NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST
BOARD MEETING HELD IN PUBLIC

THURSDAY 12TH JANUARY 2023, 10.00AM, Via MS Teams

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P01/23	Welcome and Apologies for Absence **– David Rogers**	Janet Dawson	**Note**	
2	1002	P02/23	Declarations of Interests – and changes to be notified	Janet Dawson	**Note**	
3	1003	P03/23	Minutes of the Previous Meeting held on 10th November 2022	Janet Dawson	**Approval**	**Enc. 1**
4	1005	P04/23	• Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda	Janet Dawson	**Note**	**Enc. 2**
5	1010	P05/23	Patient Story – **Community Engagement and the Impact of Mental Health Workers in the Local Community - Podcast**	Kenny Laing	**Note**	**Video**
6	1025	P06/23	REACH Recognition Team Award – **Primary Care Directorate - Practice Nurse Team at Moorcroft and Moss Green Surgeries**	Dr Adeyemo	**Note**	**Verbal**
7	1035	P07/23	Chief Executives Report	Dr Adeyemo	**Note**	**Enc. 3**
8	1045	P08/23	Chairs Report	Janet Dawson	**Note**	**Verbal**
9	1055	P09/23	Questions from Members of the Public – No	Janet Dawson	**Note**	**Verbal**
			10 minute break			
			QUALITY			
10	1115	P10/23	Safer Staffing Monthly Report October and November 2022	Kenny Laing	**Assurance**	**Enc. 4 & 4a**
11	1125	P11/23	Safeguarding Children and Adults Q2 2022/23	Kenny Laing	**Assurance**	**Enc. 5**
12	1130	P12/23	Mortality Surveillance Report Q2 2022/23	Dr Dennis Okolo	**Assurance**	**Enc. 6**
13	1135	P13/23	Serious Incidents Report Q2 2022/23	Dr Dennis Okolo	**Assurance**	**Enc. 7**

14	1140	P14/23	Quality Committee Assurance Report from the meeting held on 1st December 2022 and 5th January 2023	Patrick Sullivan	**Assurance**	**Enc. 8 & 8a**
15	1150	P15/23	Service User Carer Council Update November / December 2022	Sue Tams	**Assurance**	**Enc. 9**
16	1200	P16/23	Improving Quality and Performance Report (IQPR) Month 8	Eric Gardiner	**Assurance**	**Enc. 10**
PEOPLE						
17	1205	P17/23	People, Culture and Development Committee Assurance Report from the meeting held on 5th December 2022	Janet Dawson	**Assurance**	**Enc. 11**
PARTNERSHIPS						
18			No Items			
SUSTAINABILITY						
19	1210	P18/23	Finance Report Month 8	Eric Gardiner	**Assurance**	**Enc. 12**
20	1215	P19/23	Finance and Resources Committee Assurance Report from the meeting held on 1st December 2022 and 5th January 2023	Russell Andrews	**Assurance**	**Enc. 13 & 13a**
21	1225	P20/23	Charitable Funds Committee Assurance Report from the meetings held on the 9th December 2022 and 19th December 2022	Joan Walley	**Assurance**	**Enc. 14**
CONSENT ITEMS						
22	1230	P21/23	Any Other Business	Janet Dawson	**Note**	**Verbal**

Date and Time of Next Public Board Meeting

Thursday 9th February 2023 at 10.00am via MS Teams

TRUST BOARD

Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 10th November 2022 At 10:00am via MS Teams

Present:

Chair:

Janet Dawson
Non-Executive Director / Vice Chair

Directors:

Patrick Sullivan
Non-Executive Director / SID

Eric Gardiner
Executive Director of Finance, Performance and Estates

Dr Buki Adeyemo
Interim Chief Executive

Tony Gadsby
Associate Non-Executive Director

Phil Jones
Non-Executive Director

Laurie Wrench
Associate Director of Governance

Kerry Smith
Interim Director of People, Organisational Development & Inclusion

Dr Dennis Okolo
Interim Medical Director

Dr Keith Tattum
GP Associate Director

Kenny Laing
Executive Director of Nursing and Quality

Russell Andrews
Non-Executive Director

Pauline Walsh
Associate Non-Executive Director

Ben Richards
Director of Operations

Elizabeth Mellor
Director of Strategy and Partnerships

In attendance:

Lisa Wilkinson
Corporate Governance Manager

Joe McCrea
Associate Director of Communications

Dave Hewitt
Deputy Director of Digital

Patient Story
Rachel Wooliscroft - Community Engagement Co-ordinator
Gill O'Hare - Community Development Manager

REACH Individual Award
Craig Stone – Quality Improvement Lead Nurse

Members of the Public
Tom Bailey - Senior Commissioning and Transformation Manager – Urgent Care
Ashleigh Shatford - Head of Locality Commissioning
Steve Fawcett – Clinical Director
Diana Barfield - Librarian
Gemma Treanor - Senior Programme Manager/Deputy to AD - STP

The meeting commenced at 10:00am

383/2022	**APOLOGIES FOR ABSENCE** David Rogers Chair, Joan Walley Non-Executive, Sue Tams Service User Carer Council, Jenny Harvey Unison Representative	**Action**
384/2022	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS** There were no declarations made. ***Noted***	
385/2022	**MINUTES OF THE OPEN AGENDA – 13th October 2022** The minutes of the open session of the meeting held on 13th October 2022 were approved. ***Received***	
386/2022	**ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES** The Board reviewed the action monitoring schedule and agreed the following:- ***383/22 Chief Executives Report - Panorama Report 13.10.22 - Kenny Laing talked about the recent Panorama regarding abuse at the Greater Manchester Mental Health Hospital advising this would be discussed in detail at the next board development session, however, a paper for assurance will come to the next Public Board meeting around how we are dealing with some of those issues.*** *10.11.22 – Agenda Item* ***370/22 - Improving Quality Performance Report (IQPR) - Month 5Janet Dawson asked in terms of the unmet CAMHS compliance for four weeks and the IAPT patients no longer than 90 days between 1st and 2nd treatment when the target had not been met did we know by how much so we knew the percentage. If someone is not seen for example within four weeks on CAMHS how long are they likely to be waiting. Eric Gardiner advised this information was available but he did not have this to hand and therefore would take as an action and feedback.*** *10.11.22 - At the end of M06, the Trust assessed 81% within 4 weeks, the average waiting for those not assessed within 4 weeks is 12 weeks. This includes those on the ASD assessment pathway who experience longer waits that may be referred to the generic CYP pathway or the other way around. It also includes patient choice, for those who choose not to take up the appointment offered. Waiting times for many of our services will be included in future IQPR reports.* ***Received***	
387/2022	**PATIENT STORY – Service Lounge at Port Vale Football Club** Kenny Laing, Executive Director of Nursing and Quality introduced the patient story. Kenny Laing advised the patient story this month related to a number of people's experiences and captured the excellent work that was happening in partnership with the Trust, Port Vale Football Club and Stoke on Trent City Council. The story focussed on the power of peer support and collaboration. The Board watched a video that talked about the Service Lounge at Port Vale and the support the group provided. The group started with approximately 9 people and now had over 150 and would be looking to develop another group due to a waiting list. It was reported since the two day lounges commenced alongside the sessions 7200 people had attended in total.	

	Ben Richards advised Port Vale worked with many of the people that the Trust struggled to reach. We know that suicide rates are high for men, particularly between 18 and 40 and can often be core football fans and we know we have challenges with local populations for children and teenagers. The programme is about engaging with local communities and enabling people to feel safe to talk about mental health. Phil Jones asked how referrals came through this route from people who may have not felt confident to approach our services. Gill O'Hare explained a conversation was had in the first instance to try and avoid referrals but it did mean those in crisis could be seen early. There are 12 other community lounges across Stoke on Trent so it was growing and the Trust provided support. It was about building those relationships, listening and understanding to what local people needed from the services that were there. Rachel Wooliscroft explained these spaces were in open public areas where people could walk in and access them and each lounge was very different and unique. Tony Gadsby asked how this could be translated into the Moorlands area as they currently had help points within libraries or Community Centres where they could navigate people to various services. What was apparent there was people liked the approach of a person in a space to have a conversation. Gill O'Hare advised you did not need a huge anchor organisation, for example, in Blurton, they use Affordable Foods who were a local support group and food bank and were operating a community lounge out of there. Therefore wherever there was a passionate community who were reputable and people had that trust and foot flow, then they would work with that organisation. Kenny Laing highlighted it was a great scheme with good benefits that fit with what the Trust was trying to do. One of the Trust's quality priorities was making our services more accessible. People used to find it extremely confusing to access services therefore making it easier for our communities to get that help is fantastic and great to see. Dr Keith Tattum asked how the team planned to raise awareness of the service being available to those who might not know about it, not just in terms of patients but also professionals. Was there a strategy? Gill O'Hare advised a communications plan was being developed as a campaign. When a community was identified where they were going to work an innovation team would be set up which brought together all partners from the private and voluntary sector, Combined Healthcare and Midlands Partnership Foundation Trust (MPFT) and they would listen and understand what that Community needed and had and then start to understand where was the best place to start. Rachel Wooliscroft advised she also presented to teams and attended Primary Care Network (PCN) meetings but there was a need to go wider through the County Council as well as teams on the wards. So the next step was to devise a video that could be shared in team meetings. Joe McCrea advised the Patient Story video would be aired at the REACH Awards and Carol Shanahan and the team behind this initiative (from PVFC, the Council and the Trust) would be attending. The patient story would also be made available on the Trust public website and there was also an extended version of the team's talk featured in the film in our Combinations Podcast. ***Noted***	
389/2022	**REACH RECOGNITION INDIVIDUAL AWARD** The REACH Recognition Individual Award for November 2022 was presented to Craig Stone, Quality Improvement Lead Nurse, Specialist Directorate.	

	Dr Buki Adeyemo introduced the award. Since being appointed to the Quality Improvement Lead Nurse role, Craig has provided strong leadership in a supportive manner, his ability to undertake pieces of work with teams and also to provide assurance regarding concerns raised and proactively support teams to deliver safe and effective care continued to be outstanding. He ensured shared learning and good practice was disseminated across inpatient areas which was reflected within the care provided to patients as well as staff feeling supported. Craig provided a flexible, responsive approach to staffing, environmental and clinical issues ensuring direction on the challenges teams face. He has led on quality improvement initiatives across the directorate supporting both programmes within teams and staff to develop their skills in undertaking projects. This resulted in the Specialist directorate being the top performing directorate of listed Quality Improvement (QI) projects and progress on those listed within the Life QI system. We wish Craig well in his new role as Head of Patient and Organisational Safety in the future and thank him for the work undertaken in the Specialist Directorate. The REACH Award presentation was recorded and would be available on the public website. Board members congratulated Craig on his award. Craig Stone thanked the Board and recognised the great work done by others in the teams within the Directorate. ***Received***	
390/2022	**CHIEF EXECUTIVES REPORT** Dr Buki Adeyemo updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest. The ICS has been busy developing the agenda for the eight priority areas of work we are involved in most, and include; Mental Health, Learning Disability and Autism (MHLDA), Population Health and Prevention, Children and Young People and Primary Care. Impact on our population and what is being achieved will follow in 2023. As part of the ICBs approach there will be a focus within the ICB Governance processes on each of the portfolios once per year. A Mental Health deep dive (as the first portfolio to undergo this process) was undertaken at the System Performance Group, Finance and Performance Committee and ICB Board. All were positively received and a number of members commented on the wide array of developments being taken within Mental Health. A similar deep dive is planned for Learning Disability and Autism later in the year and then future deep dives will be combined representing the wider MHLDA portfolio in its entirety. Combined Healthcare was successful at the recent Nursing Times Awards 2022, winning the 'Enhancing Patient Dignity' category with Ward 2's Recovery Book initiative. The Recovery Book has been co-produced with staff and service users on the ward and has now been utilised across acute services. The Trust also had three shortlisted nominations in the 'Learning Disabilities Nursing' category. Teams and colleagues were successful in the recent Keele University Nursing and Midwifery Annual Awards. Staff received many nominations, and congratulations go to Dragon Square Short Breaks Team who won the Placement of the Year award, the Home Treatment Team for Placement of the Year – Mental Health Teams, Simone Jade Hackett for Practice Assessor of the Year and Lincoln Gombedza for Student of the Year.	

	Staffordshire and Stoke-on-Trent ICS are proud to have been shortlisted in this year's Midlands Inclusivity and Diversity Award Scheme (MIDAS) for the Inclusive ICS of the Year Award. The ceremony is later this month. Combined Healthcare has contributed heavily to the work recognised in this submission, specifically with our work on Inclusion School, New Futures, High Potential Scheme, Inclusive Talent, and Health and Wellbeing. The 2022 national NHS Staff Survey is now live and being actively promoted across all relevant communication channels for our staff across the Trust.. The Annual Suicide Prevention Conference, hosted this year by Combined Healthcare, took place earlier this month online. This year's theme was 'HOPE' and examined how the community works together to reduce the risk of suicide in our local area, with guest speakers and presenters. Russell Andrews asked for an update on the Provider Collaborative Network. Dr Buki Adeyemo advised this was going well and that success had been built on relationships with the Chief Executive Officers (CEO's) of Mental Health across the West Midlands taking a pragmatic approach of doing what is best for the patients. There are a number of things that have been worked on, particularly through the Directors of Strategy Group and focusing on beds, Psychiatric Intensive Care and Children and Young People. The first meeting of CEO's and Chairs had also taken place. Liz Mellor identified the positive from building the relationships was that the issues were very similar to what we are experiencing locally and that collaboration across Mental Health Trusts which will help us to find solutions to some of those big issues around children, young people and out of area placements. ***Received***	
391/2022	**CHAIRS REPORT** Janet Dawson provided a verbal update. Janet Dawson advised there was a lot of uncertainty in the system at the moment, particularly around leadership, as we were losing the Chair of the Integrated Care System (ICS) and there was a lot of continuing pressure on partners across the system around delivery of services. Janet Dawson advised it was good to be able to meet other Non-Executive Directors from partners across the ICS in a recent session and see how closely we were all aligned on key issues around patient experience, workforce and sharing best practice. Janet Dawson highlighted the need to show some empathy for our acute hospitals as they would face some challenges around ambulance waits, the number of people awaiting discharge and there had been some concerns around the delivery of care for mental health patients in an acute setting at the Trust. Janet Dawson felt see it was our role to help and we were going to where we could with our expertise and we would do what we could to support. Janet Dawson referred to the Trust's REACH Awards that were taking place that evening celebrating outstanding contributions from staff and congratulated everyone who had been nominated and everybody who would win. Janet Dawson thanked all who had been involved in organising the REACH Awards as it was a huge amount of work.	

	Noted	
392/2022	**QUESTIONS FROM MEMBERS OF THE PUBLIC** The Trust continued to encourage the use of Ask the Board Online as part of its ongoing commitment to openness, transparency and innovation. **Question**: Do you think it would be beneficial to the majority of our patient's therapeutic care to have means of a patient minibus on site at Harplands Hospital. It would enable patient's access to the wider community to help some integrate back into the community. It could have a rota system to entail every ward would get use of the vehicle throughout the week. We would be offering our patients something that is exclusive to our Trust. **Mark West, Healthcare Support Worker** **Response**: Ben Richards provided a response. The Trust would feedback to the member of staff and ask them to work with their directorate and Associate Director in the first instance. There was something for us to consider as a Board in our role as the Corporate Trustee of the charity and work was being undertaken to revitalise the charity and this could be one of the first areas of focus. ***Noted***	
393/2022	**NURSE STAFFING MONTHLY REPORT (September 2022)** Kenny Laing, Executive Director of Nursing and Quality presented the report. The overall position in comparison to the previous month has improved to 96.8% of shifts filled. We still carry a high Registered Nurse vacancy position and we are continuing to over establish our Healthcare Support Worker posts to try and offset some of that risk as which provides some flexibility around how we deploy staff when we have vacancies but also enables those to have a buffer when we have increased security at short notice. That is a position we will continue to maintain and we also believe that will help us reduce our use of agency. Tony Gadsby asked what the percentage split was for newly qualified nurses between the Harplands and Community. Kenny Laing advised a majority tend to go inpatient areas between Acute, Urgent Care and Specialist services and would usually be around 80%. Janet Dawson asked if newly qualified staff were rotated around various parts of the Trust and if they were how we balance the deployment of newly qualified nurses against vacancies to ensure we are not putting a cost burden in one area where there is not a vacancy and leaving a gap where there is. Kenny Laing advised there was not currently a formal rotational programme but there was an intention to look at a voluntary easy transfer programme in the next 12 months. One of the challenges is ensuring that our establishments are not over recruited and we are working through a process of ensuring we balance the financial issue versus people's preference. ***Received***	
394/2022	**QUALITY AND SAFETY OF MENTAL HEALTH SERVICES, LEARNING DISABILITY AND AUTISM NPATIENT SERVICES** Kenny Laing, Executive Director of Nursing and Quality presented the report.	

	Kenny Laing highlighted an error within the report. The front sheet should read considered any actions rather than considered any concerns. The report detailed the review of internal arrangements for assurance, it was the review of those arrangements that was undertaken in the response to the abuse which occurred at Greater Manchester Mental Health NHS Foundation Trust and also abuse at Essex Partnership University NHS Foundation Trust on the mental health ward. Abuses were reported by BBC Panorama and Channel 4 Dispatches. The Trust were determined to put every measure in place to prevent such things happening and the paper provided the context and actions which had taken place in response. The Care Quality Commission (CQC) themselves have undertaken analysis of closed cultures from some of their inspections in mental health and learning disability those findings were detailed within the report. The CQC found four themes with a number of associated risk factors which can increase the chance of poor culture and abusive practice. The report acknowledges the assurances the organisation had in place against those risk factors. Kenny Laing asked colleagues to note the Trust's intention to review arrangements for patient advocacy to strengthen particularly actions around scrutiny of the data of the use of those services, user satisfaction, the uptake of those services and the further embedding of peer support roles and employing people on the basis of their lived experience. In terms of strengthening internal quality assurance processes the Trust intended to undertake unannounced visits on clinical areas and visits would incorporate the CQC's framework. Director drop in sessions would return face to face in all ward areas enabling board members to have additional scrutiny. Kenny Laing advised Quality Committee would have oversight of the progress against these actions. Quality Committee would receive a further paper in the next quarter which identifies which programmes of work would be taking each of the actions forward and then receive a quarterly report to ensure we were scrutinising the progress of those actions and seeing that they were fully embedded. Phil Jones referred to the leading area of complaints being around and asked what kind of complaints were received what action had been taken. Kenny Laing advised the majority of the issues were around people's perception of communications and there was an ongoing programme of work that we continuously looked at around communication and customer service. Tony Gadsby highlighted the assurance report focussed on in house facilities but abuse can happen anywhere and enquired about the approach being adopted to ensure that this did not happen in the community. Tony Gadsby asked how we could strengthen the process to ensure what we are told by teams was what the patients would reflect to us as well. Kenny Laing advised as well as the internal process for our assurance and our actions there was a system focus. We are looking at as system a series of processes to strengthen that assurance around hospital based services which are not NHS, partnering with the Integrated Care Board (ICB) and Midlands Partnership Foundation Trust (MPFT) to share best practice and ensure we visits in place. In terms of community based services, it is difficult to hold an inspection of people's homes as there are often issues of consent but this is something we will consider as part of this work stream and report back to the Quality Committee on what is feasible. Tony Gadsby felt there was a role for independent advocates to be operating within the Community. Kenny Laing advised we have a number of mechanisms for measuring experience for people who use community	

	services i.e. friends and family tests. We often use other surveys and obtain soft feedback from individuals. Janet Dawson asked if we were able to access advocacy resources freely. Kenny Laing confirmed there was access to advocacy through local authority who commissioned the service through ASIST, local advocacy service, the advocacy being supplied for people in three categories, 1. Detained under the Mental Health Act, 2. People that are detained under the Mental Capacity Act, and 3. People who are wanted to make complaints about services. That does leave a slight gap in terms of our commissioning arrangements, however, all those people have free access to advocacy and those advocates are very present on our ward areas at the Harplands Hospital. ***Received***	
395/2022	**QUALITY COMMITTEE ASSURANCE REPORT** Patrick Sullivan, Non-Executive Director / Chair presented the assurance reports from the meeting held on 3rd November 2022. Patrick highlighted the following: **Community Mental Health Survey** The Committee received the results work is going to be undertaken to try and resolve some of the issues identified and there will be a paper at the next Quality Committee around that. **Directorate Presentations** Directorates provided their usual presentations and some challenges were identified across both inpatient and community services in terms of staffing, in terms of the need and complexity of the patients that people are seeing and in terms of maintaining performance, Workforce issues are well known and we have seen the challenges on waiting times and agency usage. A number of directorates mentioned the challenges of the cost improvement programme. **Policies** The following policies were approved for 3 years: R05 Management of Locked Doors, Access and Egress Policy 1.87 Sexual Safety and Responding to Sexual Violence Policy 1.75 Domestic Abuse Policy 1.81 Access to Waiting Times ***Received / Ratified***	
396/2022	**SERVICE USER AND CARER COUNCIL REPORT (OCTOBER 2022)** Kenny Laing, Executive Director of Nursing and Quality presented the report in Sue Tams, Chair of Service User & Carer Council absence. The Service User and Carer Council continues to meet although undergoing a process of slight change in terms of their approach details of which will be detailed in next month's report. The Council are looking to alternate business meetings on teams and face to face development / strategy meetings. The peer support worker programme continues to be rolled out to ensure we have got that lived experience and we are undertaking lots of training with peer support workers to build that pathway. The Wellbeing College is up and running. There have been some teething problems due to unfortunately some staff sickness, but the colleges establishing itself and they	

	have service users and staff members attending their sessions and are in the process of obtaining further support from service users to code design and deliver the sessions and are pulling together a spring prospectus. ***Received***	
397/2022	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR) – Month 6** Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report: In Month 6 there were 20 rated measures that met the required standard (18 in Month 5) and 14 that did not meet the required standard and highlighted as exceptions (14 in Month 5). There were 3 special cause variations signifying concern, compared to 3 in Month 5: • Referral to Assessment within 4 weeks • CAMHS compliance within 4 week waits (Referral to Assessment) • Staff turnover There were 4 special cause variations signifying improvement: • IAPT: patients wait no longer than 90 days between 1st and 2nd treatment (PIP in place) • Numbers of CPA service users in employment • Numbers of CPA service users in accommodation • Vacancy Rate ***Received***	
398/2022	**SYSTEM WINTER PLAN** Ben Richards, Director of Operations presented the System Winter Plan. Ben Richards confirmed this was the System Winter Plan the Trust Winter Plan was approved at the last Board meeting. Ashleigh Shatford explained the approach having worked with all organisations to develop the plan upwards and the scope covered the whole of Staffordshire and Stoke on Trent, but mindful that in terms of acute bed capacity that Staffordshire and Stoke-on-Trent are the responsible) Integrated Care System (ICS) for the University Hospital of North Midlands (UHNM) acute bed plan. That said, there was recognition that there was a significant amount of flow that goes outside of our area including the Burton site. Ashleigh Shatford described the governance structure and talked about the three components of the plan being the traditional capacity plan, the system escalation plan and the system workforce plan. Thomas Bailey talked about demand capacity and the two aspects of that one being the bed modeling and the demand, trying to understand the demand across the system and secondly the capacity schemes. Capacity schemes are described within the document in terms of their summary, the expected impact in terms of acute beds, equivalent beds or indeed reduce wait times, admission avoidance, etc. Steve Fawcett explained the document was iterative and would change over time. The Winter Plan and approach will work with standard policies around how they manage escalation. The system escalation model is about how we manage when business as usual is not enough and we need to approach things in a different way and look at different risk appetites. We may need to look at different ways of how we	

	care for patients. What we cannot do is define ahead of time all the variables that might hit. We may avoid industrial action but may have power issues and significant workforce issues therefore we are looking to develop a mechanism by which the systems can come together and particularly the senior clinical leaders to have a discussion about what we can do differently. Gemma Treanor advised her team had pulled together all partners in collating a workforce planning approach to winter. Workforce is one of our biggest risks and in terms of the overall growth across the system and we know that staff health and well-being sickness is a real issue for us and we continue to address that but with the recent strike action and the agency cap that gives us an additional challenge. We have set out some workforce schemes in agreement with our partners and with colleagues across the system. We have looked at what worked well last year i.e. as having a workforce sell at system level and that is a facility that was set up through the pandemic which helps us to manage where there is surge escalation from a workforce perspective. We also have the System People Hub, which is essentially acting as our people and our system bank, and we're able to deploy staff from that bank predominantly supporting the vaccination programme at the moment. We have the ICS reserves and we are building again on that which is people that we can call upon during this type of scenario. Others on bank contracts, urgent on call contracts or temporary fixed term contracts campaigns are going really well. In the winter workforce numbers, there were discussions with Chief People Officer colleagues around the escalated bank rates and some really positive discussions were had around what that would look like to support us if we needed to implement those. Ashleigh Shatford stressed although there was very much a collaborative and system approach and lots of mitigating actions there remained a significant risk and mainly down to the workforce constraints faced. Pauline Walsh noted one of the key issues was the ability to discharge patients and asked what actions were being taken with regards to that. Steve Fawcett explained there was no limit to the capacity plan that's looking particularly at discharge which had proved to be probably one of the biggest challenges and we are having to continually work with local authority colleagues to try and bolster that. There is funding and a plan in terms of managing the worst elements of the discharge blockers and the risks are identified. Tony Gadsby noted the plan did not refer to the capacity in the private sector and asked if that was an option to work to provide a further contingency into the overall system winter plan. Ashleigh Shatford advised the private sector would be utilised through the discharge to assess pathway but in terms of the UEC response that was predominantly managed through the NHS services and there was probably little that we could pass out to the private sector. Philip Jones referred to the proposal around escalated bank rates and asked how the Trusts approach differed from others and what we expected to be the outcome from that. What did the ICS think it would get? Would we get more people by doing this? Ashleigh Shatford advised they may put that forward as a suggestion from a workforce perspective but there are financial challenges with that and the impact on substantive staff as well. There is a commitment to undertake a deep dive into the impact that escalated bank rates has that work is ongoing. Kerry Smith advised the Trust had fully explored the option of escalating internal bank rates and there was no evidence to support that for us it would increase our fill rate but we would continue to monitor the situation.	

	Ben Richards advised some work was being undertaken around 111 services and the direct link into mental health services with the Trust and Midlands Partnership Foundation Trust (MPFT) to divert a call directly rather than having to jump through hoops. We are also looking at something similar for people with autism and learning disabilities as it had been recognised that the way that the system is set up did not necessarily provide the best experience ***Received***	
399/2022	**MONTH 6 FINANCE REPORT (2022/2023)** Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report. It was reported that the position was deteriorating which was due to the continued debt with the Transforming Care Programme (TCP) and the Council but the Finance Directors met yesterday and it was formally agreed that they would take on that debt which would be transferred in the next couple of months Once transacted the organisation will still have a small deficit but it will be significantly less than the £2.2million previously reported. Guidance has been received and will be taken to the next Finance & Resource Committee around constraints if financial balance is not achieved by the end of the year, as a system we seem to be doing far better than most. We are still slightly behind on Cost Improvement Plan (CIP) and that is our financial risk for the year but we do have a number of plans in place. We will transact the savings around Lawton House in the next couple of months which should correct that position. In terms of capital the contract for Project Chrysalis is due to be executed in the next couple of days. Philip Jones referred to the Government's new autumn budget and the financial constraints which the whole of the economy is going to be facing over the next few years and asked what Eric Gardiner's sense was of what the budget will look like into next year. Eric Gardiner confirmed it would be tough but the Trust was working through a range of scenarios which at a later date would be reported though Committee and Board. Whilst it is going to be very challenging for all organisations, we are better placed to deal with those challenges than a number of other organisations. Patrick Sullivan asked in terms of the overall system situation and current staffing position, if any of that was modified this year due to the amount of money that came in for COVID last year that was not spent. Eric Gardiner advised the reason why the systems were in a healthy position was not necessarily relating to COVID funding, which had largely disappeared this year, but related to non-recurrent funding, particularly relating to the Elective Recovery Fund.. The challenge for all those organisations was actually spending it quick enough but there may still be some elective recovery fund next year which would help but we are getting to a position where that will stop and the biggest financial risk in the system would probably be around the Integrated Care Board (ICB) and Continuing Healthcare (CHC) payments, which were continually increasing. ***Received***	

400/2022	**FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT** Russell Andrews, Non-Executive Director presented the assurance report from the Committee held on the 3rd November 2022, highlighting the following: **IQPR** The Committee noted that four measures that had improved, but also noted that there were two areas of concern around staff sickness and staff turnover. **Data Warehouse** The business case for a data warehouse was approved in February 2022 and remains work in progress because it takes a long time to transfer data over from an old arrangement to a new data warehouse but we were assured that that is progressing well. **Estates** Projects are all broadly on track, and Chrysalis is making progress, having been delayed on some technical issues around insurance. **Ligature Reduction** The Committee had previously received a question from the Quality Committee about ligature reduction. The Committee received an update about the progress of ligature reduction but had not recently reviewed the process behind the prioritisation of ligature reduction and therefore agreed to add an annual item on the process that reviews where we are with ligature reduction and the prioritisation of work for the coming year. **Finances** The Committee received an update on the finances for Month 6 and noted the in-year and in month deficit. However, as has already been reported a major contributor to that deficit was the local authority debt for TCP and Project 86 which has now been resolved in terms of transferring the liability for that debt over to the Integrated Care System (ICS). **Business Opportunities** The Committee received an update on business opportunities. This was principally a verbal update, but it was noted that a refreshed strategy for business development was in progress. We will receive that as a Committee, in the new year and this will hopefully be in place to go forward from April 2023. **Digital Projects** The Committee received an update on digital projects and as part of this item approved the renewing of a Microsoft License Arrangement for staff across the Trust. ***Received***	
401/2022	**MICROSOFT ENTERPRISE WIDE AGREEMENT RENEWAL** Dave Hewitt, Deputy Director of Digital presented the item. The renewal was discussed through Finance and Resource Committee as part of the governance process. The Board were asked to approve the case based on option 2 highlighted in the paper and provide authorisation for Dave Hewitt to commence the procurement process and put the arrangements in place by the end of December 2022, which is when the current contract runs out.	

	Dr Dennis Okolo asked if costs were a cost pressure or this had already been factored into the paper. Dave Hewitt confirmed it was a cost pressure and would be highlighted in this year's cost pressures moving forward. ***Approved / Received***	
402/2022	**BOARD ASSURANCE FRAMEWORK QUARTER 2 (BAF)** Laurie Wrench, Associate Director of Governance presented the item. The first iteration of the dashboard derived from the Unified Knowledge Layer was shared with Committees this month and comments are welcomed. This will be shared with Board in due course. We are aligning the new BAFs that we are considering for next year alongside the strategy update. What the new dashboard will provide is the ability to drill down to Trust Board, directorate and individual layers and we will no longer have a very lengthy Word document, but something more visual in terms of assurance to the Board and the Committees. We start the year as Amber, but we are projecting that we are going to end the year as Red in respect to the Trust achieving the year on year improvement in the overall indicator Better in the Community. Tony Gadsby asked why we were actually going to go backwards. Laurie Wrench explained we start the year with what we believe is the stretch target, we set the objectives in terms of the board assurance framework, this is where we believe at the end of the year we may reach. We can then predict that the stretch target was not stretched enough, things change throughout the year. We would not necessarily change the stretch target at the beginning of the year we move the three RAGs at the end of the BAF as we move through. Tony Gadsby suggested this was recognition that we were too ambitious in what we were projecting at the beginning of the year. Laurie Wrench agreed particularly with this RAG rating as we can predict where we think we are going to be, but until we actually get the findings and understand those in more detail it changes. This shows a healthy difference in risk escalation and escalation in terms of the BAF. ***Received***	
403/2022	**TRUST STRATEGY UPDATE QUARTER 2** Elizabeth Mellor, Director of Partnerships and Strategy presented the paper. The report provided a half year update and we are continuing to make progress against the strategic objectives. It was reported that this was now running parallel with a refreshed strategic approach for the organisation with an engagement and communication plan. ***Received***	
404/2022	**ANY OTHER BUSINESS** There were no items of other business discussed. ***Noted***	
	DATE AND TIME OF NEXT MEETING The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 12th January 2023 at 10.00am Via MS Teams.	

	MOTION TO EXCLUDE THE PUBLIC The Board approved a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted.	

The meeting closed at 12:25pm

Signed: _____ Date_____
Chairman

Board Action Monitoring Schedule (Open Section)

	Trust Board - Action monitoring schedule (Open)					
Action	**Meeting Date**	**Minute No**	**Action Description**	**Responsible Officer**	**Target Date**	**Progress / Comment**
			There were no actions arising from the meeting			

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 3

Date of Meeting:	12 January 2023		
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**	☐

Executive Summary:		**Purpose of report**	
This report updates the Board on activities undertaken since the last meeting and draws the Board's attention to any other issues of significance or interest.		**Approval**	☐
		Information	☐
		Discussion	☒
		Assurance	☐
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications: Funding Source:	N/A 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
1.0		4/1/2023

Keele UNIVERSITY TEACHING TRUST

NHS North Staffordshire Combined Healthcare NHS Trust

Interim Chief Executive's Report to the Trust Board
12 January 2023

1.0 PURPOSE OF THE REPORT

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

2.0 STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE SYSTEM

The second meeting of the Integrated Care Partnership (ICP) was held on 23 November 2022. The ICP is a partnership of senior leaders across health, local authorities, voluntary sector and other agencies to provide a united voice and single, integrated strategy focusing on improving the overall health of the population.

Priorities for the partnership include;

1. Prevention and the wider determinants of health
2. Building on the priorities of our partners
3. Developing the Integrated Care Partnership Strategy.

As part of developing priority 3, the strategy was shared with partners in December 2022 and the Trust continues to be part of producing this strategic document which will be supported by a delivery plan called The Joint Forward Plan for 2023/24.

3.0 OUR TRUST

Engagement on developing our own new strategy has seen over 200 internal and external stakeholders give their valuable contributions in a series of events and workshops. This will help shape the strategy to ensure we continue to meet the needs of our communities and local population. We thank everyone involved for their input and feedback to date, and we will have further updates and engagement throughout 2023 on the new strategy.

We were delighted to be named 'Trust of the Year' at the recent HSJ Awards 2022 in November. This is testament to the hard work of our workforce at North Staffordshire Combined Healthcare NHS Trust, thank you to everyone who has contributed to this prestigious and competitive award.

We have had some recent high profile visits to the Trust. We welcomed Amanda Pritchard, NHS Chief Executive, who met our Mental Health Liaison Team at UHNM Emergency Department as well as with colleagues at Harplands Hospital, and we were also visited by Wes Streeting MP, Shadow Secretary of State for Health and Social Care, at Harplands Hospital.

We also welcomed Paul Draycott to the Trust from the 3rd January 2023 as our new Director of People, OD and Inclusion. Paul has joined us from Southern Healthcare NHS Trust but is no stranger to Combined having previously worked at the Trust from 2013-2017.

Combined Healthcare's annual REACH Awards were held face-to-face this year at the Double Tree by Hilton Hotel, Stoke-on-Trent, with a watch live online option and, for the first time, a virtual reality experience. 239 nominations were received for this year's awards and the special guest was Mathew Taylor, Chief Executive, NHS Confederation. Guests also had a very special surprise message from Robbie Williams, thanking staff for their work. We are currently evaluating the process and learning lessons to inform future events.

Please see below examples of some highlights from the past month based on our strategic themes.

3.1

Awards news

Congratulations to the Memory Clinic team for winning Psychiatric Team of the Year: Older-age adults at the recent RCPsych Awards 2022.

Andy Powell and Philip Murphy from the Care Home Liaison team were nominated twice each in Keele University's recent Practice Educator Awards.

The Finance team at Combined Healthcare is very proud of the contributions it has made alongside system partners to be recognised in Staffordshire and Stoke-on-Trent Integrated Care System's recent awards success as the 2022 HFMA (Healthcare Financial Management Association) Finance Team of the Year.

Learning Disabilities team contributes to new book

Hannah Bloor, Molly Laight, Tom Wilson and Amanda Forrester from the Trust's Learning Disabilities team have contributed to a new, prominent LD specific book. Peter and Friends Volume 2 has been written by people with a learning disability, and their supporters. Hannah, Molly, Tom and Amanda contributed to the chapters on PBS (Positive Behaviour Support) and Supporting Physical Health.

3.2

People
We will attract, develop and retain the best people

Trust appoints new social work lead

Teri-Ann Eva has been appointed the new Social Work lead for Combined Healthcare.

Critical Incident Stress Management Conference 2022

The fourth annual CISM (Critical Incident Stress Management) Conference recently took place at Yarnfield Conference and Events Centre with colleagues from Combined Healthcare, UHNM and organisations across Stoke-on-Trent and North Staffordshire in attendance. Guest speakers included the Acute Wards from Combined Healthcare.

Ward 6 participates in Dame Darcey Bussell wellbeing dance programme

Stevan Thompson, Ward 6 Activity Worker, attended the Royal Academy of Dance recently, with patients from the Ward taking part in the online Move Assure Dance for Wellbeing programme. The programme is created and presented by Dame Darcey Bussell and Dr Peter Lovatt.

New Trust ILM coaches

Rachel Wooliscroft and Lisa Bellamy have recently qualified as ILM (Institute of Leadership and Management) Level 5 coaches, and Sarah Vincent and Laura Ross as ILM Level 7 coaches.

3.3

Sustainability
We will increase our efficiency and effectiveness through sustainable development

Sustainability Group

The Green agenda continues to be high on our agenda and we are developing our delivery plan alongside colleagues in the ICB to ensure where we can make sustainable change, we are working at scale. The ICS was recently award £30,000 to develop some initiatives across our partners and this will include; a delivery plan for 2023-2025, recycling initiatives and a sustainable travel plan.

3.4

£169,686 awarded to community and voluntary groups in Staffordshire and Stoke-on-Trent

Ten community and voluntary groups have been awarded grants totalling £169,686 to support and help adults with mental health issues across Staffordshire and Stoke-on-Trent. The awards have been made as part of the Community Mental Health Transformation Programme. The recipients in North Staffordshire are Veteran Support Network CIC, British Ceramics Biennial, Walk Ministries, New Vic Theatre, Restoration Shack, and The Grange Fishing Club.

A VCSE (Voluntary, Community and Social Enterprise) engagement event also took place recently via MS Teams for attendees to find out more about the grant scheme and the next round of grants launching later this month.

Trust awarded funding to make Differently Abled Buddy Scheme System-wide

The Trust has received a grant of £25,000 from a successful bid to Health Education England to extend our Differently Abled Buddy Scheme across Staffordshire and Stoke-on-Trent. The additional funding means many more people, both within Combined and within partner organisations across the System, will be able to benefit from this innovative programme of support for colleagues working with disability, neurodifference or long-term health conditions.

Stoke Social Older Person's Group

The new Stoke Social Group for Older Adults, a collaboration between Combined Healthcare, Stoke City F.C, and Home Instead, was recently launched at the Bet 365 Stadium and was very well attended. The group runs every Wednesday from 10am – 12 noon at the ground, and is for older people who may feel isolated.

New content creator page for All Age Wellbeing Portal

Combined Healthcare's All Age Wellbeing Portal now has a new content creator page, designed to help authors to create content for the online portal. It is available on the professionals area of the portal at https://combinedwellbeing.org.uk/

Armistice and Remembrance Days

Ben Richards, Executive Director of Operations and Lead Board Director for Veterans, marked Remembrance Day on behalf of Combined Healthcare by laying a wreath at Stoke Cenotaph.

Occupational Therapy Week 2022

Combined Healthcare's Occupational Therapists participated in this recent awareness campaign, sharing a series of 'OT Life Hacks' to help 'lift up your everyday'; the aim being to help everyone regain that motivation or overcome new or existing challenges to keep doing the things we love and need to do.

4.0 Conclusion

With the Staffordshire and Stoke-on-Trent system declaring a critical incident due to pressures facing the NHS and in particular the number of people needing urgent care at Royal Stoke and County Hospital, issues relating to workforce, ambulance pressures and high levels of Covid and flu infections remain. We will continue to support our partners and provide response to this incident during these difficult times.

REPORT TO PUBLIC TRUST BOARD

Enclosure 4

Date of Meeting:	12th January 2023		
Title of Report:	October 2022 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Zoe Grant, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
Purpose: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2022 in line with the National Quality Board requirements. Key Findings: • During October 2022, an overall fill rate of 96.2% was achieved; this has slightly decreased from 96.8% in September 2022. • The fill rate for RN shifts was 74% in October 2022, an increase from 70% in September 2022. • RN vacancies decreased slightly by 0.58 WTE in October 2022 to 53.82WTE • HCSW vacancies remain over established by +4.18WTE • Recruitment to vacancies continues to be challenging with graduate nurses continuing to fill a majority of RN vacancies. Recommendations: The Quality Committee and Trust Board are asked to receive the report, to note the challenges in filling shifts and with recruitment to nurse vacancies, and to acknowledge and support the mitigations that are currently in place. The Board should be assured that the Trust are continuing to maintain safe staffing levels within our ward inpatient areas.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		

Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.	
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	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	Virtual
2	Quality Committee	

1.0 Introduction

This report details the ward daily staffing levels during the month of October 2022 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from June 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

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. This is scheduled to take place in February 2023. A comprehensive annual report for 2021/22 was presented to the September 2022 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

3.0 Trust Performance

During October 2022, the Trust achieved a staffing fill rate of 74% for Registered Nurses (an increase from 70.8% in September) and 111% for care staff on day shifts; and 67.9% and 119.5% respectively on night shifts. Taking skill mix adjustments into account an overall fill-rate of 96.2% was achieved; this has slightly decreased from 96.8% in September 2022.

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 2.

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.

Benchmarking for CHPPD is available through the Model Hospital for Mental Health Trusts. NSCHT performs in the upper quartile and, when compared to similar organisations, is well above the national median for the number of CHPPD. The latest reported position for August 2022 demonstrated that the Trust provides patients with an average of 13.3 CHPPD. In comparison the national median was 11.3 hours with NSCHT placed in the highest quartile (see Appendix 3). In October 2022 the Trusts locally reported average is 12.92 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

Staffing levels remained challenging during October 2022. There were nine incidents reported of staffing challenges within inpatient areas; this is compared to three incidents which were reported in September 2022.

One was reported on the PICU, where 2 staff members did not attend for an early shift due to sickness, the site manager supported the ward and cover was arranged from another acute inpatient ward.

Four of the incidents were reported at the Assessment & Treatment unit; all were related to shortages due to staff sickness and indicated an impact on care activity; in two cases an individual's section 17 leave was not able to go ahead and planned activities were cancelled. The two other incidents reported an impact on staff; one staff member was unable to take their unpaid break and another incident where staff were conducting patient observations for longer than recommended within the Safe and Supportive Observation Policy.

Three of the nine incidents were reported by Edward Myers Unit; one was due to an agency staff member cancelling a night shift at short notice, this was covered by the IOU staff member. Two incidents referenced delays on patient treatment whilst awaiting additional registered nurse support from another inpatient ward.

No patient harm occurred as a result of the above incidents reported in October 2022.

5.2 Impact on Patient Experience

Staff continue to prioritise patient experience and direct patient care. There were 58 occasions when patient activities were cancelled during October 2022. 15 of these were cancelled in Ward 2. Wards 3, Darwin and PICU all cancelled 10 activities each, all report that this is due to the activity worker needing to work within the safer staffing numbers. There were 27 occasions where activities were shortened, 20 of these occurred on Ward 2. This equated to 91 hours and 15 hours respectively. The number of activities cancelled in October was higher than the number cancelled in September, however the reported hours lost are less.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during October 2022:

214 staff breaks were cancelled. This figure has increased from September 2022, where 132 staff breaks were cancelled. Ward 3 continue to report the highest number of missed breaks, 63 in total. This increased from 27 cancelled in September. The next highest number of cancelled breaks is within ward 5, where 28 were cancelled. The lowest numbers were the EMU, where 1 break was cancelled and ward 6 and 7 where 4 breaks were cancelled. There were no inpatient areas reporting no cancelled breaks throughout October 22. Any time accrued due to missed breaks is taken back with agreement of the Ward Manager.

