NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST
BOARD MEETING HELD IN PUBLIC

THURSDAY 11TH MAY 2023, 10.00AM VIA MS TEAMS

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P88/23	Welcome and Apologies for Absence - **Dr Dennis Okolo**	Janet Dawson	**Note**	
2	1002	P89/23	Declarations of Interests – and changes to be notified	Janet Dawson	**Note**	
3	1003	P90/23	Minutes of the Previous Meeting held on 13th April 2023	Janet Dawson	**Approval**	**Enc. 1**
4	1005	P91/23	• Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda	Janet Dawson	**Note**	**Enc. 2**
5	1010	P92/23	Patient Story – **Adam's Story - Changes**	Kenny Laing	**Note**	**Video**
6	1020	P93/23	REACH Recognition Team Award – **Specialist Services – Darwin and Psychiatric Intensive Care Unit (PICU)**	Dr Adeyemo	**Note**	**Verbal**
7	1030	P94/23	Chief Executives Report	Dr Adeyemo	**Note**	**Enc. 3**
8	1035	P95/23	Chairs Report	Janet Dawson	**Note**	**Verbal**
9	1040	P96/23	Questions from Members of the Public	Janet Dawson	**Note**	**Verbal**
	10 minute break					
Quality We will provide the highest quality, safe and effective services			**QUALITY**			
10	1055	P97/23	Safer Staffing Monthly Report March 2023	Kenny Laing	**Assurance**	**Enc. 4**
11	1105	P98/23	Quality Committee Assurance Report from the meeting held on 4th May 2023	Patrick Sullivan	**Assurance**	**Enc. 5**
12	1115	P99/23	Annual Governance Statement	Laurie Wrench	**Approval**	**Enc. 6**

13	1125	P100/23	Improving Quality and Performance Report (IQPR) Month 12	Eric Gardiner	**Assurance**	**Enc. 7**
14	1135	P101/23	Service User Carer Council Update April 2023	Sue Tams	**Assurance**	**Enc. 8**
People We will attract, develop and retain the best people			**PEOPLE**			
15			Item 6 – Patient Story on agenda			
Partnerships We will actively promote partnership and integrated models of working			**PARTNERSHIPS**			
16			Agenda item for discussion in Private Section of the Board.			
Sustainability We will increase our efficiency and effectiveness through sustainable development			**SUSTAINABILITY**			
17	1145	P102/23	Finance Report Month 11	Eric Gardiner	**Assurance**	**Enc. 9**
18	1155	P103/23	Finance and Resources Committee Assurance Report from the meeting held on 4th May 2023	Russell Andrews	**Assurance**	**Enc. 10**
19	1205	P104/23	Audit Committee Assurance Report from the meeting held on 5th May 2023	Phil Jones	**Assurance**	**Verbal**
CONSENT ITEMS						
20	1215	P105/23	Quality Committee Assurance Report from the meeting held on 6th April 2023	Patrick Sullivan	**Information**	**Enc. 11**
21	1215	P106/23	Any Other Business	Janet Dawson	**Note**	**Verbal**

Date and Time of Next Meeting
Thursday 8th June 2023 at 10.00am, Boardroom Lawton House

TRUST BOARD

Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust Hybrid Board meeting held on Thursday 13th April 2023 At 10:00am via MS Teams / Port Vale Football Club

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

Paul Draycott
Director of People, Organisational Development & Inclusion

Dr Dennis Okolo
Interim Medical Director

Elizabeth Mellor
Director of Strategy and Partnerships

Ben Richards
Director of Operations

Russell Andrews
Non-Executive Director

Pauline Walsh
Associate Non-Executive Director

Joan Walley
Non-Executive Director

Dr Keith Tattum
GP Associate

In attendance:

Lisa Wilkinson
Corporate Governance Manager

Zoe Grant
Deputy Director of Nursing and Quality

Joe McCrea
Associate Director of Communications

Patient Story
Wayne Dale – Employment Specialist, Step On
Nicola Thomas – Peer Support Worker, Step On

REACH Individual Award
Vicki Warren, Advanced Nurse Practitioner
Katherine Lilley, Clinical Lead Primary Care Services

Members of the Public
None

The meeting commenced at 10:00am

67/2023	**APOLOGIES FOR ABSENCE** David Rogers Chair, Sue Tams, Service User Carer Council, Kenny Laing Executive Director of Nursing and Quality, Jenny Harvey, Unison Representative	**Action**

68/2023	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS** There were no declarations of interest. ***Noted***	
69/2023	**MINUTES OF THE OPEN AGENDA – 16th March 2023** The minutes of the open session of the meeting held on 16th March 2023 were approved. ***Received***	
70/2023	**ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES** *58/2023 - Quality Committee Assurance Report 16.03.23 - Tony Gadsby enquired about the introduction and roll out of Patches in Primary Care noting this had not been discussed at Finance and Resource Committee. Ben Richards to pick up outside of the meeting.* **13.04.23 - The implementation of Patches as part of the Primary Care directorate's journey of continuous improvement to patient experience and access within the services they provide was not at the financial level to require approval from either SLT or Finance and Resources Committee. The directorate took the decision to implement within its own governance processes and highlighted it within their updates to the Trust Performance meeting.** ***Received***	
71/2023	**PATIENT STORY – Step On** The patient story this month was a group of stories and feedback that Step On had received around the experience that patients had accessing the service and helping service users find employment. Paul Draycott stated what the team did was truly life changing. We know from a population and personal health perspective two factors that affect people positively is income and employment and Step On help with that. 60% of the team were people that had come through the service which was a wonderful testament to the team. Joan Walley noted this patient story was timely given we had proposals to enhance the service further. We have an opportunity to engage with employers to take this further forward and make this more valued across the whole of North Staffordshire. Pauline Walsh asked how someone would access the service. Wayne Dale advised Step On was open to anyone who had access to secondary mental health services, Community Mental Health Services could also refer and there was currently a bid into primary care network (PCN's). Pauline Walsh acknowledged the gap in terms of people who did not use secondary care. Wayne Dale advised we were looking to close that gap and currently Improving Access to Psychological Therapies (IAPT) had their own employment services also. Eric Gardiner asked if we used the same organisations all the time. Wayne Dale advised if a client had a wish to work with a certain company Step On did what they could to support that but worked with employers from all over. Janet Dawson asked if there were specific relationships with employers who were receptive to supporting service users. Wayne Dale advised the service had some	

	very good relationships, some were more receptive than others but part of the services role was to engage with employers and make those relationships. Step On was congratulated on the lovely and positive comments received from service users. It was noted that the video would be available to the public on the Trusts public website. ***Noted***	
72/2023	**REACH RECOGNITION INDIVIDUAL AWARD** The REACH Recognition Individual Award for April 2023 was presented to Vicki Warren, Advanced Nurse Practitioner, Primary Care. Dr Buki Adeyemo introduced the award. Vicki is an Advanced Nurse Practitioner who joined us in the middle of the pandemic (with no primary care experience) and her induction and early working pattern focussed very much on remote working. As services were restored and primary care faced unprecedented demand, she found herself on a steep learning curve, exposing herself (with support and training) to many new clinical scenarios. She embraced this professional and personal development and is a very committed and much valued member of the team. She takes an active role in the upskilling and mentoring of new staff, clinical and non-clinical, and is keen to share her knowledge with others. Her clinical care and record keeping is exemplary and she is a very popular member of the team for our patients, many who ask to see her repeatedly. She embodies the Trust vision and values in all that she does and is an asset to the directorate. Vick thanked the management team for their guidance and support. Vicki was congratulated on her award. ***Received***	
73/2023	**CHIEF EXECUTIVES REPORT** Dr Buki Adeyemo updated the Board on activities undertaken since the last meeting and drew the Board's attention to other issues of significance or interest. Dr Buki Adeyemo took the report as read. Dr Buki Adeyemo talked about the ongoing junior doctor's strike. The Trust had been fortunate to have duties covered by senior doctors but asked that we spare a thought for the Acute Trust who had been experiencing difficulties. We have received the PLACE audit report which focusses on cleanliness and environment and from our scores it was pleasing to see we had maintained a high score. There were things to focus on and we have plans for those. Patrick Sullivan commented that the Health Service Journal (HSJ) had reported that the Trust's scores for food were top in country for mental health trusts at 98%. The Trust has been shortlisted for the HSJ Digital awards for mental health innovation. We should hear more in June 2023.	

	Russell Andrews referred to the CEO report and discharge funding and asked if this was a great amount of money. Ben Richards advised a lot had been directed to acute partners although we did secure some funding which we are using to develop some point of care testing. It was anticipated there would be more funding in the Winter. Tony Gadsby asked if there had been any impact on our services in terms of the University Hospital of North Midlands (UHNM) doctors strike. Dr Buki Adeyemo advised there had not, most of our services are nurse / consultant led. Ben Richards highlighted the Trust had learnt from previous strike action and strengthened contingency plans on the basis of that learning. ***Received***	
74/2023	**CHAIRS REPORT** Janet Dawson provided a verbal update. Janet Dawson recognised the effort in advance planning for industrial action and those who were covering for junior doctors and thanked everyone. Janet Dawson recognised as part of the system the success of Midlands Partnership Foundation Trust (MPFT) obtaining University Trust status. Pauline Walsh acknowledged it had taken approximately ten years to acquire as a huge amount of research and academic structure within an organisation was required to do so and MPFT had had a strategy around achievement for some time. It was agreed Dr Buki Adeyemo would contact MPFT to congratulate them on behalf of the Board. ***Noted***	**BA**
75/2023	**QUESTIONS FROM MEMBERS OF THE PUBLIC** The Trust continued to encourage the use of Ask the Board Online as part of its ongoing commitment to openness, transparency and innovation. There were no Ask the Board questions from the Public. ***Noted***	
76/2023	**NURSE STAFFING MONTHLY REPORT (February 2023)** Zoe Grant, Deputy Director of Nursing and Quality presented the report. During February 2023, an overall fill rate of 94.7% was achieved, this decreased from 98.4% in January 2023. The fill rate for Registered Nurse (RN) shifts in February, reduced from 79% in January 2023 to 72.8%. RN vacancies decreased for another month by 2.75wte to 35.4wte. Healthcare Support Worker (HCSW) over established positions have decreased from 9.48wte to 0.31wte It was reported that recruitment to vacancies was improving, graduate nurses continued to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme. Phil Jones asked for more details in terms of the recruitment market looking better after being so challenging for all Trusts. Zoe Grant advised the key focus was newly Registered Nurses from University as our mechanism for filling our vacancies with that comes additional supervision and support. We had also undertaken a lot of work around preceptorships.	

