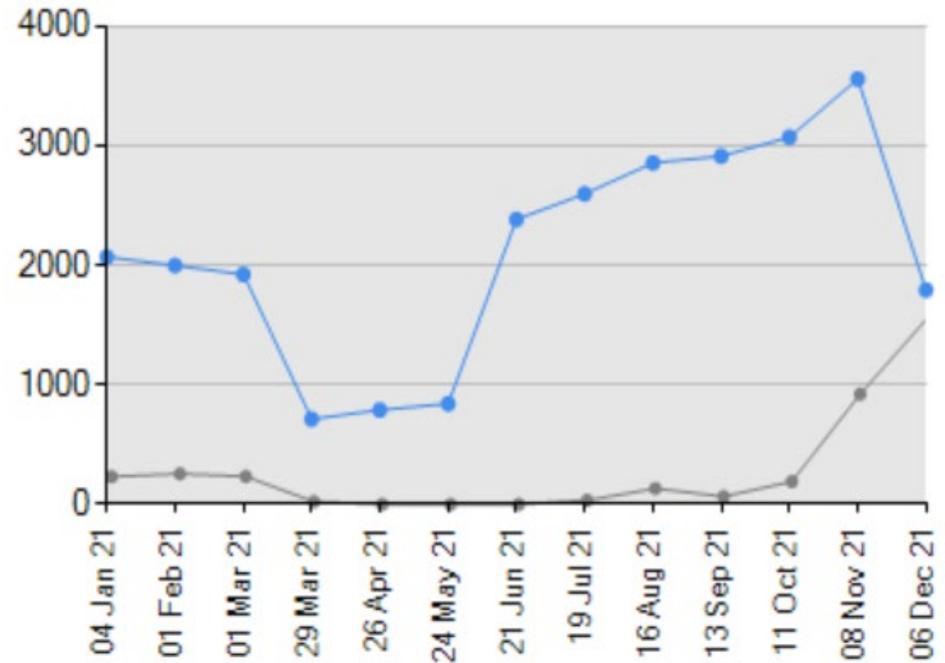
Appendix 2 - Bank and Agency Usage 2020 and 2021

	2020
	2021

Bank Usage - Hours



Agency Usage - Hours



Appendix 3 Staffing Issues

- RN vacancies increased by 1.00 WTE to 36.40 WTE.
- The HCSW vacancy position continues to be over-established by +3.42 WTE.
- The RN fill rate increased slightly to 85.5% in November 2021 from 77.5% in October 2021.
- 27 RN Graduates commenced with the Trust in October 2021.
- RN night shift cover continues to remain challenging particularly in those areas with this highest RN vacancies and where more than one RN is required for the night-time shift.
- Three Registered Nurses and six HCSW's have left the Trust during November 2021.
- Ward occupancy levels increased in 11 areas, decreased in 1 area and remained unchanged in 1 area.
- Patient acuity remains high in a number of ward areas.
- 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 November 2021, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls.
- Staffing levels continue to remain under constant review, ensuring that the Trust is as alert as possible to changes, which could affect safe staffing levels within our ward inpatient areas, these being our most critical services.

REPORT TO PUBLIC TRUST BOARD

Enclosure 6

Date of Meeting:	13 th January 2022		
Title of Report:	Q2 Serious Incident Report		
Presented by:	Dr Dennis Okolo, Interim Medical Director		
Author:	Jackie Wilshaw, Head of Patient and Organisational Safety		
Executive Lead Name:	Dr Dennis Okolo, Interim Medical Director	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report		
	<p>This report provides the Trust with Assurance relating to the nature and status of SI's currently open and the trend data for Q1 2021/22 and Q2 2021/22. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. Q2 was an average reporting month: Seventeen SIs were reported. There were fewer suspected suicides of service users than in previous quarters. A panel review has been initiated following an incident involving a person on leave from an inpatient area. The Duty of Candour report is also included. There have been no breaches in the Duty of Candour process.</p>	Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
Assurance		<input checked="" type="checkbox"/>	
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Date:			
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services X 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications:	N/A		
Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
Shadow ICS Alignment / Implications:	N/A		
Recommendations:	<p>For SLT to take assurance in the process by which Serious Incidents are monitored in the Trust</p> <p>The focus in the Trust for Learning from Serious Incidents</p>		

	The work done in the Trust and wider health economy with regards to Serious Incidents	
Version	Name/group	Date issued
1	Jackie Wilshaw	
	CSIG	

1. Purpose of the report

This report provides assurance to Board regarding processes relating to Serious Incidents (SIs) and Duty of Candour. The report covers the Q2 period from 1st July 2021 to 30th September 2021 and details the following:

- The status of SIs currently open and trend data for Q2 2021/22.
- Serious Incidents by category reported by quarter.
- Themes, learning and change arising from Serious Incident investigations.
- The Duty of Candour report.

2. Serious Incidents

SI reviews are undertaken following incidents involving people in receipt of services or who have been in receipt of services in the previous 6 months. Reviews of the care provided are completed for incidents where death, serious injury or serious event has occurred. For the purposes of this report, reviews are not undertaken for those service users whose deaths are determined by HM Coroner to be the result of natural causes. These deaths are subject to reviews under the mortality surveillance process.

Responding appropriately when things go wrong in healthcare is a key part of the way that the Trust can continually improve the safety of the services we provide to our patients. We know that healthcare systems and processes can have weaknesses that can lead to errors occurring and, tragically, these errors sometimes have serious consequences for our patients, staff, services users and/or the reputation of the organisations involved themselves. It is therefore essential that we continually strive to reduce the occurrence of avoidable harm.

At present the Trust uses a blended mix of formal reports, the Learning Lessons framework, the forums across the directorates and the weekly Incident Review Group to share the learning from incident reviews. During Q2 there have been a number of workshops organised for multi-disciplinary teams to explore understanding and learning in relation to Serious Incidents. These workshops are ongoing.

Progress towards the implementation of the Patient Safety Incident Response Framework (PSIRF) is ongoing: To support a systems approach to learning from patient safety incidents, NHS England have invited tenders from organisations to provide a Training and Development framework to support organisations in the implementation of the new structures.

2.1 The table below illustrates the total number of SIs reported by quarter for the period starting April 2020.

StEIS Incident category	Q1	Q2	Q3	Q4	Total 2020/21	Q1	Q2	Q3	Q4	Total 2021/22
Apparent/actual abuse	0	1	0	2	3	1	1			2
Unexpected potentially avoidable injury causing serious harm: this is subdivided as shown below										

Apparent/actual/suspected self-harm criteria meeting SI criteria	1	3	5	2	11	2	3			5
Slip, trip, fall	1	2	1	2	6	1	2			3
Disruptive, aggressive behaviour meeting SI criteria	0	1	0	1	2	0	1			1
Unexpected/Potentially avoidable serious assault (inc Suspected Homicide)	1	0	0	0	1	0	0			0
Unexpected potentially avoidable death: This is subdivided as shown below										
Pending review	5	2	9	8	24	9	8			17
Apparent/actual/suspected self-harm criteria meeting SI criteria (suspected suicide)	6	6	9	6	27	3	1			4
Disruptive/aggressive/violent behaviour (new Q4 2020/21)	0	0	0	1	1	0	0			0
Hospital Acquired infection	0	0	0	1	1	0	1**			1
Total	14*	15	24	23	76	16	17			33

*this figure is changed from that reported during the quarterly reports due to a number of investigations being downgraded from SI investigations in the event of HM Coroner determining a natural cause death. Reviews of these deaths were therefore transferred to the mortality surveillance process.

**multiple covid-19 deaths

2.2 Impact of Covid-19

Since the onset of the Covid-19 pandemic and in consideration of the possible impact on suicide rates and levels, the Trust has asked the SI reviewers to take into account any Covid-19 related factors which may have contributed to the mental health distress of the people who died by suicide or who significantly self-harmed during this period. For incidents reported to date, early learning does not indicate that factors relating to the pandemic specifically impacted upon the events reported. However it is acknowledged that some service users found the use of digital technology rather than face to face meetings to be difficult when discussing their presenting problems.

A multi-person review of people who died whilst hospital in-patients 28 days after a positive Covid-19 test is reported in section 4: Learning from Serious Incidents.

2.3 Serious Incidents reported by team and directorate

Team	Jul 21	Aug 21	Sept 21	Total
Acute Home Treatment Team	1			1
Ashcombe			1	1
CDAS	1	2		3
Darwin Centre		2		2
Greenfields Centre	1	1	2	4
Harplands Wards 4,5,6,and 7		1		1
Liaison and Diversion			1	1
Sutherland Centre	1			1
Ward 3			1	1
Ward 7	1		1	2

Directorate	Jul 21	Aug 21	Sep 21	Total
Acute and Urgent Care	2	1	2	5
North Staffordshire Community			2	2
Specialist	1	4		5
Stoke-on-Trent Community	2	1	2	5
Total per month	5	6	6	17

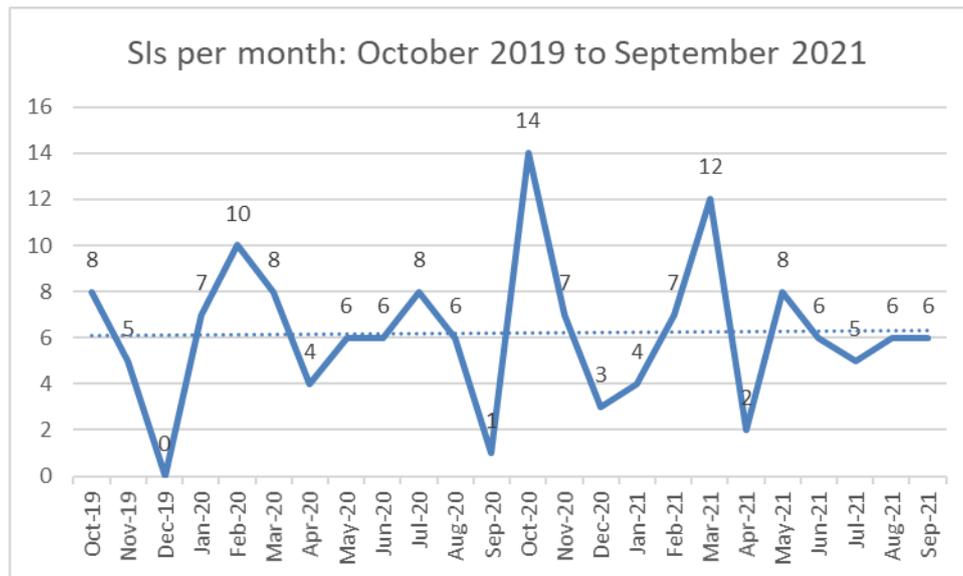
During Q2, 17 incidents were reported on to StEIS and have undergone or are in the process of undergoing SI Reviews.

The main points to note are:

- There were five incidents in the Acute and Urgent Care Directorate:
 - There were two incidents involving inpatient slip, trip, falls; one unexpected death and one incident involving the management of MHA documentation, which is reported under the category of 'abuse/neglect'.
 - There was one review completed which provide an overarching review of inpatient deaths of people who died within 28 days of a positive Covid-19 test.
- In the North Staffs Community Directorate, two incidents were reported:
 - There were two sudden unexpected deaths.
- There were five incidents reported for the Specialist Services Directorate:
 - There were three sudden unexpected deaths and two incidents of serious self-harm.
- There were five incidents reported for the Stoke Community Directorate:
 - There were three sudden unexpected deaths; one incident of serious self-harm and one incident of violent behaviour meeting the SI criteria.

3. Themes and Trends

The graph below shows the number of Serious Incidents reported monthly over a 2 year period. The average number of SIs reported each month is 6. Incidents numbers above and below the average number of SIs reported are clearly visible. To date no significant themes or trends were identified amongst these spikes in incidents reported, nor is it possible to give a rationale for months when the number of incidents reported was significantly below the average .



4. Learning from Serious Incidents

Recommendations and learning from investigations are disseminated upon completion of the SI reviews. The learning identified from closed SI reviews during Q1 and Q2 included the following:

- Following assessment, any patient requiring referral to the Wellbeing service should have this referral made by the practitioner rather than relying on their self-referral.
- Consideration for developing formal relationships between Hilda Johnson House care team and local alcohol services to support service users who reside in the unit and who have a history excessive alcohol use.
- Ensuring that the care transfer process between CMHTs is fully person-centred, with extended periods of support where required.
- For risk assessments to reflect and consider the increased risks associated with impulsivity associated with increased alcohol use.
- All concerns regarding compliance with treatment plans, including areas of concern regarding physical health issues, should be clearly documented within the care plan evaluations.
- For people with a diagnosis of Severe Mental Illness, teams were reminded that co-produced care plans regarding non-engagement, including DNA appointments are required.
- Refresher training in the completion of the Falls Risk Assessment Tool and the Multifactorial Falls risk Assessment Tool is underway, to address discrepancies in staff completion of the assessments.
- As with many SI reviews the need for accurate clinical record keeping remains a constant theme however it is generally noted that these are often isolated occurrences with individual practitioners and not indicative of widespread team issues.
- Following several incidents involving self-harm in young people, it has been agreed that post completion of the incident reviews an overarching action plan would be completed. Whilst the overarching plan is currently in development, learning has been identified regarding risk assessing a young person's needs prior to leave or discharge and progress has been made in this area.

Good practice regarding the management of depot clinics was noted at the Lymebrook Centre, where the clinic days were changed to allow for a more flexible service and for improved follow up to those people who did not attend for their depot medication injections.

A multi-person SI review was undertaken following guidance issued by NHSE in March 2021. This review considered the deaths and care provided to 8 people who had died within 28 days of a positive covid-19 test. This review was also supported by the information obtained through outbreak management reviews which are completed following each period of outbreak/ward closure.

The overarching review found that there was evidence of good quality care delivered by the frontline staff and supported by the Trust Infection Prevention and Control (IPC) Team. It was noted that staff responded quickly and appropriately to changes determined by NHS England regarding Personal Protective Equipment, cleaning schedules etc. This was evidenced through bi-weekly covid-19 audits which were conducted to assess staff knowledge and skills regarding covid-19 and IPC.

There was an isolated issue regarding staff awareness of the swabbing regimes until it was understood by all that the day of admission would be classed as 'day 1' for the purposes of the 1,3 and 7 day swabbing requirements.

5. HM Coroner: Regulation 28 notice

In July 2021 a Regulation 28 Report to Prevent Future Deaths Notice was issued to the Trust by the Area Coroner for Stoke-on-Trent and North Staffordshire. The concerns raised by the Coroner were regarding the allocation and management of the care co-ordination process. The Trust response outlined improvements to the Care Management Policy which have taken place as part of learning since the incident occurred. These changes include the following actions:

- Adherence to Trust policy monitored and reviewed monthly at internal performance meetings.
- Provision of additional training regarding the role expectation of Care Coordinators.
- Performance of Care Coordinators is subject to weekly review by Team Leaders.
- The revised Care Management Policy sets out clear timeframes for the allocation of Care Coordinators, assessment of need, care plans and review timescales.

6. Duty of Candour

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

During Q2 there have been 22 incidents which were rated as moderate harm or above. There have been no breaches in the DoC process.

- One incident met the criteria for reporting under the DoC requirements, a letter was sent to the persons involved within the statutory timescales.
- 17 incidents did not meet the criteria for reportable DoC incidents i.e. no act or omission of care that resulted in the person coming to moderate or above harm. Due to the high number of incidents where staff code the impact as being of moderate harm or above and which are later regraded following review, a Learning Lessons session is planned to remind staff of the criteria for coding harm impact and to refresh their understanding of the DoC requirements.
- There were four incidents being reviewed as part of the SI process. There is no initial indication that the incidents will meet the DoC threshold.

6. Conclusion

The Board is requested to note that the Trust continues to monitor all Serious Incidents monthly through the Clinical Safety Improvement Group, demonstrating compliance with Trust policies and processes.

The learning from investigations is cascaded across the Trust through a variety of governance processes. From the internal team and directorate processes across to full Trust cascade and through the Learning Lessons framework. This is to ensure that the learning from investigations is not completed in isolation and that a positive learning culture is maintained, through supporting staff with the opportunity to reflect and share learning.

REPORT TO PUBLIC TRUST BOARD

Enclosure 7

Date of Meeting:	13 th January 2022		
Title of Report:	Q2 Mortality Surveillance Report		
Presented by:	Dr Dennis Okolo, Interim Medical Director		
Author:	Jackie Wilshaw, Head of Patient and Organisational Safety		
Executive Lead Name:	Dr Dennis Okolo, Interim Medical Director	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
	<p>This report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years. This report refers to Q2 2021/22. (1st June to 30th September 2021)</p> <p>During Q2 the mortality surveillance group reviewed the care of 17 people (meetings took place on 13th July, 10th August and 14th September 2021). The analysis is provided in the table on page 1.</p> <p>Of the reviews undertaken during this timeframe, the care was rated to be good in eleven cases (65%)</p> <p>In two cases the care was rated to be excellent; in the case of one person, this related to the care of someone with Learning Disabilities who received support from the Community LD Team. The other person was supported by Neuro Community Team, following discharge from Ward 7.</p> <p>There was 1 case that the group considered to have been poor care; this was due to the person having a long care period without a allocated care co-ordinator. The team reported that this was a consequence of staffing difficulties at this time.</p>	Approval
Information		<input checked="" type="checkbox"/>
Discussion		<input type="checkbox"/>
Assurance		<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 	
Risk / legal implications: Risk Register Reference		
Resource Implications:		

Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
Shadow ICS Alignment / Implications:		
Recommendations:		
Version	Name/group	Date issued
1	Jackie Wilshaw	25/11/2021

1. Introduction

In 2017 the National Quality Board published new guidance on learning from deaths. As a result there is a need to ensure that the Trust can be confident that all unexpected deaths are reported and investigated appropriately. Additionally, information contained within its databases must be accurate and comply with the Trust standard of transparency and accountability. The deaths reviewed under the remit of mortality surveillance (MS) are those categorised as natural cause deaths and are not subject to reviews under the Serious Incident policy or Inquest at HM Coroner's Court. This report is for the Q2 reporting period 2021/22 and provides information for the time frame July to September 2021.

2. Trust reporting and data collection

During Q2 the mortality surveillance group reviewed the care of 17 people (meetings took place on 13th July, 10th August and 14th September 2021). The analysis of these deaths is shown in the table below.

Meeting date	Identifier	Death Category	Level of care	Death occurred as a result of problems in healthcare?	DoC applies?	Domain
July 2021	<u>37344</u>	EN1 Expected Natural	4. Good Care	No	No	Physical Health/Learning Disability
	<u>37409</u>	UN1 Unexpected Natural	4. Good Care	No	No	Physical Health
	<u>37311</u>	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health
	<u>37541</u>	EN1 Expected Natural	3.Adequate Care	No	No	Physical Health
	<u>38054</u>	EN1 Expected Natural	4. Good Care	No	No	Physical Health
	<u>37702</u>	UN1 Unexpected Natural	3.Adequate Care	No	No	Drugs and alcohol
	<u>38729</u>	EU Expected Unnatural	2.Poor Care	No	No	Drugs and alcohol
August 2021	<u>37473</u>	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health/Learning Disability
	<u>39280</u>	EN1 Expected Natural	4.Good Care	No	No	Physical Health
	<u>39381</u>	UN2Unexpected Natural	4.Good Care	No	No	Drugs and alcohol
	<u>39160</u>	UN2Unexpected Natural	3.Adequate Care	No	No	Drugs and alcohol
	<u>39764</u>	UN2Unexpected Natural	4.Good Care	No	No	Physical Health/ Drugs and alcohol

September 2021	<u>39535</u>	EU Expected Unnatural	4.Good Care	No	No	Physical Health
	<u>39625</u>	EN1 Expected Natural	4.Good Care	No	No	Physical Health
	<u>39624</u>	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
	<u>39961</u>	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health and Clozapine
	<u>40187</u>	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health and Clozapine

*denotes people who died and Covid-19 was written on the death certificate.

The definitions for the death category are shown below:

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

The mortality surveillance group considered that good care had been provided where there was evidence of the staff providing a good level of support, had responded quickly and appropriately to situations where deterioration in physical health was noted. Adequate care is determined to be care where the basic standards of expected support are given. Poor Care is determined where the group consider that the actions of the clinicians did not meet the standards required by the Trust. However in part these determinations are dependent upon the quality of the documentation contained within the mortality surveillance review tools and the electronic patient records. Feedback to the directorate/team on the quality of documentation is sent to the clinical teams in order to improve future entries in the patient records.

Of the reviews undertaken during this timeframe, the care was rated to be good in eleven cases (65%); it was agreed by the group that there was evidence of care being provided in a timely manner and that the actions taken by Trust staff demonstrated their compassion and support to people who were physically unwell.

In two cases the care was rated to be excellent; in the case of one person, this related to the care of someone with Learning Disabilities who received support from the Community LD Team. The other person was supported by Neuro Community Team, following discharge from Ward 7. In both of these cases, it was noted that the documented care delivered was compassionate and supported the person to continue to receive mental health support whilst accessing physical health services as well as palliative care being arranged in timely manner.

Of the reviews undertaken during this timeframe, there was 1 case that the group considered to have been poor care; this was due to the person having a long care period without a

allocated care co-ordinator. The team reported that this was a consequence of staffing difficulties at this time. Whilst this did not contribute to the person's death, the group agreed that this was an example where care was not provided in line with the Trust value of being responsive. In addition, the group noted that the person was drinking excessively and despite advice did not self-refer to Humankind. The group considered that mental health services could have been more proactive in supporting the person's self-referral. This was discussed with the service manager.

There were three cases where the group considered the care to have been adequate; this related to follow up contacts not being completed in a timely manner and an out of date care plan and risk assessment. These factors were not considered to be contributory to the death of the people involved but simply did not demonstrate the compassion associated with good care or the required standard of record keeping. The group accepts that the difference between good and adequate care may be in the manner in which the records are completed by staff.

Mortality surveillance is completed for people known to the Trust who have alcohol related issues, as drug related deaths are reviewed through the Serious Incident Framework. Therefore, of the deaths reviewed during Q2, 16%, or 2 people, were known to Stoke Community Drug and Alcohol Services (CDAS) for alcohol related issues. In each case the person also had underlying physical health co-morbidities associated with long-term alcohol abuse.

3. LeDeR

There was one person with a learning disability whose care was reviewed during this time frame. In addition to the mortality surveillance reviews completed by the Trust all deaths of people with Learning Disabilities are reported to a national reviewing board. The deaths are then allocated to regional offices for review and where necessary additional mortality reviews may be undertaken. To ensure oversight of all deaths of people known to the Trust, the decision was made to include the deaths of people with Learning Disabilities in the mortality surveillance process.

During the latter part of 2020, the regional team requested further information regarding the Trust reviews of a number of people with Learning Disabilities however we are still to receive any reviews completed by the regional teams.

In June 2021, the process for LeDeR reviews changed (see paper submitted to June SLT and QC. *Learning from lives and deaths - People with a learning disability and autistic people (LeDeR) policy 2021*).

The new platform went live on 1st July 2021 following a short delay. There were 22 unallocated reviews (1/03/2021-01/06/2021) which will be undertaken by the regional CSU. As previously stated and in line with national targets for cases, these should be allocated within 3 months and completed in 6 months by the regional teams. However this work is outside of the remit of the trust.

From October 2021, People over 18 years with a diagnosis of autism will now also qualify for LeDeR review.

However the basic process of the Trust completing our own mortality surveillance reviews will continue to take place to ensure that any initial learning is captured in a timely manner. Following the change in process, it is expected that the national review team will utilise the Trust mortality surveillance reviews in order to determine if an additional review is to be

undertaken. However from the initial response to the Trust MS reviews it is anticipated that very few additional reviews will be undertaken by the national team.

4. Conclusion

The Trust continues to monitor the deaths of people whose deaths are outside of the Serious Incident process. The monthly Mortality Surveillance Group receives and reviews investigations in order to provide assurance as to the quality of the care provided by the Trust. The group identifies any learning from the reviews and offers recommendations for practice when required. In the deaths reviewed during Q2, there was no evidence of deficits in the healthcare provided by the Trust that may be considered to have contributed to the death of any individuals.

REPORT TO PUBLIC TRUST BOARD

Enclosure 8

Date of Meeting:	13 th January 2022		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Patrick Sullivan, Non-Executive Director/ Justine Scotcher Executive PA.		
Executive Lead Name:	Dr Dennis Okolo, Interim Medical Director	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 2 December 2021.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications:	None highlighted		
Funding Source:			
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 as part of this report		
Recommendations:	Receive for assurance purposes and ratify policies highlighted		
Version	Name/group	Date issued	



Report from the Quality Committee meeting held on 2 December 2021 for the Trust Board meeting on 13 January 2022

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives. The meeting was completed using Microsoft teams. The meeting was quorate.

2. Reports received for assurance, review, information and/or approval

- **COVID-19 Update** 

The Committee received a verbal update regarding the current situation from the Director of Nursing. There are currently no outbreaks of Covid 19 in the hospital wards. However, the situation remains concerning given the high prevalence in the local community and the recent identification of the Omicron variant. Work is being undertaken to address the challenges posed by the imposition of mandatory vaccinations for staff, a number of staff are not fully vaccinated now despite high levels of vaccination within the Trust. The booster programme has been started and over 70% of staff have received this, the highest rate in the region. Recent guidance on infection control will not result in changes in clinical practice within the inpatient units at Combined.
- **Safe Staffing Report – October 2021** 

The Committee received this paper which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2021 in line with the National Quality Board requirements. During October 2021, an overall fill rate of 96.8% was achieved; this has increased from 94.1% in September 2021. The fill rate for RN shifts increased to 77.5% in October 2021 from 77.1% in September 2021. This paper will be an agenda item at today's Trust board and further details will not be provided here.
- **Learning from Experience Report Q2 2021/22**    

The Committee received this report which provided a summary of incidents reported and all patient related incidents/events for July to September 2021. During this quarter 1326 incidents were reported, this is a monthly average of 442. Over the last 12 months the average has been 441 incidents per month and the trend line is largely unchanged over this reporting period. The most reported incidents are violence and aggression (389), self-harm (387) and safeguarding (112). Other incidents reported relate to medication (40), falls (42) and tissue viability (2). Most of the incidents reported were patient safety incidents (805). The report provides both analysis of the incidents and assurances about actions taken to facilitate learning.
- **Infection, Prevention Control Annual Report Q2 2020/21**    

The Committee received this report which provided assurance in relation to the IPC arrangements within the Trust. The report also gives an overview of the COVID-19,

influenza plan, our external reporting responsibilities including CQUIN requirements. Assurances were provided regarding progress against the Annual Infection Prevention and Control Work Plan for 2021-22.

- **Safeguarding Children and Adults Q2 Report 2021/22**    

The Committee received this report detailing and providing assurance on Safeguarding Team and Trust safeguarding activity during quarter 2. This included an update on case reviews, referral rates, trends and themes and training levels across all directorates. During Quarter 2 there were 65 adult safeguarding referrals and 63 child safeguarding referrals.
- **Restrictive Practice Report Q2 2021/22**    

The Committee received this report which provided information regarding the use of restrictive practices within the inpatient services of the Trust. It considered progress against the annual restrictive practice reduction work plan. The report focused on the use of physical restraint, seclusion and rapid tranquillisation considering activity in quarter 2 2021/22. In quarter 2 there were 258 incidents of physical restraint a decrease of 49 incidents from quarter 1; Ward 3, Assessment and Treatment and ward 5 were the highest users of physical restraint. The largest increase was seen in ward 5 (79%) and the highest levels of restraint for the year are in ward 3. Several clinical areas saw a decrease from the previous quarter; Ward 3, Assessment, and Treatment, PICU, Ward 2 and Darwin. A small number of patients account for a high proportion of the incidents. Prone restraint accounts for 5% of all incidents that occurred in quarter 2. The number of seclusion incidents in this quarter was 13 and rapid tranquillisation was used on 74 occasions a decrease of 21% from quarter 1. Wards 1 and 3 were the highest users of rapid tranquillisation. Ward 1 saw the biggest increase in use of rapid tranquillisation and these incidents involved the same patient. The restrictive practice report includes analysis of incidents in relation to the patient's ethnic diversity.
- **Serious Incidents Report Q2 2021/22**    

The Committee received this report which provided assurance relating to the nature and status of SI's currently open and the trend data for Q1 2021/22 and Q2 2021/22. During quarter 2 seventeen SIs were reported. There were fewer suspected suicides of service users than in previous quarters. A panel review has been initiated following an incident involving a person on leave from an inpatient area. The Duty of Candour report is also included. There have been no breaches in the Duty of Candour process. A review of incidents of self-harm amongst young people is underway and the review and subsequent action plan will be reported to a future Quality Committee.
- **Mortality Surveillance Report**

This report provided assurance regarding the mortality surveillance process. This involves review of all deaths of individuals open to Trust services who have died of natural causes before the age of 75 years. The report referred to quarter 2. The deaths of 17 individuals were reviewed. The report provides an update on the LeDeR process. This paper will be an agenda item at today's Trust Board and further details will not be provided here.
- **Risk Register –**    

The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. There are no new risks, no score changes and no closure requests.

The risks are as follows:

- Impact of COVID 19 on the quality of services
 - Anchored ligature points
 - Non- anchored ligature points
 - Impact of COVID 19 on demand
 - Compliance with Mental Health Act and Mental Capacity Act
 - Meeting the 3-hour target for assessment in the place of safety
 - Prescribing costs in primary care
 - Risks associated with TCP and Project 86 and the Trusts responsibility as a commissioner of services, which includes assuring standards of quality for individuals receiving services from a range of different providers.
 - The risk that the GPs will withdraw from participating in ESCAs for patients with ADHD in both CAMHS and Adult services.
- **IQPR M7 2021/22** 

The Committee received this report at M7 as follows:
21 rated measures that have met the required standard (compared to 23 in M6) and 12 that have not met the required standard and highlighted as exceptions (compared to 12 in M6).

5 special cause variations (orange variation flags) - signifying concern, compared to 4 in M6:

- IAPT 90 day in treatment waits
- Vacancy Rate
- Staff Turnover
- Agency spend
- Statutory and Mandatory Training

3 special cause variations (blue variation flags - signifying improvement) – risk assessment compliance and numbers of CPA service users in employment and in settled accommodation respectively.

22 metrics flagged with a common cause variation (grey variation flag).

- **CQC Update**
Details were provided about the recent visit to primary care. The service was assessed as good and outstanding for the well led component. The trust has also been allocated a new inspection manager and several engagement sessions are underway. The board should be aware that well led inspections are again taking place and a visit is likely in 2022. Preparations are being put in place for such a visit.
- **Cost improvement programme**
The Trust has a CIP Framework document in place which details the key processes around the identification, monitoring and the completion of Quality Impact Assessments (QIAs). To further improve the robustness of the CIP Framework, the Trust has introduced a monitoring system to review the performance of schemes implemented 2 quarters previously to ensure that quality has not deteriorated as a direct result of a CIP scheme. This report presented a review of the schemes for the period Q1 2021/22. In

respect to any deterioration in the quality of service. No Concerns had been noted.

- **NCISH Scorecard** 

The Committee received this paper which provided an overview of the data presented to the Trust by the National Confidential Inquiry into Suicide and Safety (NCISH) in October 2021. The data is based on 5 indicators and is provided to the Trust in support of quality improvement. It is not shared with any other organisations.
- **Highly Safe NHS Trusts** 

The Committee received this report which reflected the identified themes from a round table discussion involving senior responsible individuals from the safest acute and specialist NHS Trusts in England. Six themes were identified: leadership, approach, journey of continuous improvement, behaviours, values and culture, staff, and patient involvement.
- **Getting it Right First Time – Acute and Crisis Care** 

The Committee received this report. Getting It Right First Time (GIRFT) is a national quality improvement initiative commissioned by the Department of Health. The completion of a GIRFT report seeks to utilise data/qualitative information to identify areas of best practice/opportunities. The data considered related to a activity in 2019. The data looks at 21 different elements of the care process and on a number the Trust was an outlier, sometimes significantly so. This was the first time non-executive directors were sighted on this information and yet it has both strategic and operational implications. The data points to operational challenges such as caseloads and waiting times that are affected by issues around workforce and funding that have strategic implications for the way the at services are designed and delivered. Assurances were provided about the process that has been undertaken to make changes to services where this was indicated by the data. It was felt important that this was considered at a future board development session to allow the wider Board to be able to understand how data can be used to drive service development and quality improvement.
- **Board Assurance Framework Q2 2021/22** 

The Committee received the Board Assurance Framework (BAF) Q2 2021/22 which aligns the Trusts strategic objectives to our quality priorities and key risks for information purposes. The framework was received by the Trust Board in November 2021 and was for information only.
- **Clinical Professional Advisory Group (CPAG)** 

The Committee received this summary which provided information and assurance to the Quality Committee regarding the activities and outputs from the Clinical Professional Advisory Group (CPAG).

3. Policy Report

The following policies were approved for 3 years.

- 1.19 Chaperoning Policy
- 1.41 Clinical Risk Assessment and Management Policy
- 4.33 Clinical Photography Policy

5.42 Display Screen Equipment Policy
5.45 COSHH Policy
SOP 065 – Naloxone Supply

The Board is asked to ratify the approval of each of these policies.

Next meeting: 6 January 2022
Committee Chair, Mr Patrick Sullivan, Non-Executive Director, 3 December 2021.

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 9

Date of Meeting:	13 th January 2022		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Patrick Sullivan, Non-Executive Director/ Justine Scotcher Executive PA.		
Executive Lead Name:	Dr Dennis Okolo, Interim Medical Director	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 6 January 2022	Approval	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.
Date:		
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 	
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.	
Resource Implications:	None highlighted	
Funding Source:		
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 as part of this report	
Recommendations:	Receive for assurance purposes and ratify policies highlighted	
Version	Name/group	Date issued



Report from the Quality Committee meeting held on 6 January 2022 for the Trust Board meeting on 13 January 2022

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives. The meeting was completed using Microsoft teams. Due to the current Covid situation, the meeting was confined to an hour and papers were taken as read and seen as the main source of assurance. Presentations from the directorates addressed only urgent matters. Questioning was kept to a minimum.

2. Reports received for assurance, review, information and/or approval

- **COVID-19 Update** 

The Committee received a verbal update regarding the current situation. The high level of prevalence in the community is impacting on the system with significant pressures on services. Nationally particular pressures are being noted in relation to mental health services. There main issues were considered.

- Staffing
- Outbreaks
- Testing capacity

The Trust is experiencing significant staffing problems and there are outbreaks in five clinical areas; wards 2, 4,7 crisis services and the Darwin Centre. Business continuity plans are being operationalised to protect priority services.