During October 2022, 2 staff did not attending mandatory training sessions due to staffing levels, these both occurred on ward 4. The manager is ensuring that these are re-booked for the staff members.

Ward 2, 3, 4, PICU and Summerviews all report staff supervision being cancelled, ward 2 reported the highest with 10 supervision sessions being cancelled. The Inpatient areas have Professional Nurse Advocates who are all being supported with time out to deliver this improved supervision, however they continue to be challenged when they are required to work within the safer staffing requirements.

There were 8 reports of staff appraisals being cancelled, the highest was in the PICU where 5 appraisals were postponed. The others occurred in ward 3, 4 and summersview.

There 36 occasion where staff were required to work additional / unplanned hours, these occurred in ward 3, 4, Darwin, PICU and summersview and amounted to 16 additional hours. PICU reported 20 of the 36 occasions.

5.4. Other incidents of note:

Ward 5 was closed due to a COVID outbreak on 6th October 2022, this was due to 3 patients and 1 staff member testing positive. The ward re-opened as intended on 12th October 2022.

5.5 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 596 Registered Nurse shifts were covered by HCSW's where Reregistered Nurse temporary staffing was unavailable. Registered Nurse staff covered 109 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 60 occasions in October 2022 (157 hours in total) when members of the multi-disciplinary team provided additional support to maintain safe staffing levels. These occasions occurred most frequently on ward 6 and PICU where this occurred on 10 occasions each, amounting to 20 hours on the PICU and 10 on ward 6. This mitigation continues to demonstrate the high level of flexibility provided by staff when responding to shortfalls.

There were at least 36 occasions (16 hours total) reported when staff worked additional unplanned hours to support ward staffing levels. These occasions occurred most often at PICU who reported 20 occasions.

Daily Safer Staffing Huddles continued during October 2022, 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.

5.6 Bank and Agency Usage

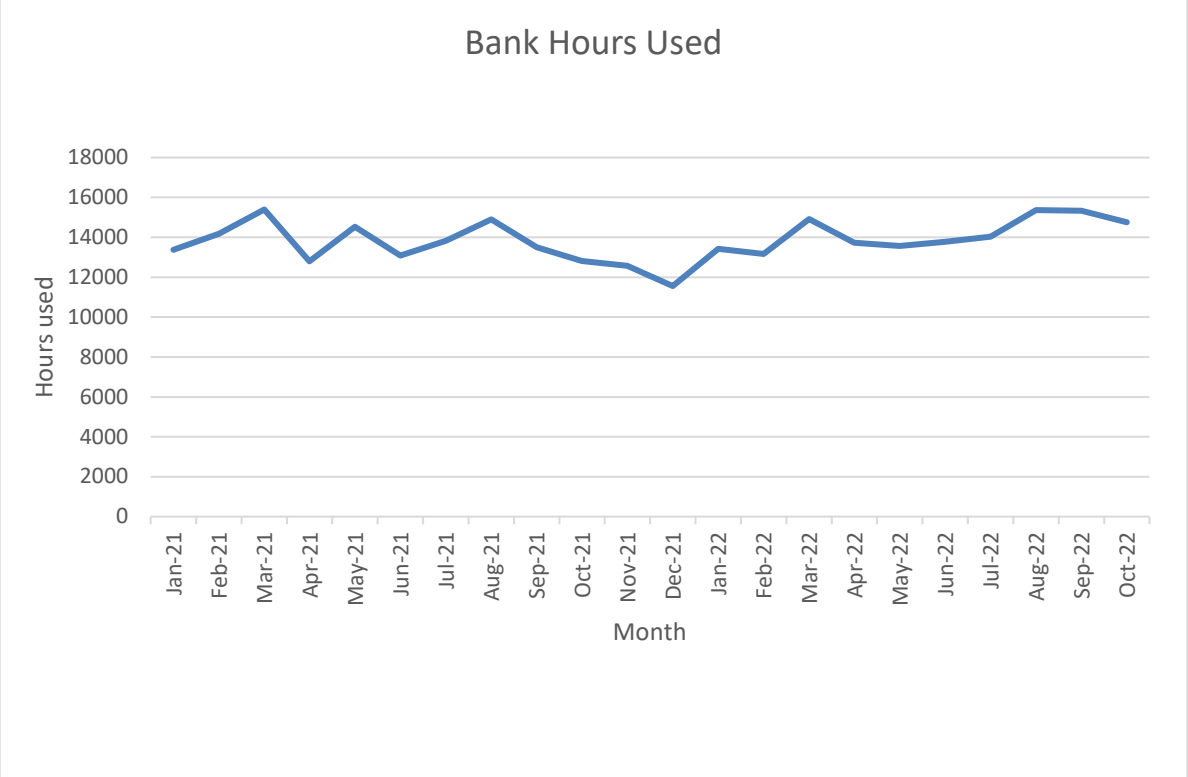
The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls. This is in addition to ten shifts for agency 'pool' staff that have been approved each day to support ward inpatient areas. The Temporary Staffing Team have been able to provide our mastervend agency with

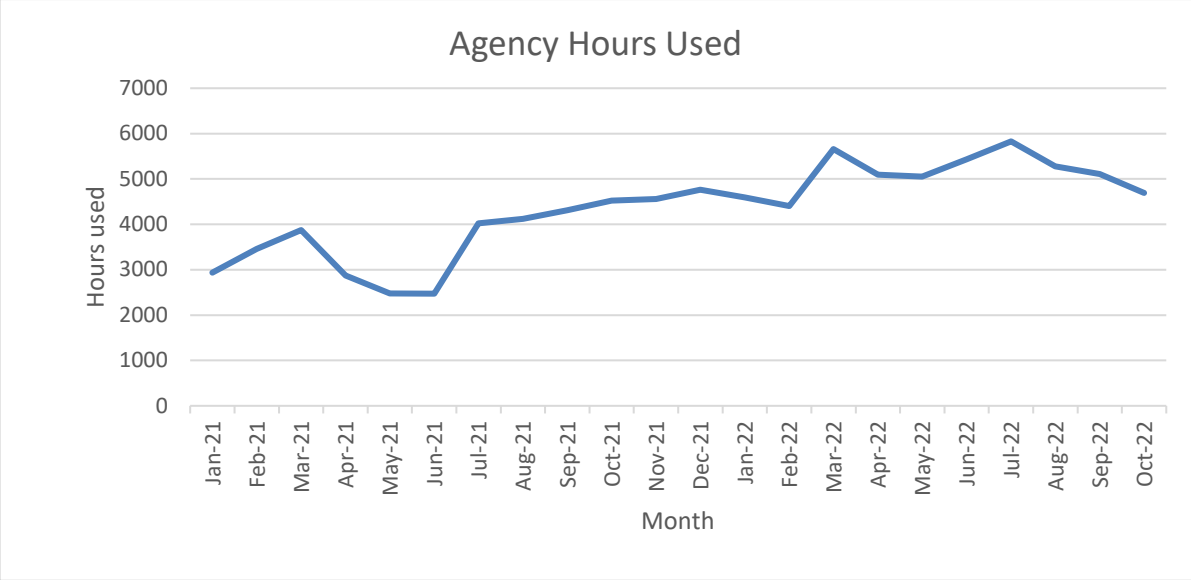
direct access to the Healthroster, enabling them to view shortfalls and allocate staff accordingly.

Bank and agency usage continues to be essential for the maintenance of safe staffing levels. This is demonstrated in the two graphs below. The requirement for nursing bank hours has remained constant during the past 12 months – averaging 13,769 hours each month.

Agency nurse usage has seen its first decrease for several months with 4,690 hours being utilised in October 2022, this is a reduction of 421hrs from September 2022. This is demonstrated by the trend lines in the graphs below. Total agency nurse usage within ward areas has averaged 5,000 hours per month during the past 12 months. As expected we have seen a reduction in overall agency usage in October 2022, this is due to the Newly Registered Nurses commences in inpatient areas; the Trust anticipate a further but gradual reduction until the graduate nurses have undergone a robust induction and competency / skill reviews in line with their preceptorship programme.

Bank and Agency Usage within inpatient areas October 2021 – October 2022





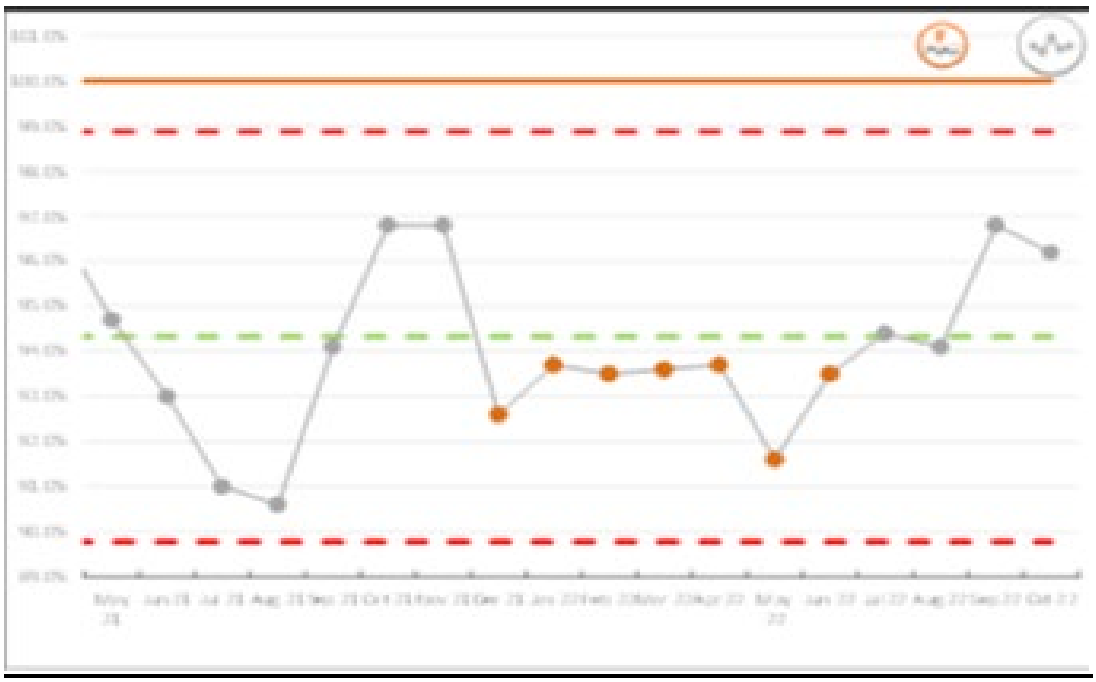
5.7 Overall Fill Rate

The overall staffing fill rate during October 2022 was 96.2%. This has decreased very slightly from 96.8% in September 2022 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.

A decline in the overall fill rate can be seen between April and October 2021. This has been more noticeable than in previous years due to the ending of the March student nurse intakes and the resulting absence of spring graduates. As expected fill rates began to improve from October 2021 when a number of graduate RN's commenced with the Trust. Fill rates dipped again in December 2021, this was primarily due to increased levels of COVID-19 infections and a reduced availability of bank and agency staff. Since May 22, there has been a steady increase.

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

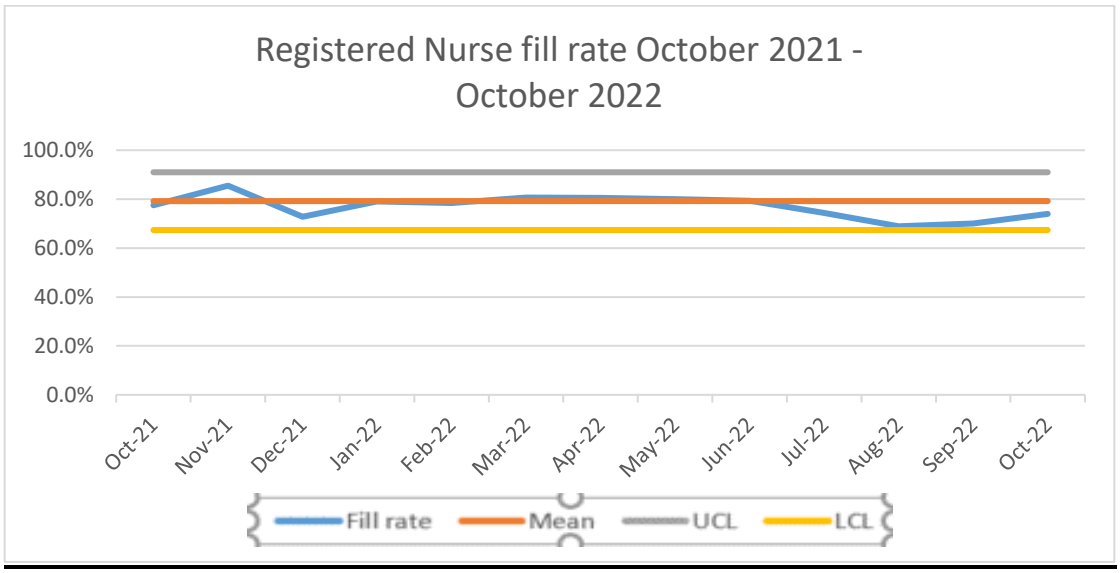
Overall Fill-Rate September 2021 – October 2022



5.8 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during October 2022 was 70%. This has slightly increased from the 68.9% fill rate reported in September 2022.

The trend over the past 12 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.



5.9 Recruitment

In line with the national picture, recruitment to all nursing posts continues to be difficult. A Task and Finish Group has worked to deliver 33 recruitment and retention schemes during 2022.

The Trust continues to employ a majority of our RN's from the newly graduating student nurse cohorts. 43 nursing graduates have now 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.

A cohort of 7 BSc Nursing Apprentices commenced in April 2022 and a further 6 MSc Nursing Apprentices commenced in October 2022.

Furthermore, the Trust Board have recently supported the central recruitment of 15 Trainee Nursing Associates who commenced their training in October 2022 with Keele University. A further 5 will be recruited to commence in March 2023.

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; this includes a bespoke leadership programme for nurse's post their preceptorship programme.

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 international nurse recruitment programme for mental health and learning disability nurses and we have secured funding to support a collaborative bid to recruit 10 MH Nurses from overseas.

Recruitment processes are also underway to over recruit to Health Care Support Worker positions, this will form a 'flexible working pool' and assist with covering day to day shortfalls in inpatient areas.

5.10 Registered Nurse and HCSW Retention

During October 2022, four Registered Nurses (3.64 WTE) left the Trust; one Community Nurse and three inpatient staff members.
The stated reasons for leaving are listed below:

Leaving Reason
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Incompatible Working Relationships
Voluntary Resignation - Work Life Balance

Six HCSW's (6.00 WTE) left the Trust during October 2022. Four were based within inpatient areas and the other worked in community and corporate services. The stated reasons for leaving are listed below:

Leaving Reason
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Relocation
Voluntary Resignation - Promotion
Voluntary Resignation - Work Life Balance
Dismissal - Capability
Voluntary Resignation - Work Life Balance

5.11 Staff support and well-being

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

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

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

The 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 reflect and Connect Forum takes place each month. This meeting has recently undergone a significant review of the meeting structure and format. Dedicated time is provided for reflection, group supervision, and

wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas.

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

6.0 Summary

Ward staffing continues to be challenging during October 2022, with patient acuity continuing to be high within a number of wards.

The Inpatient ward Occupancy levels averaged at 85.45% throughout October, this is an increase from 80.59% in September. Furthermore, October saw a higher number of inpatient admissions, increasing from 138 in September to 152 in October.

Ward Managers, Service Managers and Quality Improvement Nurses (Matrons) continue to review staffing levels on a daily basis to ensure that patient safety remains paramount. Any significant staffing concerns are escalated through the operational directorates and via the Senior Operational Team.

Registered Nurse vacancies within ward inpatient areas decreased by 0.58 WTE to 53.82 WTE. This is the second month in the previous five with a decrease in Registered Nurse vacancies, the overall staffing fill rate and Registered Nurse fill rates remain high.

HCSW positions continued to be over established by +4.13WTE during October 2022.

The national shortage of Registered Nurses and a reduction in university graduates continues to impact Registered Nurse vacancies. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both Registered Nurses and HCSW's during this time.

7.0 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 2022 Safer Staffing:

	Registered Nurses						Care Staff						Registered NA Staff			**Registered Nurse**		**Care Staff**	
Ward	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)
Assessment & Treatment	918.00	918.00	895.75	688.20	688.20	365.15	1162.50	1162.50	1562.25	688.20	788.10	1358.70	0.00	0.00	0.00	97.6%	53.1%	134.4%	172.4%
Darwin Centre	1320.00	1320.00	869.25	682.00	682.00	345.90	1162.50	1162.50	1493.25	682.00	682.00	1021.85	0.00	0.00	0.00	65.9%	50.7%	128.5%	149.8%
Edward Myers Unit	918.00	918.00	843.07	344.10	344.10	355.20	1162.50	1162.50	741.00	688.20	688.20	699.30	0.00	0.00	0.00	91.8%	103.2%	63.7%	101.6%
Summers View	930.00	930.00	673.75	332.32	332.32	332.75	930.00	930.00	693.25	664.64	664.64	657.47	0.00	0.00	0.00	72.4%	100.1%	74.5%	98.9%
PICU	1413.00	1413.00	1205.00	688.20	688.20	534.68	1674.00	2004.00	1787.50	1376.40	1620.60	1734.50	0.00	0.00	0.00	85.3%	77.7%	89.2%	107.0%
Ward 1	1785.00	1785.00	787.33	688.20	688.20	444.00	1162.50	1342.50	1334.00	688.20	821.40	1062.15	0.00	0.00	0.00	44.1%	64.5%	99.4%	129.3%
Ward 2	1320.00	1320.00	1028.83	688.20	721.50	378.30	1162.50	1380.00	1449.17	688.20	876.90	1145.15	0.00	0.00	0.00	77.9%	52.4%	105.0%	130.6%
Ward 3	1320.00	1320.00	1049.08	688.20	688.20	493.80	1162.50	1440.00	1663.08	688.20	899.10	1168.90	0.00	0.00	0.00	79.5%	71.8%	115.5%	130.0%
Ward 4	1477.50	1477.50	853.50	344.10	344.10	356.40	1162.50	1822.50	2066.50	1032.30	1531.80	1452.85	0.00	0.00	0.00	57.8%	103.6%	113.4%	94.8%
Ward 5	1320.00	1320.00	1013.42	688.20	688.20	378.30	1162.50	1627.50	1746.50	688.20	1376.40	1677.30	0.00	0.00	0.00	76.8%	55.0%	107.3%	121.9%
Ward 6	1178.25	1178.25	1017.02	688.20	688.20	356.10	1162.50	1162.50	2043.83	1032.30	1121.10	1510.40	141.75	141.75	0.00	86.3%	51.7%	175.8%	134.7%
Ward 7	1320.00	1320.00	1024.25	344.10	344.10	344.10	1162.50	1267.50	1703.92	1032.30	1187.70	1165.50	0.00	0.00	0.00	77.6%	100.0%	134.4%	98.1%
Totals	15219.75	15219.75	11260.25	6864.02	6897.32	4684.68	14229.00	16464.00	18284.25	9949.14	12257.94	14654.07	141.75	141.75	0.00	74.0%	67.9%	111.1%	119.5%

	Total Nursing Staffing								
Ward	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD	**Safe Staffing maintained by:**	**RN Vacancies**	**HCSW Vacancies**
Assessment & Treatment	78.5%	149.7%	117.6%	4301.85	93.00	46.26	Altered skill mix	1.76	(0.45)
Darwin Centre	60.7%	136.4%	97.0%	4160.50	265.00	15.70	Altered skill mix & nurses working unplanned hours. Wider MDT support	9.29	(1.19)
Edward Myers Unit	94.9%	77.8%	84.8%	2757.57	277.00	9.96	Altered skill mix	1.08	0.04
Summers View	79.7%	84.7%	82.5%	2394.72	285.00	8.40	Altered skill mix & nurses working unplanned hours. Wider MDT support	3.60	0.00
PICU	82.8%	97.2%	91.9%	5509.18	156.00	35.32	Altered skill mix & nurses working unplanned hours. Wider MDT support	9.40	(0.77)
Ward 1	49.8%	110.7%	78.2%	4016.98	385.00	10.43	Altered skill mix & nurses working unplanned hours. Wider MDT support	3.72	1.39
Ward 2	68.9%	115.0%	93.1%	4583.45	533.00	8.60	Altered skill mix & nurses working unplanned hours. Wider MDT support	5.94	(0.46)
Ward 3	76.8%	121.1%	100.6%	5056.37	572.00	8.84	Altered skill mix & nurses working unplanned hours. Wider MDT support	6.02	(0.71)
Ward 4	66.4%	104.9%	91.4%	5496.33	431.00	12.75	Altered skill mix & nurses working unplanned hours. Wider MDT support	4.32	(0.12)
Ward 5	69.3%	114.0%	96.1%	5293.52	228.00	23.22	Altered skill mix	4.29	(0.32)
Ward 6	73.6%	155.6%	118.7%	5447.85	445.00	12.24	Altered skill mix	3.99	0.31
Ward 7	82.2%	116.9%	102.9%	4851.77	501.00	9.68	Altered skill mix	0.41	(0.16)
Totals	72.1%	114.7%	96.2%	53870.08	4171.00	12.92		58.82	1.74 (4.18)

Appendix 2 Staffing Issues

- An overall fill rate of 96.2% was achieved during October 2022; this has slightly decreased slightly from 96.8% in September 2022. Fill rates have remained consistent since January 2022.

- The Registered Nurse fill rate increased from 70% in September 2022 to 74% in October 2022.

- Registered Nurse vacancies decreased by 0.58 WTE to 53.82 WTE.

- HCSW positions continued to be over established by +4.18 WTE during October 2022 and active recruitment into more HCSW posts is underway.

- Registered Nurse night shift cover continues to remain challenging particularly in those areas with this highest Registered Nurse vacancies and where more than one Registered Nurse is required for the night-time shift.

- 3.64 WTE Registered Nurses and 6 WTE HCSW's left the Trust during October 2022.

- 43 newly Registered Nurses commenced with the Trust in October 2022.

- Patient acuity continued to remain high within the adult acute wards.

- Average ward occupancy levels were 85.45%

- There was one inpatient COVID-19 outbreaks during October 2022 on ward 5.

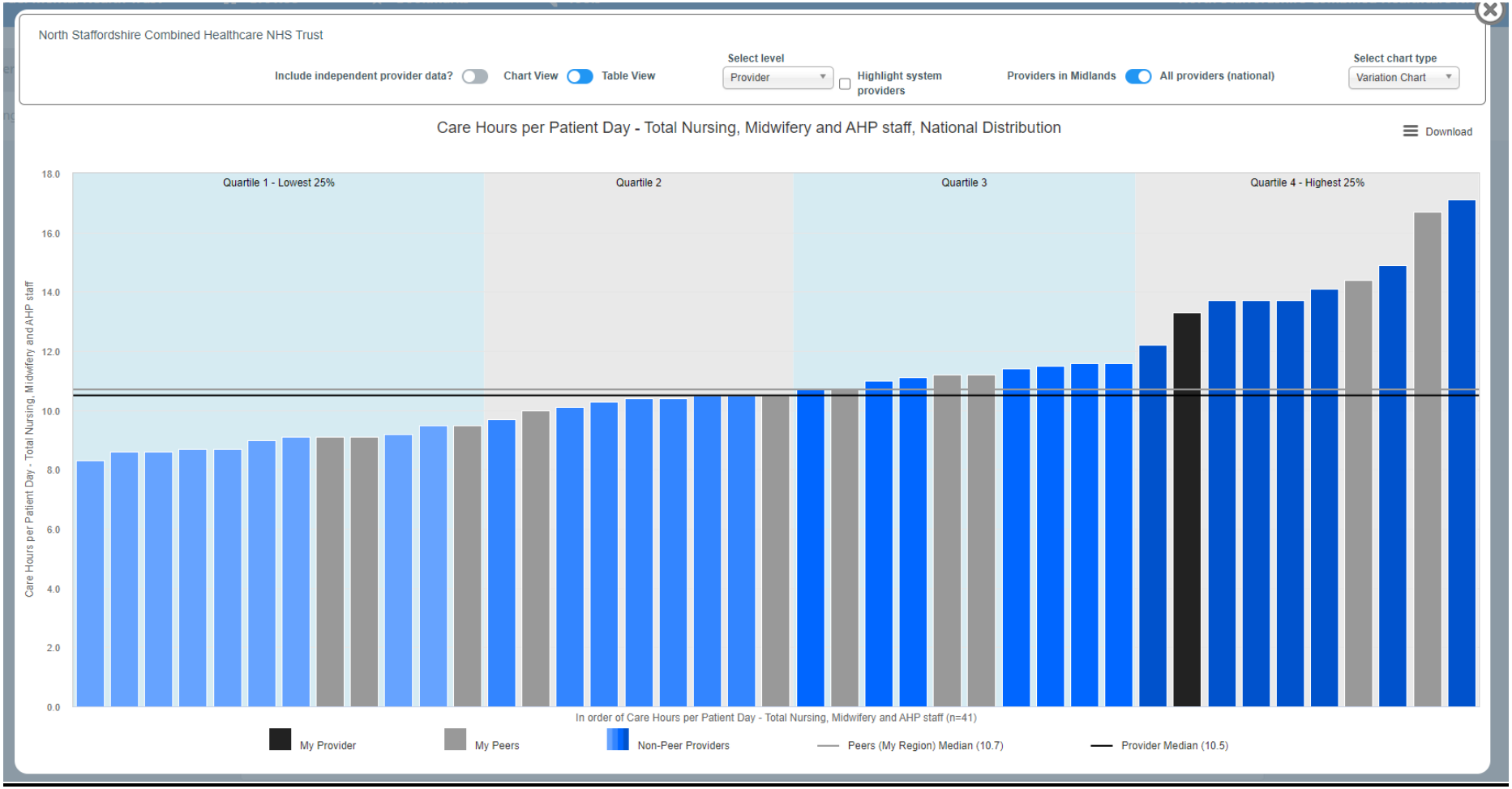
- Ward teams are supported by Quality Improvement Lead Nurses (Matrons), Nurse Practitioners and a Site Manager who in turn, is also supported by an On-Call Manager out of hours.

- Safer Staffing Huddles continued during October 2022, 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.

APPENDIX 3

CHPPD – Model Hospital – August 22 benchmark



REPORT TO PUBLIC TRUST BOARD

Enclosure 4a

Date of Meeting:	12th January 2023		
Title of Report:	November 2022 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Executive Director of Nursing & Quality		
Author:	Zoe Grant, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing & Quality	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
Purpose: This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2022 in line with the National Quality Board requirements. Key Findings: • During November 2022, an overall fill rate of 102.9% was achieved; this has increased from 96.2% in October 2022. • The fill rate for RN shifts was 80% in November 2022, an increase from 74% in October 2022. • RN vacancies decreased by 12.63 WTE in November 2022 to 41.19WTE • HCSW vacancies are over established by 12.73 WTE • Recruitment to vacancies continues to be challenging with graduate nurses continuing to fill a majority of RN vacancies. Recommendations: SLT / 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.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☒ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		

Risk / legal implications: Risk Register Reference	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Quality Board standards.	
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	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	Virtual
2	Quality Committee	

1.0 Introduction

This report details the ward daily staffing levels during the month of November 2022 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from June 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

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. This is scheduled to take place in February 2023. A comprehensive annual report for 2021/22 was presented to the September 2022 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

3.0 Trust Performance

During November 2022, the Trust achieved a staffing fill rate of 80% for Registered Nurses (an increase from 74% in October) and 123% for care staff on day shifts; this was also an increase from October's fill rate which was 111%. Registered Nurse fill rate during night shifts has increased from 67.9% to 75.4% and for care staff it has decreased from 119.5% to 117.3%.
Taking skill mix adjustments into account an overall fill-rate of 102.9% was achieved; this has increased from 96.2% in October 2022 and is the highest monthly fill rate that the Trust has reported since the commencement of safer staffing monitoring reports in 2016.

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

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

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

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.

Benchmarking for CHPPD is available through the Model Hospital for Mental Health Trusts. NSCHT performs in the upper quartile and, when compared to similar organisations, is well above the national median for the number of CHPPD. The latest reported position for September 2022 demonstrated that the Trust provides patients with an average of 13.7 CHPPD. In comparison the national median was 10.7 hours with NSCHT placed in the highest quartile (see Appendix 1) this demonstrates an increase in CHPPD for the Trust, when compared to the nationally reported August 2022 hours, this is in despite of a national average reduction. In November 2022 the Trusts locally reported average is 13.87 CHPPD, an increase when compared to 12.92 which we reported in October 2022.

5.0 Impact

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

5.1 Incidents reported relating to staffing levels

Staffing levels have been slightly less challenging during November 2022. This is reflected in a reduction of staffing related incident reports when compared to October 22, where there were five incidents reports.

The Edward Myers unit reported two incidents, for the second consecutive month where they have experienced one delay in treatment as a result of a reduction in registered nurse cover and also a further incident of agency staff not attending for duty.

Assessment & Treatment unit reported one incident, compared to four incidents in October 2022, this was in relation to a staff member being sent to cover another ward and dropping them one staff member below their safer staffing establishment, they report that this impacted on the ability to support an individual patients Section 17 leave. This is the third incident of this nature in a two month period.

Ward 3 reported that an agency staff member did not attend for duty as expected, it later transpired that the agency had not confirmed the shift with the agency staff member. The site manager covered the shortfall and the miscommunication was discussed with the agency for learning purposes. There was a similar incident with ward 1, where the agency failed to communicate that an agency worker continued to have sick leave, again this was picked up with the agency.

No patient harm occurred as a result of the above incidents reported in November 2022.

5.2 Impact on Patient Experience

Staff continue to prioritise patient experience and direct patient care. There were 27 occasions when patient activities were cancelled during November 2022, this compares to 58 in October. Ten of these were cancelled in the Darwin Centre. Ward 2 and 3 have not cancelled any activities in November, which is an improvement to the ten they both cancelled in October. There is a slight improvement in terms of hours lost due to shortened activities from 91 to 81 in November 2022.

15 hours of the wider MDT team was utilised to support patient facing activities across three wards during November 2022.

5.3 Impact on Staff Experience

In order to maintain safe staffing levels the following actions were taken by Ward Managers during November 2022:

108 staff breaks were cancelled. This is a 49.5% decrease when compared to October 2022, where 2014 staff breaks were cancelled and is an indicative of the improved overall staffing fill rate for November 2022.

Ward 5 had the highest number of cancelled breaks, this was 22. Assessment and Treatment Unit were the next highest with total of 17. Ward 3 has demonstrated a significant improvement with 15 breaks missed in total during November, compared to 63 in October 22.

A total of 13 staff supervision sessions were cancelled as a result of staffing issues across wards 1, 2 and 4. Ward 2 cancelled seven sessions, ward 1, and four sessions but confirmed they had been re-arranged and ward 4; two sessions. This is an improvement when compared to October 2022.

There was a very limited impact on mandatory training with only one ward cancelling two sessions. Similarly there was only one ward reporting the need to reschedule one appraisal.

There 20 occasion where staff were required to work additional / unplanned hours, these occurred in ward 1, 4 and Darwin, and amounted to 26 additional hours. Ward four reported 15 of the 20 occasion.

The MDT staff supported nurse staffing levels on 51 occasions throughout November, with ward 4 utilising an additional 20 hours support.

5.4. Other incidents of note:

Ward 3 was closed due to a COVID outbreak on 13th November 2022, this was due to 7 patients and 1 staff member testing positive. The ward re-opened as intended on 28th November 2022.

5.5 Mitigating Actions

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 511 Registered Nurse shifts were covered by HCSW's where Reregistered Nurse temporary staffing was unavailable. This is an improvement from October 2022 where 596 covered.

Registered Nurse staff covered 114 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 is an improvement noted when compared to October 2022 in the need for multi – disciplinary team cover, a total of 51 occasions, amounting to 90hrs. October reported the usage of 157 hour MDT cover.

There were 60 occasions in November 2022 (157 hours in total) when members of the multi-disciplinary team provided additional support to maintain safe staffing levels. These occasions occurred most frequently on ward 3 and 4. Alongside an improvement picture in November 2022, this mitigation continues to demonstrate the high level of flexibility provided by staff when responding to shortfalls.

There were less occasions when staff worked unplanned hours reducing from 36 in October 2022 to 20 occasions in November 2022, however the amount of hours worked unplanned increased from 16hours in October to 26 in November 2022. This occurred most frequently in ward 4.

Daily Safer Staffing Huddles continued during November 2022, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls. The commitment and dedication of all Trust staff in supporting and responding to staffing requests continues to be recognised. During November the huddles have started to introduce the safe care tool which enables them to make more informed decisions about staffing shortfalls when compared to ward acuity.

5.6 Bank and Agency Usage

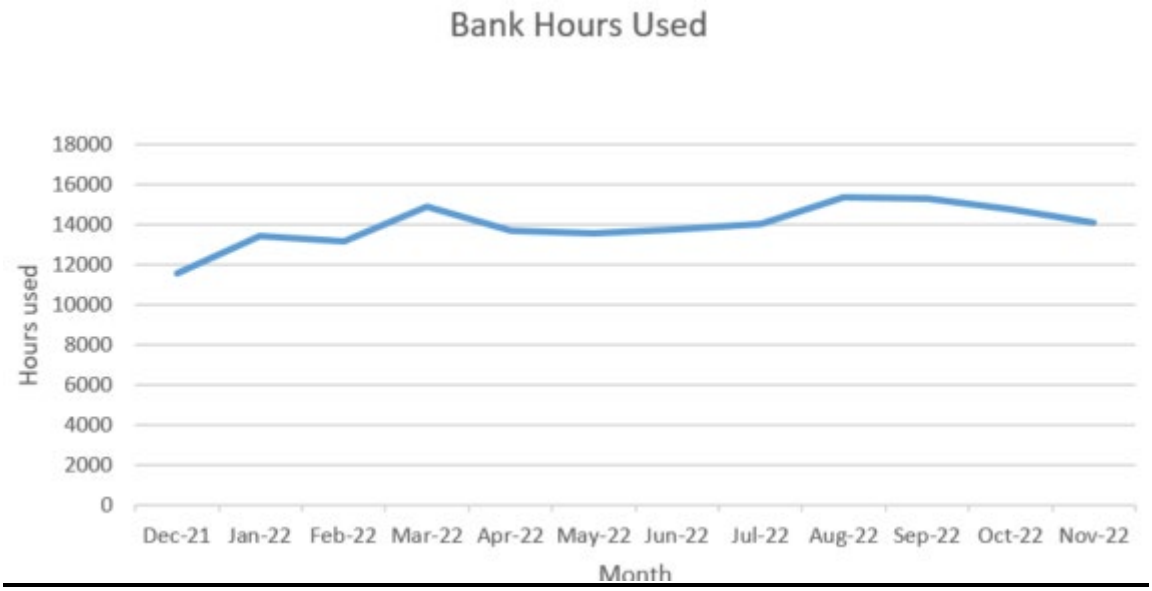
The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls. This is in addition to ten shifts for agency 'pool' staff that have been approved each day to support ward inpatient areas. The Temporary Staffing Team have been able to provide our mastervend agency with direct access to the Healthroster, enabling them to view shortfalls and allocate staff accordingly.

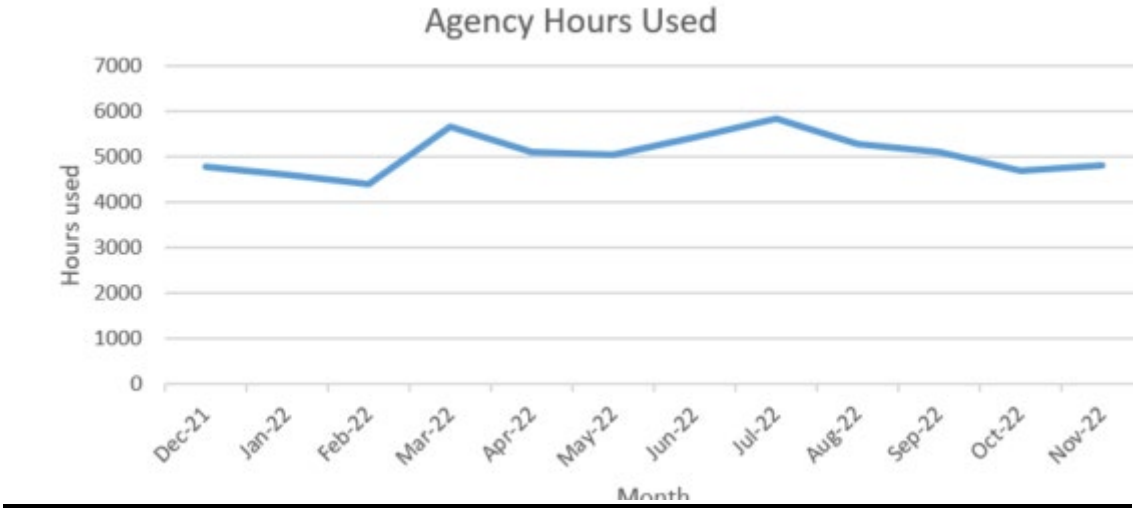
Bank and agency usage continues to be essential for the maintenance of safe staffing levels. This is demonstrated in the two graphs below. The requirement for nursing bank hours has remained relatively constant during the past 12 months – averaging 13,769 hours each month. The annual average for December 2021 to November 2022 was 13,869 hours.

Agency nurse usage has increase to 4,816 hours utilised in November 2022, compared to 4,690 hours in October 2022, however, when compared to March – September 20022 this is still a reduced usage. The annual average for December 2022 to November 2022 is 5,061 hours.

Consideration has been given to agency usage when compared to the Trusts overall fill rate of 102.9% and work is underway to review the need for additional agency cover, further embedding the safe care tool will assist in this type of analysis going forward.

Bank and Agency Usage within inpatient areas December 2021 – November 2022





5.7 Overall Fill Rate

The overall staffing fill rate during November 2022 was 102.9%. This is increased from 96.2% and as previously referenced, is the highest overall fill rate reported by the Trust.

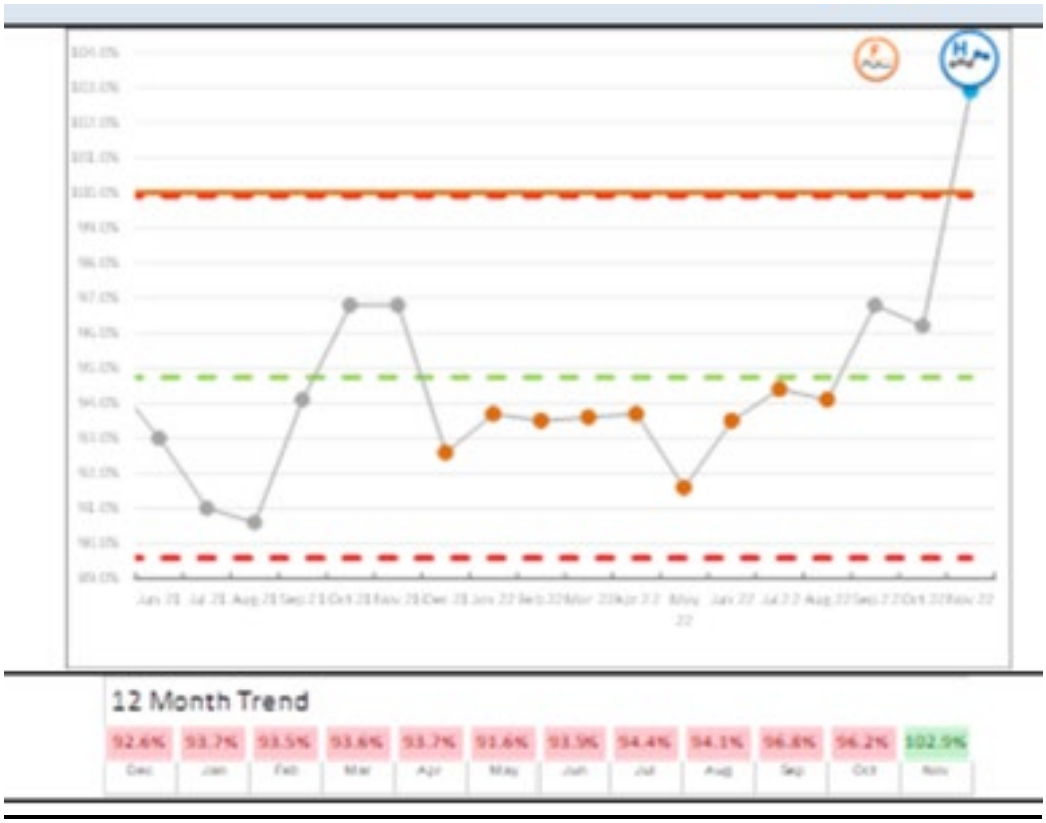
The SPC chart provides an overview of the total fill rate for the past 12 months. During this period staffing fill rates have remained within the area of common cause variation.

The 18 month position showed a decline in the overall fill rate can be seen between April and November 2021. This has been more noticeable than in

previous years due to the ending of the March student nurse intakes and the resulting absence of spring graduates. As expected fill rates began to improve from November 2021 when a number of graduate RN's commenced with the Trust. Fill rates dipped again in December 2021, this was primarily due to increased levels of COVID-19 infections and a reduced availability of bank and agency staff. Since May 22, there has been a steady increase.

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

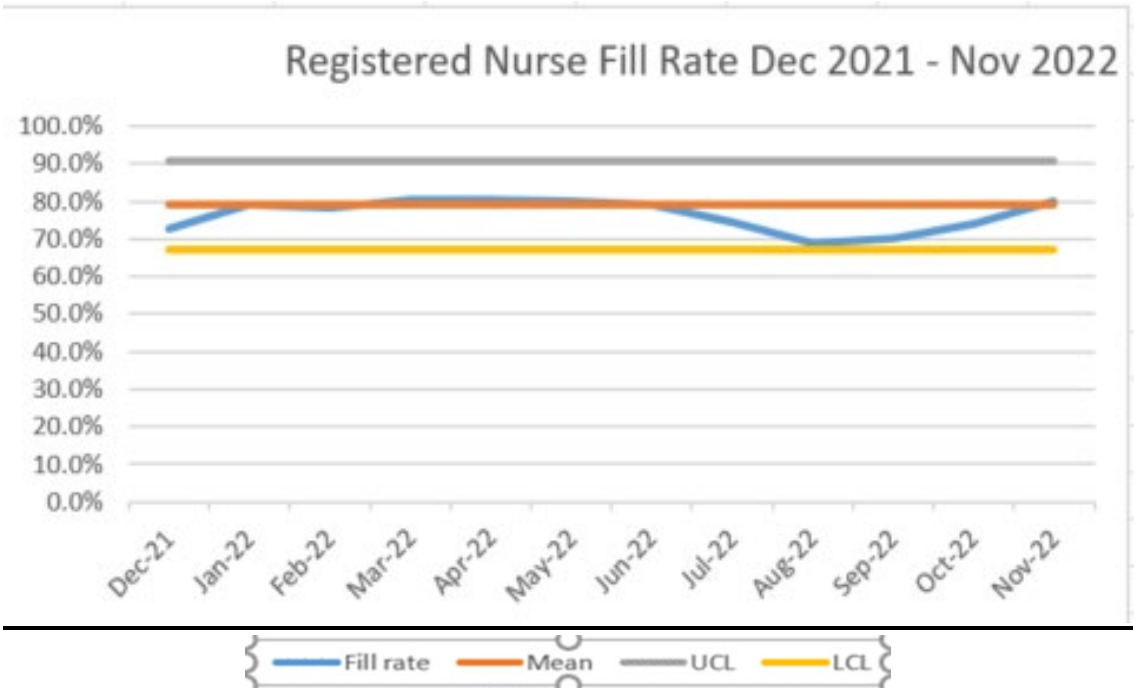
Overall Fill-Rate December 2021 – November 2022



5.8 Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during November 2022 was 80%. This has slightly increased from the 74% fill rate reported in October 2022.

The trend over the past 12 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, with an improved position for November 2022.



5.9 Recruitment

In line with the national picture, recruitment to all nursing posts continues to be difficult. A Task and Finish Group has worked to deliver 33 recruitment and retention schemes during 2022.

The Trust continues to employ a majority of our RN's from the newly graduating student nurse cohorts. 43 nursing graduates have now 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.