	Elizabeth Mellor asked if these professions were still attractive to young people. Pauline Walsh advised during the first year of the pandemic we saw a rise nationally and locally in applications but there had since been a significant decrease nationally and locally. Over the last 12 months the image of the NHS had been poor and this had had an impact on recruiting students to professional programmes. We are hopeful we will increase our numbers this year but the impact of that will not be seen for 3 years. Paul Draycott acknowledged the foresight of the Board to invest in apprenticeships as this was reaping benefits other Trusts were not seeing nationally. Ben Richards talked about flexibility around system work we recognised one of the constraints we had was people being supervisors could only supervise a certain number of people and we have asked the system how we might do that differently. Zoe Grant advised we do not struggle to recruit to HCSW bank and lived experience roles and training nurse associates was another avenue that was attractive to internal substantive staff. Phil Jones asked how awards obtained by the Trust and our CQC status could be built into our recruitment campaigns. Paul Draycott advised we had 13 applicants for the Senior Organisational Development post and they had all talked about the profile we had and the staff survey results and awards. Joe McCrea advised the effort the Trust put into video and social media had an effect with younger people, we have not had a dedicated recruitment campaign for a few years now which was something we want to work on alongside the People Plan. Joan Walley asked if we were doing anything on the local skills improvement plan and if this was a vehicle for us to provide that next step up. Paul Draycott advised there was a lot of work taking place in the system which could be more coordinated but the right approach was being used. International recruitment is something we do need to invest in currently. Joan Walley asked if the local skills improvement plan was something we could extend in terms of the patient story and have someone come to Board and talk to us about it. Dr Buki Adeyemo advised the system approach was great and if that could be facilitated more interestingly, the approach Executives were taking, working with local authorities across the whole pathway rather than just NHS, and if we gave that time to grow then we would have more information to bring back. Pauline Walsh advised we were coming to the end of a piece of funding for boot camp for a Wellbeing Enabler role which we were keen to keep going and talk to the Integrated Care Board (ICB) about. The apprenticeships are great, but in terms of medicine there is a conversation about a doctor apprenticeship we need to look at across the system. The International Foundation year has been opened up to all that might want to stay which might be something we see going forward. ***Received***	
77/2023	**QUALITY COMMITTEE ASSURANCE REPORT** Patrick Sullivan, Non-Executive Director / Chair provided a verbal update from the meeting held on 6th April 2023. Patrick highlighted the following: The Committee received a verbal update regarding the current situation in the system. Services were coping well, and the pressures were reduced. Prevalence of flu, norovirus and COVID were reduced although increased pressure was expected	

	over the Easter period. This would be followed by the Junior Doctor's strike and the Trust had robust plans in place to ensure services were maintained and the situation was managed. The guidance around COVID was in the process of change and testing and infection control measures were to be reduced as the virus was seen as endemic. The Committee received a verbal update relating to the Care Quality Commission (CQC)and noted the new relationship manager had been appointed although she had previously worked with the Trust. Changes of personnel meant maintaining ongoing relationships was challenging. The CQC itself is undergoing considerable change in structures, management arrangements and the way inspections are undertaken. The Committee received a presentation which provided feedback and assurance on the Trust's implementation of the new patient safety incident response framework (PSIRF). The framework looks at the way Trusts nationally look at patient safety incidents in a patient and family focused way. The presentation outlined project planning arrangements to ensure we meet all contractual arrangements. The Committee received the Improvement Quality Performance Report (IQPR) and focused on performance measures around waiting times, patient experience, emergency responses and 3 hour target for Section 136. We did not meet the target but it was a more improved position on Section 136 and 3 hour target. Friends and family test increased to 91% and there was an improved position for complaints responses. The Committee received a presentation as a quarterly update in respect of Quality Improvement work ongoing within the Trust. The report emphasised the way the Trust was taking a quality improvement approach for the development of services. A lot of work is being undertaken focused partially on areas of success. Two examples used in the presentation were around Electrocardiogram (ECG) and Co-production. There were two items of Any Other Business one in relation to the employment hub which would be discussed during the Finance and Resource update later on the agenda and water temperature at Harplands. The following policies were approved and the Board was asked to ratify: - Staffordshire and Stoke-on-Trent supporting patients choices approved for 3 years - Preceptorships policy extended for 12 months - NSC cover arrangements extended for 12 months - E Roster addendum to policy approved for 12 months in line with the policy. Tony Gadsby requested a presentation to the Board regarding recent changes to the Care Quality Commission (CQC) and our preparedness for a potential inspection. Laurie Wrench advised our previous relationship manager had returned who was very familiar with the Trust. Our first engagement meeting was scheduled for next week. Laurie Wrench to circulate inspection methodology and add this item to a future Board Development Session. Russell Andrews asked the Quality Committee to consider water temperatures on the agenda going forward. Patrick Sullivan advised this would be discussed as it was a health risk and the Board would be updated accordingly,	**LW**

	The full Quality Committee assurance report will be shared with the Board upon completion and included in the May Trust Board papers for information. ***Received***	
78/2023	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR) – Month 11** Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report: In Month 11 there were 17 rated measures that met the required standard (10 in M10) and 13 that had not met the required standard and highlighted as exceptions (11 in M10). There were 3 special cause variations signifying concern, compared to 5 in M10: • Risk Assessments • CPA 12 month review • Numbers in Settled Accommodation There were 3 special cause variation signifying improvement, compared to 3 in M10; • IAPT: 6 week waits • Delayed Transfers of Care (DTOC) • Vacancy Rate There were 22 metrics flagged with a common cause variation 20 during M10. Phil Jones noted Specialist Services RTA 4 week's trajectory for June performance did not hit target in Month 11. Ben Richards advised the long COVID had come out of the performance measure as it was nationally recognised as not being the best standard. Discussions with Commissioners were ongoing. Janet Dawson queried the data around settled accommodation. Eric Gardiner advised there had been data quality issues and advised he would provide an update should any further information be available prior to the next Board meeting. ***Received***	**EG**
79/2023 –	**SERVICE USER AND CARER COUNCIL REPORT (SUCC) (MARCH 2023)** Zoe Grant, Deputy Director of Nursing and Quality presented the report in the absence of Sue Tams, Chair of Service User & Carer Council. A report was presented by Kevin Daley of last quarter Patient Experience data. Kevin shared the Patient Experience Team developments regarding Peer review of formal complaint responses and how we had responded to this in the team. Two council members had coproduced new Reviewing Officer training with Patient Experience Team to reflect Trust values and to ensure we consistently offer more compassionate responses which are in keeping with health literacy principles and with choice about how complainants receive their responses. Jayne Simner (Recovery and Experience Lead) has been working with Deborah Boughey (Transitioning into adult care lead) to deliver a pilot scheme where Peer Ambassador training was delivered in schools to YR 12 and 13 students. This was a 10 hour training pack delivered over several weeks and the offer of group supervision from our Senior Peer on a monthly basis whilst in the role. We are continuing to advertise the training opportunity and involvement through our networks to increase our training pool and to be able to grow the offer to more schools in the future.	

	The Wellbeing College is nearing completion of Spring term workshops. The feedback has been great across the students, newly trained coproduced/facilitators and the student cohort is increasing in number. We also have a number of people expressing interest in becoming volunteer facilitators in the college. We will be collating an evaluation of the second term to share with the Board. The Website for the Wellbeing college is nearing completion and will be handed over to Trust staff within the next few weeks when we will then be able to launch it officially through our communications and our partner networks. Tony Gadsby asked how active the SUCC was within primary care. Zoe Grant advised it was becoming more engaged. Primary Care has its own service user network and links had been made to be more visible from that perspective. ***Received***	
80/2023	**PEOPLE, CULTURE AND DEVELOPMENT COMMITTEE ASSURANCE REPORT** Janet Dawson, Chair / Non-Executive Director presented the assurance report from the meeting held on 3rd April 2023 and highlighted the following: It was confirmed that there would be no further national funding for the Integrated Care System (ICS) staff psychological wellbeing hub for 2023-24 and beyond. Funding has now been secured for 2023/24 with agreement that any fund remaining at the end of 2023/24 could be carried forward to 2024/25. The first draft of the Trust's People Plan was discussed and will be developed further in coming weeks to assist in supporting the next phase of our development as a Trust. Health and wellbeing work is ongoing. A Virtual Health and Wellbeing event was successfully delivered. Sessions were recorded and once edited will be shared across the ICS and internally enabling people to access indefinitely. Following consultation, the Department of Health and Social Care (DHSC) confirmed it would implement changes to the NHS Pension to help attract and retain valuable experienced staff. NHS Employers is currently updating guidance for NHS Trusts. Once received, communications will be issued to staff and policies updated accordingly. In terms of Freedom To Speak Up (FTSU) a verbal update was received with a report due to the next Committee meeting reflecting the annual position. Predominantly themes include behavioural issues staff experience from a line/senior managers and staff and patient safety. 13 concerns were raised in March 2023, predominately from Acute & Urgent Care and the Specialist Directorate, with 2 from the Stoke Directorate and for the first time 1 from the Corporate Directorate. Work is underway to support the areas as required. Once received a report will be brought to the Board. Policies signed off for approval and requiring ratification by the Board are detailed below: • 3.06 Protection of Pay • 3.14 Alcohol and Drug • 3.15 Personal Relationships at Work • 3.16 Maternity, Paternity, Adoption and Shared Parental Leave • 3.21 Disclosure and Barring Service • 3.24 Recruitment and Selection	