- **Safe Staffing Report – Nov 2021** 

This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2021 in line with the National Quality Board requirements. During November 2021, an overall fill rate of 96.8% was achieved; this has remained unchanged from October 2021. The fill rate for RN shifts increased to 85.5% in November 2021 from 77.5% in October 2021.

- **Service User and Carer Engagement Strategy**    

The Committee approved this strategy which provides an overview of how the Trust will engage and consult with service users and carers for the next 3 years. The Service User and Carer Engagement Strategy is fundamentally linked to other Trust strategies; most notably to the Trust's Quality Strategy '2020 and Beyond'.

- **Risk Register –**    

The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. These are as follows:

- Impact of COVID 19 on the quality of services
- Anchored ligature points

- Non- anchored ligature points
- Impact of COVID 19 on demand
- Compliance with Mental Health Act and Mental Capacity Act
- Meeting the 3-hour target for assessment in the place of safety
- Effective shared care agreements for patients with ADHD
- Effective shared care agreements for patients with severe mental illness
- TCP and Project 86

• **IQPR M8 2021** 

The Committee received this report. In Month 8 there are 22 rated measures that have met the required standard (compared to 21 in M7) and 10 that have not met the required standard and highlighted as exceptions (compared to 12 in M7).

There are 5 special cause variations (orange variation flags) - signifying concern, the same as in M7:

1. **Children and Young People compliance with 4 week waits (referral to assessment):** performance is at 94.5% during M8.
2. **Vacancy Rate.** The vacancy rate is 12.2% in M8 and the 10% target remains challenging for all directorates.
3. **MH Liaison 4 hour waits:** performance is 91.5% and a special cause variation has been triggered as performance is significantly below the operational average and outside of the lower control limits for the Trust during M8.
4. **Agency spend** is exceeding the agency threshold by 74.8%, compared to 67.7% in M7, and continues to operate outside of the upper control limit.
5. **Statutory and Mandatory Training.** Performance remains unchanged at 87% during M8, still above target. A special cause variation continues as performance is well below the operational average and outside of the lower control limits for the Trust. Issues associated with delivery of face-to-face training are well understood and noted in the risk register.

There are 2 special cause variations (blue variation flags - signifying improvement) – numbers of CPA service users in employment and in settled accommodation respectively.

There are 23 metrics flagged with a common cause variation (grey variation flag).

• **Clinical Professional Advisory Group Report** 

The Committee received this summary to provide information and assurance regarding the activities and outputs from the Clinical Professional Advisory Group (CPAG). The CPAG provide advice and responds to requests for advice from the Trust Incident Management Group (IMG).

• **Clinical Effectiveness Report Q2 2021/22** 

The Committee received this summary which provides information and assurance on the programme of work of some of its groups highlighting areas of strong performance or where progress or strengthening of practice needs to be made.

This report covers the outputs from the following groups:

- Medicines Optimisation
- Mental Health Law Governance
- Research and Development
- Clinical Records and System Design
- Clinical Effectiveness Group

3. Directorate Dashboards

Each Clinical Director (or nominated deputy) presented their report for their area of responsibility. Overall, several themes were identified across directorates. These included:

- Managing the volume of work
- Impact of Covid
- Addressing the outcomes of the community survey (report to be presented to the February Quality Committee).
- Pressures on staff – up to 15% absence in some areas
- Recruitment and retention
- Work in community services to improve patient and carer feedback
- Implications of the 40% reduction in funding for Rethink – need for a strategic and operational response
- Tension between transformation work in a high-pressure operational environment
- Impact of the closure of John Munro Hospitals in Leek
- Pressures in primary care; high sickness rates (18.6%), acceleration of the booster programme and increased clinical pressures associated with Covid
- Positive Ofsted visit to the short break service
- Waiting lists

More detail from the written information provided by the directorates is noted below.

Acute and Urgent Care Directorate

Achievements

Gold RITA Award for Ward6.

Triangulated approach to supporting ED at UHNM.

Positive feedback from our partners (MHLT, HVU and Outreach supporting).

Maintaining performance in a number of areas in light of significant challenges.

Challenges

Ongoing concerns regarding staffing levels (staff retention, low levels of registered staff) and the impact on safety/staff morale.

Ongoing challenges around COVID: potential for an increase in outbreaks, staffing impact

North Staffordshire Community

Achievements

ASD Procurement.

Positive PCN Feedback.

CYP ADHD – approached to present at the national event aimed at CYPMH colleagues in NHS England & Improvement and HEE.

Challenges

CAMHS 4WW.

Workforce Capacity for Transformation.

Impact on changing of commissioning arrangements for RETHINK.

Stoke Community

Achievements

Meir PCN positive feedback -ARRS roles/transformation.

Co-location of substance misuse workers.

Core members of the design team for Blurton Community Lounge.

Challenges

Variable engagement –Primary Care.

Workforce capacity for future ARRS roles.

Demand on ARRS Practitioners.

Specialist Services

Achievements

Performance on completing alcohol treatment successfully for Stoke CDAS (52%) continues to significantly perform above the England average (36%).

Staffordshire will have access to Intensive Residential Outreach Care from July 2022 funded by West Midlands CAMHs Provider Collaborative.

Positive feedback from Ofsted inspection visit at Short Breaks Service, Dragon Square.

Challenges

John Munroe Group have decided to close their services in Leek.

Replacing the heating system at CDAS building Hope St., Hanley.

Primary Care

Achievements

Continued preparation for Holmcroft practice planned 1st Jan 2022.

294 FAAS care plans completed to date by nursing and UCP team.

Implementation of funded additional in-hours sessions to support access up to a maximum value of 15 hours per week until the end of winter.

Near completion of 260 COVID booster vaccinations for house bound patients by the nursing team

Challenges

A number of QOF indicators have been stood down by commissioners and the points repurposed to prescribing indicators. The practice team aims to continue as many elements of QOF as possible to provide continuity of long terms care to patients. We plan to utilise February and March to plan and book quarter 1 QOF work.

4. Policy Report

To remove – this is covered in the Marsden Manual

- 1.24a Sub Cutaneous Hydration (sub-cut)
- 1.62a SOP to support the Physical Health Policy

- 1.78a End of Life Care of the Deceased
- 5.44a Oxygen Therapy (in on-emergency situation)

Approve for 3 years

- RO7 Guidelines for when the Police use Incapacitant Spray or Taser on Trust Premises
- Inpatient Clerking and Prescribing using the Lorenzo Electronic Prescribing and Medicines Administration (ePMA) system
- Inpatient medication administration using the Lorenzo Electronic Prescribing and Medicines Administration (ePMA) system

The Board is asked to ratify the approval of each of these policies.

Next meeting: 3 February 2021
Committee Chair, Mr Patrick Sullivan
Non-Executive Director
7 January 2022

REPORT TO PUBLIC TRUST BOARD

Enclosure 10

Date of Meeting:	13 th January 2022		
Title of Report:	Improving Quality & Performance Report (IQPR) Month 8 2021/22		
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	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report		
	<p>In Month 8 there are 22 rated measures that have met the required standard (compared to 21 in M7) and 10 that have not met the required standard and highlighted as exceptions (compared to 12 in M7). There are 5 special cause variations (orange variation flags) - signifying concern, the same as in M7:</p> <ul style="list-style-type: none"> • Children and Young People compliance with 4 week waits (referral to assessment): performance is at 94.5% during M8. • Vacancy Rate. The vacancy rate is 12.2% in M8 and the 10% target remains challenging for all directorates. • MH Liaison 4 hour waits: performance is 91.5% and a special cause variation has been triggered as performance is significantly below the operational average and outside of the lower control limits for the Trust during M8. • Agency spend is exceeding the agency threshold by 74.8%, compared to 67.7% in M7, and continues to operate outside of the upper control limit. • Statutory and Mandatory Training. Performance remains unchanged at 87% during M8, still above target. A special cause variation continues as performance is well below the operational average and outside of the lower control limits for the Trust. Issues associated with delivery of face to face training are well understood and noted in the risk register. <p>There are 2 special cause variations (blue variation flags - signifying improvement) – numbers of CPA service users in employment and in settled accommodation respectively.</p> <p>There are 23 metrics flagged with a common cause variation (grey variation flag).</p>	Approval	<input type="checkbox"/>
Information		<input checked="" type="checkbox"/>	
Discussion		<input type="checkbox"/>	
Assurance		<input type="checkbox"/>	
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Provided to Executive Team. No Performance Review meeting in December 2021	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		

<p>Strategic Objectives (please indicate)</p>	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 									
<p>Risk / legal implications: Risk Register Reference</p>	<p>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.</p> <p>PIPs in place in M8:</p> <table border="1" data-bbox="635 768 1426 1408"> <thead> <tr> <th>Metric</th> <th>Directorate</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Referral to Assessment within 4 weeks</td> <td>Specialist Services</td> <td>Issued in M1 Remains open. Performance is 81.6% during M8. The trajectory in place suggests the standard will be achieved in March 2022.</td> </tr> <tr> <td>IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment</td> <td>Stoke Community</td> <td>Issued in M2 Remains open. Performance is 21% during M8. An updated PIP has been provided during M8, with a revised trajectory set for March 2022.</td> </tr> </tbody> </table>	Metric	Directorate	Status	Referral to Assessment within 4 weeks	Specialist Services	Issued in M1 Remains open. Performance is 81.6% during M8. The trajectory in place suggests the standard will be achieved in March 2022.	IAPT: Patients wait no longer than 90 days between 1 st and 2 nd treatment	Stoke Community	Issued in M2 Remains open. Performance is 21% during M8. An updated PIP has been provided during M8, with a revised trajectory set for March 2022.
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<p>Resource Implications: Funding Source:</p>	<p>A Data Quality Improvement Plan is in place and monitored through the Data Quality Forum. There is a particular focus on maintaining the Trust's performance in meeting the DQMI standard (Data Quality Improvement Index) as a key mental health indicator in the Single Oversight Framework.</p> <p>As of August, the Trust's DQMI rating was 97.8%, against a national average of 81.8%, placing the Trust in the top providers of Mental Health services in the country. This is the latest published national data.</p>									
<p>Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance</p>	<p>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.</p> <p>This will support the Health Equity Assessments being undertaken at PCN level to inform the Mental Health Community Transformation programme and address health inequalities at a local level.</p>									

Shadow ICS Alignment / Implications:	None directly.	
Recommendations:	SLT is asked to: <ul style="list-style-type: none"> • Receive the report as outlined • Note the Management actions 	
Version	Name/group	Date issued
1.1	SLT	29.12.21

IQPR

Improving Quality & Performance Report

Board Report

Month 8: November 2021

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1. Using Statistical process control (SPC)

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

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

2. Highlights and Exceptions

In Month 8 there are 22 rated measures that have met the required standard (compared to 21 in M7) and 10 that have not met the required standard and highlighted as exceptions (compared to 12 in M7).

There are 5 special cause variations (orange variation flags) - signifying concern, the same as in M7:

- **Children and Young People compliance with 4 week waits (referral to assessment):** performance is at 94.5% during M8
- **Vacancy Rate.** The vacancy rate is 12.2% in M8 and the 10% target remains challenging for all directorates
- **MH Liaison 4 hour waits:** performance is 91.5% and a special cause variation has been triggered as performance is significantly below the operational average and outside of the lower control limits for the Trust during M8
- **Agency spend** is exceeding the agency threshold by 74.8%, compared to 67.7% in M7, and continues to operate outside of the upper control limit.
- **Statutory and Mandatory Training.** Performance remains unchanged at 87% during M8, still above target. A special cause variation continues as performance is well below the operational average and outside of the lower control limits for the Trust. Issues associated with delivery of face to face training are well understood and noted in the risk register.

There are 2 special cause variations (blue variation flags - signifying improvement) – numbers of CPA service users in employment and in settled accommodation respectively.

There are 23 metrics flagged with a common cause variation (grey variation flag).

Highlights

- **EIP** -100% of people referred to EIP have waited less than 2 weeks for treatment
- **MH Liaison 1 hour** - 96.8% of people were seen within 4 hours
- **CPA 12 month review compliance** - performance is meeting the required standard at 97.3%
- **7 day follow up (all patients)** - the standard has been met at 97.9%
- **Appraisal** - performance is at 90% during M8

Exceptions

Exceptions to be noted where targets have not been met (in addition to the 4 special cause variations above);

- **IAPT Patients wait no longer than 90 days between 1st and 2nd treatment** - performance is at 21% during M8
- **48 hour follow up** - performance is at 93.7%, attributed to Acute and Urgent care who have an 82.6% follow up rate during M8

- **Place of Safety** - out of 23 assessments in M8, 4 assessments occurred outside of 3 hours with no agreed clinical grounds for delay = 86%
- **Complaints** - there is one complaint response outside of the 40 working day deadline during M8, which is in the final review stages
- **Staff Turnover** - performance is consistently above the 10% threshold at 12.7%

3. Performance Improvement Plans (PIPs)

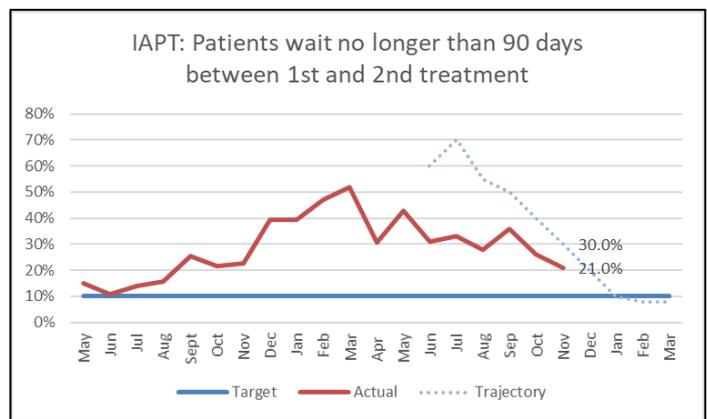
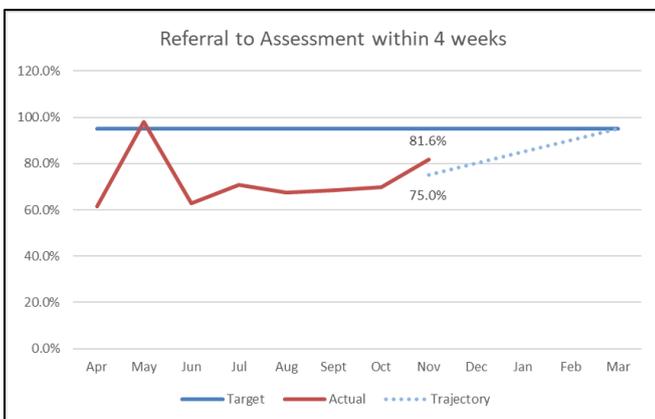
Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not met the target. In addition, they may be required for those measures showing a special cause variation indicating concern.

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	Issued in M1 Remains open. Performance is 81.6% during M8. The trajectory in place suggests the standard will be achieved in March 2022.
IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	Issued in M2 Remains open. Performance is 21% during M8. An updated PIP has been provided during M8, with a revised trajectory set for March 2022.



Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Met				Performance is at 96.9% for M8. A PIP remains in place for Specialist Services.
2 - Referral to Treatment within 18 weeks	Met				Performance remains within the required parameters at 97.5% during M8.
3 - CAMHS Compliance with 4 week waits (Referral to Assessment)	Not Met			*	Performance is at 94.5%
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Met				Performance is at 94.2% during M8.
5 - CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week					Performance is at 100% during Quarter 2.
6 - CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks					Performance is at 100% during Quarter 2.
7 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met				Performance is at 100% during M8.
8 - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Not Met			*	Performance is exceeding the 90 day waiting time standard between the first and second treatment at 21% during M8. A PIP remains in place for Stoke Community.
9 - MH Liaison 1 Hour Response (Emergency)	Met				Performance is at 96.8% during M8.
10 - MH Liaison 4 Hour Response (Urgent)	Not Met			*	Performance is at 91.5% and has not met the required standard for the first time in over 12 months.
11 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Met				Performance has met the required standard at 100%.
12 - IAPT: Referral to Treatment (6 weeks)	Met				Performance is at 96.4% which remains well above the 75% standard.
13 - IAPT: Referral to Treatment (18 weeks)	Met				Performance remains predictably stable at 100%.
14 - Care Programme Approach (CPA) 7 day Follow Up	Met				Performance is at 97.2% and has met the required standard.
15 - 7 Day Follow Up (All Patients)	Met				Performance is 97.9% and has met the required standard.
16 - 48 Hour Follow Up	Not Met			*	Performance is at 93.7% and has not met the required standard.
17 - IPS (individual placement and support)					552 patients received individual placement and support during Q2.
18 - Delayed Transfers of Care (DTOC)	Met				Performance is at 4.2% which remains within the required threshold.
19 - Emergency Readmissions rate (30 days)	Met				The emergency readmission rate is 4.9% and remains within the threshold.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
20 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Not Met			*	Out of 23 assessments in M8, 4 assessments occurred outside of the 3 hours with no agreed clinical grounds for delay.
21 - Friends and Family Test - Recommended					There have been 122 FFT returns. 89% rated the Trust as good.
22 - Number of inappropriate OAP bed days that are either "internal" or "external" to the sending provider	Met				There have been no out of area placements during M8.
23 - Under 18 Admissions to all wards	Met				There has been no under 18 year old admissions during M8.
24 - Care Plan Compliance	Met				Performance is at 95.1% Trust wide and has met the required standard.
25 - Risk Assessment Compliance	Met				Performance is at 95.7% and has met the required standard.
26 - CPA 12 Month Review Compliance	Met				Performance is at 97.3% and has met the required standard.
27 - IAPT : Recovery	Met				Performance is at 52.3% and has met the required standard.
28 - Service Users on CPA in settled accommodation	Met				Performance is at 66.9% and has met the required standard.
29 - Service Users on CPA in Employment	Met				Performance is at 15.8% and is well above the required standard.
30 - Serious Incidents					The number of serious incidents Trust wide is 6.
31 - DQMI					The Trust's DQMI rating remains static at 97.8% from the latest published national data.
32 - Perinatal: Number of women accessing specialist community perinatal mental health services					There were 40 women accessing perinatal services during M8.
33 - Average Length of Stay - Adult					The average length of stay for inpatients on an adult ward is 19 days.
34 - Average Length of Stay - Older Adult					The average length of stay for inpatients on an older adult ward is 33 days.
35 - Incident Reporting					The number of patient safety incidents Trust wide is 461.
36 - Complaints Open Beyond Agreed Timescale	Not Met			*	There is one outstanding complaint response, which is in its final review stage.
37 - Sickness Absence					August sickness figures are confirmed. November data is not yet available.
38 - Vacancy Rate	Not Met			*	The vacancy rate remains static at 12.2% and continues to challenge all localities, with the exception of Corporate services.

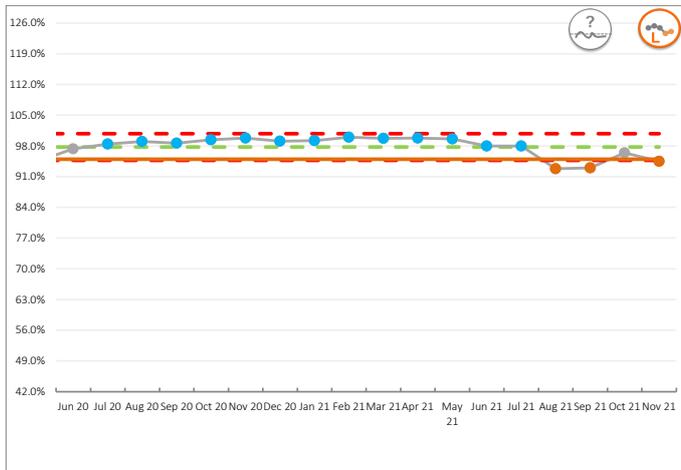
Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
39 - Staff Turnover	Not Met			*	Performance is consistently above the 10% threshold at 12.7% and remains challenging for all directorates, with the exception of Corporate services.
40 - Safe Staffing	Not Met			*	The safe staffing performance is 96.8%.
41 - % Year to Date Agency Spend compared to Year to Date Agency Ceiling	Not Met			*	Agency spend continues to exceed the threshold by 74.8%.
42 - Clinical Supervision	Met				Performance is at 86% and has met the required standard, with the exception of Specialist Services and Primary Care.
43 - Appraisal	Met				Performance is at 90% and has met the required standard, with the exception of Primary Care.
44 - Statutory & Mandatory Training	Met				Performance remains unchanged at 87% with all Directorates having achieved the required standard.

Access and Waiting Times

<p>Met - Referral to Assessment within 4 weeks</p> <p>A Higher Value Is Better</p>	<p>Actual 96.9% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>Trust Measure</p>																																						
	<p>-- Context --</p> <p>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</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 96.9% during M8 and is operating within normal control limits. All directorates with the exception of North Staffs Community and Specialist Services have achieved the aspirational target.</p> <p>A fortnightly waiting time validation meeting has been established in Specialist services, supported by the Performance Team. Focus on Neuro Community waits following significant increase in demand for the team in respect of Long Covid. Recruitment of an additional senior clinical post in January and support from Assistant Psychologist will improve triage and treatment response.</p> <p>A PIP is in place for Specialist Services, with the expectation that the trajectory to meet the standard will be achieved in March.</p>																																							
<p>12 Month Trend</p> <table border="1"> <tr> <td>97.8%</td><td>98.3%</td><td>99.0%</td><td>97.7%</td><td>98.2%</td><td>98.9%</td><td>97.3%</td><td>94.2%</td><td>91.8%</td><td>95.3%</td><td>96.9%</td><td>96.9%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	97.8%	98.3%	99.0%	97.7%	98.2%	98.9%	97.3%	94.2%	91.8%	95.3%	96.9%	96.9%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	<table border="1"> <tr> <td>Trust</td><td>North Staffs Community</td><td>Stoke Community</td><td>Specialist Services</td><td>Acute and Urgent Care</td> </tr> <tr> <td>✓</td><td>✗</td><td>✓</td><td>✗</td><td>✓</td> </tr> <tr> <td>96.9%</td><td>81.1%</td><td>97.6%</td><td>81.6%</td><td>97.9%</td> </tr> </table> <p style="text-align: right;">1</p>	Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	✓	✗	✓	✗	✓	96.9%	81.1%	97.6%	81.6%	97.9%
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<p>Met - Referral to Treatment within 18 weeks</p> <p>A Higher Value Is Better</p>	<p>Actual 97.5% M8</p> <p>Target: 92.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>CCG</p>																																						
	<p>-- Context --</p> <p>CCG and Trust indicator to ensure that service users referred receive timely treatment - based on time between referral and 2nd successful contact in current service users with an incomplete pathway.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance remains within the required parameters at 97.5% during M8. All directorates have achieved the required standard.</p>																																							
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Not Met - CAMHS Compliance with 4 week waits (Referral to Assessment) A Higher Value Is Better	Actual 94.5%	M8	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

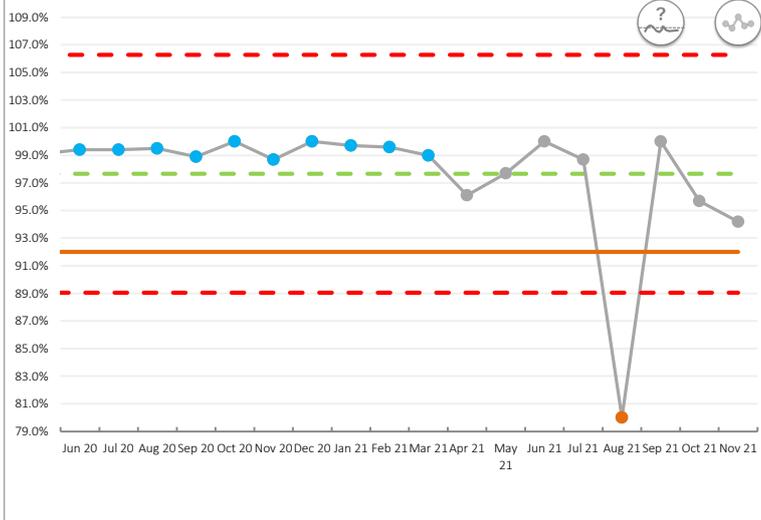
-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.5% and is below standard in all Directorates, excluding Acute and Urgent Care. There was one CYP exception in North Staffs CAMHS and North Stoke CAMHS respectively in M8. All other breaches occurred in the CAMHS Hub (550 out of 576 = 95.5%. (NB - this was not below standard: however these contribute to the overall performance figure). The aim for the Acute and Urgent Care Directorate is to have embedded a sustainable way forward with managing capacity within the CAMHS work stream by end of January 2022.

12 Month Trend											
99.1%	99.2%	100.0%	99.7%	99.8%	99.6%	98.0%	98.0%	92.8%	93.0%	96.4%	94.5%
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✘	✘	✘	#N/A	✔
94.5%	16.7%	50.0%	#N/A	95.5%

3

Met - CAMHS Compliance with 18 week waits (Referral to Treatment) A Higher Value Is Better	Actual 94.2%	M8	Executive Director of Operations	Responsive
	Target: 92.0%	Monthly	CCG	



-- Context --
CCG 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 94.2% during M8 and performance is operating within normal control limits. All directorates have achieved the required standard.

12 Month Trend											
100.0%	99.7%	99.6%	99.0%	96.1%	97.7%	100.0%	98.7%	80.0%	100.0%	95.7%	94.2%
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✔	✔	✔	#N/A	✔
94.2%	94.1%	93.8%	#N/A	94.3%

4

<p>- CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week</p> <p>A Higher Value Is Better</p>	<p>Actual #N/A M8</p> <p>Target: 95.0% Quarterly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																							
	<p>-- Context --</p> <p>National target - 1 week or less from referral to entering a course of treatment under urgent ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as second successful contact.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>All urgent assessments for Children and Young People with eating disorders have been seen within 1 week of their referral during quarter2.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	100.0%			100.0%			100.0%			100.0%			Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust																									
#N/A																									

<p>- CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks</p> <p>A Higher Value Is Better</p>	<p>Actual #N/A M8</p> <p>Target: 95.0% Quarterly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																							
	<p>-- Context --</p> <p>National target - 4 weeks or less from referral to entering a course of treatment under routine ED cases is considered the benchmark due to the time sensitive nature of the service and the link between clinical outcomes and timeliness of service. Treatment is classed as second successful contact.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>All routine assessments for Children and Young People with eating disorders have been seen within 4 weeks of their referral during quarter 2.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td><td>100.0%</td><td></td><td></td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	100.0%			100.0%			100.0%			100.0%			Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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<p>Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment</p> <p>A Higher Value Is Better</p>	<p>Actual 100.0% M8</p> <p>Target: 60.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 100% during M8 and is predictably operating within normal control limits, and well above the national standard of 60%.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>100.0%</td><td>91.7%</td><td>100.0%</td><td>88.9%</td><td>92.0%</td><td>100.0%</td><td>87.5%</td><td>100.0%</td><td>88.9%</td><td>94.7%</td><td>91.7%</td><td>100.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	100.0%	91.7%	100.0%	88.9%	92.0%	100.0%	87.5%	100.0%	88.9%	94.7%	91.7%	100.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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<p>Not Met - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment</p> <p>A Lower Value Is Better</p>	<p>Actual 21.0% M8</p> <p>Target: 10.0% Monthly</p>	<p>Exec. Director of Operations Safe</p> <p>National</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance continues to exceed the 90 day waiting time standard between the first and second treatment contact at 21% in M8 (against a target of less than 10% of patients waiting 90 days).</p> <p>Although the SPC chart is advising performance is back within normal control limits, it continues to exceed the waiting time standard. An updated PIP has been provided by Stoke Community Directorate during M8, with a revised trajectory set for March 2022.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>39.3%</td><td>39.3%</td><td>46.9%</td><td>52.0%</td><td>30.6%</td><td>42.9%</td><td>31.0%</td><td>33.0%</td><td>28.0%</td><td>36.0%</td><td>26.0%</td><td>21.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	39.3%	39.3%	46.9%	52.0%	30.6%	42.9%	31.0%	33.0%	28.0%	36.0%	26.0%	21.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
39.3%	39.3%	46.9%	52.0%	30.6%	42.9%	31.0%	33.0%	28.0%	36.0%	26.0%	21.0%														
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<table border="1"> <tr><td>Stoke Community</td></tr> <tr><td>✗</td></tr> <tr><td>21.0%</td></tr> </table>	Stoke Community	✗	21.0%	<p>8</p>																					
Stoke Community																									
✗																									
21.0%																									

<p>Met - MH Liaison 1 Hour Response (Emergency) ↗</p> <p>A Higher Value Is Better</p>	<p>Actual 96.8% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>CCG</p>																							
	<p>-- Context --</p> <p>CCG 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 96.8% and has met the required standard during M8. Performance during M7 was an unexpected exception due to 4 referrals that came into the service on one day at the same time.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>95.4%</td><td>96.0%</td><td>96.7%</td><td>95.2%</td><td>95.7%</td><td>95.5%</td><td>95.2%</td><td>95.9%</td><td>96.7%</td><td>96.2%</td><td>93.5%</td><td>96.8%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	95.4%	96.0%	96.7%	95.2%	95.7%	95.5%	95.2%	95.9%	96.7%	96.2%	93.5%	96.8%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
95.4%	96.0%	96.7%	95.2%	95.7%	95.5%	95.2%	95.9%	96.7%	96.2%	93.5%	96.8%														
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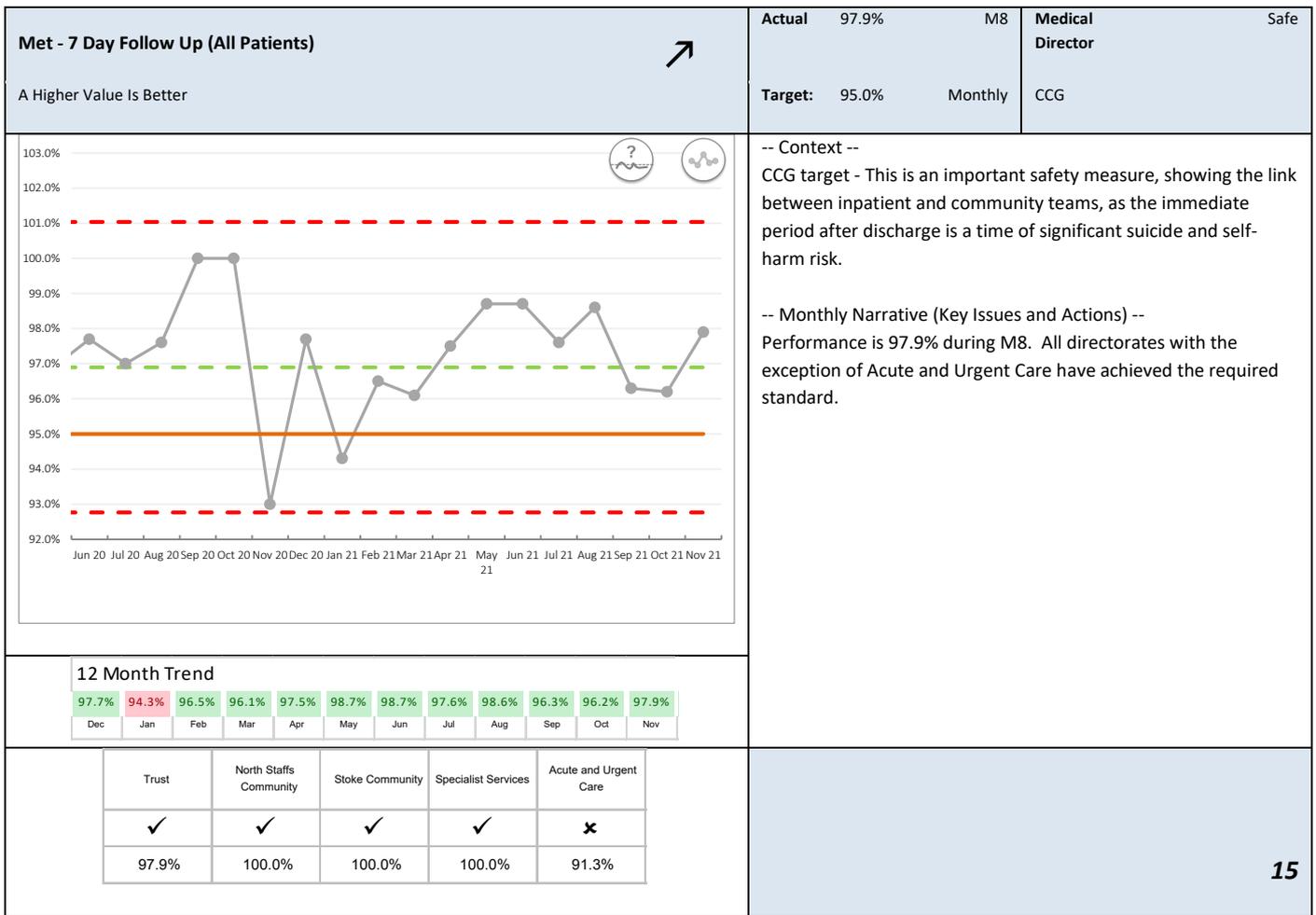
<p>Not Met - MH Liaison 4 Hour Response (Urgent) ↘</p> <p>A Higher Value Is Better</p>	<p>Actual 91.5% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>CCG</p>																							
	<p>-- Context --</p> <p>CCG measure - Of those who are urgent referrals, the percentage of which where the referrals is assessed and care plan in place, transferred, discharged or MHA commenced within 4 hours - urgent is classified as when a situation is serious and an individual may need timely attendance but it is not immediately life threatening.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 91.5%. This is the first time in over 2 years the standard has not been met.</p> <p>The service is seeing significant pressures within UHNM (referrals not being sent timely thus impacting on response times) and there are challenges with staffing levels. The MHLT currently have 4.14 WTE registered nurse vacancies and 3 WTE staff on LTS/Mat leave.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>97.4%</td><td>95.9%</td><td>100.0%</td><td>98.8%</td><td>95.7%</td><td>100.0%</td><td>100.0%</td><td>97.4%</td><td>98.2%</td><td>96.9%</td><td>96.5%</td><td>91.5%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	97.4%	95.9%	100.0%	98.8%	95.7%	100.0%	100.0%	97.4%	98.2%	96.9%	96.5%	91.5%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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<p>Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)</p> <p>A Higher Value Is Better</p>	<p>Actual 100.0% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>CCG</p>																							
	<p>-- Context --</p> <p>CCG 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance remains above the required standard at 100% and is operating within normal control limits.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>96.0%</td><td>100.0%</td><td>95.7%</td><td>93.9%</td><td>97.8%</td><td>100.0%</td><td>98.4%</td><td>96.7%</td><td>98.3%</td><td>100.0%</td><td>95.1%</td><td>100.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	96.0%	100.0%	95.7%	93.9%	97.8%	100.0%	98.4%	96.7%	98.3%	100.0%	95.1%	100.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
96.0%	100.0%	95.7%	93.9%	97.8%	100.0%	98.4%	96.7%	98.3%	100.0%	95.1%	100.0%														
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<p>Met - IAPT: Referral to Treatment (6 weeks)</p> <p>A Higher Value Is Better</p>	<p>Actual 96.4% M8</p> <p>Target: 75.0% Monthly</p>	<p>Executive Director of Nursing and Quality Safe</p> <p>National</p>																							
	<p>-- Context --</p> <p>National indicator - 6 weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the 2nd successful contact.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 96.4% and remains above target.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>97.2%</td><td>99.5%</td><td>99.4%</td><td>98.2%</td><td>93.0%</td><td>96.4%</td><td>98.5%</td><td>99.7%</td><td>97.9%</td><td>99.0%</td><td>97.8%</td><td>96.4%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	97.2%	99.5%	99.4%	98.2%	93.0%	96.4%	98.5%	99.7%	97.9%	99.0%	97.8%	96.4%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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<p>Met - IAPT: Referral to Treatment (18 weeks) ↔</p> <p>A Higher Value Is Better</p>	<p>Actual 100.0% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Nursing and Quality</p> <p>Safe</p> <p>National</p>																									
	<p>-- Context --</p> <p>National indicator - 18 weeks or less from referral to entering a course of talking treatment under IAPT - treatment is defined as the 2nd successful contact.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance remains predictably stable at 100%.</p>																										
<p>12 Month Trend</p> <table border="1"> <tr> <td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td></td> </tr> </table>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
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<p>Met - Care Programme Approach (CPA) 7 day follow up ↘</p> <p>A Higher Value Is Better</p>	<p>Actual 97.2% M8</p> <p>Target: 95.0% Monthly</p>	<p>Medical Director</p> <p>Safe</p> <p>National</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 97.2% during M8. All localities are meeting the required standard, with the exception of Acute and Urgent Care.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>97.4%</td><td>96.9%</td><td>93.5%</td><td>98.7%</td><td>97.0%</td><td>96.9%</td><td>100.0%</td><td>100.0%</td><td>97.1%</td><td>100.0%</td><td>100.0%</td><td>97.2%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	97.4%	96.9%	93.5%	98.7%	97.0%	96.9%	100.0%	100.0%	97.1%	100.0%	100.0%	97.2%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																					
✓	✓	✓	✓	✗																					
97.2%	100.0%	100.0%	100.0%	50.0%																					