A cohort of 7 BSc Nursing Apprentices commenced in April 2022 and a further 6 MSc Nursing Apprentices commenced in November 2022.

Furthermore, the Trust Board have recently supported the central recruitment of 15 Trainee Nursing Associates who commenced their training in November 2022 with Keele University. A further 5 will be recruited to commence in March 2023.

The Trust has a careers event scheduled for January 2023 for Newly Registered Nurses, we are looking to recruit 14 in March 2023 and a further 77 in September 2023, and forecasting re vacancy position for 2023 / 2024 is underway.

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; this includes a bespoke leadership programme for nurse's post their preceptorship programme.

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 international nurse recruitment programme for mental health and learning disability nurses and we have secured funding to support a collaborative bid to recruit 10 MH Nurses from overseas.

Recruitment processes are also underway to over recruit to Health Care Support Worker positions, this will form a 'flexible working pool' and assist with covering day to day shortfalls in inpatient areas.

5.10 Registered Nurse and HCSW Retention

During November 2022, Twelve Registered Nurses (11 WTE) left the Trust; four of these were inpatient staff members. Five were community staff member, two senior managers and one corporately facing nurse.
The stated reasons for leaving are listed below:

Leaving Reason
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Promotion
Voluntary Resignation - Relocation
Retirement Age
Dismissal - Some Other Substantial Reason
Voluntary Resignation - Promotion
Voluntary Resignation - Promotion
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Incompatible Working Relationships
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Promotion
Voluntary Resignation - Better Reward Package

Nine HCSW's (8.80 WTE) left the Trust during November 2022. Six were based within inpatient areas and the other worked in community services. The stated reasons for leaving are listed below:

Leaving Reason
Voluntary Resignation - Work Life Balance
Voluntary Resignation - Health
Voluntary Resignation - Relocation
Voluntary Resignation - Relocation
Voluntary Resignation - Promotion
Voluntary Resignation - Work Life Balance
Dismissal - Capability
Retirement Age
Voluntary Resignation - Work Life Balance

5.11 Staff support and well-being

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

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

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

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

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

6.0 Summary

Whilst still a challenging position, particularly in a number of wards with high acuity, the Ward staffing is levels during November 2022 demonstrate an improving position.

The Inpatient ward Occupancy levels averaged at 84.42% throughout November, this is a slight decrease from 85.45% in October. November saw a decrease in the number of inpatient admissions from 152 in October to 144 in November.

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

Registered Nurse vacancies within ward inpatient areas decreased by 12.63WTE to 41.19WTE. This is the third consecutive month in the previous six with a decrease in Registered Nurse vacancies, the overall staffing fill rate and Registered Nurse fill rates remain high.

HCSW positions are over established by 12.73WTE during November 2022.

The national shortage of Registered Nurses and a reduction in university graduates continues to impact Registered Nurse vacancies. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both Registered Nurses and HCSW's during this time.

7.0 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

CHPPD – Model Hospital – September22 benchmark

Appendix 2 November 2022 Safer Staffing:

	Registered Nurses						Care Staff						Registered NA Staff			Registered Nurse		Care Staff		Total Nursing Staffing		
Ward	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hours	Day Clinically Required	Day Actual	Night Establishment	Night Clinically Required	Night Actual	Day Establishment Hour	Day Clinically Required	Day Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Assessment & Treatment	906.00	906.00	998.73	666.00	666.00	360.50	1125.00	1125.00	1461.75	666.00	1087.80	1366.60	0.00	0.00	0.00	110.2%	54.1%	129.9%	125.6%	86.5%	127.8%	110.6%
Darwin Centre	1290.00	1290.00	815.25	666.00	666.00	421.80	1125.00	1125.00	1510.75	666.00	666.00	900.30	0.00	0.00	0.00	63.2%	63.3%	134.3%	135.2%	63.2%	134.6%	97.4%
Edward Myers Unit	906.00	906.00	803.00	333.00	333.00	355.20	1125.00	1125.00	729.38	666.00	666.00	653.25	0.00	0.00	0.00	88.6%	106.7%	64.8%	98.1%	93.5%	77.2%	83.9%
Summers View	900.00	900.00	582.75	321.60	321.60	333.72	900.00	900.00	853.23	643.20	643.20	637.03	0.00	0.00	0.00	64.8%	103.8%	94.8%	99.0%	75.0%	96.6%	87.0%
PICU	1380.00	1380.00	1267.17	666.00	666.00	622.00	1125.00	1305.00	1811.75	1332.00	1465.20	1508.10	0.00	0.00	0.00	91.8%	93.4%	138.8%	102.9%	92.3%	119.8%	108.2%
Ward 1	1740.00	1740.00	983.33	666.00	666.00	431.65	1125.00	1215.00	1278.75	666.00	732.60	999.00	0.00	0.00	0.00	56.5%	64.8%	105.2%	136.4%	58.8%	117.0%	84.8%
Ward 2	1065.00	1065.00	1036.00	666.00	666.00	621.75	1125.00	1162.50	1495.25	666.00	832.50	1002.25	0.00	0.00	0.00	97.3%	93.4%	128.6%	120.4%	95.8%	125.2%	111.5%
Ward 3	1290.00	1290.00	1201.67	666.00	666.00	432.90	1125.00	1327.50	1334.50	666.00	832.50	1195.20	0.00	0.00	0.00	93.2%	65.0%	100.5%	143.6%	83.6%	117.1%	101.2%
Ward 4	1065.00	1065.00	963.67	333.00	333.00	344.25	1125.00	1575.00	2096.00	999.00	1332.00	1397.70	0.00	0.00	0.00	90.5%	103.4%	133.1%	104.9%	93.6%	120.2%	111.5%
Ward 5	1290.00	1290.00	1058.00	666.00	666.00	334.80	1125.00	1747.50	2048.78	666.00	1431.90	1741.72	0.00	0.00	0.00	82.0%	50.3%	117.2%	121.6%	71.2%	119.2%	100.9%
Ward 6	1141.50	1141.50	972.25	666.00	666.00	355.20	1125.00	1125.00	2145.08	999.00	1276.50	1618.35	148.50	148.50	0.00	85.2%	53.3%	190.7%	126.8%	73.4%	156.7%	121.0%
Ward 7	1290.00	1290.00	1084.75	333.00	333.00	399.60	1125.00	1125.00	1527.50	999.00	1076.70	1101.75	0.00	0.00	0.00	84.1%	120.0%	135.8%	102.3%	91.5%	119.4%	107.6%
Totals	14263.50	14263.50	11766.57	6648.60	6648.60	5013.37	13275.00	14857.50	18292.73	9634.20	12042.90	14121.25	148.50	148.50	0.00	82.5%	75.4%	123.1%	117.3%	80.2%	120.5%	102.9%

	Total Nursing Staffing								
Ward	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD	Safe Staffing maintained by:	RN Vacancies	HCSW Vacancies
Assessment & Treatment	86.5%	127.8%	110.6%	4471.08	98.00	45.62	Altered skill mix	1.76 ↔	(3.45) ↑
Darwin Centre	63.2%	134.6%	97.4%	4026.10	231.00	17.43	Altered skill mix & nurses working unplanned hours. Wider MDT support	9.29 ↔	(4.19) ↑
Edward Myers Unit	93.5%	77.2%	83.9%	2638.83	281.00	9.39	Altered skill mix	0.08 ↑	0.04 ↑
Summers View	75.0%	96.6%	87.0%	2483.73	275.00	9.03	Altered skill mix & nurses working unplanned hours. Wider MDT support	3.60 ↔	0.00 ↔
PICU	92.3%	119.8%	108.2%	5269.02	141.00	37.37	Altered skill mix & nurses working unplanned hours. Wider MDT support	5.40 ↑	(2.77) ↑
Ward 1	58.8%	117.0%	84.8%	4039.73	357.00	11.32	Altered skill mix & nurses working unplanned hours. Wider MDT support	1.72 ↑	1.39 ↔
Ward 2	95.8%	125.2%	111.5%	4750.75	418.00	11.37	Altered skill mix & nurses working unplanned hours. Wider MDT support	3.94 ↑	(0.46) ↔
Ward 3	83.6%	117.1%	101.2%	4904.27	530.00	9.25	Altered skill mix & nurses working unplanned hours. Wider MDT support	6.02 ↔	(1.82) ↓
Ward 4	93.6%	120.2%	111.5%	5592.12	434.00	12.89	Altered skill mix & nurses working unplanned hours. Wider MDT support	2.12 ↑	(0.12) ↔
Ward 5	71.2%	119.2%	100.9%	5713.97	251.00	22.76	Altered skill mix	3.86 ↑	(1.76) ↑
Ward 6	73.4%	156.7%	121.0%	5548.38	434.00	12.78	Altered skill mix	2.99 ↑	0.69 ↓
Ward 7	91.5%	119.4%	107.6%	4686.10	453.00	10.34	Altered skill mix	0.41 ↔	(0.16) ↔
Totals	80.2%	120.5%	102.9%	54124.08	3903.00	13.87		41.19 ↑	2.12 (14.73) ↑

KEY: ↑ Position improved since previous month. ↓ Position deteriorated since previous month. ↔ position the same a previous month.

Appendix 3 Staffing Issues

- An overall fill rate of 102.9% was achieved during November 2022; an increase from 96.8% in October 2022. Fill rates are beginning to improve, with this being the highest fill rate reported by the Trust.
- The Registered Nurse fill rate increased from 74% in October 2022 to 80% in November 2022.
- Registered Nurse vacancies decreased by 12.63WTE to 41.19WTE.
- HCSW positions continued to be over established by +12.73 WTE during November 2022.
- Registered Nurse night shift cover continues to remain challenging particularly in those areas with this highest Registered Nurse vacancies and where more than one Registered Nurse is required for the night-time shift.
- 11WTE Registered Nurses and 8.80WTE HCSW's left the Trust during November 2022.
- 43 newly Registered Nurses commenced with the Trust in November 2022.
- Plans are underway to recruit 14 Newly Registered Nurses in March 2023 and 77 in September 2023.
- Average ward occupancy levels were 84.42%
- There was one inpatient COVID-19 outbreaks during November 2022 on ward 3.
- 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 2022, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls.
- Whilst still a challenging position, particularly in a number of wards with high acuity, the Ward staffing is levels look to be improving.

Keele UNIVERSITY TEACHING TRUST

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO SAFEGUARDING GROUP

Date of Meeting:	2 February 2023		
Title of Report:	Quarter 3, Safeguarding Report		
Presented by:	Laura Collins, Head of Safeguarding		
Author:	Laura Collins, Head of Safeguarding		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing and Quality	**Approved by Exec**	☐

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

Executive Summary:

Quarter 3 report detailing and providing assurance on Safeguarding Team and Trust safeguarding activity. Including update on case reviews, referral rates, trends and themes and training levels across all directorates.

Seen at:	SLT ☐ Execs ☐	Document Version No.	V1
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	None		
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☐ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☐ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☐		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐		
Resource Implications: Funding Source:	None		

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
Shadow ICS Alignment / Implications:		
Recommendations:	The Safeguarding Group is asked to note the contents of the report and receive assurance that the trust is meeting its statutory safeguarding responsibilities.	
Version	Name/group	Date issued

1. Introduction

This report includes information on current case reviews, themes and trends in Safeguarding and pertinent safeguarding issues arising within the Trust. The report covers the period of 1 October 2022 to 31 December 2022 (Q3).

4. Safeguarding Training

4.1 Mandatory Training

Level 1 and 2 safeguarding children and adults training continues to be delivered via e-learning. Overall compliance is 86%.

All professionally registered staff and those who hold caseloads are required to attend face to face level 3 training every three years for both children and adults in line with the intercollegiate documents for adult and child safeguarding.

Child Safeguarding Level 3 training compliance figures have decreased from the previous quarter, currently figures for Q3 are 76%. Three extra training sessions were added for Q3 and teams with low compliance targeted and supported to attend training. Training sessions have been increased to allow 60 people per session leaving the number of places for training in Q4 to 180 places.

Adult Safeguarding level 3 training was introduced at the beginning of Q1 2019. There is a three year plan in place to reach a minimum of 85% compliance by 2022. As part of this training session professional boundaries are re-enforced and the potential consequences of inappropriate professional conduct are made clear. Figures for Q3 remain at 82%.

In addition to mandatory safeguarding training, staff are encouraged to complete subject specific training relevant to their role as recommended in both intercollegiate documents. As a health organisation we have contributed to delivering training on behalf of the Board.

Prevent level 3 training is delivered as e-learning to all staff. In addition to this Prevent is also included in the adult and child level 3 safeguarding training, designed to further embed the risk of the radicalisation of children and adults with care and support needs as a safeguarding issue and support Trust compliance with NHS England's Guidance for Mental Health Services in Exercising Duties to Safeguard People from the Risk of Radicalisation (2017). Prevent training compliance is 96%.

Compliance with each of the safeguarding and Prevent requirements is demonstrated below and evidences that overall Trust compliance is satisfactory for all areas of training.

Safeguarding Children and Adults Level 1 and 2:

Directorate	Q1 % * Compliance	Q2 % Compliance	Q3 % Compliance	Q4 % Compliance
Acute Urgent Care	89%	87%	86%	
Specialist	90%	85%	83%	
North Staffordshire	90%	87%	89%	
Stoke-on-Trent	89%	86%	86%	
Required Compliance	85%	85%	85%	
Trust Current Compliance	89%	86%	86%	

Safeguarding Children Level 3:

Directorate	Q1% Compliance	Q2 % Compliance	Q3 % Compliance	Q4 % Compliance
Acute Urgent Care	83%	66%	65%	
Specialist	86%	72%	74%	
North Staffordshire	83%	76%	84%	
Stoke-on-Trent	84%	79%	80%	
Required Compliance	85%	85%	85%	
Current Compliance	83%	73%	76%	

Safeguarding Adults Level 3:

Directorate	Q1% Compliance	Q2 % Compliance	Q3 % Compliance	Q4 % Compliance

Acute Urgent Care	85%	86%	78%	
Specialist	85%	84%	82%	
North Staffordshire	87%	84%	87%	
Stoke-on-Trent	85%	82%	82%	
Required Compliance	85%	85%	85%	
Current Compliance	84%	82%	82%	

Prevent Level 3:

Directorate	Q1% Compliance	Q2 % Compliance	Q3 % Compliance	Q4 % Compliance
Acute Urgent Care	95%	94%	96%	
Specialist	94%	95%	975	
North Staffordshire	92%	93%	95%	
Stoke-on-Trent	96%	96%	95%	
Required Compliance	85%	85%	85%	
Current Compliance	94%	95%	96%	

5. Safeguarding Supervision

Safeguarding supervision is available to all staff and offered on an individual, team or case specific basis. All clinical teams have been reminded of the availability and importance of regular team safeguarding supervision; as a result uptake of safeguarding supervision continues to grow. As part of these sessions the Safeguarding Team disseminates key messages and both local and national learning. Recent examples of this include Allegations against professionals and Modern Slavery. Teams that have not yet engaged are being encouraged to do so.

Level 2	Number of Telephone Supervision Contacts from Staff											
Directorates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Acute & Urgent Care	9	3	10	8	2	0	9	2	1	9	12	1
Specialist	3	1	1	6	2	0	1	3	1	5	3	0
North Staffordshire	1	4	7	8	4	4	2	12	6	4	6	4
Stoke Community	8	4	10	12	14	11	16	7	6	10	8	5
Total	21	12	28	34	22	15	28	24	14	28	29	10
			61			71			66			67

Level 3	Number of Face to Face Supervision Contacts from Staff (including MS Teams)											
Directorates	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Acute & Urgent Care	2	4	0	4	3	9	6	8	4	5	4	9
Specialist	3	3	1	4	8	4	5	3	8	7	2	6
North Staffordshire	15	7	3	4	11	13	16	12	13	16	10	19
Stoke Community	10	14	6	17	19	17	8	7	20	17	13	14
Total	30	28	10	28	41	43	35	30	45	45	29	48
			68			112			110			122

The majority of advice and support requested by Trust staff reflects concerns about domestic abuse, for both children and adults.

Level 4 – Number of Group Supervision Sessions

Acute & Urgent Care Directorate Q3

DATE	TEAM	NO OF STAFF PRESENT
06/10/2022	Ward 7	0
12/10/2022	Ward 3	1
13/10/2022	CAMHS Hub	0
28/10/2022	Ward 1	1
09/11/2022	Ward 2	0
10/11/2022	MHLT	0
10/11/2022	CAMHS Hub	0
21/11/2022	PICU	0
22/11/2022	Access	0
19/12/2022	Ward 7	0

Eight teams received supervision during this quarter. 0 highlight planned supervision with no attendance, this has been addressed with teams at the time and information shared with Quality leads.

Specialist Directorate Q3

DATE	TEAM	NO OF STAFF PRESENT
07/10/2022	ISH	5
20/10/2022	CAMHS ED	10
25/10/2022	Darwin	Cancelled by them
04/11/2022	ISH	6
28/11/2022	CAMHS LD	Cancelled by us
02/12/2022	Ward 5	1
02/12/2022	ISH	5
16/12/2022	Darwin	9

Five teams received supervision.

North Staffordshire Directorate Q3

DATE	TEAM	NO OF STAFF PRESENT
05/10/2022	LAC CAMHS	6
25/10/2022	North Staffs CAMHS	5
08/11/2022	EIT/EDIE	0
10/11/2022	CJLDT	12
14/11/2022	Moorlands CMHT	2
15/11/2022	CHLT	8
30/11/2022	CAMHS LAC	6
13/12/2022	EIT/EDIE	16

Six teams received supervision.

Stoke Community Directorate Q3

DATE	TEAM	NO OF STAFF PRESENT
25/10/2022	South Stoke CAMHS	12
04/11/2022	North Staffordshire Wellbeing	5
09/11/2022	Sutherland CMHT	7
15/11/2022	North Stoke CAMHS	10
07/12/2022	P&B	5
21/12/2022	Sutherland CMHT	4

Six teams received supervision.

In summary during Q3 the Safeguarding Team has provided safeguarding supervision for:

- 67 staff at level 2,
- 122 staff at level 3,
- 25 individual teams at level 4.

6. Safeguarding Adults

All safeguarding incidents reported by Trust employees are captured on the electronic incident reporting system Ulysses. The Safeguarding Team monitors referral rates and identifies any emerging trends and themes.

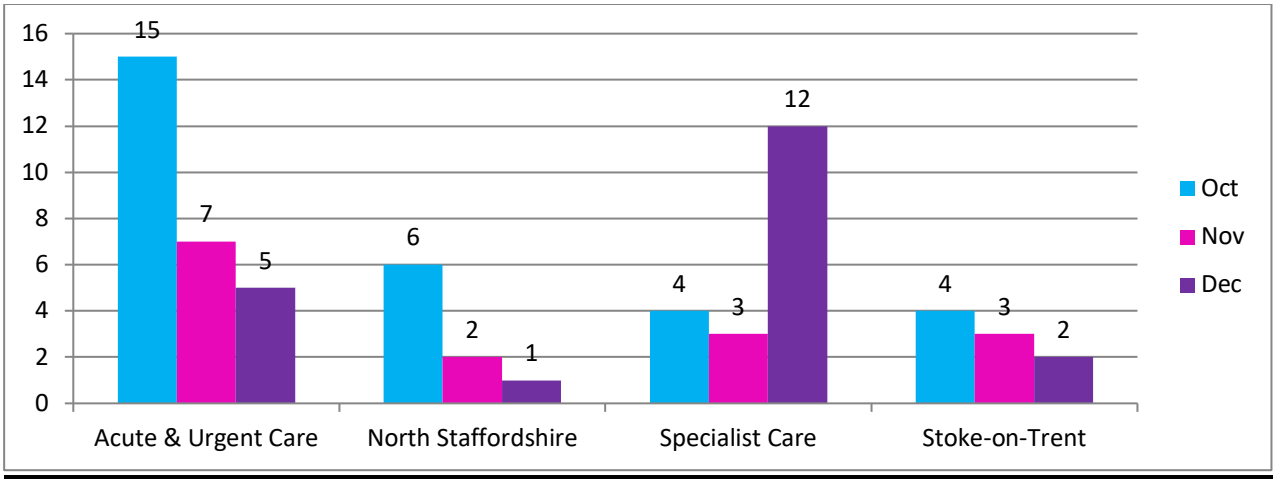
6.1 Adult Safeguarding Referrals – Referral Rates

The table overleaf demonstrates the number of adult safeguarding referrals made by Directorate for Q3:

	Quarter 4			Quarter 1			Quarter 2			Quarter 3		
Directorate	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Acute & Urgent Care	9	7	4	6	5	9	3	7	9	15	7	5
North Staffordshire	2	1	3	3	5	4	1	4	4	6	2	1
Specialist Care	3	2	3	7	3	3	5	8	4	4	3	12
Stoke-on-Trent	5	2	5	6	5	3	6	2	2	4	3	2
Corporate	0	0	0	0	0	0	0	0	0	0	0	0
	19	12	15	22	18	19	15	21	19	29	15	20
Total per quarter			46			59			55			64

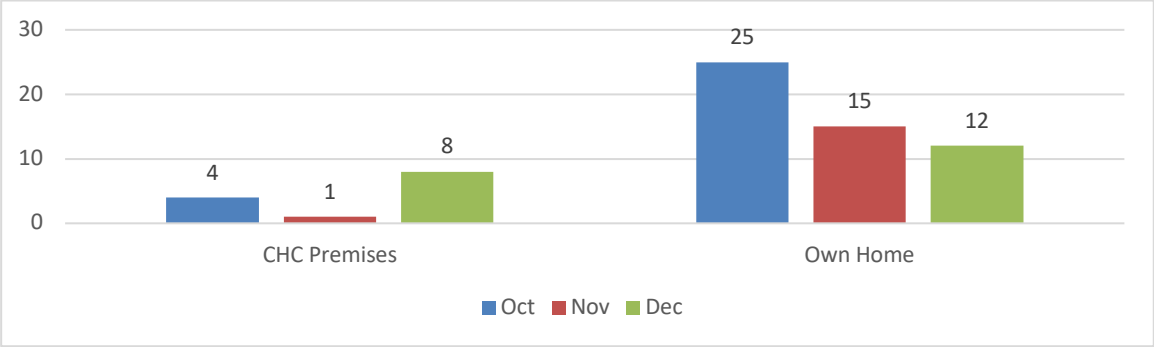
Acute and Urgent care on average make more of the Adult safeguarding referrals than other directorates which is as we would expect given people being assessed in crisis by Access and Mental Health Liaison. We also have a number of referrals from impatient wards.

The graph below provides further detail on the adult safeguarding referrals by Directorate for Q3 by month:



The graph should provide assurance that despite the majority of abuse and neglect taking place in the community, as demonstrated in the chart below, when people are seen by the Trust's assessment and crisis services or admitted to inpatient wards, risks of abuse are recognised and reported appropriately.

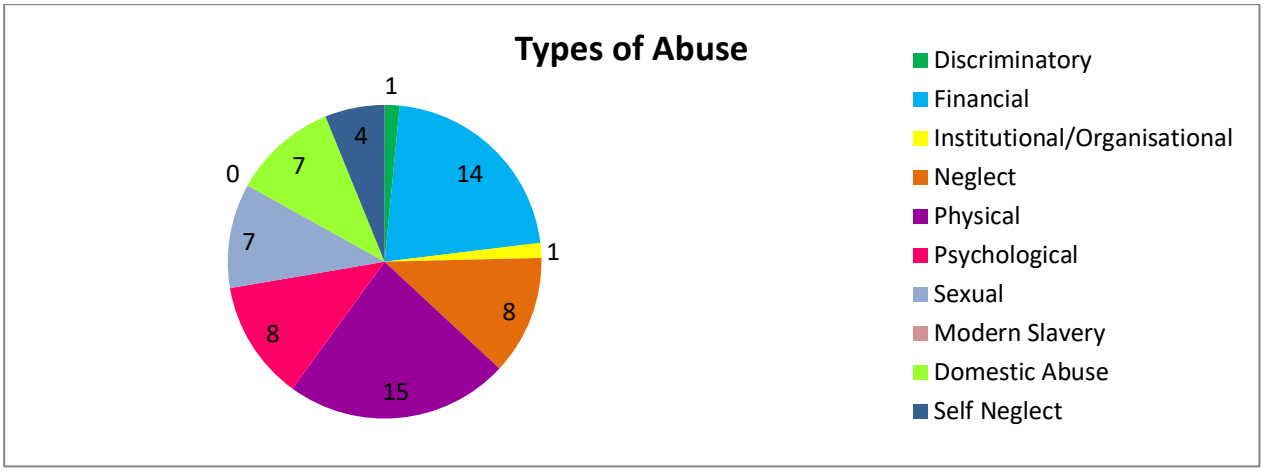
The chart below details the breakdown of the location of abuse for adult safeguarding referrals from Q3:



As previously seen and consistent with the national picture; a higher number of incidents are reported with the location of abuse being identified as in the community/own home. This is likely to be due to individuals with care and support needs being more vulnerable to sources of risk in the community than in hospital.

6.2 Adult Safeguarding Referrals - Types of Abuse

The chart below outlines the 64 adult safeguarding referrals made during Q3 by category of abuse:



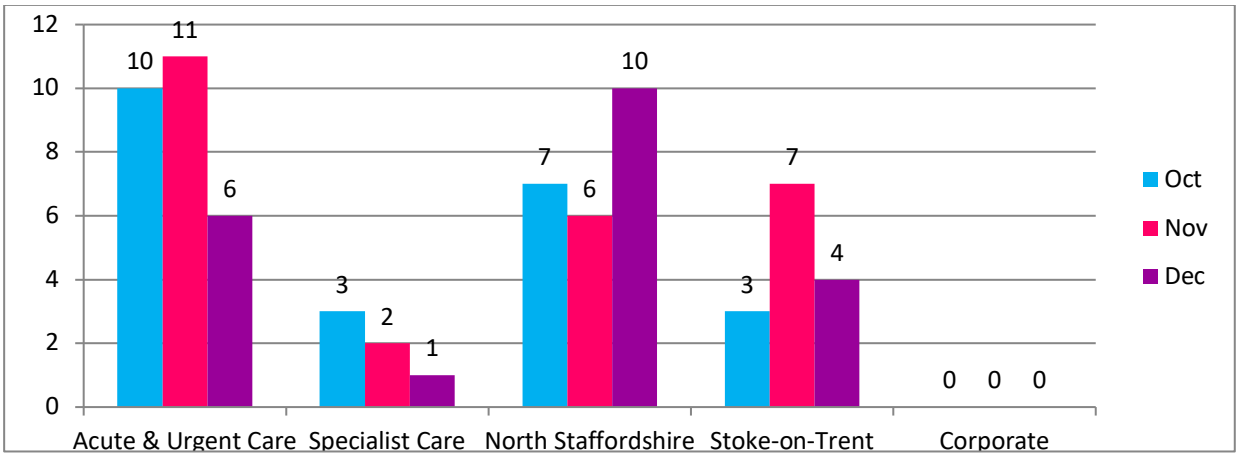
Physical abuse is the most commonly reported category of abuse during Q3 followed closely by Financial. This chart demonstrates an understanding and recognition amongst front line staff of a wide range of different types of abuse.

7. Safeguarding Children

During Q3 there have been a total of 70 child safeguarding referrals completed on the Trust Incident Reporting System, Ulysses.

	Quarter 4			Quarter 1			Quarter 2			Quarter 3		
Directorate	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Acute & Urgent Care	2	6	6	6	10	1	9	5	2	10	11	6
Specialist Care	2	2	3	1	5	1	1	3	2	3	2	1
North Staffordshire	4	10	5	8	6	0	6	8	3	7	6	10
Stoke-on-Trent	1	4	3	7	7	3	10	2	1	3	7	4
Corporate	1	0	0	0	0	0	0	0	0	0	0	0
	10	22	17	22	28	5	26	18	8	23	26	21
Total per quarter			49			55			52			70

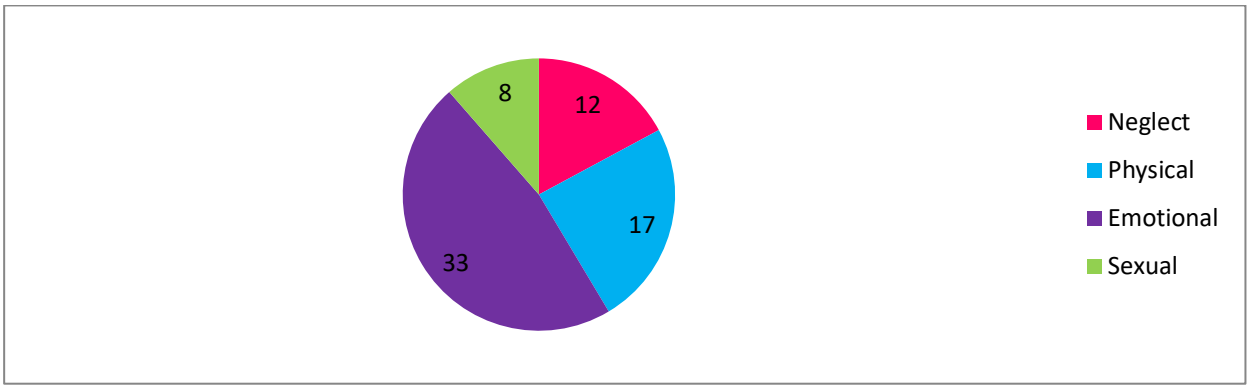
The graph below shows the child safeguarding referrals by Directorate for Q3:



Referral rates will continue to be monitored and comparisons undertaken to identify opportunities for continuous improvement as more information becomes available both locally and nationally.

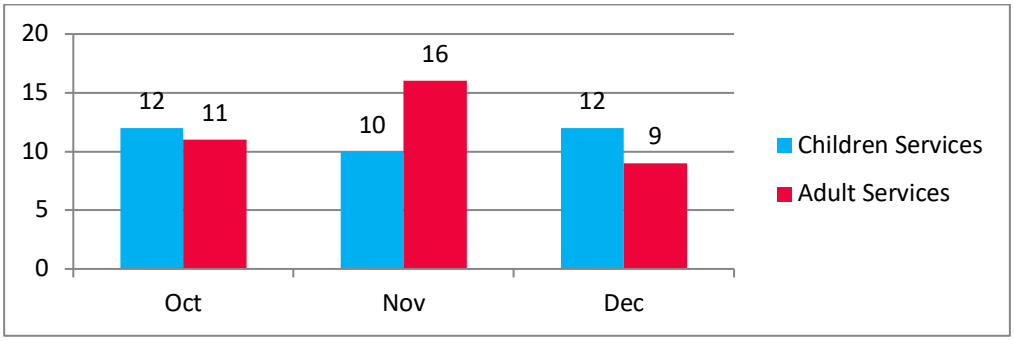
7.1 Child Safeguarding Referrals - Types of Abuse

The chart below reflects the 70 child safeguarding referrals made during Q3 by category of abuse:

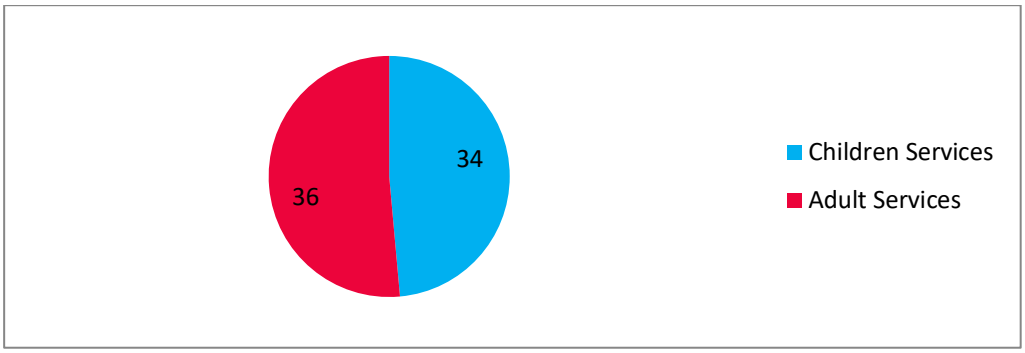


The most reported category of abuse is emotional; this remains in line with national reporting, however across the trust all areas of abuse are recognised and responded to.

Child Referrals by Child/Adult Services during Q3 by month:



Child Referrals by Child/Adult Services during Q3:



The above diagrams illustrate that as a trust we are recognising children's safeguarding in Adult services.

10. Domestic Abuse

Domestic Abuse Champions are now meeting every other month and we have ensured that we have representatives from each CMHT, the staff wellbeing service, CAMHS and other areas across the Trust that have expressed an interest at being involved.

11. Lateral Checks

The table overleaf outlines the total number of lateral checks completed by the Safeguarding Team during Q3. Lateral checks are undertaken to support the information sharing and safeguarding work of partner agencies.

The Safeguarding Team have historically completed lateral checks requested by partner agencies through the Information Sharing Log (ISL); this is hosted by the Multi Agency Safeguarding Hub (MASH) and forms part of the NSCHT's contribution to local multi-agency safeguarding.

The Trust Safeguarding Team complete the lateral checks requested by Children's Social Care Safeguarding Teams as part of family assessment, Child in Need (Sec 17) or Child Protection (Sec 47) processes. The information shared is reviewed by a suitably experienced clinician from the Safeguarding Team to ensure it is relevant and proportionate to be shared in line with the Trust's responsibilities as defined within Section 11 of the Children Act (1989, 2004).

Q3: Children's Social Care Lateral Checks

Month	Total Number of Requests Received from Children's Social Care	Number of Persons Requested to Check	Actual Number of Checks Completed by Safeguarding Team	Number of individuals known to NSCHT and Information Shared
Oct	117	199	596	103
Nov	132	214	642	114
Dec	102	174	519	82
Total	**351**	**587**	**1757**	**302**

Children's Social Care complete a request for lateral checks for a family of which there are often multiple persons listed. The team then check Lorenzo and IAPTUS for every individual named which is demonstrated above by the "Actual Number of Checks Completed by Safeguarding Team". When a person is known, information about their contact with NSCHT is shared by the Safeguarding Practitioner. The information is then documented and uploaded by the team to Lorenzo.

2020/2021

	Q1			Q2			Q3			Q4		
Reason for check	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MASH Information Sharing Log	796	746	861	865	760	870	789	822	771	744	789	912
MARAC Meetings	104	171	113	174	63	78	165	291	264	n/a	n/a	n/a
Lateral Checks Children Social Care	n/a	188	249	194	272	384	663	559	700	732	768	932
Child Protection Case Conferences	671	728	799	871	605	764	917	750	581	702	639	820
Adult Case Review Scope	0	2	0	0	0	9	10	15	10	0	0	0
Child Case Review Scope	0	1	2	0	33	15	0	25	0	5	0	4
PREVENT/Channel	0	2	9	2	9	7	8	1	2	0	0	8
Total per Month	1571	1838	2033	2032	1779	2149	2552	2463	2328	2183	2196	2676
Total per Quarter			5442			5960			7343			7055
Total for 2020/21												**25,800**

2021/2022

Number of lateral checks completed over three Trust systems:

	Q1			Q2			Q3			Q4		
Reason for check	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MASH Information Sharing Log	708	722	802	787	778	935	921	1109	1383	1141	1219	1162
MARAC Meetings	179	233	290	263	382	233	228	236	341	270	200	234

Lateral Checks Children Social Care	680	949	714	618	492	603	498	646	705	621	660	432
Child Protection Case Conferences	649	695	746	627	471	628	709	742	597	580	584	569
Adult Case Review Scope	0	0	20	21	0	0	0	0	9	9	6	0
Child Case Review Scope	0	12	15	0	0	0	15	0	0	0	0	18
PREVENT/Channel	2	3	1	8	2	3	12	9	11	11	6	2
Total per Month	2218	2614	2588	2324	2125	2402	2383	2742	3046	2632	2675	2417
Total per Quarter			7420			6851			8171			7724
Total for 2021/22												**30,166**

2022/2023

Number of lateral checks completed over three Trust systems:

	Q1			Q2			Q3			Q4		
Reason for check	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MASH Information Sharing Log	1001	1039	809	830	808	915	795	788	607			
MARAC Meetings	164	317	274	389	459	317	292	299	227			
Lateral Checks Children Social Care	609	579	438	646	453	544	596	642	519			
Child Protection Case Conferences	624	670	572	569	636	745	654	705	711			
Adult Case Review Scope	6	0	0	0	3	42	0	0	0			
Child Case Review Scope	0	21	0	45	18	0	0	0	30			
PREVENT/Channel	3	2	5	2	1	1	8	0	2			
Total per Month	2407	2628	2098	2481	2378	2564	2345	2434	2096			
Total per Quarter			7133			7423			6875			
Total for 2022/23												

This is a significant piece of work for all members of the Safeguarding Team, and the tables above reflect that the total number of lateral checks completed grew by just over 4,000 this year compared to last.

12. Innovative Working

The trust safeguarding team contributed and supported learning events for Adult safeguarding week where staff across the health system were able to join.

Practitioner's Forum

The Mental Capacity Act 2005 is a key piece of legislation for professionals working in health, social work, or social care. This session considered the role the Mental Capacity Act 2005 plays in protecting and preventing against the abuse and neglect of adults, with a particular focus on the latest legal developments in three areas:

- Capacity and hoarding.
- Capacity and internet usage and social media.
- Capacity and sexual relationships.

The aims of the session was to explore in more detail these legal developments, why they are relevant from a safeguarding perspective, and their implications for practitioners working in these fields. We were able to facilitate Dr Laura Pritchard-Jones to attend to deliver this session.

Safeguarding's Got Talent

During safeguarding week the ICB and the Adult safeguarding Board held a 'Safeguarding's Got Talent Event' where safeguarding teams from Police, Health, social care and other organisations were asked to bring examples of good safeguarding practice. We used an example of good practice and escalation from a case at the Sutherland centre and won the event as we were able to share how we have used this case to influence learning and practice across the system.

13. Summary

Q3 has seen an increase of supervision being accessed by teams across the trust with particular increases to 1 to 1 advice and support being delivered. Delivering support to staff is always a priority of the safeguarding team as this ensures that we are able to support frontline staff in a timely way to keep both adults and children, safe from harm and abuse. Group safeguarding supervision has been delivered to a number of teams across the trust discussing cases and using safeguarding briefings; this quarter they have included Managing Allegations, Modern Slavery, Cuckooing, and Hate Crime.

The Safeguarding Team is actively involved in some innovative ways of promoting key messages across the Trust with supporting sessions for the SSASPB and in November was involved in promoting key messages during Safeguarding Adults Week.

Safeguarding training compliance is being addressed through performance and issues that have been identified with training packages have been reported to Education and Development.

Lateral checks continue to be a significant work stream for the Safeguarding Team with increasing requests for information from Stoke on Trent Children's Social Care in particular.

- Mental capacity and decision making
- Hoarding
- Lessons learnt from SARs
- What good looks like
- Services, support and referral pathways

The event was be facilitated by the SSASPB and NHS safeguarding teams including MPFT, NSCHT and UHNM. There was also be guest speakers from Staffordshire Fire and Rescue Service, Adult Social Care and Humankind.

The event was be held on the 15th July 9.30 to 12.30 via Microsoft Teams.

Practitioner's Forum

On the 7th September 2022 Laura Collins, Maegan Hepher-Williams, and representatives from the police facilitated practitioner's forum on behalf of the Staffordshire and Stoke-on-Trent Safeguarding Adult Board. The session was titled 'Understanding the Multi-Agency response to Cuckooing'.

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds. Adults with care and support needs, particularly those with severe mental illness and those who misuse drugs and alcohol are targeted for this type of exploitation.

This session aimed to look at the Safeguarding measures that can be taken to address this concern used cases from the local area.

13. Summary

Q2 has seen an increase of supervision being accessed by teams across the trust with particular increases to 1 to 1 advice and support being delivered. Delivering support to staff is always a priority of the safeguarding team as this ensures that we are able to support frontline staff in a timely way to keep both adults and children, safe from harm

and abuse. Group safeguarding supervision has been delivered to a number of teams across the trust discussing cases and using safeguarding briefings; this quarter they have included Managing Allegations, Domestic Abuse in older adults, Hate Crime, Modern Slavery and Cuckooing.

The Safeguarding Team is actively involved in some innovative ways of promoting key messages across the Trust with supporting sessions for the SSASPB.

It has been demonstrated that the number of disclosures of sexual Abuse on both adults and children is higher than the national average and support and training will be offered going forward to support staff with this. Safeguarding training compliance is being addressed through performance and issues that have been identified with training packages have been reported to Education and Development.

Lateral checks continue to be a significant work stream for the Safeguarding Team with increasing requests for information from Stoke on Trent Children's Social Care in particular.

REPORT TO PUBLIC TRUST BOARD

Enclosure 6

Date of Meeting:	12th January 2023		
Title of Report:	Q2 Mortality Surveillance Report		
Presented by:	Dr Dennis Okolo Medical Director		
Author:	Alicja Truman. Patient Safety Facilitator		
Executive Lead Name:	Dr Dennis Okolo. Medical Director	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This report provides the Trust with assurance as to the mortality surveillance process with regards to the scrutiny of people open to Trust services who have died of natural causes before the age of 75 years. This report refers to Q2 2022/23. (1st July to 30th September 2021).		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT X Execs ☐ Date: 22.11.22	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	N/A		
Resource Implications: Funding Source:	N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	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
1		

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 2022/23 and provides information for the time frame July to September 2022.

2. Trust reporting and data collection

During Q2 the mortality surveillance group reviewed the care of 28 people. The meetings took place on 5th July (postponed from June), 28th July and 14th September; the August meeting was cancelled due to annual leave and small amount of cases for the review). 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
5th July 2022	**38337**	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	38356	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	39540	EN1 Expected Natural	4. Good Care	No	No	Physical Health/Learning Disability
	41762	UN2 Unexpected Natural	4. Good Care	No	No	Drugs and alcohol
	41967	UU Unexpected Unnatural	4. Good Care	No	No	Drugs and alcohol
	43252	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health
	44044	UN1 Unexpected Natural	5.Excellent Care	No	No	Physical Health
	44126	UN1 Unexpected Natural	5.Excellent Care	No	No	Physical Health
	44147	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health
	44928	EN1 Expected Natural	4. Good Care	No	No	Physical Health
28th July	**45158**	UN1	4.Good Care	No	No	Physical Health

2022		Unexpected Natural				
	42787	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
	43694	EN1 Expected Natural	4.Good Care	No	No	Physical Health/Learning Disability
	44325	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health/Learning Disability
	43304	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
	43969	UN2 Unexpected Natural	5.Excellent Care	No	No	Drugs and alcohol
	43369	EN1 Expected Natural	4.Good Care	No	No	Physical Health/Learning Disability
	42334	UN2 Unexpected Natural	4.Good Care	No	No	Drugs and alcohol
	44537	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
	44992	UN2 Unexpected Natural	3. Adequate Care	No	No	Drugs and alcohol
	32114	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
	43084	EN1 Expected Natural	4.Good Care	No	No	Physical Health/Learning Disability
	44987	UN1 Unexpected Natural	4.Good Care	No	No	Physical Health
September 2022	**43324**	UN2 Unexpected Natural	4.Good Care	No	No	rugs and alcohol
	43444	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health
	44137	EN1 Expected Natural	4.Good Care	No	No	Physical Health
	45475	EN1 Expected Natural	4.Good Care	No	No	Physical Health
	45914	EN1 Expected Natural	5.Excellent Care	No	No	Physical Health/Learning Disability

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 19 cases (68%); 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 7 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 people were supported by Greenfields Team, Sutherland Team, Older Person CMHT Team and Early Intervention Team. Another example of excellent care was delivered by Ward 3 team. In all 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. There is also strong evidence of good communication between various professionals as well as the family involvement.

There was one case where the group considered the care to have been adequate; this person however was not in receipt of our care at time of passing. There was evidence of appropriate discharge from the secondary services and signposting to third sector services. The person declined our input. 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.

Of the reviews undertaken during this timeframe, there were no cases that the group considered to have been poor care.

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, 4 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 were seven people 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 addition 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.