	• 3.32 Appraisal • 3.38 Pay Progression • 3.44 Management of Probation Periods • 3.47 Eroster addendum to Policy • 3.48 Job Evaluation • NEW Menopause Policy The following policies were approved for extension for the next 12 months: • 3.03 Compassionate and Special Leave Policy • 3.07 Management of Change Policy • 3.09 Freedom to Speak Up Policy (Raising Concerns) • 3.11 Supporting Attendance at Work Policy • 3.12 Inclusion Policy • 3.13 Bullying and Harassment Policy • 3.19 Retirement Procedure • 3.23 Supporting staff to improve performance Policy • 3.33 Preceptorship Policy • 3.39 Medical Appraisal Policy • 3.42 Medical and Dental Salary Procedure and Guidance (Responsibility for this policy is with the Medical Director) • 3.46 NSC Cover Arrangements Joan Walley asked if the health and wellbeing investment would be an important factor in helping us retrain staff. Janet Dawson felt it was as people do not usually stay for financial reasons, it is important we have the right culture and recognition that people have responsibilities outside work, so the welfare piece is important. ***Ratified / Received***	
81/2023	**STAFF SURVEY 2022/23** Paul Draycott, presented the survey highlighting the following: We were delighted to receive our best ever response rate this year, with 69.2% of staff sharing their voice through this engagement route. This provided the Trust with an improvement in response rates of 5.2%. We were also delighted that we had the best response rate in our sector compared to our local benchmarking group. We have met the best scores in our sector in 6 areas, with the remaining 3 areas achieving a score of 0.1 below the best scores. In terms of Violence and Aggression this area scored lower than the benchmarked sector score and slightly varied through our internal results when compared to our 2021 results, in the areas of staff personally experiencing physical violence at work from patients / service users, their relatives or other members of the public. Phil Jones acknowledged the good results and asked what it was we were doing right and what it was we needed to continue to do to keep scores this way. Paul Draycott advised there was so much we already did around culture within the organisation, the way people are empowered, core leadership within the organisation and middle management. We are agile as we are not a huge organisation therefore things can get done quickly. The passion and commitment within Staffordshire and Stoke to their organisation is phenomenal. There is still lots to do to make it better.	

	Dr Dennis Okolo acknowledged we were small and agile and we took a decision some years ago to flatten the structure within the organisation and people remark upon on the ease, openness and transparency between management and senior staff. Joan Walley talked about how visibly we are seen as a Board and as a force for good, this is seen as part of the process, faith and belief in the system as a whole. Paul Draycott noted visibility of the Board was important and we are seen as being accessible adding that Acute and Urgent Care Directorate was where the majority of violence and aggression took place. We have to be mindful when benchmarking across other trusts as others will have community services. Tony Gadsby highlighted the Trust was previously a static organisation and we created a People Committee which helped us to make changes for staff and the culture of the organisation. Thinking about values, the mental mind set we have now is change is accepted as part of the day job. Tony Gadsby shared his concern that a 1/3 of staff were not prepared to tell us what they thought about the organisation and wondered if there was any way of finding out what that 30% layer was given that the survey was anonymous. Paul Draycott advised we were aware of teams that had not had much response and more focus would be given in those areas. ***Received***	
82/2023	**MONTH 11 FINANCE REPORT (2022/2023)** Eric Gardiner, Executive Director of Finance, Performance and Estates presented the report. There was a small overspend in month in line with the planned £7K accumulative surplus. We are in the process of finalising accounts and will report a small surplus of £50K - £100K. Cash balances are healthy and will reduce towards the end of March / April predominantly relating to capital schemes. In terms of Cost Improvement Plans we will not achieve target but this has not impacted over all. It was reported that agency costs had increased slightly but overall the Trust had a good position and there was a good position as a system also. ***Received***	
83/2023	**FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT** Russell Andrews, Non-Executive Director presented the assurance report from the Committee held on the 6th April 2023, highlighting the following: The Committee received the Improvement Quality Performance Report (IQPR). The Committee were provided with an update regarding the position of data quality challenges due to the data warehouse migration. The Committee received an Estates update. The Committee were advised that operational performance against PPM (Planned Preventative Maintenance) compliance had dropped, and mitigations were being considered to rectify this position. The Committee received a verbal update regarding a delay in the handover of the Central Therapies corridor as part of Project Chrysalis due to a water temperature issue across the site. The project team are actively working through proposed solutions and an update paper will be brought back to committee including timescales and risks.	

	The Committee received the month 11 financial position and noted the positive position the Trust were in to be able to breakeven this financial year. The Committee received an update on Cost Improvement Plans (CIP). The Committee were assured that systems and processes were in place including Executive focus sessions, an upcoming Leadership Academy session on CIP and the consolidation of CIP Gateway meetings at the end of April to speed up review and sign off of proposed schemes. At this stage, 26% of recurrent schemes had been identified and it was acknowledged that it would be extremely challenging to meet the full CIP target in 2023/24. The Committee acknowledged the significant challenge ahead to deliver the 2023/24 CIP plan and it remained an area for concern which will require continual review through the committee monthly. The Committee received updates on business development opportunities including the UK Shared Prosperity Fund bid "The Inclusive Employability Hub" - The Trust's Step On team had been approached by Stoke-on-Trent City Council (SoTCC) to form part of a consortium bid to develop 'The Inclusive Employability Hub', using funding from the UK Shared Prosperity fund (UKSPF.) in 2024/25. The Trust has been shortlisted in the 'Improving Mental Health through Digital' category of the HSJ Digital Awards 2023, for its All-Age Access Wellbeing Portal initiative. Patrick Sullivan highlighted the real issue for Quality Committee would be any potential harm to patients understanding the issue with the water system as this could increase slightly the risk of Legionella Disease. There was no evidence of Legionella currently. The Water Safety Group are also reviewing. Tony Gadsby asked for an update regarding the decant into the new facility as this was holding up Project Chrysalis. Eric Gardiner advised there was going to be a longer delay than originally thought of approximately ten weeks from the end of March to late June due to a more serious issue which would involve installing a separate boiler for the Central Therapies corridor which was currently being costed and we are uncertain as to whom will bear that cost as yet. Eric Gardiner advised a paper would come back to Board for information when details had been confirmed. Eric Gardiner highlighted that Interclass were not at fault and had been very supportive and patient throughout. Phil Jones asked if there was any idea what the cost might be and how we could finance that from within existing allocations. Eric Gardiner advised he would be guessing but approximately £50K-£100K. Joan Walley asked if there were lessons we could learn from this. Eric Gardiner advised there would be and this would be discussed in more depth during the Board Development Session later that day. ***Received***	**EG**
84/2023	**SELF CERTIFICATION G6 AND FT4 LICENCES** Laurie Wrench, Deputy Director of Governance presented the report. Trust Board must self-certify and confirm compliance against the conditions and these verifications would normally be seen at April Trust Board, however, there has been a national consultation on the Provider Licence requirements and guidance has not yet been issued and Providers are awaiting a revised template for the	

	submission. It is anticipated that the new guidance will be issued shortly and once issued, would be brought to Audit Committee and Board for approval. ***Received***	
85/2023	**BOARD ASSURANCE FRAMEWORK QUARTER 4 (BAF) 2022/23** Laurie Wrench, Deputy Director of Governance presented the framework. The Board Assurance Framework (BAF) for 2022/23 aligns the Trusts strategic objectives to our quality priorities and key risks and provides oversight of the key control and assurances to be introduced and mapped against our four strategic objectives. This was the Quarter 4 update which would close down the 2022/23 BAF. It was noted that work was in progress for 2023/24 Quarter 1. Members were asked to receive the BAF for information and assurance purposes noting the mapping of controls and assurances against the four strategic objectives. Laurie Wrench advised although we have not yet received a final report from KPMG Internal Auditors around Risk and the BAF they are indicating that we will receive significant assurance for the 6th year running. There was one minor area for improvement and work is already underway in relation to this. ***Received / Approved***	
86/2023	**TRUST BOARD CYCLE OF BUSINESS** Laurie Wrench, Deputy Director of Governance presented the 2023/23 cycle of business for approval. Ben Richards requested commissioning intentions be removed as there was now a different contracting model. Joan Walley highlighted the need to link the Integrated Care Board (ICB) and Integrated Care Provider (ICP) and how that fits into our cycle of business. ***Approved / Received***	**LW**
87/2023	**ANY OTHER BUSINESS** There were no items of any other business. ***Noted***	
	DATE AND TIME OF NEXT MEETING The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 11th May 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 12.17pm

Signed: _____ Date_____
Chairman

Board Action Monitoring Schedule (Open Section)

	Trust Board - Action monitoring schedule (Open)					
Action	**Meeting Date**	**Minute No**	**Action Description**	**Responsible Officer**	**Target Date**	**Progress / Comment**
1	13th April 2023	74/2023	**Chairs Update** Janet Dawson recognised as part of the system the success of Midlands Partnership Foundation Trust (MPFT) obtaining hospital status. Pauline Walsh acknowledged it had taken approximately ten years to acquire as a huge amount of research and academic structure within an organisation was required to do so and MPFT had had a strategy around achievement for some time. It was agreed Dr Buki Adeyemo would contact MPFT to congratulate.	Dr Buki Adeyemo	11th May 2023	**Actioned**
2	13th April 2023	77/2023	**Quality Committee Assurance Report - CQC** Tony Gadsby requested a presentation to the Board regarding recent changes to the Care Quality Commission (CQC) and our preparedness for a potential inspection. Laurie Wrench advised our previous relationship manager had returned who was very familiar with the Trust	Laurie Wrench	11th May 2023	**To be built into Board Development programme**
3	13th April 2023	79/2023	**Improving Quality Performance Report (IQPR)** Janet Dawson queried the data around settled accommodation. Eric Gardiner advised there had been data quality issues and advised he would provide an update should any further information be available prior to the next Board meeting.	Eric Gardiner	11th May 2023	**There has been considerable work to ensure the accuracy of the reporting of settled accommodation status following the development of the new Data Warehouse. Validation work highlighted that there were some issues with the SSHIS categorisation of fields that denote settled accommodation. As there is no national definition in the NHS Data Dictionary, we have developed local mapping, agreed with Operational Services and are confident that from M12 our reports are accurate and in line with updated local mapping. As a consequence of updating the mapping, Trust performance has deteriorated against the target.**
4	13th April 2023	83/2023	**Finance and Resource Committee Assurance Report - Central Therapies** Tony Gadsby asked for an update regarding the decant into the new facility as this was holding up Project Chrysalis. Eric Gardiner advised there was going to be a longer delay than originally thought of approximately ten weeks from the end of March to late June due to a larger more serious issue which would involve installing a separate boiler for the Central Therapies corridor which was currently being costed and we are uncertain as to whom will bear that cost as yet. Eric Gardiner advised a paper would come back to Board for information when details had been confirmed.	Eric Gardiner	11th May 2023	**An update paper has been distributed to Board members and further updates will be provided on a regular basis.**
5	13th April 2023	86/2023	**Trust Board Cycle of Business 2023/24** Ben Richards requested commissioning intentions be removed as there was now a different contracting model. Joan Walley highlighted the need to link the Integrated Care Board (ICB) and Integrated Care Provider (ICP)	Laurie Wrench	11th May 2023	**Complete**