<p>- Individual Placement Support</p> <p>A Higher Value Is Better</p>	<p>Actual #N/A</p> <p>Target: Quarterly</p>	<p>M8</p> <p>Executive Director of Operations</p> <p>National</p> <p>Safe</p>																																					
<table border="1"> <caption>IPS Data Points</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Jun</td><td>155</td></tr> <tr><td>Jul</td><td>153</td></tr> <tr><td>Aug</td><td>153</td></tr> <tr><td>Sep</td><td>153</td></tr> <tr><td>Oct</td><td>153</td></tr> <tr><td>Nov</td><td>153</td></tr> <tr><td>Dec</td><td>153</td></tr> <tr><td>Jan</td><td>153</td></tr> <tr><td>Feb</td><td>153</td></tr> <tr><td>Mar</td><td>153</td></tr> <tr><td>Apr</td><td>153</td></tr> <tr><td>May</td><td>153</td></tr> <tr><td>Jun</td><td>462</td></tr> <tr><td>Jul</td><td>462</td></tr> <tr><td>Aug</td><td>462</td></tr> <tr><td>Sep</td><td>552</td></tr> <tr><td>Oct</td><td>552</td></tr> <tr><td>Nov</td><td>552</td></tr> </tbody> </table>	Month	Value	Jun	155	Jul	153	Aug	153	Sep	153	Oct	153	Nov	153	Dec	153	Jan	153	Feb	153	Mar	153	Apr	153	May	153	Jun	462	Jul	462	Aug	462	Sep	552	Oct	552	Nov	552	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>The numbers in IPS have increased to 552 during Quarter 2 compared to 462 during M1 and most notable compared to Quarter 4 (2020/21).</p>
Month	Value																																						
Jun	155																																						
Jul	153																																						
Aug	153																																						
Sep	153																																						
Oct	153																																						
Nov	153																																						
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Sep	552																																						
Oct	552																																						
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<p>12 Month Trend</p> <table border="1"> <tr> <td>155</td> <td></td> <td></td> <td>153</td> <td></td> <td></td> <td>462</td> <td></td> <td></td> <td>552</td> <td></td> <td></td> </tr> <tr> <td>Dec</td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> </tr> </table>	155			153			462			552			Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov															
155			153			462			552																														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov																												
<table border="1"> <tr> <td>Trust</td> </tr> <tr> <td>#N/A</td> </tr> </table>	Trust	#N/A	<p style="text-align: right;">17</p>																																				
Trust																																							
#N/A																																							

Inpatient and Quality

<p>Met - Delayed Transfers of Care (DTOC)</p> <p>A Lower Value Is Better</p>	<p>Actual 4.2% M8</p> <p>Target: 7.5% Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																							
	<p>-- 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) -- Performance is at 4.2% during M8 and is operating within the required standard.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>7.0%</td><td>6.3%</td><td>5.7%</td><td>7.4%</td><td>5.7%</td><td>5.9%</td><td>2.6%</td><td>5.6%</td><td>7.7%</td><td>5.4%</td><td>3.3%</td><td>4.2%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	7.0%	6.3%	5.7%	7.4%	5.7%	5.9%	2.6%	5.6%	7.7%	5.4%	3.3%	4.2%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
7.0%	6.3%	5.7%	7.4%	5.7%	5.9%	2.6%	5.6%	7.7%	5.4%	3.3%	4.2%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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Trust	Specialist Services	Acute and Urgent Care																							
✓	✓	✓																							
4.2%	4.6%	4.1%																							

<p>Met - Emergency Readmissions rate (30 days)</p> <p>A Lower Value Is Better</p>	<p>Actual 4.9% M8</p> <p>Target: 7.5% Monthly</p>	<p>Medical Director Responsive</p> <p>Trust Measure</p>																							
	<p>-- Context -- To measure the prevalence of emergency readmissions - linked to patient outcomes and use of resources</p> <p>-- Monthly Narrative (Key Issues and Actions) -- The emergency readmission rate during M8 is 4.9% and remains within the threshold.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>5.6%</td><td>5.0%</td><td>4.5%</td><td>1.9%</td><td>5.2%</td><td>5.3%</td><td>4.1%</td><td>4.4%</td><td>4.3%</td><td>5.3%</td><td>3.5%</td><td>4.9%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	5.6%	5.0%	4.5%	1.9%	5.2%	5.3%	4.1%	4.4%	4.3%	5.3%	3.5%	4.9%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
5.6%	5.0%	4.5%	1.9%	5.2%	5.3%	4.1%	4.4%	4.3%	5.3%	3.5%	4.9%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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Trust	Specialist Services	Acute and Urgent Care																							
✓	✓	✓																							
4.9%	0.0%	5.0%																							

<p>Not Met - Place of Safety assessment carried out within 3 hours (where clinically appropriate)</p> <p>A Higher Value Is Better</p>	<p>Actual 86.0% M8</p> <p>Target: 100.0% Monthly</p>	<p>Medical Director</p> <p>Trust Measure</p> <p>Safe</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Out of 23 assessments in M8, 4 assessments occurred outside of 3 hours with no agreed clinical grounds for delay. These were due to Staffs EDS and Stoke EDT. All cases which are non-compliant with the 3 hour target without clinical grounds for delay are being investigated by the appropriate local social services authority. This information is being fed into both the Section 136 forum and a task and finish group which includes representatives from NSCHCT, MPFT, UHNM, Staffs LSSA and Stoke LSSA.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>32.0%</td><td>46.6%</td><td>73.1%</td><td>87.5%</td><td>74.0%</td><td>62.5%</td><td>77.0%</td><td>72.2%</td><td>55.0%</td><td>50.0%</td><td>89.0%</td><td>86.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	32.0%	46.6%	73.1%	87.5%	74.0%	62.5%	77.0%	72.2%	55.0%	50.0%	89.0%	86.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
32.0%	46.6%	73.1%	87.5%	74.0%	62.5%	77.0%	72.2%	55.0%	50.0%	89.0%	86.0%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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Trust																									
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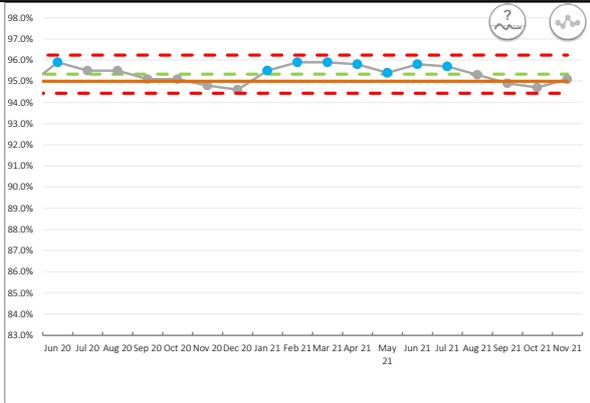
<p>- Friends and Family Test - Recommended</p> <p>A Higher Value Is Better</p>	<p>Actual 89.0% M8</p> <p>Target: Monthly</p>	<p>Executive Director of Nursing and Quality</p> <p>National</p> <p>Caring</p>																							
	<p>-- Context --</p> <p>National indicator - This measure is a proxy for patient experience, and measures where the services user would recommend the Trust to others.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>There have been 122 FFT returns received during M8. 89% rated the Trust as good.</p> <p>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.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>92.0%</td><td>91.0%</td><td>86.0%</td><td>96.0%</td><td>90.0%</td><td>95.0%</td><td>92.0%</td><td>95.0%</td><td>85.0%</td><td>95.0%</td><td>90.0%</td><td>89.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	92.0%	91.0%	86.0%	96.0%	90.0%	95.0%	92.0%	95.0%	85.0%	95.0%	90.0%	89.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
92.0%	91.0%	86.0%	96.0%	90.0%	95.0%	92.0%	95.0%	85.0%	95.0%	90.0%	89.0%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																					
89.0%	92.0%	83.0%	90.0%	93.0%																					

<p>Met - Out of Area ↔</p> <p>A Lower Value Is Better</p>	<p>Actual 0.00 M8</p> <p>Target: Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																									
	<p>-- Context --</p> <p>National indicator - Number of inappropriate OAA bed days that are either "internal" or "external" to the sending provider in the reporting period. This new national metric for 20/21 combines both adult/older adult acute and PICU out of area placements who were inappropriately redirected to out of area beds. For our reporting purposes this would be outside Staffordshire. This replaces the 4x OOA measures reported in 2019/20.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>There are no out of area admissions during M8 outside Staffordshire (considered to be local beds as accessible to family, friends and care coordinator).</p>																										
<p>12 Month Trend</p> <table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	0	0	0	0	0	0	0	0	0	0	0	0	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	<table border="1"> <tr> <td>Trust</td> </tr> <tr> <td>0.00</td> </tr> </table> <p style="text-align: right;">22</p>	Trust	0.00
0	0	0	0	0	0	0	0	0	0	0	0																
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov																
Trust																											
0.00																											

<p>Met - Under 18 Admissions to all wards ↗</p> <p>A Lower Value Is Better</p>	<p>Actual 0.00 M8</p> <p>Target: 0.00 Monthly</p>	<p>Medical Director Safe</p> <p>National</p>																										
	<p>-- Context --</p> <p>Trust stretch target - The number of children and young people who are admitted to an adult inpatient ward. This is a count of people, aged under 18, who were on an adult ward at any point during the month.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>There has been no under 18 year olds admitted to an adult ward during M8.</p>																											
<p>12 Month Trend</p> <table border="1"> <tr> <td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	0	1	0	0	0	0	0	0	0	0	1	0	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	<table border="1"> <tr> <td>Trust</td> </tr> <tr> <td>✓</td> </tr> <tr> <td>0.00</td> </tr> </table> <p style="text-align: right;">23</p>	Trust	✓	0.00
0	1	0	0	0	0	0	0	0	0	1	0																	
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov																	
Trust																												
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0.00																												

Community and Quality

Met - Care Plan Compliance A Higher Value Is Better	Actual 95.1%	M8	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.

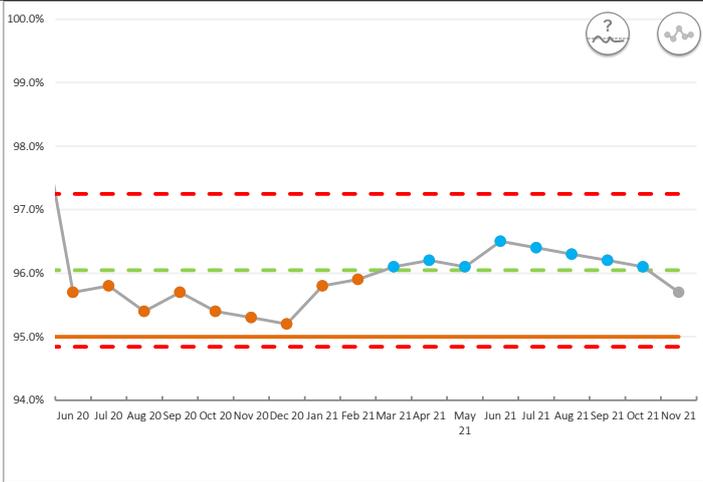
-- Monthly Narrative (Key Issues and Actions) --
 Performance is at 95.1% which has met the required standard, with the exception of North Staffs Community.

12 Month Trend											
94.6%	95.5%	95.9%	95.9%	95.8%	95.4%	95.8%	95.7%	95.3%	94.9%	94.7%	95.1%
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✓	✓
95.1%	93.6%	96.1%	95.3%	97.5%

24

Met - Risk Assessment Compliance A Higher Value Is Better	Actual 95.7%	M8	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 95.7% and has met the required standard. All directorates have met the required standard, with the exception of Specialist Services.

12 Month Trend											
95.2%	95.8%	95.9%	96.1%	96.2%	96.1%	96.5%	96.4%	96.3%	96.2%	96.1%	95.7%
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
95.7%	95.5%	96.2%	94.5%	98.9%

25

<p>Met - CPA 12 Month Review Compliance ↗</p> <p>A Higher Value Is Better</p>	<p>Actual 97.3% M8</p> <p>Target: 95.0% Monthly</p>	<p>Executive Director of Nursing and Quality</p> <p>National</p> <p>Safe</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 97.3% during M8. All directorates have met the required standard.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>93.6%</td><td>92.4%</td><td>98.9%</td><td>97.4%</td><td>97.0%</td><td>95.5%</td><td>96.2%</td><td>96.1%</td><td>95.9%</td><td>92.0%</td><td>95.7%</td><td>97.3%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	93.6%	92.4%	98.9%	97.4%	97.0%	95.5%	96.2%	96.1%	95.9%	92.0%	95.7%	97.3%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																					
✓	✓	✓	✓																						
97.3%	97.1%	97.2%	98.0%	#N/A																					

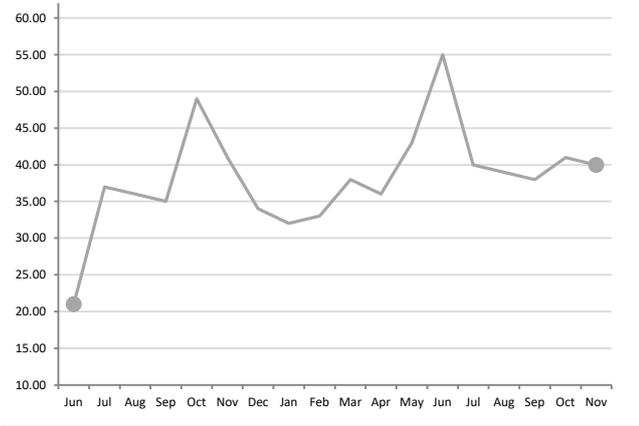
<p>Met - IAPT: Recovery ↗</p> <p>A Higher Value Is Better</p>	<p>Actual 52.3% M8</p> <p>Target: 50.0% Monthly</p>	<p>Executive Director of Nursing and Quality</p> <p>National</p> <p>Safe</p>																							
	<p>-- Context --</p> <p>National indicator - This indicator shows how many people have 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 52.3% during M8 and is above standard.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>55.2%</td><td>64.1%</td><td>49.7%</td><td>64.6%</td><td>53.3%</td><td>60.9%</td><td>54.9%</td><td>52.2%</td><td>53.5%</td><td>52.1%</td><td>46.3%</td><td>52.3%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	55.2%	64.1%	49.7%	64.6%	53.3%	60.9%	54.9%	52.2%	53.5%	52.1%	46.3%	52.3%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
55.2%	64.1%	49.7%	64.6%	53.3%	60.9%	54.9%	52.2%	53.5%	52.1%	46.3%	52.3%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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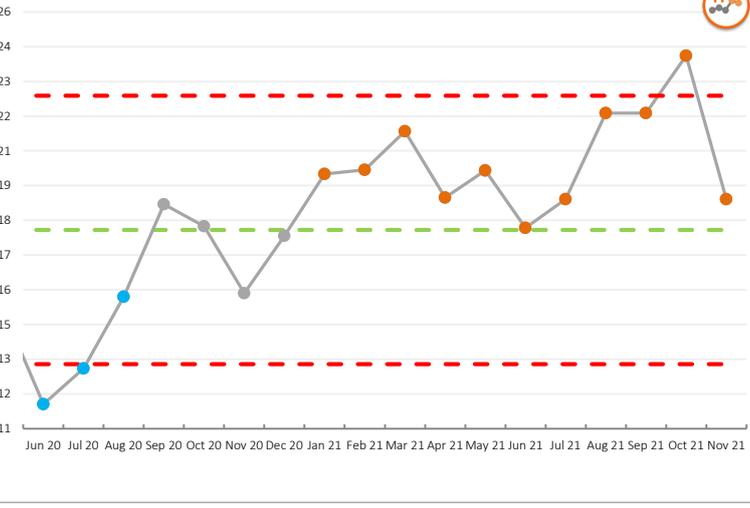
<p>Met - Service Users on CPA in settled accommodation ↗</p> <p>A Higher Value Is Better</p>	<p>Actual 66.9% M8</p> <p>Target: 61.0% Monthly</p>	<p>Executive Director of Nursing and Quality Safe</p> <p>National</p>																							
	<p>-- Context --</p> <p>National metric - This overall indicator measures the proportion of adults in contact with secondary mental health services who have been recorded as being in settled accommodation the last 12 months - stable housing is critical for recovery and maintained health.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 66.9% during M8 and continues to operate above the national mean.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>70.6%</td><td>69.3%</td><td>68.5%</td><td>70.2%</td><td>76.2%</td><td>75.2%</td><td>74.5%</td><td>74.5%</td><td>74.1%</td><td>70.5%</td><td>59.4%</td><td>66.9%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	70.6%	69.3%	68.5%	70.2%	76.2%	75.2%	74.5%	74.5%	74.1%	70.5%	59.4%	66.9%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
70.6%	69.3%	68.5%	70.2%	76.2%	75.2%	74.5%	74.5%	74.1%	70.5%	59.4%	66.9%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
<table border="1"> <tr> <td>Trust</td><td>North Staffs Community</td><td>Stoke Community</td><td>Specialist Services</td><td>Acute and Urgent Care</td> </tr> <tr> <td>✓</td><td>✗</td><td>✓</td><td>✗</td><td>✓</td> </tr> <tr> <td>66.9%</td><td>55.7%</td><td>84.9%</td><td>46.0%</td><td>100.0%</td> </tr> </table>	Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	✓	✗	✓	✗	✓	66.9%	55.7%	84.9%	46.0%	100.0%	28									
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																					
✓	✗	✓	✗	✓																					
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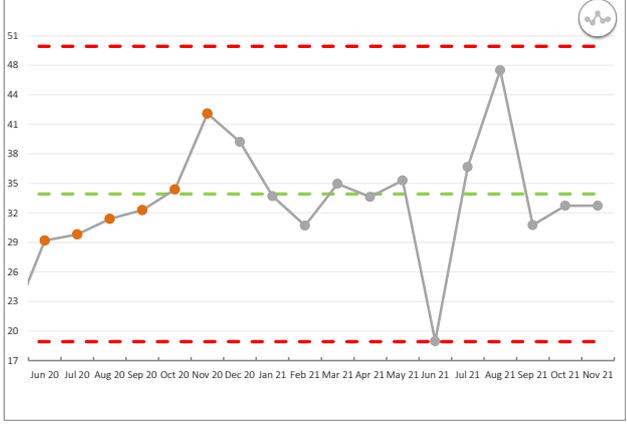
<p>Met - Service Users on CPA in Employment ↗</p> <p>A Higher Value Is Better</p>	<p>Actual 15.8% M8</p> <p>Target: 8.0% Monthly</p>	<p>Executive Director of Nursing and Quality Safe</p> <p>National</p>																							
	<p>-- Context --</p> <p>National indicator - This overall indicator measures 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 15.8% and continues to operate above the national mean.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>12.5%</td><td>13.1%</td><td>14.2%</td><td>14.1%</td><td>15.0%</td><td>15.8%</td><td>15.4%</td><td>16.2%</td><td>17.3%</td><td>16.2%</td><td>14.9%</td><td>15.8%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	12.5%	13.1%	14.2%	14.1%	15.0%	15.8%	15.4%	16.2%	17.3%	16.2%	14.9%	15.8%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																					
✓	✓	✓																							
15.8%	8.9%	23.2%	#N/A	#N/A																					

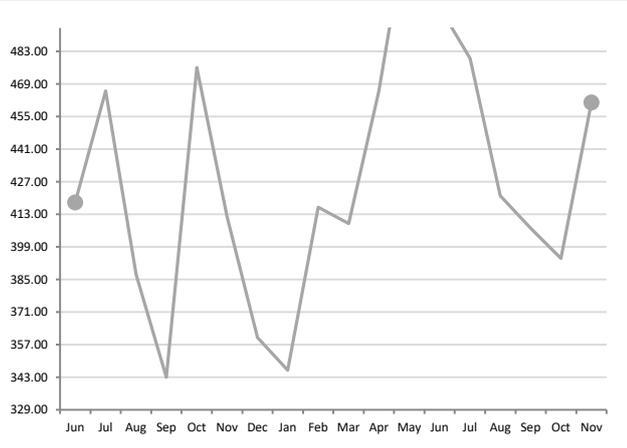
Met - Serious Incidents A Lower Value Is Better	Actual 6.00 M8 Target: Monthly	Medical Director Safe Trust Measure																								
	-- Context -- Responding appropriately when things go wrong in healthcare is a key part of the way that the NHS can continually improve the safety of the services we provide to our patients. -- Monthly Narrative (Key Issues and Actions) -- The number of serious incidents Trust wide is 6. There are no themes linking Patient Safety Incidents and SIs.																									
12 Month Trend <table border="1"> <tr> <td>3</td><td>6</td><td>7</td><td>12</td><td>2</td><td>8</td><td>6</td><td>5</td><td>6</td><td>6</td><td>5</td><td>6</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	3	6	7	12	2	8	6	5	6	6	5	6	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
3	6	7	12	2	8	6	5	6	6	5	6															
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov															
<table border="1"> <thead> <tr> <th>Trust</th> <th>North Staffs Community</th> <th>Stoke Community</th> <th>Specialist Services</th> <th>Acute and Urgent Care</th> </tr> </thead> <tbody> <tr> <td>6.00</td> <td>0.00</td> <td>3.00</td> <td>1.00</td> <td>2.00</td> </tr> </tbody> </table>	Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	6.00	0.00	3.00	1.00	2.00	30															
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care																						
6.00	0.00	3.00	1.00	2.00																						

- Data Quality Maturity Index (DQMI) A Higher Value Is Better	Actual #N/A M8 Target: Monthly	Director of Finance, Performance & Estates Caring National																								
	-- Context -- 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 August was 97.8%, this is the latest published national data.																									
12 Month Trend <table border="1"> <tr> <td>98.2%</td><td>97.6%</td><td>98.0%</td><td>98.0%</td><td>97.9%</td><td>97.9%</td><td>97.9%</td><td>97.7%</td><td>97.8%</td><td></td><td></td><td></td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	98.2%	97.6%	98.0%	98.0%	97.9%	97.9%	97.9%	97.7%	97.8%				Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
98.2%	97.6%	98.0%	98.0%	97.9%	97.9%	97.9%	97.7%	97.8%																		
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Trust																										
#N/A																										

<p>Not Met - Perinatal: Number of women accessing specialist community perinatal mental health services ↘</p> <p>A Higher Value Is Better</p>	<p>Actual 40.00 M8</p> <p>Target: Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>National</p>																								
	<p>-- Context --</p> <p>This metric is designed to demonstrate the Trust's progress in increasing access to NHS funded specialist community perinatal mental health (PMH) services.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>There were 40 women accessing the Trust's perinatal service during M8.</p>																									
<p>12 Month Trend</p> <table border="1" data-bbox="119 779 758 831"> <tr> <td>34</td><td>32</td><td>33</td><td>38</td><td>36</td><td>43</td><td>55</td><td>40</td><td>39</td><td>38</td><td>41</td><td>40</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	34	32	33	38	36	43	55	40	39	38	41	40	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
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Trust																										
40.00																										

<p>Met - Average Length of Stay - Adult ↗</p> <p>A Lower Value Is Better</p>	<p>Actual 19.00 M8</p> <p>Target: Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>Trust Measure</p>																								
	<p>-- Context --</p> <p>Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>The average length of stay for inpatients on an adult ward during M8 is 19 days.</p> <p>This compares to a national average of 35 days in the 2020 NHS Mental Health Benchmarking report with the Trust located in the upper quartile for performance.</p> <p>There are 12 patients with a length of stay of longer than 60 days and 12 patients with a length of stay longer than 90 days, these are attributed to Ward 1 and PICU respectively during M8.</p>																									
<p>12 Month Trend</p> <table border="1" data-bbox="167 1854 821 1906"> <tr> <td>18</td><td>20</td><td>20</td><td>21</td><td>19</td><td>20</td><td>18</td><td>19</td><td>22</td><td>22</td><td>24</td><td>19</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	18	20	20	21	19	20	18	19	22	22	24	19	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
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<table border="1" data-bbox="383 1928 603 2063"> <tr><td>Trust</td></tr> <tr><td>19.00</td></tr> </table>	Trust	19.00	33																							
Trust																										
19.00																										

<p>Met - Average Length of Stay - Older Adult ↔</p> <p>A Lower Value Is Better</p>	<p>Actual 33.00 M8</p> <p>Target: Monthly</p>	<p>Executive Director of Operations Responsive</p> <p>Trust Measure</p>																						
	<p>-- Context --</p> <p>Reducing the length of stay aims to provide patients with a better care experience by ensuring they are discharged from hospital without unnecessary delay</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>The average length of stay for inpatients on an older adult ward during M8 is 33 days.</p> <p>This compares to a national average of 74 days in the 2020 NHS Mental Health Benchmarking report with the Trust located in the upper quartile for performance.</p> <p>There are 15 patients with a length of stay longer than 60 days and 35 patients with a length of stay longer than 90 days, these are attributed to Summers View, Ward 1, PICU and Assessment and Treatment wards respectively during M8.</p>																							
<p>12 Month Trend</p> <table border="1" data-bbox="113 824 762 875"> <tr> <td>40</td><td>34</td><td>31</td><td>35</td><td>34</td><td>36</td><td>19</td><td>37</td><td>47</td><td>31</td><td>33</td><td>33</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>		40	34	31	35	34	36	19	37	47	31	33	33	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
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Trust																								
33.00																								

<p>Met - Incident Reporting ↘</p> <p>A Lower Value Is Better</p>	<p>Actual 461.00 M8</p> <p>Target: Monthly</p>	<p>Executive Director of Nursing and Quality Safe</p> <p>Trust Measure</p>																						
	<p>-- Context --</p> <p>Incident reporting is vital for improving patient and staff safety through the Trust's ability to learn when things go wrong and identify what, if anything could have been done differently. An incident is any event that has, or may have, impacted upon the safety of patients, staff, delivery of service or health improvement.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>The number of patient safety incidents Trust wide is 461.</p> <p>Discussion at weekly incident review group identifies areas for concern/additional review and ensures that opportunities for learning are taken and shared across all directorates. This group also provides an additional platform for analysis of significant increases/reductions in incident reporting.</p>																							
<p>12 Month Trend</p> <table border="1" data-bbox="113 1832 762 1883"> <tr> <td>360</td><td>346</td><td>416</td><td>409</td><td>466</td><td>544</td><td>502</td><td>480</td><td>421</td><td>407</td><td>394</td><td>461</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>		360	346	416	409	466	544	502	480	421	407	394	461	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
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Organisational Health and Workforce

<p>Not Met - Complaints Open Beyond Agreed Timescale ↘</p> <p>A Lower Value Is Better</p>	<p>Actual 1.00 M8</p> <p>Target: 0.00 Monthly</p>	<p>Executive Director of Nursing and Quality Caring</p> <p>Trust Measure</p>																								
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>There is one complaint responses outside of the 40 working day deadline during M8, which is in the final review stages.</p>																									
<p>12 Month Trend</p> <table border="1"> <tr> <td>2</td><td>0</td><td>3</td><td>4</td><td>2</td><td>1</td><td>1</td><td>4</td><td>0</td><td>0</td><td>0</td><td>1</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	2	0	3	4	2	1	1	4	0	0	0	1	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
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<p>- Sickness Absence</p> <p>A Lower Value Is Better</p>	<p>Actual #N/A M8</p> <p>Target: 4.95% Monthly</p>	<p>Executive Director of Workforce Organisational Health</p> <p>Trust Measure</p>																								
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>August sickness figures have been confirmed, September and October figures are unconfirmed and November figures are not yet available.</p> <p>There is a key focus on Health and Wellbeing support to staff, particularly in light of the recent increase in proportion of sickness due to Mental Health. It should be noted that these figures do not contain absences relating to Covid which are not classed as "sickness" e.g. isolation due to symptomatic family member, track and trace, shielding and other associated absences. Such instances are being recorded as other absence codes such as medical suspension (in accordance with the national guidelines).</p>																									
<p>12 Month Trend</p> <table border="1"> <tr> <td>5.32%</td><td>4.33%</td><td>3.46%</td><td>3.13%</td><td>3.24%</td><td>3.33%</td><td>3.48%</td><td>4.11%</td><td>3.97%</td><td>4.21%</td><td>4.44%</td><td></td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	5.32%	4.33%	3.46%	3.13%	3.24%	3.33%	3.48%	4.11%	3.97%	4.21%	4.44%		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate																				
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A																				

<p>Not Met - Vacancy Rate ↗</p> <p>A Lower Value Is Better</p>	<p>Actual 12.2% M8</p> <p>Target: 10.0% Monthly</p>	<p>Executive Director of Workforce Organisational Health</p> <p>Trust Measure</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>The vacancy rate is 12.2% in M8 and the 10% target remains challenging for all directorates, with the exception of Corporate services.</p> <p>It is noted that a number of service development schemes have adversely affected the vacancy position. In Q3/4, 20/21 there was a 5% growth in workforce and in Q1, 21/22 there was an additional 6% growth in workforce. This is set against a national and local backdrop of workforce supply shortages for Nursing, AHP and Medical professions. A Vacancy Management Plan has been developed which consists of a number of short/medium and long terms initiatives to address the position. Performance against the plan is being actively monitored.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>10.0%</td><td>10.9%</td><td>10.9%</td><td>9.9%</td><td>13.6%</td><td>13.5%</td><td>14.2%</td><td>12.9%</td><td>12.7%</td><td>13.2%</td><td>12.6%</td><td>12.2%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	10.0%	10.9%	10.9%	9.9%	13.6%	13.5%	14.2%	12.9%	12.7%	13.2%	12.6%	12.2%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
10.0%	10.9%	10.9%	9.9%	13.6%	13.5%	14.2%	12.9%	12.7%	13.2%	12.6%	12.2%														
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov														
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate																			
✗	✗	✗	✗	✗	✗	✓																			
12.2%	16.4%	14.2%	11.7%	12.6%	14.9%	8.3%																			

<p>Not Met - Staff Turnover ↗</p> <p>A Lower Value Is Better</p>	<p>Actual 12.7% M8</p> <p>Target: 10.0% Monthly</p>	<p>Executive Director of Workforce Organisational Health</p> <p>Trust Measure</p>																							
	<p>-- Context --</p> <p>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. This is the mitigated position excluding rotational trainees, fixed term contracts, TUPE's and internal staff movement.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is consistently above the 10% threshold at 12.7% and remains challenging for all directorates with the exception of Corporate services.</p> <p>The top three reported reasons for leaving the Trust include: Retirement - 55%, Promotion - 29% and Work Life balance - 29%. The Vacancy Management Plan also contains a number of strategies which are expected to improve retention.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>10.6%</td><td>11.5%</td><td>11.2%</td><td>10.8%</td><td>11.1%</td><td>11.6%</td><td>11.4%</td><td>12.3%</td><td>12.7%</td><td>12.5%</td><td>12.9%</td><td>12.7%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	10.6%	11.5%	11.2%	10.8%	11.1%	11.6%	11.4%	12.3%	12.7%	12.5%	12.9%	12.7%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	<p>NHSE/I measure - All staff turnover (rolling 12 month average) = 13%. This is the position that the Trust is benchmarked against.</p>
10.6%	11.5%	11.2%	10.8%	11.1%	11.6%	11.4%	12.3%	12.7%	12.5%	12.9%	12.7%														
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate																			
✗	✗	✗	✗	✗	✗	✓																			
12.7%	13.9%	11.9%	14.5%	12.5%	16.9%	9.1%																			

<p>Not Met - Safe Staffing</p> <p>A Higher Value Is Better</p>	<p>Actual 96.8%</p> <p>Target: 100.0%</p>	<p>M8</p> <p>Monthly</p> <p>Executive Director of Nursing and Quality</p> <p>National</p> <p>Responsive</p>																							
	<p>-- Context -- National measure (Trust target) - This measures the total planned hours divided by the actual hours.</p> <p>-- Monthly Narrative (Key Issues and Actions) -- The safe staffing performance is at 96.8% during M8.</p> <p>Ward Managers, Service Managers and Quality Improvement Nurses (Matrons) continue to review staffing levels on a daily basis. Bank and Agency staff continue to be used to fill shortfalls. Several short and longer term actions are being undertaken to support recruitment and retention. Staffing fill rates have remain above 95% for the past 2 months.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>94.1%</td><td>97.0%</td><td>94.2%</td><td>98.3%</td><td>96.8%</td><td>94.7%</td><td>93.0%</td><td>91.0%</td><td>90.6%</td><td>94.1%</td><td>96.8%</td><td>96.8%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	94.1%	97.0%	94.2%	98.3%	96.8%	94.7%	93.0%	91.0%	90.6%	94.1%	96.8%	96.8%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
94.1%	97.0%	94.2%	98.3%	96.8%	94.7%	93.0%	91.0%	90.6%	94.1%	96.8%	96.8%														
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Trust																									
X																									
96.8%																									