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**.**

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure 7

Date of Meeting:	12th January 2023		
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**	☒

Executive Summary:		**Purpose of report**	
This report is the Q2 (July - September 2022) Serious Incident Report. It provides the Trust with assurance relating to the nature and status of SI's currently open and the trend data for Q1 2022/23 and Q2 2022/23. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. The Duty of Candour report is also included.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT X Execs ☐ Date: 22 November 2022	Document Version No.	
ommittee Approval / Review	• Quality Committee ☒ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	Nil		
Resource Implications: Funding Source:	Nil		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	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
1	Jackie Wilshaw	26/10/2022

1. Purpose of the report

This report provides assurance to the Quality committee of the Trust processes relating to Serious Incidents (SIs) and Duty of Candour (DoC). The report covers the Q2 period from 1st July 2022 to 30th September 2022 and details the following:

- The status of SIs currently open and trend data for Q1 2022/23 and Q2 2022/23.
- Serious Incidents by category reported by quarter
- Themes, learning and changes arising from Serious Incident investigations.
- The Duty of Candour report.

2. Serious Incidents

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.

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.

At present the Trust uses a blended mix of formal reports, the Learning Lessons framework, forums across the directorates and the Weekly Incident Review Group to share the learning from incident reviews.

The table below illustrates the total number of SIs reported by quarter for the period April 2021 to September 2022.

^ indicates categories used for the first time in Q4 2021/22: Categories chosen result from limitations within the StEIS recording system and do not accurately reflect the nature of the incident.

StEIS Incident category	**Q1**	**Q2**	**Q3**	**Q4**	**Total 2021/22**	**Q1**	**Q2**	**Q3**	**Q4**	**Total 2022/23**
Apparent/actual abuse	1	1	0	1	3	0	2			2
^ Incident threatening organisations ability to continue to deliver an acceptable quality of healthcare (new Q4 2021/22)				2	2	0	0			0
^ Incident demonstrating existing risk that is likely to result in harm (new Q4 2021/22)				1	1	0	0			0
Unexpected potentially avoidable injury causing serious harm: This is subdivided as shown below										
Apparent/actual/suspected self-harm criteria meeting SI criteria	2	3	2	3	10	4	1			5
Slip, trip, fall	1	2	1	1	5	0	3			3

Disruptive, aggressive behaviour meeting SI criteria	0	1	0	0	1	1	0			1
Unexpected/Potentially avoidable serious assault (inc Suspected Homicide)	0	0	0	0	0	0	0			0
Unexpected/potentially avoidable injury causing serious harm (New Q3 2021/22)			1	0	1	0	0			0
Unexpected, potentially avoidable death: This is subdivided as shown below										
Pending review	9	8	6	8*	31	7	13			20
Apparent/actual/suspected self-harm criteria meeting SI criteria (suspected suicide)	3	1	10	6	20	3	15			18
Hospital Acquired infection	0	1**	0	1	2	0	2			2
Total	16	17	20	23*	76	15	36			51

**multiple Covid-19 deaths

*One death was later transferred to the mortality surveillance process following the determination of a natural cause death. Therefore this figure represents the actual number of reports made to StEIS.

2.1 Suspected Suicides, including the impact of COVID-19 in relation to suspected suicides.

There has been an increase in the number of people who have died by suspected suicide in Q2. There were 36 SIs reported in Q2 and of these 15 (41%) were suspected suicides. Whilst both of these figure are above the average norm for any reporting period, the Trust has previously reported very similar figures in Q4 2018/19 when 36 SIs were reported, with 11 suspected suicides. On both occasions, there is a wide spread of clinical teams involved and there does not appear to be any particular link or theme.

Further analysis of the deaths by suspected suicide in Q2 by clinical teams indicates that 8/15 (53%) relate to the Trust 'front door' teams; the points at which people enter our services. In comparison, in Q4 2018/19, 3/11 (27%) of people who died by suspected suicide had had contact with these clinical teams. It may be considered that the higher figure in this latest quarter could in part be explained by the increase in people accessing the crisis care teams. However the number of people who died by suicide after accessing one of the crisis care teams, including the Mental Health Liaison Team is the same in both reporting periods (3 deaths in each quarter). It appears that the increase in care demand has not resulted in an increase in deaths by suicide in people accessing this service. This will continue to be monitored however the teams have recognised the increased risk presented by people accessing the Crisis Care Centre and nearly all of the regular staff have completed the Connecting with People, suicide mitigation training. This approach supports the use of a therapeutic risk assessment, formulation and collaborative care management approach towards suicide mitigation rather than the outdated, ineffective idea of suicide prediction. This training has also been completed by the Liaison and Diversity Team, as this appears to be an area where deaths by suicide have been observed. It should be acknowledged that deaths in this service area may be expected due to the nature of the activities that bring people into contact with this team i.e. sudden and catastrophic changes in family dynamics or societal position etc. which cause major emotional distress. However from the initial analysis, the linking theme does not appear to be catastrophic change but rather alcohol or substance misuse. Early indications of SIs reported during Q2 suggest good practice from the L+D team with attempts at proactive interventions with clients who quickly attempt to disengage; there is no immediate suggestion that mental health is a significant factor in this client group, which is in line with their commissioning agreement. However following the reporting of 5 SIs (2 in Q1 and 3 in Q2), once all of the reviews have been completed, the clinical team will be completing an overarching analysis of the SI reviews in order to provide assurance to themselves and their commissioners (NHSE Specialist Commissioners).

Since the onset of the pandemic 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 from March 2020, early learning does not indicate that factors relating to the pandemic specifically impacted upon the majority of the events reported. This is supported by national and international research papers demonstrating that the initial impact of Covid-19 did not include a rise in deaths by suicide (see previous Trust reports).
During this reporting period, there is one death by suspected suicide where the changes brought about by Covid-19 may have directly contributed to the death of the person. This issue will be further investigated through the SI review process.

As stated in previous reports, suicide levels/rates have been rising across the UK since 2018; the reasons for this are multifactorial and a precise reason for this has yet to be established however the socio-economic factors associated with increased suicide risk are also those associated with the known impact of Covid-19. It was hoped that the measures taken by the government to reduce financial and social adversity in the first lockdown period would assist in mitigating against an increase in the suicide risk factors however it is not yet clear on how successful these measures may have been.
It should also be noted that as time progresses from the onset of the pandemic, additional national and international factors will increase the impact of financial, societal and emotional adversity, leading to a possible increase in suicide in both the mental health and general populations. In order to mitigate against a possible increase, the Trust will need to continue our proactive approach to suicide; identifying and mitigating against suicidal behaviour and also continue our partnership work within the wider public health agenda.

2.2 Serious Incident Data by Team and Directorate

The table below shows the incidents reported in Q2 by team.

Team/date	July 22	Aug 22	Sep 22	Total
CDAS*/Liaison and Diversion	1			**1**
CDAS	1	1	2	**4**
Stoke Heath Prison*/CDAS		1		**1**
Stoke Heath Prison*/Greenfields			1	**1**
Liaison and Diversion	3	2		**5**
Mental Health Liaison*/Home Treatment Team	1			**1**
Staffs OPMHT	1	1		**2**
Greenfields*/Sutherland	1			**1**
Greenfields	1		1	**2**
Ward 3*/Crisis Care Centre	1			**1**
Lymebrook	1			**1**
Ward 4	1			**1**
Ward 2/Ward 7		1		**1**
Ward 2		1		**1**
North Stoke CAMHS		1		**1**
Access Team		2	1	**3**
Ward 3		2		**2**
N Staffs Wellbeing		1		**1**
Ward 6		1	1	**2**
Healthy Minds*/MHLT			1	**1**
Early Intervention*/CDAS			1	**1**
Ashcombe Centre			1	**1**
Summer's View			1	**1**
Total	**12**	**14**	**10**	**36**

*denotes the lead team/directorate for purposes of SI review process. Joint reviews and learning processes established.

The table below shows the incidents reported by Directorate.

Directorate/Date	July 22	Aug 22	Sept 22	Total
Acute and Urgent Care	3	7	2	12
N Staffs Community	5	3	2	10
Specialist Services	2	2	4	8
Stoke Community	2	2	2	6

During Q2, 36 incidents have been reported onto StEIS and have undergone or are in the process of undergoing SI reviews. The main points to note are:

- There were eight incidents in the Specialist Services Directorate.
    - Six of the incidents involved people under the care of drugs and alcohol services, with two cases of care being shared with adult community services.
    - There was one incident of self-inflicted harm (fatal) by a person detailed in prison but who was also known to mental health services.
    - There was one incident of a person unlawfully detained in hospital.
- There were ten incidents reported for Staffordshire Community Directorate
    - There were three incidents where it is suspected that the person died as a result of drug misuse.
    - There were seven incidents were the person is suspected of suicide.
- There were twelve incidents in the Acute and Urgent Care Directorate.
    - There were three people who died within 28 days pf positive covid-19 test.
    - One person died within a very short time of admission, following being declared medically fit for transfer from the acute hospital. The cause of death is unascertained and so the SI review process will continue. However the indications are that there was no act or omission in relation to the care provided by the Trust.
    - There were two people who sustained fractures after falling and one person who sustained a fracture after absconding from an inpatient area.
    - There were three deaths where suicide is suspected.
    - One person was inadvertently illegally detained in hospital after incorrect documentation was submitted for the detention.
    - One person was found deceased following a request for a welfare check; this death may not be regraded to a natural cause death/mortality surveillance due to an inability to determine a cause of death and so the care will continue to be reviewed under the SI process.
- In Stoke Community Directorate, six SI reviews were commenced.
    - There were four unexpected deaths where suicide is suspected and one incident where a person was found deceased, with no immediate cause of death noted.
    - There was one incident where a community patient suffered fractures following as a result of a self-harm event.

3. Themes and trends

There has been a significant increase in the number of SIs reported during Q2: As previously stated, this includes a greater number of suspected suicides than the Trust has witnessed in some considerable time (see section 2.1 above).

Of the thirteen sudden, unexpected deaths reported as ‘pending review’;

- 10 were suspected as being as a result of substance misuse where it was believed that the person had not intended to take their own life. Six of this group were known to drug and alcohol services however engagement with services was noted to be variable across this client cohort.
- It was not possible to determine the cause of death in two cases however suicide was not considered to be likely and there does not appear to be any immediate learning for the teams involved. To be subject to review by HM Coroner.
- In one case the cause of death is unascertained and is currently awaiting a review by HM Coroner. This case relates to a person who had been admitted to a ward for only a few hours after being assessed as being

medically fit for transfer from A+E. there is no evidence to support and act or omission in care from Trust clinicians

4. Learning from Serous Incident reviews

Recommendations and learning from SI reviews are disseminated upon completion by the Directorate Quality Improvement Lead Nurses. This process includes the production, implementation and evaluation of action plans and information is reported back and discussed/actioned through individual meetings, team meetings and directorate forums. Learning is also discusses at the trust Clinical Safety Improvement Group and with the CCG quality commissioners at the monthly SI Sub-group.
The learning that was found from closed SIs during Q1 2022/23 and Q2 2022/23 includes the following outcomes:

- The QILNs have all reiterated to the clinical teams the need to ensure that personal demographic details are checked at each contact. This is in order to ensure that all patient contacts details are up to date and can be used when attempting to make follow-up calls and contacts.
- The need for the 'distributed note' function within Lorenzo to be correctly used, to ensure that clinical teams are appraised of events that occur outside of current clinical team working hours. This remains a particular point for vigilance by clinicians and for team managers in out of hours services to consistently monitor.
- Issues around discharge from inpatient areas remain a feature of both SI care reviews and general incident reporting.
    - Communication between inpatient and community teams can be variable with regards to discharge and ongoing care planning needs. There are many examples of good practice and teams are working proactively to improve communication. However there have been occasions where discharge arrangements are suddenly implemented and community teams have very limited time and capacity in which to ensure care is provided as required.
- The Home Treatment Team are currently reviewing their operational policy to ensure that their currently practice of a face-to-face appointment within 24 hours of referral/acceptance remains appropriate as some service users have expressed a preference for a telephone contact. However it is to be determined how this may be assessed as being the safest option.
- Where necessary staff have been reminded of the need to ensure that additional information such as scanned documents or test results are recorded in the correct place where they can be easily accessed (practice notes issued).
- One review identified that a staff member had significant IT literacy issues and so they were supported to access internal and external support and training courses. They were also supported by the team administrator and these interventions resulted in much increased confidence and improved and accurate record keeping.
- Issues with documentation remain a constant feature where improvements in practice can be made. This may be issues of completing in a timely manner/recording discussions with the person or member of the family/ensuring that medication changes are clearly documented etc. These are not identified as causative factors for serious incidents however there are areas that can be easily addressed and pertain to the reputation of our clinical staff. The Quality Improvement Lead Nurses ensure that this information is feedback to both individuals and clinical teams for learning and the issues are also addressed through the Learning Lessons Framework.

It should be noted that in general errors or omissions identified through the review process should not be viewed as entire team or culture issues. The need for individual support or training is often the requirement for improvement, rather than whole team processes. However the need for regular supervision, monitoring and training (including refresher training) for all staff remains pivotal to the safer delivery of person-centred care.

5. Duty of Candour

The Trust policy Being Open, incorporating Duty of Candour (DoC) ensures that all staff are aware of their responsibilities with regards to DoC. However this is further supported by the secondary reviews provided through the Patient and Organisation Team reviews and the weekly Incident Review Group, which is attended by senior representatives from the directorates and corporate Nursing and Quality Teams.
In the case of SIs, it is not always possible to immediately determine which, if any of the deaths under investigation meet the Duty of Candour requirements. Letters are issued by the Directorate of the treating team, expressing the Trust

condolences and explaining that the Trust will be undertaking a review of the care provided. However should any investigation identify causal links between patient harm and service delivered, the DoC process would be initiated and a letter outlining the issues sent to the patient or next of kin. The current ongoing SI investigations may identify issues that meet the DoC criteria and therefore the requirements for DoC would be met through the SI process.

During Q2 there have been no incidents that have met the criteria for immediate action regarding the DoC requirements. Ongoing investigation may identify areas for concern and these will be managed through Trust policy.

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.

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No 8

Date of Meeting:	12 January 2023		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan, Non-Executive Director		
Author:	Patrick Sullivan, Non-Executive Director.		
Executive Lead Name:	Dr Dennis Okolo, Interim Medical Director Kenny Laing, Director of Nursing and Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 1 December 2022		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications: Funding Source:	None highlighted		
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 1 December 2022 for the Trust Board meeting on 12 January 2023

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. There are no current outbreaks. The Vaccination programme for staff and patients is up and running.

- **Safe Staffing Report – October 2022**
  The Committee received this paper which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2022 in line with the National Quality Board requirements. During October 2022, an overall fill rate of 96.2% was achieved; this has decreased from 96.8% in September 2022. The fill rate for RN shifts was 74% in October 2022, which is an increase from 70% in September 2022. The Trust has recently had a new cohort of qualified nurses which will show an improved position for next month's staffing levels.

- **Learning from Experience Report Q2 2022/23**
  The Committee received this report which provided a summary of incidents reported and all patient related incidents/events for Q2 2022/23, June to September 2022. The report notes that Q2 is slightly below average reporting. Violence and aggression, self-harm and safeguarding continue to represent most of the clinical incident activity. Although a high number of incidents are reported the majority result in no harm or minor harm. A small number of patients are responsible for a high proportion of incidents.

- **Mortality Surveillance Report Q2 2022/23**
  The Committee received this report which provided 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 2022/23. (1st July to 30th September 2021). During this review, ratings were as follows; good (19) or excellent (7). There was 1 adequate rating; this person declined our input. These factors were not considered to be contributory to the death but simply did not demonstrate the compassion associated with good care or the required standard of record keeping.

- **Safeguarding Report Q2 2022/23**
  The Committee received this report which provided assurance on Safeguarding Team and Trust safeguarding activity. Including update on case reviews, referral rates, trends and themes and training levels across all directorates. In respect of Referral rates there are no real issues or changes in Q2.

- **Risk Register**
  The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. The risks are as follows;
  - Impact of COVID 19 on the quality of services
  - Anchored ligature points
  - Non- anchored ligature points***(this risk to close and has been incorporated into the risk above, due to duplication and repeat of actions)***
  - Compliance with Mental Health Act and Mental Capacity Act
  - Meeting the 3-hour target for assessment in the place of safety
  - Quality and capacity of the pharmacy services due to recruitment
  - Lack of a commissioned adult ADHD diagnostic service
  - Providing accessible, safe prescribing to patients via effective shared care arrangements (ESCA's) due to GP's refusing to accept ESCA's prescribing in the community. ***(Current Residual score 9 proposing increase to revised score of 15. Rationale - Work continues on system wide ESCA's. There is a challenge around the governance architecture which is slowing the ratification process.)***

- **IQPR M7 2022/23**
  The Committee received this report at M7. In Month 7 there were 22 rated measures that have met the required standard (20 in M6) and 8 that have not met the required standard and highlighted as exceptions (14 in M6).

  There were 3 special cause variations (orange variation flags) - signifying concern, compared to 3 in M6:
  - Referral to Assessment within 4 weeks
  - CAMHS compliance within 4 week waits (Referral to Assessment)
  - Staff turnover

  There were 6 special cause variation (blue variation flags - signifying improvement):
  - IAPT: patients wait no longer than 90 days between 1st and 2nd treatment (PIP in place)
  - IAPT: Referral to Treatment (6 weeks)
  - Delayed Transfers of Care (DTOC)
  - Numbers of CPA service users in employment
  - Numbers of CPA service users in accommodation
  - Vacancy Rate

There were 20 metrics flagged with a common cause variation (grey variation flag), 22 during M6.

Waiting Time Reporting: Wait for RTA (first contact)

Performance data provided in the IQPR in M7 shows the numbers of those who were waiting for an assessment at the end of M7, split by Directorate and service line.

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

- **Serious Incident Report Q2 2022/23**
  The Committee received this report which provides information in respect of Q2. It provides the Trust with assurance relating to the nature and status of SI's currently open and the trend data for Q1 2022/23 and Q2 2022/23. The report also includes information regarding themes, learning and change arising from Serious Incident investigations. The Duty of Candour report is also included.

- **CQC update**
  The Committee received a verbal update. There has been an unannounced Mental Health Act Compliance visit to Ward 1 and the feedback has been very positive, there was one minor issue which has now been addressed. The Trust is supporting Holmcroft with preparations for their forthcoming CQC inspection, anticipated in the new year, progress is going well and the practice is gaining confidence.

- **Infection, Prevention Control Report Q2 2022/23**
  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 which was rolled out last month, together with external reporting responsibilities and CQUIN requirements.

- **PSIRF Implementation**
  The Committee received this report which provided a brief outline of the actions required to implement the Patient Safety Incident Response Framework (PSIRF), as first identified in the NHS Patient Safety Strategy 2019. There is a national requirement that all trusts will develop and implement PSIRF by September 2023.

- **Community Mental Health Survey Update Report**
  The Committee received this report which has been formulated by a Working Group to help address the results of the Community Mental Health Survey for 2022. This reports provided an update and detailed progress to date. This includes a review of 2021 actions, an updated version of the mapping exercise initially provided in

September, and operational action plan. The response rate was only18% of our patients and the results are concerning. This is a medium to long term piece of work and key actions are being identified and embedded. The Committee agreed to keep a sharp focus on this matter during the Performance presentations. An update will come to the March 2023 meeting outlining key actions to be implemented to deal with issues arising from the survey. The formatting of future surveys is being changed with more digital options to help increase the response rate.

3. Policy Report Policy Report

The following policies were approved for 3 years

1.98 Non Formulary, Off Label and Unlicensed Medicines Policy
4.43 Prevent Policy

The Board is asked to ratify this policy.

Next meeting: 5 January 2023

Committee Chair, Mr Patrick Sullivan, Non-Executive Director, 2 December 2022

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 8a

Date of Meeting:	12 January 2023		
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 Kenny Laing, Executive Director of Nursing and Quality	Approved by Exec	☒

Executive Summary:		Purpose of report	
The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 5 January 2023.		Approval	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☒ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications: Funding Source:	None highlighted		
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 3 November2022 for the Trust Board meeting on 10 November 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. The meeting began with a Patient Story via audio in respect Community Engagement and the Impact of Mental Health Support Time and Recovery Workers (STR) in the Local Community. These roles have been introduced into primary care via the ARRS initiative through the primary care networks. The conversation between the patient and the STR worker explained how the approach worked and the benefits in this particular case. The approach was holistic and helped address issues associated with homelessness, benefits and general practice. It enabled the individual to be supported in primary care rather than secondary care.

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

- **COVID-19 Update**
  The Committee received a verbal update regarding the current situation. There are major pressures in the system associated with Covid, Flu and Strep A. the Trust is working hard to support the system in any way it can. Ward 3 is currently subject to Covid outbreak measures.

- **Safe Staffing Report – November 2022**
  The Committee received this report which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2022 in line with the National Quality Board requirements. During November 2022, an overall fill rate of 102.9% was achieved; this has increased from 96.2% in October 2022. The fill rate for RN shifts was 80% in November 2022, an increase from 74% in October 2022. The fill rate of 102.9% is the highest rate reported since the commencement of safer staffing monitoring reports in 2016. The Care Hours per Patient Day (CHPPD) measure is in the upper quartile for Mental Health Trusts based on data from the Model Hospital for Mental Health Trusts. This measure identifies the average number of actual nursing care hours spent with each patient each day,

- **Risk Register**
  The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. The risks are as follows:
  - Impact of COVID 19 on the quality of services (*request for closure was delayed and will be reviewed at the next meeting)*
  - Anchored and non- anchored ligature points
  - Compliance with Mental Health Act and Mental Capacity Act
  - Meeting the 3-hour target for assessment in the place of safety
  - Quality and capacity of the pharmacy services due to recruitment

- Provision of accessible, safe prescribing to patients via effective shared care arrangements (ESCA's) due to GP's refusing to accept ESCA's prescribing in the community
- Lack of a commissioned adult ADHD diagnostic service

- **NCISH Scorecard**
  The Committee received this report which provided an overview of the data presented to the Trust by the National Confidential Inquiry into Suicide and Safety (NCISH) in November 2022. The data is based on 4 indicators and is provided to the Trust in support of quality improvement. It is not shared with any other organisations.

- **Clinical Effectiveness Report Q2 2022/23**
  The Committee received this report which provided 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 covered the outputs from the following groups:

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

- **IQPR M8 2022/23**
  The Committee received this report. In Month 8 there are 21 rated measures that have met the required standard (22 in M7) and 9 that have not met the required standard and highlighted as exceptions (9 in M7). The following measures have not met the required standard:

  - Referral to assessment within 4 weeks
  - IAPT –patients wait no longer than 90 days between 1st and 2nd treatment
  - Mental health liaison 1 hour response (emergency)
  - 48 hour follow up
  - Place of safety assessment carried out within 3 hours
  - Care plan compliance
  - CPA 12 month review compliance
  - Complaints open beyond timescale
  - Staff turnover
  - Agency costs

  There are 3 special cause variations (orange variation flags) - signifying concern, compared to 3 in M7:
  - Referral to Assessment within 4 weeks
  - CAMHS compliance within 4 week waits (Referral to Assessment)
  - Staff turnover

  There are 5 special cause variation (blue variation flags - signifying improvement):
  - IAPT: patients wait no longer than 90 days between 1st and 2nd treatment (PIP in place)

- Delayed Transfers of Care (DTOC)
- Numbers of CPA service users in employment
- Vacancy Rate
- Safe Staffing

There are 21 metrics flagged with a common cause variation (grey variation flag), 20 during M7.

Highlights

- CYP 4 weeks RTA achieved in M8
- Vacancy rate remains under standard for the second consecutive month at 9.7%
- Appraisal and clinical supervision remain above standard in M7
- IAPT Recovery above standard for the second consecutive month at 55.1% in M8

Exceptions

- The safer staffing overall fill rate is 102.9% in M8. A review of agency usage has been completed at directorate level and measures put in place to ensure there is no over usage.
- 1 hour performance is under standard for MH Liaison service in M8
- CPA 12 month review is 91.6% and has not been achieved for the last 6 months
- Care plan performance is 94.6% and not achieved for the second consecutive month
- Length of stay increases on Adult and Older Adult wards

Issues

The Trust is in the process of migrating to a new data warehouse and inevitably there is short term disruption to reporting whilst this happens. Where data is extracted from Lorenzo, this is for the period 1-25 November 2022. Once the data from the new data warehouse are integrated and validated, the IQPR will be reissued with Lorenzo reported metrics updated for M8. All other external sources of data are for the full reporting period.

Performance Improvement Plans (PIPs)

There is improvement with some existing PIPs

- IAPT 90 day in treatment waits continue to be on track
- 4 week RTA Stoke is meeting trajectory
- 4 week RTA North Staffs not on trajectory although is showing an improving position
- North Staffs Community 18 week RTT - trajectory and standard was met in M6, M7 & M8. *It was agreed to close the PIP at the M8 Executive Performance review meeting.*

To note:

4 week RTA Specialist Services has taken a dip with performance at 73.4%. The trajectory in place aims for the standard to be achieved in January 2023 and performance is not on course to achieve this. A caseload review and deep dive of data in Neuro Community and Long Covid services is underway

and the 4 week RTA PIP will be reviewed when completed in February 2023, with the aim of separating Neuro Community and Long Covid reporting in the PIP.

3. Directorate Dashboards

Each Clinical Director (or nominated deputy) presented their report and the balanced scorecard for their area of responsibility.

Overall, a number of themes were identified by the directorates. These included:

- The current pressures on emergency and urgent care are impacting directly on mental health services. Operating procedures have had to be modified to mitigate the risk of harm associated with access to ambulances and other services pressures
- Recruitment challenges, high vacancy rates and turnover
- Funding for ASD service including assessment and treatment for people under 25 years
- Length of stay and delayed discharge
- Use of bank and agency
- Waiting times
- Increased sickness in some areas
- High acuity in some clinical services
- Management capacity in some services due to sickness and absence
- Pressures on primary care – capacity, demand, retention
- Challenges of meeting the CIP without direct impact on the quality of service

Specific issues reported by each directorate are summarised below:

Acute and Urgent Care Directorate

Achievements

- Very successful visits from Amanda Pritchard and Wes Streeting – both overwhelmed by the interface work with WMAS, ED and Staffs Police, the crisis care provision, Ward 6 and Older Persons initiatives. We were able to showcase the fantastic work within the Trust.
- Success at the Reach Awards, with winners in the 'Proud to Care' and 'Partnership Working' categories, and highly commended in 'Proud to Care' and 'Leading with Compassion'.
- New post within the Directorate to support the NHSE Winter Plan and Discharge Challenge – Discharge Pathway Lead.

Challenges

- Recruitment and Retention – All Age Access are a hot spot.
- Overspend relating to Agency overspend.
- Placement and external partner resource issues continue to impact on delayed discharges.

North Staffordshire Community

Achievements

- CYP ASD Investment

Challenges

- CAMHS 4WW – Although improving still some challenges that the team continue to work through.
- Identification of CIP.
- Medic Locum Spend.
- Year 3 ARRS Recruitment.

Stoke Community

Achievements

- Positive Care Home Liaison Team Quality report following ICB visit.
- VCSE Community Transformation Development Day.
- Stoke Local Authority Investment for Multiple Disadvantage Pathway.
- Care Home Physiotherapists – Andy Powell and Phillip Murphy recognised in the Keele University Practice Educator Awards**.**

Challenges

- North Stoke CAMHS – vacancies/long term sickness/increased sickness.
- City Memory – 4 week waits.

Specialist Services

Achievements

- Appointment of QILN.
- The directorate have really pulled together to support each other's staffing shortages and been very flexible including Service Managers working in numbers.
- Positive recruitment in HMP.
- Launch of our Performance and Budget Clinics.

Challenges

- Ward 5 acuity.
- Short-term sickness.
- Agency spend on Medical Staffing

Primary Care

Achievements

- Steady increase in QOF and QIF points for Holmcroft.
- Continued progress for Holmcroft in relation to CQC action planning.
- Positive results for local patient practice survey for Moorcroft.
- Continued participation in ICB General Practice Accelerate programme

Challenges

- Salaried GP recruitment and retention challenges at Holmcroft.
- PCN funding remains challenging for Stafford PCN practices.

- Local patient survey results for Holmcroft demonstrate increased service user dissatisfaction.

Policy report

The following policy was approved for 3 years:

1.80 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) incorporating ReSPECT Policy

There is additional narrative in respect of the change to the policy within the report.

Next meeting: 2 February 2023

Committee Chair, Mr Patrick Sullivan, Non-Executive Director – 6 January 2023

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure 9

Date of Meeting:	12th January 2023		
December 2022	Service User & Carer Council Report		
Presented by:	Kenny Laing, Executive Director of Nursing, AHP & Quality		
Author:	Sue Tams, Chair Service User & Carer Council / Veronica Emlyn, Patient Experience Facilitator / Jayne Simner Recovery and Experience Lead		
Executive Lead Name:	Kenny Laing Executive Director of Nursing, AHP & Quality	**Approved by Exec**	☒

Executive Summary:		**Purpose of report**	
This report has been prepared to provide an update to Trust Board of the work of the Service User & Carer Council and Patient Experience Team since the last meeting.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	None identified		
Resource Implications: Funding Source:	None identified		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Service User & Carer Council supported the principle of increasing representation across the Protected characteristics when reviewing the Diversity and Inclusion Strategy. They also committed to supporting inclusive services and workforce in their review of the Strategy		
STP Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP work streams		
Recommendations:	The Trust Board receives the update for information and assurance		
Version	Name/Group	Date issued	

1. Introduction

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

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

2. Service User Carer Council

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

As part of an ongoing discussion about the format of the meeting and attendees preferences, Sue Tams (chair) and Jayne Simner (Recovery and Experience Lead) met with Kenny Laing to share ideas and propose the changed format. Kenny Laing was supportive to move to alternating two differing agendas for monthly meetings. One month will be an online meeting where combined staff can give their trust updates and join to discuss projects and plans. The alternate month will be face to face and various venues, to work on specific actions from the action log. Kenny will encourage directorate representatives to attend the bi monthly meeting to ensure this time is used effectively. December's meeting was held at the Sutherland Centre providing a face-to-face opportunity to celebrate Christmas and informal relationship building between SUCC members.

Our patient safety partners attended the meeting this month. This is beneficial to the council as it bring a diverse range of people and experiences of our services together. The council are working on how to increase membership through advertising and comms. The CAT website page update has been added to the action log, one SUCC member has agreed to look at the web page and incorporate the group's comments into the start of an update of the web page (including some bios and photos of group members) and what to expect from membership of the group.

Josey Gaitley from North Staffs directorate had intended to attend to discuss actions from Community Mental health survey but unfortunately due to clinical pressures has rearranged this.

Jayne updated the group about the status of current plans for care plan development and changes in care plans moving away from CPA processes to person centred care planning. The council have expressed that care plans have been a primary objective of theirs for many years and is part of the service user engagement strategy. The council are keen to support coproduction of the elements of the care and safety plan. The council are keen to be involved in the proposed engagement work with SU/carers in CMHTs and will allocate a member to attend each session when they have been agreed.

SUCC representation continues at Trust meetings and interview panels etc.

3. Transformation Programme

Service users and carers from various teams across the Trust have been involved in different aspects of service delivery including the Community Mental Health Framework Transformation program, service user pathways and service redesign. People who access services are part of the evaluation, procurement group and delivery committee

The work for involvement has continued to develop a consistent process, for people across the trust and the system continues with service users from Combined and MPFT as well as involvement staff. The co lab are just finalising their ‘coproduction logo’ and comms strategy for roll out. This can be added to documents in Combined and MPFT where a document, pathway, service has been coproduced to continue to showcase, champion and encourage coproduction and inclusion values.

The service user carer network have provided input regarding the Equality, Diversity system.

4. Volunteers and Volunteer Peer Mentors

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

The peer support network meetings have continued to ensure that we have standardised and high quality training, supervision, support and shared experience. All PSW will be able to access PSW training through HEE funded places delivered by ImRoc and we are booking our trust PSW and volunteer peers onto the places going into the New Year.

We have some residual ring-fenced HEE funding for development of PSW and are therefore organising a development day at the Bridge Centre in March for PSW and volunteer PSWs to celebrate achievement of their care certificates, ImRoc guest speakers and with some QI led activities in the afternoon. The money will also afford us to purchase some training materials/resources

A review of our Patient experience team, wellbeing college and involvement staff is in process with support from transformation/PMO team. The review will be creation of a central inbox, database and process for all expressions of interest for involvement/coproduction and a review of the current Volunteer policy including reimbursement and SOP for registration of involvement roles. We will then be looking at a comms strategy to advertise these opportunities.

5. Service User and Carer Engagement Strategy

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

6. Recovery and Living Well Strategy

We have postponed work to Co-Produce an organisation wide Recovery and Living Well Strategy to prioritise wider trust strategy engagement work. The next stage of the strategy coproduction will be to have a SU/Carer/partner organisation engagement session. Dr Julie Repper, director of ImRoc will come to Stoke on Trent to support our conversation about the strategy proposal with our service users, carers and partner organisations across the city.

7. Internal Reviews

Observe and Act training plan is rolled out. Places are available for anyone who is interested, staff from any directorate, volunteers, service users and carers. Also

Observe and Act been carried out on 6 of the wards with 2 more booked for January. Initial positive findings was the evidence of care and compassion shown to our patients from a service user carer lens. Veronica also supported Observe and Act training nationally with Shropshire County Trust as NHSE and Health Education is supporting the national roll out of Observe and Act. The outcomes/observations are linked into the Quality Assurance plan with Laurie Wrench.

Triangle of care application has been signed off and year one will start with baseline assessments on support for carers which will be carried out with inpatient units in October. In year 2, we will complete baseline assessments with community teams.

Carer's link meetings continue 1/4rly for updates on anything carer related issues and developments. Jayne also has a meeting scheduled with North Staffs carers to develop wellbeing college partnerships.

We have also rolled out PLACE training with service user / carer representatives in order to support the PLACE inspections throughout October and November 2022.

8. Wellbeing College

The Wellbeing College has completed its autumn term workshops. The feedback has been great across the students, newly trained coproduced/facilitators and the student cohort is increasing in number. We also have a number of people expressing interest in becoming volunteer facilitators in the college. Jayne will produce an infograph to demonstrate first term outcomes

The steering group is working on the development of the website with Chameleon and hope to go live in February and we have initial styles capes. The content of spring prospectus (Jan to Apr 2023) is due to be published in early January. Some intended actions for the college have been delayed to due to staffing pressures and a recruitment plan has been developed to support the continued delivery of the college.

9. Recommendations

The Trust Board are requested to:

- Receive the report
- Be assured that enhancing our service user engagement continues to be maintained and remains central to the work of the Trust.

REPORT TO PUBLIC TRUST BOARD

Enclosure: 10

Date of Meeting:	12th January 2023		
Title of Report:	Improving Quality & Performance Report (IQPR) Month 8 2022/23		
Presented by:	Eric Gardiner, Executive Director of Finance, Performance & Estates		
Author:	Victoria Boswell, Associate Director of Performance		
Executive Lead Name:	Eric Gardiner, Executive Director of Finance, Performance & Estates	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
	Approval	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Purpose of the report

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

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

Performance summary

In Month 8 there are 21 rated measures that have met the required standard (22 in M7) and 9 that have not met the required standard and highlighted as exceptions (9 in M7).

There are 3 special cause variations (orange variation flags) - signifying concern, compared to 3 in M7:

- Referral to Assessment within 4 weeks
- CAMHS compliance within 4 week waits (Referral to Assessment)
- Staff turnover

There are 5 special cause variation (blue variation flags - signifying improvement):

- IAPT: patients wait no longer than 90 days between 1st and 2nd treatment (PIP in place)
- Delayed Transfers of Care (DTOC)
- Numbers of CPA service users in employment
- Vacancy Rate
- Safe Staffing

There are 21 metrics flagged with a common cause variation (grey variation flag), 20 during M7.

Highlights

- CYP 4 weeks RTA achieved in M8
- Vacancy rate remains under standard for the second consecutive month at 9.7%
- Appraisal and clinical supervision remain above standard in M7
- IAPT Recovery above standard for the second consecutive month at 55.1% in M8

Exceptions

- The safer staffing overall fill rate is 102.9% in M8. A review of agency usage has been completed at directorate level and measures put in place to ensure there is no over usage.
- 1 hour performance is under standard for MH Liaison service in M8
- CPA 12 month review is 91.6% and has not been achieved for the last 6 months
- Care plan performance is 94.6% and not achieved for the second consecutive month
- Length of stay increases on Adult and Older Adult wards

Issues

The Trust is in the process of migrating to a new data warehouse and inevitably there is short term disruption to reporting whilst this happens. Where data are extracted from Lorenzo, this is for the period 1-25 November 2022. Once the data from the new data warehouse are integrated and validated, the IQPR will be reissued with Lorenzo reported metrics updated for M8. All other external sources of data are for the full reporting period.

Performance Improvement Plans (PIPs)

There is improvement with some existing PIPs

- IAPT 90 day in treatment waits continue to be on track
- 4 week RTA Stoke is meeting trajectory
- 4 week RTA North Staffs not on trajectory although is showing an improving position
- North Staffs Community 18 week RTT - trajectory and standard was met in M6, M7 & M8. *It was agreed to close the PIP at the M8 Executive Performance review meeting.*

To note:

- 4 week RTA Specialist Services has taken a dip with performance at 73.4%. The trajectory in place aims for the standard to be achieved in January 2023 and performance is not on course to achieve this. A caseload review and deep dive of data in Neuro Community and Long Covid services is underway and the 4 week RTA PIP will be reviewed when completed in February 2023, with the aim of separating Neuro Community and Long Covid reporting in the PIP.

Seen at:	SLT ☒ Execs ☐ Performance Review meeting – 20.12.22	Document Version No.	

<table>
<tr><td>Committee Approval / Review</td><td>

- Quality Committee ☐
- Finance & Resource Committee ☒
- Audit Committee ☐
- People, Culture & Development Committee ☐
- Charitable Funds Committee ☐

</td></tr>
<tr><td>Strategic Objectives
(please indicate)</td><td>

1. We will attract, develop and retain the best people ☒
2. We will actively promote partnership and integrated models of working ☒
3. We will provide the highest quality, safe and effective services ☒
4. We will increase our efficiency and effectiveness through sustainable development ☒

</td></tr>
<tr><td>Risk / legal implications:
Risk Register Reference</td><td>
Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not achieved target. In addition, they may be required for those measures showing a special cause variation indicating concern.

PIPs in place in M8:
<table>
<tr><th>Metric</th><th>Directorate</th><th>Status</th></tr>
<tr><td>Referral to Assessment within 4 weeks</td><td>Specialist Services – Neuro community – Long Covid</td><td>The trajectory in place aims for the standard to be achieved in January 2023 and performance is not on course to achieve this. A caseload review and deep dive of data in Neuro Community and Long Covid services is underway and the 4 week RTA PIP will be reviewed when completed in February 2023, with the aim of separating Neuro Community and Long Covid reporting in the PIP.</td></tr>
<tr><td>Referral to Assessment within 4 weeks</td><td>Stoke Community</td><td>The trajectory in place aims for the standard to be achieved in November 2022 for Adult and Older People (this has been achieved) and March 2023 for Children and Young People.</td></tr>
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<tr><td>Referral to Treatment</td><td>North Staffs Community</td><td>The trajectory in place aims for the standard to be achieved in October 2022. The PIP has now expired and will be closed as</td></tr>
</table>
</td></tr>
</table>

	within 18 weeks		achieved in last 3 months and confidence that this will be maintained.
	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The trajectory in place aims for the standard to be achieved in March 2023 and performance is on track to achieve this.

Resource Implications: Funding Source:	The Trust's DQMI rating during August was 97.3%, which is the latest published national data. All providers have been hit by a DQMI issue affecting the Organisation Identifier due to ICB changes (code of commissioner). This accounts for the 1.5% drop from 97.5% to 96% for June 2022. NHS Digital have confirmed that there were errors in the national ONS NHS Postcode Directory data, and have now rectified the issues caused by these errors.
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. This will support the Heath Equity Assessments being undertaken at PCN level to inform the Mental Health Community Transformation programme and address health inequalities at a local level. These are being updated with the new census data for the Trust area. The Trust has agreed as Health Equity Framework that aims to reduce health inequity in respect of the role of the Trust as a provider of care. Quarterly reports will enable the Trust to monitor the effectiveness of interventions and actions to reduce inequity at a Trust and local level.
Shadow ICS Alignment / Implications:	None directly.
Recommendations:	Trust Board is asked to: • Receive the report as outlined • Note the Management actions

Version	Name/group	Date issued
1.1	Finance & Resource Committee	21.12.22

North Staffordshire Combined Healthcare NHS Trust

IQPR

Improving Quality & Performance Report

Board Report

Month 8: November 2022

Contents

1. Balanced Scorecard

Access & Waiting Times

	Metric	Standard	Performance
SPC variations signifying concern	RTA 4 weeks	95%	94.2%
	CAMHS 4 week waits	95%	95.8%
RAG rated standards	10 met, 4 unmet		
Highlights	EIP RTT 18 week waits CAMHS 4 week, 18 week waits MH Liasion 4 hr, 24 hrs IAPT 6 weeks, 18 weeks CPA 7 day follow up 7 day follow up (all)		
Exceptions	Metric	Standard	Performance
	RTA 4 weeks	As above	As above
	IAPT 90 days	<10%	15.0%
	MH Liaison 1 hour	95%	94.4%
	48 hour follow up	95%	92.9%

Inpatient & Quality

	Metric	Standard	Performance
SPC variations signifying concern	Nothing significant to note		
RAG rated standards	2 met, 1 unmet		
Highlights	DTOC Readmissions		
Exceptions	Metric	Standard	Performance
	Place of Safety	100%	62.0%

Community

	Metric	Standard	Performance
SPC variations signifying concern	Nothing significant to note		
RAG rated standards	4 met, 2 unmet		
Highlights	Risk Assessment IAPT Recovery Accommodation Employment		
Exceptions	Metric	Standard	Performance
	CPA 12 month review	95%	91.6%
	Care Plan Compliance	95%	94.6%

Organisational Health & Workforce

	Metric	Standard	Performance
SPC variations signifying concern	Staff Turnover	<10%	13.3%
RAG rated standards	5 met, 2 unmet		
Highlights	Vacancy Clinical Supervision Appraisal Training Safe Staffing		
Exceptions	Metric	Standard	Performance
	Complaints	0	2
	Staff Turnover	See above	See above

Performance Improvement Plans (PIPs)	Metric	Standard	Performance
Specialist Services	4 week waits PIP - Neuro Community (Long Covid)	95%	73.4%
Stoke Community	IAPT 90 day PIP	10%	15.0%
Stoke Community	4 week waits PIP	95%	84.0%
North Staffs Community	18 week waits PIP	95%	97.7%
North Staffs Community	4 week waits PIP	95%	90.5%

2. Highlights and Exceptions

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- Vacancy Rate
- Safe Staffing

There are 21 metrics flagged with a common cause variation (grey variation flag), 20 during M7.

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.

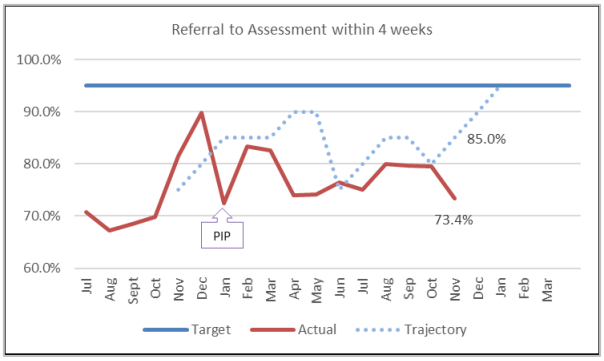
The PIPs are monitored on a monthly basis through the monthly Executive Performance Review meetings until the standard has been achieved for 3 consecutive months, or otherwise agreed. This will ensure that the actions outlined by the Associate Director are embedded and performance levels are sustained.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

PIPs currently in place

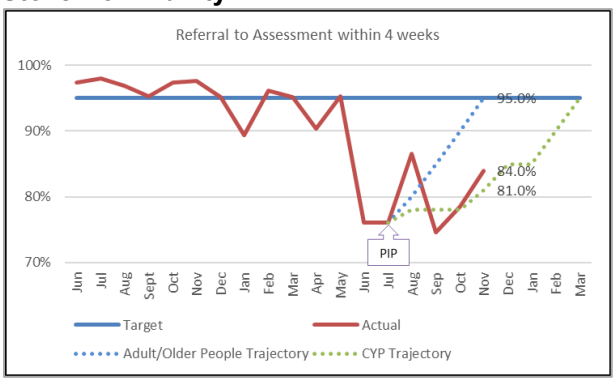
Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services	The trajectory in place aims for the standard to be achieved in January 2023 and performance is not on course to achieve this. A caseload review and deep dive of data in Neuro Community and Long Covid services is underway and the 4 week RTA PIP will be reviewed when completed in February 2023, with the aim of separating Neuro Community and Long Covid reporting in the PIP.
	Stoke Community	The trajectory in place aims for the standard to be achieved in November 2022 for Adult and Older People (this has been achieved) and March 2023 for Children and Young People.
	North Staffs Community	The trajectory in place aims for the standard to be achieved in October 2022. The PIP has now expired and will be reviewed in M9.
Referral to Treatment within 18 weeks	North Staffs Community	The trajectory in place aims for the standard to be achieved in October 2022. The PIP has now expired and will be closed as achieved in last 3 months and confidence that this will be maintained.