REPORT TO PUBLIC TRUST BOARD

Enclosure 3

Date of Meeting:	11 May 2023		
Title of Report:	CEO Board Report		
Presented by:	Dr Buki Adeyemo, Chief Executive		
Author:	Claire Tallentire, Communications and Engagement Manager Liz Mellor, Chief Strategy and Partnerships Officer		
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive	**Approved by Exec**	☒

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

Executive Summary:

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

**[Select return to make summary box larger]

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

and other equality groups). See wider D&I Guidance		
ICS Alignment / Implications:	N/A	
Recommendations:	Board is asked to receive for information and assurance	
Version	Name/group	Date issued
1	Dr Buki Adeyemo, Chief Executive	2 May 2023

Keele UNIVERSITY TEACHING TRUST

NHS North Staffordshire Combined Healthcare NHS Trust

Chief Executive's Report to the Trust Board
11 May 2023

1.0 PURPOSE OF THE REPORT

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

2.0 NATIONAL CONTEXT

In April, The Hewitt Review was published, this sets out to consider the oversight and governance of Integrated Care Systems (ICSs). Each ICS has an Integrated Care Board (ICB), a statutory organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs include representatives from local authorities, primary care and NHS trusts and foundation trusts. The review covered ICSs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the government's mandate to NHS England.

The government is now considering the recommendations made by the review.

A majority of health unions accepted the government's latest NHS pay offer on 2 May 2023. Some unions rejected the offer and it is likely that ballots for industrial action will continue, following the period of national industrial action over the last six months.

3.0 STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE SYSTEM

The Integrated Care Partnership (ICP) Strategy, of which North Staffordshire Combined Healthcare NHS Trust is part of and has contributed to, has been published. 'Living my best life with Autism: Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023 – 2026' is also in development; this strategic document sets out the vision and intentions for improving life in Stoke-on-Trent from 2023 – 2026 for autistic children, young people and adults, with the ambition for it to be launched this month.

Financial deficit and workforce supply continue to be challenging factors across the NHS and plans are being formulated across partners in order to migrate these risks.

4.0 OUR TRUST

'The Future of North Staffordshire Combined Healthcare NHS Trust' – Our Strategy 2023 -2028' was published last month, after many months of hard work and development. We look forward to embedding our strategic aims of Prevention – Access – Growth further throughout the Trust's offer and operations this year. I offer a special thank you to everyone who has been involved, our staff and wider stakeholders, for your contribution to the strategy launch.

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3.1

All Age Wellbeing Portal shortlisted for HSJ Digital Award

I congratulate Combined Healthcare's All Age Wellbeing Portal team, who have been shortlisted for a HSJ (Health Service Journal) Digital Award this year in the 'Improving Mental Health through Digital' category. Combined Healthcare has worked with healthcare and diagnostic software provider Dedalus as a strategic partner on the Portal, which is an online facility for people seeking support and advice on their mental wellbeing.

The final panel process takes place in Mancester in May 2023, with the outcome annouced in June 2023.

Memory Asessment Service receives national accreditation

Well done to the Memory Assessment Service at Combined Healthcare which has recently completed the Memory Services National Accreditation Programme (MSNAP). This is the team's third accreditation for its services and it is now a fully-accredited MSNAP service.

Inspiring Combined: Innovation and Improvement conference

The Trust's face-to-face Inspiring Combined: Innovation and Improvement conference took place on 10 May 2023 at Yarnfield Conference Centre. It was great to host and personally welcome so many colleagues to the event and we had some brilliant guest speakers including Henry Stewart from Happy. Colleagues really enjoyed coming together to share their own inspirational learning experiences and how they inspire others.

3.2

Combined's People Plan

Work continues on Combined Healthcare's new People Plan which will be launched across the Trust over the next few months. Staff have had the opportunity to share their views and feedback for the new plan through 'Our Combined People' engagement over a six-week period of face-to-face, virtual, paper and online platforms. Thank you from the Executive team to everyone who has participated.

Senior staff appointments

I am pleased to share that Rachel Bloor, Head of Nursing and Professional Practice, is also now the Trust Lead for Professional Nurse Advocacy (PNA). The PNA is a committed and essential role to ensuring staff at Combined have access to restorative supervision whilst being empowered to carry out quality improvements and enhance their own development here at Combined.

Commendation from Staffordshire Police

Jenny Cunningham, Community Psychiatric Nurse from the Community Triage Team, recently received a commendation from Staffordshire Police and attended an awards ceremony at the Police HQ.

Jen was commended with "….she always goes above and well beyond what is expected of her role…", with officers and staff describing her as a key part of the policing 'family'.

From everyone at Combined, we would like to congratulate Jen on this outstanding achievement.

Additional Roles Reimbursment Scheme (ARRS) Mental Health Team expands with 13 new roles

It is great to see that the ARRS Mental Health Team within Primary Care continues to evolve in Year 3 of Community Mental Health Transformation Programme, with the introduction of a further 13 Mental Health Practitioners which will be aligned to Primary Care Networks (PCNs) across North Staffordshire and Stoke-on-Trent.

These additional roles will further enhance the mental health offering within each PCN, which currently includes a Senior Mental Health Practitioner and Support, Time and Recovery (STR) worker.

Tom raises over £62,000 for Prostate Cancer UK

It is absolutely fantastic to hear that one of our Experts By Experience, Tom Wilson, has now raised over £62,000 for Prostate Cancer UK. Tom raises awareness and funds for the charity by organising a variety of darts events across Staffordshire, Stoke-on-Trent and Cheshire every weekend.

3.3

Sustainability
We will increase our efficiency and effectiveness through sustainable development

Sustainability Group

Within Combined, we are committed to sustainability and carbon reduction, aiming to decrease our Trust's impact on the environment whilst providing outstanding patient care and working environments.

I was proud to welcome guests to the Trust's sustainability launch event at Harplands Hospital last month where there was a tree planting ceremony, stalls and much more. It was great to see guests too from our wider system attending. Attendees also made their own 'Green Pledges' at the event to commit to working towards net zero.

The event was a landmark moment for our Sustainability Working Group at Combined, who have been working over the last nine months to introduce a range of sustainable initiatives within the Trust.

Developments have included the launch of the 'Switch off' campaign at Harplands Hospital, providing visual reminders to staff in the form of stickers in every room above the light switches to prompt them to turn lights and devices off when leaving the room. This will be rolled out across other Trust sites in the coming months.

Battery recycling is now available at a majority of our Trust sites, giving staff and visitors the ability to dispose of various types of batteries in a responsible and sustainable way. As well

as batteries, Combined is planning to introduce brand new recycling bins, which will enable our sites to recycle glass, tins and plastic alongside mixed recycling.

We are also currently in the process of trialling energy saving additive EndoTherm in the heating system at our Greenfields site. This has proven to save up to 15% on space heating energy consumption and will significantly reduce energy costs and improves heat transfer efficiency in the building itself. If the trial is successful, this will be rolled out across all of our Combined sites.

A wildflower area has been created at Harplands Hospital, staff have been litter picking across sites, and colleagues are also encouraged to sign up as a Sustainability Champion in their areas to promote positive sustainable actions and be 'Proud to CARE' for the environment.

3.4

New Health and Justice Service launched

The new Health and Justice Service in Staffordshire and Stoke-on-Trent has been launched by North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership University NHS Foundation Trust.

The fully integrated offender healthcare model will enhance the support provided to individuals in the criminal justice system who have mental health concerns, learning disabilities, substance misuse problems or other vulnerabilities.

North Staffs Wellbeing College heads into its summer term

North Staffs Wellbeing College, part of Combined Healthcare's offer, is now in its summer term with eight new workshops available in collaboration with new partners across the community. It works with organisations including Stoke City F.C, Port Vale F.C. Foundation, Middleport Matters, Rethink Mental Illness, Royal Literary Fund, Veteran Support Network, Changes Health and Wellbeing, Prince's Trust, Acorn Training, and many others.

Maternal Mental Health Awareness Week

The Trust's Lotus maternal mental health service recently participted in this month's Maternal Mental Health Awareness Week, by sending out flower petals to each of its clients and asking them to write a short message about what the service means to them. The service will then produce a flower display with all of the messages on.

4.0 Conclusion

I am delighted to be able to share a summary of all the great work we are doing as an organisation but most importantly how our commitment to patients and those who use our services ensures we have learning and improvement at the heart of all we do.

REPORT TO PUBLIC TRUST BOARD

Enclosure 4

Date of Meeting:	11th May 2023		
Title of Report:	March 2023 Monthly Safer Staffing Report		
Presented by:	Kenny Laing, Chief Nursing Officer		
Author:	Zoe Grant, Deputy Director of Nursing & Quality		
Executive Lead Name:	Kenny Laing, Chief Nursing Officer	Approved by Exec	☒

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

Executive Summary:

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

Key Findings:

- During March 2023, an overall fill rate of 97.9% was achieved; this is an increase from 94.7% in February 2022.
- The fill rate for RN shifts in March, very slightly reduced from 72.8% in February 2022 to 72.5%.
- RN vacancies have increased slightly by 2wte, from 37.09wte to 39.7wte
- HCSW vacancies are showing at 4.05wte for March 2023.
- Recruitment to vacancies is improving, graduate nurses continue to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme.