<p>Not Met - % Year to Date Agency Spend compared to Year to Date Agency Ceiling</p> <p>A Lower Value Is Better</p>	<p>Actual 74.8%</p> <p>Target: 0.0%</p>	<p>M8</p> <p>Monthly</p> <p>Executive Director of Operations</p> <p>National</p> <p>Organisational Health</p>																							
	<p>-- Context -- National measure - The agency ceiling is set as part of the Trust Financial Plan and reported to NHSI.</p> <p>-- Monthly Narrative (Key Issues and Actions) -- Agency spend is exceeded the agency threshold by 74.8% and continues to operate outside of the upper control limit.</p> <p>Agency spend in M8 came to £370k, of which £212k relates to Medical and £117k relates to Nursing. Of the £212k medical agency spend, £58k relates to Stoke Community, £53k relates to North Staffordshire Community, and Specialist Services and Acute & Urgent Care had both acquired medical agency spend of £45k each. Of the £117k Nursing agency spend, £112k relates to Acute & Urgent Care. There are ongoing targeted recruitment campaign events held for medics and nursing posts. A Task and Finish Group has been established to define actions needed to boost recruitment and retention, they will meet fortnightly over the next 12 months.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>1.3%</td><td>1.4%</td><td>5.0%</td><td>16.0%</td><td>3.4%</td><td>12.0%</td><td>29.3%</td><td>31.0%</td><td>42.2%</td><td>56.9%</td><td>67.7%</td><td>74.8%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	1.3%	1.4%	5.0%	16.0%	3.4%	12.0%	29.3%	31.0%	42.2%	56.9%	67.7%	74.8%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust																									
X																									
74.8%																									

<p>Met - Clinical Supervision</p> <p>A Higher Value Is Better</p>	<p>Actual 86.0% M8</p> <p>Target: 85.0% Monthly</p>	<p>Executive Director of Workforce Organisational Health</p> <p>Trust Measure</p>																							
	<p>-- Context -- Clinical Supervision is key to the delivery of quality patient care.</p> <p>-- Monthly Narrative (Key Issues and Actions) -- Performance is at 86% and is operating within normal control limits.</p> <p>All localities, with the exception of Specialist Services and Primary Care have met the required standard.</p> <p>All Associate Directors receive details regarding their Directorate position, identifying those who are non-compliant for them to take appropriate action to remedy.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>82.0%</td><td>88.0%</td><td>88.0%</td><td>81.0%</td><td>88.0%</td><td>88.0%</td><td>84.0%</td><td>82.0%</td><td>85.0%</td><td>84.0%</td><td>86.0%</td><td>86.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	82.0%	88.0%	88.0%	81.0%	88.0%	88.0%	84.0%	82.0%	85.0%	84.0%	86.0%	86.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate																			
✓	✓	✓	✗	✓	✗	✓																			
86.0%	91.0%	87.0%	84.0%	88.0%	77.0%	92.0%																			

<p>Met - Appraisal</p> <p>A Higher Value Is Better</p>	<p>Actual 90.0% M8</p> <p>Target: 85.0% Monthly</p>	<p>Executive Director of Workforce Organisational Health</p> <p>Trust Measure</p>																						
	<p>-- 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.</p> <p>-- Monthly Narrative (Key Issues and Actions) -- Performance is at 90% and is operating within normal control limits. All localities, with the exception of Primary Care, have met the required standard.</p> <p>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.</p>																							
<p>12 Month Trend</p> <table border="1"> <tr> <td>90.0%</td><td>93.0%</td><td>95.0%</td><td>95.0%</td><td>92.0%</td><td>87.0%</td><td>84.0%</td><td>84.0%</td><td>84.0%</td><td>86.0%</td><td>90.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	90.0%	93.0%	95.0%	95.0%	92.0%	87.0%	84.0%	84.0%	84.0%	86.0%	90.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
90.0%	93.0%	95.0%	95.0%	92.0%	87.0%	84.0%	84.0%	84.0%	86.0%	90.0%														
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Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate																		
✓	✓	✓	✓	✓	✗	✓																		
90.0%	92.0%	91.0%	92.0%	91.0%	80.0%	86.0%																		

<p>Met - Statutory & Mandatory Training</p> <p>A Higher Value Is Better</p>	<p>Actual 87.0% M8</p> <p>Target: 85.0% Monthly</p>	<p>Executive Director of Workforce</p> <p>Organisational Health</p> <p>Trust Measure</p>																							
	<p>-- Context --</p> <p>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.</p> <p>-- Monthly Narrative (Key Issues and Actions) --</p> <p>Performance is at 87% during M8 and all localities are achieving the required standard. A special cause variation continues as performance is well below the operational average and operating outside of the lower control limits for the Trust.</p> <p>Whilst the overall percentage is on target, there are areas of Statutory and Mandatory Training that do not reach the target required. These are notably training sessions that are required to be delivered face to face: MAPA, Resuscitation, Safer People Handling, and Safeguarding Level 3 for Children & Young People and Dementia Tier 2. Face to face training in these subjects are now being delivered additionally at weekends and out of hours to support compliance. Additionally, the training venue will be moving in month 8 to Lawton House to provide 2 training rooms to enable increased delivery.</p>																								
<p>12 Month Trend</p> <table border="1"> <tr> <td>90.0%</td><td>88.0%</td><td>89.0%</td><td>89.0%</td><td>88.0%</td><td>88.0%</td><td>89.0%</td><td>89.0%</td><td>88.0%</td><td>87.0%</td><td>87.0%</td><td>87.0%</td> </tr> <tr> <td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td> </tr> </table>	90.0%	88.0%	89.0%	89.0%	88.0%	88.0%	89.0%	89.0%	88.0%	87.0%	87.0%	87.0%	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	<p style="text-align: right;">44</p>
90.0%	88.0%	89.0%	89.0%	88.0%	88.0%	89.0%	89.0%	88.0%	87.0%	87.0%	87.0%														
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Statistical Process Control

What is It?

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

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

When to use it

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

How to use it

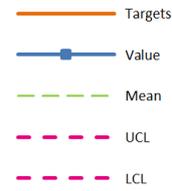
An SPC chart has a mean line and two control lines, both of which allow more statistical interpretation. These control lines are 3σ (3 Sigma) away from the Mean - with recalculation of these lines occurring when significant changes in the process occur.

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

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

Interpreting the Report

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 11

Date of Meeting:	13 th January 2022		
Title of Report:	Service User and Carer Engagement Strategy 2021-2024		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	SUCC & Alastair Forrester, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
<p>Purpose: This strategy provides an overview of how the Trust will engage and consult with service users and carers for the next 3 years.</p> <p>The Service User and Carer Engagement Strategy is fundamentally linked to other Trust strategies; most notably to the Trust's Quality Strategy '2020 and Beyond'.</p> <p>It sets out a number of initiatives that will be delivered by 2024 to ensure that all patients and service users receive care in a way that reflects what is important to them. The strategy will also ensure that service users and carers are informed and involved in decisions affecting their future and that of the Trust.</p> <p>Throughout the early part of 2021, we ran a number of virtual service user and carer engagement events; and the Strategy is based on what our service users and carers told us.</p> <p>We were able to hear first-hand the accounts of those people who used our services or had experience of family members using services.</p> <p>The strategy is also shaped by patient stories, complaints and concerns, compliments, national and local surveys, our Service User and Carer Council, feedback from key stakeholders and comments on social media.</p> <p>Recommendations: The Quality Committee and Trust Board are asked to receive the Service User and Carer Engagement Strategy, provide approval for this document to form the basis of SUC engagement over the next 3 years. This work will be led by the Nursing and Quality Directorate.</p>	Approval	<input checked="" type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input checked="" type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input checked="" type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people <input checked="" type="checkbox"/>	

	<p>2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/></p> <p>3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/></p> <p>4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/></p>	
Risk / legal implications: Risk Register Reference	None identified	
Resource Implications:	None identified	
Funding Source:		
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 development of this strategy.	
Shadow ICS Alignment / Implications:	Nil	
Recommendations:	To receive the report for information and approval	
Version	Name/group	Date issued
1	Service User Carer Council	
2	Quality Committee	

Outstanding

Our journey continues...

Working Together in Partnership

Our Service User, Carer & Families Strategy



Working Together in Partnership

Contents

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	What does effective partnership with patients, carers and families look like?	4
	Consultation with Stakeholders	5
	Benefits of moving from engagement to co-production	5
3	Service Users, Carers and Families & Quality	6
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1. Foreword

We are very excited and honoured to present North Staffordshire Combined Healthcare NHS Trust's first Service User, Carer & Families Strategy. This document has been produced by the Service User and Carer Council (SUCC) following discussions and shared experiences from people who use our services, carers, their families and Trust staff.

We have developed this strategy because we believe that the best mental health, learning disability and autism services are ones that are planned, shaped and delivered by patients, carers, their families and staff working together.

People with lived experience of using health services have an often untapped knowledge of what works well and we want to ensure that this knowledge is used to improve our services for the benefit of our communities.

The Trust has some excellent examples of Service Users, Carers and Families families and staff working in partnership, such as our peer support workers working alongside clinical teams to support recovery, service users and carers being involved in recruitment processes and service redesign and at the Trust board and committees, but we want to share and spread this practice and do more.

We want to create further opportunities for involvement so that more people and services can benefit from this. We will move away from the 'tick box' culture that some people still experience, towards a genuine partnership approach, where involvement is well planned and power is more equally shared.



Kenny Laing
Director of Nursing & Quality



Sue Tams
Chair of the Service User and Carer Council

2. Our Vision

We want to ensure that service users, carers and families are active partners in their own care and are seen as essential stakeholders in how we run our services and work together to improve well-being. This can mean a number of different things, depending on which activity is being undertaken. We believe that service users, carers, families and staff (our people) when working together in true co-production can offer unique insights for the Trust to learn from, which will improve the quality of care that we provide.

Working in partnership with service users, carers, their families is a priority for the Trust, it is only by doing so that we will be able to make services more relevant and recovery focused. We know that a positive experience during care leads to positive clinical outcomes. If people feel listened to and are equal partners, they will respond better to medical, nursing and therapy interventions and also be better able to manage their own journey of care.

Our service users, carers and families strategy sets out the Trust's intention to ensure the best possible experience for patients, carers and their families.

What does effective partnership with patients, carers and families look like?

We recognize that partnership working with service users, carers and families is challenging, as ensure full collaboration, the process should seek to achieve equality and parity by bringing together people who can work as equals, to develop a shared understanding of what needs to change and a commitment to bringing that about.

This is often contrary to the historic approach which has been taken in healthcare provision of 'expert physician' and 'passive patient'. As co-production is embedded and hierarchical power is addressed, change will happen during the process of co-production as well as being a consequence of it.

There are many different ways that people can influence health services and here are some commonly used terms:

- Inclusion
- Coproduction
- Collaboration
- Partnership working
- Consultation
- Improvement
- Co-design
- Engagement
- Participation

Each of these has a place in ensuring that service users and carer experience is improved and through the provision of our services and we will ensure that we are clear about all how we use these approaches together.



Consultation with Stakeholders

Throughout the early part of 2021, the Trust ran a number of virtual service user and carer engagement events; these sessions were jointly chaired by the Executive Director of Nursing and Quality and the Chair of our Service User and Carer Council, the aim of these events was to reach out to a wide range of people who used the Trust services and this Strategy is based on what our service users and carers told us.

We were able to hear firsthand the accounts of those people who used our services or had experience of family members using services. Our strategy is also shaped by these stories, complaints and concerns, compliments, national and local surveys, our Service User and Carer Council, feedback from key stakeholders and comments on social media.

As well as our dedicated engagement events we also reflected on feedback from other sources such as PALS contacts and patient stories. We identified the following opportunities to improve our patient experience and engagement and ensure that we gain the benefits of patient involvement as soon as possible.

Benefits of moving from engagement to co-production

The importance of service user and public engagement in the NHS has been emphasised by findings from a number of key reviews relating to failures of care in the NHS, including Berwick (2013), Francis (2013) and Keogh (2013). The Berwick review into patient safety recommended that patients and their carers should be 'present, powerful, and involved at all levels of healthcare organisations from wards to boards and be listened to and involved in every organisational process at every step of their care.

At an individual level, when service users feel involved in their care, listened to and informed, they are more likely to be satisfied with their care and have less anxiety, greater understanding of their own needs, improved trust and better relationships with their healthcare professionals.

Increasing effective volunteering and developing the roles of Peer Mentors and Peer Support Workers has shown to have many benefits for service users, families and organisations. More broadly it can provide a positive impact on individual and community health and wellbeing.

The trust will benefit from a better understanding of what changes and improvements are a priority from service users', carers' and families' perspectives, especially during a period of rapid change. Working with the people who use services helps planners 'get it right first time'.

The duty to involve service users, carers and families in the development of services and in their individual care and treatment is central to the NHS Constitution, which describes the rights of patients and public to the provision of NHS services.

3. Service Users, Carers and Families & Quality

Our quality priorities, as outlined in the Trust's quality enabling strategy, were developed with service users, carers and staff, forming the framework for our annual improvement programme.

Our four key quality priorities are 'SPAR':

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users
- Our processes and structures will guarantee **Access** for service users and their carers
- Our focus will be on the **Recovery** needs of those with mental illness



If we are to deliver the quality priorities above, we have to ensure that the aims of this strategy are delivered.

4. Aims and Objectives

The aim of the Service User, Carer and Families Strategy is to support our people to work together to achieve a quality experience and the best possible outcomes for everyone who uses our services.

We plan to achieve this aim in the following three ways:

- **Communicating & Engaging** to ensure that service users, carers and families are equal partners in their own care. This objective sets out to ensure that people have shared understanding and ownership of decisions about their care, risk taking and plans for their future
- **Listening & Responding** to service users, carers and families experience of care and service provision. We will ensure that everyone who uses our services finds it easy to have their experiences heard and that we are quick to address any areas for improvement. We will seek the views of a diverse range of people from the communities of Stoke-on-Trent and North Staffordshire including those people whose voices are less often heard, especially those of people with learning difficulties, mental health needs or language difficulties
- **Working together** with service users, carers and families to make improvements in co-producing change across a broad range of Trust activity including training and education, service redesign, quality improvement and reviews.

5. Communicating and Engaging

Service users, carers and families told us that they were generally kept informed at all stages of care; they were informed and consulted on care plans and were included in the development of these. Communication with ward and community staff was generally good however, they also told us that we needed to make improvements in some areas. They said that our telephone systems were inadequate and it was sometimes very difficult to make contact with services. We were told that letters were sometimes impersonal and very generic, they were not always written in an accessible format to meet the person's needs. We heard about differences from the discussions with patients and the published care plan. We were told that signposting to services was also not always consistent and that the telephone response from our front door services was not always helpful and could at times feel rushed.

To improve communication & engagement with service users and carers we will:

- Continue to explore how we can improve our telephone call answering systems
- Improve the quality of care plans through a dedicated quality improvement initiatives
- Revisit and improve training in the development of accessible information
- Undertake a survey of service user and carer experiences of staff engagement within front door services
- Undertake learning lessons events with a focus on customer service; we will use real life case examples and service user accounts to support these sessions.
- Develop a customer service charter to support the quality of our service user and carer engagements.

There was agreement amongst everyone that service users and carers should be involved in the planning, delivery and monitoring of their care. Service Users and Families feedback that they do not always feel involved with their care plans and have not always received a copy. They told us that wanted care plans to be personalised and, whenever possible, they wanted to receive a copy of their care plan in a format that they understood.

Evidence tells us that supporting service users to be actively involved in their own care and treatment can improve their recovery outcomes and experience. Therefore, collaboration and involvement in the care planning process will be a priority for the Trust.

To improve care planning we will:

- Undertake a dedicated Quality Improvement Initiative focussing on patient care planning
- Develop a steering group with service users, carers and professionals to support quality improvements
- Identify the training needs of staff and co-deisgn a care planning training programme
- Ensure care planning documentation is service user and carer friendly
- Develop resources on our website to support effective care planning
- Develop a culture where service users and carers are consistently involved in developing their care plans
- Strengthen engagement tools such as the Wellness Recovery Action Plan (WRAP)

6. Listening and Responding

Our service users, carers and families told us that it was sometimes difficult to see the changes that we had made when responding to feedback. They recognized that some of the good work that takes place in the Trust around Service User engagements and responsiveness can sometimes get lost and as a result does not get shared with other teams. We will therefore, ensure that the decisions and service improvements made as a result of service user feedback are communicated to staff and service users.

To improve our response to service users, carers and families feedback we will

- Share patient stories across the Trust but in particular at Board, Executive and Senior Management level
- Provide an overview and share learning from compliments, feedback and complaints with the Service User and Carer Council
- Continue to develop our Learning Lessons sessions to share good practice and responses to service user and carer feedback
- Provide regular updates via a service user carer council newsletter
- Review and update how we deliver against the Triangle of Care objectives.
- Revisit and re-engage our Carers Champions
- Publish progress on service improvements and responses to service user and carer feedback on our Trust website and via social media
- Respond to service users who take the time to write to us with their feedback
- Agenda service user feedback at all team meetings

7. Working together

We will maximise our opportunities to learn from people with lived experience of mental health difficulties, learning disabilities and neurodiversity by co-facilitating learning and development opportunities both locally and via the Trust Recovery College.

We will develop our model of learning from experience by:

- Supporting teams to engage with service users in the design and delivery of their local induction and training programmes.
- Working with corporate services to review service user and carer input into training programmes including Trust Induction, Preceptorship, The Care Certificate, Apprenticeships, and Leadership Programmes.
- Encouraging service users to co-present at Trust events and conferences.
- Develop the Trusts Recovery College.
- Influencing professional training via our Trust Practice Education Facilitators and our links with Educational Establishments to encourage learning from lived experience.

There was strong support for the growth of Peer Mentorship to involve people with lived experience of mental health, learning disabilities and neurodiversity in service delivery. We will continue to share learning from the implementation of Peer Mentorship across all services within the Trust.

To develop opportunities for Peer Mentoring we will:

- Promote the learning from areas where we have already had success with Peer Mentoring within Trust services
- Use Trust communications, including video to raise awareness of the benefits of Peer Mentor support within clinical teams
- Secure accredited level 2 Open College Network (OCN) training for volunteer peer mentors
- Strengthen our co-production and co-delivery within the Wellbeing College
- Work with our clinical teams and the Trust's Widening Participation Lead to create more paid Peer Support Workers roles
- Ensure clear governance is in place to oversee peer mentoring and peer support work across the Trust.

8. Governance

Service User and Carer Engagement Governance

- The Trust Board is responsible for providing visible leadership and strategic direction to improve the experience of service users and carers. It receives regular reports from the Trust's Quality Committee. Patient Stories are a standing agenda item at the beginning of every Trust Board.
- The Quality Committee oversees the delivery of the Trust's Quality Strategy, which includes Service User and Carer Engagement.
- Service User and Carer Council meets monthly 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.
- Chair of Service User and Carer Council oversees the business and key decision making at the Service User and Carer Council and represents members of the Council at the Trust Board.
- The Executive Director of Nursing is responsible for Patient Experience and the Service User and Carer Engagement Strategy and its alignment with the Trust Quality Strategy.
- Patient Experience Lead supports a wide range of service user engagement opportunities within the Trust including: the development of Trust volunteers and Volunteer Peer Mentors, the delivery of Triangle of Care and the support of Carers Champions; supporting the Service User and Carer Council and taking a key role in support co-production and consultation on service development.

9. Conclusion

This strategy provides a framework for a consistent approach to service user and carer engagement. It sets out the Trust's commitment to conduct meaningful engagement with our service users, their carers and their family members with the aim being to improve patient experience and the quality of Trust services. The strategy is supported by a strong organisational philosophy that promotes a culture of placing patient experience at the forefront of everything we do to achieve the Trust's vision "To be Outstanding" – in ALL we do and HOW we do it.

10. Acknowledgements

We would like to thank all those who have helped us shape this Strategy.

Your feedback and contribution have been key in helping us to develop a strategy that is meaningful to patients, carers, the public and staff.

REPORT TO TRUST BOARD

Enclosure 12

Date of Meeting:	13 th January 2022		
Title of Report:	People, Culture & Development Committee Summary to Trust Board		
Presented by:	Janet Dawson, Vice Chair, Chair of the People, Culture & Development Committee		
Author:	Shajeda Ahmed, Director of People, OD & Inclusion		
Executive Lead Name:	Shajeda Ahmed, Director of People, OD & Inclusion	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The attached summary provides a written record of the People, Culture & Development Committee meeting held virtually on Monday 6 th December 2021.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	<p>The Committee reviewed the following risks, which all have mitigating plans in place to address concerns:</p> <p>Risk 12 There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff. Residual risk 16, highest risk for the Committee. The Time to Hire KPIs are within target across the Trust for May 2021.</p> <p>Risk 868 There is a risk that the Trust will breach its Agency cap for the use of temporary staffing with a consequence of increased spend and reputational harm due to reduced segmentation by NHSI. Residual risk 12.</p> <p>Score Reduction requested:</p>		

	<p>Proposed likelihood score changes to 3-4 or 4-4</p> <p>Change of Risk Description No current financial impact of agency spend due to Covid-19. Mitigating potential risk of quality through increased agency spend, wording changed to focus on induction and appropriate training for staff, and to interlink this at each Committee who will review a slightly different aspect of the risk. Approved.</p> <p>Risk 900 There is a risk that the Trust does not provide inclusive services that recognises the diverse nature of our service users, therefore services may not be accessible or of sufficient quality and the Trust may not be responsive to the diversity & the inclusion needs of our local communities'. Residual risk 12.</p> <p>Risk 901 There is a risk that the Trust does not have an inclusive and diverse workforce as reflected in the WRES, thus impacting on our ability to support the needs of diverse communities and ability to attract and retain staff. Residual risk 12.</p> <p>Score Reduction requested: Proposed risk score reduction requested. Residual score currently 12 to 8. Target score reduction from 9 to 6. Rationale – Considerable accomplishments, Trust performs well against metrics and sufficient interventions to demonstrate progress Approved</p> <p>Risk 1500 There is a risk that compliance for face to face mandatory training will fall as a result of face to face training being stood down as a result of the Covid-19 pandemic. This could compromise patient safety as staff become out of training for example: MAPA, Safer People Handling and Resuscitation. Residual risk 12. Received/Approved</p>	
Resource Implications:	N/A	
Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	<p>The Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations 	
Shadow ICS Alignment / Implications:	A large proportion of the Trust's OD provision is utilised across the system. Trust and system plans moving forward will continue to require substantial OD intervention which will necessitate sufficient resourcing.	
Recommendations:	The Board is asked to approve the policy extensions for ratification and receive the summary for assurance purposes.	
Version	Name/group	Date issued
V1	PCDC	21.12.21



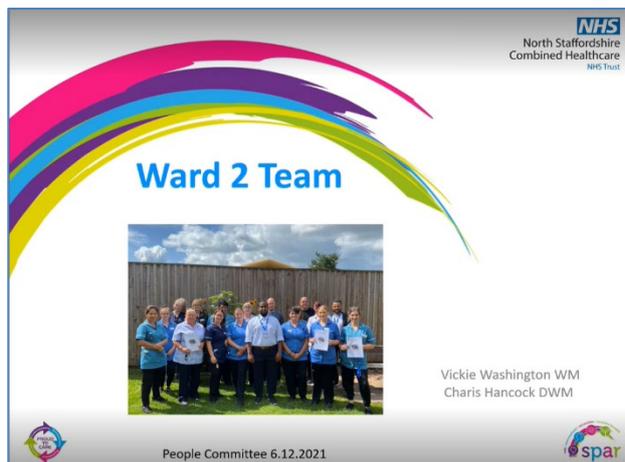
Assurance Report to the Trust Board People and Culture Development Committee

1.0 Introduction

- 1.1 This paper details the people agenda items discussed at the People, Culture and Development Committee meeting held on the 6th December 2021.
- 1.2 The meeting was quorate with minutes approved from the previous meeting held on the 4th October 2021, subject to a change in the recording of the membership.

2.0 Staff Story – Ward 2

- 2.1 The Committee received a presentation from Charis Hancock, Deputy Ward 2 Manager updating on work undertaken by the ward to support staff health and wellbeing during and post Covid-19.



2.2 The ward aims to be inclusive, responsive and to deliver a high standard of care. The team has a strong sense of trust, with the understanding that if they fail to invest in the wellbeing and growth of staff, they will be unable to offer care at the same standard for their patients. Regular weekly staff wellbeing sessions are seen as an investment in staff.

- 2.3 Examples of team wellbeing initiatives undertaken during Covid-19 have included;

Staff Wellbeing initiative

North Staffordshire Combined Healthcare NHS Trust

- Creative Xmas Party 2020, despite Lockdown – Virtual Quiz and Social event
- Squat Challenge – 100 Squats a day for a month
- Seeds of Hope- Sunflowers and messages of hope
- Steps Challenge to encourage activity – walked the length of the UK collectively
- Cycled collectively from the Harplands to Wembley for the World Cup Final
- Couch to 5K
- Virtual Snowdon using the stairs as a whole team, but we actually climbed Snowdon raising funds for Papyrus (on one of the worst weather days ever)
- Staff Wellbeing Boxes
- Rounders Event
- Monthly newsletters. For the staff by the Staff
- Shout out board in main area of the ward and promoted
- Creative staff meetings and use of time with the team




2.4 Future plans and enablers for change include safe wards initiative, a recovery book (nominated for a Nursing Times award, created in the idea of patient engagement), continuous QI ward, health passports, review of the nurse role, admission project and engagement hour. The ward has further initiatives planned for 2022, commencing on January 18th (known as National Quitter's Day).

2.5 The team were commended for their wellbeing work by members of the committee. The Executive Director of People, Culture and Inclusion's specifically commented that on her HWB visit in October, the positivity and energy from staff was clearly evident, demonstrating just how important a wellbeing culture is staff and to patient care.

Enabler for Change

North Staffordshire Combined Healthcare NHS Trust

- Safe wards
- Recovery Book – Nursing times finalist




- Continuous QI ward – Health passports, review nurse role, admission project, engagement hour.




3.0 National, Regional and System Highlights

3.1 Health and Wellbeing

3.2 Regional Enhanced Health and Wellbeing in Systems Programme 21/22 - First Regional Enhanced Health and Wellbeing Steering Group was held in October with further dates planned until March 2022. The Programme Lead has been appointed and providers commissioned to undertake the engagement and evaluation activity with the 11 ICS's, and the population demographics and health inequalities analysis work. This high profile, large scale programme aims to deliver recommendations for scale and spread post March 2022

3.3 Health and Wellbeing – The Staff Psychological Wellbeing Hub - 297 referrals have been made into the Hub, with staff continuing to report the experiences as positive. Proactive and targeted outreach, specifically with

Primary and Social Care, continues, alongside weekly support/ discussion/ education sessions. This activity is attributed to increases in referrals. Expansion of the clinical team to meet demand is underway and using OD bank staff to increase targeted outreach and hub promotion.

3.4 Inclusion

3.5 **Autumn Inclusion School** – Successfully delivered in November 2021 with a key focus on hidden disabilities and neuro-diversity via a conversational/story telling format. Great feedback received from the 119 in attendance.

3.6 **Comfortable Being Uncomfortable with Race and Difference Cultural Education Programme** – Following initial delivery over 3 sessions to 54 system very senior leaders, we have moved into Phase 2, taking the programme wider through system organisations and structures. Initial feedback has been positive in terms of having conversations about race and inequality.

3.7 **New Futures Programme** – This is the replacement of the Stepping Up programme commissioned by an externally commissioned provider. The launch date will take place on 28th February, with planned programme completion in May 2022.

3.8 Following the publication of the NHS Race Observatory Report and Recommendations, one of the five ‘Our Approach to Language’ principles was that:

No acronyms or initialisms

- We will never use acronyms, initialisms or other contractions to refer to groups of human beings. Contractions like ‘BME’ and ‘BAME’ create a further level of needless abstraction from the communities and individuals we are talking and writing about.

As such, the Trust will ensure the use of the full term. Further guidance is also expected from NHSEI with the publications of the Race Observatory report.

3.9 Leadership Development

3.9.1 **High Potential Scheme (HPS)** – final stretch placements are underway for cohort 1 and cohort 2 we start delivery in Q1 of 2022 in conjunction with Shropshire, Telford and Wrekin ICS using the buddy model approach.

3.9.2 **Scope for Growth (S4G)** - We are a national pilot site for this career conversation toolkit, linking appraisal, the toolkit and better career conversations. Expected benefits to retention and health and wellbeing.

Elements include; train the trainer model, regional community of practice, skilling-up local managers to lead pilot groups. Target pilot groups identified.

4.0 NSCHT (Combined) Highlights

- 4.1 **National Staff Survey for 2022** - This year saw our highest ever return rate of 64%, an increase of 3% from 2020, despite challenges faced by staff operationally. This supports our engagement activities with staff recognising their views are valued, listened to and acted on through our directorate level staff survey project teams. Results will be available in February 2022.
- 4.2 **Employee Relations** - Formal ER Activity significantly reduced and continues to stay low since implementation of Just Culture Framework at each stage of ER Assessment, encouraging fair and restorative culture. National Compulsory Covid-19 vaccination guidance expected to be launched on 6th January 2022, making it compulsory for staff in clinical roles to be vaccinated. Once guidance is released, staff will be contacted directly and consulted with to encourage vaccination or possible redeployment if possible or appropriate.
- 4.3 **Health and Wellbeing**
Compliance against 4.95% Trust 12m rolling sickness absence target continues. September's reported sickness rate was 4.07%. Mental Wellbeing related sickness continues to be the highest reported reason for absence.
- 4.4 **HWB - Evolving our internal approach**
Discussion paper submitted to Execs 7th December 2021, sharing a staff wellbeing vision, identifying how staff support offers can be better aligned, how we can further develop a staff health and wellbeing focussed culture creating psychological safety, improving the staff experience and quality of care.
- 4.5 **Staff Health and Wellbeing Champions**
Business case submitted to Execs on 21st December 2021 recommending the introduction of a Staff Health and Wellbeing Champions role to aid local signposting to support and play a fundamental enabler role for creating cultural change/shift towards a more proactive and supportive HWB focussed culture.
- 4.6 **HWB Site Visits** – During October and November, the Executive Director of People, OD & Inclusion, along with the Staff Engagement Lead, have carried out HWB service visits in the following areas to connect with staff, talk through what additional support may be needed and using feedback to inform practice.
- Ward 2
 - Ward 3
 - Ward 7
 - LD Assessment and Treatment
- Visits will recommence in January 2022 and a paper submitted to executives sharing feedback for discussion.

- 4.7 **Talent Management** - During November the new Talent and Leadership Manager joined the Trust and commenced the forward schedule of Leadership Academy topics with January's session focussing on the CQC. Early discussions have commenced with key stakeholders to shape future leadership pathways & embed talent management as part of the Combined People Plan.
- 4.8 **People Agenda - Trust Awards** The Trust won the **HPMA (Health Professionals Management Association) Mills & Reeve Award for leading in Equality, Diversity and Inclusion**. The Executive Director of People, OD & Inclusion has been asked to present the Trust's approach to 'Leading in EDI' at the West Midlands HPMA event now postponed until February 2022.
- 4.9 **Recognised by the Recruitment Industry Disability Initiative Awards, with the Trust shortlisted in 3 different categories, including Inclusive Employer of the Year** for our Learning Disability Services initiative to introduce and embed 4 new (paid and substantive) Expert by Experience roles specifically to be held by people with learning disabilities.
- 4.10 **The Trust was a finalist for the HSJ Staff Engagement Award** in relation to our submission titled 'A Combined Approach to Staff Engagement'. A Trust contingent attended the awards ceremony to announce the winner on the 18th November in London, unfortunately the Trust did not win, but we thrilled to be shortlisted.
- 4.11 **Freedom to Speak Up – Q2 Concerns** - Comprehensive reported was shared and findings presented, providing insight into themes and assurance of work to further improve the Trust's FTSU culture. The FTSU guardian role will soon become the specific responsibility of a soon to be appointed substantive band 8a role.

5.0 **Recruitment and Retention Update**

- 5.1 The Committee discussed the issues surrounding the challenges with regard to recruitment through the IQPR, Workforce Summary, Director of People Update and Vacancy Management Plan agenda items. The challenging workforce supply issue amidst the new service developments was also noted with the impact on vacancy levels.
- 5.2 **Time to Hire** rates for Q2 are at 58.8 working days, this is an increase of 7.2 days in comparison to Q1. Performance remains within our target KPI of 60 working days.
- 5.3 **Nursing and HCSW Recruitment** - 2 RMNs (NQNs) and 1 (potentially 2) Bank RMNs have been appointed. An additional event on 16th December is planned for a mix of RGNs and RMNs, to date we have 10 applications and 130 international applications. Work is ongoing to discuss and explore international applications.

- 5.4 **Recruitment Campaign** commenced with the BMJ during Q2, October 2021 to coincide with two Consultant posts within the Community. The adverts are live on the BMJ and NHS Jobs until 12 December 2021.
- 5.5 **Streamlining recruitment processes** has taken place and a recruitment SOP created allowing applicants to serve notice to their line managers.
- 5.6 **Vacancy Management Plan** - 19 schemes completed with 17 remaining on track for completion by April 2022. All improvement schemes are now tracked via an outcome/output measures, informing overall Trust evaluation of the plan. Schemes range in benefit across recruitment and retention activity, considered in addition to standard or business as usual activity. Further analysis of VMP impact to be provided to SLT in 2022.
- 5.7 **Industrial Action Update** - the Trust has recently been notified by GMB and the RCN Trade Unions exploring potential industrial action both across the NHS and locally at NSCH NHS Trust.
- 5.8 **ICS People Function** - In addition to the above, the system People Function is working collaboratively with provider Recruitment Leads, co-producing recruitment campaigns to attract people into our system, with a particular focus on nursing campaigns. The Reservist Model is also being utilised to support providers in the system to address critical workforce challenges.
- 5.9 **Turnover/Retention Review – 12 month deep dive**
A detailed report was shared for the period November 2020 to October 2021:
- providing an analysis of the Trusts turnover levels,
 - benchmarking against regional and national turnover levels,
 - turnover review by Directorate, professional group and leaving reasons
- 5.10 **Overview** - 207 substantive employees left the Trust, comprising 160 clinical staff and 47 non-clinical staff, equating to 12.58% turnover of substantive employees. Highest turnover was seen by the 'Add Prof Scientific and Technic' group (Clinical Psychologist, Pharmacist, Psychological Therapist/Trainees) followed by the Registered Nursing professional group. Reasons for leaving were due to; Retirement age (large proportion with Mental Health Officer status), work-life balance and securing promotion elsewhere. This detailed analysis informed a detailed action plan of activities to keep turnover as low as possible.
- 5.11 **Guardian of Safe Working Quarterly Report (Q2)**
Dr Okolo assured there are no impacts to safe working practices, with no exception reporting resulting in work schedule reviews, relatively stable vacancies and compliant rotas. Trainee morale is very good. Work ongoing nationally to improve vacancy position and increase the number of trainees.