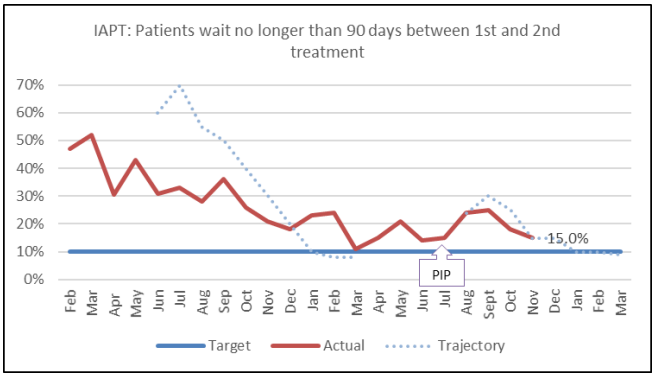
IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The trajectory in place aims for the standard to be achieved in March 2023.

Specialist Services

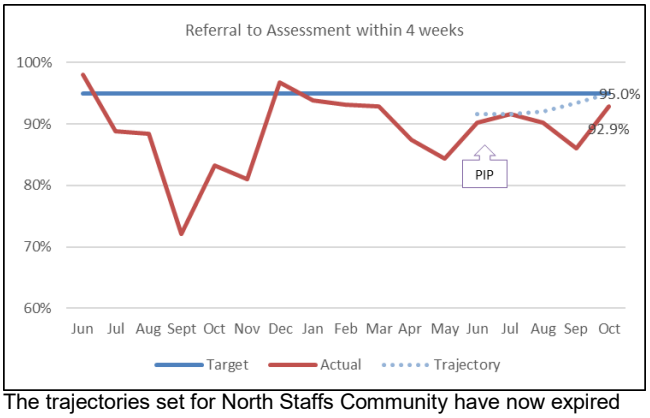


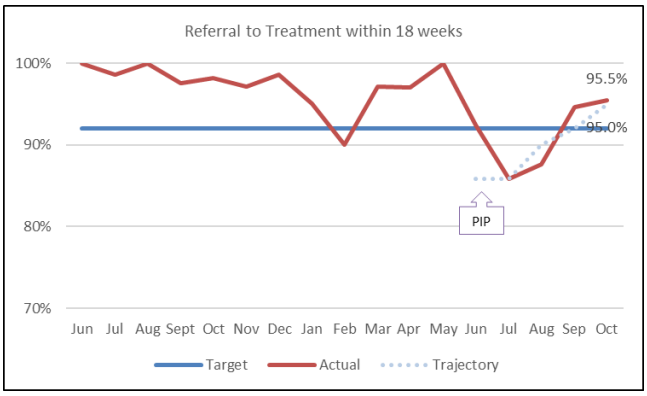
Stoke Community





North Staffs Community





The trajectories set for North Staffs Community have now expired

4. Activity against Plan 22/23

Activity against plan is included as Appendix 1 and sets out:

- 2019/20 inpatient activity against plan – as the last plan agreed with commissioners prior to the Covid pandemic. The inpatient activity plan is based on the levels funded by the CCGs which are detailed in the contractual service specifications
- 2022/23 plan for community and outpatient services based on activity planning assumptions for Covid recovery, and incorporating service developments
- Summary narrative of exceptional variances

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Not Met			*	Performance is at 94.2% for M8. ***PIPs are in place for Stoke and Specialist Services. North Staffs trajectory expired in October and will be reviewed in M9.***
2 - Referral to Treatment within 18 weeks	Met				Performance is at 97.2% during M8. ***North Staffs performance is over standard at 97.7% and the PIP will be closed in M8.***
3 - CAMHS Compliance with 4 week waits (Referral to Assessment)	Met				Performance is at 95.8% during M8.
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Met				Performance is at 94.8% during M8. All directorates have achieved the required standard with the exception to Stoke Community.
5 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met				Performance is at 90.9% during M8 and is operating well above the national standard of 60%.
6 - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Not Met			*	Performance continues to exceed the 90 day waiting time standard between the first and second treatment at 15%. ***A PIP is in place which aims for the standard to be achieved in March 2023.***
7 - MH Liaison 1 Hour Response (Emergency)	Not Met			*	Performance is at 94.4% during M8 and has not met the required standard.
8 - MH Liaison 4 Hour Response (Urgent)	Met				Performance is at 96.2% during M8.
9 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Met				Performance is at 100% during M8.
10 - IAPT: Referral to Treatment (6 weeks)	Met				Performance is at 99.2% and remains well above the required 75% standard.
11 - IAPT: Referral to Treatment (18 weeks)					Performance remains predictably stable at 100%.
12 - Care Programme Approach (CPA) 7 day Follow Up	Met				Performance is at 100% during M8 with all directorates having met the required standard.
13 - 7 Day Follow Up (All Patients)	Met				Performance is at 97.6% during M8 with all directorates having achieved the required standard.
14 - 48 Hour Follow Up	Not Met			*	Performance is at 92.9% during M8.
15 - IPS (individual placement and support)					547 patients received individual placement and support during Quarter 2.
16 - Average Length of Stay - Adult					The average length of stay for inpatients on an adult ward is 31 days.
17 - Average Length of Stay - Older Adult					The average length of stay for inpatients on an older adult ward is 46 days.
18 - Medically Fit for Discharge (MFFD)					There are 3 patients recorded as medically fit for discharge during M8.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
19 - Delayed Transfers of Care (DTOC)	Met				There are no delayed transfers of care during M8.
20 - Emergency Readmissions rate (30 days)	Met				The emergency readmission rate is 4.1% and remains within the threshold.
21 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Not Met			*	Out of 21 assessments, 8 occurred outside of the 3 hours with no agreed clinical grounds for delay.
22 - Friends and Family Test - Recommended					There have been 261 FFT returns, of which 88% rated the Trust as good.
23 - Care Plan Compliance	Not Met			*	Performance is at 94.6% during M8. All directorates with the exception of Specialist Services having achieved the required standard.
24 - Risk Assessment Compliance	Met				Performance is at 95.7% during M8 and is operating within normal control limits.
25 - CPA 12 Month Review Compliance	Not Met			*	Performance is at 91.6% during M8. No directorates have met the required standard.
26 - IAPT : Recovery	Met				Performance is at 55.1% during M8.
27 - Service Users on CPA in settled accommodation	Met				Performance is at 68.1% during M8 and continues to operate above the national average.
28 - Service Users on CPA in Employment	Met				Performance is at 16.6 % and continues to operate above the national average.
29 - Serious Incidents					There are 9 serious incidents Trust wide reported during M8.
30 - DQMI					The Trust's DQMI rating during August was 97.3% from the latest published national data.
31 - Perinatal: Number of women accessing specialist community perinatal mental health services					There were 32 women accessing perinatal services during M8.
32 - Complaints Open Beyond Agreed Timescale	Not Met			*	There are 2 outstanding complaint responses, all are in their final review stage.
33 - Sickness Absence					October figures are not yet available.
34 - Vacancy Rate	Met				The vacancy rate is 9.7% and continues to remain challenging for most directorates.
35 - Staff Turnover	Not Met			*	Performance is consistently above the 10% threshold at 13.3% during M8 and continues to remain challenging for all directorates with the exception of Stoke Community.
36 - Safe Staffing	Met				An overall staffing fill rate of 102.9% was achieved during M8.
37 - Clinical Supervision	Met				Performance is at 85% during M8. All directorates with the exception of Stoke Community, Specialist Services and

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
					Corporate teams have achieved the required standard.
38 - Appraisal	Met				Performance is at 88% during M8. All directorate with the exception to Primary Care and Corporate teams are achieving the required standard.
39 - Statutory & Mandatory Training	Met				Performance is at 89% during M8. All directorates with the exception to Primary Care and Corporate teams are achieving the required standard.
40 - Agency cost per month (£000)	Not Met			*	The agency cost during M8 is at £428k.

In addition;

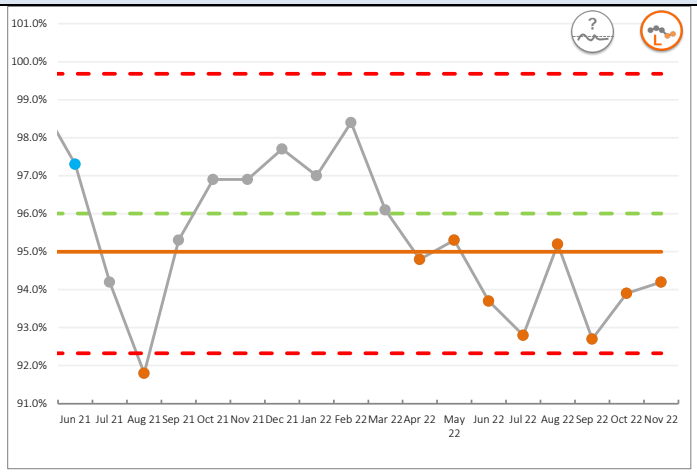
- There are no under 18 admissions to adult wards during M8
- Performance is at 100% for CYP Eating Disorders Referral to Assessments within 1 week and 4 weeks for Q2.
- There are no out of area admissions during M8 outside Staffordshire.

Access & Wait Times

Not Met - Referral to Assessment within 4 weeks ↗

A Higher Value Is Better

Actual	94.2%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.2% below standard during M8. Acute and Urgent Care is the only Directorate to have met the required standard. A special cause variation has been in place for 8 months.

There are challenges across a range of teams including North Staffs and North Stoke CAMHS services.

PIPs are in place for North Staffs with a trajectory for achievement set in October 2022, the PIP has now expired and will be reviewed in M9. Stoke has a trajectory set for Adults/OP by November 2022 and CYP in March 2023. Specialist Services trajectory set for January 2023 is currently under review. A caseload review and deep dive of data in Neuro Community and long Covid service is underway and the PIP will be reviewed when completed in February 2023.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.7%	97.0%	98.4%	96.1%	94.8%	95.3%	93.7%	92.8%	95.2%	92.7%	93.9%	94.2%

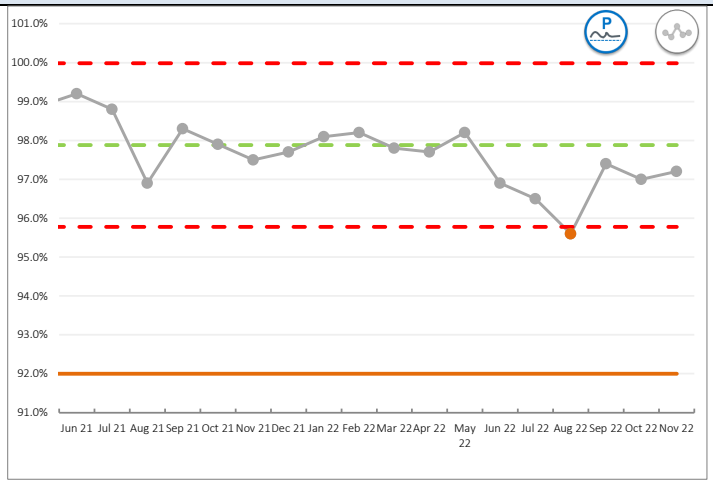
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✘	✘	✘	✘	✓
94.2%	90.5%	84.0%	73.4%	99.5%

1

Met - Referral to Treatment within 18 weeks ↗

A Higher Value Is Better

Actual	97.2%	#N/A	**Executive Director of Operations**	Responsive
Target:	92.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 97.2% during M8. All directorates have achieved the required standard.

A PIP is in place in North Staffs Community with a trajectory for achievement set in October 2022 which has now expired and will be closed as the standard has been met in M8, and for the last 3 months. It was agreed at M8 Executive Performance Review that the PIP will be closed.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.7%	98.1%	98.2%	97.8%	97.7%	98.2%	96.9%	96.5%	95.6%	97.4%	97.0%	97.2%

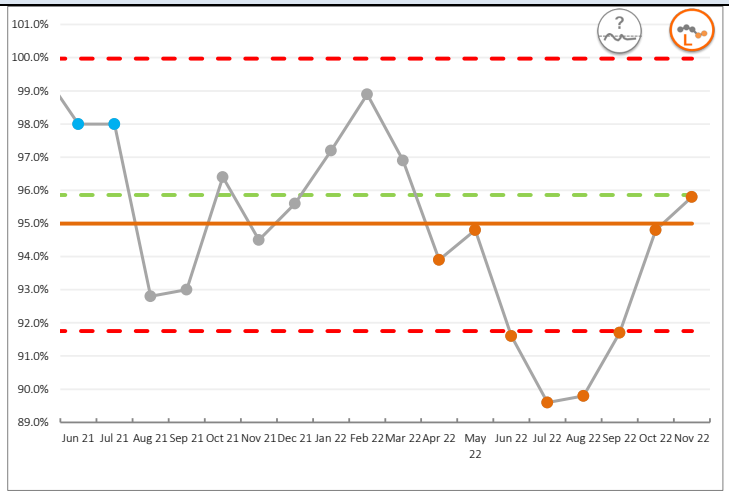
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
97.2%	97.7%	96.4%	92.6%	98.5%

2

Met - CAMHS Compliance with 4 week waits (Referral to Assessment) ↗

A Higher Value Is Better

Actual	95.8%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 95.8% during M8. A special cause variation has been in place for 8 months. North Staffs and Stoke Community CYP services have not met the standard.

During M8, North Staffs CAMHS achieved 68.4% (13/19). North Stoke achieved 0% (0/6). South Stoke achieved 0% (0/4).North Staffs CAMHS have only met the 95% target for two months in year in June and July. All other months since April have been under target. It shod be noted that the numbers of patients included in the metric are generally quite low and not meeting the target for just one or two patients each month does have a significant impact on the reportable percentage. The PIP will be reissued and updated for M9.

The 0% performance in Stoke Community equated to 0/10 assessments. The trajectory in the Stoke 4 week RTA PIP is for the standard to be achieved at end of March 2023.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
95.6%	97.2%	98.9%	96.9%	93.9%	94.8%	91.6%	89.6%	89.8%	91.7%	94.8%	95.8%

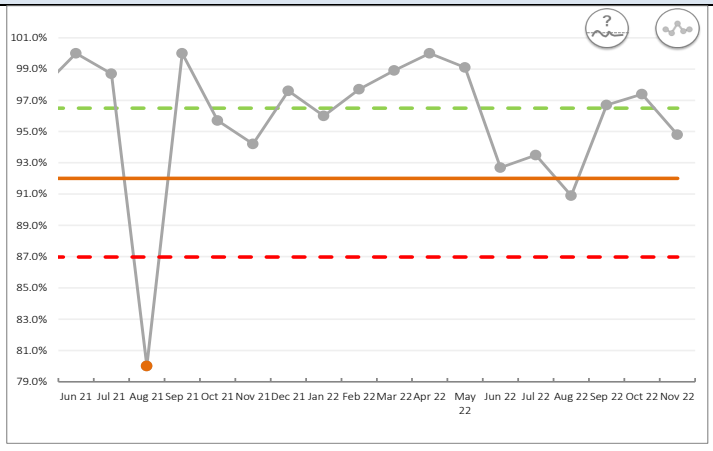
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✗		✓
95.8%	71.4%	0.0%	#N/A	99.7%

3

Met - CAMHS Compliance with 18 week waits (Referral to Treatment) ↘

A Higher Value Is Better

Actual	94.8%	#N/A	**Executive Director of Operations**	Responsive
Target:	92.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.8% during M8. All directorates have achieved the required standard with the exception of Stoke Community.

North Stoke CAMHS achieved 75% (9/12) and South Stoke achieved 50% (2/4).

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.6%	96.0%	97.7%	98.9%	100.0%	99.1%	92.7%	93.5%	90.9%	96.7%	97.4%	94.8%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✗		✓
94.8%	96.0%	68.8%	#N/A	98.2%

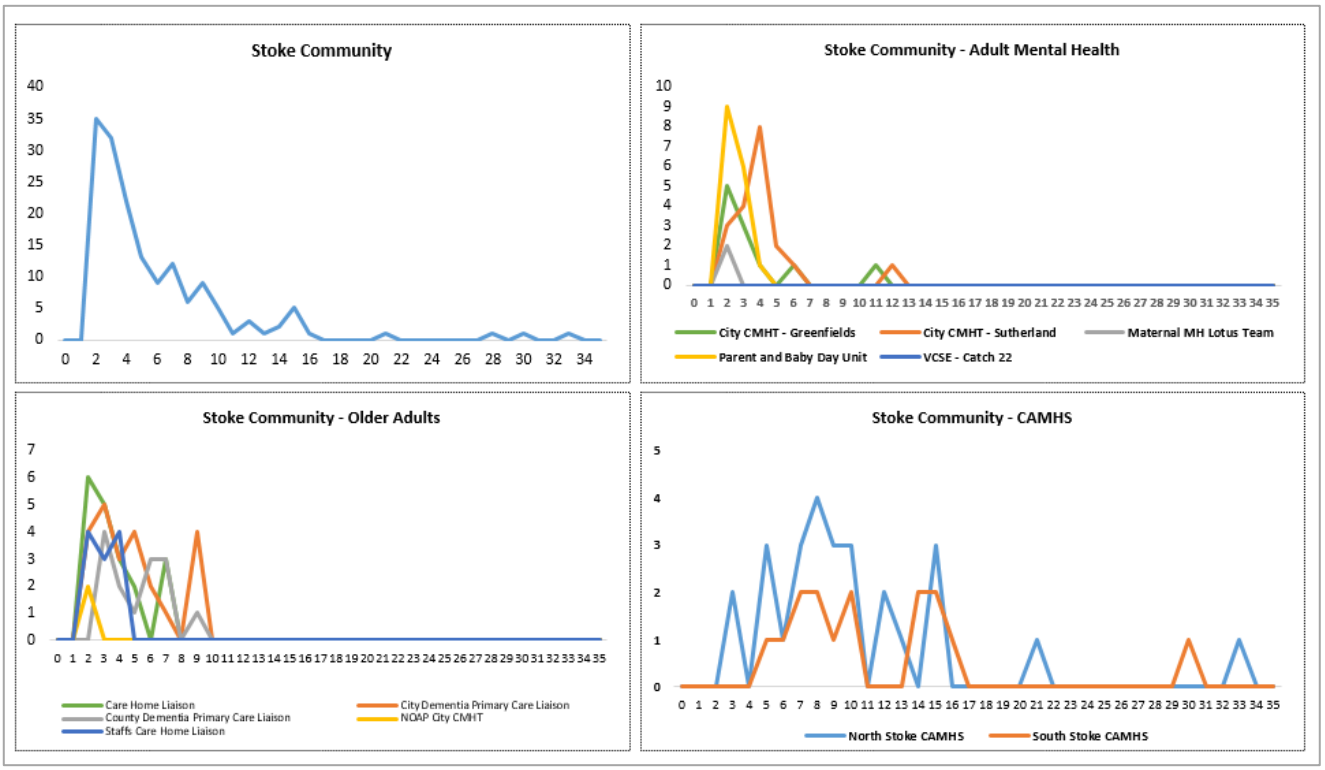
4

Waiting Time Reporting: Wait for RTA (first contact)

Performance data are provided in the IQPR show the numbers of those who were waiting for an assessment at the end of M8, split by directorate and service line.

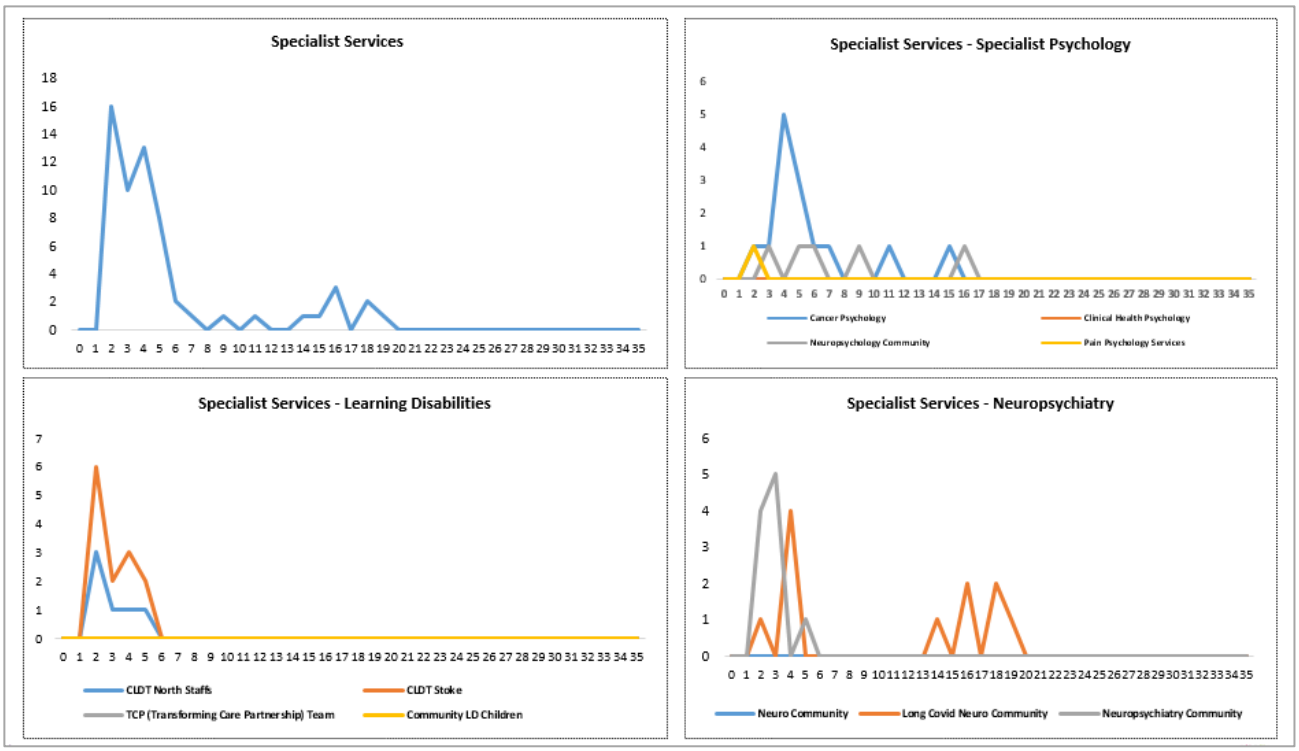
It highlights those teams with the largest number of service users waiting for their first contact in community services, and supplements the regular IQPR metrics showing the numbers who have waited for assessment in 4 weeks or who have waited for treatment within 18 weeks of referral.

Stoke Community



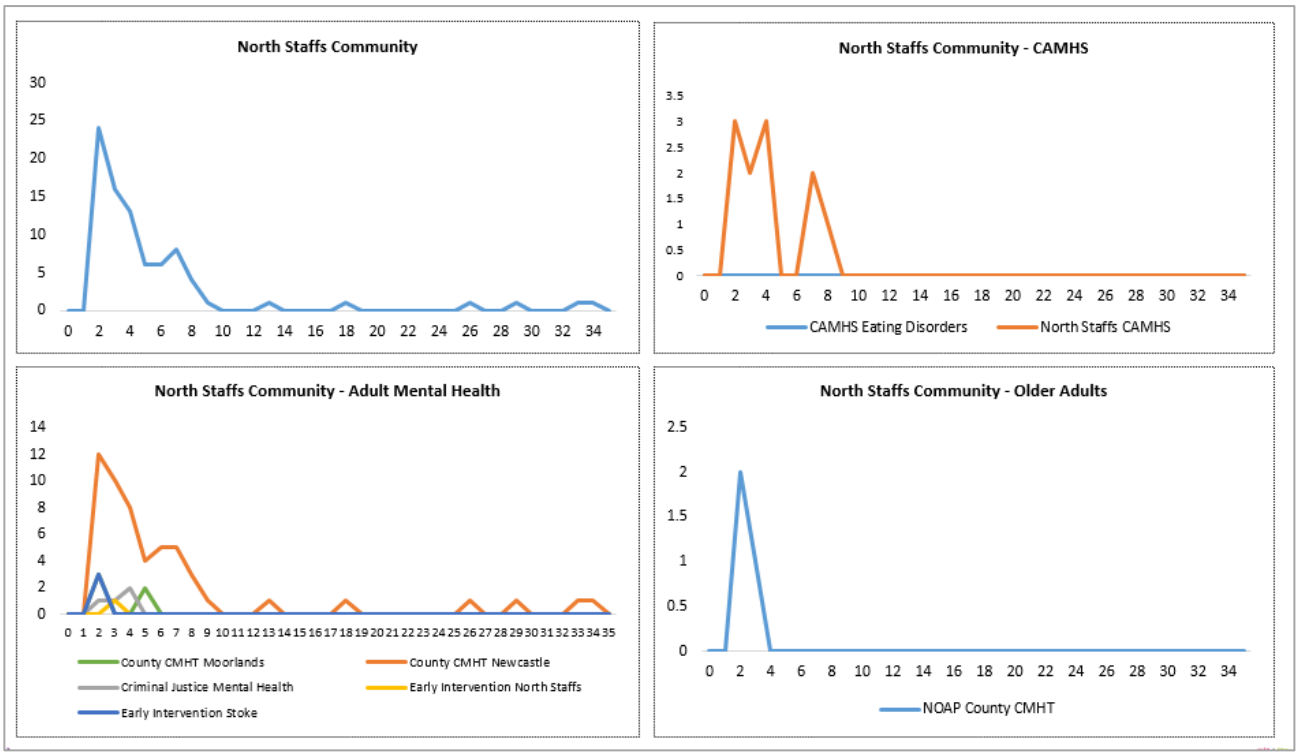
- Sutherland had the most patients waiting in adult services – 19 people. The longest wait stands at 9 weeks.
- City Dementia Primary Care Liaison had the most patients waiting in older adults services – 23 people. The longest wait stands at 9 weeks.
- North Stoke CAMHS had the most patients waiting in CAMHS services – 27 people. The longest wait stands at 33 weeks.

Specialist Services



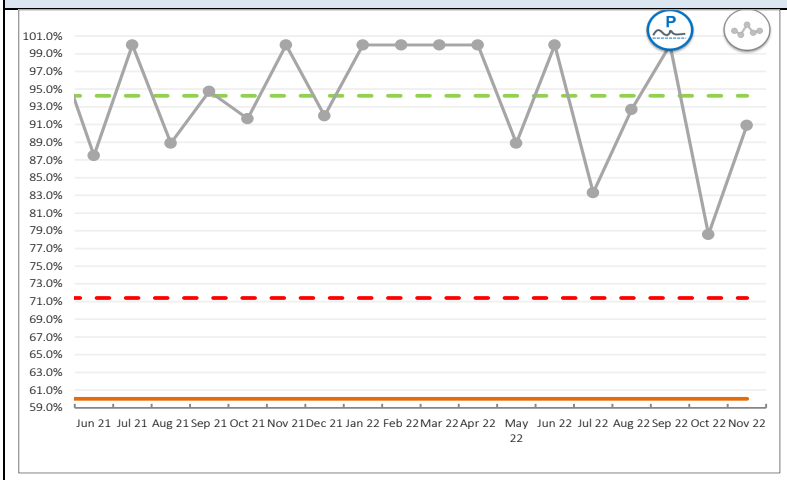
- Cancer Psychology has the most patients waiting – 14 people. Longest wait is at 15 weeks.
- Long Covid had 11 patients waiting. Longest wait is at 19 weeks.

North Staffs Community



- North Staffs CAMHS had 11 patients waiting. Longest was at 8 weeks.
- Newcastle CMHT had the most patients waiting for adult services – 54 people. Longest wait is at 34 weeks.

Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment ↗ A Higher Value Is Better	**Actual** 90.9% #N/A **Target:** 60.0% Monthly	**Executive Director of Operations** Responsive National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 90.9% during M8 and is predictably operating within normal control limits, well above the national standard of 60%.

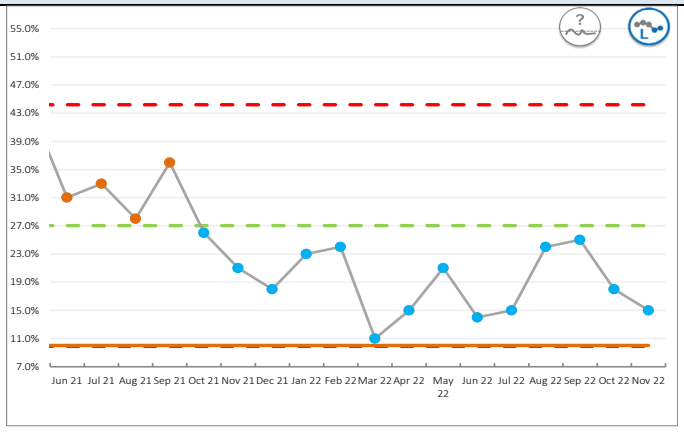
12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
92.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	83.3%	92.7%	100.0%	78.6%	90.9%

Trust
✓
90.9%

5

Not Met - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment ↗ A Lower Value Is Better	**Actual** 15.0% #N/A **Target:** 10.0% Monthly	**Exec. Director of Operations** Safe National	



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

-- Monthly Narrative (Key Issues and Actions) --
The Stoke Wellbeing Service is now entering Year 3 of the contract (April 22/23) and there has been an uplift in the prevalence rate so that the numbers of people accessing the service has increased. The workforce expansion to meet the uplift requires an increase in the number of Health Education training places to train therapists as well as an increase in the availability of the Post Graduate courses which is being negotiated with HEE and the CCG. Alongside the recruitment plan a long term condition training plan is being developed in the service to expand the range of clinical skills for core therapists. ***A PIP is in place which aims for the standard to be achieved in March 2023.***

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
18.0%	23.0%	24.0%	11.0%	15.0%	21.0%	14.0%	15.0%	24.0%	25.0%	18.0%	15.0%

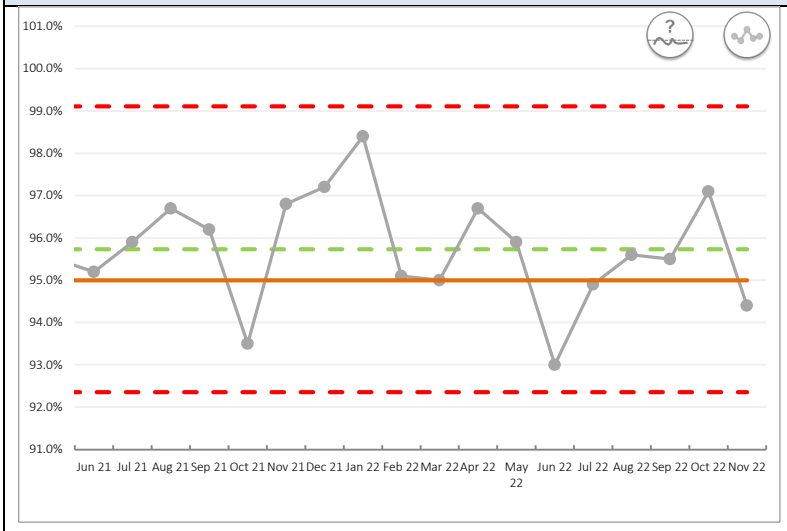
Stoke Community
✗
15.0%

6

Not Met - MH Liaison 1 Hour Response (Emergency) ↘

A Higher Value Is Better

Actual	94.4%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	CCG	



12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.2%	98.4%	95.1%	95.0%	96.7%	95.9%	93.0%	94.9%	95.6%	95.5%	97.1%	94.4%

Trust
✖
94.4%

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

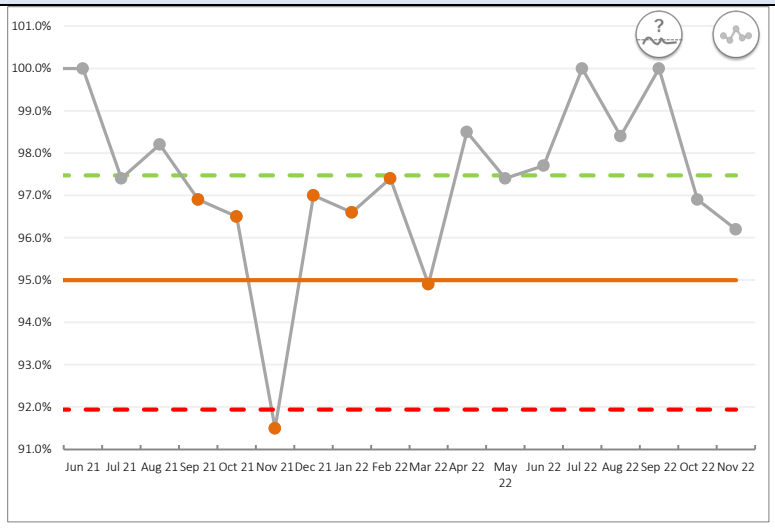
-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.4% (135/143) and has not met the required standard during M8.

7

Met - MH Liaison 4 Hour Response (Urgent) ↘

A Higher Value Is Better

Actual	96.2%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	CCG	



12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.0%	96.6%	97.4%	94.9%	98.5%	97.4%	97.7%	100.0%	98.4%	100.0%	96.9%	96.2%

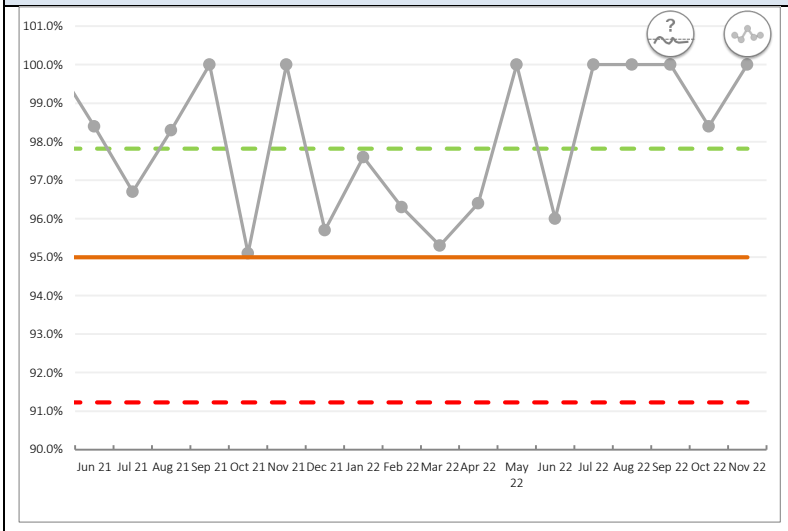
Trust
✓
96.2%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 96.2% (51/53) and has met the required standard during M8.

8

Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward) ↗	Actual 100.0% #N/A	Executive Director of Operations Responsive
A Higher Value Is Better	Target: 95.0% Monthly	CCG



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 100% (49/49) and has met the required standard during M8.

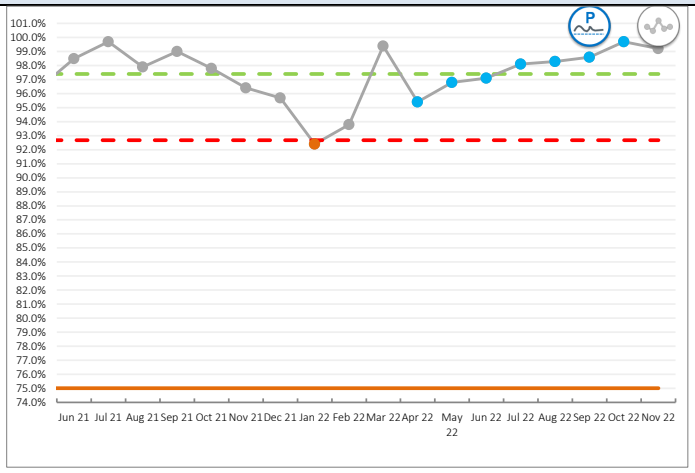
12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
95.7%	97.6%	96.3%	95.3%	96.4%	100.0%	96.0%	100.0%	100.0%	100.0%	98.4%	100.0%

Trust
✓
100.0%

9

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



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

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

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
95.7%	92.4%	93.8%	99.4%	95.4%	96.8%	97.1%	98.1%	98.3%	98.6%	99.7%	99.2%

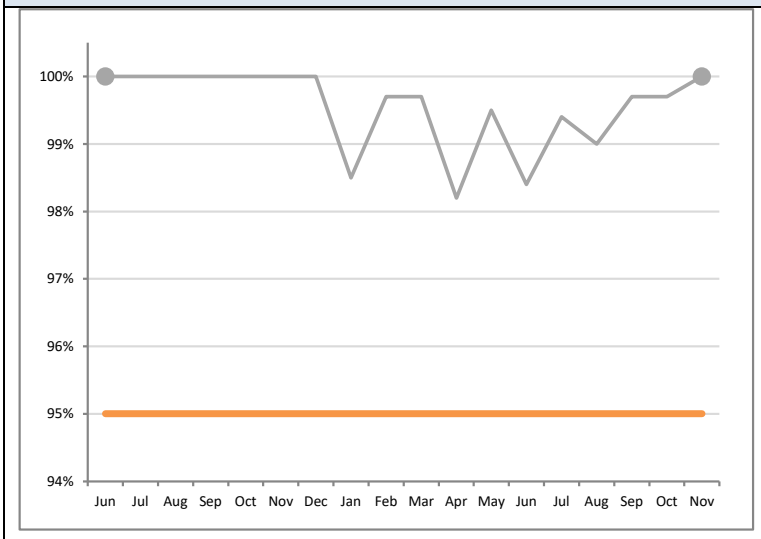
Trust
✓
99.2%

10

Met - IAPT: Referral to Treatment (18 weeks) ↗

A Higher Value Is Better

Actual	100.0%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	95.0%	Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance remains predictably stable at 100% during M8.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
100.0%	98.5%	99.7%	99.7%	98.2%	99.5%	98.4%	99.4%	99.0%	99.7%	99.7%	100.0%

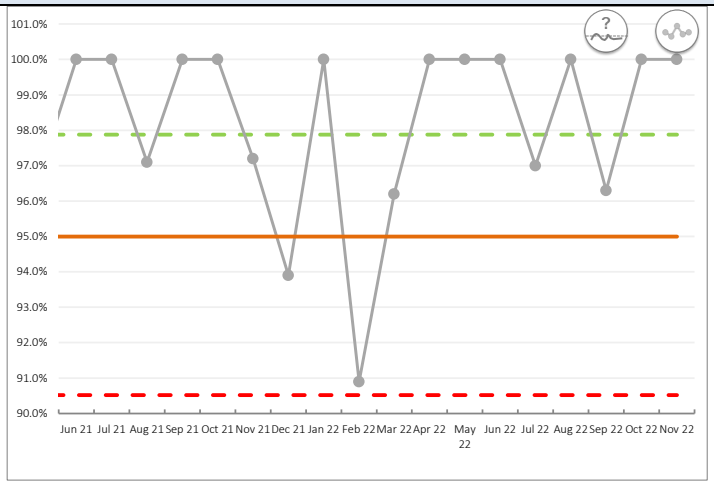
Trust
✓
100.0%

11

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

A Higher Value Is Better

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



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 100% during M8 with all directorates having met the required standard.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
93.9%	100.0%	90.9%	96.2%	100.0%	100.0%	100.0%	97.0%	100.0%	96.3%	100.0%	100.0%

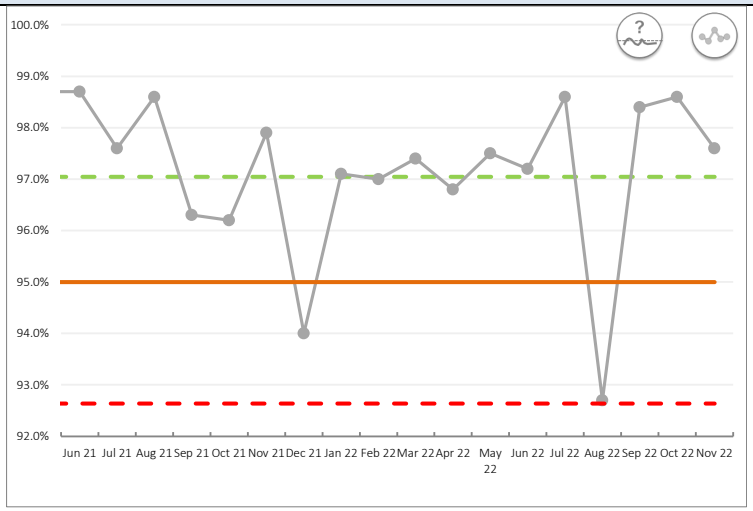
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
100.0%	100.0%	100.0%	100.0%	100.0%

12

Met - 7 Day Follow Up (All Patients)

A Higher Value Is Better

Actual	97.6%	#N/A	**Medical Director**	Safe
Target:	95.0%	Monthly	CCG	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 97.6% during M8 with all directorates having achieved the required standard. There were 2 breaches Trust wide in M8, one in the Stoke Community and one in North Staffs Directorate.

One breach notification form was completed and no risks or issues were identified and the circumstances for the second breach are summarised below in the 48 hour follow up exception narrative.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
94.0%	97.1%	97.0%	97.4%	96.8%	97.5%	97.2%	98.6%	92.7%	98.4%	98.6%	97.6%

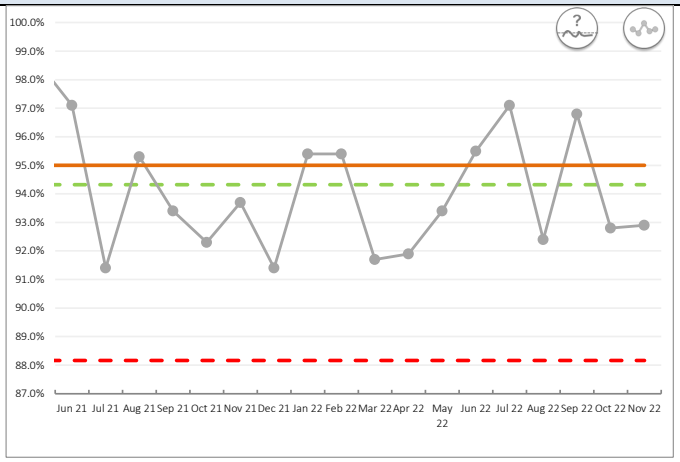
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
97.6%	96.2%	97.4%	100.0%	100.0%

13

Not Met - 48 Hour Follow Up

A Higher Value Is Better

Actual	92.9%	#N/A	**Medical Director**	Safe
Target:	95.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 92.9% during M8.

There were six 48 hour follow up breaches trust wide in M8 (four in Stoke Community (2x Greenfield, 1x Care Home Liaison) 2x in North Staffs Community (1x Moorlands CMHT, 1x NOAP County). 1x in Stoke and 1x in North Staffs were not seen within seven days, the others all were.