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

**[Select return to make summary box larger]

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

	4. We will increase our efficiency and effectiveness through sustainable development ☒	
Risk / legal implications: Risk Register Reference	NIL	
Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☐ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒	
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐	
Resource Implications: Funding Source:	Temporary staffing costs. Budgeted establishment and temporary staffing spend	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
ICS Alignment / Implications:	NIL	
Recommendations:	Board is asked to: To receive the report for assurance and information	
Version	Name/group	Date issued
1	SLT	
2	Quality Committee	

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

Introduction

This report details the ward daily staffing levels during the month of March 2023 following the reporting of the planned and actual hours of both Registered Nurses (RN) and Health Care Support Workers (Care Staff) to NHS Digital. Additionally from June 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

Purpose of the Report (Executive Summary)

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

Key Findings:

- During March 2023, an overall fill rate of 97.6% was achieved; this is an increase from 94.7% in February 2023.
- The fill rate for RN shifts in March were very slightly reduced from 72.8% in February 2023 to 72.5%.
- RN vacancies increased slightly by 2wte, from 37.09wte to 39.7wte.
- The HCSW vacancies are showing at 4.05wte in March 23.
- Safer staffing establishment reviews which took place in February have resulted in Executive approval to uplift staffing establishments in Ward 1, 4 & 5.
- Recruitment to vacancies is improving, graduate nurses continue to fill a majority of RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme.

Key Recommendations to Consider

The Trust Board is asked to:

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

Background

The monthly reporting of safer staffing levels is a requirement of NHS England and the National Quality Board in order to inform the Board and the public of staffing levels within in-patient units.

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a six monthly basis and report an annual outcome of the reviews to the Trust Board of Directors. The first of the six monthly reviews for 2023 /24 took place throughout February 2023.

A comprehensive annual report for 2021/22 was presented to the September 2022 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

Summary

Trust Performance

During March 2023, the Trust achieved an overall staffing fill rate of 72.5% for Registered Nurses (a slight reduction from 72.8% in February 2023). This broken down to 73.1% during the day shifts and 71.1% during the night shift.

The overall staffing fill rate for HCSW staff was 118.4%, which saw 118.3% fill rate during the day shifts and 118.5% fill rate during the night shifts.

Taking skill mix adjustments into account an overall fill-rate of 97.9% was achieved; this is an increase from 94.7% in February 2023. The improvement is attributed to Newly Registered Nurses taking up post during March and also coincides with improved recruitment onto the Trust Bank with increased access to bank staff support for the wards.

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

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

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

Care Hours per Patient Day (CHPPD)

The Trust is required to report CHPPD on a monthly basis. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours. The CHPPD metric has been developed by NHSI to provide a consistent way of recording and reporting deployment of staff providing care in inpatient units. The aim being to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS provider sector by providing a single means of consistently recording, reporting and monitoring staff deployment. The CHPPD are therefore, the average number of actual nursing care hours spent with each patient per day.

Benchmarking for CHPPD is available through the Model Hospital for Mental Health Trusts. NSCHT performs in the upper quartile and, when compared to similar organisations, is well above the national median for the number of CHPPD. The latest reported benchmark position for January 2023 demonstrated that the Trust remained in the highest quartile of care hours per patient per day nationally (see Appendix 1). In March 2023 the Trusts locally reported average shows an improvement from 13.66 CHPPD in February to 14.17 in March 2023.

Impact

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

Incidents reported relating to staffing levels

There were three reported staffing related incidents during March 2023.

One was linked to the closure of the IOU bed due to insufficient staffing to manage a referral request.

The remaining two related to two patients receiving care at the Darwin Centre raising concerns about staff have insufficient understanding of their care needs during a night shift, both incidents were managed appropriately by the team lead.

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

Impact on Patient Experience

Staff continue to prioritise patient experience and direct patient care. Ward managers have reported some cancellations of ward based activities, however attempts are made to ensure that

these are rescheduled or support from the wider MDT is sort. The main issue for cancelling activities is related to the activity workers having to pick up a staffing shortfall.
The wards continue to hold patient community meetings which allow them to report issues of concern.
There were no reported PALs or complaints which could be related back to staffing issues or concerns (aside from the 2 reported incidents at the Darwin Centre).

Impact on Staff Experience

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

141 staff breaks were cancelled. This is similar to February 2023, where 137 staff breaks were cancelled.

Darwin had the highest number of cancelled break, with 50 breaks being missed throughout March. Ward 4 were the next highest with 28 missed breaks. Both of these wards have the highest missed breaks for the 2nd consecutive month. All other wards missed between 0 – 14 breaks within the month.

Supervision compliance throughout inpatient teams is generally good during March 2023, with 5 having the most staff outstanding supervision 15 staff members. A&T has seen a slight improvement from 14 staff members to 9 outstanding supervision. PICU had 7 staff who were showing non – compliant. Ward manager's report multiple opportunities for staff to seek individual or group supervision and continue to actively encourage staff to record their supervision activity in line with the Trust monitoring process via LMS. Ward 2, 3 and 7 were 100% compliance according to the Trusts reporting system. Access to Professional Nurse Advocacy continues to be promoted.

The majority of wards are reporting good compliance with appraisals for staff with wards 7 & Darwin having the highest number of outstanding staff, which was 5 each team. The managers are addressing this, staff absence is a factor within this compliance.

There were no teams reporting an impact on mandatory training.

Other incidents of note:

There were no COVID Outbreaks during March 23.

Mitigating Actions:

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 556 Registered Nurse shifts were covered by HCSW's where Reregistered Nurse temporary staffing was unavailable. This compares to 493 in February 2022.

Registered Nurse staff covered 82 HCSW shifts where HCSW temporary staffing was unavailable, compared to 35 in February and 111 in January 23. Additionally, as outlined above, staff breaks

have been shortened or not taken (time is given in lieu) and wards have cross-covered to support safe staffing levels.

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

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

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

Following the 6 monthly safer staffing reviews in February 2023 with each of the Inpatient wards, 3 wards have had their establishments adjusted. This proceeded a period of review utilising the evidenced based Mental Health Optimal Staffing Tool (MHOST), alongside clinical discussions and reviews of additional staffing requirements over a prolonged period of time. Ward 4 uplifted the early, late and night shift with 1wte per shift and Ward 1 & Ward 5 received an uplift by 1wte on each of their night shifts.

Bank and Agency Usage

The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls. The additional agency 'pool' staff that were been approved to support the Acute wards are gradually being reduced in line with successful recruitment to vacant posts and the newly registered preceptee nurses being more confident within their registered roles.

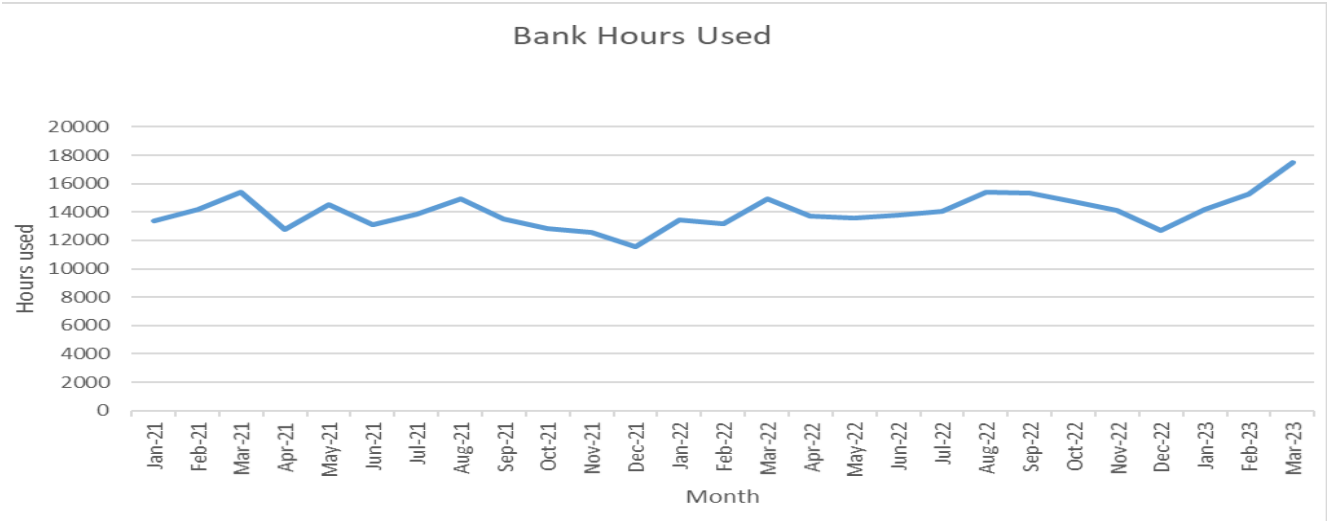
There remains an increased use in bank cover, which continues to demonstrate a positive picture as bank staff are much more familiar with the Trust and tend to work regular shifts in one or two wards and does continue to be required to ensure safe staffing levels.

Throughout March 2023 an additional 1530.58hrs Agency resources has been required to support an individual under exceptional circumstances. This has seen an increase in an otherwise reducing agency spend (see agency Graph 1 & 2 below).