6.0 IQPR – Workforce & OD Metrics Month 7

6.1 4 rated measures have met the required standard (compared to 3 in M6) and 4 that have not met the required standard and highlighted as exceptions (compared to 5 in M6). 4 special cause variations (orange variation flags) - signifying concern, compared to 4 in M6:

- **Vacancy Rate.** The vacancy rate is 12.6% in M7 and the 10% target remains challenging for all directorates.
- **Staff Turnover.** Performance consistently above 10% threshold at 12.9%, remaining challenging for all directorates. Highest level of staff turnover experienced since March 2018.
- **Agency spend** exceeds agency threshold by 67.7%, compared to 59.6% in M6, and continues to operate outside of the upper control limit.
- **Statutory and Mandatory Training.** Performance remains unchanged at 87% during M6, still above target. Issues associated with delivery of face-to-face training are well understood and noted in the risk register.

6.2 There are no special cause variations (blue variation flags - signifying improvement). There are 4 metrics flagged with a common cause variation (grey variation flag).

7.0 Additional Papers

7.1 The Committee received and discussed the following:

- Health and Wellbeing Update
- Enhanced Wellbeing Update
- Digital Update
- Freedom to Speak Up Q2 Update
- Turnover/Retention Review – 12 month deep dive
- Improving People Practices
- Guardian of Safe Working – Quarterly report

8.0 People and OD Risks

8.1 The Committee noted there were no new risks and closure requests linked with the Committee.

8.2 The Committee approved the following updates to risk scores and descriptions

Risk 868 - Score Reduction: Proposed likelihood score changes to 3-4 or 4-4. Change of Risk Description - No current financial impact of agency spend

due to Covid-19. Mitigating potential risk of quality through increased agency spend, wording changed to focus on induction and training for staff, interlinking at each Committee to review a slightly different aspect of the risk. **Approved.**

Risk 901 Proposed risk score reduction requested. Residual score from 12 to 8, target score from 9 to 6, as considerable accomplishments, performance against metrics and sufficient interventions demonstrating progress. **Approved**

9.0 Policies

- 9.1 The Committee approved the following policies for 3 years:
- 1.15 Dress Code Policy
 - 1.76 Job Planning Policy
-

10.0 Committee Reporting Groups

- 10.1 The Committee received the minutes for assurance purposes from the following groups:
- Strategic Education & Learning Group (SEAL) – 18th October 2021
 - Inclusion Council – no minutes available
 - Joint Negotiating Consulting Committee (JNCC), final approved minutes 29.09.2021
 - Joint Local Negotiating Committee (JLNC), draft version 18th November 2021
 - Professional Leads Advisory Group (PLAG), 17th September 2021
-

11.0 Conclusion

- 11.1 Recruitment activity remains an area of priority focus for the Trust recognising the current workforce challenges both locally and nationally. Coupled with the operational Vacancy Management Plan and development of workforce plans, this demonstrates that the Trust's approach is continuing to bring new recruits into the organisation and introducing initiatives to retain the current workforce.
- 11.2 The Trust continues to influence and shape the system cultural transformation working in collaboration with system partners on OD, Leadership, Inclusion and Health and Wellbeing.
- 11.3 Staff health and wellbeing remains a priority, ensuring we continue to provide a high level of responsive support for our people, whilst continuing to focus on changing culture and mind-set, encouraging more proactive focus on supporting self and others.
- 11.4 Our staff stories continue to demonstrate the positive impact of our leadership approach supported by the people programmes of work around our internal

cultural transformation. We continue to develop our staff in a psychologically safe working environment, where everyone feels they belong.

- 11.5 Our highest ever staff survey return rate of 64%, reflecting our engagement work as staff recognise their views are valued, listened to and acted on. Results will be available in February 2022.
-

12.0 Recommendations

- 12.1 The Board is asked to approve the policy approvals and extensions for ratification and receive the report for assurance purposes.
-

Shajeda Ahmed – Director of People, OD & Inclusion
On behalf of Janet Dawson – Chair

21st December 2021

REPORT TO PUBLIC TRUST BOARD

Enclosure 13

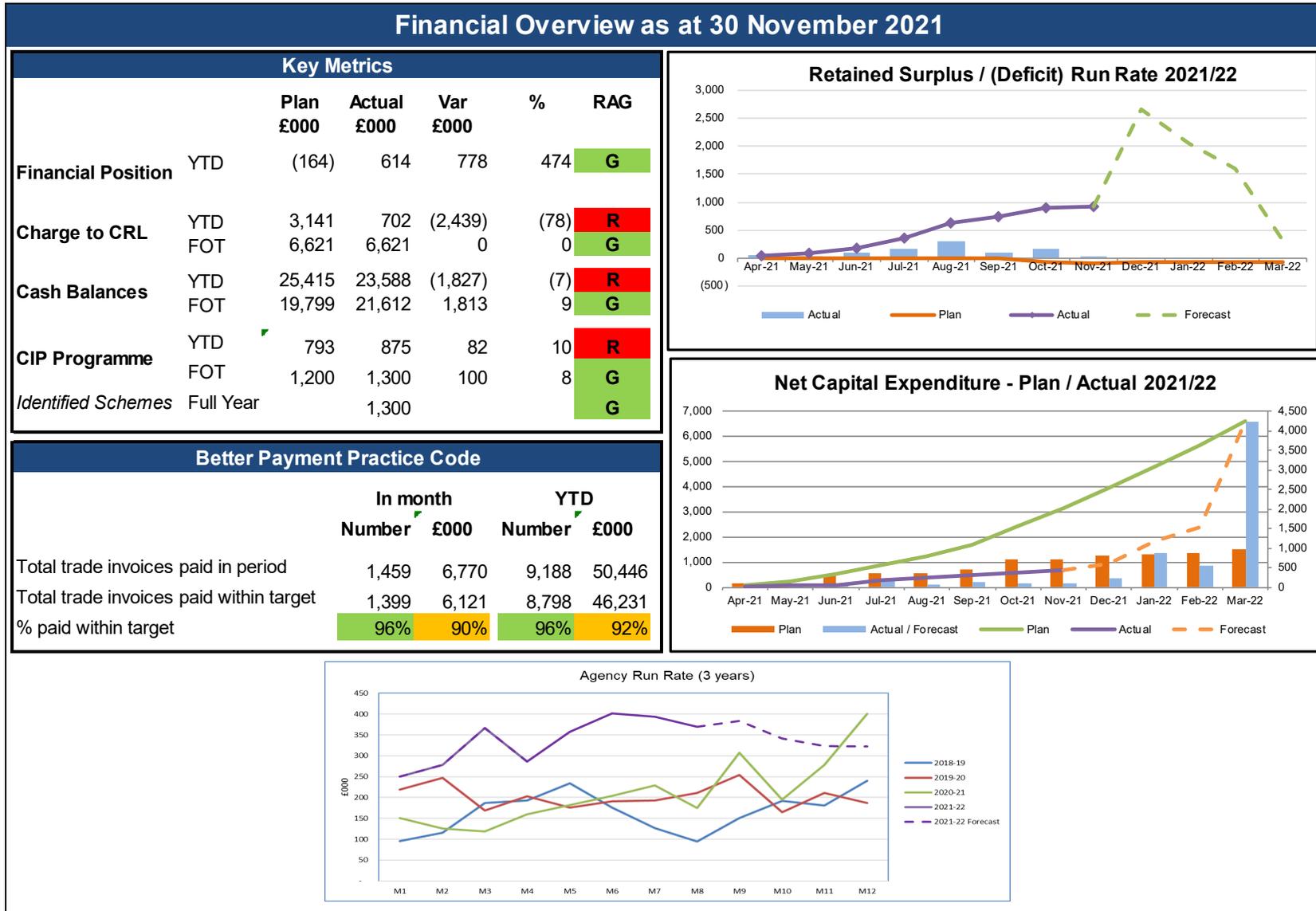
Date of Meeting:	13 th January 2022		
Title of Report:	Finance Position Month 8		
Presented by:	Eric Gardiner, Director of Finance, Performance and Estates		
Author:	Michelle Wild – Financial Controller / Lisa Dodds – Assistant Director of Finance/ Rachel Heath – Project Accountant		
Executive Lead Name:	Eric Gardiner – Executive Director of Finance, Performance & Estates	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The report summarises the finance position at month 8 (November 2021)		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position.		
Resource Implications:	If the trust does not deliver recurrent CIP, it impacts on future sustainability,		
Funding Source:	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 STP/Shadow ICS reported financial position		
Recommendations:	<p>The Finance and Resource Committee are asked to:</p> <p>Note:</p> <ul style="list-style-type: none"> • The reported year to date position of £614k surplus. • Note the 2021/22 agreed capital plan and year to date position. 		

	<ul style="list-style-type: none"> The cash position of the Trust as at 30th November 2021 with a balance of £23.6m; Agency expenditure in month 8 of £370k against the agency ceiling of £155k; an adverse variance of £215k to the agency ceiling. Note the achievement of transacted CIP schemes totalling £1,300k against a target for the year of £1,200k. 	
Version	Name/group	Date issued
1	N/A	16/12/2021

Finance and Resource Committee – 6th January 2022

Finance Position Month 8



Executive Summary

Month 8 budgets have been updated to break even for the year. The NHSE/I plan for H2 shows a £488k deficit as the requirement was to match the STP plans, which at the time were based on the Trust moving from a £488k surplus position in H1 to breakeven position at year end. As at month 8, the Trust is reporting an in month surplus position of £32k for the adjusted financial performance and a £614k surplus year to date which is a £614k variance against the year to date budget mainly due to pay underspends as a consequence of vacancies.

The retained surplus year to date is £921k which includes the overage payments made to the Trust relating to the sale of the Bucknall site land in previous years and donated asset income relating to patient monitors received from DHSC. This does not form part of the Trust's financial performance total for reporting purposes nationally.

As a result of the vacancies across the Trust, agency expenditure has exceeded the agency ceiling by £1,157k year to date and there has been an under recovery of income due to delays in some service developments. Pay has underspent by £1,930k year to date, and non-pay has over spent by £763k.

High Level Analysis	YTD Plan	Month 8 Budget	Month 8 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	91,248	12,087	11,863	(224)	93,268	92,923	(345)	140,825	144,322	3,497
Pay Costs	(48,516)	(7,288)	(6,438)	849	(51,810)	(49,879)	1,930	(78,588)	(76,356)	2,232
Non Pay Costs	(39,568)	(4,386)	(4,993)	(607)	(38,155)	(38,918)	(763)	(57,282)	(62,839)	(5,557)
Finance & Other Non Operating Costs	(3,329)	(413)	(399)	14	(3,303)	(3,205)	98	(4,955)	(4,820)	135
Expenditure	(91,412)	(12,087)	(11,831)	256	(93,268)	(92,003)	1,265	(140,825)	(144,015)	(3,190)
Retained Surplus / (Deficit)	(164)	0	32	32	0	921	921	(0)	307	307
Less Gains on Disposal of Assets	0	0	0	0	0	(243)	(243)	0	(243)	(243)
Less DHSC Donated Assets Income	0	0	0	0	0	(64)	(64)	0	(64)	(64)
Adjusted Financial Performance	(164)	0	32	32	0	614	614	(0)	(0)	(0)

CIP schemes identified as at month 8 total £1,300k against the revised required level of CIP included in the update to the plan at H2 of £1,200k. Therefore the Trust has overachieved on recurrent CIP for 21/22 by £0.1m. Directorates will now focus on identifying schemes for 2022/23 onwards.

Trade payables are higher in 2021/22 due to patient placements costs for TCP and Community Rehab Placements (formally known as Project 86) and also includes deferred income at £5.2m. Trade receivables are also high due to TCP/P86 recharges to CCGs and IAPT invoices to MPFT not yet settled although full payment is expected during December.

The cash position at month 8 is £1.8m lower than plan due to Digital Aspirants funding of £1.5m included in the plan in November but now due in January and delayed settlement of CCG invoices relating to TCP and Project 86. These are partly offset by lower payment runs than plan year to date and slippage on the capital plan.

In month 8, the Trust achieved the Better Payment Practice Code target of 95% on the total number of invoices paid, with a total of 96% paid within the target, but did not achieve the target on total value, with a total of 90% paid within target. Year to date the trust has achieved 96% on the number of invoices received and 92% on the value of invoices received. The low percentages in month 8 are as a consequence of continuing to clear a backlog of overdue TCP/P86 invoices and so in future months, the Trust's performance against the target is expected to improve.

The Trust's capital expenditure to month 8 was £2,439k below plan with slippage across most schemes due to delayed starts. Colleagues are working through alternative options to utilise slippage and contingency including schemes brought forward from the 2022/23 capital plan. A number of these are planned to start in Q4.

1. Income

The table below shows the Trust's 2021/22 income position at 30th November 2021.

- The majority of CCG/NHSE block income is fixed for 2021/22 under the block payments arrangements. In month 8 block contract income includes £6,679k received from Staffordshire CCGs, £31k from Cheshire CCGs and £296k from NHSE. Income from CCGs is underperforming due to delayed starts for some service developments.
- Patient Placements income relates to TCP and Community Rehab Placements income from the CCGs and Local Authorities per appendix E, this is separate from the CCG block. The forecast over performance relates to the current forecast assumption on growth in costs over the agreed baseline which the CCG have committed to cover via a fully signed MOU and is offset by an equal amount of expenditure.
- Non-patient care services to other bodies is under recovered year to date due to the delays in the recruitment of the ARRS (Additional Roles Reimbursement Scheme) posts. These posts are funded 50% direct from CCGs and 50% from PCNs, this income relates to the element to be received from the PCN. This is offset by pay underspends.

Income	YTD Plan	Month 8 Budget	Month 8 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 and NHSE / Block Contract Income	56,476	7,698	7,006	(692)	57,280	55,161	(2,119)	86,113	85,884	(230)
Local authorities	3,923	318	318	(0)	2,389	2,389	0	3,715	3,870	155
Patient Placements Income	21,399	2,880	2,991	111	23,038	24,539	1,500	34,558	37,295	2,737
Non-NHS: Private Patients	0	0	7	7	0	37	37	0	55	55
Non-NHS: other	1,757	276	320	43	2,211	2,046	(164)	3,316	3,058	(258)
Total Income From Patient Care Activities	83,555	11,172	10,641	(531)	84,918	84,172	(746)	127,702	130,162	2,460
Research and development	64	8	9	1	65	73	8	98	106	8
Education and training	1,681	239	398	159	1,897	2,267	370	2,827	3,455	628
Non-patient care services to other bodies	5,273	675	718	43	5,400	5,301	(98)	8,100	7,990	(109)
Other Income	675	(8)	96	104	988	1,110	123	2,099	2,609	510
Total Income from Other Operating Activities	7,693	915	1,221	307	8,350	8,751	401	13,123	14,160	1,037
Total Income	91,248	12,087	11,863	(224)	93,268	92,923	(345)	140,825	144,322	3,497

2. Expenditure

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

- Pay costs in month 8 are £6,438k, £849k below the budget for month 8 due to vacancies. Year to date pay is £1,930k below budget as a consequence vacancies across all areas. In month 8 there were 211.62wte vacancies (budgeted wte less contracted wte, the figures in the table below show budgeted wte and worked wte to show the inclusion of overtime and bank). 94.83wte of these vacancies are in nursing and 64.22wte are in other clinical. This is partly offset by the cost of agency at £370k.
- Non-Pay over spend of £763k year to date relates to over spends on premises, patient placements and consultancy, partly offset by underspends on other non pay.

Expenditure	YTD Plan	Month 8 Budget	Month 8 Worked	Month 8 Budget	Month 8 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	(4,708)	(79.96)	(56.04)	(866)	(604)	262	(6,225)	(4,858)	1,368	(9,417)	(7,529)	1,887
Nursing	(16,309)	(576.28)	(498.83)	(2,522)	(2,059)	462	(18,144)	(15,573)	2,570	(27,509)	(23,840)	3,669
Other Clinical	(16,850)	(691.08)	(684.23)	(2,472)	(2,167)	305	(17,135)	(17,088)	48	(26,082)	(26,162)	(79)
Non-Clinical	(9,102)	(380.31)	(350.42)	(1,428)	(1,225)	203	(10,084)	(9,455)	629	(15,360)	(14,423)	937
Agency	0	0.00	0.00	0	(370)	(370)	0	(2,666)	(2,666)	0	(4,107)	(4,107)
COVID-19 Pay Costs	(1,547)	0.00	(5.68)	0	(13)	(13)	(221)	(239)	(18)	(221)	(295)	(75)
Total Pay	(48,516)	(1,727.63)	(1,595.20)	(7,288)	(6,438)	849	(51,810)	(49,879)	1,930	(78,588)	(76,356)	2,232
Drugs & Clinical Supplies	(1,513)			(204)	(229)	(26)	(1,599)	(1,819)	(220)	(2,421)	(2,794)	(374)
Establishment Costs	(411)			(77)	(84)	(7)	(616)	(534)	82	(923)	(818)	105
Premises Costs	(2,122)			(353)	(429)	(76)	(2,832)	(3,163)	(331)	(4,989)	(6,796)	(1,806)
Private Finance Initiative	(2,206)			(263)	(259)	4	(2,105)	(2,037)	68	(3,157)	(3,084)	73
Services Received	(4,804)			(542)	(543)	(1)	(4,184)	(3,978)	206	(6,380)	(7,303)	(923)
Patient Placements	(22,055)			(2,881)	(2,991)	(110)	(23,051)	(24,539)	(1,487)	(34,577)	(37,295)	(2,718)
Consultancy & Prof Fees	(12)			(3)	(65)	(62)	(38)	(387)	(348)	(66)	(472)	(406)
External Audit Fees	(56)			(7)	(19)	(12)	(57)	(57)	0	(86)	(86)	0
COVID-19 Non Pay Costs	0			0	0	0	(78)	(73)	5	(78)	(97)	(19)
Other	(6,387)			(56)	(375)	(319)	(3,594)	(2,332)	1,262	(4,605)	(4,095)	511
Total Non-Pay	(39,568)			(4,386)	(4,993)	(607)	(38,155)	(38,918)	(763)	(57,282)	(62,839)	(5,557)
Finance Costs	(1,808)			(223)	(223)	0	(1,784)	(1,784)	(0)	(2,676)	(2,676)	(0)
Dividends Payable on PDC	(380)			(49)	(33)	15	(389)	(258)	130	(583)	(392)	191
Investment Revenue	36			6	0	(6)	50	0	(50)	74	0	(74)
Depreciation (excludes IFRS)	(1,177)			(148)	(143)	5	(1,180)	(1,163)	17	(1,770)	(1,752)	18
Total Non-operating Costs	(3,329)			(413)	(399)	14	(3,303)	(3,205)	98	(4,955)	(4,820)	135
Total Expenditure	(91,412)	(1,727.63)	(1,595.20)	(12,087)	(11,831)	256	(93,268)	(92,003)	1,265	(140,825)	(144,015)	(3,190)

3. Agency Utilisation

Headlines - Trust Agency Use

For 2021/22 the Trust will be monitored against the agency ceiling at £2,167k for the year, however, NHSEI have confirmed that the agency cap does not directly contribute to the Use of Resources score for 2021/22. The agency costs to month 8 are shown below.

Month 8 expenditure on agency is £370k; **which is over the in-month agency ceiling by £215k**. Total agency costs to month 8 are £2,704k; **£1,157k over the agency ceiling**.

Of the £2,704k agency costs to date, 45% of this is was incurred in the two community directorates, with 19% in Specialised and 26% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas.

Total Agency	Actual										Forecast					
	Apr-21 £000	May-21 £000	Jun-21 £000	Jul-21 £000	Aug-21 £000	Sep-21 £000	H1 Total £000	Oct-21 £000	Nov-21 £000	YTD £000	Dec-21 £000	Jan-22 £000	Feb-22 £000	Mar-22 £000	H2 Total £000	Total £000
Medical	(181)	(198)	(222)	(155)	(211)	(240)	(1,208)	(238)	(201)	(1,646)	(240)	(244)	(244)	(244)	(1,410)	(2,618)
Nursing	(49)	(45)	(96)	(92)	(99)	2	(379)	(74)	(93)	(546)	(67)	(44)	(38)	(38)	(355)	(733)
Other Clinical	0	(6)	(15)	(11)	(19)	(135)	(187)	(52)	(47)	(286)	(53)	(23)	(23)	(23)	(222)	(409)
Non Clinical	(5)	(5)	(5)	(6)	(7)	(8)	(35)	(10)	(11)	(56)	(7)	(7)	(7)	(7)	(48)	(83)
Sub Total	(235)	(255)	(338)	(264)	(337)	(381)	(1,809)	(374)	(351)	(2,534)	(367)	(318)	(312)	(312)	(2,035)	(3,844)
Primary Care	(15)	(23)	(28)	(22)	(21)	(21)	(132)	(20)	(18)	(170)	(17)	(23)	(11)	(10)	(100)	(232)
Total Agency	(250)	(278)	(366)	(286)	(358)	(402)	(1,940)	(394)	(370)	(2,704)	(384)	(342)	(324)	(323)	(2,135)	(4,076)
Agency Ceiling	(242)	(230)	(220)	(210)	(180)	(155)	(1,237)	(155)	(155)	(1,547)	(155)	(155)	(155)	(155)	(930)	(2,167)
Surplus / (Deficit)	(8)	(48)	(146)	(76)	(178)	(247)	(703)	(239)	(215)	(1,157)	(229)	(187)	(169)	(168)	(1,205)	(1,909)

6. CIP

Following the release of the H2 planning guidance the Trust CIP target has been reduced from £2.9m to £1.2m reflecting 1.1% efficiency for the full year which is in line with system partners. Therefore the focus can now move on to delivering CIP from 22/23 onwards, the below table shows the identified schemes to date against the internal draft target of £2.8m for 2022/23. The 2022/23 target will be finalised following the release of planning guidance and preparation of the system and organisational level plans for next year.

22/23 CIP Scheme Development Tracker		2022-23					22-23 Forecast
		In development	Oversight Group review	Further action required for QIA approval	QIA	Ready for Transacting in 22/23	
ASUC	Non Pay review					19	19
ASUC Sub-total		0	0	0	0	19	19
Stoke Community	Transformation skill mix review (N Staffs & Stoke)			19			19
Stoke Community	HSCW establishment review (N Staffs & Stoke)					26	26
Stoke Community	Homeless CIP					111	111
Stoke Community	Mental Health Support Teams Structure Review				44		44
Stoke Community	CYP Eating Disorder					11	11
Stoke Community Sub-total		0	0	19	44	148	211
North Staffordshire	Transformation skill mix review (N Staffs & Stoke)			19			19
North Staffordshire	HSCW establishment review (N Staffs & Stoke)					26	26
North Staffordshire	Mental Health Support Teams Structure Review				44		44
North Staffordshire	CYP Eating Disorder					11	11
North Staffordshire Community Sub-total		0	0	19	44	37	100
Specialist Services	CYP ISH					0	0
Specialist Service Sub-total		0	0	0	0	0	0
Total Clinical schemes in development		0	0	38	88	205	331
Corporate	Trust Board Diligent					10	10
Corporate Sub-total		0	0	0	0	10	10
Total Identified CIP Schemes		0	0	38	88	215	341

7. Statement of Financial Position

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

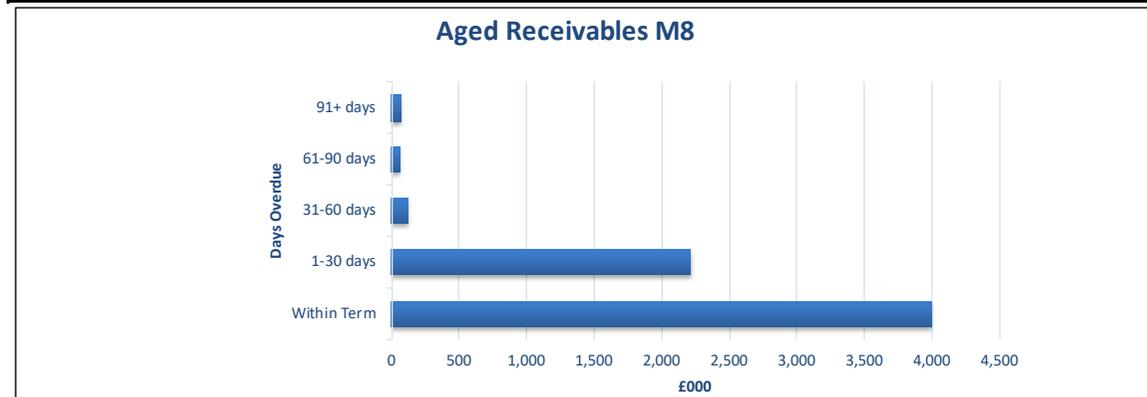
SOFP	Sep-21 £000	Oct-21 £000	Nov-21 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	13,183	13,229	13,271
Property, Plant and Equipment	16,008	15,980	15,895
Intangible Assets	413	412	421
NCA Trade and Other Receivables	114	114	114
Other Financial Assets	0	0	0
Total Non-Current Assets	29,718	29,734	29,700
Current Assets			
Inventories	200	206	200
Trade and Other Receivables	10,132	11,605	11,769
Cash and Cash Equivalents	23,705	21,497	23,587
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	34,037	33,308	35,556
Current Liabilities			
Trade and Other Payables	(21,778)	(20,958)	(23,190)
Provisions	(275)	(273)	(272)
Borrowings	(633)	(633)	(633)
Total Current Liabilities	(22,687)	(21,865)	(24,096)
Net Current Assets / (Liabilities)	11,350	11,444	11,460
Total Assets less Current Liabilities	41,068	41,178	41,160
Non Current Liabilities			
Provisions	(1,281)	(1,281)	(1,281)
Borrowings	(9,068)	(9,019)	(8,969)
Total Non-Current Liabilities	(10,349)	(10,300)	(10,250)
Total Assets Employed	30,720	30,878	30,910
Financed by Taxpayers' Equity			
Public Dividend Capital	8,846	8,846	8,846
Retained Earnings reserve	15,730	15,888	15,920
Other Reserves (LGPS)	0	0	0
Revaluation Reserve	6,144	6,144	6,144
Total Taxpayers' Equity	30,720	30,878	30,910

Current receivables are £11,769k of which:

- £5,299k is based on accruals (not yet invoiced) relating to income accruals for services invoiced retrospectively at the end of every quarter.
- £6,470k is trade receivables; based on invoices raised and awaiting payment of invoice. (£3,991k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.

Trade and Other payables remain higher as a result of patient placement invoices and accruals.

Aged Receivables/Payables	Days Overdue					Total £000
	Within Term £000	1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	
Receivables Non NHS	1,885	1,062	84	2	39	3,072
Receivables NHS	2,106	1,155	43	57	37	3,398
Payables Non NHS	(1,445)	(311)	(146)	(136)	(70)	(2,108)
Payables NHS	(41)	(2)	0	0	(11)	(54)



8. Cash Flow Statement

The Trust's cash balance at 30th November 2021 is £23.6m. This is below plan by £1.8m due to Digital Aspirants funding now due to be received in December, and also outstanding TCP and Project 86 invoices raised to the CCGs for which full payment is expected in December. These are partly offset by lower payment runs to date and capital slippage. As service developments commence throughout the rest of the year, payment runs are expected to increase. A cash forecast was prepared for 2021/22 based on the H1 plan and budget setting assumptions which has then been updated for H2 plans as more information became available on H2 income. This gave a revised plan as at 31st March 2022 of £19.8m.

Delays in the capital plan are indicating that Project Chrysalis is most likely to incur capital spend in March 22, therefore it has been assumed in the latest forecast that some of this will be settled in cash in April, leading to an increase in the forecast cash balance at 31st March of £1.8m to £21.6m.

	Cashflow summary - Apr 21 - Mar 22											
	Actuals								Forecast			
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance b/fwd	17,803	16,152	16,034	13,743	20,596	20,684	23,717	21,489	23,578	24,682	26,258	24,130
Patient Income CCG & NHSE	6,622	7,986	7,685	14,720	10,996	9,096	9,303	8,997	12,801	12,572	9,875	7,760
Local Authority Income	14	0	0	1,401	0	907	0	1,069	65	876	0	300
Other income	1,339	710	1,405	1,450	183	3,062	1,533	3,418	2,096	1,409	1,284	1,764
PDC Funding												2,750
Total Receipts	7,975	8,696	9,089	17,571	11,180	13,064	10,836	13,484	14,962	14,856	11,158	12,573
Monthly Pay	(5,489)	(5,584)	(5,598)	(5,592)	(5,627)	(6,237)	(6,418)	(6,044)	(5,914)	(6,054)	(6,054)	(6,054)
Non Pay	(3,248)	(3,221)	(5,769)	(5,115)	(5,261)	(3,389)	(6,587)	(5,328)	(6,750)	(6,548)	(6,548)	(7,148)
Capital	(889)	(9)	(14)	(11)	(203)	(120)	(60)	(22)	(1,195)	(678)	(685)	(1,804)
PDC	0	0	0	0	0	(286)	0	0	0	0	0	(94)
Total Payments	(9,626)	(8,814)	(11,381)	(10,718)	(11,091)	(10,031)	(13,065)	(11,394)	(13,859)	(13,280)	(13,287)	(15,100)
Closing Cash Balance - Main Accounts	16,152	16,034	13,743	20,596	20,684	23,717	21,489	23,578	24,682	26,258	24,130	21,603
Unpresented cheques/uncleared deposits		(69)	(171)	0	(120)	(21)	(1)	(1)				
Cash in Hand (Petty Cash)	8	8	8	8	8	9	9	9	9	9	9	9
Total Reported Cash Book Balance	16,160	15,973	13,580	20,604	20,572	23,705	21,497	23,587	24,691	26,267	24,139	21,612
Plan	16,160	17,182	17,322	17,287	17,694	16,705	21,471	25,415	24,450	25,328	22,630	19,799
Variance to Plan	0	(1,209)	(3,742)	3,317	2,878	7,000	26	(1,828)	241	939	1,509	1,813

9. Capital Expenditure

The Trust's gross capital expenditure plan for 2021/22 has been agreed at £6,621k, including £250k PFI Capital Lifecycle. Capital expenditure at month 8 is £702k compared to a plan of £3,141k, giving a variance of £2,439k year to date. This is as a result of some schemes starting more slowly than anticipated and where slippage has been identified, a mixture of new schemes and schemes brought forward from 2022/23 that are deliverable this year have been brought into this year's capital plan and forecast.

The tender response for Project Chrysalis has been received and is significantly higher than the initial costing. As a result of this work is ongoing to review the outcome of the tender which will likely result in a change to the forecast for the Learning Disabilities, Dormitories Conversion and Alternative Space Provision schemes listed below. It is expected that the forecast will be updated for month 9 reporting.

The table below shows the original annual plan and revised plan which includes recently approved additional schemes. This revised plan will be updated as more is known on the outcome of the review of the Project Chrysalis tender response. Further updates will be reflected as received.

Capital Expenditure	Annual Plan £000	Year to Date			Forecast Outturn		
		YTD Plan £000	Actual £000	Variance £000	Revised Plan £000	Outturn £000	Variance to Plan £000
Strategic Schemes							
Learning Disabilities Facilities	2,381	1,101	0	(1,101)	663	663	0
Operational Schemes							
Environmental Improvements (Backlog Maintenance)	120	40	5	(35)	120	120	0
Environmental Improvements (Incl. Reduced Ligature Risk)	170	70	0	(70)	170	170	0
Dormitory Conversion	2,750	1,173	388	(785)	2,750	2,750	0
Medical Equipment	60	0	0	0	13	13	0
Energy Efficiency Programme	75	25	0	(25)	50	50	0
Hazelhurst Entrance & Child Place of Safety	0	0	8	8	125	125	0
Capitalised Salaries - Project Chrysalis	100	67	0	(67)	0	0	0
Digital							
Digital Innovations	50	25	0	(25)	50	50	0
Digital Infrastructure	235	235	0	(235)	235	235	0
Network Refresh	90	90	45	(45)	90	90	0
EPMA System Implementation	200	122	60	(62)	112	112	0
Capitalised Salaries - IT rolling replacement	40	27	26	(0)	40	40	0
Contingency / Reactive							
Contingency	100	0	(12)	(12)	0	0	0
Trust Wide Estates Fleet replacement	0	0	0	0	91	91	0
Summers View Garden Buildings & Courtyard Upgrades	0	0	0	0	100	100	0
Greenfield Centre Entrance Remodelling	0	0	0	0	60	60	0
Additional inpatient devices	0	0	0	0	88	88	0
WiFi point replacement (with HIS for costing)	0	0	0	0	227	227	0
Small Form Factor PC's	0	0	0	0	237	237	0
WiFi Improvement Programme	0	0	0	0	353	353	0
IT Device Replacement	0	0	0	0	497	497	0
Alternative Space Provision EMU 1st Floor	0	0	14	14	300	300	0
Total Trust Gross Capital Expenditure	6,371	2,974	535	(2,439)	6,371	6,371	0
PFI Lifecycleling	250	167	167	(0)	250	250	0
Total Gross Capital Expenditure	6,621	3,141	702	(2,439)	6,621	6,621	0

The tables below show the status of the current planned schemes, including further digital schemes approved at November CIG, and also the expected spend profiles of the capital schemes. These tables will be regularly updated with information from scheme leads and discussed regularly at the CIG meetings.