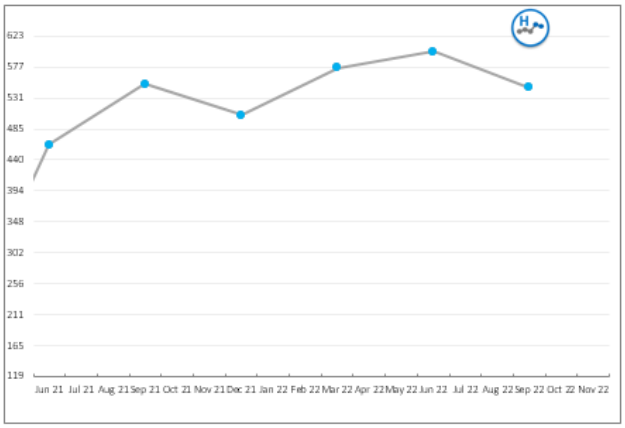
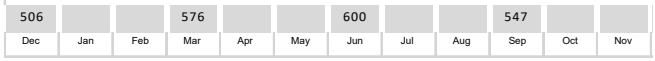
Breach notices received for all. 5 of the 6 breaches indicated no harm was observed. For the remaining breach, contact was attempted via telephone call, home visits and letters but all contact was rejected for both the Home Treatment and Moorlands CMHT. The individual has since been picked up by the police and readmitted to an acute inpatient ward.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
91.4%	95.4%	95.4%	91.7%	91.9%	93.4%	95.5%	97.1%	92.4%	96.8%	92.8%	92.9%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✓	✓
92.9%	92.3%	89.7%	100.0%	100.0%

14

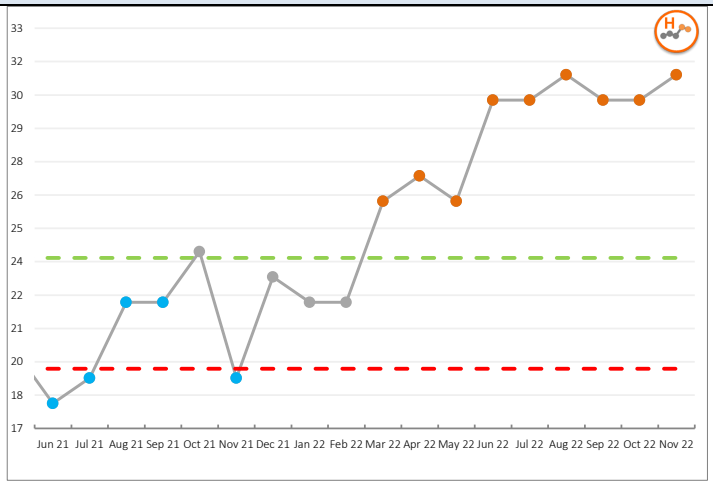
- Individual Placement Support A Higher Value Is Better	**Actual** #N/A #N/A **Target:** Monthly	**Executive Director of Operations** Safe National	
 	-- Context -- IPS is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment. -- Monthly Narrative (Key Issues and Actions) -- 547 patients received individual placement and support during Quarter 2.		
12 Month Trend  			
Trust #N/A			***15***

Inpatient & Quality

Met - Average Length of Stay - Adult

A Lower Value Is Better

Actual	31.00	#N/A	
Target:		Monthly	
Executive Director of Operations			Responsive
Trust Measure			



12 Month Trend

23	22	22	26	27	26	30	30	31	30	30	31
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust
31.00

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

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an adult ward during M8 is 31 days.

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 in 2021.

There are 70 patients with a LoS >60 days (within the financial year) 4 patients were discharged during M8.

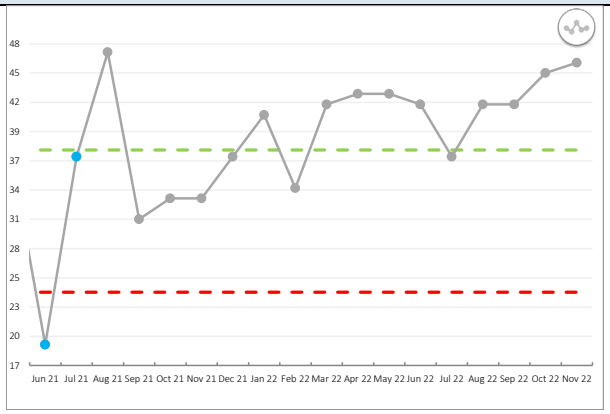
There are 105 patients with a LoS >90 days (financial year) 3 patients were discharged during M8.

16

Met - Average Length of Stay - Older Adult

A Lower Value Is Better

Actual	46.00	#N/A	
Target:		Monthly	
Executive Director of Operations			Responsive
Trust Measure			



12 Month Trend

37	41	34	42	43	43	42	37	42	42	45	46
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust
46.00

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

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an older adult ward during M8 is 46 days.

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.

There are 91 patients with a LoS >60 days (within the financial year) 1 patient was discharged during M8.

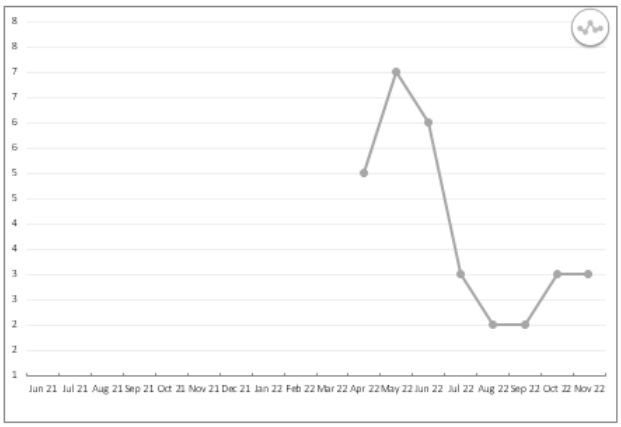
There are 90 patients with a LoS >90 days (financial year) 5 patients were discharged during M8.

17

Met - Medically Fit for Discharge (MFFD) ↔

A Lower Value Is Better

Actual 3.00	#N/A	**Executive Director of Operations** Responsive
Target:	Monthly	Trust Measure



12 Month Trend

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

Trust
3.00

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

-- Monthly Narrative (Key Issues and Actions) --
There are three inpatients who are recorded as medically fit for discharge, with no clinical grounds for delay;

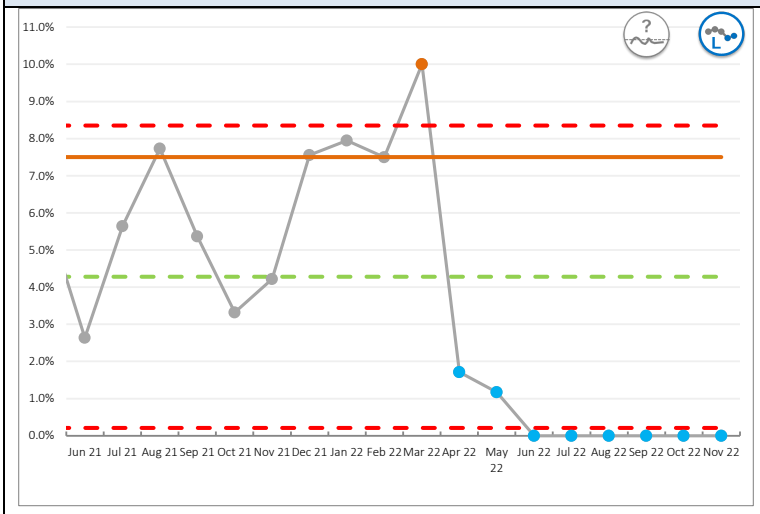
- Ward 4, MFFD from 23 Nov
- Ward 5, MFFD from 24 Oct
- Ward 7, MFFD from 17 Oct, discharged 21 Nov

18

Met - Delayed Transfers of Care (DTOC) ↔

A Lower Value Is Better

Actual 0.0%	#N/A	**Executive Director of Operations** Responsive
Target: 7.5%	Monthly	National



12 Month Trend

7.6%	8.0%	7.5%	10.0%	1.7%	1.2%	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	Specialist Services	Acute and Urgent Care
✓	✓	✓
0.0%	0.0%	0.0%

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

-- Monthly Narrative (Key Issues and Actions) --
There are no delayed transfers of care reported during M8.

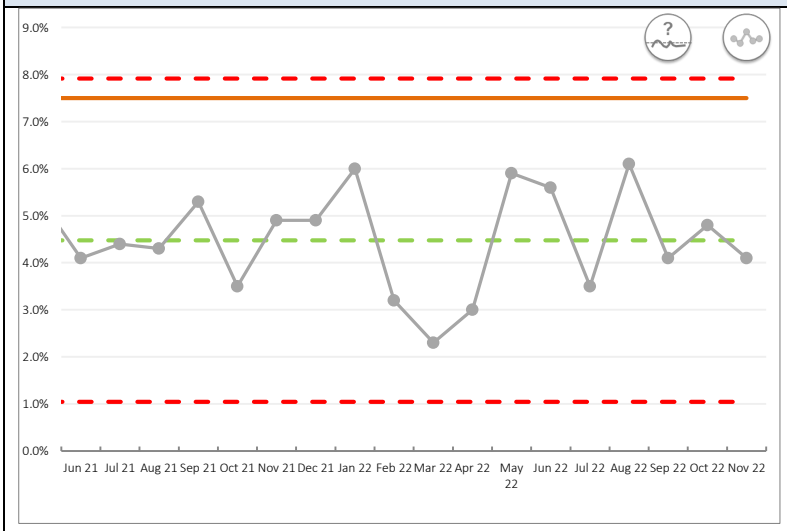
There have been 33 patients (ytd) whose transfer of care has been recorded as delayed. All of which have MHA Legal Status in place which prevents them being defined as a delayed transfer of care.

19

Met - Emergency Readmissions rate (30 days) ↗

A Lower Value Is Better

Actual	4.1%	#N/A	**Medical Director**	Responsive
Target:	7.5%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
The emergency readmission rate during M8 is 4.1% and remains within the threshold.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
4.9%	6.0%	3.2%	2.3%	3.0%	5.9%	5.6%	3.5%	6.1%	4.1%	4.8%	4.1%

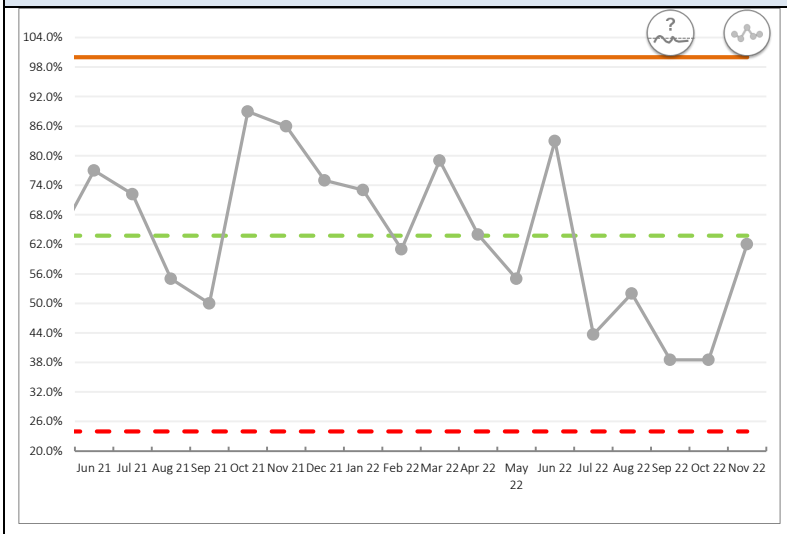
Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
4.1%	0.0%	4.1%

20

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

A Higher Value Is Better

Actual	62.0%	#N/A	**Medical Director**	Safe
Target:	100.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Out of 21 assessments, 8 occurred outside of 3 hours with no agreed clinical grounds for delay.

The majority of the time the reasons are out of the control of the Trust. The delays link to availability of the assessing team in respect of AMHP's and 2nd independent Section 12 doctors. These are raised and discussed with the local AMHP team leaders for both Staffordshire and Stoke, who both report that the on-call doctors in the North are always available to attend. However, this is not replicated in the South.

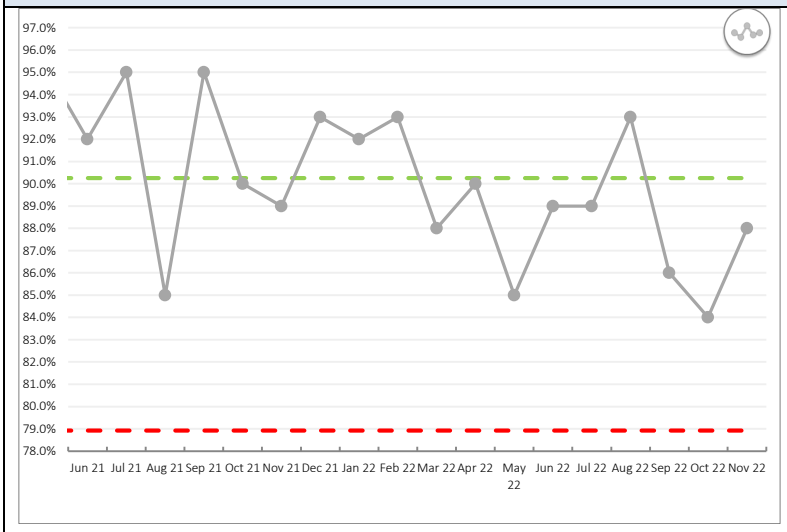
12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
75.0%	73.0%	61.0%	79.0%	64.0%	55.0%	83.0%	43.7%	52.0%	38.5%	38.5%	62.0%

Trust
✗
62.0%

21

Not Met - Friends and Family Test - Recommended ↗ A Higher Value Is Better	**Actual** 88.0% #N/A **Target:** Monthly	**Executive Director of Nursing and Quality** Caring National	



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

-- Monthly Narrative (Key Issues and Actions) --
There have been 261 FFT returns received of which 88% rated the Trust as good.

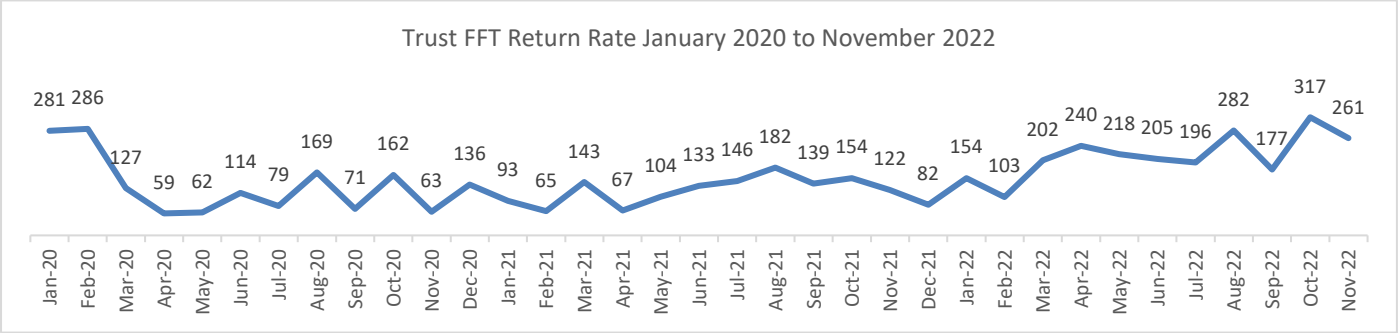
The Trust has deployed a digital solution to help to support an increase in patient engagement with the friends and family test. To date this has not significantly increased return rates. Actions are being taken, including a poster campaign and direct text links to the survey to improve engagement and the piloting of electronic FFT via tablets in the Crisis Care Centre and CMHT Bases. A QR code to link directly to FFT has now been included as part of the discharge letter template in Lorenzo. The Trust have also commenced some additional work with a company who already provide a survey tool; the aim is that return rates can further be improved.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
93.0%	92.0%	93.0%	88.0%	90.0%	85.0%	89.0%	89.0%	93.0%	86.0%	84.0%	88.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
88.0%	81.0%	97.0%	100.0%	91.0%

22



The change from face-to-face appointments has impacted upon the FFT return rate. In order to support the clinical teams the Patient Experience Team have been working with the Trust IT and the Communications Team on a digital solution to make responding to FFT easier for people who are not able to access face to face services and who may be more familiar using digital approaches to customer/client services. The Trust has now purchased the Smartsurvey product and a template has been produced to offer an electronic option either via a hyperlink, text message or QR Code to providing FFT feedback.

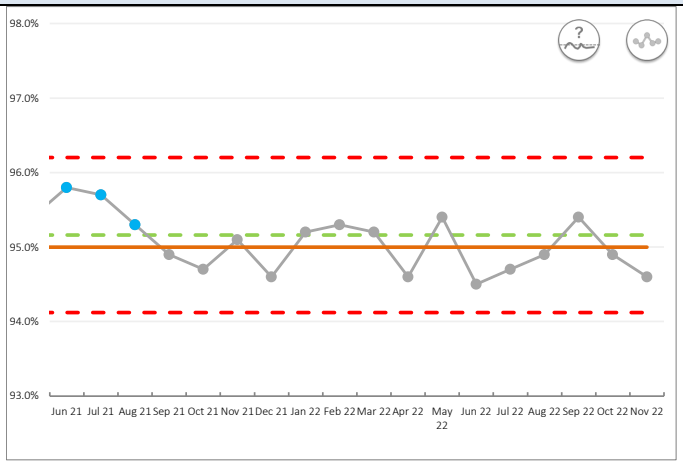

Community and
Quality

Not Met - Care Plan Compliance

A Higher Value Is Better

Actual	94.6%	#N/A
Target:	95.0%	Monthly

Executive Director of Nursing and Quality	Safe
Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.6% during M8 (7737/8176). All directorates with the exception of Specialist Services having achieved the required standard.

The Specialist Service under-performance is mainly associated with non CPA care plan compliance in Clinical Neuropsychology, Neuro Oncology Psychology, Neuro Community, Long Covid Neuro Community, Neuro Psychology, Neuro Community and Paediatric Psychology teams. In some of these teams, lower numbers equals higher percentages.

Specialist Services are under standard and have only achieved the 95% target twice since April 2022.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
94.6%	95.2%	95.3%	95.2%	94.6%	95.4%	94.5%	94.7%	94.9%	95.4%	94.9%	94.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✓	✓	✗	✓
94.6%	95.5%	95.0%	92.0%	96.1%

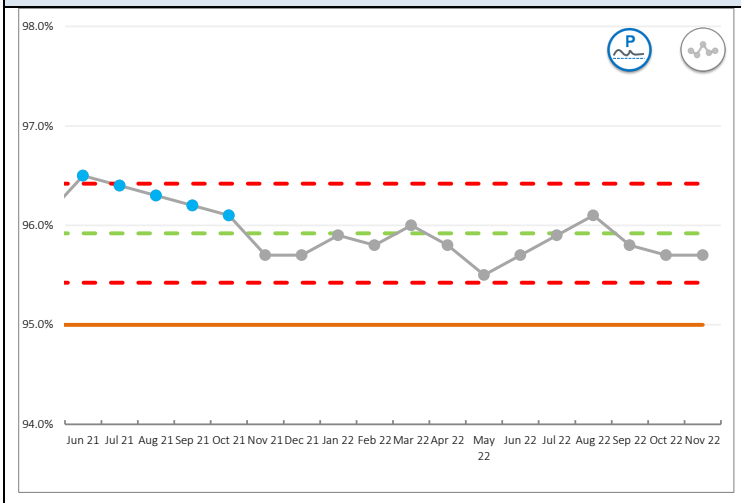
23

Met - Risk Assessment Compliance

A Higher Value Is Better

Actual	95.7%	#N/A
Target:	95.0%	Monthly

Executive Director of Nursing and Quality	Safe
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% during M8 (9317/9736) and is operating within normal control limits.

All directorates, with the exception of Specialist Services have met the required standard. Specialist Services have not achieved the target since April. There has been an increase in the number of referrals received within Neuro Community which has caused a slight delay in the risk assessments being completed. This is being closely managed through weekly performance reports.

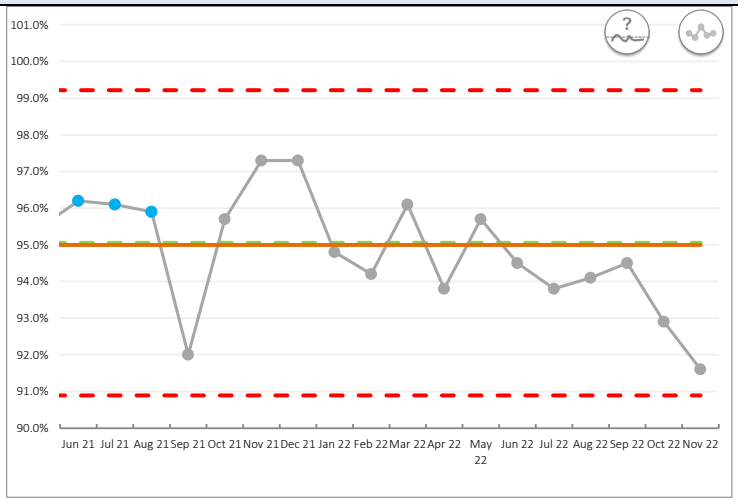
12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
95.7%	97.7%	95.7%	91.8%	98.7%

24

Not Met - CPA 12 Month Review Compliance ↘	Actual 91.6% #N/A	Executive Director of Nursing and Quality	Safe
A Higher Value Is Better	Target: 95.0% Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 91.6% during M8 below standard.

No directorates have met the required standard, despite regular reports being distributed.

North Staffs Locality last met the 95% target in May. Stoke Locality has not achieved the target during this financial year. Specialist Services have achieved the target once in-year in September. The Acute & Urgent Care Directorate have only 2 reportable patients in the metric and these only appeared in October when both had a review in date. During November, one of these became overdue so the performance is 50%.

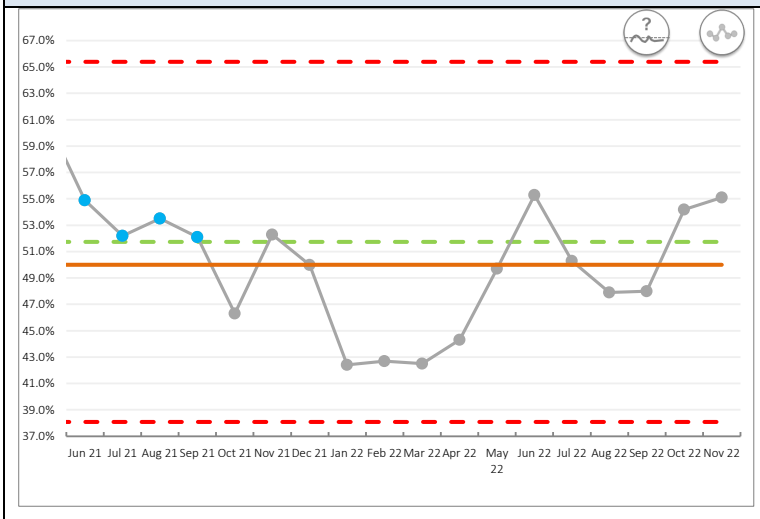
12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
97.3%	94.8%	94.2%	96.1%	93.8%	95.7%	94.5%	93.8%	94.1%	94.5%	92.9%	91.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✗	✗
91.6%	90.3%	93.1%	94.8%	50.0%

25

Met - IAPT: Recovery ↗	Actual 55.1% #N/A	Executive Director of Nursing and Quality	Safe
A Higher Value Is Better	Target: 50.0% Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 55.1% during M8, above the 50% standard.

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

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
50.0%	42.4%	42.7%	42.5%	44.3%	49.7%	55.3%	50.3%	47.9%	48.0%	54.2%	55.1%

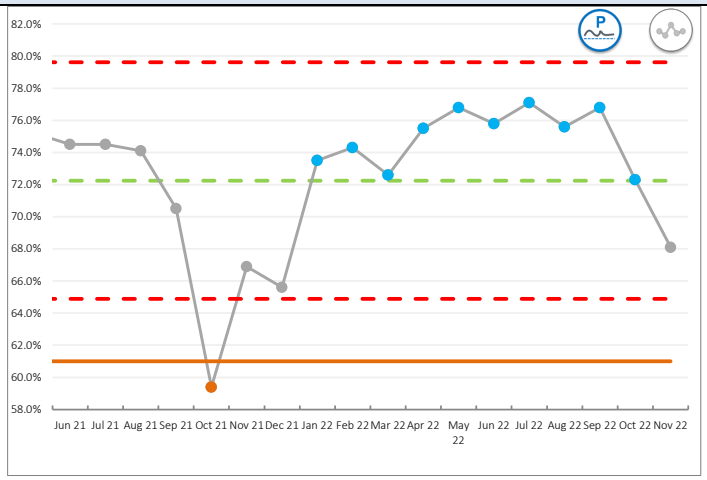
Trust
✓
55.1%

26

Met - Service Users on CPA in settled accommodation ↘

A Higher Value Is Better

Actual	68.1%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	61.0%	Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 68.1% during M8 and continues to operate above the national average. All directorates having achieved the required standard, with the exception to Specialist Services.

Continuous improvement has been made for 10 months and consideration should be made as to rebasing the control limits in Q4.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
65.6%	73.5%	74.3%	72.6%	75.5%	76.8%	75.8%	77.1%	75.6%	76.8%	72.3%	68.1%

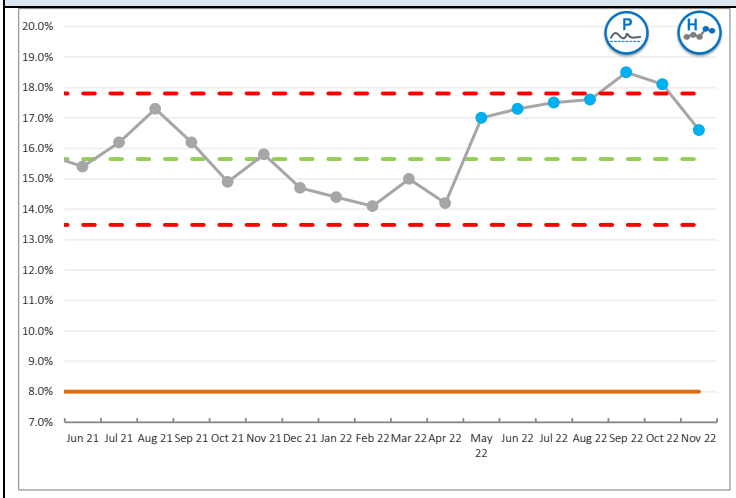
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✗	✓
68.1%	62.1%	78.7%	54.4%	100.0%

27

Met - Service Users on CPA in Employment ↘

A Higher Value Is Better

Actual	16.6%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	8.0%	Monthly	National	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 18.1% during M8 and continues to operate above the national average and outside of the upper control limit.

Continuous improvement has been made for 7 months and consideration should be made as to rebasing the control limits in Q4.

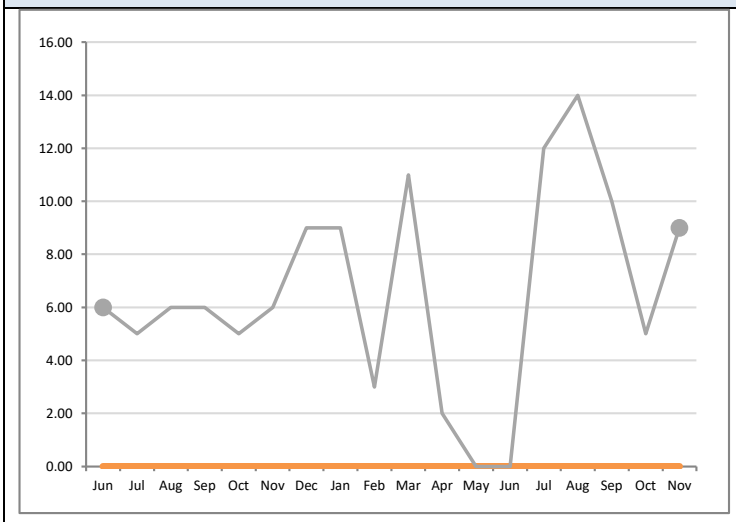
12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
14.7%	14.4%	14.1%	15.0%	14.2%	17.0%	17.3%	17.5%	17.6%	18.5%	18.1%	16.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✓	
16.6%	7.8%	27.3%	9.1%	#N/A

28

Met - Serious Incidents ↘	Actual 9.00 #N/A	Medical Director Safe
A Lower Value Is Better	Target: Monthly	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) --
There are 9 serious incidents Trust wide reported during M8.

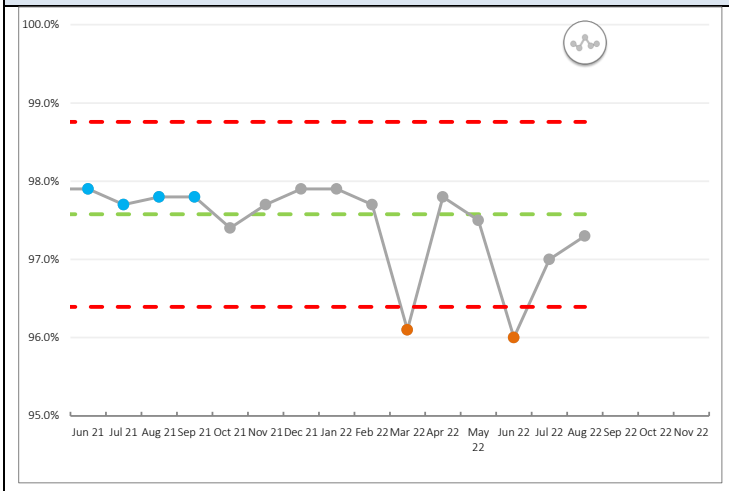
Any trends or themes linking patient safety incidents and SIs are currently being reviewed and any findings will be outlined in the patient safety quarterly report being prepared for Quality Committee.

12 Month Trend

9	9	3	11	2	0	0	12	14	10	5	9
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
9.00	3.00	3.00	0.00	3.00

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



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

-- Monthly Narrative (Key Issues and Actions) --
The Trust's DQMI rating during August was 97.3%, which is the latest published national data.

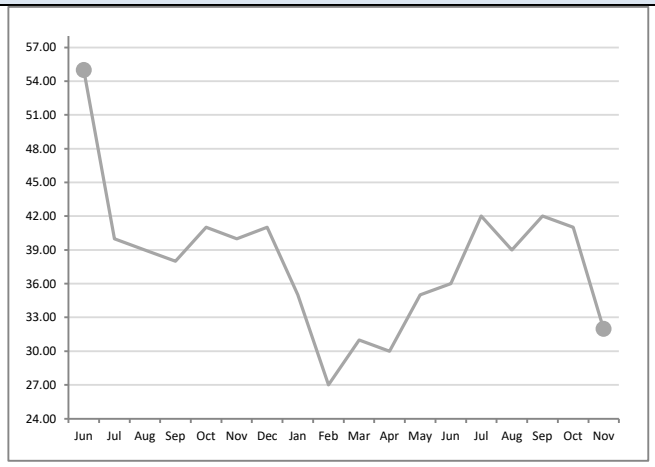
All providers have been hit by a DQMI issue affecting the Organisation Identifier due to ICB changes (code of commissioner). This accounts for the 1.5% drop from 97.5% to 96% for June 2022. NHS Digital have confirmed that there were errors in the national ONS NHS Postcode Directory data, and have now rectified the issues caused by these errors.

12 Month Trend

97.9%	97.9%	97.7%	96.1%	97.8%	97.5%	96.0%	97.0%	97.3%			
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust
#N/A

Not Met - Perinatal: Number of women accessing specialist community perinatal mental health services ↘ A Higher Value Is Better	**Actual** 32.00 #N/A **Target:** Monthly	**Executive Director of Operations** Responsive National	



12 Month Trend

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

Trust
32.00

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

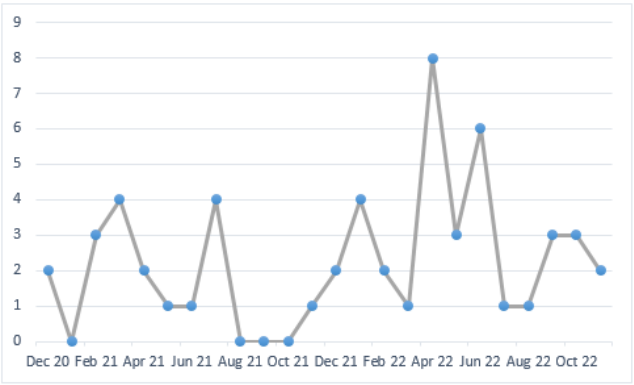
-- Monthly Narrative (Key Issues and Actions) --
There were 32 women accessing the Trust's perinatal service during M8. This data is under validation with the service due to the lower than average numbers reported.

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

31

Organisational Health and Workforce

Not Met - Complaints Open Beyond Agreed Timescale ↗ A Lower Value Is Better	**Actual** 2.00 #N/A **Target:** 0.00 Monthly	**Executive Director of Nursing and Quality** Caring Trust Measure	



12 Month Trend

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

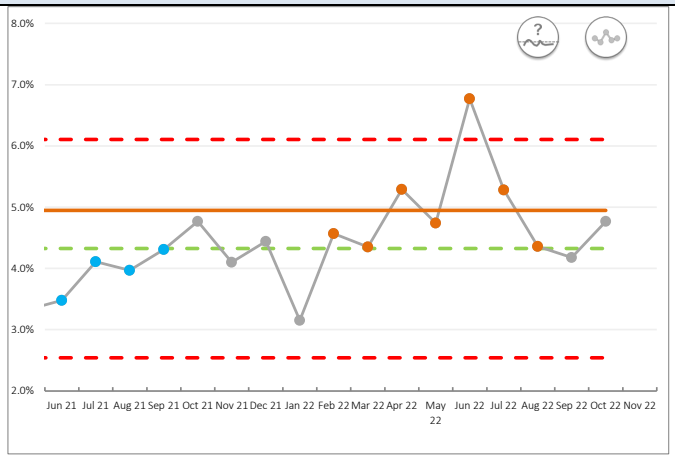
Trust
✖
2.00

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

-- Monthly Narrative (Key Issues and Actions) --
There are two complaint responses outside of the 40 working day deadline during M8, all are in their final review stage.

32

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



12 Month Trend

4.44%	3.15%	4.57%	4.35%	5.29%	4.74%	6.77%	5.28%	4.36%	4.18%	4.77%	
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

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

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

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

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).

33

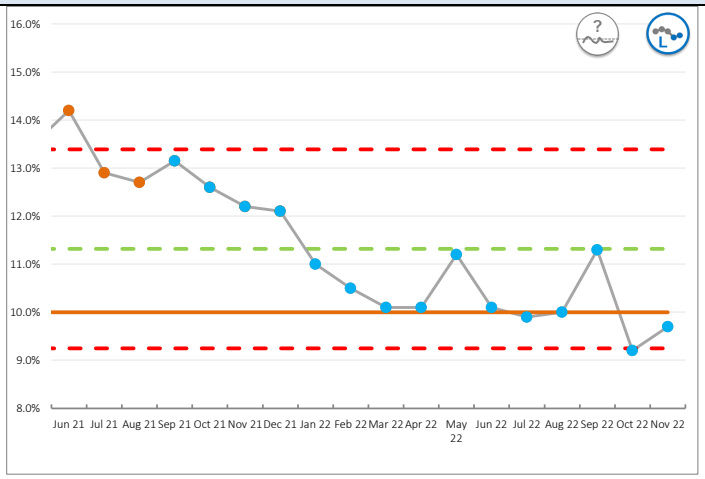
Met - Vacancy Rate ↘

A Lower Value Is Better

Actual	9.7%	#N/A
Target:	10.0%	Monthly

Executive Director of Workforce | Organisational Health

Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
The vacancy rate is 9.7% for M8 and remains challenging for most directorates, with the exception of North Staffs, Primary Care and Corporate teams. Performance has improved for the last 15 months and requires rebasing in Q4.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
12.1%	11.0%	10.5%	10.1%	10.1%	11.2%	10.1%	9.9%	10.0%	11.3%	9.2%	9.7%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✗	✗	✗	✓	✓
9.7%	5.1%	12.2%	14.4%	13.9%	5.2%	0.2%

34

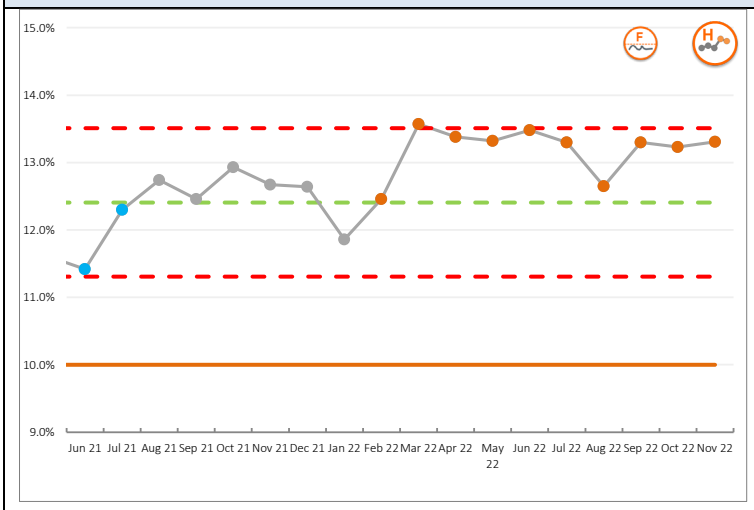
Not Met - Staff Turnover ↘

A Lower Value Is Better

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

Executive Director of Workforce | Organisational Health

Trust Measure



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is consistently above the 10% threshold at 13.3% during M8 and continues to remain challenging for all directorates with the exception of Stoke Community. There has been a special cause variation in place during the last ten months.

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

In Primary Care in M8 there was an average FTE 50.36 and leavers were 14.15 associated with salaried GPs and Receptionist leaving the service. There are training and development initiatives to support Receptionist's with the challenging role. As the Directorate's FTE is not very high, a small number of staff leaving will become a high percentage.

12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
12.6%	11.9%	12.5%	13.6%	13.4%	13.3%	13.5%	13.3%	12.7%	13.3%	13.2%	13.3%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✗	✗	✓	✗	✗	✗	✗
13.3%	10.1%	9.5%	17.4%	11.9%	28.1%	17.2%

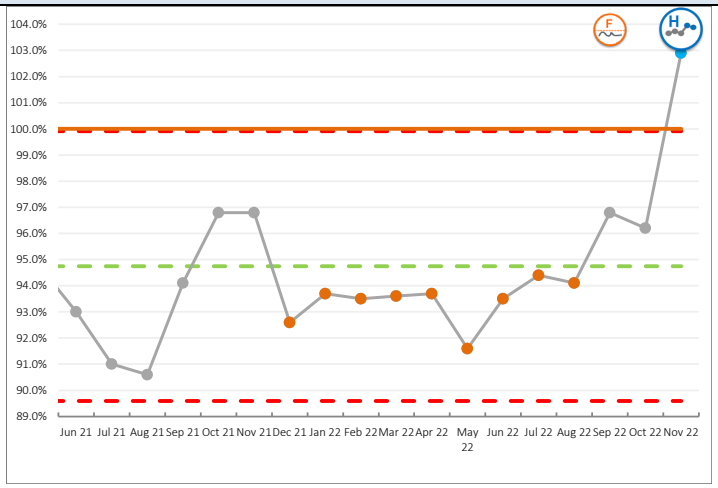
35

Met - Safe Staffing ↗

A Higher Value Is Better

Actual	102.9%	#N/A
Target:	100.0%	Monthly

Executive Director of Nursing and Quality	Responsive
	National



12 Month Trend

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
92.6%	93.7%	93.5%	93.6%	93.7%	91.6%	93.5%	94.4%	94.1%	96.8%	96.2%	102.9%

Trust
✓
102.9%

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

-- Monthly Narrative (Key Issues and Actions) --
The safer staffing overall fill rate was 102.9% in November and aligns to the anticipated / expected improvement as a result of our newly Registered Nurses who took up post in October and being accounted for in the safer staffing figures. There was a slight increase in the agency usage in November. Ward 2, 4 and 6 had the highest overall fill rates, all of which were attributed to increased acuity. MHOST review is underway with ward 1 & 4. Ward 2& 6 will be monitored closely for any prolonged increase. A review of agency usage has been completed at directorate level and measures put in place to ensure there is no over usage.

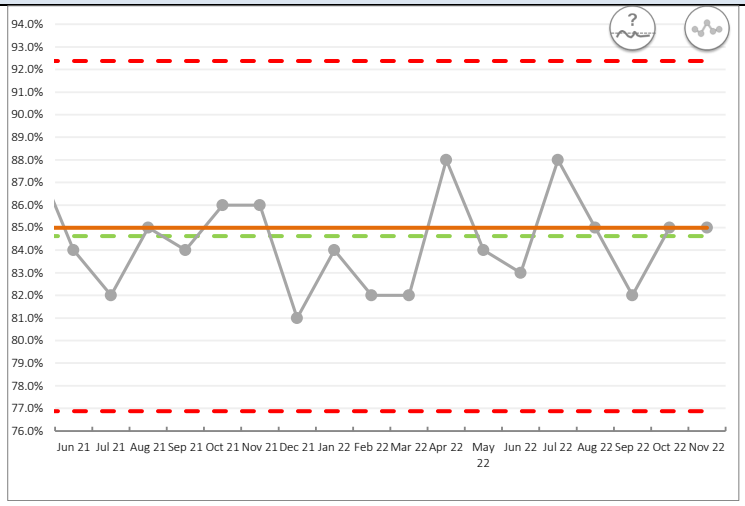
36

Met - Clinical Supervision ↔

A Higher Value Is Better

Actual	85.0%	#N/A
Target:	85.0%	Monthly

Executive Director of Workforce	Organisational Health
	Trust Measure



12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✗	✗	✓	✓	✗
85.0%	85.0%	83.0%	81.0%	90.0%	93.0%	80.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 85% during M8. All directorates, with the exception of Stoke Community, Specialist Services and Corporate teams, are achieving the required standard.

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

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

37

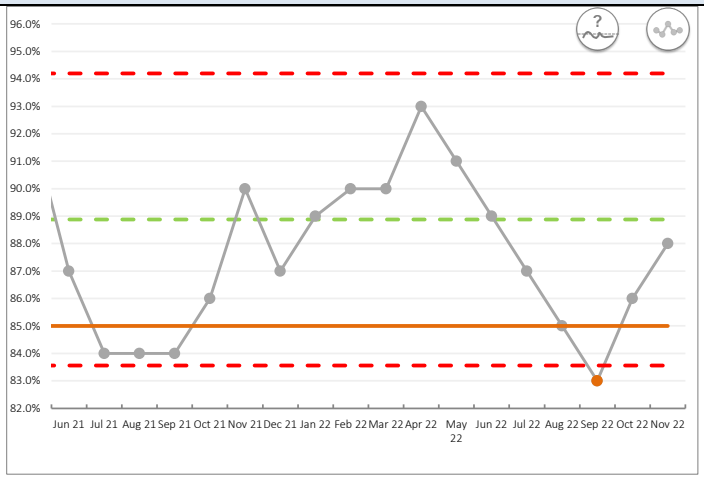
Met - Appraisal

A Higher Value Is Better

Actual	88.0%	#N/A
Target:	85.0%	Monthly

Executive Director of Workforce | Organisational Health

Trust Measure



12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✘	✘
88.0%	90.0%	90.0%	93.0%	91.0%	70.0%	80.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 88% during M8. All directorates with the exception of Primary Care and Corporate teams having met the required standard. Primary Care figures continue to be impacted following on from the TUPE in of a new service and the Directorate is working hard to improve their compliance.