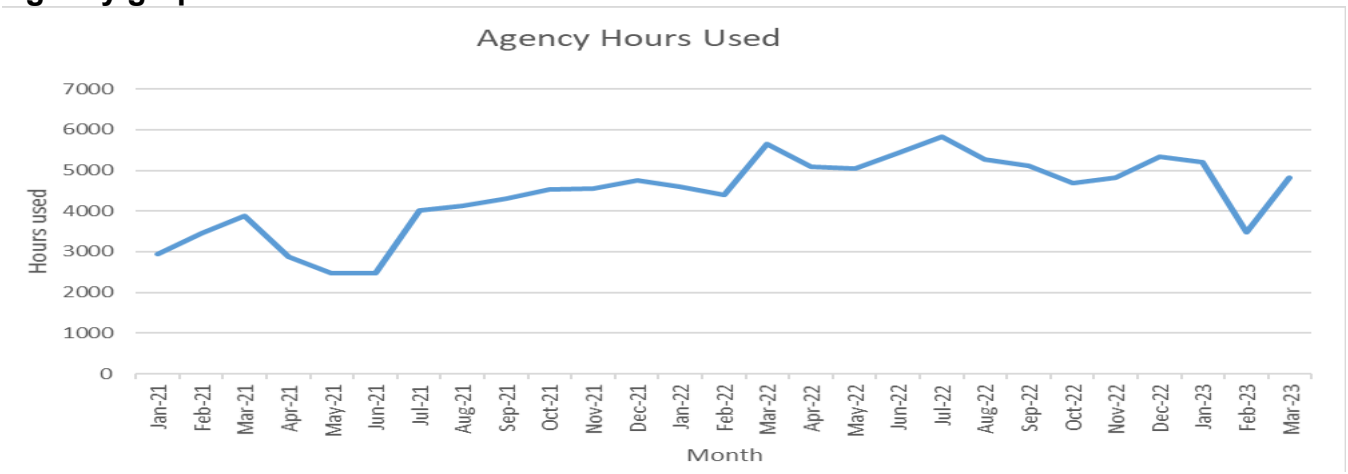
This is demonstrated in the two graphs below:

The annual bank average for February 2022 to March 2023 is 14,456 hours.
The annual agency average for February 2022 to March 2023 is 5,015 hours.

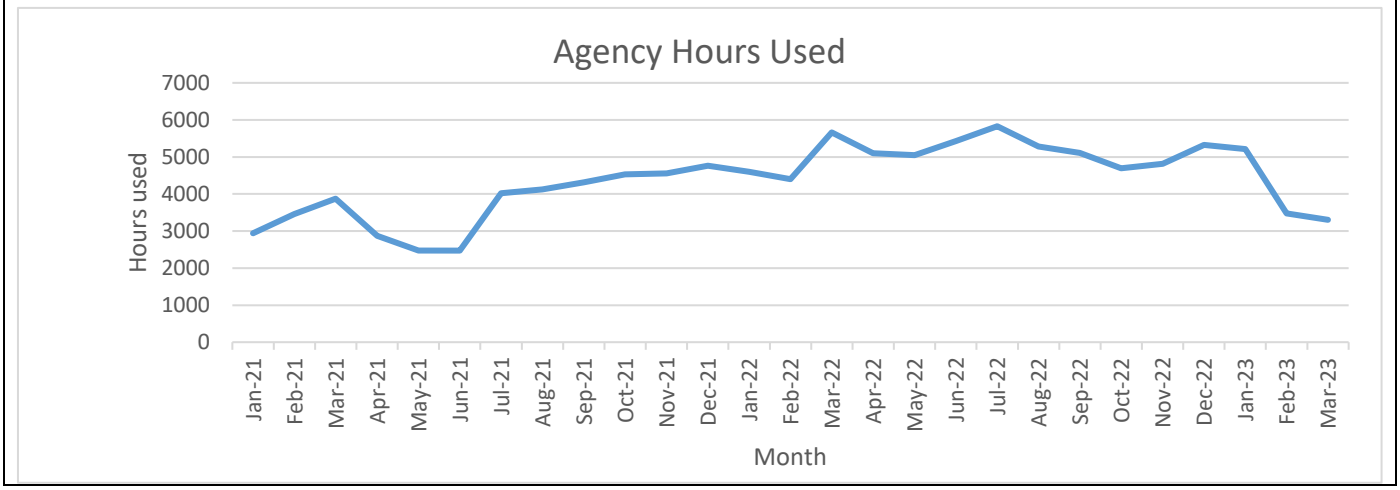
Bank and Agency Usage within inpatient areas January 2021 – March 2023:



Agency graph 1 - TOTAL AGENCY for March 23.



Agency graph 2 - Agency minus the 1530.58hrs (referenced above)



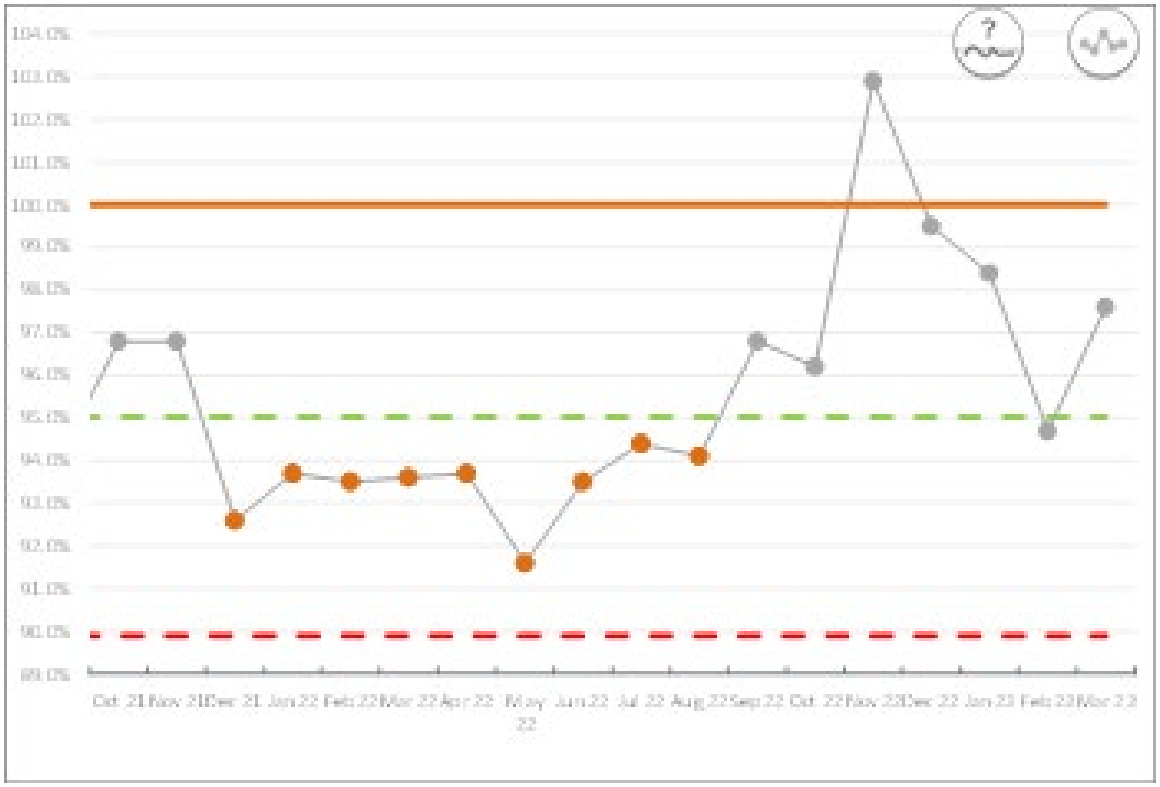
Overall Fill Rate

The overall staffing fill rate during March 2023 was 97.9%. This is an increase from 94.7% in February 2023.

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

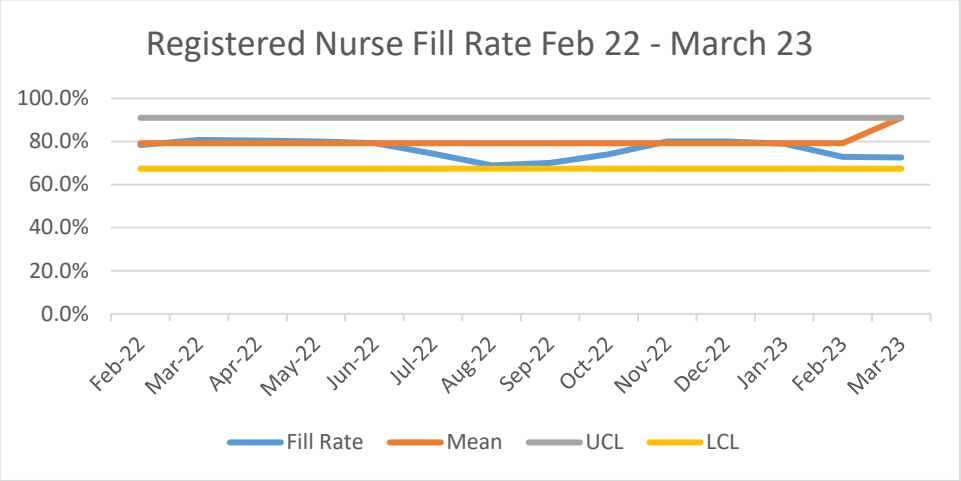
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised above.

Overall Fill-Rate Oct 2021 – March 2023



Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during March 2023 was 72.5%:



Recruitment

In line with the national picture, recruitment to all nursing posts continues to be a challenge, however due to increased placement capacity over several years, the Trust are beginning to see the benefits, with increased numbers of newly registered nurses graduating with local HEI's. There remains an ongoing need to attract and / or retain experienced Registered Nurses in the inpatient areas.

The following updates are relevant for this month:

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

A celebration / careers event took place February 2023 for all year 3 students who are due to register in March and September 2023 and a formal welcome event took place in March 2023 for the staff who have taken up formal job offers within the Trust. 14 Newly Registered Nurses commenced in March 23 and substantially more expected in September 2023.

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

5 Trainee Nurse Associate (TNA) have commenced in posts in March, they were the remaining posts of the 20 which were centrally funded for 2022/ 23.

Registered Nurse and HCSW Retention

During March 2023, 4 Registered Nurse (3.5 wte) left the Trust;
The higher proportion of these were voluntary resignations; 3 were from Inpatient areas.

7 HCSW's (6.32 wte) left the Trust during March 2023.
The higher proportion of these were voluntary resignations; 5 were from inpatient areas.

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 supports the facilitation of restorative clinical supervision in practise, with quality improvement initiatives being a key component of the model. There are an additional eight Registered Nurses undertaking a further cohort of training.