Scheme Breakdown - Detailed Forecast	Detail	Priority	Delivery RAG	Plan £000	Agreed Amendments	Revised Plan £000	Expected Completion	Spend @ M8 £000	Committed 21/22 £000	Approved Business Case £000	Business Case awaiting approval £000	Awaiting Business Case £000	Total Expenditure Forecast £000
Learning Disability Facilities	Refurbishment & move	1	Amber	2,381	(1,717)	664				664			664
Dormitories Removal	Converting Dormitories to separate rooms with ensuites	1	Green	2,750		2,750		388	312	2,050			2,750
Environmental Improvements (Backlog)	Hope Centre infrastructure	1	Green	120		120		5		115			120
Environmental Improvements (Reduced)	Darwin Ctr	1	Amber	170		170				170			170
Energy Efficiency Programme	Energy efficient lighting Greenfield & Summers View	2	Green	75	(25)	50				50			50
Hazelhurst Entrance & Child Place of	continuation from last years plan	1	Green		125	125		8		117			125
Medical Equipment	confirmed no scheme this year	2	Green	60	(47)	13				13			13
Digital Innovations	TBC	2	Red	50		50						50	50
Digital Infrastructure	Oxyhealth	1	Green	235		235				235			235
Network Refresh	Installation works	1	Green	90		90		45	45				90
EPMA System implementation	Dedicated team to implement the project	1	Green	200	(88)	112		60	52				112
Capitalised Salaries - IT rolling replacement	HIS post to support laptop roll out	1	Green	40		40		26	14				40
Capitalised Salaries - Project Chrysalis	Project post to support Project Chrysalis	1	Amber	100	(100)	0							0
Contingency	TBC	3	Red	100	(100)	0		(12)				12	0
Total Trust Original Capital Plan				6,371	(1,952)	4,419		521	422	3,414	0	62	4,419
PFI Lifecycling	Replacements/refurbishments/updates as required	1	Red	250		250		167	83				250
Total Capital Original Expenditure Plan				6,621	(1,952)	4,669		688	505	3,414	0	62	4,669
Mitigating Schemes													
Trust Wide Estates Fleet replacement	Mix of traditional, hybrid and all electric	2	Green		91	91			91				91
Summers View Garden Buildings & Outbuilding	Outbuilding reconfiguration and improve accessibility	2	Green		100	100				100			100
Greenfield Centre Entrance Remodel	2 sets of sliding doors linked to door access system	2	Green		60	60				60			60
Additional inpatient devices	provide dedicated laptops to B6 & B7 ward staff	2	Green		88	88			88				88
WiFi point replacement (with HIS for costing)		2	Green		227	227				227			227
Small Form Factor PC's	Replace desktop PC estate with small form factors PC's	2	Green		237	237			237				237
WiFi Improvement Programme		2	Amber		353	353				353			353
IT Device Replacement	Rolling replacement programme	2	Amber		496	496			496				496
Alternative Space Provision EMU 1st	Part of alternative space scheme, capital element	1	Amber		300	300		14		286			300
Total Capital Expenditure Plan				6,621	0	6,621	0	702	1,417	4,440	0	62	6,621
	Delivery RAG		Green					533	838	2,967	0	0	4,338
		Amber						14	496	1,473	0	0	1983
		Red						155	83	0	0	62	300
			Total					702	1417	4440	0	62	6,621
Total Capital Funding 2020/21													6621
Forecast Under/(Over) spend													0

Capital Expenditure	Annual Plan £000	Updated to Plan £000	Revised Plan £000	Spend Profile												Total Forecast £000	
				Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12		
				Actual £000	Forecast £000	Forecast £000	Forecast £000	Forecast £000									
Strategic Schemes																	
Learning Disabilities Facilities	2,381	(1,717)	664	0	0	0	0	0	0	0	0	0	0	0	0	663	663
Operational Schemes																	
Environmental Improvements (Backlog Maintenance)	120		120	0	0	0	0	0	5	0	0	0	0	0	75	40	120
Environmental Improvements (Incl. Reduced Ligature Risk)	170		170	0	0	0	0	0	0	0	0	0	0	170	0	0	170
Dormitory Conversion	2,750		2,750	8	6	4	160	50	81	30	48	0	0	0	2,362	2,750	
Medical Equipment	60	(47)	13	0	0	0	0	0	0	0	0	0	13	0	0	0	13
Energy Efficiency Programme	75	(25)	50	0	0	0	0	0	0	0	0	25	25	0	0	0	50
Hazelhurst Entrance & Child Place of Safety	0	125	125	0	0	0	0	0	0	8	0	0	34	42	42	42	125
Capitalised Salaries - Project Chrysalis	100	(100)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Digital																	
Digital Innovations	50		50	0	0	0	0	0	0	0	0	25	0	0	25	50	
Digital Infrastrure	235		235	0	0	0	0	0	0	0	0	0	78	78	79	235	
Network Refresh	90		90	0	0	0	0	0	17	11	17	45	0	0	0	90	
EPMA System Implementation	200	(88)	112	0	0	6	9	9	9	28	13	13	13	13	13	112	
Capitalised Salaries - IT rolling replacement	40		40	0	7	3	3	3	3	4	3	3	3	3	3	40	
Contingency / Reactive																	
Contingency	100	(100)	0	2	0	(7)	0	0	(7)	(0)	0	0	0	0	13	0	
Scenario 2 Schemes																	
Trust Wide Estates Fleet replacement		91	91	0	0	0	0	0	0	0	0	91	0	0	0	91	
Summers View Garden Buildings & Courtyard Upgrades		100	100	0	0	0	0	0	0	0	0	0	33	33	33	100	
Greenfield Centre Entrance Remodelling		60	60	0	0	0	0	0	0	0	0	0	30	30	0	60	
Additional inpatient devices		88	88	0	0	0	0	0	0	0	0	0	88	0	0	88	
WiFi point replacement (with HIS for costing)		227	227	0	0	0	0	0	0	0	0	0	227	0	0	227	
Small Form Factor PC's		237	237	0	0	0	0	0	0	0	0	0	237	0	0	237	
WiFi Improvement Programme		353	353	0	0	0	0	0	0	0	0	0	0	0	353	353	
IT Device Replacement		496	496	0	0	0	0	0	0	0	0	0	0	0	496	496	
Alternative Space Provision EMU 1st Floor		300	300	0	0	0	0	0	0	14	0	0	86	100	100	300	
Total Trust Gross Capital Expenditure	6,371	0	6,371	10	13	6	164	62	108	75	96	202	868	544	4,222	6,371	
PFI Lifecycling	250		250	21	21	21	21	21	21	21	21	21	21	21	20	250	
Total Gross Capital Expenditure	6,621	0	6,621	31	34	27	185	83	129	96	117	223	889	565	4,242	6,621	

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 8, the Trust has achieved the 95% target in terms of the total number of invoices paid within 30 days, but has not achieved the target for the value of invoices paid within 30 days.

NHS invoices in month 8 achieved the 95% target on value but missed the target at 92% on the number of invoices. Unfortunately as a consequence of continuing to clear a backlog of TCP/P86 invoices, Non NHS achieved 90% on value against the target of 95%, but did achieve on the number paid at 96% Year to date overall the Trust is achieving 96% on the number of invoices paid but falling below target on the value at 92%.

It is expected that as the backlog of invoices is cleared, the monthly performance against target will improve and bring the Trust back in line with the target.

The table below shows the Trust's BPPC performance split between NHS and non-NHS suppliers.

<i>Better Payment Practice Code</i>	2020/21 Total			2021/22 Month 8			2021/22 Total		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	430	9,453	9,883	25	1,434	1,459	289	8,899	9,188
Total Paid within Target	406	9,206	9,612	23	1,376	1,399	269	8,529	8,798
% Number of Invoices Paid	94%	97%	97%	92%	96%	96%	93%	96%	96%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-1%	2%	2%	-3%	1%	1%	-2%	1%	1%
Value of Invoices									
Total Value Paid (£000s)	7,998	45,262	53,260	370	6,400	6,770	4,297	46,149	50,446
Total Value Paid within Target (£000s)	7,406	44,299	51,705	370	5,751	6,121	4,122	42,109	46,231
% Value of Invoices Paid	93%	98%	97%	100%	90%	90%	96%	91%	92%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-2%	3%	2%	5%	-5%	-5%	1%	-4%	-3%

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

11. Recommendations

The Finance and Resource Committee are asked to:

Receive the Month 8 position noting:

- The reported year to date position of £614k surplus.
- Note the 2021/22 agreed capital plan and year to date position.
- The cash position of the Trust as at 30th November 2021 with a balance of £23.6m.
- Agency expenditure in month of £370k in month against the agency ceiling of £155k; **an adverse variance of £215k to the agency ceiling.**
- Note the achievement of transacted CIP schemes totalling £1,300k against a target for the year of £1,200k.

Appendix A

Directorate Summary - The charts below summarise the Directorate run rate positions:

£000	In Month Budget	In Month Actuals	In Month Variance	YTD Budget	YTD Actual	YTD Variance
ACUTE SERVICES & URGENT CARE						
Income	13	12	(1)	124	122	(2)
Pay	(1,641)	(1,524)	117	(11,360)	(11,788)	(427)
Non-Pay	(73)	(62)	11	(472)	(484)	(12)
Total	(1,701)	(1,573)	127	(11,709)	(12,150)	(441)
NORTH STAFFORDSHIRE COMMUNITY						
Income	46	28	(18)	368	134	(234)
Pay	(969)	(757)	211	(6,789)	(5,989)	800
Non-Pay	(110)	(98)	12	(757)	(706)	51
Total	(1,033)	(828)	205	(7,178)	(6,562)	616
SPECIALIST CARE						
Income	3,148	3,233	84	25,197	26,463	1,265
Pay	(1,630)	(1,427)	204	(11,462)	(10,998)	464
Non-Pay	(3,274)	(3,356)	(82)	(25,615)	(27,043)	(1,428)
Total	(1,756)	(1,551)	206	(11,880)	(11,579)	301
STOKE COMMUNITY						
Income	466	512	46	3,723	3,839	116
Pay	(1,540)	(1,394)	145	(11,230)	(10,503)	727
Non-Pay	(248)	(165)	83	(1,626)	(1,449)	176
Total	(1,322)	(1,048)	274	(9,132)	(8,113)	1,020
PRIMARY CARE DIRECTORATE						
Income	206	283	77	1,649	1,775	125
Pay	(161)	(164)	(3)	(1,286)	(1,309)	(23)
Non-Pay	(38)	(104)	(67)	(302)	(388)	(86)
Total	8	15	8	61	77	17
CORPORATE						
Income	306	463	157	2,534	2,959	425
Pay	(1,323)	(1,187)	136	(9,286)	(8,913)	373
Non-Pay	(552)	(792)	(240)	(4,554)	(4,964)	(409)
Total	(1,570)	(1,516)	53	(11,306)	(10,918)	389
TRUSTWIDE						
Income	7,356	7,332	(25)	59,127	57,632	(1,494)
Pay	(25)	27	52	(176)	(141)	35
Non-Pay	(341)	(814)	(473)	(7,508)	(7,016)	492
Total	6,990	6,545	(445)	51,443	50,476	(967)
COVID-19						
Income	0	0	0	0	0	0
Pay	0	(13)	(13)	(221)	(239)	(18)
Non-Pay	0	0	0	(78)	(73)	5
Total	0	(13)	(13)	(299)	(312)	(13)

Acute Services & Urgent Care

The Directorate is £127k underspent in month mainly due to receiving backdated funding for the pay award.

North Staffs Community

The Directorate is £205k underspent in month mainly due to receiving backdated funding for the pay award.

Specialist Care

The Directorate is £206k underspent in month mainly due to receiving backdated funding for the pay award.

Stoke Community

The Directorate is £274k underspent in month mainly due to receiving backdated funding for the pay award.

Corporate

The Directorate is £53k underspent in month due to overachievement of income relating to HEE predominantly & pay underspend due to receiving backdated funding for the pay award.

Trustwide

Under recovery of income due to delays in service developments implementation and provisions in non-pay.

Appendix B Patient Placements

For month 8 YTD the Trust is reporting the following:

- TCP patient placements costs and equivalent income of £14.1m, of which local authority income is £3.6m.
- Community Rehab patient placements costs and equivalent income of £10.4m.

The TCP anticipated increase in placement costs of £1.1m is against the agreed baseline at point of transfer. This is based on a hybrid of detailed patient level forecast which includes expected new admissions / changes in care packages plus unquantified costs including experts by experience, legal costs etc using historic average activity & cost information. At this point this equates to a year end forecast growth in the region of 10.5% however there are still a number of unquantified YTD actual costs for which assumptions have been made. The target is to contain TCP growth within the historic 28% annual growth.

For Community Rehab Placements the YTD position shows an increase in placement costs of £0.5m against the agreed baseline at point of transfer, partly as a result of additional observations. As at 30th November 2021 there are a total of 89 service users compared to the baseline list of 89.

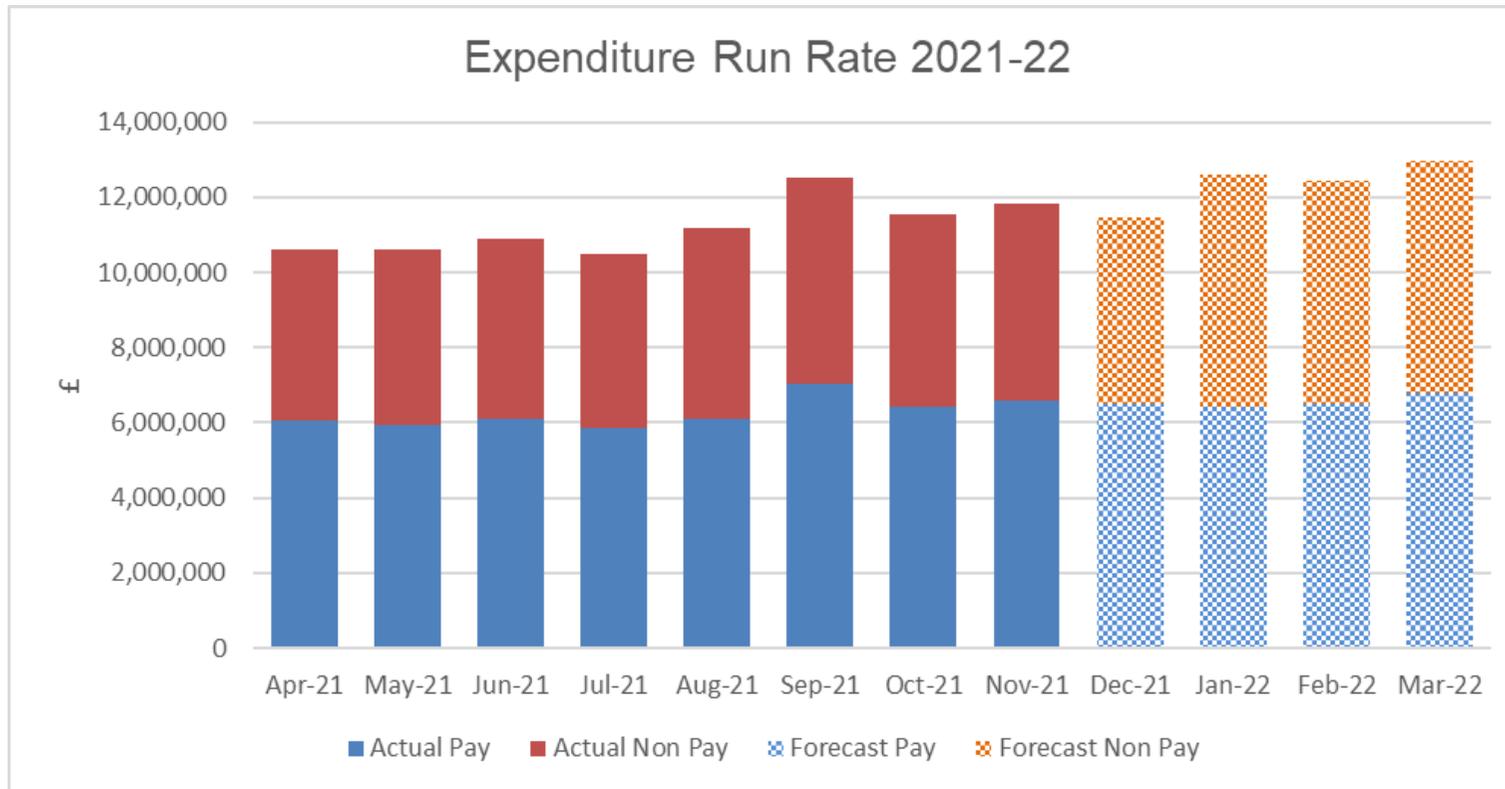
TCP Placements

£000	In Month Budget	In Month Actuals	In Month Variance	RAG Rating	YTD Budget	YTD Actual	YTD Variance	RAG Rating	Full Year Budget	Full Year Forecast	Forecast Variance	RAG Rating
CCGs	1,414	1,232	(182)	Red	11,241	10,462	(778)	Red	16,865	16,073	(792)	Red
Local Authorities	225	479	254	Green	1,802	3,644	1,842	Green	2,703	5,553	2,851	Green
Total Income	1,639	1,711	72		13,042	14,106	1,064		19,567	21,626	2,059	
Non Pay	(1,631)	(1,711)	(81)	Red	(13,045)	(14,106)	(1,061)	Red	(19,568)	(21,626)	(2,059)	Red
Service user observations in NSCHT ward	0	(13)	(13)	Red	0	(72)	(72)	Red	0	(122)	(122)	Red
Total Non Pay	(1,631)	(1,724)	(93)		(13,045)	(14,178)	(1,133)		(19,568)	(21,749)	(2,181)	
	8	(13)	(21)		(3)	(72)	(69)		(0)	(122)	(122)	

Community Rehab Placements

£000	In Month Budget	In Month Actuals	In Month Variance	RAG Rating	YTD Budget	YTD Actual	YTD Variance	RAG Rating	Full Year Budget	Full Year Forecast	Forecast Variance	RAG Rating
Total Income	1,251	1,280	29		10,006	10,433	426		15,009	15,668	659	
Non Pay	(1,251)	(1,280)	(29)	Red	(10,006)	(10,433)	(426)	Red	(15,010)	(15,668)	(659)	Red
Service user observations in NSCHT ward	0	0	0	Green	0	(42)	(42)	Red	0	(42)	(42)	Red
Total Non Pay	(1,251)	(1,280)	(29)		(10,006)	(10,475)	(469)		(15,010)	(15,711)	(701)	
	(0)	(0)	0		(0)	(42)	(42)		(0)	(43)	(42)	

Appendix C
Expenditure Run Rate 2021/22



REPORT TO PUBLIC TRUST BOARD

Enclosure 14

Date of Meeting:	13 th January 2022		
Title of Report:	Finance & Resource Committee Assurance Reports		
Presented by:	Russell Andrews Chair/Non-Executive Director		
Author:	Kimberli McKinlay –Interim Director of Finance		
Executive Lead Name:	Eric Gardiner, Executive Director of Finance, Performance and Estates	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This paper details the items discussed at the Finance & Resource Committee meeting on the 2nd December 2021		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee X • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance & Resource Committee		
Resource Implications:	None applicable directly from this report		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
Shadow ICS Alignment / Implications:	The Trust Financial performance feed into the overall STP Financial Position.		
Recommendations:	The Trust Board is asked to receive the contents of this report for information and assurance.		
Version	Name/group	Date issued	

Finance and Resource Committee Assurance Report to the Trust Board 13th January 2022

Finance and Resource Committee Report to the Trust Board – 9th December 2021.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 2nd December 2021. The meeting was held as a MS Teams conference meetings and were quorate with minutes reviewed and approved from the previous meeting on the 4th November. Progress was reviewed and actions confirmed from previous meetings. Declarations of interest were noted.

Chairs Actions

The Chair advised the Committee that the high level plan for H2 2021/22 was approved on behalf of the Committee prior to submission on 18th November 2021. Assurance was given that this was in line with expectations following the briefing given at Committee on 4th November.

Performance

- **IQPR**

The Committee received the IQPR report. There are 21 rated measures that have met the required standard and 12 that have not met the required standard and highlighted as exceptions. No new PIPs were issued in month 7 and 2 PIPs remain in place. There are 5 special cause variations (orange variation flags - signifying concern) this month compared to 4 in M6. The Committee's attention was brought to the metrics regarding IAPT 90 day in treatment waits and the challenging trajectory which will be reviewed in the coming weeks, assurance was given that although workforce remains a challenge in this area there will be substantial improvement towards the required target. Overall the position is steady state for month 7.

The Committee noted the contents of the report and targeted explanations given to highlight key areas at the meeting.

- **Activity Planning Report**

The Committee received a report detailing an overview of the impact of the pandemic on traditional activity plans which are usually included with NHS contracts. Activity planning for 2022/23 is in progress however it was noted that there will be a number of assumptions and caveats given the ongoing uncertainty of developing covid restrictions. The Committee noted that quarterly updates will be provided going forwards.

Capital and Estates

- **Estates Update**

The Committee took the paper as read which included an update across the main capital

estates schemes. The Associate Director of Estates assured the Committee that the backlog maintenance schemes were now back on track following the implementation of a workaround to allow works to take place. Assurance was given regarding reduced ligature work at the Harplands for which an OPO group has been set up led and will be clinically led.

The Associate Director of Estates updated the Committee that there is a delay in the timescale for receipt of the Contract Sum Analysis relating to Project Chrysalis due to extended due diligence work being carried out, assurance was given regarding discussions taking place in the coming days and weeks. It is possible this work may affect timelines and scope for the project and an update will come through to Board with further detail once it has been received and analysed.

The Committee noted the update.

Finance

▪ Finance Update

Month 7 Position - The Committee took the paper as read. Attention was drawn to the approach taken by NHSEI for month 7 reporting which sees the plan/budget for the month equal to the actual position given the timescales of the H2 plan submission, budgets reconciling back to the H2 plan will be included from month 8 onwards.

The month 7 position showed a small surplus for the month. Capital spend remained materially behind plan in M7, but is forecasting to spend the full allocation by year end with new schemes having been approved and further pipeline plans in progress such as bringing forward some schemes from the 2022/23 capital plan. The Committee noted their concern regarding the capital position and the impact that any delays to the Project Chrysalis timeline could have on the overall position. The cash balance is ahead of plan at M7 mainly due to capital slippage, vacancies and the receipt of national funding for further work on staff wellbeing which the Trust is leading. Agency costs continued to be in excess of the ceiling in M7.

The Committee noted the month 7 position and acknowledged the position of the breaching of the agency cap in the context of the current level of vacancies at the Trust.

▪ Cost Improvement Programme

The Director of Operations presented a report detailing how the Trust had delivered its full recurrent CIP programme for 2021/22 and progress made towards the 2022/23 target which will be finalised following release of 2022/23 planning guidance. The Committee thanked the Director of Operations and the team for the hard work in achieving this year's target and were assured by the work in progress towards next year's programme.

▪ Long Term Financial Planning Update

The Committee received an update on current modelling scenarios for both the Trust's income and expenditure position and cash position over the next 5 years. It was acknowledged that whilst the base expenditure position was robust the income from 2022/23 onwards was unknown, therefore a number of scenario's and sensitivities had been modelled.

The Committee noted the update were assured by the financial modelling work taking place and considerations regarding material variances had been considered.

▪ **STP Month 7 Update**

The Director of Finance, Performance and Estates provided an update of the STP partners M7 financial positions which had continued to report a year to date favourable variance in all organisations resulting in performance for the system ahead of plan.

The committee noted the overall positive position of the STP financial position.

Strategy, Partnerships and Digital

▪ **Digital Update**

The Committee took the paper as read which included an update across all live projects. The main points highlighted to the Committee were:

- The GP Connect HTML Viewer will be available within Lorenzo in early December the viewer gives direct access to GP information.
- Work is progressing to coordinate the procurement of video consultation software following the cessation of national funding in the current financial year. The Trust is continuing to participate in a regional consortium of NHS providers but is required to undertake its own procurement arrangement. The business case is currently in production and will be submitted inline with the Trusts governance processes.
- Two workshops were held in November to progress the review of Foundation IT Services across system partners and further work is underway to identify areas where joint working and standards can be applied.

The Committee received an update report on the work of the Digital Aspirants Programme and focussed in particular on the positive progress in the deployment of the CommunityAide App, and the continued progress to implement electronic prescribing.

▪ **Business Opportunities Update**

The CIO provided an update on the Vertical Integration project and informed the Committee that the Trust had been required to defer the integration for 1 month until the 1st January 2022 due to being unable to secure the assurances from CQC that the registration will be in place.

▪ **Green Plan**

The CIO presented a draft version of the Green Plan for early engagement with the Committee prior to the submission to January's Trust Board. Committee members provided feedback on the document which will be reviewed as part of the ongoing development process of the plan.

Other Items received:

- Working Capital Report
- Risk Register
- BAF

Recommendation

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

On Behalf of Russell Andrews
Chair of Finance and Resource Committee

REPORT TO PUBLIC TRUST BOARD

Enclosure 15

Date of Meeting:	13 th January 2022		
Title of Report:	Finance & Resource Committee Assurance Reports		
Presented by:	Russell Andrews Chair/Non-Executive Director		
Author:	Kimberli McKinlay –Interim Director of Finance		
Executive Lead Name:	Eric Gardiner, Executive Director of Finance, Performance and Estates	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
This paper details the items discussed at the Finance & Resource Committee meeting on the 6th January 2022.		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee X • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input checked="" type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance & Resource Committee		
Resource Implications:	None applicable directly from this report		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
Shadow ICS Alignment / Implications:	The Trust Financial performance feed into the overall STP Financial Position.		
Recommendations:	The Trust Board is asked to receive the contents of this report for information and assurance.		
Version	Name/group	Date issued	

Finance and Resource Committee Assurance Report to the Trust Board 6th January 2022

Finance and Resource Committee Report to the Trust Board – 13th January 2022.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 6th January 2022. The meeting was held as a MS Teams conference meetings and were quorate with minutes reviewed and approved from the previous meeting on the 2nd December. Progress was reviewed and actions confirmed from previous meetings. Declarations of interest were noted.

Chairs Actions

None noted.

Performance

- **IQPR**

The Committee received the IQPR report. The month 8 position was reported as being steady state, there are 22 rated measures that have met the required standard and 10 that have not met the required standard and highlighted as exceptions. No new PIPs were issued in month 8 and 2 PIPs remain in place. There are 5 special cause variations (orange variation flags - signifying concern) this month in line with the month 7 position. The Committee received assurance relating to the CAMHs hub particularly in relation to ongoing data quality improvement work and processes relating to triage referrals into the community teams. MH Liaison pressures are a challenge in terms of the 4 hour waits due to current internal staffing issues and system pressures but this is expected to improve in month 9. The Committee noted a number of positive areas of performance particularly in relation to 7 hour follow up, place of safety and other access times.

The Committee noted the contents of the report and targeted explanations given to highlight key areas at the meeting.

Capital and Estates

- **Estates Update**

The Committee took the paper as read which included an update across the main capital estates schemes. The Director of Finance, Performance and Estates updated the Committee that schemes were currently on track however attention was drawn to difficulties being experienced nationally relating to the availability of supplies and increasing price of materials which may start to have an impact on some of our schemes this year which is being monitored closely. The Committee were assured that where buildings are deemed to have a limited lifespan any further capital investment decisions were carefully considered and all required health and safety standards relating to our buildings are prioritised.

The Committee noted the update.

- **Project Chrysalis Update**

The Director of Finance, Performance and Estates updated the Committee on the current position of the project both in terms of the timeline of events and an overview of the latest financial position. It was noted that the latest costings exceeded the original funding envelope and as a result the scope and priority order of elements will be reviewed. . The DoFPE advised the Committee that further mitigations are being explored to ensure that the main elements of the scheme can go ahead in the original timeframe, noting this is likely to require further capital investment from the Trust. An extensive discussion took place regarding implications, concerns, risks and mitigations and Committee members supported the recommendations made.

Finance

- **Finance Update**

Month 8 Position - The Committee took the paper as read. The month 8 position continued to show a small surplus for the month. The year-end position is forecast to breakeven however there is the risk of slippage against some non-recurrent spend schemes and a full deep dive into the forecast is being carried out to inform month 9 reporting. Capital spend remained materially behind plan in M8 and is forecasting to spend the full allocation by year end however the Committee noted this was dependant on Project Chrysalis. The cash balance is slightly behind plan at M8 mainly due to delays in the receipt of some commissioner funding offset by capital slippage and vacancies. Agency costs continued to be in excess of the ceiling in M8 and the Committee were informed that they would be materially above the ceiling come the end of the financial year.

The Committee noted the month 8 position and acknowledged the position of the agency cap in the context of the current level of vacancies at the Trust.

- **Autistic Spectrum Disorder Proposal**

The Director of Operations presented a paper detailing the outcome of a procurement exercise to carry out additional activity to tackle the backlog relating to these assessments. It was explained that due to delays with the process a number of the assessments will be carried out from 1st April 22 therefore non recurrent financial investment was required in 2022/23. The Committee supported the proposal.

Strategy, Partnerships and Digital

- **Digital Update**

The Committee took the paper as read which included an update across all live projects. The main points highlighted to the Committee were:

- The Trust will take on contractual responsibility for the Lorenzo EPR system from May 2022 – this is a planned transition as part of the original 10 year business case agreed with the Department of Health & Social Care. A detailed update will be shared at the February meeting.

- During December 2021, the Trust became aware of a cyber-security alert relating to a registry database used extensively by multiple systems worldwide. After extensive testing and scanning there is no immediate risk to the Trust but there remain a number of vulnerabilities across supplier systems which will require software updates to be rolled out across all Trust issued devices over the coming weeks
- Work continues to progress to coordinate the procurement of video consultation software following the cessation of national funding in the current financial year. The Trust is continuing to participate in a regional consortium of NHS providers but is required to undertake its own procurement arrangement. The business case is currently in production and will be submitted inline with the Trusts governance processes.
- The digital team will be developing new proposals for the management of corporate records aligned to the Trusts ambition to rationalise estate and move towards paper-lite/less modes of working linked to the agile working policy

The Committee received an update report on the work of the Digital Aspirants Programme and focussed in particular on the challenge of securing clinical and operational engagement to support development. This is entirely linked to the pressures on relevant colleagues through vacancies, absences and service pressures. The DA Programme has been adjusted to take account of such pressures but will now either need to deliver with reduced clinical engagement or extend the timelines beyond the end of the financial year. The latter is the preferred option though this will require negotiation with finance colleagues on the process to be followed.

▪ **Business Opportunities Update**

The DoPS confirmed that the integration with Holmcroft GP Surgery had taken effect on 1st January 2022 as planned. The 36 staff at Holmcroft have TUPEd across to the Trust and the relevant CQC registration, Service Level Agreements, Business Transfer Agreements and indemnities are in place. There is more work to do to complete the mobilisation process and transition to business as usual and this will be completed over the coming weeks.

The Trust now provides general practice services to c27k patients and continues to explore further opportunities for integration and is actively exploring the potential for integration with an additional practice over the coming months – a further update will be available to the February meeting.

▪ **Green Plan**

The DoPS introduced the final version of the Green Plan which had been updated from the working version shared with the committee in December to take account of comments at that time as well as further revisions. The Plan is fully reflective of national policy guidance and has been compiled through contributions from relevant subject matter experts across the Trust.

The Committee noted the Plan and with a minor amend were happy to support the Plan moving forward for Trust Board approval in order to meet the national deadline of 14th January 2022.

▪ **Lawton House**

The DoPS shared the proposals for the future design of Lawton House which will be shared wider across the Trust as part of an engagement exercise to run during January 2022.

Risk Register:

The Committee received the report as read noting 3 residual 12+ risks. The Associate Director of Governance discussed risk 1284 relating to primary care leases and suggested this be closed with a new risk opened relating to the specific premises outstanding. The Committee approved the amendments to the risk register.

Recommendation

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

On Behalf of Russell Andrews
Chair of Finance and Resource Committee

REPORT TO TRUST BOARD

Enclosure No: 16

Date of Meeting:	13 th January 2022		
Title of Report:	Audit Committee Assurance Report		
Presented by:	Philip Jones Chair/Non-Executive Director		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Eric Gardiner – Executive Director of Finance, Performance and Estates	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
The report provides a summary of the meeting held 1 st December 2021		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/> Date: N/A	Document Version No.	1
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee • Audit Committee X • People, Culture and Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Audit Committee		
Resource Implications:	None applicable directly from this report		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There are no direct impact of this report on the 10 protected characteristic of the Equality Act		
Shadow ICS Alignment / Implications:	The Trust Financial performance feed into the overall STP Financial Position. The Digital priorities include support in delivery of STP Digital Programme; Integrated Care Record.		
Recommendations:	The Trust Board is asked to note the contents of this report and take assurance from the review and challenge evidenced in the Committee.		
Version	Name/group	Date issued	
1	Laurie Wrench	5 th January 2022	

Assurance Report to the Trust Board 13th January 2022

Audit Committee Report to the Trust Board – held 1st December 2021.

KPMG – Local Counter Fraud Progress Report

The Committee received the Local Counter Fraud Progress Report.

The following highlights were noted:

- A large amount of proactive work had taken place in relation to fraud; presentation to the Finance team, Leadership team, and a future presentation to Medics. Newsletters had been circulated, and a video had been distributed. A cyber-session had also taken place with the West Midlands Police.
- Year to date there had been two cases of fraud referred.
- KPMG will present during the next Audit Committee a piece in relation to conflicts of interest.
- Trust's management of controlled drugs

In relation to counter fraud, the Committee queried if the Trust had the right culture compared with other organisations. KPMG gave assurance that the Trust did have the right culture and highlighted the mandatory training completed in relation to counter fraud.

Internal Audit Progress Report

The Committee received the Internal Audit progress report for the year. It was highlighted a number of reviews were under discussion with management, and that all would be on track for March 2022.

- Project 86 and TCP to cover both governance and financial management.
- Data Quality
- Key Financial Control
- Workforce and Recruitment
- Information Technology

External Audit Arrangements 2021/22

The Committee received the paper which provided information based on the Audit Committee Appointment Panel held in October 2021 to appoint Grant Thornton. It was noted a paper will be taken to Board for ratification. The Committee received and approved the External Audit Arrangement 2021/22

Grant Thornton – External Auditors

The Committee welcomed Grant Thornton to NSCHT.

The following plans were noted:

- Grant Thornton will carry out a site visit January/February 2022. March 2022 interim work will be completed, and during May 2022 an audit will be carried out.
- The Committee noted the timelines for the audit and that there was no change in the auditing standards nor change in terms of accounting standards.

- The standard requirements for NHS were property, plant and equipment, and revenue. It was explained revenue had switched to expenditure last year, and it was felt this would be the focus this year.
- Grant Thornton's value for money work was explained.

The Chair thanked Grant Thornton and stated the Trust welcomed a rigorous challenge.

Progress Report: Internal Audit Recommendations Progress

The Committee received the Progress Report for Internal Audit Recommendations and noted the progress made.

10 actions had been implemented and completed, 8 actions were not due, and 3 actions were overdue for which extensions were approved relating to.

- Clinical Audit Recommendation
- Primary Care
- Data quality governance

Policies for Approval

The following policies were presented and approved.