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

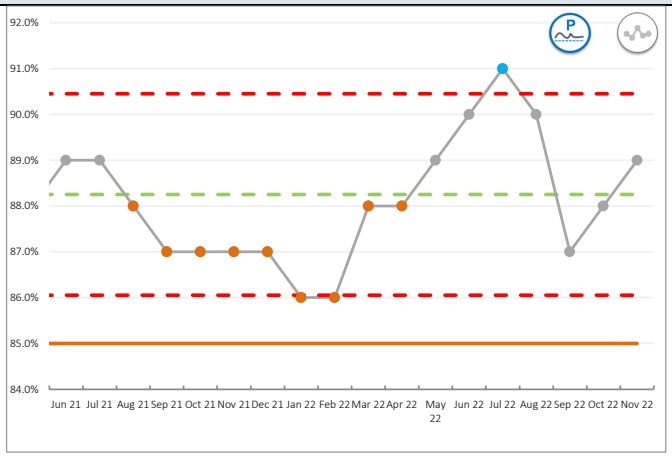
Met - Statutory & Mandatory Training

A Higher Value Is Better

Actual	89.0%	#N/A
Target:	85.0%	Monthly

Executive Director of Workforce | Organisational Health

Trust Measure



12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgen Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✘	✘
89.0%	91.0%	89.0%	89.0%	89.0%	84.0%	84.0%

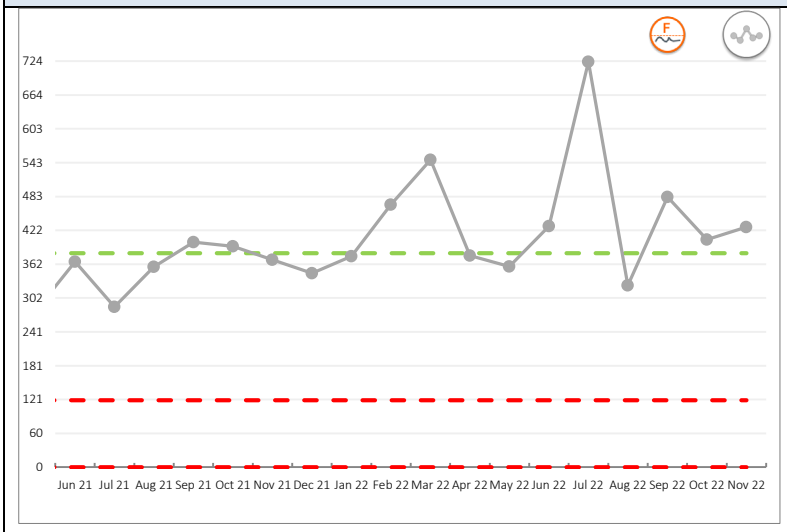
-- Context --
Trust measure - Statutory and mandatory training is determined essential to the safe and efficient delivery of services, therefore completion links directly to care quality and efficiency.

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 89% during M8 and is currently operating within normal control limits. All directorates, with the exception of Primary Care and Corporate teams, are achieving the required standard.

Primary Care figures impacted by taking on Holmcroft and the Directorate is working hard to improve their compliance which has shown steady improvement this month.

Statutory training compliance continues to improve and recover following the impact of Covid 19 pandemic. MCA training is now live on LMS with one assessment to cover all modules. This has seen a 4% increase on last month's figures.

Not Met - Agency cost per month (£000) ↘ A Lower Value Is Better	Actual 428.00 #N/A Target: 0.00 Monthly	Executive Director of Operations: Organisational Health Trust measure



-- Context --

-- Monthly Narrative (Key Issues and Actions) --
The agency cost is £428k during M8 and continues to operate outside of the upper control limit.

Of the month 8 agency costs £223k related to medical, £110k to nursing, £47k to other clinical and £49k to non-clinical.

Of the £223k medical agency spend, £88k related to Stoke Community, £62k Specialist Services, £59k North Staffordshire Community, £22k Acute & Urgent Care & (£9k) primary care.

Of the £110k nursing agency spend £91k related to Acute & Urgent Care, £27k Specialist Services, (£7k) primary care.

12 Month Trend

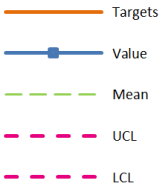
346	376	468	548	377	358	430	723	324	482	406	428
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

Trust
✖
428.00

40

Interpreting the Report

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



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

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

Directional Arrows:

↗ If performance this month is **positive**

↘ If performance this month is **negative**

↔ There has been **no change**

Activity Plan 2022/23

Impact of Covid in Activity

It is difficult to forecast activity for 2022/23 given that the impact of the Covid pandemic. This has resulted in Covid suppressed demand during the various lockdowns and restrictions from March 2020, and then Covid generated demand in many areas due to the emerging effects of the Covid pandemic on mental health.

There has been a significant impact on inpatient services activity over the last two years as wards were closed at times due to Covid outbreaks. In addition, the Trust has seen a marked change in community contacts away from face to face to digital (telephone and video conferencing) with some community services seeing a significant increase in contact numbers of shorter duration.

Although it is hard for services to predict with any certainty the pattern of activity following the restoration and recovery of services anticipated in 2022/23, each community service has reviewed activity to provide a plan for 2022/23 taking into account the impact of Covid pandemic on the activity baseline and planning assumptions for 22/23. In some cases, this looks markedly different at team level from the 19/20 plan (representing the last position agreed with commissioners).

With this in mind, there will be quarterly reviews of the Activity plans in each Directorate to take into account changing circumstances and need.

Activity Planning Process and Assumptions

The work to develop an activity plan for 2022/23 was undertaken with a series of meeting with Directorates. The work undertaken will be used to produce a revised forwards plan for 23/24 once a new trends baseline has settled. The work to date was developed in stages;

- Inpatient and community activity aligned to agree with the specifications within the North Staffs and Stoke contracts
- 19/20 inpatient plan adopted for inpatient services as agreed in the Contract
- agreeing a baseline for community services for 2022/23 based on 21/22 YTD data (the first 8 months activity was the starting point)
- Demand and capacity issues were taken into account
- Activity planning assumptions about Covid impact were made
- Activity planning assumptions agreed for new service developments 2022/23 where possible
- Engagement with and sign off by Heads of Directorate following review with Senior Teams

Plan

Specifically, the Plan for 2022/23 sets out:

- 2019/20 inpatient activity plan – as the last plan agreed with commissioners prior to the Covid pandemic. The inpatient activity is planned based on the levels funded by the CCGs which are detailed in the service specifications, plus any Out of area work undertaken in 21/22
- 2022/23 Directorate plan for community and outpatient services based on activity planning assumptions for Covid recovery and incorporating service developments

The Plan will be reported on a monthly basis from Q2 in the IQPR Board report and at Directorate level in Performance packs for Executive review.

The Plan includes Substance misuse inpatient activity and the Trust is working to include community activity in year through the integration of the substance misuse Halo data. In addition IAPT data will also be included in year (as a sub-contractor IAPTUs data is returned through the Lead Trust MPFT).

M8 2022/23 Activity

Trust Level Summary

Point of Delivery	Currency	Plan	Activity	Var	
Inpatient	Admissions	146	39	-107	-73.36%
Inpatient	Contacts	178	163	-15	-8.33%
Inpatient	OBDs	36651	32013	-4638	-12.65%
Community	Cases	585	510	-75	-12.79%
Community	Contacts	146502	132647	-13855	-9.46%
Day Services	Contacts	5178	4164	-1014	-19.59%
Outpatient	Contacts	15171	15858	687	4.53%

Inpatient Summary

Point of Delivery	Currency	Service Specification	Plan	Activity	Var	
Inpatient	Admissions	Intoxication Observation Unit	146	39	-107	-73.36%
Inpatient	Contacts	Place of Safety	178	163	-15	-8.33%
Inpatient	OBDs	Acute Inpatient Service	13156	10525	-2631	-20.00%
Inpatient	OBDs	Children's Learning Disability Respite Service/Specialist Short Breaks - Dragon Square	1150	1041	-109	-9.52%
Inpatient	OBDs	Learning Disability Inpatient Provision	1248	854	-394	-31.57%
Inpatient	OBDs	Mental Health Rehabilitation Service	3864	3996	132	3.42%
Inpatient	OBDs	Neuropsychiatry Service	2128	1891	-237	-11.16%
Inpatient	OBDs	NHSE Child Inpatient Service	3003	2238	-765	-25.48%
Inpatient	OBDs	Older Adults In-patient provision - Assessment and Complex Needs	7422	6802	-620	-8.36%
Inpatient	OBDs	Older People's Shared Care Service	3361	3375	14	0.43%
Inpatient	OBDs	Psychiatric Intensive Care Unit - PICU	1318	1291	-27	-2.02%

IOU admissions **-** there has been a reduction in activity during the Covid pandemic. There are recent efforts to promote the service to UHNM with the aim of increasing referrals.

Learning Disability Inpatient provision (A&T) **-** 4 beds (out of 6) are currently utilised and this fluctuates between 3 or 4 beds at any time. Environment and patient acuity are the limiting factors.

NHSE Child inpatient service (Darwin) - NHSE supported closure of 5 beds to support 2x complex young people in Q1, both now discharged. Closure of 5 beds will remain in place to support bathroom and flooring updates with work to be completed in November 2022. Once open the ward will provide 14 beds not 15.

Community Summary

Point of Delivery	Currency	Service Specification	Plan	Activity	Var	
Community	Cases	Autism Assessment Service (non LD)	64	62	-2	-3.13%
Community	Cases	Children and Young People's Mental Health Services: Community Services	197	161	-36	-18.14%
Community	Cases	High Volume Users	281	256	-25	-8.82%
Community	Cases	Intensive Support Service for People with Learning Disabilities	43	31	-12	-28.46%
Community	Contacts	Access Service (Including Crisis Resolution)	21772	16908	-4864	-22.34%
Community	Contacts	Acute Home Treatment Team	7857	6674	-1183	-15.06%
Community	Contacts	Acute Inpatient Service	210	216	6	3.03%
Community	Contacts	Adult Community Mental Health Team	33529	32770	-759	-2.26%
Community	Contacts	Cancer Psychology Service	330	176	-154	-46.67%
Community	Contacts	Care Home Physiotherapy	1510	2365	855	56.62%
Community	Contacts	CASTT	832	1507	675	81.07%
Community	Contacts	Children and Young People's Mental Health Services: Community Services	24515	19456	-5059	-20.64%
Community	Contacts	Children's Learning Disability Respite Service/Specialist Short Breaks - Dragon Square	186	134	-52	-27.96%
Community	Contacts	Community Outreach Team - People with Dementia and Older Adults	5875	3642	-2233	-38.01%
Community	Contacts	Community Triage Team	273	506	233	85.07%
Community	Contacts	Criminal Justice Mental Health Team (CJMHT)	1442	1488	46	3.19%
Community	Contacts	Dementia Primary Care Liaison Service (DPCLS)	576	390	-186	-32.25%
Community	Contacts	Early Intervention in Psychosis Team	6609	5986	-623	-9.42%
Community	Contacts	Eating Disorder Services for Children and Young People	2315	3089	774	33.45%
Community	Contacts	Individual Placement & Support	2038	2182	144	7.07%
Community	Contacts	Liaison and Diversion	4084	3911	-173	-4.25%
Community	Contacts	Memory Assessment and Diagnosis Service	2514	2940	426	16.96%
Community	Contacts	Mental Health and Vascular Wellbeing Team (MHVW)	605	44	-561	-92.72%
Community	Contacts	Neuropsychiatry Service	2544	2694	150	5.88%
Community	Contacts	No Service Specification.	0	2	2	0.00%
Community	Contacts	North Staffordshire Community Learning Disability Team & Stoke on Trent Community Learning Disability	8256	7916	-340	-4.12%
Community	Contacts	Older People's Community Mental Health Teams	8732	7886	-846	-9.69%
Community	Contacts	Older Person's Mental Health Services – Care Home Liaison Team	1849	2038	189	10.20%
Community	Contacts	Resettlement and Repatriation Team	243	757	514	211.96%
Community	Contacts	SAEDS - Specialist Adult Eating Disorder Service	1830	1799	-31	-1.71%
Community	Contacts	Urgent Emergency Liaison Mental Health Services	5975	4761	-1214	-20.32%
Day Services	Contacts	Parent & Baby Day Service	5178	4164	-1014	-19.59%

Intensive Support Service for People with Learning Disabilities – awaiting feedback.

Access service and Crisis Resolution (Crisis Café) - Impact of COVID recovery across wider services. A pilot to route routine referrals to Greenfields CMHT has ensured that routine referrals are rapidly referred to the right place, first time. Previously routine referrals may have been held in the Access Team and had more contacts in this service. This change is now been rolled out in two additional CMHTs as part of Community transformation.

Cancer psychology – this is a small service and has been challenged due to vacancies in Q1.

Children's Learning Disability Respite Service/Short Breaks (Dragon Square) – The activity is achieved through a client being in the bed at midnight. There is consideration of how day stays can be reflected in the activity as recently a number of new clients who also come for day stays as a method of familiarisation on the unit as well as those who require day stays to avoid the family unit breaking down.

Community Outreach Team & Dementia Primary Care Liaison – these teams have held a number of vacancies which are now being recruited to or have been recruited to. There has been a review of the staffing establishment in Dementia Primary Care team to try to address the challenge of filling vacant posts. Where there have been vacancies in this team, Memory Clinics or CMHT for older adults have provided cover and the activity would be showing against these teams. There is increased demand for MH support in care homes.

Vascular Wellbeing Team – referrals are slowing for this service and there is a review of the pathway.

Mental Health Liaison Services – awaiting feedback.

Outpatient Community Summary

Point of Delivery	Currency	Service Specification	Plan	Activity	Var	
Outpatient	Contacts	Adult Community Mental Health Team	7440	8204	764	10.27%
Outpatient	Contacts	Children and Young People's Mental Health Services: Community Services	2081	1857	-224	-10.75%
Outpatient	Contacts	Dementia Primary Care Liaison Service (DPCLS)	59	27	-32	-54.50%
Outpatient	Contacts	Early Intervention in Psychosis Team	346	374	28	8.09%
Outpatient	Contacts	Memory Assessment and Diagnosis Service	2797	3383	586	20.94%
Outpatient	Contacts	Neuropsychiatry Service	406	364	-42	-10.26%
Outpatient	Contacts	North Staffordshire Community Learning Disability Team & Stoke on Trent Community Le	776	645	-131	-16.93%
Outpatient	Contacts	Older People's Community Mental Health Teams	562	556	-6	-1.07%
Outpatient	Contacts	Parent & Baby Day Service	376	154	-222	-59.08%
Outpatient	Contacts	Urgent Emergency Liaison Mental Health Services	328	294	-34	-10.25%

Dementia Primary Care Liaison Service (City and County) – there has been staffing issues within the Stoke directorate, two posts have now been recruited to.

Parent and Baby Service – this data is being validated as the team suggests that there is activity that is not being reported.

CQUIN PROGRESS 2022/23

At CQRM on 1 July 2022, it was agreed that local CCG CQUIN reporting would be pushed back to bring it in line with national deadlines – reporting is now due on the 15th working day of the month following quarter end (i.e. August, November, February, May). Progress against PSS6 will be reported to NHSE Commissioners in line with revised deadlines released by the national team. Compliance against PSS7 is assessed via MHSDS and data will be provided once collated nationally.

Ref.	Title	Objective	Min. Target	Max. Target	Progress Narrative	Current RAG
CCG1	Flu Vaccinations for Frontline Healthcare Workers	Uptake of flu vaccinations by frontline staff with patient contact.	70%	90%	Delivery of flu vaccinations is now in progress at UHNM alongside COVID boosters. There are concerns relating to data collection due to NSCHT being classed as a third party and therefore not having direct access to NIVS data, though UHNM are providing aggregate figures and we are now also receiving Directorate level data. There was a known decrease in flu vaccinations during the 2021 season and it is anticipated that this may continue during 2022-3. The Working Group continue to liaise with the Director of Nursing and Quality in order to identify any actions to mitigate this identified risk to achievement. While achievement for the other CQUINS will be based on an average of performance across relevant quarters, CCG1 compliance will be calculated based on the final proportion vaccinated at the end of the campaign period.	
CCG9	Cirrhosis and Fibrosis Tests for Alcohol Dependent Patients	Refer unique inpatients with at least one-night stay aged 16+ with a primary or secondary diagnosis of alcohol dependence for testing to diagnosis cirrhosis or advanced liver fibrosis.	20%	35%	Quarter 1 data showed compliance above the upper threshold for achievement at 40%. Work has continued during Quarter 2, however there is a very small number of patients in scope (<10 per quarter) which could impact on performance. Commissioners queried the use of ELF testing for this purpose; a rationale was provided by clinical leads and no further response has been received to date. Analysis of July and August	

Ref.	Title	Objective	Min. Target	Max. Target	Progress Narrative	Current RAG
					data suggests compliance above the upper threshold, however September data is still awaited.	
CCG10a	Routine Outcome Monitoring in CYP and Perinatal Mental Health Services	Use outcome measures for children / young people and women in the perinatal period accessing mental health services at least twice during referral.	10%	40%	The latest data published by the national team shows performance at 17% for these services as at September 2022, which is above the lower threshold for achievement (10%) and shows a gradual improvement but does not meet the upper threshold (40%). It is known that compliance in CYP teams is considerably lower than in the perinatal cohort. Each team is developing and monitoring its own action plan, including themes such as training, exploring the potential for using Patient Aide, and reviewing the process for recording and uploading measures.	
CCG10b	Routine Outcome Monitoring in Community Mental Health Services	Use outcome measures for adults and older adults accessing select community mental health services at least twice during referral (to include the use of Patient Reported Outcome Measures).	10%	40%	The latest data published by the national team shows performance at 34% for these services based on closed referrals, which is above the lower threshold for achievement (10%) but slightly below the upper threshold (40%). During Quarter 4, open referrals will also be included in the denominator and it is anticipated that this will raise the average above the required threshold (as the current compliance including open referrals is 63%). This is largely based on CROM data and it is a requirement for Trusts to be reporting data from PROMS by Quarter 4. Work is currently ongoing to implement PROMS, including the creation of a Goal Based Outcomes form on Lorenzo.	
CCG12	Biopsychosocial Assessments by Mental Health Liaison Services	Undertake a biopsychosocial assessment concordant with NICE Guidance for self-harm referrals to liaison psychiatry teams.	60%	80%	Quarter 1 data showed compliance above the upper threshold for achievement at 91%. The Working Group has met throughout Quarter 2 to review performance and identify areas for action, and data suggests compliance with the	

Ref.	Title	Objective	Min. Target	Max. Target	Progress Narrative	Current RAG
					upper target, however this is awaiting September data.	
PSS6	Formulation or Review in Tier 4 CYPMH Settings	Deliver formulation or review within 6 weeks of admission as part of a dynamic assessment process for admissions within Tier 4 settings.	50%	80%	Narrative information required at Quarter 1 was submitted and received by NHSE Commissioners. Preparations were made to ensure that all requirements were met during Quarter 2, however there is a very small number of patients in scope (<10 per quarter) which could impact on performance. Quarter 2 data analysis suggests that all cases in scope meet the requirements of the CQUIN and this data is currently being validated.	
PSS7	Supporting Quality Improvement in the Use of Restrictive Practice in Tier 4 CYPMH Settings	Achieve data quality score for specified MHSDS fields relating to restrictive interventions.	65%	80%	An identified issue with the algorithm used by NHS Digital to determine compliance with this CQUIN, which led to Trust performance showing as non-compliant, has now been rectified. April to August data suggests performance above the minimum target but below the maximum target. However, it is anticipated that September data will improve on this when it is available, due to the inclusion of restraint injury and restraint reason fields.	

REPORT TO PUBLIC TRUST BOARD

Enclosure No: 11

Date of Meeting:	12th January 2023		
Title of Report:	People, Culture and Development Committee Summary Report		
Presented by:	Janet Dawson, Vice Chair, Chair of the People, Culture & Development Committee		
Author:	Janet Dawson, Vice Chair, Chair of the People, Culture & Development Committee		
Executive Lead Name:	Paul Draycott, Executive Director of People, OD and Inclusion	Approved by Exec	☒

Executive Summary:		Purpose of report	
The attached assurance report describes the business and outputs from the meeting of the People Culture and Development Committee which took place on 5th December 2022.		Approval	☐
		Information	☐
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Date:	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Performance Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	To provide assurance to the Board on quality of services, issues of concern and remedial action being taken.		
Resource Implications: Funding Source:	None highlighted		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	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 • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations		
Shadow ICS Alignment / Implications:	The Trust continues to lead on a number of system wide people programmes including leadership, Diversity and Inclusion and H&W initiatives. A significant proportion of the Trust's OD provision is utilised across the system. Trust and system plans moving forward will require sustainable resourcing funding streams.		
Recommendations:	Receive for assurance purposes and ratify policies highlighted		

Version	Name/group	Date issued
2.0	**PCDC**	**03.01.2023**

Trust Board Assurance Report from the People, Culture and Development Committee meeting held on 5th December 2022

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1. Introduction

This assurance report to the Trust Board is produced following the latest PCDC Committee. The meeting was completed using Microsoft teams and was quorate. Governance of the committee focuses on achievements against Trust vision, strategic objectives, Trust performance against key People performance indicators and the National NHS People Plan Objectives.

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2. ALERT

This section summarises the key points that members of the Trust Board need to be aware of.

Psychological Hub potential funding loss

- It is looking extremely likely that there will be no national funding for the ICS staff psychological wellbeing hubs for 2023-24.
- Hub leads, senior advisory group members are drafting a letter supported by BPS and ACPUK to oppose this decision.

UNISON and RCN strike action

- There is no mandate for strike action within the Trust.
- The majority of votes by members were to strike, but threshold percentage returns did not meet strike criteria.
- Other ballots are likely to follow by other unions that may further affect our staff, particularly professional specific unions.

3. ADVISE

This section advises of key activity and updates in relation to programmes of work.

Princes Trust pilot

- 'Get Started' pilot developed and delivered in collaboration.
- 3 day employability programme included: icebreakers, presentations and small group activity work, sector/role awareness, interview preparation, HCSW interviews and group assessments, application support, access to mentoring, grants to access employment.
- The pilot has been a huge success, resulting in 2 HCSW job offers, 3 future admin interviews and 1 work placement.

Agency Spend interventions

- Newly qualified nurse intake this month will have some impact, but will take a few months until the Nursing vacancy position improves.
- M-HOST tool (safer staffing tool) used on Ward 1 and 4 to deep dive into areas where we have a higher spend than forecasted
- Nursing associates campaign to support skills mix

- E-roster training to ensure getting the most from the system and not overusing agency staff
- Packages of support developed specifically to reduce turnover of HCSW
- All inpatient areas under review to understand acuity for safer staffing; requests for higher staffing ratios than what is budgeted, reasons why and to challenge possible inappropriate agency spend

Vacancy Management Plan (Regroup, Reflect, Recharge)

- From June 2021 to Sept 2022, vacancy rates went from 14.2% to 11% and turnover rates from 11.4% to 14.75%
- Involved 36 schemes: 15 completed, 4 partially, rest closed due to low expected ROI
- Budget of £900k provided. Actual spend was £617k
- Highlights include:
    - 13 B5&6 nurses and 8 new medics appointed through National recruitment campaigns.
    - 42 newly qualified nurses joined in Autumn 2022 (three times more going to acute setting – attributed to RRP)
    - Selling annual leave: 33 approved applications totalling 1980 hours, total of £40k
    - Other initiatives: Gifting wellbeing day, long service awards, cultural development pilot, good housekeeping review (Food provision, IT equipment, ward budgets for wellbeing activities), coaching and mentoring support, tailored wellbeing support, talent management and career progression work
    - 92% of staff feel trusted to do a good job and received an appraisal (staff survey data)
- Continued work includes; directorate developing workforce plans, deep dives looking at turnover rates in acute/urgent care and specialist directorates, continued focus to better understand reasons for leaving, long-term sustained focus on developing a cultural change,
- Expected challenges: Increase of 80 new roles in 2023-24 and gaining the balance of flexible working versus complexity of providing 24/7 high quality care.

Staff Health and Wellbeing Plans

- Internal Staff health and wellbeing strategy developed and to be shared with Executives.
- 3-step model; providing support and provision; making staff aware of what is available; and developing psychological safety at work and a more wellbeing focused culture.
- A staff health and wellbeing operational group will align activity and drive actions and objectives to achieve this, providing governance updates and assurance through to PCDC.

Civility and Just and Restorative Culture

- Number of e-packages are currently in development and will be available from January to provide basic level awareness of civility.
- Introduction into Just and Restorative culture (face-to-face sessions) to be delivered from May 2023, targeting key people, before expanding offer to all staff.
- Paper to update approach to be shared with executives in early 2023.

Staff Survey Completion

- This year saw our highest completion rate of 69%, a 5% growth on last year
- This demonstrates staff recognising their views are listened to and acted on
- Results expected in February/March 2023

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4. ASSURE

This section provides assurance of the quality of service and activity delivered under the People, Culture and Development Committee's remit and programmes of work.

HSJ Awards
We were successful in winning the NHS Trust of the Year Award, which is a reflection of the Trust's performance and a huge accolade for all the hard work of everyone across the Trust.

Freedom To Speak Up (FTSU)
- In Q2, 22 concerns were raised, doubled from Q1: 1 open concern, 21 confidential
- Predominantly behavioural issues staff experience from line or senior managers
- Most concerns raised in North Staffs Directorate, followed by Acute/Urgent, then Specialist
- 9 cases still open. Two are from Q1, however, these are due to be closed this month
- To triangulate data and use to identify trends and enable deeper dive into understanding the issues/challenges and hence what support and interventions can help.

Board Assurance Framework (BAF)
- The Q2 update has already been to board. The key points to note include:
- Prototype utilising the unified knowledge layer summary, which also allows for 3 further layers of data to drill down further into detail as and when required
- The strategy refresh is taking place in Q3, after which the BAF will also be refreshed

IQPR
- The main exception is turnover, 13.2% at M7 (variation concern for 9 months) with significant variations between directorates, such as North Staffs and Stoke who are performing well against the 10% target at 9.1% and 9.4% respectively and Acute & Urgent Care and Primary Care are 12.9% and at 28.6%.
- Variation continues and continues to widen – retention development work is underway.
- Vacancies at a much more improved level
- Clinical supervision and appraisals figures continue to be volatile, but both above standard
- Safer staffing challenges seen positive and improved position over last 4 months with a current 96.2% fill rate

Risks
- No new risks on register, no score changes and no closures requested. Following discussed:
  - Primary care turnover rates to be explored and potentially added to register
  - Risk 1500 – Longer-term solution coming into effect in January 2023, to be removed once in place
  - RCN approval of roles – Should be recorded as low-level risk, but has potential to escalate quite rapidly if we experience delays

Time to Hire report
- Nov 2021 – Oct 22 we have remained on target (below 60 working days) averaging 57.4 working days, down from 74.3
- Achieved by 12-month quality improvement plan and positive work undertaken by recruitment and recruiting managers. Included: Overhaul of authorisation and establishment control processes, aligning new NHS Jobs system with Trac, improving communications with applicants, working with OH to reduce delays
- Number of vacancies and offers have significantly increased and KPI has still been achieved due to more stringent KPI's, regular reporting and relationships with the Directorates.
- Finalist for recruitment award with the nursing times for the success of the newly qualified nurses event in April. This same style event will be run this year
- Future work: Further improvements utilising digital tools/solutions; More recruitment events (Virtual events for newly qualified, face-to-face events existing qualified staff)

- An area for improvement is around ID checks. Quite often delays can be experienced as a result for applicants not bringing correct ID for DPS and right to work checks.

Gender Pay gap

- 12 month mandatory report each Trust has to produce against set of national standards
- Aligned reporting cycle to mirror financial year cycles
- Shows a long-term picture of change. Our picture is quite typical in comparison nationally
- Actions from the 2021 data is still relevant, focusing on; Recruitment and retention, flexible working, attracting people to careers they may not have previously considered
- Working at a system level 2023-24 to create system actions to address agenda pay

WDES Results

We are in the top 10% of best performing NHS trusts for how we support, involve and give voice to our staff who are differently-abled in terms of physical, mental and neuro-diverse differences.

Student Placement report

- Combined supports a far higher level of students by size comparison to other trusts, recognising the importance placements play in attracting and encouraging newly qualified staff to want to work at NSCHT
- Continued focus around increasing placement numbers and capacity for nurses and medics, including trainee nurse associates and apprenticeships
- Offered additional placements for paramedics and x12 physician associates (yr2)
- Feedback mostly overwhelmingly positive. A few concerns raised over home working during covid-19 pandemic. Expected to be resolved through introducing simulated placement offers
- Looking to support additional 30 paramedic placements in year 3 and of the 91 potential newly qualified nurses in March, strong signs are that the majority want to join Combined

Guardian of Safe Working report

- All rotas compliant
- Doctors taking up offer of bank work, reducing agency work
- Small group of doctors keen to cover bank shifts, but just need to monitor.

Policy approval

Expenses policy signed off for approval and this requires ratification by the Board.

Next meeting: 12th January 2023
Committee Chair: Janet Dawson, Vice Chair, Chair of the People, Culture & Development Committee

REPORT END

REPORT TO PUBLIC TRUST BOARD

Enclosure 12

Date of Meeting:	12th January 2022		
Title of Report:	Finance Position M8		
Presented by:	Eric Gardiner – Executive Director of Finance, Performance & Estates		
Author:	Michelle Wild – Financial Controller / Lisa Dodds – Assistant Director of Finance/ Rachel Heath – Project Accountant		
Executive Lead Name:	Eric Gardiner – Executive Director of Finance, Performance & Estates	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
As at month 8, the Trust is reporting an in-month surplus position of £2,789k against a planned surplus of £29k giving a favourable variance of £2,760k. This has resulted in the Trust being in surplus by £174k at the end of month 8. The under spend in month is mainly due to releasing the local authority bad debt provision relating to TCP as this has been agreed to be settled by the ICB. In month 8 the Trust delivered £116k of CIP efficiencies against a plan of £285k giving an in month under achievement of CIP of £169k. Year to date CIP delivery is £918k against a plan of £1,507k, giving an under-achievement year to date of £589k. Trade receivables has increased compared to month 7 due to the release of the local authority TCP bad debt provision accruals. Cash was £2.2k above plan at month 8 due to the higher than planned income from the ICB, MPFT, HEE and VAT returns. This is partly offset by the outstanding Local Authority TCP invoices which have now been re-raised to the ICB with settlement expected in January. In month 8, the Trust achieved the Better Payment Practice Code target of 95% on the number and value of invoices paid, achieving 95% on the number paid and 98% on the value of invoices paid within target. Year to date the Trust is below target on both the number and value of invoices paid, at 92% on the number and 93% on the value paid within 30 days. The Trust's capital expenditure for month 8 was £519k against a CRL of £519k giving break even in month.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☒ Execs ☒	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☐		

	4. We will increase our efficiency and effectiveness through sustainable development ☒
Risk / legal implications: Risk Register Reference	Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position.
Resource Implications: Funding Source:	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
Shadow ICS Alignment / Implications:	Part of the aggregate ICS reported financial position
Recommendations:	Trust Board are asked to: Receive the Month 8 position noting: • The year-to-date surplus of £174k. • Note the 2022/23 agreed capital plan, forecast and month 8 position. • The cash position of the Trust as at 30th November 2022 with a balance of £23.6m. • Agency expenditure of £3,528k year to date (including £21k COVID agency spend) against the agency ceiling of £2,067k; an adverse variance of £1,462k to the share of the ICB agency ceiling, and a £862k adverse variance against the 10% target reduction. • Note identified CIP schemes of £1,689k against a target for the year of £2,736k.

Version	Name/group	Date issued
	Finance & Resource Committee	15th December 2022

Trust Board – 12th January 2023
Finance Position Month 8

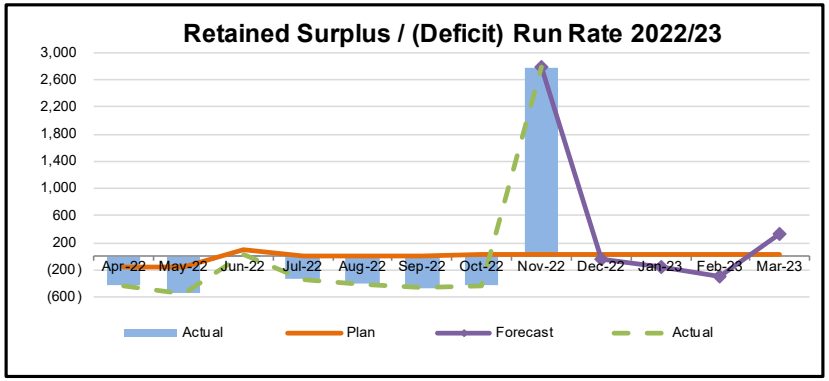
Financial Overview as at 30th November 2022

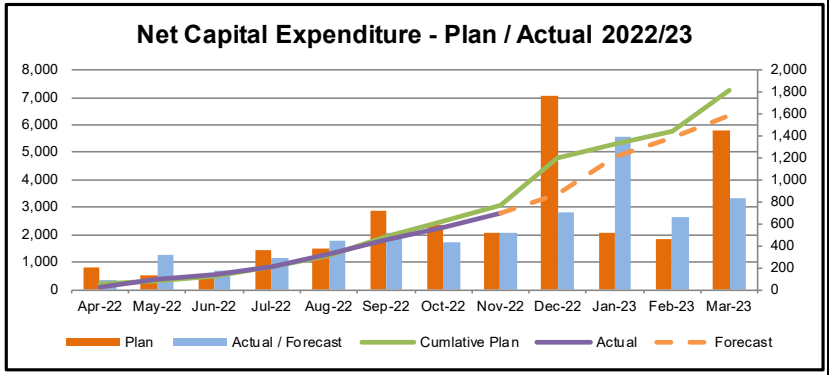
Key Metrics

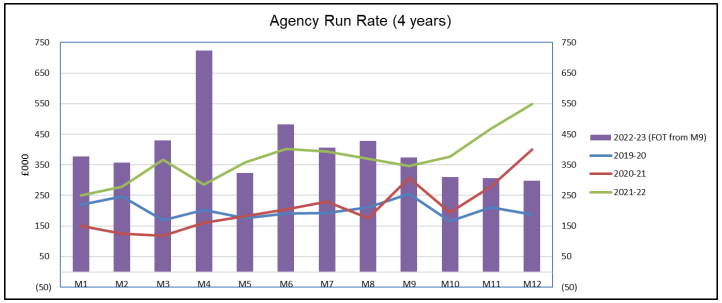
		Plan £000	Actual £000	Var £000	%	RAG
Financial Position	YTD	(136)	174	310	228	G
	FOT	0	0	0	0	G
Charge to CRL	YTD	3,047	2,770	(277)	(9)	G
	FOT	7,250	6,350	(900)	(12)	G
Cash Balances	YTD	21,464	23,623	2,159	10	G
	FOT	23,292	25,904	2,612	11	G
CIP Programme	YTD	1,507	918	(589)	(39)	R
	FOT	2,736	2,736	0	0	G
Identified Schemes	Full Year	2,736	1,689			R

Better Payment Practice Code

	In month		YTD	
	Number	£000	Number	£000
Total trade invoices paid in period	1,125	8,468	10,465	69,807
Total trade invoices paid within target	1,069	8,328	9,632	64,847
% paid within target	95%	98%	92%	93%







Executive Summary

As at month 8, the Trust is reporting an in-month surplus position of £2,789k against a planned surplus of £29k giving a favourable variance of £2,760k. This has resulted in the Trust being in surplus by £174k at the end of month 8. The under spend in month is due to releasing the local authority bad debt provision relating to TCP as this has been agreed to be settled by the ICB.

In month 8 the Trust delivered £116k of CIP efficiencies against a plan of £285k giving an in month under achievement of CIP of £169k. Year to date CIP delivery is £918k against a plan of £1,507k, giving an under-achievement year to date of £589k.

Trade receivables has increased compared to month 7 due to the release of the local authority TCP bad debt provision.

Cash was £2.2m above plan at month 8 due to the higher than planned income from the ICB, MPFT, HEE and VAT returns. This is partly offset by the outstanding Local Authority TCP invoices which have now been re-raised to the ICB with settlement expected in January.

In month 8, the Trust achieved the Better Payment Practice Code target of 95% on the number and value of invoices paid, achieving 95% on the number paid and 98% on the value of invoices paid within target. Year to date the Trust is below target on both the number and value of invoices paid, at 92% on the number and 93% on the value paid within 30 days.

The Trust's capital expenditure for month 8 was £519k against a CRL of £519k.

High Level Analysis	Annual 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 Patient Care Activities	137,018	11,593	10,956	(637)	93,760	93,010	(751)	141,416	142,805	1,389
Income from Other Operating Activities	11,051	1,576	1,230	(346)	9,714	9,846	132	14,647	14,696	50
Income	**148,069**	**13,169**	**12,185**	**(983)**	**103,474**	**102,855**	**(619)**	**156,062**	**157,501**	**1,439**
Pay Costs	(81,495)	(7,438)	(7,573)	(134)	(57,180)	(57,601)	(421)	(86,165)	(86,650)	(485)
Non Pay Costs	(60,544)	(5,214)	(1,407)	3,807	(42,530)	(41,215)	1,314	(64,046)	(65,086)	(1,040)
Finance & Other Non Operating Costs	(6,030)	(488)	(417)	71	(3,901)	(3,865)	35	(5,851)	(5,765)	86
Expenditure	**(148,069)**	**(13,140)**	**(9,396)**	**3,743**	**(103,610)**	**(102,682)**	**929**	**(156,062)**	**(157,501)**	**(1,439)**
Retained Surplus / (Deficit)	**0**	**29**	**2,789**	**2,760**	**(136)**	**174**	**310**	**0**	**(0)**	**(0)**

1. Forecast

The initial unmitigated forecast prepared at month 8 is £0.2m surplus. The main areas driving this position are:

- £2.0m ward overspends due to acuity and sickness.
- £1.0m of unidentified CIP.
- £0.8m of non-recurrent expenditure (£0.5m CAMHS deep dive/ASD, £0.2m A&T doors, £0.1m Project Chrysalis).
- £0.4m overspends on direct drugs.
- £0.1m overspends on room hire.
- (£2.7m) benefit from 21/22 bad debt release.
- (£1.6m) vacancies.
- (£0.2m) other non-pay underspends.

The Trust has reviewed this position at month 8 to report a most likely breakeven year-end position. To ensure breakeven remains achievable at year-end there are several actions required as shown in the financial recovery plan update over page.

The sensitivity assessment of the initial year end forecast ranges from a best-case scenario at £2.7m surplus and a worst-case scenario at £0.8m deficit. This will be reviewed monthly in line with the forecast and updates brought to the Committee.

Mitigations	Worse Case £000	Best Case £000	Most Likely £000
Baseline	**192**	**192**	**192**
21/22 release annual leave accrual	0	596	0
22/23 cost out CIP delivery	0	1,047	200
Agency (DE Impact)	0	117	50
Agency (recruitment)	0	100	0
Acuity reduction	0	250	0
Vacancy factor		311	0
Pipework Provision	(250)	0	(70)
NP expenditure	(500)	100	(200)
Capital to revenue transfer	(200)		(140)
Year end provisions			(32)
Total	**(758)**	**2,713**	**0**

Action List following Financial Recovery Paper presented to F&R Committee on 6th October 22

	Action Detail	Exec Lead	Officer Lead	Complete?	Progress update
1	Review ward establishments in line with safer staffing requirements with a view to reducing acute ward pay overspending. Desk top exercise completed by Finance shows the budget establishment is broadly in line with the safer staffing rota requirements	Director of Nursing & Quality and the Director of Operations	Deputy Director of Nursing and Deputy Director of Operations	Complete	The following elements have been agreed in an attempt to reduce ward pay overspend: •MHOST review with wards 1 & 4 in order to identify the safer staffing needs of this area - data collection on 14h November - this will be conducted through to w/c 5th December. •To ensure that all inpatient areas are using 'safe care' for this to be monitored within directorates. A compliance report was issued to all team leads / service managers / Matrons / AD's on 14th November. All ward managers are aware of the expectation of 100% compliance by 5th December = support is being offered accordingly. •Nursing Associate recruitment campaign to support skill mix/RN vacancies. •Training around e-rostering and ensuring we are using this to its full. - Ward 1 & 4 will pilot autorostering; a plan is being agreed via Temporary staffing manager. •HCSW over recruitment is underway •Safe supportive review across all areas is underway
2	Review of the financial governance process for safer staffing and agency approval	Director of Nursing & Quality and Director of Finance	Deputy Director of Nursing and Assistant Director of Finance	Complete	•All agency requests are sign off by the Director of Operations. •Acuity increases are sign off by the Service Manager. Action: Quality & Nursing to review the de-escalation processes of increased acuity. Action: Quality & Nursing to check the governance process already in place for the sign off of M host tool with regards to Ward 1. Acuity increases that are > 1 month need Director of Finance sign off. We are commencing the MHOST process for ward 1 & 4 today – 28 day data collection is underway. Review of the safer staffing policy re decision making / sign of as it may need to be more robust. •The aim is to have 100% compliance of Safe Care by 5th December. Action: Safe Care metrics to be included in the safer staffing report that goes to Quality Committee. Appropriate escalation between Quality and F&R Committee needs to take place. •Action: Quality & Nursing to do a deep dive of safer staffing in February following the available data from Safe Care. These to be complete every 6 months. – this is planned with dates in ward managers diaries
3	Review when agency nurses are rostered, we appear to be using more agency staff on night shifts to the detriment of staffing levels during the day	Director of Nursing & Quality	Deputy Director of Nursing	Complete	From 01.04.2022-Today 3850 shifts filled by Agency 1680 of those are nights- 43.64% of all Agency shifts filled are nights. Excluding Stoke Wellbeing and the Sutherland Centre from the above data: 2920 filled shifts – 1680 Nights = 57.53%
4	Review Preceptorship posts as some are being placed where there are no vacancies creating a cost pressure	Director of Nursing & Quality	Deputy Director of Nursing	Complete	Agreed to consider rotation in January if areas remain over established.
5	Review the analysis conducted by Finance of Medical budgeted establishment, actual WTE and agency usage to ensure accurate coding of medical staffing	Medical Director	Medical Staffing Lead	In progress	Work ongoing with medical staffing team to complete.
6	Develop a recruitment timetable for all vacant medical posts	Medical Director and the Director of People, OD and Inclusion	Associate Medical Director	In progress	Summary of posts complete, Dr Okolo to update at Execs meeting on monthly basis.
7	Push momentum on CIP delivery to identify further opportunities including a review of discretionary spend	Director of Operations	Director of Operations	In progress	Review in progress, ongoing monitoring at CIP oversight meetings
8	Continue discussions with ICB counterpart regarding position of TCP local authority debt in relation to the principles of the MOU	Director of Finance	Deputy Director of Finance	Complete	Formal agreement at System DoFs meeting on 09/11 for transfer of LA invoicing to return to ICB with historic debt to be transferred.
9	Finance to review the non-recurrent cost pressures flagged at budget setting to ascertain whether they are continuing	Director of Finance	Assistant Director of Finance	Complete	Recommendations in report supported by Execs, exit plans being prepared with budget holders
10	Finance to review budgets for CIP opportunities	Director of Finance	Assistant Director of Finance	In progress	Recommendations in report supported by Execs, stage 1 review of findings commenced
11	Finance to review usage of credit cards with a view to reducing the overall number in circulation	Director of Finance	Deputy Director of Finance	Yes	Recommendations in report supported by Execs to reduce number of credit card holders
12	Finance focussed Leadership Academy session to be held in early October.	Director of Finance	Deputy Director of Finance	Complete	Completed 05/10/22

2. Income

The table below shows the Trust's 2022/23 income position as at 30th November 2022.

- Most of the CCG/ICB/NHSE income is fixed for 2022/23 under the block payments arrangements. In month 8 block contract income totalled £7,319k against a plan of £7,789k given an adverse variance of £470k due to slippage in service developments.

- Patient Placements income relates to TCP and Community Rehab Placements income from the CCGs/ICB and Local Authorities per appendix E, this is separate from the ICB block.

Income	Annual 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, ICBs and NHSE / Block Contract Income	88,346	7,789	7,319	(470)	61,133	60,727	(406)	92,382	92,630	249
Local authorities	3,508	435	393	(42)	3,297	3,064	(233)	5,037	4,959	(78)
Patient Placements Income	39,684	2,967	2,901	(66)	26,115	25,791	(324)	39,173	40,149	976
Non-NHS: Private Patients	0	0	5	5	0	7	7	0	7	7
Non-NHS: other	5,482	402	338	(64)	3,216	3,421	205	4,824	5,059	235
Total Income From Patient Care Activities	**137,019**	**11,593**	**10,956**	**(637)**	**93,760**	**93,010**	**(751)**	**141,416**	**142,805**	**1,389**
Research and development	102	9	11	2	71	80	9	106	114	7
Education and training	2,491	387	390	3	2,804	3,229	425	4,202	4,711	508
Non-patient care services to other bodies	8,074	1,106	727	(379)	5,927	5,572	(355)	8,990	8,545	(445)
Other Income	384	74	101	27	912	965	53	1,348	1,327	(21)
Total Income from Other Operating Activities	**11,051**	**1,576**	**1,230**	**(346)**	**9,714**	**9,846**	**132**	**14,647**	**14,696**	**50**
Total Income	**148,069**	**13,169**	**12,185**	**(983)**	**103,474**	**102,855**	**(619)**	**156,062**	**157,501**	**1,439**

3. Expenditure

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

- Pay costs in month are £7,573k, £134k above the budget mainly due to agency costs. In month 8 there were 177.26 wte vacancies (budgeted wte less contracted wte, the figures in the table below show budgeted wte and worked wte to show the inclusion of overtime, bank and agency). 80.83 wte of these vacancies are in nursing and 58.65 wte are in other clinical. Agency in month 8 was £427k.