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

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

Summary

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

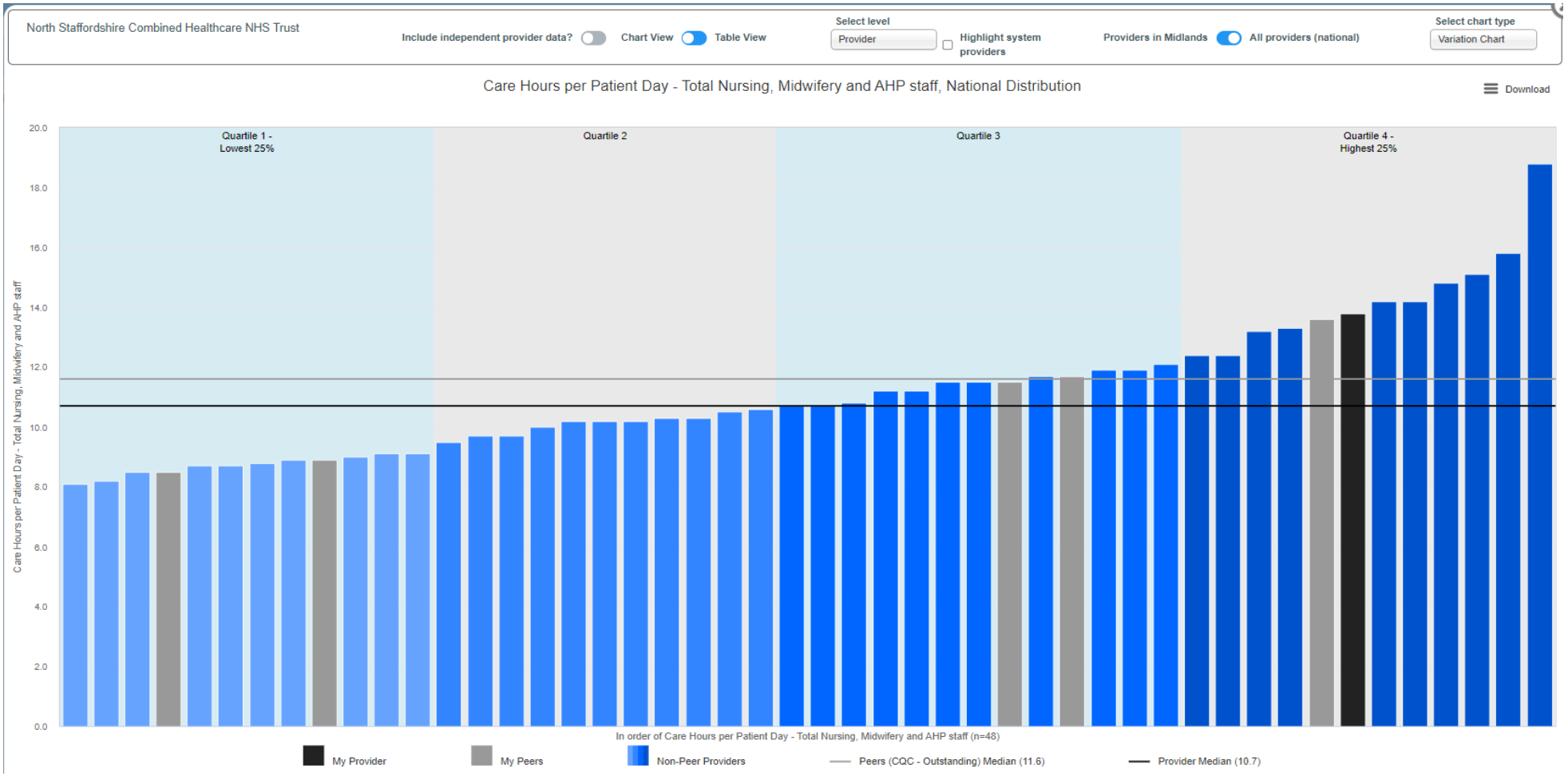
The Inpatient ward Occupancy levels averaged at 80.4% throughout March, this has remained stable since February where it was also 80.4%.

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

Registered Nurse vacancies within ward inpatient areas increased from 37.54wte to 39.7wte. This is the first increase in vacancy rate for registered nurses in the last 6 month period and relates to vacancy increase in A&T and also ward 6. The increase of newly registered nurses should be visible in April's vacancy reporting. The HCSW vacancy position was reported to be 4.05wte. The national shortage of Registered Nurses and a reduction in university graduates continues to impact Registered Nurse vacancies. Although the local picture for uptake of people onto the Mental Health Nurse programmes via our local HEI's is looking positive. The Nursing, Operational and Workforce Directorates are continuing to employ a number of strategies to attract both Registered Nurses and HCSW's during this time.

APPENDIX 1

CHPPD – Model Hospital – January 23 benchmark



Appendix 2 March 2023 Safer Staffing:

	Registered Nurses						Care Staff							Registered Nurses		Care Staff		Total Nursing		
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 Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing
Assessment & Treatmen	939.00	939.00	648.00	688.20	688.20	355.20	1162.50	1162.50	1069.08	688.20	1121.10	1198.95	0.00	69.0%	51.6%	92.0%	106.9%	61.7%	99.3%	83.6%
Darwin Centre	1335.00	1335.00	1153.13	688.20	688.20	689.70	1162.50	2302.50	2488.40	688.20	1531.80	2061.30	0.00	86.4%	100.2%	108.1%	134.6%	91.1%	118.7%	109.1%
Edward Myers Unit	939.00	939.00	957.03	344.10	344.10	355.20	1162.50	1162.50	700.75	688.20	688.20	588.30	0.00	101.9%	103.2%	60.3%	85.5%	102.3%	69.7%	83.0%
Summers View	930.00	930.00	617.75	332.32	332.32	333.72	930.00	930.00	794.58	664.64	664.64	655.22	0.00	66.4%	100.4%	85.4%	98.6%	75.4%	90.9%	84.0%
PICU	1428.00	1833.00	1245.25	688.20	987.90	701.10	1162.50	1222.50	1957.00	1376.40	1420.80	1571.70	0.00	67.9%	71.0%	160.1%	110.6%	69.0%	133.5%	100.2%
Ward 1	1800.00	1800.00	966.00	688.20	688.20	387.00	1162.50	1260.00	1400.17	688.20	765.90	1058.25	0.00	53.7%	56.2%	111.1%	138.2%	54.4%	121.3%	84.4%
Ward 2	1102.50	1102.50	831.00	688.20	688.20	501.90	1162.50	1222.50	1650.25	688.20	788.10	889.70	0.00	75.4%	72.9%	135.0%	112.9%	74.4%	126.3%	101.9%
Ward 3	1335.00	1335.00	1040.75	688.20	688.20	354.95	1162.50	1200.00	1379.00	688.20	710.40	980.40	0.00	78.0%	51.6%	114.9%	138.0%	69.0%	123.5%	95.5%
Ward 4	1102.50	1102.50	940.92	344.10	344.10	366.75	1162.50	1672.50	2102.75	1032.30	1409.70	1403.70	0.00	85.3%	106.6%	125.7%	99.6%	90.4%	113.8%	106.3%
Ward 5	1335.00	1335.00	721.00	688.20	688.20	354.45	1162.50	1162.50	1536.85	688.20	1043.40	1287.20	0.00	54.0%	51.5%	132.2%	123.4%	53.2%	128.0%	92.2%
Ward 6	1102.50	1102.50	978.25	688.20	688.20	344.00	1162.50	1162.50	2000.75	688.20	699.30	1377.30	0.00	88.7%	50.0%	172.1%	197.0%	73.8%	181.4%	128.7%
Ward 7	1335.00	1335.00	937.50	344.10	344.10	354.70	1162.50	1162.50	1395.00	1032.30	1087.80	1065.60	0.00	70.2%	103.1%	120.0%	98.0%	77.0%	109.3%	95.5%
Totals	14683.50	15088.50	11036.58	6870.22	7169.92	5098.67	13717.50	15622.50	18474.58	9611.24	11931.14	14137.62	0.00	73.1%	71.1%	118.3%	118.5%	72.5%	118.4%	97.9%

	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Bed Occupancy	Safe Staffing maintained by:	RN Vacancies	HCSW Vacancies
Ward	Overall RN %	Overall Care Staff %	Overall Staffing							
Assessment & Treatment	61.7%	99.3%	83.6%	3463.98	71.00	48.79	76.34%	• Nurses working unplanned hours. • Wider MDT support. • Altered skill mix • Temporary & agency staff cover	0.96 ↓	1.70 ↓
Darwin Centre	91.1%	118.7%	109.1%	6948.03	281.00	24.73	72.61%		7.56 ↔	(0.99) ↔
Edward Myers Unit	102.3%	69.7%	83.0%	2601.28	277.00	9.39	73.39%		2.44 ↔	(0.40) ↔
Summers View	75.4%	90.9%	84.0%	2457.27	256.00	9.60	90.65%		2.60 ↔	0.75 ↓
PICU	69.0%	133.5%	100.2%	5675.55	172.00	33.00	91.94%		3.76 ↔	0.23 ↔
Ward 1	54.4%	121.3%	84.4%	4067.92	364.00	11.18	84.12%		0.72 ↔	0.39 ↓
Ward 2	74.4%	126.3%	101.9%	4463.85	535.00	8.34	90.50%		3.94 ↔	(0.06) ↔
Ward 3	69.0%	123.5%	95.5%	4469.52	416.00	10.74	80.34%		5.02 ↔	1.34 ↔
Ward 4	90.4%	113.8%	106.3%	5585.37	454.00	12.30	98.06%		2.12 ↔	(1.12) ↔
Ward 5	53.2%	128.0%	92.2%	4387.75	197.00	22.27	70.65%		3.49 ↔	0.66 ↓
Ward 6	73.8%	181.4%	128.7%	5172.80	348.00	14.86	74.19%		4.76↓	(0.49) ↓
Ward 7	77.0%	109.3%	95.5%	4266.30	410.00	10.41	72.22%		2.33 ↔	2.04 ↔
Totals	72.5%	118.4%	97.9%	53559.62	3781.00	14.17	80.39%		39.07↓	4.05 ↓

Appendix 3 Staffing Issues

- An overall fill rate of 97.9% was achieved during March 2023; an increase from 94.4% in February 2023.
- The Registered Nurse fill rate remained at 72.5% in March 2023.
- Registered Nurse vacancies increased by 2wte to 39.7wte.
- HCSW vacancies were 4.05wte in March 23.
- Registered Nurse night shift cover continues to remain challenging where more than one Registered Nurse is required for the night-time shift, however this is improving.
- 3.5wte Registered Nurses and 5.32wte HCSW's left the Trust during March 2023.
- 43 newly Registered Nurses commenced with the Trust in October 2022 and 14 in March 23.
- Average ward occupancy levels were 80.4%
- 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 March 2023, providing an efficient and effective response to identifying and mitigating potential staffing shortfalls.