- Petty Cash Policy
- Local Counter Fraud policy
- Anti-Bribery
- Security of Assets
- Disposal of assets and surplus to requirements
- Standing Financial Instructions (SFIs)
- Scheme of Delegation

SIRO Report

The Committee received and noted the key points of the report:

- Data protection figures – at the end of September 2021 the Trust demonstrated 92%.
- Work had taken place on DPIs (data protection impact assessments)
- The Trust Information Asset Register was progressing well.
- A number of cyber security events were explained, in order to share data protection information.
- Information re: subject access request – the Trust had noted an increase in the subject access requests.

Board Assurance Framework Q2

BAF Q2 was presented to the November 2021 Trust Board, and was presented to Committee for information. It was noted the reporting for Q2 was slightly out of sync which will be addressed in Q3. The benefit of the revised Cycle of Business moving forward was highlighted.

The Audit Committee received and noted the BAF Q2.

Reports received

- Gifts, Hospitality and Sponsorship Register
- Register of Board Members

- Review of Losses & Special Payments and Single Tender Waivers
- Freedom of Information & Health Records Department Report Quarter 2 2021/22

On Behalf of the Committee Chair, Philp Jones
5th January 2022

DRAFT

REPORT TO PUBLIC TRUST BOARD

Enclosure 17

Date of Meeting:	13 th January 2022		
Title of Report:	Register of Board Members – Declarations of Interest		
Presented by:	Laurie Wrench, Associate Director of Governance		
Author:	Laurie Wrench, Associate Director of Governance		
Executive Lead Name:	Laurie Wrench, Associate Director of Governance	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:		Purpose of report	
<p>The report provides an update as at 13th January 2022 of current member's interests.</p> <p>It is the Trust Board's responsibility to ensure the Trust operates its services in an open and transparent way. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy this information is published on the website and available for public view.</p>		Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input type="checkbox"/>	Document	
	Date:	Version No.	
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input checked="" type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 		
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 		
Risk / legal implications: Risk Register Reference	The register enclosed is in line with current legislation.		
Resource Implications:	N/A		
Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
Shadow ICS Alignment / Implications:	N/A		
Recommendations:	To accept the register for information as a true and accurate record. This will be uploaded to our external Trust website.		
Version	Name/group	Date issued	
1	Laurie Wrench	7 th January 2022	

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST

REGISTER OF DIRECTORS' DECLARED PRIVATE INTERESTS

<u>NAME OF DIRECTOR</u>	<u>INTEREST DECLARED</u>
David Rogers <u>Chairman</u>	<p>Crystal Care Solutions Ltd Chairman and 33% shareholder</p> <p>Staffordshire Wildlife Trust Trustee</p> <p>Staffordshire Wildlife Trading Limited Chairman</p> <p>CQC Executive Reviewer</p> <p>Positive Practice (Healthcare Collaborative) Advisory Board</p> <p>GGI (Good Governance Institution) Non-Executive Director</p> <p>Stoke-on-Trent College Governor</p>
Peter Axon <u>CEO - Currently on secondment</u>	No interests declared
Patrick Sullivan <u>Non-Executive Director</u>	<p>Health Education and Social Care Chamber (Mental Health) Specialist Lay Member First Tier Tribunal</p> <p>Local Prison Chair Independent Monitoring Board</p>
Joan Walley <u>Non-Executive Director</u>	<p>Burslem Regeneration Trust Chair</p> <p>City Learning Trust Member</p> <p>Electoral Commission Nominated Commissioner</p> <p>Staffordshire University Honorary Degree</p> <p>College of Fellows Keele University Honorary Member</p> <p>Charter Institute of Environmental Health Officers</p>

	<p>Lifelong Member Ladsandads Honorary Patron</p> <p>Burslem Port Project Honorary Patron</p> <p>Deputy Lieutenant for Staffordshire Staffordshire Wildlife Trust Paid Member</p> <p>Port Vale Football Club Season Ticket Holder</p> <p>Aldersgate Group Chair</p> <p>Beth Johnson Foundation Honorary Patron</p> <p>Midlands Regional Greener NHS Delivery Board Chair</p> <p>Staffordshire Climate Matters Patron</p>
<p>Janet Dawson <u>Non-Executive Director / Vice Chair</u></p>	<p>Manchester Metropolitan University Independent Governor, Deputy Chair and Chair of the Remuneration Committee</p> <p>Frederic Robinson Limited Stockport Brewers Independent Advisor to the Remuneration Committee</p> <p>Derbyshire Community Health Services NHS Foundation Trust Board Member</p>
<p>Russell Andrews <u>Non-Executive Director</u></p>	<p>Enable2 Interpretation Services (providing Services to NHS Trusts in West Yorkshire) Non-Executive / Chair</p> <p>Diocese of Leicester Educational Trust Director</p> <p>Leicester Diocesan Board of Education Director</p> <p>Diocese of Leicester Academies Trust Director</p> <p>Embrace Multi-Academy Trust Chair</p> <p>Oval Learning Trust Director</p>

<u>Philip Jones</u> Non-Executive Director	Johnson Society (Lichfield) Chairman
<u>Keith Tattum</u> GP Associate Director	BGS Medical Ltd Owner Baddeley Green Surgery Senior Partner General Medical Council Ad hoc Medical Case Reports Cancer Research UK Member of Advisory Board Whitfield Primary Care Network Member General Medical Council Expert Witness
<u>Anthony Gadsby</u> Associate Non-Executive Director	CQC Executive Reviewer Staffordshire Wildlife Trading Limited Director
<u>Pauline Walsh</u> Associate Non-Executive Director	Keele University Role as Pro Vice Chancellor and Executive Dean Faculty of Medicine and Health Sciences
<u>Dr Olubukola Adeyemo</u> Interim Chief Executive Officer	WRES – Strategic Advisory Group Member University of Wolverhampton Board of Governors CQC Executive Reviewer
<u>Kenny Laing</u> Executive Director of Nursing and Quality	No interests declared
<u>Chris Bird</u> Director of Partnerships and Strategy	MERIT Pupil Referral Unit, Stoke-on-Trent Chair of the Management Board
<u>Shajeda Ahmed</u> Director of Workforce, Organisational Development and Inclusion	No interests declared

Eric Gardiner <u>Executive Director of Finance, Performance and Estates</u>	No interests declared
Laurie Wrench <u>Associate Director of Governance / Trust Board Secretary</u>	No interests declared
Elizabeth Mellor <u>Interim Director of Operations</u>	No interests declared
Joe McCrea (In attendance) <u>Associate Director of Communications</u>	J B McCrea Ltd Director J B McCrea Ltd owns the IPR of a small number of management consultancy products that have been partly used by MOOD International, now owned by CACI – a supplier to the Trust.
Jenny Harvey (In attendance) <u>Staff Side Representative</u>	Charity Chrysalis - Gender Identity Matters - Providing support and counselling for transgender and non-binary people Trustee
Toyin Higgs <u>Trainee Board Member</u>	Staffordshire Cricket Board Ltd Independent Director Staffordshire FA Ltd Independent Director Toyin Higgs Ltd Director

Guidance issued by NHS England in February 2017 regarding NHS Conflicts of Interest outline the definition for a 'conflict of interest' and this may be *Actual* or *Potential*. Interests can arise in a number of different contexts and fall into the following 4 categories:

Financial interest	Non-financial professional interests	Non-financial personal interests	Indirect interests
Direct financial benefit from the consequences of a decision	Non-financial professional benefit	Personal benefit	Close association with someone who has an interest

7.1.2 Interests which are relevant and material (Standing Orders Policy 4.4)

(i) Interests which should be regarded as "relevant and material" are:

- a) any directorship of a company;

- b) any interest held by a director in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust;
- c) any interest in an organisation providing health and social care services to the health service;
- d) a position of authority in a charity or voluntary organisation in the field of health and social care

**REGISTER OF ACCEPTANCE OF THE CODE OF CONDUCT
AND CODE OF ACCOUNTABILITY IN THE NHS**

In November 2007, the Trust Board requested that a formal register of acceptance of the Code of Conduct and Code of Accountability in the NHS is established.

All Directors have provided a signed declaration of their acceptance of the Code of Conduct and Code of Accountability in the NHS to the Trust Secretary

REPORT TO PUBLIC TRUST BOARD

Enclosure 18

Date of Meeting:	13 th January 2022		
Title of Report:	Green Plan		
Presented by:	Chris Bird, Director of Partnerships, Strategy & Digital		
Author:	Chris Bird, Director of Partnerships, Strategy & Digital		
Executive Lead Name:	Chris Bird, Director of Partnerships, Strategy & Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
<p>The attached strategy sets out the Trust response to the national requirement for each NHS Trust to have published a Board-approved Green Plan by 14th January 2022.</p> <p>The strategy has been developed in accordance with the NHS England guidance, <i>How to produce a Green Plan</i> and has been coordinated through the Trust Sustainability Group with content being created by subject matter experts from across a range of disciplines and functions.</p> <p>The strategy will be accompanied by a detailed action plan to be developed and published by 31st March 2022.</p>	Approval	<input checked="" type="checkbox"/>
	Information	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/> Performance Review	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 	
Risk / legal implications: Risk Register Reference	None arising directly from this report	
Resource Implications:	None arising directly from this report	
Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None arising directly from this report	
Shadow ICS Alignment / Implications:	None arising directly from this report.	
Recommendations:	Trust Board is asked to: <ul style="list-style-type: none"> • Approve the Green Plan 	



Version	Name/group	Date issued
1.1	Trust Board	

Outstanding

Our journey continues...

Greener NHS: towards net zero

@ North Staffs Combined Healthcare NHS Trust

Our strategy for 2022 and beyond



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Foreword

The NHS has an ambitious target to become the world’s first net zero healthcare service by 2045.

It is clear that left unabated climate change will disrupt care with poor environmental health contributing to major diseases including mental health. This is a clarion call for all NHS Trusts to act now to support the entire NHS reaching net zero carbon emissions for the emissions it controls directly by 2040 and 2045 for those it can influence.

To support the co-ordination of carbon reduction efforts this Green Plan will detail our approach to reducing our emissions in line with national trajectories.

In developing this Green Plan, the Trust has followed a structured methodology in order to:

- Review the progress made in introducing green measures
- Considered the national targets for the NHS carbon footprint and carbon footprint plus
- Engaged with stakeholders and partners to inform our priorities and identify areas for collaboration
- Developed focused actions to build momentum in directly reducing carbon emissions
- Established systems and processes to measure and report on progress

This Green Plan is being published in the continuing shadow of the global Coronavirus pandemic. Just as we must learn to live with and respond to this pandemic, we must also act now for the longer term in the fight against global climate change.

We know there is positive learning available from our experience of responding to the Coronavirus pandemic – the mutuality of support across organisations, the rediscovery of the power of nature and the rekindling of community spirit and resilience.

As an anchor institution, we recognize the responsibility we have to improve the health of our local population as well as generating social value and community prosperity. We want to harness the positive learning from the Coronavirus pandemic and apply it directly this challenge of responding to these ambitious targets.

The delivery of this Green Plan is everybodys business – it cannot be delivered by one team alone or by the Trust working in isolation. We will work in partnership across teams and in collaboration with partners to inspire and empower staff to join this collective call for action.



Trust Vision for Sustainability

North Staffordshire Combined Healthcare NHS Trust was established in 1994. We employ c1,600 people and have an annual turnover of over £100m.

We are a provider of mental health and learning disability care to the communities of Stoke-on-Trent and North Staffordshire and operate across 30 sites including our main clinical building, Harplands Hospital as well as a range of community-based premises.

We provide services to people with a wide range of mental health and learning disability needs including specialist mental health services such as Child and Adolescent Mental Health Services and Psychological Therapies.

More recently the Trust expanded its service portfolio to include primary care and early in 2022 this will have increased to include three GP Practices and a total of c27,000 patients

Stoke-on-Trent is one of the most deprived areas in England with low healthy life expectancy and higher than average disease prevalence.

North Staffordshire is generally closer to the national average rates for life expectancy although this masks a degree of variation between Newcastle-under-Lyme and Staffordshire Moorlands.

The population is expected to grow by c4% over the next twenty years with higher than national average growth in the population of people 65 or over.

There are a number of socio-economic factors, educational attainment, employment

rates, salary levels and the quality of housing which all combine to drive poor health including high levels of infant mortality, childhood obesity, smoking prevalence, alcohol-related conditions and mortality.

Specifically for mental health services, around 19% of the population of Staffordshire & Stoke-on-Trent aged 18-64 are estimated to have a mental health condition equating to 125,500 adults across the region. We know that stigma and discrimination continue to present as barriers for people to engage with services and, consequently, citizenship more broadly.

Our experience since the start of the global Coronavirus pandemic has been to highlight the disproportionate nature of the impact of the virus on some parts of our communities. This will be expected to be resonant in our fight against climate change and our efforts to reduce our carbon emissions.

The Trust published a new strategy in 2020 and of four key themes, identified Sustainability as a core component. The Trust will build on its stated ambition to use the platform of the UN Sustainability Development Goals to accelerate the development of our services to becoming more economically, environmentally and socially sustainable.

To achieve this aim we will:

- Embed a Trust-wide approach to sustainability
- Reduce our carbon emissions in line with national targets and trajectories
- Consider the social and environmental impact of our decisions
- Work with partners to deliver long-term and wide-reaching change

Our carbon footprint

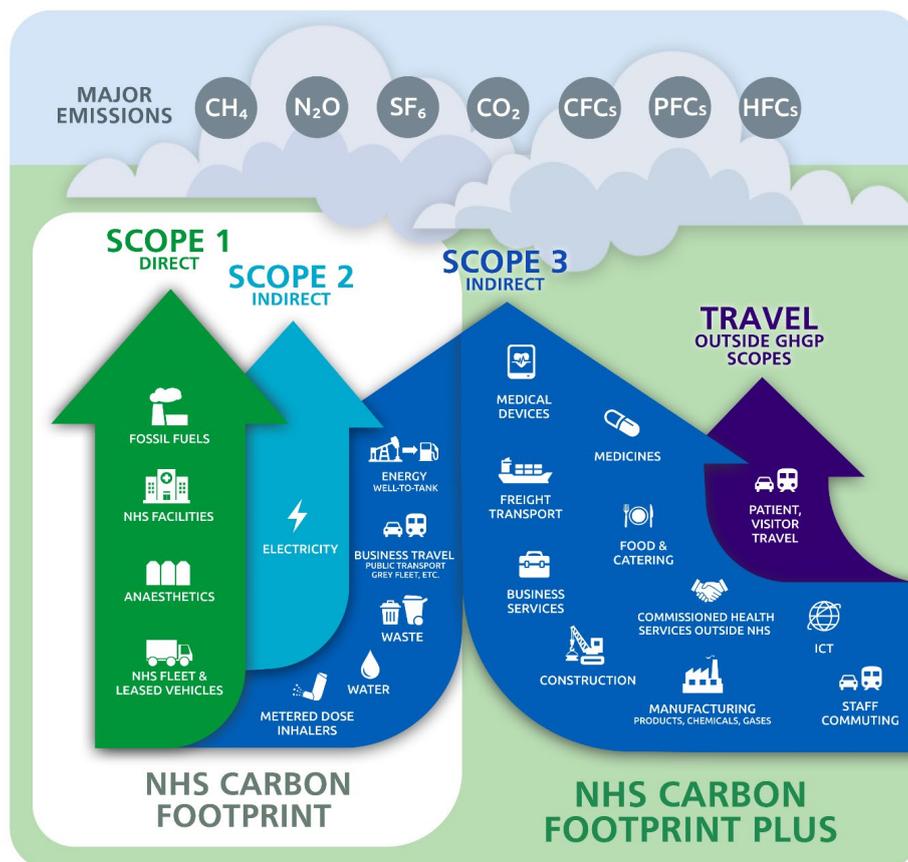
Overview

The total CO₂ footprint of the Trust amounts to 1,683 tonnes over the twelve month period April 2020 to March 2021.

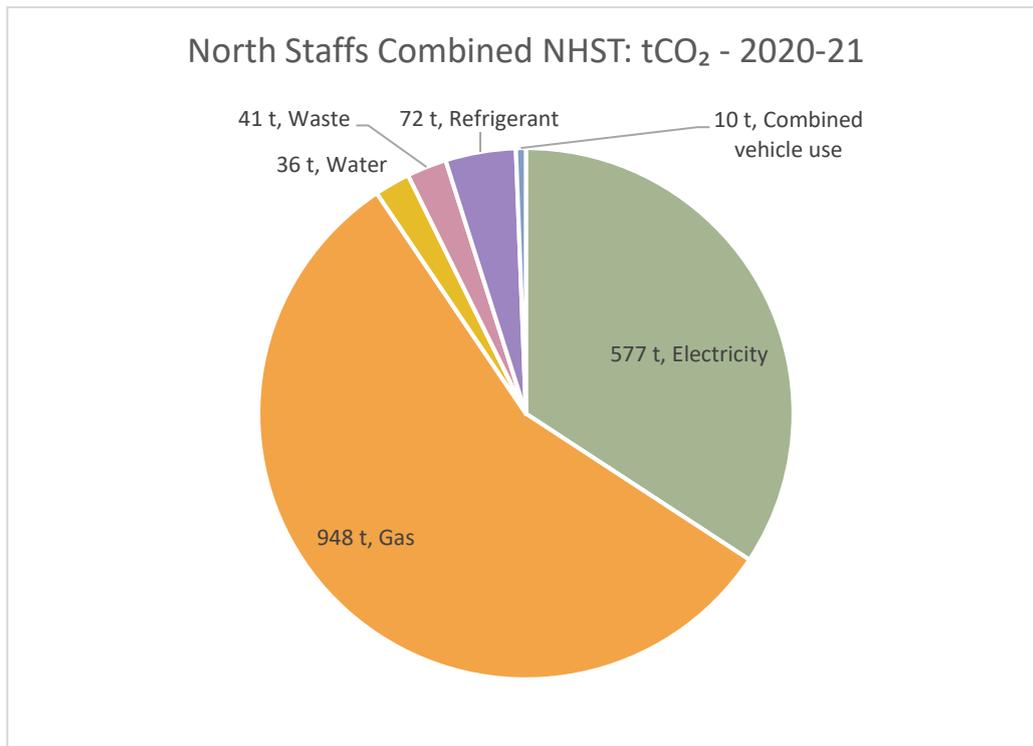
Emissions are classified as being made up from several sources:

- Scope 1 emissions – direct emissions from owned or directly controlled sources on site
- Scope 2 emissions – indirect emissions from the generation of purchased energy
- Scope 3 emissions – all other indirect emissions that occur in producing and transporting goods and services

The NHS has incorporated these emissions areas into groups as shown in the image below:



The total emissions that are within the Trust’s sphere of influence, i.e. those that correlate to the NHS Carbon Footprint of the image, or scope 1 and scope 2 is demonstrated in the analysis below:



Gas and Electricity account for the largest part of the Trust’s carbon footprint and together, make up 91% of the total CO₂ footprint. The Harplands Hospital site, as the largest part of the Trust estate, is the single biggest contributor and accounts for 54% and 58% of all Trust electricity and gas respectively. No other part of the Trust has a percentage contribution in double figures.

Refrigerants are included in carbon footprinting because their impact is very high per unit mass and therefore small escapes of such gases have an exaggerated effect on the ‘greenhouse effect’. This measure relates particularly to the use air conditioning units across the Trust estate.

The Trust has worked with the NIFES Consulting Group to understand its carbon footprint, identify means by which we can improve our data capture processes to enable a more granular understanding of the different components and recommendations for carbon reduction. This is explored in more detail in the Estates and Facilities section of this strategy.

Workforce and system leadership

The Trust has a designated and visible board-level net zero lead in the Director of Partnerships, Strategy & Digital (DoPS). The DoPS is also the Sustainability Lead for the Staffordshire & Stoke-on-Trent Integrated Care System and engages directly with other ICS colleagues from across the regions at the Midlands Greener NHS Delivery Board.

It is clear that the nature and scale of the Greener NHS agenda is too broad and deep to be coordinated through a single Officer and will require senior, expert input from a broad range of disciplines and functions, including clinicians, estates and facilities, procurement, finance and human resources.

To this end, the Trust has established a Sustainability Group to better coordinate the activity that will be required to deliver the national ambitions at local level. All Directorates of the Trust are included within the memberships and the objectives of the Group are set out below:

- Coordinate the design, development and delivery of the Greener NHS ambitions across the Trust
- To lead the production of the 3 Year Green Plan
- To translate national policy and advise the Trust on the practical implications for local service provision
- To promote greater awareness and understanding of sustainable healthcare environments across our colleagues and partners

The success of the Green Plan relies on everyone playing their part. As such our People need to be conscious of how their choices and behaviour at work impact the environment.

Awareness of environmental issues has never been so prominent and we can all do something to take ownership and make positive steps. We

will harness this interest by encouraging and engaging with staff and patients on an ongoing basis. As an anchor institution we appreciate that our reach extends beyond the parameters of our Estate and we have a role to play in embedding sustainability behaviour at home as well as work.

The Trust is in the process of establishing a network of Sustainability Champions from across the organization to build a movement of change across all our colleagues and has launched the following poster to inspire colleagues to take positive action in coming forward to be part of the community of Champions.



The Trust also has a range of commitments it will be rolling out over the coming months:

- provide regular communications and education through a variety of media channels for staff to provide advice and guidance on a range of environmental topics – including access to on-line training resources.
- work with staff groups and patient groups to develop specific projects that address our Green Plan action plan e.g. Cycle to work schemes, agile working
- raise awareness of sustainability through team meetings, continual professional development opportunities (CPD) and ongoing training and induction. .
- Participate in national campaigns; including Clean Air day, NHS Sustainably Day, Bike to work, Nutrition and hydration week
- Develop a Health and Wellbeing Framework in line with the NHS People Plan expectations for workforce health and wellbeing
- Disseminate information on sustainability to all new staff through the Trust's induction programme
- Include sustainability within its staff awards programme

Sustainable models of care

Sustainable models of care can deliver better health outcomes.

Integrated models can provide a more cohesive approach to care delivery, preventing multiple referrals, inappropriate signposting and lost time.

Ultimately, when services are connected around the needs of an individual they can support recovery, maintain wellbeing and prevent relapse.

The development of sustainable models of care will enhance the recovery journey for service users and their families whilst also reducing the environmental impacts of prolonged and at times unnecessary interventions.

To ensure that these changes are appropriate and maintainable over the long-term, service user and carer engagement will be vital.

Collectively, the Trust believes that the best mental health, learning disability and autism services are ones that are planned, shaped and delivered by patients, carers, their families and staff working together; in doing so we will consider sustainability and the environmental impact of our current and future models of care whilst also maintaining the cornerstones of clinically effective, safe and high quality healthcare services.

The COVID-19 pandemic has hastened the delivery of remote consultations and the use of digital technology in ways that we previously could not have imagined.

Further developments in community, primary and mental health care will continue to influence how care is delivered in the future.

Sustainable care delivery will therefore become even more important not only to reduce our carbon emissions but, to ensure that we provide services that are operationally efficient.

However, we must remain adaptable to the wide-ranging needs of the people of North Staffordshire and Stoke-on-Trent and we recognise that digital methods will not always be appropriate or accessible to everyone.

Nonetheless, we all have a social responsibility to acknowledge and be accountable for our impact on the environment.

The Trust believes that embracing our green credentials will help us to improve patient care.

We will do this by identifying and supporting activities that reduce or prevent the need for unnecessary clinical intervention, and in doing so we will:

- Reduce the demand on services
- Increase individual resilience
- Support the development healthier lifestyles
- Develop greener and more resilient environments

To achieve sustainable care models we will aim to:

- Increase engagement with staff, patients, service users and the wider community.
- Continue to develop community services whilst also working closely with partners to ensure that we reduce unnecessary hospital admissions and provide sustainable discharges.
- Optimise the location of care delivery to ensure that this does not adversely impact the environment
- Continue to promote the use of digital technology to support consultations when it is clinically safe and appropriate to do so and with agreement of service users.
- We will, where appropriate signpost to service users to green activities such as conservation events and environmental projects.

- Ensure that when face to face visits and consultations are required, these will be delivered in the most appropriate place & reducing the need for excessive travel, for example by: planning appointments efficiently and offering these within community hubs.
- Engage with our Quality Improvement (QI) Team to help embed green behaviours are embedded across the organisation. Focusing on the principles of prevention, patient empowerment and self-care, lean systems and pathways, and the use of technologies and interventions that have a lower environmental impact.
- Work closely with partners across the local health and social care system to prevent incidents of crisis, reduce health inequalities and relieve the burden of chronic illness.
- Engage with our local authorities and the voluntary sector to ensure that we appropriately signpost service users to any additional support that they may require to help with energy bills, transport or access to food banks.
- Support service users, families and carers to embrace new ways of working whilst remaining true to our pledge to provide person-centred care.

Digital transformation

The Trust has made significant investment into digital supporting the implementation of the Electronic Patient Record and online portals to support providing information, signposting and referral support to service users as well as allowing for greater patient clinician interaction.

The impact of the COVID-19 pandemic has changed the landscape of delivery across health care services. This has resulted in an accelerated transition to alternate models of care for staff and patient interaction.

The introduction of video consultation software has enabled the Trust to continue to provide services throughout the global pandemic and maintain continuity of care to some of our most vulnerable service users.

The Trust has recently embraced a more agile working environment enabling remote and flexible working through digital collaboration and online interactions. Supporting such improvements builds resilience in our infrastructure which enables greater productivity and directly contributes to improved air quality through limiting the need for physical travel between locations for staff and service users.

Working with our partners we are engaging and collaborate with service users and clinical colleagues to co-design options for empowering service users and their representatives to take more control of their own care through multi-way information sharing and utilisation of telehealth and wearable technology.

Moving to a more agile working approach has allowed the Trust to review end user devices and move to more efficient laptops from desktops and to reduce the volumes of printing undertaken at the Trust, to support this the Trust is removing multifunction devices from areas they are no longer required.

At a system and regional level the Trust is seeking to collaborate with partners on opportunities for enhancing current infrastructure and delivery models and looking to share facilities and services to support greater efficiencies.

The Trust is moving toward digitisation of archived records both from a clinical and corporate perspective, allowing for more efficient use of building and improving access to documents.

The Trust will be aligned with the 'What Good Looks Like' framework published by NHS Digital (NHSX) to further embed carbon reduction opportunities.

Travel and Transport

The Trust is a large employer in the local community with over 1,600 directly employed colleagues.

Moreover, a significant majority of colleagues live reasonably close to their place of work and so options for enhancing travel and transport schemes are a tangible ambition as we look forward.

As with any healthcare provider, the Trust also generates a large number of patient and visitor trips which can cause pressure on local traffic routes and car parking facilities on occasion.

The Trust is committed to exploring ways in which the carbon impact from vehicular travel can be reduced.

Actions to be delivered include:

- Advise and encourage staff to leave their cars at home and use sustainable modes of transport.
- Increase active travel (cycling and walking) and use of public transport by staff, service users and the public.
- Encourage virtual meeting technology to reduce the need for business travel.
- Ensure all fleet vehicles purchased or leased support transition to Low Emission Vehicles and Ultra-Low Emission Vehicles.
- Review the Lease Car policy to ensure staff lease schemes restrict the availability of high emission vehicles and promote low emissions vehicles whilst ensuring staff are not disadvantaged.
- Develop expenses policies that promote and incentive sustainable travel.
- To install EV charging points at strategic locations across the Trust sites.

The Trust will also work proactively with partners to make active travel options more readily available.

Where car-based travel continues to be required, we will work across the Integrated Care System to support more sustainable models such as car sharing and provision for electric vehicles.

Providing realistic travel options will reduce demand for car parking spaces and promote health and wellbeing for employees, patients, visitors and the local community.

Estates and facilities

Electricity, gas and water are a substantial cost and environmental impact to the Trust. It is recognized there are further opportunities to improve energy efficiency of the equipment we use and our built estate to reduce consumption.

The introduction to this report provided summary detail of the Trust's CO₂ footprint across those areas directly within the control of the Trust. The Trust will follow up on the recommendations in that report and will consider how best to develop a broader understanding of its full footprint including Scope 3 emissions.

The Trust's capital programme provides the funding for maintenance, refurbishment and new build projects and is coordinated through the Capita Investment Group (CIG). The Trust, via the CIG, will embed sustainability and efficiency as key considerations in the evaluation of capital projects to help reduce or mitigate the environmental impact at each stage of the construction process.

With particular emphasis on the Trust as a provider of mental health services it is important we recognize and encourage the provision, protection and use of green space as a means of improving mental health. Improving our green spaces can also contribute directly towards improved air quality, noise reduction and supports alleviating the impact of climate change.

The Trust has an effective set of waste management policies and procedures to ensure that all relevant regulations for waste management are adhered to. This offers a strong platform for us to go further in reducing waste and the proportion of hazardous / infectious waste year on year.

In January 2020, the Trust Board committed to join the NHS pledge to reduce single use

plastics. This is an important and tangible sign of the commitment by the Trust to take forward a range of initiatives to promote a more sustainable use of resource. Good progress has been made although there remain further opportunities for to consider alternatives in some aspects of our services.

As we look forward we will look to develop further improvements across the following areas:

- Establish robust systems and processes to ensure we can measure and monitor our carbon footprint to provide evidence-based metrics of the positive impact our targeted actions will have
- embed energy and water efficient technologies and practices throughout the Trust
- reduce the environmental impact of building works during the design, refurbishment, construction, operation and decommissioning stages
- seek to maximize the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets
- ensure a sustainable approach to the use of resources by minimizing waste, promoting reuse and recycling opportunities and ensuring residual waste is disposed of in accordance with relevant guidance

The Trust is committed to working in partnership with NHS and system partners to collaborate in sharing best practice, learning from experience and seeking opportunities to achieve consistency and economies of scale in our broader approach to carbon reduction.

The Trust also regularly engages in professional networks including Health Estates & Facilities Management Association and the Institute of Health Estates and Engineering Management.

Working with local partners and these national networks is critical in our ability to formulate long term planning for new and innovative technologies both planned and emerging as per the NHS Net Zero Strategy.

This will enable the Trust to be well-placed to take advantage of opportunities for external funding to accelerate the transition to net zero.

Medicines

Medicines optimisation

It is estimated that medicines account for 25% of the NHS carbon footprint.

The recently published paper authored by Keith Ridge on behalf of the Department of Health and Social Care, 'Good for you, good for us, good for everyone' (September, 2021) details the benefits and means of reducing overprescribing to make patient care better and safer, support the NHS, and reduce carbon emission.

The report recognises that overprescribing is a complex issue, involving systems and culture as well as individuals. It calls for a system-wide response so that prescribing is optimised. Therefore reminds us that a ICS level approach is crucial in achieving green sustainability.

Waste medicines are a significant burden and need to be disposed of carefully, to avoid harm to patients and the public, and to minimise harm to the environment.

The manufacture and distribution of medicines, and the use of some medicines, has a significant impact on greenhouse gases.

The Trust will seek to reduce wastage in a numbers of ways:

- Effective and timely medicines reconciliation
- Effective and timely transfer of discharge medicines information to other primary and secondary providers
- Utilising interoperable systems to reduce duplication or inadvertent reintroduction of discontinued medicines (includes ePMA and One Health and Care Record)

- Requesting patients bring in their own medicines to avoid wastage
- Reducing the duration on outpatient prescriptions to 28 days to avoid waste
- Supporting patients and staff to reduce wastage by following correct storage guidance
- Applying principles of de-prescribing
- Having pharmacists with the skills and expertise to effectively and holistically optimise medicines in both inpatient and community settings
- Promote patient understand of the carbon footprint of drugs and associated packing to reduced unnecessary over ordering of medicines and appropriate recycling

Consumables

There are a broad number of consumables associated with medicines such as single use plastics (e.g. spoons, measures), disposal blister trays (nomad trays), paper charts and prescriptions and printed leaflets.

As part of the Trusts existing commitment to eradication of single user plastic, we will look to:

- Source ethically sourced consumables that are made from recycled materials
- Eradicate the need for paper by using digital technologies
- Education and promoting green decisions.

Recycling

Presently there is no recycling of packaging relating to medicines which is a significant.

We will look to introduce recycling schemes as well as working with external bodies to

encourage manufacturers to reduce the carbon footprint of packaging and supply chain logistics.

Refrigerant Gases

Refrigerant gases are used within refrigeration systems such as chillers and air conditioning units. Over time, the gases within these units leak to atmosphere.

Some types of refrigerant gases have high global warming potential, and the Trust acknowledges it needs to move away from these to more environmentally friendly refrigerant gases.

Anaesthetic gases & Inhalers

The Trust does not offer any surgical procedures that involve the use anaesthetic gases, this includes desflurane.

As a mental health trust there is limited ability to influence the prescribing of inhalers as these products are initiated by other primary and secondary care services.

The Trust will continue to contribute its pharmaceutical and pharmacological expertise to the wider ICS debate on the use of such gases and prescribing activity.

Supply chain and procurement

The NHS supply chain accounts for 62% of total carbon emissions and offers a clear priority area of focus within this Green Plan.

Procurement of goods and services add significant carbon emissions but also offers opportunities to generate savings, environmental improvement and social value. The NHS identified three ways that it can reduce emissions from its supply chain. These are:

- more efficient use of supplies;
- low carbon substitutions and product innovation
- ensuring that suppliers are decarbonising their own processes.

To achieve a reduction in the Trust's carbon footprint from procurement of goods and services requires focus on contracts agreed by the Trust as well as more collaborative procurement arrangements with NHS Supply Chain partners and suppliers.

The Trust has an outsource agreement for the provision of procurement services with a neighbouring NHS organization. This allows the Trust to take advantage of economies of scale and also share ideas and intelligence at varying stages of the supply chain to expedite the implementation of our Green Plan.

The Trust, together with its procurement service supplier, will adopt the following principals of purchasing:

- Via our procurement provider the Trust will work with Supply Chain Coordination Limited (NHS Supply chain management function) to lever its purchasing power to mandate all suppliers to disclose and improve their approach to sustainable development and carbon management e.g. ISO14001

- The Trust will ensure that a partnership between Sustainability, Procurement and clinical teams is formed both within the Trust and across our procurement network in order to work together to minimise packaging, minimise over-purchasing and unnecessary expiration of unused equipment/goods, thereby prioritising waste prevention
- The Trust will ensure that when choosing a product, whole-life cycle costs and environmental impacts will be taken into account during the decision-making process
- The Trust will commit to selecting substitute products over single-use plastic items, providing there is no compromise to patient care, staff safety and the financial case is acceptable
- The Trust will commit to identifying and selecting more environmentally sound substitute products, if there is no compromise to patient care, staff safety and the financial case is acceptable
- All tenders will include a minimum allocation of 10% of scoring relating sustainability questions
- The Trust will work with partners to adopt the Government's Taking Account of Carbon Reduction Plans [Procurement Policy Note 06/21: Taking account of Carbon Reduction Plans in the procurement of major government contracts - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/taking-account-of-carbon-reduction-plans) requiring all suppliers with new contracts for goods, services and/or works with an anticipated contract value above £5 million per annum, to publish a carbon reduction plan for their direct emissions from April 2023.