- Non-Pay is underspent by £3,807k in month 8 against plan due to releasing the TCP local authority bad debt provision, which has now been re-raised to the ICB. The forecast assumes delivery of a further £200k of recurrent CIP with the remainder being delivered through non recurrent vacancy slippage in order to breakeven.

Expenditure	Annual 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	(7,752)	(90.67)	(84.58)	(892)	(750)	141	(6,764)	(5,931)	833	(10,202)	(8,893)	1,308
Nursing	(28,169)	(594.49)	(531.49)	(2,385)	(2,497)	(112)	(19,579)	(17,583)	1,996	(29,445)	(26,123)	3,322
Other Clinical	(25,712)	(739.67)	(749.69)	(2,591)	(2,485)	106	(19,376)	(19,475)	(99)	(29,331)	(29,963)	(632)
Non-Clinical	(15,482)	(406.41)	(380.19)	(1,560)	(1,386)	173	(11,378)	(10,840)	537	(17,062)	(16,393)	670
Agency	(4,380)	0.00	(62.04)	(2)	(427)	(425)	(17)	(3,507)	(3,489)	(26)	(4,909)	(4,883)
COVID-19 Direct Pay Costs	0	(3.01)	(5.51)	(8)	(26)	(18)	(66)	(264)	(198)	(99)	(369)	(270)
Total Pay	**(81,495)**	**(1,834.25)**	**(1,813.50)**	**(7,438)**	**(7,573)**	**(134)**	**(57,180)**	**(57,601)**	**(421)**	**(86,165)**	**(86,650)**	**(485)**
Drugs & Clinical Supplies	(2,472)			(223)	(246)	(23)	(1,747)	(1,919)	(172)	(2,640)	(3,024)	(385)
Establishment Costs	(878)			(127)	(85)	42	(774)	(689)	85	(1,123)	(1,073)	50
Premises Costs	(4,768)			(435)	(571)	(136)	(3,107)	(3,637)	(530)	(4,669)	(5,749)	(1,080)
Private Finance Initiative	(3,537)			(281)	(287)	(6)	(2,248)	(2,280)	(32)	(3,372)	(3,420)	(48)
Services Received	(6,234)			(716)	(840)	(124)	(5,195)	(5,613)	(418)	(7,911)	(8,734)	(824)
Patient Placements	(41,484)			(3,117)	(3,037)	80	(27,315)	(26,772)	544	(40,973)	(41,618)	(645)
Consultancy & Prof Fees	(12)			(3)	(50)	(47)	(27)	(228)	(201)	(41)	(307)	(266)
External Audit Fees	(108)			(9)	(8)	1	(69)	(61)	8	(104)	(92)	12
COVID-19 Direct Non Pay Costs	0			0	(5)	(5)	0	(46)	(46)	0	(64)	(64)
Other	(1,051)			(414)	3,721	4,135	(2,952)	31	2,983	(4,261)	(1,203)	3,058
Unmet Cost Improvement	0			112	0	(112)	906	0	(906)	1,047	200	(847)
Total Non-Pay	**(60,544)**			**(5,214)**	**(1,407)**	**3,807**	**(42,530)**	**(41,215)**	**1,314**	**(64,046)**	**(65,086)**	**(1,040)**
Finance Costs	(2,862)			(250)	(249)	1	(1,996)	(2,057)	(60)	(2,995)	(3,086)	(91)
Dividends Payable on PDC	(422)			(35)	(40)	(5)	(281)	(331)	(50)	(422)	(491)	(69)
Investment Revenue	74			6	42	36	50	181	132	74	330	256
Depreciation & Amortisation	(2,820)			(209)	(170)	39	(1,672)	(1,658)	14	(2,508)	(2,518)	(10)
Total Non-operating Costs	**(6,030)**			**(488)**	**(417)**	**71**	**(3,901)**	**(3,865)**	**35**	**(5,851)**	**(5,765)**	**86**
Total Expenditure	**(148,069)**	**(1,834.25)**	**(1,813.50)**	**(13,140)**	**(9,396)**	**3,743**	**(103,610)**	**(102,682)**	**929**	**(156,062)**	**(157,501)**	**(1,439)**

4. Agency Utilisation

Headlines - Trust Agency Use

For 2022/23 the Trust will be monitored against its share of the ICB agency ceiling at £3,100k for the year which is based on the expectation that the ICB reduces agency costs by 30% compared to last year as part of the system plan. The report below also shows a 'soft' shadow agency ceiling set at a 10% reduction against last year's costs. The agency costs to month 8 are shown below.

Month 8 expenditure on agency is £428k (including COVID costs); **which is over the in-month agency ceiling by £170k**.

38% of agency costs to date were incurred in the two community directorates, with 22% in Specialised and 31% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas. Non-Clinical agency is forecast to reduce is almost zero by the end of the financial year.

The table below shows total agency expenditure by staffing group.

Total Agency	Actual									Forecast				
	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	YTD £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000	Total £000
Medical	(260)	(106)	(214)	(274)	(132)	(229)	(208)	(232)	(1,655)	(222)	(222)	(222)	(222)	(2,543)
Nursing	(51)	(131)	(126)	(337)	(147)	(120)	(96)	(85)	(1,094)	(52)	(52)	(52)	(52)	(1,303)
Other Clinical	(37)	(38)	(38)	(67)	(43)	(68)	(64)	(79)	(434)	(63)	(18)	(18)	(16)	(549)
Non Clinical	(4)	(10)	(24)	(17)	(1)	(40)	(3)	(43)	(143)	(29)	(10)	(2)	(1)	(186)
Sub Total	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(3,326)**	**(367)**	**(302)**	**(294)**	**(291)**	**(4,581)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(202)	(7)	(7)	(12)	(7)	(235)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(3,528)**	**(374)**	**(309)**	**(306)**	**(298)**	**(4,816)**
Agency Ceiling (based on 30%)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(2,067)	(258)	(258)	(258)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(1,462)**	**(115)**	**(51)**	**(48)**	**(40)**	**(1,716)**
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(3,528)***	***(374)***	***(309)***	***(306)***	***(298)***	***(4,816)***
Soft Agency Ceiling (based on 10%)	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(2,667)*	*(333)*	*(333)*	*(333)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(862)***	***(40)***	***24***	***27***	***35***	***(816)***

The table below shows total agency expenditure by Directorate.

	Actual									Forecast				
Total Agency	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	YTD £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000	Total £000
Acute Services & Urgent Care	(108)	(147)	(142)	(188)	(138)	(152)	(122)	(113)	(1,110)	(78)	(78)	(78)	(78)	(1,424)
North Staffordshire Community	(38)	(27)	(44)	(65)	(37)	(47)	(45)	(60)	(362)	(67)	(67)	(67)	(67)	(630)
Specialist Care	(70)	(40)	(70)	(277)	(76)	(70)	(83)	(89)	(775)	(69)	(69)	(69)	(66)	(1,049)
Stoke Community	(133)	(64)	(120)	(145)	(121)	(134)	(116)	(135)	(968)	(135)	(90)	(90)	(90)	(1,375)
Workforce & OD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Central Services	0	0	0	0	48	0	0	0	48	13	13	13	13	98
Covid-19	0	0	0	(5)	0	(15)	(1)	(1)	(22)	(1)	(1)	(1)	(1)	(24)
Quality & Nursing	(0)	(1)	(0)	(1)	1	(2)	(1)	(0)	(5)	(1)	(1)	(1)	(1)	(9)
Finance, Performance & Estates	(4)	(9)	(24)	(15)	0	(38)	(2)	(42)	(134)	(27)	(8)	0	0	(169)
Total Agency	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(3,326)**	**(367)**	**(302)**	**(294)**	**(291)**	**(4,581)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(202)	(7)	(7)	(12)	(7)	(235)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(3,528)**	**(374)**	**(309)**	**(306)**	**(298)**	**(4,816)**
Agency Ceiling	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(2,067)	(258)	(258)	(258)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(1,462)**	**(115)**	**(51)**	**(48)**	**(40)**	**(1,716)**
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(3,528)***	***(374)***	***(309)***	***(306)***	***(298)***	***(4,816)***
Soft Agency Ceiling	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(2,667)*	*(333)*	*(333)*	*(333)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(862)***	***(40)***	***24***	***27***	***35***	***(816)***

The table below shows the percentage of agency usage that has been provided by off framework agency providers. Month 6 shows a negative percentage of off framework suppliers for medical staff as this relates to a credit note received, no other costs were incurred in that month against off framework suppliers. Month 8 medical staffing at 71% mainly relates to one Locum through Fievel Healthcare Ltd

% Agency off framework	Apr-22 %	May-22 %	Jun-22 %	Jul-22 %	Aug-22 %	Sep-22 %	Oct-22 %	Nov-22 %	2022/23 YTD %
Medical	15%	16%	5%	19%	24%	-3%	10%	71%	15%
Nursing	0%	0%	0%	0%	57%	0%	0%	1%	16%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	3%	0%	0%	0%	0%	0%	0%	0%	0%
Overall Total	**7%**	**11%**	**2%**	**10%**	**45%**	**-1%**	**3%**	**14%**	**13%**

5. COVID Costs

During the 2022/23 planning rounds, the ICS was challenged to submit a breakeven plan. To help achieve this, the non-recurrent COVID costs were reduced by £428k from month 3 in the plan in line with national expectations. The table below details the COVID expenditure to month 8. COVID expenditure is overspent against the plan by £675k YTD mainly because of additional pay costs due to staff absences as well as additional staffing support required on wards.

YTD Expenditure	COVID related staff absences £000	Exisiting workforce additional shifts £000	Decontamination £000	Remote management of patients £000	Total £000
Nursing	365	211			**576**
Other Clinical	91	25			**116**
Non-Clinical	74	28			**102**
Agency	0				**0**
Total Pay	**530**	**264**	**0**	**0**	**794**
Drugs & Clinical Supplies		6	4		**10**
Establishment Costs			17	19	**36**
Total Non Pay		**6**	**21**	**19**	**46**
Total Expenditure	**530**	**270**	**21**	**19**	**840**
Plan	69	49	0	47	**165**
Variance	**(461)**	**(221)**	**(21)**	**28**	**(675)**

6. CIP

The below table shows the identified schemes to date against the target of £2.7m for 2022/23 following the submission of the plan. The Directorates have identified a total of £1.7m CIP schemes to date against the target, therefore there is an additional £1.0m CIP schemes that require identifying. Of the £1.7m identified schemes £1.4m have been transacted, £0.2m are ready for QIA & £0.1m are in development (see appendix D). Year to date CIP delivery is £918k against a plan of £1,507k, giving an under-achievement year to date of £589k.

2022/23 CIP Target £000	Acute	Stoke	N Staffs	Specialist	CEO	Q&N	S&D	FPE	MACE	Operational	Workforce	Trust-wide	22/23 Total (as at M8)	Recurrent Schemes	22/23 Total (as at M7)	Recurrent Schemes (as at M7)
BAU Housekeeping - 2.5% Base Expectation	438	367	267	346	22	71	97	105	39	4	71		1,828		1,828	
Trustwide Themes:																
Digital												100	100		100	
Estates												100	100		100	
Grip & Control												100	100		100	
Corporate												200	200		200	
Share of additional CIP & remaining unallocated	98	82	60	77	5	16	22	23	9	1	16		408		408	
Total CIP target - 2022/23	**536**	**449**	**327**	**424**	**27**	**87**	**119**	**128**	**48**	**4**	**87**	**500**	**2,736**		**2,736**	
Identified Schemes	135	383	194	130	10	62	83	53	30	0	27	582	**1,689**	**1,512**	**1,671**	**1,488**
Remaining CIP Requirement	**401**	**65**	**133**	**294**	**17**	**25**	**36**	**75**	**18**	**4**	**60**	**(82)**	**1,047**		**1,065**	

The Trust is forecasting to achieve a breakeven position at year end which ultimately includes delivery of the CIP target in full delivered with a combination of further recurrent schemes and non-recurrent underspends elsewhere for example with vacancy slippage. For the purpose of NHSE reporting, the Trust is reporting full delivery of the 2022/23 CIP target through non-recurrent underspends.

7. Statement of Financial Position

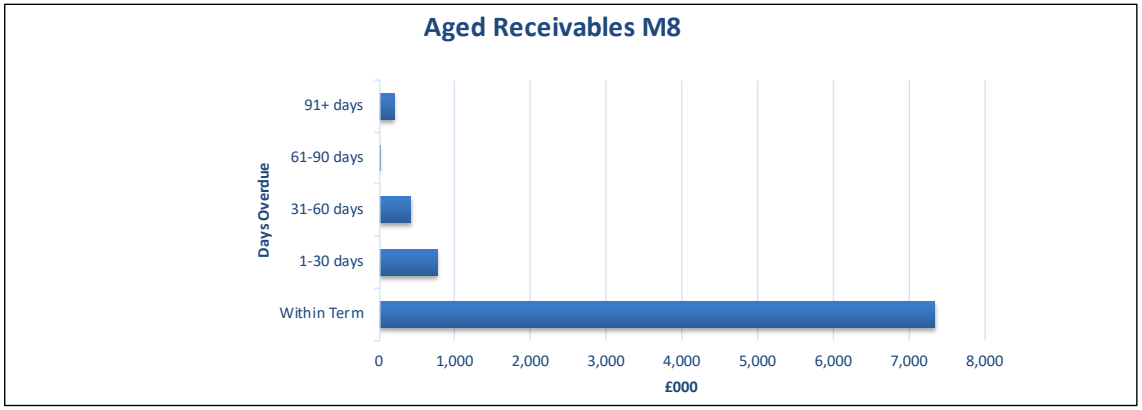
The table below shows the Statement Financial Position of the Trust.

SOFP	Sep-22 £000	Oct-22 £000	Nov-22 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	16,744	17,118	17,742
Property, Plant and Equipment	25,245	25,112	23,546
Intangible Assets	1,767	1,748	1,563
NCA Trade and Other Receivables	190	190	190
Other Financial Assets	0	0	0
Total Non-Current Assets	**43,945**	**44,167**	**43,040**
Current Assets			
Inventories	164	177	147
Trade and Other Receivables	12,657	12,409	14,236
Cash and Cash Equivalents	23,047	21,583	23,622
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**35,868**	**34,169**	**38,005**
Current Liabilities			
Trade and Other Payables	(26,937)	(25,411)	(26,369)
Provisions	(264)	(258)	(758)
Borrowings	(633)	(633)	(633)
Total Current Liabilities	**(27,835)**	**(26,302)**	**(27,760)**
Net Current Assets / (Liabilities)	**8,033**	**7,867**	**10,245**
Total Assets less Current Liabilities	**51,978**	**52,034**	**53,285**
Non Current Liabilities			
Provisions	(1,642)	(1,642)	(1,642)
Borrowings	(16,400)	(16,280)	(14,736)
Total Non-Current Liabilities	**(18,042)**	**(17,922)**	**(16,378)**
Total Assets Employed	**33,936**	**34,113**	**36,907**
Financed by Taxpayers' Equity			
Public Dividend Capital	12,899	13,507	13,507
Retained Earnings reserve	14,330	13,898	16,692
Other Reserves (LGPS)	0	0	0
Revaluation Reserve	6,707	6,707	6,707
Total Taxpayers' Equity	**33,936**	**34,113**	**36,907**

Current receivables are £14,236k of which:

- £5,509k is based on accruals (not yet invoiced) relating to income for services invoiced retrospectively at the end of every quarter.
- £8,727k is trade receivables; based on invoices raised and awaiting payment of invoice (£7,340k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.
- Local Authority and Non NHS invoices overdue by 91+ days are included in the bad debt provision, however the TCP local authority invoices have now been released from the provision and credited and re-raised to the ICB (shown in 'Within Term' below.)
- Trade and Other payables remain high as a result of patient placement invoices and accruals.

		Days Overdue				
Aged Receivables/Payables	Within Term £000	1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	Total £000
Receivables Local Authority	243	584	104	0	240	**1,171**
Receivables Non NHS	343	163	286	1	107	**900**
Receivables NHS	6,754	10	33	0	(141)	**6,656**
Payables Local Authority	0	(1)	0	(14)	(72)	**(87)**
Payables Non NHS	(2,349)	(699)	(260)	(345)	(1,315)	**(4,968)**
Payables NHS	(180)	(101)	(40)	(2)	(380)	**(703)**



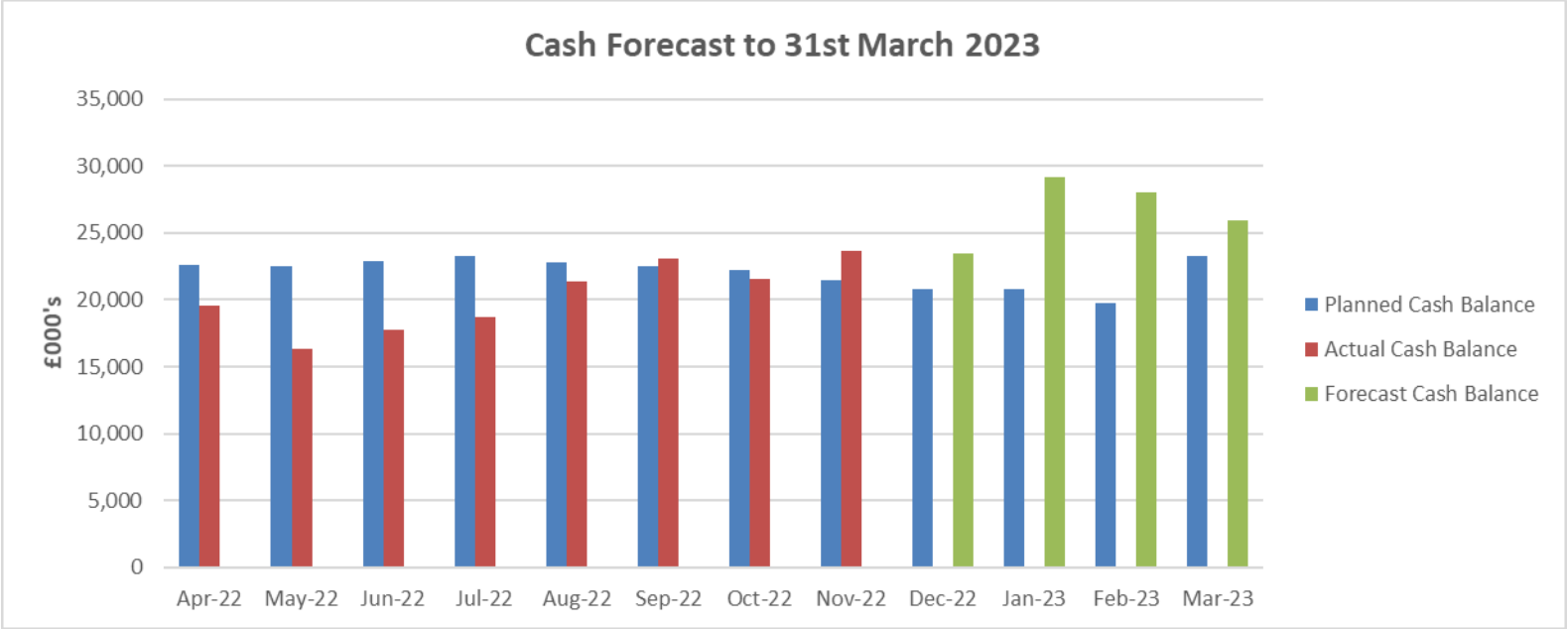
8. Cash Flow Statement

The Trust's cash balance at 30th November is £23.6m. This is above plan by £2.2m due to the settlement of debtors relating to TCP and Project 86 by the ICB, increased block income from the ICB and increased income from Health Education England.

A cash forecast was prepared for 2022/23 based on the Trust's final submitted plan and budget setting assumptions. This gave a plan as at 31st March 2023 of £23.3m. The detailed cash flow will be updated each month and any changes will be reflected in the cash forecast. The Trust is currently forecasting to achieve above the planned cash balance at 31st March 2023 at £25.9m as a result of increased block income, higher than planned HEE income and higher than planned VAT returns as a result of the latest guidance relating to IT expenditure and additional PDC funding.

	Cashflow summary - Apr 22 - Mar 23											
	Actuals								Forecast			
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance b/fwd	**25,920**	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**23,449**	**29,137**	**27,974**
Patient Income ICB, CCG & NHSE	7,485	9,535	12,198	7,582	14,670	11,819	10,720	12,830	9,998	15,752	9,953	10,033
Local Authority Income	129	52	426	1,755	175	648	3	1,118	0	1,534	0	268
Other income	1,911	1,639	914	3,568	1,720	763	2,841	1,640	2,754	1,664	1,616	2,595
PDC Funding	0	0	0	0	0	963	608	0	1,093	701	443	895
Total Receipts	**9,525**	**11,227**	**13,538**	**12,906**	**16,565**	**14,192**	**14,172**	**15,588**	**13,846**	**19,652**	**12,012**	**13,790**
Monthly Pay	(6,021)	(6,372)	(6,380)	(6,383)	(6,332)	(7,148)	(7,547)	(6,877)	(6,857)	(6,897)	(6,883)	(6,883)
Non Pay	(6,731)	(7,727)	(5,594)	(5,390)	(7,131)	(4,502)	(7,928)	(4,877)	(6,868)	(6,518)	(6,316)	(7,026)
Capital	(3,222)	(262)	(113)	(237)	(436)	(560)	(46)	(1,036)	(1,161)	(548)	24	(1,714)
PDC	0	0	0	0	0	(293)	0	0	0	0	0	(246)
Total Payments	**(15,974)**	**(14,361)**	**(12,086)**	**(12,011)**	**(13,898)**	**(12,502)**	**(15,521)**	**(12,790)**	**(14,886)**	**(13,963)**	**(13,175)**	**(15,869)**
Closing Cash Balance - Main Accounts	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**23,449**	**29,137**	**27,974**	**25,895**
Unpresented cheques/uncleared deposits	**98**	**(8)**	**(11)**	**(1)**	**(1)**	**(1)**	**(115)**	**(875)**				
Cash in Hand (Petty Cash)	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**
Total Reported Cash Book Balance	**19,578**	**16,338**	**17,787**	**18,691**	**21,357**	**23,048**	**21,585**	**23,623**	**23,458**	**29,146**	**27,983**	**25,904**
Plan	**22,634**	**22,526**	**22,858**	**23,262**	**22,761**	**22,480**	**22,216**	**21,464**	**20,759**	**20,761**	**19,779**	**23,292**
Variance to Plan	**(3,056)**	**(6,188)**	**(5,071)**	**(4,571)**	**(1,404)**	**568**	**(631)**	**2,159**	**2,699**	**8,385**	**8,204**	**2,612**

The graph below shows the cash to date and forecast for the year against plan. Cash was lower than planned in month 1 to 4 due to a delay in the receipt of TCP and Project 86 income from the CCG's and Local Authorities. The ICB has settled the majority of the outstanding TCP and Project 86 invoices in August however the Local Authority invoices remained outstanding. The Trust has since re-invoiced the local authority TCP bad debt to the ICB and settlement is expected in January. The Trust is forecasting to achieve above the year end planned cash balance.



9. Capital Expenditure

The Trust's final gross capital expenditure plan for 2022/23 has been agreed at £7,250k including £3,808k PDC funding for Project Chrysalis.
Capital expenditure at month 8 is £2,770k, £277k below plan due to slippage on the corporate recovery scheme and digital infrastructure schemes and the COS VAT review refunds.

As at month 8 the Trust was forecasting to spend in line with the agreed capital plan on the majority of the capital schemes with the exception of the lease relating to the new GP practice scheme. Since the closure of the month 8 capital position the Trust has managed to secure an additional £0.9m PDC to spend on the Project Chrysalis, meaning no Trust capital will need to be spent on the project in 2022/23. This will now result in a material under spend against Trust capital this year due to the tight timescales to bring on board new schemes at this stage. This will be reflected in the month 9 forecast.

The Trust had had confirmation of additional PDC funding of £895k relating to Mental Health Urgent and Emergency Care which will be used to fund some of the Project Chrysalis works. The system has also put in a bid for additional Digital PDC of £0.7m which if successful will free up Trust capital to support additional schemes. The table below shows the annual plan, forecast and capital spend at month 8

		Year to Date			Forecast Outturn		
Capital Expenditure	**Annual Plan £000**	**YTD Plan £000**	**Actual £000**	**Variance £000**	**Revised Plan £000**	**Outturn £000**	**Variance to Plan £000**
Operational Schemes							
Environmental Improvements (Backlog Maintenance)	150	0	10	10	157	157	0
Environmental Improvements (Incl. Reduced Ligature Risk)	170	170	174	4	174	174	0
Medical Equipment	20	20	13	(7)	13	13	0
IFRS16 - New leases / renewals	900	0	0	0	900	0	900
Corporate Recovery (Lawton House/Ashtenne)	125	125	0	(125)	60	60	0
Digital							
Digital infrastructure- Placeholder	100	100	0	(100)	75	75	0
Digital Infrastructure - Digital Patient Monitoring	235	235	7	(228)	200	200	0
IT - Device Replacement	200	0	0	0	200	200	0
EPMA System Implementation	50	50	86	36	97	97	0
Capitalised Salaries - IT rolling replacement	40	27	26	(1)	40	40	0
Contingency / Reactive							
COS VAT refunds	0	0	(167)	(167)	(167)	(167)	0
Anti-Ligature Perimeter Fencing	0	0	0	0	107	107	0
A & T Bathrooms 36, 37 & 26	0	0	0	0	88	88	0
Contingency	0	0	0	0	(32)	(32)	0
Strategic Schemes							
Dormitory Conversion Trust funded	1,452	0	0	0	635	635	0
Total Trust Funded Capital Expenditure	**3,442**	**727**	**149**	**(578)**	**2,547**	**1,647**	**900**
Dormitory Conversion PDC funded	3,808	2,320	2,620	300	3,808	3,808	0
Urgent & Emergency Care Pathways	0	0	0	0	895	895	0
Total Gross Capital Expenditure	**7,250**	**3,047**	**2,770**	**(277)**	**7,250**	**6,350**	**900**
Total Project Chrsyalis Capital Expenditure (for information only)	**5,260**	**2,320**	**2,620**	**300**	**5,338**	**5,338**	**0**

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 achieved the 95% target for both the value and number of invoices paid, achieving 95% on the total number of invoices and 98% on the total value of invoices.

Overall, year to date position is that the Trust has not achieved the target on the value of invoices or on the number of invoices paid achieving 92% against the targets on the number of invoices and 93% on the value of invoices paid within 30 days.
The main reason for the under-achievement is a large number of TCP invoices were authorised late due to annual leave in the TCP admin team in previous months and also incorrect GRN issues which are being reviewed by the finance team.

	2021/22 Total			2022/23 Month 8			2022/23 Total		
Better Payment Practice Code	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**	**NHS**	**Non-NHS**	**Total**
Number of Invoices									
Total Paid	455	13,882	14,337	41	1,084	1,125	251	10,214	10,465
Total Paid within Target	427	13,314	13,741	40	1,029	1,069	234	9,398	9,632
% Number of Invoices Paid	94%	96%	96%	98%	95%	95%	93%	92%	92%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**-1%**	**1%**	**1%**	**3%**	**0%**	**0%**	**-2%**	**-3%**	**-3%**
Value of Invoices									
Total Value Paid (£000s)	6,849	76,244	83,093	631	7,837	8,468	4,436	65,371	69,807
Total Value Paid within Target (£000s)	6,483	70,245	76,728	627	7,701	8,328	4,065	60,782	64,847
% Value of Invoices Paid	95%	92%	92%	99%	98%	98%	92%	93%	93%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	**0%**	**-3%**	**-3%**	**4%**	**3%**	**3%**	**-3%**	**-2%**	**-2%**

The finance team will continue to review performance and act where necessary to improve timely authorisation of invoices and avoid retrospective raising of purchase orders. It is expected that if the Trust is able to achieve the target in future months that the year-to-date total will show the target achieved before the end of the year on value but may still be below target on the number of invoices.

11. Recommendations

Trust Board are asked to:

Receive the Month 8 position noting:

- The year-to-date surplus of £174k and progress against agreed financial recovery actions.
- Note the 2022/23 agreed capital plan, forecast and month 8 position.
- The cash position of the Trust as at 30th November 2022 with a balance of £25.9m.
- Agency expenditure of £3,528k year to date (including £21k COVID agency spend) against the agency ceiling of £2,067k; **an adverse variance of £1,462k to the share of the ICB agency ceiling, and a £862k adverse variance against the 10% target reduction.**
- Note identified CIP schemes of £1,689k against a target for the year of £2,736k.

REPORT TO PUBLIC TRUST BOARD

Enclosure 13

Date of Meeting:	12th January 2023		
Title of Report:	Finance and Resource Committee Assurance Report		
Presented by:	Russell Andrews- Chair/Non-Executive Director		
Author:	Kimberli McKinlay – Deputy Director of Finance		
Executive Lead Name:	Eric Gardiner – Executive Director of Finance, Performance & Estates	**Approved by Exec**	☒

Executive Summary:	**Purpose of report**	
This paper details the items discussed at the Finance and Resource Committee meetings held on the 1st December 2022 and on 5th January 2023. Updates were received relating to: • M7 and M8 Trust performance • M7 and M8 Trust and ICS financial position including an SLR update and an overview of the ICS financial strategy • 2023/24 planning and budget setting update • Estates scheme updates • Digital project updates • Business opportunity updates • Review and update of the F&R Risk Register • Policies sign off A business case for Autistic Spectrum Disorder (CYP) Diagnosis and Intervention Service was approved at the December meeting.	**Approval**	☐
	Information	☒
	Discussion	☐
	Assurance	☒

Seen at:	SLT ☐ Execs ☐ Performance Review	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Finance and Resource Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). 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 feeds into the overall ICS Financial Position.	
Recommendations:	The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee.	
Version	Name/group	Date issued
1	Trust Board	06/12/2023

Finance and Resource Committee
Assurance Report to the Trust Board
1st December 2022

Finance and Resource Committee Report to the Trust Board – 12th January 2022.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 1st December 2022. The meeting was quorate. The meeting was held as a MS Teams conference meeting and minutes were reviewed and approved from the previous meeting on the 3rd November 2022. Progress was reviewed and actions confirmed from previous meetings including actions from other Committee's. Declarations of interest were noted.

Performance

- **IQPR**

The Committee received the IQPR report. The month 7 performance report was taken as read. Overall performance showed signs of improvements. The main points to note are 22 rated measures that have met the required standard (20 in M6) and 8 that have not met the required standard and highlighted as exceptions (14 in M6). There are 3 special cause variations (orange variation flags) - signifying concern which are the same 3 reported in M6:

- Referral to Assessment within 4 weeks
- CAMHS compliance within 4 week waits (Referral to Assessment)
- Staff turnover

The Committee noted 6 areas of improvement including vacancy rate. Performance against 5 PIPs were reported in month. The Committee welcomed the inclusion of additional information relating to MFFD (medically fit for discharge) and additional waiting list information.

The Committee noted the contents of the report.

Capital and Estates

- **Estates Update**

The Associate Director of Capital and Estates provided the Committee with an Estates update. Good progress was reported across all capital projects with no escalations. The Committee were advised that Project Chrysalis is currently reporting a 5 / 6 week delay and the impact of this on the cashflow is currently being worked through although expectation is this can be pulled back. A conversation took place regarding the commissioning of a survey into faulty pipework at the EMU for which a provision had been included. Works have commenced to gather data in preparation for future opportunities to bid against central decarbonisation funding.

The Committee noted the update.

Finance

- **Finance Update**

Month 7 Position - The Committee took the paper as read. Key messages highlighted included an in month and year to date deficit mainly due to CIP delivery, non-recurrent expenditure, continuing ward acuity & sickness and bad debt provision. An update regarding the local authority debt was shared with the Committee and discussions took place regarding ongoing support to enable the system resolution to this. The Committee noted that during month 8 the resolution of the LA debt would be transacted through the accounts. Agency costs in month reduced but continued to be at levels higher than the agency cap. Capital spend remains slightly behind of plan and it was noted that the requirement for IFRS16 capital coverage this financial year was no longer required. The cash balance was marginally behind plan. The Committee noted that the Better Payment Practice Code overall was not achieved in month. The identification of recurrent CIP remained behind plan, however, this would be mitigated non recurrently by underspends elsewhere to support the forecast breakeven position. The Committee discussed plans for future CIP identification.

The Committee noted the month 7 financial position and were assured regarding resolution of the bad debt position.

- **ICS Financial Strategy**

The Director of Finance, Performance and Estates shared the latest version of the system financial strategy presentation. It was reported that engagement sessions were currently taking place across the system with Directors from all partner organisations and that the strategy was being well received. The Committee noted the update.

- **Service Line Reporting**

The Costing Manager updated the Committee on recent developments including the migration to a new costing system and the finalisation of the Q4 2021/22 SLR position. Key themes were drawn out and discussed including an update on clinical engagement sessions and emerging work with clinical teams to review pathways to support transformational work building on the success storey with the Memory Clinic. The Committee noted the update.

- **Autistic Spectrum Disorder- Children and Young People (CYP) Diagnosis and Intervention Service**

A business case on the above was presented to the Committee by the Director of Operations. It was explained that the case was fully supported and funded by the ICS and would ensure parity of esteem across the system. The Committee approved the business case.

Strategy, Partnerships and Digital

- **Business Opportunities Update**

The Director of Partnerships and Strategy updated the committee on the ongoing engagement activities in relation to the refresh of the Trust Strategy which is under development and will be ready for implementation in April 2023.

The Director of Partnerships and Strategy highlighted that there had been no further announcements made on the two tenders submitted in October relating to;

- IPS (Department for Work & Pensions tender, led by SoT City Council on behalf of the System)
- Pathfinders Pilot for victims of sexual abuse or violence (a joint bid with MPFT).

Further updates were provided with a verbal update regarding the progress of the Primary Care vertical integration schemes and due diligence processes prior to the completion of the business case. The Director of Partnerships and Strategy also stated that a review was being undertaken in relation to the Primary Care vertical integration process.

- **Digital Update**

The Committee took the paper as read which included an update across key updates and all live projects. The main points highlighted to the Committee by the Chief Digital Information Officer were:

- The ongoing development of the ICB Digital Strategy / Plan has now gone through the consultation phase.
- The bid for an additional £775k capital funding relating to the NHS England Frontline Digitisation Programme.
- Details of actions following the attempted cyber-attack on the Trust's Wellbeing portal, which was detected and did not cause any impact to the system or services.

The Chief Digital Information Officer provided further updates relating to the active projects and the challenges relating to the timescales of several of these projects, the Committee were given details of the prioritisation and mitigation activities and would be provided further updates through the Digital Updates provided to future Committee meetings.

Other Reports Received:

- **Risk Register**

The Committee agreed to add a new risk relating to the faulty pipework at EMU. No other changes were required

- **Policies for approval**

The Committee approved policy amendments to the following:

- Electronic Door Access Control Policy
- Water Systems Management
- Subject Access Request Policy
- Registration Authority Operational Policy and Process Guidance
- CCTV Policy
- Information Security Policy
- IT Assets Policy
- Information Risk Policy
- Mobile Information Handling Policy

Other Reports Received:

- ICS Month 7 Finance Update
- NHS England protocol for changes to forecast
- Mental Health Deep Dive 2022/23 Q2

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

Finance and Resource Committee
Assurance Report to the Trust Board
5th January 2023

Finance and Resource Committee Report to the Trust Board – 12th January 2023.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 5th December 2023. The meeting was quorate. The meeting was held as a MS Teams conference meeting and minutes were reviewed and approved from the previous meeting on the 1st December 2022. Progress was reviewed and actions confirmed from previous meetings including actions from other Committee's. Declarations of interest were noted.

Performance

- **IQPR**

The Committee received the IQPR report. The month 8 performance report was taken as read and the Committee were advised that due to the data warehouse migration data up to 25th November only had been included. The main points to note are 21 rated measures that have met the required standard (22 in M7) and 9 that have not met the required standard and highlighted as exceptions (9 in M7). There are 3 special cause variations signifying concern which are the same 3 reported for the last 2 months:

- Referral to Assessment within 4 weeks
- CAMHS compliance within 4 week waits (Referral to Assessment)
- Staff turnover

The Committee noted 5 areas of improvement including vacancy rate for a second consecutive month. Improvement against 4 existing PIPs was noted as was the commencement of a deep dive into data for the 4 week RTA PIP in Specialist Services given a dip in performance. The Committee had a discussion regarding an overfill position against the safer staffing rate noting this was indicative of an increase in acuity and demand on the wards.

The Committee noted the contents of the report.

Capital and Estates

- **Estates Update**

The Associate Director of Capital and Estates provided the Committee with an Estates update. Good progress was reported across all capital projects with no escalations. A discussion took place regarding the latest position of works to gather data in preparation for bids against central decarbonisation funding and agreement that this should be included in future reports for regular updates to Committee.

The Committee noted the update.

Finance

- **Finance Update**

Month 8 Position - The Committee took the paper as read. Key messages highlighted included an in month and year to date surplus due to the resolution in conjunction with the ICB of outstanding local authority debt. It was noted that there remained an underlying deficit mainly due to CIP delivery, non-recurrent expenditure, continuing ward acuity and sickness, however the expectation remains that we will achieve break-even at year end. Agency costs in month had increased and continued to be at levels higher than the agency cap. Capital spend remains slightly behind of plan and it was noted that since the closure of month 8 reporting further PDC funding had been confirmed to cover the remainder of the Project Chrysalis costs in this financial year which means there will now be an underspend against Trust CRL. The cash balance is ahead of plan and the Committee had a detailed discussion regarding the favourable cash position the Trust found itself in. It was noted that the Better Payment Practice Code overall was achieved in month but remained behind target year to date. Recurrent CIP remained behind plan however, this would be mitigated non recurrently by underspends elsewhere to support the forecast breakeven position.

The Committee noted the month 8 financial position and thanked colleagues involved in the resolution of the local authority debt position leading to the improvement from the previous month.

- **Financial Planning 2023/24 Update**

The Deputy Director of Finance provided Committee members with an update regarding the latest position and process for preparation of the financial planning round for 2023/24. It was noted that planning guidance had been released at Christmas and the detail and implications of this were being worked through with system colleagues. The initial view of the system allocation appears relatively positive considering the current climate and it was confirmed that the MHIS and transformational funds relating to mental health and learning disability had in the main been protected. The Committee noted that the Trust underlying position is being refreshed and is likely to deteriorate given under delivery of recurrent CIP, this would be brought back to a future meeting along with the draft cut of the 2023/24 initial plan. The Committee were assured that an appropriate process for planning and budget setting was in place, moving forward at the right pace and members looked forward to future updates.

Strategy, Partnerships and Digital

- **Business Opportunities Update**

The Director of Partnerships and Strategy provided an update. to the committee on the ongoing engagement activities in relation to the refresh of the Trust Strategy which is under development and will be ready for implementation in April 2023.

The Director of Partnerships and Strategy provided Committee members with an update regarding Stoke-on-Trent City Council having approved an investment for the Trust, investing in the Multiple Disadvantage Team. The team work across the adult community teams as part of the Community Mental Health Transformation Programme. Similar discussions are taking place with Staffordshire County Council to understand if there is

scope to seek further investment in the Multiple Disadvantage Team, the next meeting is scheduled for January 2023.

The Director of Partnerships and Strategy highlighted that there had been no further announcements made on two tenders submitted in October; these include:

- IPS (Department for Work & Pensions tender, led by SoT City Council on behalf of the System)
- Pathfinders Pilot for victims of sexual abuse or violence (a joint bid with MPFT).

Additionally, the due diligence on Keele Surgery has now been completed and is currently being analysed, with a Business Case due for completion in January 2023.

- **Digital Update**

The Committee took the paper as read which included an update across key updates and all live projects. The main points highlighted to the Committee by the Chief Digital Information Officer were:

- NHS England is launching the What Good Looks Like (WGLL) Digital Maturity Assessment in January 2023 which will allow the Trust to access its Digital Maturity against the WGLL framework and to identify areas for development at a local and regional level.
- The £775k of capital funding relating to the NHS England Frontline Digitising Programme is expected to be confirmed in early January 2023.
- The building work relating to the Oxehealth patient monitoring system is due to commence on the 9th of January 2023, relating to PICU and Ward 6.

The Chief Digital Information Officer provided further updates relating to the active projects and the challenges relating to the timescales of several of these projects, and the associated prioritisation and mitigation activities.

Other Reports Received:

- ICS Month 7 Finance Update
- 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 PUBLIC TRUST BOARD

Enclosure 14

Date of Meeting:	12th January 2023		
Title of Report:	Charitable Funds Committee Assurance Report		
Presented by:	Joan Walley -Executive Director		
Author:	Laurie Wrench – Associate Director of Governance		
Executive Lead Name:	Eric Gardiner, Executive Director of Finance, Performance and Estates	**Approved by Exec**	☒

Executive Summary:		Purpose of report	
This paper details the items discussed at the Charitable Funds Committee meetings on the 9th December and the 19th December 2022.		**Approval**	☐
		Information	☒
		Discussion	☐
		Assurance	☒
Seen at:	SLT ☐ Execs ☐ Performance Review	Document Version No.	
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☒		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☐ 3. We will provide the highest quality, safe and effective services ☐ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	Oversees the risk relevant to the Committee		
Resource Implications: Funding Source:	None applicable directly from this report		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). 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:	N/A.		
Recommendations:	The Trust Board is asked to receive the contents of this report for information and assurance.		

Version	Name/group	Date issued

Assurance Report to the Trust Board on the 12th January 2023

Charitable Funds Committee Report to the Trust Board for the meetings held on 9th and 19th December 2023.

9th December 2022

The Charitable Funds Committee scheduled for the 9th December 2022 was not quorate and was therefore items that required approval were not discussed and a further meeting rescheduled for 19th December 2022.

Relaunch of Charitable Funds Committee

The Communications Team have developed a series of pages on the Trust public website these pages went live in December 2022 and can be found at https://www.combined.nhs.uk/charitable-giving-at-combined/

Links can be found on the website to enable secure donations via PayPal, Virgin Money, by post, telephone or address, Just Giving and Go Fund Me. A generic dedicated email address has also been made available for fundraising ideas charity@combined.nhs.uk

It was agreed in the New Year to raise awareness of the re-launch a promotional video would be produced with a few words from the Chair or Chief Executive and there would be more of a focus on engagement with staff in terms of fundraising activities.

19th December 2022

Review of Fund Holder Balances

The paper provided an update in terms of fund holder balances and made a number of recommendations, particularly around merging some of the funds where we do not have spending plans as it is a requirement to have spending plans for all charitable funds. Eric Gardiner will be writing to the fund holders individually explaining the proposal.

It was agreed there would be three generic funds for patients, community areas and children's but this would not exclude looking at ideas for other areas.

Approval of Audited Annual Accounts and Report 2021/22

The Charitable Funds Committee reviewed and approved the 2021/22 audited Charitable Funds Accounts and Annual Report for submission to the meeting of the Trustees on 12th January 2023 for formal approval.

Reserves Policy

Based on the current administration cost, the level of reserves documented in the reserves policy, is to be maintained at £8k (being 18 months management and administration costs).

The Charitable Funds Committee reviewed and approved the Reserves policy for 2022/23.

NHS Charities Membership Update

The annual membership fee has been waivered and NHS charities together have agreed to pay the next two years. There is an opportunity for us to, once we have launched the communications fully to submit a developmental grant funding application, which is circa £30,000.

The Committee approved the application to NHS charities together and approved authority for the Committee to progress a development grants application once confirmed members.

REPORTS RECEIVED

Terms of Reference – Amendment agreed.
Task and Finish Group minutes 31st October 2022 - Received

On Behalf of the Committee Chair, Joan Walley
5th January 2023