As an Anchor Institution, the Trust will work with our procurement partners and seek to identify local suppliers of goods and services and create a

joint partnership to support the local economy, enhancing social value whilst reducing supply chain emissions. The COVID-19 global pandemic has highlighted that ensuring supply chain resilience is essential. This means appropriate and balanced consideration on location of sourcing and logistical arrangements and associated environmental impacts as well as relevant costs.

Delivering longer term financial sustainability will enable the Trust to become more resilient to rising utility, carbon and transport costs, as well as funding uncertainty. The Trust will identify and pursue external funding options to support the financing of carbon reduction initiatives.

The Trust will continue to improve its overall economy, efficiency and effectiveness of its current use of resources. We will reinvest the savings generated from the actions outlined in this plan and seek to obtain grants and work with the local council to implement sustainability measures across the Trust.

Food and nutrition

The supply of patient food is included within the scope of the Trust's PFI contract and as part of this, the Cook chill/freeze providers must demonstrate their commitment and compliance to encompass key target areas within their production and delivery of products to include, energy, waste, water, transport, procurement and activities that support the wider community.

The Trust's main hospital site operates on a four week menu cycle. This includes a la carte vegetarian and vegan menus. During the latter end of 2021, options for plant-based menus were also introduced.

The level of food wastage is monitored on a regular basis and is approximately 3% at the Harplands site.

Across the Trust, there are a range of menu options, some of which replicate the offer at Harplands, in some cases the menu is developed on a bespoke basis to meet the particular needs of a service user group or service users are encouraged to shop and cook their own meals supported by the clinical team.

Actions to reduce the carbon footprint in relation to food and nutrition include;

- To ensure all suppliers are dedicated to taking a dynamic approach to environmental management and sustainability.
- To demonstrate their commitment and compliance to reduce food miles and use low/ ultra-low emission vehicles
- To ensure our suppliers only use 100% sustainable ingredients and fully traceable suppliers.
- To aim to use 99% recyclable packaging of which 80% will be recyclable cardboard.
- To no longer purchase single use plastic cutlery, plates or single use cups.
- To no longer purchase single –use plastic stirrers and straws, except where a person has a specific need.
- To continue to monitor food wastage.
- To encourage the reduction of meat consumption as part of a healthy and sustainable diet, taking into account the national guidelines.

Adaptation

The Trust has comprehensive Emergency Planning, Resilience and Response plans in place that cover a range of scenarios including the risk and effect of climate change and severe weather.

These include provisions for the key health risks emerging from climate change including; heat, cold and flooding.

These plans are tested on a regular basis and, particular those related to heatwaves and cold weather, are deployed as and when necessary throughout the year. This ensures that our staff are prepared to deal with different extreme weather scenarios including how to keep clinical and ward areas cool in the event of hot weather and how to report high indoor temperatures.

The Trust recognizes that the UK is projected to see an increase in the frequency and intensity of weather-related risks. The Trust further recognizes that particularly during hot weather, the demand for mobile air conditioning units increases and these units often pose an increased level of general risk (e.g. trailing wires) and offer poor levels of energy efficiency. Through the Trust's Estates Programme, there is active consideration of how we can continue to adapt our buildings to offer better inherent protection against extreme weather without recourse to such mobile units.

In recognition of the increasing risk from climate change and the associated extreme weather events the Trust will develop a Climate Change Adaptation Plan

Communications & Engagement

Communications is vital for supporting the positive environmental actions Combined Healthcare is taking to help to deliver a net zero carbon NHS.

The Trust recognizes that service users, colleagues, partners and suppliers are key in delivering and championing the Green Plan and we will work with all stakeholders to ensure our communications and engagement approach is both inclusive and focused on these different audiences.

The objectives of our communications and engagement plan will be to achieve the following:

- Raise awareness and understanding of the commitment to deliver a net zero NHS and the wider sustainability agenda.
 - Communicate Combined Healthcare's role in delivering meeting these targets.
 - Raise awareness of the national and regional Greener NHS work, supporting campaigns and key messages.
 - Share examples of best practice and successes within our community of the small changes we can all make to have a big impact on climate change, supporting the green agenda.
 - Encourage two-way communication with audiences.
 - Support the generation of ideas and input from staff and stakeholders to inform the creating of a co-produced Combined Green Plan.
 - Secure buy-in and involvement in activities and Green Plan projects that will translate ideas into action.
 - Build on existing good practice in how Combined Healthcare engages with members of the public, staff, service users, stakeholders and local media.
 - Evidencing outcomes and celebrating change and achievement.
- Use digital assets as the bedrock of our communications and engagement, avoiding printed material when possible. When printed collateral is required, recycling materials will be used.

Foundations and onward Delivery

The Trust is committed to delivering on its ambitions to progress towards a net zero healthcare service and will be developing a detailed action plan to capture all the commitments outlined in this strategy.

It is intended that through delivery of the actions outlined in this report the Trust will both meet the minimum requirements of relevant national policy as well as establish a solid platform from which to pursue further opportunities to accelerate our progress towards net zero.

The Trust has taken a series of early interventions and the table below provides a stock-take position against a range of measures considered to the foundation for all NHS Trust plans

National Targets	What	Who	Progress To-date
NHS Standard Contract:	Every Trust to ensure a board member is responsible for their net zero targets and their Green Plan. Reporting to the ICS designate a board level lead to oversee the development of the system (ICS) greener plan	Chris Bird, DoPs.	Chris Bird confirmed as Trust Lead and SSoT ICS Lead for the production of Green Plans.
	Every Trust to purchase 100% renewable energy from April 2021, with supply contracts changing as soon as possible	Scott Dickinson, AD Estates	100% of our purchased electricity comes for REGO-backed renewable tariffs.
	Every Trust to reduce its use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume	Helen Sweeney, DD Medicines	N/A – the trust does not use Desflurane in any of its services
	Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers	Chris Bird, DoPs	SSoT ICS Greener Programme Board will coordinate production of these plans prior to publication in March 2022
Net Zero National Health Service	Ensure that, for new purchases and lease arrangements, systems and Trusts solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs).	Anne Melville Head of Facilities Kimberli McKinlay Deputy Director of Finance	The Trust has one lease fleet vehicle that is ULEV compliant. Further work is required with the Trusts lease car management suppliers to transition the offering towards ULEV & ZEV

National Targets	What	Who	Progress To-date
	Develop a green travel plan to support active travel and public transport for staff, patients and visitors	Kerry Smith Deputy Director People	<p>The Trust has a Cycle-to-Work scheme with a nominated Cycle-to-Work scheme lead</p> <p>The Trust estate includes the following facilities to support active travel to work:</p> <ul style="list-style-type: none"> • Harplands-staff shower facilities on the Liaison corridor. Bicycle stand available by hospital main reception • Darwin Centre – staff shower facilities and bicycle stand available. • Lawton House/Ashtenne-staff shower facilities at Ashtenne and bicycle stand available at Lawton House. •
NHS Planning guidance 2021/22	Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.	Liz Mellor, Deputy Director of Ops. Dave Hewitt, Chief Information Officer	<p>During the first quarter of 2021, 66% of all appointments were delivered virtually. This is an increase from 28% for the same period in 2020.</p> <p>Routine monitoring of OP activity has been added to the performance monitoring framework.</p>

What's Next?

How will we launch our strategy and translate vision into action?

- Launch of the strategy at Trust Board in January 2022
- Engagement with key stakeholders on detailed action plan to support delivery (including staff, partners and service users)
- Continue to raise awareness, promote engagement and build a movement of change through established communication routes and creation of Sustainability Champions
- Staff engagement with target groups on specific areas of the strategy.

How will we enable delivery and monitor impact?

- Following Trust Board approval a detailed action plan to cover all commitments made in this strategy will be developed and published by 31st March 2022
- The Trust will continue to engage in the quarterly data collection process to the regional Greener NHS team
- The Trust will continue to submit data to the Estates Return and Information Collection (ERIC) return
- We will seek to use other tools such as the Sustainable Development Assessment Tool (SDAT) to provide greater insight into the progress we make on our commitment to net zero
- The Trust will develop Greener NHS KPIs and metrics as well as develop systems to enable in-depth monitoring of progress drawing on the Greener NHS dashboards

Governance

- The Green Plan will be led by the designated board-level lead, the Director of Partnerships, Strategy & Digital
- Delivery of the plan will be coordinated through the Trust Sustainability Group as a vehicle to bring together senior, expert input from a range of disciplines and functions
- Progress against the Green Plan will be reported annually to the Trust Board and Senior Leadership Team as well as to the regional Greener NHS Team
- A detailed sustainability update will be included in the Annual Report
- The Green Plan will also be refreshed on an annual basis to take account of the progress made in the previous 12 months but also to reflect any change to existing targets and timelines, new initiatives and/or advancements in technology

Useful Contacts

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North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Stoke-on-Trent
ST4 8HH

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 19

Date of Meeting:	13 th January 2021		
Title of Report:	EPRR Core Standards: Annual Declaration of Compliance		
Presented by:	Liz Mellor, Interim Executive Director of Operations		
Author:	Liz Mellor, Interim Executive Director of Operations		
Executive Lead Name:	Liz Mellor, Interim Executive Director of Operations	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report	
<p>The paper contains the annual declaration of Emergency Planning Resilience & Response (EPRR) Core Standards. The Executive Lead is required to present the annual declaration and outcome regarding EPRR to the Trust Board.</p> <p>The Trust has been rated as 'green' which is fully/substantially compliant.</p>	Approval	<input checked="" type="checkbox"/>
	Information	<input type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input checked="" type="checkbox"/> Execs <input type="checkbox"/> Date: 4 th January 2022	Document Version No. 1
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input type="checkbox"/> 	
Risk / legal implications: Risk Register Reference	N/A	
Resource Implications:	Not applicable	
Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	Not applicable	
STP Alignment / Implications:	Not applicable	
Recommendations:	The statement is presented to the Senior Leadership Team in advance of Trust Board for assurance to note and approve the annual declaration.	
Version	Name/group	Date issued
1	SLT	23.21.21

1 read

LHRP/LRF Comments:	Top Three Most Common Risks Raised in the: LHRP
<p>The LHRP function has been very much subsumed by on-going health and care system strategic coordination during the pandemic, with emerging non-covid LHRP issues such as Walley's Quarry, non-covid outbreaks etc being addressed appropriately as they arise.</p> <p>During and emerging from pandemic, the working relationships and familiarity between the CCG, NHS providers, local authority public health teams, UK Health Security Agency, the Environment Agency and other partners is strong effective and robust. The health system has been working closely together at tactical and strategic level helping to ensure there are minimal barriers or impediments to effective multi-agency working.</p>	<p>LHRP risks</p> <ol style="list-style-type: none"> 1. Covid 19 Pandemic 2. Walley's Quarry Landfill site and air quality 3. Non-Covid Outbreaks including Avian Flu 4. Health and care services for refugees and asylum seekers within temporary accommodation
LHRP interface commentary	LRF
<p>The absence of formal LHRP meetings for some time has not impeded the necessary functions however priorities have been biased toward Covid, non-Covid outbreaks and the very unique issues connected with the Walley's Quarry Landfill site and air quality. At strategic level, any LHRP issues are being picked up through appropriate system level multi-agency forums (for example recent outbreak at UHNM necessitating multi-wards closing to admissions). One of the benefits of the pandemic response has been to ensure that arrangements for effective multi-agency information sharing, response and mutual support are robust, regularly utilised and embedded into normal ways of working.</p> <p>The support of the Civil Contingencies Unit (CCU) has proved a major asset to the Staffordshire Resilience Forum, with CCU officers being fully integrated into tactical and strategic multi-agency process and providing access to support ranging from direct day to day support in delivering test, track and trace to providing maps showing the areas vulnerable to flooding within testing and vaccination sites.</p>	<p>As per community risk register</p> <ol style="list-style-type: none"> 1. Pandemic Influenza 2. Flooding 3. Widespread Electrical Failure
LHRP process for assurance confirm and challenge	
<p>Process: Organisations were requested to provide a self-assessment of compliance against the Core Standards for EPRR to NHS England & NHS Improvement and the CCG by 31 August 2021. Once submitted these returns were reviewed by NHS England & NHS Improvement midlands region EPRR, and a further evidence was requested from organisations in order to complete the assessment process, which was undertaken in more detail than previous years. Following review of the evidence NHS England & NHS Improvement has undertaken a confirm and challenge process, requesting the CCG to confirm or request further information from organisations which was followed up by three confirmation meetings with the CCG and NHS England & NHS Improvement.</p> <p>It is noted this has not been fully aligned to the anticipated process and NHS England and NHS Improvement will work with the system to improve this position in future assurance assessments.</p> <p>Areas of challenge: Although there are no specific challenges to the assurances being issued to organisations following the assurance, some concerns remain in the application of some of the standards or the ability of the system to mount a response from the experiences of the past 12 months.</p>	
Overall Compliance Statement	
<p>The LHRP assessment of compliance is: Substantial; this takes into account no organisations within the LHRP area are non-compliant with the core standards for EPRR for the 2021/22 assessment year. The LHRP is assured of the ability of the area to respond to incidents and emergencies.</p> <p>The overall assessment of CBRNe/Hazmat readiness is: Substantial the LHRP is assured there is a good level of preparedness in the response to an CBRNe incident across the system, however recognises there are always improvements to be made, and learning from incidents to be incorporated into arrangements.</p> <p>The overall assessment of the system was agreed by the LHRP on 29 November 2021</p>	
Issues identified and plans to rectify in the local system (including specific arrangements for organisations identified as partially compliant or non-compliant)	
<ul style="list-style-type: none"> • No organisations reported Partial Compliance or Non-Compliance <p>However, the following issues were identified:</p> <ul style="list-style-type: none"> • Midland Partnership NHS Foundation Trust have recognised that arrangements for full site evacuation (Core Standard 20) at the Heywood Hospital are being developed and that a rating of partial is appropriate. This is part of the organisations work programme for the coming year. 	

- **Core standard 34 (Situation Reporting).** The CCG recognises they and one NHS provider did not make use of the NHS England and NHS Improvement Situation Reporting Template, or reference its use within their arrangements as required as part of the response to incidents. Work is now underway to address this ensuring robust arrangements are created in alignment with the standard.

Good practice identified

- **North Staffordshire Combined Healthcare NHS Trust: Assurance submission** was to a very high standard and referenced the required evidence in a very clear and precise manner against each of the core standards.
- **All organisations had improved business continuity arrangements by including home working, with the added benefit of increased efficiencies of reduced travel**
- Multi-agency working and effective TCGs and SCGs, with support from the Civil Contingencies Unit in some aspects of planning
- **United Hospitals of North Midlands NHS Trust have demonstrated they have a good cadre of CBRN trainers (Core standard 67) and have purpose build decontamination structure for self-presenters.**
- Additionally, **United Hospitals of North Midlands have effective severe weather plans including combined heatwave, cold weather plans (Core Standards 13 & 14 Heatwave and Cold Weather), which deal with all severe weather events in one document, and clearly outlines the responses to be taken for these events**

Issues to raise regionally or nationally

- **Clearer guidance on the expectations and the use of the NHS England & NHS Improvement situation report** are required to allow organisations to fully understand the application for **Core Standard 34**
- Clear and early guidance on the role and designation of the ICB in light of forthcoming legislative changes, particularly its role in the oversight and assurance of EPRR
- **Core Standard 22 (VIP management)** There is concern of the lack of guidance for the management of those under close police protection and the ability of organisations to understand the ask of them with regards to this standard without guidance or a briefing method.

EPRR Assurance feedback

- At regional level, clarity about expectations, level of detail required in carrying out confirm and change processes, expectation of level of evidence alongside lived experience would be helpful early next year.
- For 2022 we need to plan a process that will start earlier, take longer and potentially ICBs may need specialist expert support to evaluate in details elements that are very much part of the specialist operation plans of NHS providers
- There has been a significant change in the management of the process for Staffordshire and this needs to be better understood by the CCG and partners before the commencement of the assurance for the next year. It is noted the previous application of the assurance in Staffordshire has not been as aligned to the national process as it should have been, this is being rectified.
- **NHS England and NHS Improvement has set out to ensure there are common understandings of the levels of evidence expected to assure and include where lessons from incidents are driving up the expected levels of details in plans and response.**

Summary position for the LHRP

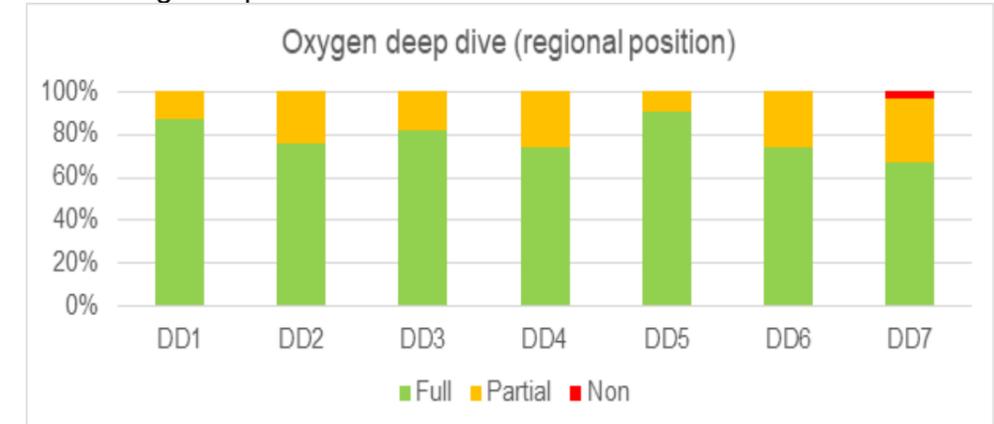
The LHRP understands the system to be well prepared for the response to an incident overall, there are some highlighted concerns with specific standards and their application within the LHRP.

The system has confidence in the local coordination arrangements which would be used in an incident and these reflect the way the organisations have been able to come together through the pandemic period.

It is noted where there are shortfalls these are being addressed and incorporated into arrangements. The LHRP is assured of the position the system is substantially prepared to respond to an incident or emergency.

Key findings of 'deep dive' into oxygen

- No major shortfalls or concerns were identified re Oxygen within the Staffordshire and Stoke-on-Trent system as a result of the deep dive.
- All applicable organisations reported themselves as being fully compliant against the Deep Dive standards.
- Overall regional position is outlined below



	Status	2019/20		2020/21	
		Number of Organisations	%	Number of Organisations	%
The LHRP understands the system to be well prepared for the response to an incident overall, there are some highlighted concerns with specific standards and their application within the LHRP. The system has confidence in the local coordination arrangements which would be used in an incident and these reflect the way the organisations have been able to come together through the pandemic period. It is noted where there are shortfalls these are being addressed and incorporated into arrangements. The LHRP is assured of the position the system is substantially prepared to respond to an incident or emergency.	Fully Compliant	3	75	2	50
	Substantially Compliant	1	25	2	50
	Partially Compliant				
	Non- Compliant				

2 Organisational assurance summary

Organisation	Services provided or organisational type (X those which apply)										Compliance achieved:		
	Acute providers	Specialist providers	NHS Ambulance services	Patient Transport Providers	NHS 111	Community services providers	Mental health providers	CCGs	Primary care (GP, community pharmacy)	Other NHS funded organisations	Full / Substantial / Partial / Non		Change ↑
											2019/ 2020	2021/ 2022	
Staffordshire and Stoke on Trent CCGs								X			Substantial	Substantial	↔
University Hospitals of North Midlands NHS Trust	X										Full	Full	↔
Midlands Partnership NHS Foundation Trust						X	X				Full	Substantial	↓
North Staffordshire Combined Healthcare NHS Trust							X				Full	Full	↔

3 Incidents reported to the CCG (period 01 September 2020 – 31 August 2021)

Organisation	Incident type (eg critical, major, business continuity)	Date(s) of incident (day month year)	Debrief report available (yes/no)
None apart from COVID			

REPORT TO PUBLIC TRUST BOARD

Enclosure 20

Date of Meeting:	13 th January 2022		
Title of Report:	2022/23 Operational Planning requirements and Trust approach		
Presented by:	Chris Bird, Director of Partnerships, Strategy & Digital		
Author:	Chris Bird, Director of Partnerships, Strategy & Digital		
Executive Lead Name:	Chris Bird, Director of Partnerships, Strategy & Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary: <p>The attached slides provide a summary of the 2022/23 operational planning guidance for the NHS.</p> <p>The guidance was published on Christmas Eve and sets out ten priority areas for the NHS to pursue throughout the planning period and beyond.</p> <p>The slides focus particularly on the priorities for mental health services but also offer headlines on other areas to which to Trust will need to contribute as well as an update on the arrangements for the transition to new ICSs and ICBs subject to the Health & Care Bill.</p> <p>The slides conclude with a proposal for the Trusts own response to the operational planning guidance reflecting on the experiences of 2021/22.</p>	Purpose of report	
	Approval	<input type="checkbox"/>
	Information	<input checked="" type="checkbox"/>
	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>
Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/> Performance Review	Document Version No.
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance & Resource Committee <input checked="" type="checkbox"/> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 	
Risk / legal implications: Risk Register Reference	None arising directly from this report	
Resource Implications:	None arising directly from this report	
Funding Source:		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None arising directly from this report	

Shadow ICS Alignment / Implications:	None arising directly from this report.	
Recommendations:	Trust Board is asked to: <ul style="list-style-type: none"> Note the 2022/23 operational planning guidance and the proposed approach for the Trust 	
Version	Name/group	Date issued
1.1	Trust Board	

2022/23 Operational Planning Guidance

A summary of national planning guidance for 2022/23

Ten Priorities for 22/23

A. Invest in our Workforce

- Look after our people
- Improve belonging in the NHS
- Work differently
- Grow for the future

B. Respond to COVID-19

- Deliver vaccine programme(s)
- Increase referrals to post-COVID services

C. Deliver more elective care

- Maximise elective activity & reduce long waits
- Complete recovery and improve performance against cancer waiting times
- Diagnostics
- Deliver improvements in maternity care

D. Improve responsiveness of UEC

- UEC service thresholds
- Build community services capacity
- Digital support to out of hospital models of care

E. Improve timely access to primary care

- Integration between community services and PCNs
- expand the primary care workforce
- Digital-first primary care offer
- Plan for dental, community pharmacy and optometry delegation to ICB

F. Grow and improve mental health services

- Expand and improve mental health services
- Meet the needs of people with LD/A

G. Population Health Management

- Technical capacity for PHM to be established
- Plan for prevention of ill-health
- renew focus on reducing inequalities re public health screening and immunisation

H. Exploit potential of digital technologies

- level-up' digital maturity
- digital investment plans aligned to WGLL
- e-RS to become 'any-to-any' system

I. Effective use of resources

- Use of resources to restore core services and reduce backlogs
- Financial framework & contracting development

J. Establish ICBs and collaborative system working

- Continued development of ICSS to new target date of 1 July 2022

Planning timetable extended to end of April 2022 with draft plans due mid-March subject to further guidance

A Combined perspective

- **F1: Expand and improve mental health services**

- Continue to expand and improve their mental health crisis care provision for all ages.
- Ensure admissions are intervention-focused, therapeutic and supported by a multidisciplinary team, utilising the expansion of mental health provider collaboratives across the whole mental health pathway where systems plan such developments.
- Continue the expansion and transformation of mental health services, as set out in the NHS Mental Health Implementation Plan 2019/20–2023/24,
- Continue to grow and expand specialist care and treatment for infants, children and young people by increasing the support provided through specialist perinatal teams for infants and their parents up to 24 months and through continuing to expand access to children and young people's mental health services.
- Subject to confirmation, encourage participation in the first phase of the national Quality Improvement programme to support implementation of the Mental Health Act reforms.

- **F2: Meeting the needs of people with a learning disability and autistic people**

- Increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24.
- Continue to improve the accuracy of GP learning disability registers so that the identification and coding of patients is complete, and particularly for under-represented groups such as children and young people and people from ethnic minority groups.
- Maintain a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability and/or who are autistic
- Build on the investment made in 2021/22 to develop a range of care and diagnostic services for autistic people delivered by multidisciplinary teams.
- Implement the actions coming out of Learning Disability Mortality Reviews (LeDeRs),

MH planning requirements

- Systems should maintain a focus on improving equalities across all programmes linked to Advancing Mental Health Equalities Strategy
- Systems are asked to develop a MH workforce plan to 23/24 in collaboration with MH providers, HEE and partners in VCSE & education sectors
- PCNs & MH Trusts should continue to use MH Practitioner ARRS roles to improve care and treatment
- Systems should work with MH Provider Collaboratives to produce a plan for CYPMH general adolescent and psychiatric intensive care in-patient beds by Q1 22/23
- Delivery of MHIS remains a mandatory minimum
- Capital funding (via system allocations) is expected to support urgent patient safety projects (e.g. ligature)
- Funding to eradicate MH dormitories will continue in 22/23 & 23/24
- £75m service development funding available 22/23 to support LD/A ambitions

Integrated Care Systems

subject to passage of Health & Care Bill through parliament

- New target date of 1 July 2022
 - CCGs remain in place as statutory organisations
 - CCG AO's working closely with ICB leaders on matters affecting ICB
 - NHSE/I retain all direct commissioning not already delegated to CCGs
 - Recruitment to NED and leadership teams continues
 - Employment commitment arrangements to be extended
 - ICB RoS and SDPs due mid-Feb 22 will be revised
- Planning during 22/23
 - Each ICB required to publish a five-year plan before April each year
 - Must take account of ICP, JSNA and JHWP strategies
 - Refreshed five-year plans due March 2023 to cover:
 - Improve outcomes in health and healthcare
 - Tackle inequalities in outcomes
 - Enhance productivity and vfm
 - Support broader social and economic development
 - Reflect national priorities & ambitions for NHS
 - Take account of primary care/specialised services delegations

2022/23 Operational Planning – Trusts approach

Overview

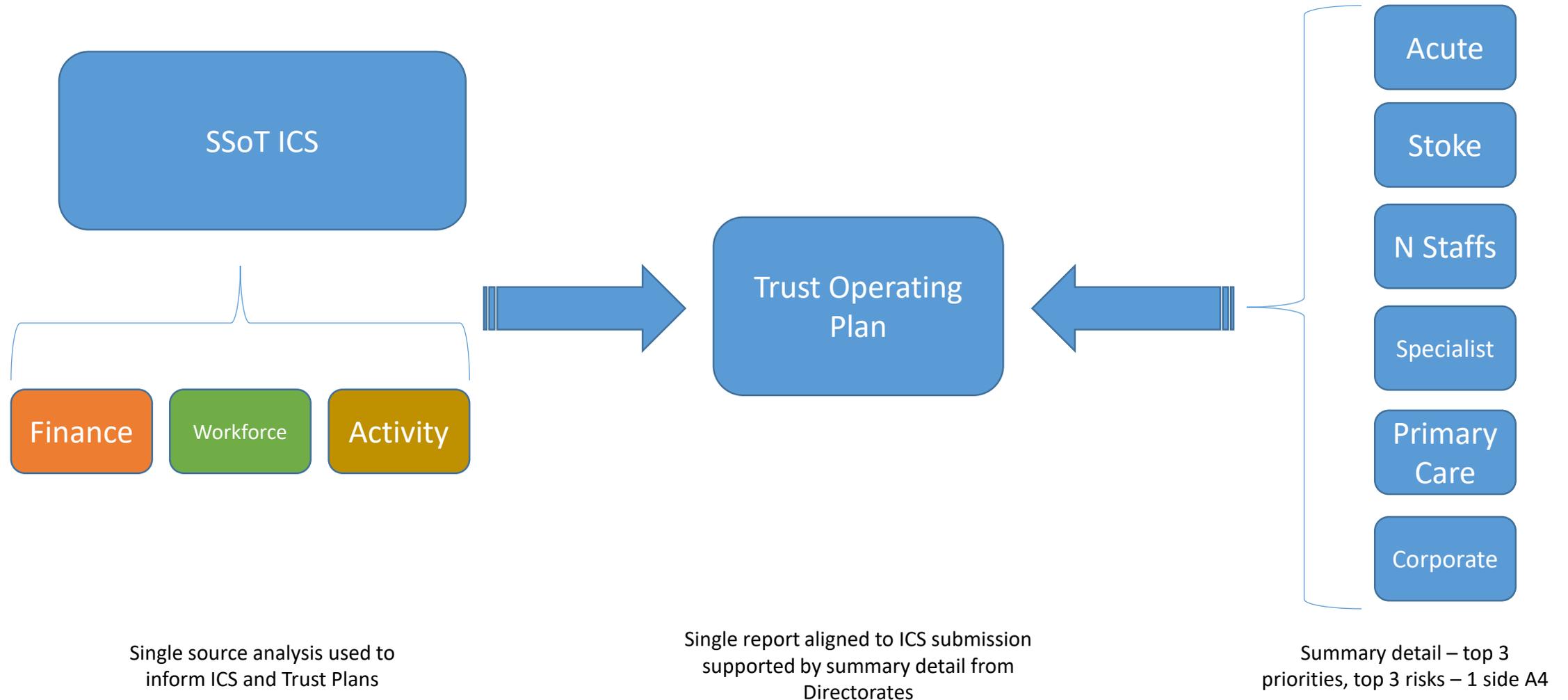
Planning Headlines

- Guidance likely to be published December 2021 and look to build on this years priorities from H1 and H2.
- Planning submissions due in Mid-March (draft) and April 2022 (final).
- Plans are expected to cover the full 2022/23 Financial Year and will be prepared on a system first basis. Some elements may need to be longer eg 3 year capital.
- Continued focus on:
 - service restoration and recovery, specifically for cancer, electives, and urgent and emergency care (stabilisation and improvement of performance).
 - Primary care, including the increase in access to and availability of appointments.
 - Expanding mental health services, and supporting those with a learning disability and / or autism.
 - Continue to respond to Covid-19, covid and non-covid pathways, expanding virtual ward models and hospital discharge.
- Mental Health likely to be a separate process including a multi-year workforce plan, and a MH activity plan.

Reflections on 2021/22

- Trust operational planning process sought to mirror previous national guidance on design & content of Trust-level Operational Plans whilst recognising the shift to 'system-by-default' publications
- Trust plans produced at Trust and Directorate level resulting in 7 plans in total; Trust, 5 X Directorate plus Corporate
- The most detailed and extensive planning exercise completed by the Trust and provided a forensic level of insight into the organisation
- Feedback from across colleagues:
 - Competing priorities against COVID response and other pressures
 - Generated difficulty in triangulating data across key aspects of finance, workforce and activity
 - Disaggregation of Trust level data into individual Directorates added complication and complexity
 - Generated an industry of continuous iteration which caused some friction across teams
- Business Plans have been used to form the basis of the Performance reports reviewed by Executives but ? what broader value has been added

Proposed approach 2022/2023



REPORT TO PUBLIC TRUST BOARD

Enclosure 21

Date of Meeting:	13 th January 2022		
Title of Report:	NHS System Oversight Framework – Trust segmentation		
Presented by:	Chris Bird, Executive Director of Strategy, Partnerships and Digital		
Author:	Chris Bird, Executive Director of Strategy, Partnerships and Digital & Project Team		
Executive Lead Name:	Chris Bird, Executive Director of Strategy, Partnerships and Digital	Approved by Exec	<input checked="" type="checkbox"/>

Executive Summary:	Purpose of report		
	<p>Earlier this year, NHS England & NHS Improvement published new arrangements for NHS system oversight to recognise the role of the emergent Integrated Care Systems (ICS).</p> <p>The Board has previously considered this guidance but by way of a summary reminder, the new SOF continues to be structured around five national themes that reflect the ambitions of the NHS Long Term Plan and apply across providers, commissioners and ICSS; quality of care, access & outcomes, preventing ill health & reducing inequalities, people, finance & use of resources and leadership & capability. A single set of metrics across ICSSs, trusts and clinical commissioning groups (CCGs) is aligned to these five themes.</p> <p>A sixth theme, local strategic priorities, recognises that ICSSs each face a unique set of circumstances and challenges in addressing the priorities for the NHS in 2021/22. Local strategic priorities and oversight arrangements have been developed between the partners in the SSoT ICS and NHS England & NHS Improvement across the Midlands Region.</p> <p>The scope of the new framework has been widened to include the ICS function, as well as CCG and provider (relative to the 2019 framework). A segmentation approach is used to identify the scale and nature of any support needs with each ICS, CCG and trusts allocated to one of four 'segments'. These range from; Segment 1 - no specific support needs, Segment 2 – flexible support needs, Segment 3 – mandated support and Segment 4 – mandated intensive support. By default, all ICSSs, trusts and CCGs will be allocated to segment 2, movement into any other segment is determined through eligibility criteria.</p> <p>The Trust has been confirmed as having a rating of '2'. This is consistent with the segmentation for the Trust under the previous 2019/20 framework.</p>	Approval	<input type="checkbox"/>
		Information	<input checked="" type="checkbox"/>
		Discussion	<input type="checkbox"/>
		Assurance	<input type="checkbox"/>
Document Version No.			

Seen at:	SLT <input type="checkbox"/> Execs <input checked="" type="checkbox"/>	Document Version No.
	Date: 19 th October 2021	
Committee Approval / Review	<ul style="list-style-type: none"> Quality Committee <input type="checkbox"/> Finance & Resource Committee <input type="checkbox"/> 	

	<ul style="list-style-type: none"> • Audit Committee <input type="checkbox"/> • People, Culture & Development Committee <input type="checkbox"/> • Charitable Funds Committee <input type="checkbox"/> 	
Strategic Objectives (please indicate)	<ol style="list-style-type: none"> 1. We will attract, develop and retain the best people <input checked="" type="checkbox"/> 2. We will actively promote partnership and integrated models of working <input checked="" type="checkbox"/> 3. We will provide the highest quality, safe and effective services <input checked="" type="checkbox"/> 4. We will increase our efficiency and effectiveness through sustainable development <input checked="" type="checkbox"/> 	
Risk / legal implications: Risk Register Reference	None arising directly from this report	
Resource Implications: Funding Source:	None arising directly from this report	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	None arising directly from this report	
Shadow ICS Alignment / Implications:	The Staffordshire & Stoke-on-Trent ICS has received a similar letter confirming the SOF rating for the system as a whole, as have other Provider Trusts in the SSoT system.	
Recommendations:	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the NHS SOF segmentation for the Trust as '2' recognising the discussion had at Private Board on the 11th November 2021 	
Version	Name/group	Date issued