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

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 May 2023		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan – Non-Executive Director/Chair of Quality Committee		
Author:	Patrick Sullivan/Justine Scotcher		
Executive Lead Name:	Kenny Laing, Chief Nursing Officer Dr Dennis Okolo, Chief Medical Officer	**Approved by Exec**	☐

Enclosure 5

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

Executive Summary:

The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 4 May 2023.

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee X • 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 X 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		
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) X 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 X		
Resource Implications: Funding Source:	None highlighted		
Diversity & Inclusion Implications:	There is no direct impact on the protected characteristics as part of the completion of this report.		

(Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance		
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 4 May 2023 for the Trust Board meeting on 11 May 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. The meeting began with a Patient Story in respect of a peer recovery coach working at Lymebrook. The individual has a long history of anxiety and depression and explained how the work he was undertaking provided a purpose, a sense of community, income and a means of being part of a supportive team. The story demonstrated the therapeutic value of individuals with lived experience working in a peer support role.

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

- **System19 Update**
  The Committee received a verbal update regarding the current situation provided by the Director of Nursing. Pressure on the system has eased and there is reduced evidence of circulating viruses. The main challenge at the moment is the industrial action across Staffordshire which impacts on the Trust although Combined is not directly involved.

- **Quality Account**
  The Quality Account is currently close to completion. The document will be approved at the next Quality Committee. It was agreed that all Board members would have sight of the document prior to approval, given the Board members must sign off the data quality. The full sign off process must be completed by the end of June.

- **Safe Staffing Report –March 2023**
  The Committee received this paper which outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during March 2023 in line with the National Quality Board requirements. During March 2023, an overall fill rate of 97.9% was achieved; this is an increase from 94.7% in February 2022. The fill rate for Registered Nursing shifts in March, reduced from 72.8% in February 2022 to 72.5%. There was a slight increase in registered nursing vacancies although recruitment to vacancies is improving due to the availability to graduate nurses. This highlights the need for good supervisory support through the preceptorship programme. The Trust continues to benchmark favourably in relation to the CHPPD. The staffing levels remain challenging, but ward occupancy levels are at 80.4%. Staffing levels are reviewed daily, and an escalation process is in place in the event of significant staffing concerns.

- **Risk Register**
  The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. There are no new risks and no score changes, there was a potential reduction as below.
  - 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
  - Patient care issues associated with the lack of a commissioned ADHD diagnostic service. *Request to potentially reduce this risk from 12 – 8- this was not approved.*

Rationale - Recurring investment funding agreed of £470K, recruitment process now in place. However, the service is still not available

- 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

- **IQPR M12 2022/23**

The Committee received this report at M9. In Month 12 there are 18 rated measures that have met the required standard (17 in M11) and 12 that have not met the required standard and highlighted as exceptions (13 in M11).

There are 4 special cause variations (orange variation flags) - signifying concern, compared to 3 in M11:

- Care Plan Compliance
- CPA 12-month review
- Numbers in Settled Accommodation
- Service Users on CPA in Employment

There are 4 special cause variations (blue variation flags - signifying improvement), compared to 3 in M11;

- IAPT: 6 week waits
- IAPT: 18 weeks
- Delayed Transfers of Care (DTOC)
- Vacancy Rate

There are 22 metrics flagged with a common cause variation (grey variation flag), 22 during M11. There are 10 metrics that are monitored but have no assigned target and therefore no variation is reported.

Highlights

- CYP Eating Disorders Referral to Assessments within 1 week and 4 weeks for Q4 - performance is 100%
- There are no out of area admissions during M12 outside Staffordshire
- 4-week RTA and 18-week RTT achieved Trust wide and in CYP in M12
- 48 hour and 7 day follow up standards are achieved
- Turnover has further reduced from 13.3% in M11 to 12.6% in M12

Exceptions

- Care Plans (93.4%), Risk Assessments (94.3%) and CPA 12-month Review (84.6%) are all below the 95% standard in M12
- Place of Safety - 10 occurred outside of 3 hours with no agreed clinical grounds for delay (55%)
- Clinical supervision has further reduced from 80% in M11 to 78% in M12
- Agency expenditure during M12 is at £566k, an increase on last month's expenditure (£400k).

From the perspective of the Quality Committee, it is important to note:

- Performance improvement plans in place in relation to waiting times and IAPT 90 days between 1st and 2nd treatment.

- Failures to meet the target in a number of areas including care plan compliance, risk assessment, CPA 12-month review, accommodation, mental health liaison and place of safety.

- Difficulties in meeting key workforce targets such as vacancies, turnover and supervision all have a potential impact on the quality of service that is delivered.

- It needs to be recognised that specific problems in a particular area can be hidden in the overall aggregated scores. However, the committee is provided with performance data that allows this to be identified.

- The average length of stay for patients in adult wards is 31 days and for inpatients in older peoples wards 43 days.

- There were 11 serious incidents reported during month 12.

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:

- Some challenges around recruitment and operational challenges in parts of the primary care Directorate. Actions in place to manage these problems.

- Leadership challenges within the primary care directorate as the clinical director and clinical lead are moving on. Interim arrangements are in place and plans in place to manage the transition.

- The inability to move ward 3 into the decant facility is problematic given the overall long term plan for managing ligature risks across the inpatient unit.

- A CQC visit to Ward 2 has identified a number of issues associated with the provision of activity. Plans are in place to rectify the situation, and these will be implemented across the across the whole inpatient unit.

- A review is being undertaken around the staffing model in the crisis care centre.

- In spite of the pressures on the inpatient units a number of quality improvement initiatives are in evidence e.g., improving flow through mental health services and work on reducing falls.

- Waiting times and levels of need; a continuing pressure on community services particularly CAMHS and ASD.

- Memory service has been reaccredited by the Royal College of Psychiatrists.

- Updating of telephone systems in CMHTs to help manage demand.
- Impact of environmental issues on the delivery of services in the Hope Centre.

- Agency spend and dependence on locums in a number of services, although efforts to redesign services to resolve these difficulties are underway.

- Challenges in providing the right level of supervision in a number of services.

- Risks associated with the problems being faced by Lloyd's pharmacies. Closures threaten service continuity in some parts of the substance misuse service. It was agreed that the directorate will review the level of risk with a view to escalation on the risk register.

- Increased demands on the TCP service.

Specific issues reported by each directorate are summarised below:

Acute and Urgent Care Directorate

Achievements
- Appointment of Introduction of new CD – Nat Larvin
- Improved performance
- Reduced Agency spend
- Implementation of 'Yellow Socks' and 'Sunflower' campaigns

Challenges
- Delay with Project Chrysalis ward moves
- CIP
- Increase in crisis presentations in addition to preparing for NHS 111

North Staffordshire Community

Achievements
- Launch of the Health and Justice Service
- Step on have exceeded performance targets for the year with 925 engagements, the target is 881

Challenges
- CAMHS Staffing
- ASD waiting times

Stoke Community

Achievements
- Memory Service National Accreditation programme confirmed
- All Adult CMHT telephone systems now upgraded
- ARRS – ability to flow data for reporting
- Automated Text Messaging service being piloted at Greenfields
-

Challenges
- Hope Centre
- Locum spend – Medic and IAPT
- Data

Specialist Services

Achievements

- Lloyd's Pharmacy takeover still not confirmed this is still a risk for CDAS SLA
- Challenges continue with recruitment and retention at HMP Stoke Heath
- Darwin unit facing some challenges due to acuity
- Fundraising event for the children's mental health week CYP ISH raised £3 13.87 for a local charity
-

Challenges

- CEO to showcase the TCP work at the MH National forum
- Recruited Positive Behavioural Support Practitioners into post

Primary Care

Achievements

- QOF achievement consistent with last year's points for both Moorcroft and Holmcroft
- PATCHS utilisation continuing to increase for Moorcroft
- Successful transfer of extended access to PCN practices for Hanley, Bucknall & Bentilee PCN
- Recruitment to GP Assistant role for Directorate practices (via respective PCN's)

Challenges

Team Culture & Recruitment Staffing issues

Actions taken -

1) *Continued and significant temporary support*
2) *Newly recruited Operations Manager in post from 12.4.23*
3) *Chris McGinley supporting team from April/May*
4) *Action plans in place around identified back logs*
5) *Continued regular check-ins/updates with the team*
6) *Bank admin support initiated*
7) *OD sessions in planning*

- **Clinical Effectiveness report**

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 covers the outputs from the following groups:

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

3. Policy Report

The following policies were approved for 3 years
5.01 Incident Response Policy
Patient Group Direction Policy (PGD)
1.95 Controlled Drug Policy
1.82 Treatment & Management of Pressure Ulcers Renamed Pressure Ulcer Prevention and Management
1.52a Policy for Research Governance and Management

The following policies were approved to extend for 12 months
4.20 Volunteer Policy
5.13 Critical Incident Stress Management
3.43 Clinical Placements Policy
1.17 Admission Discharge & Transfer Policy
R08 Search Policy
R10 Physical Interventions Advice to parents & carers (Previously: Teaching Physical Interventions to Carers)
5.19 Management of Violence and aggression including Police Partnership protocol
1.84 Care Management Including CPA
4.01 Safeguarding Children and Young People

The Board is asked to ratify these policies.

Next meeting: 1 June 2023
Committee Chair, Mr Patrick Sullivan, Non-Executive Director, 5 May 2023

REPORT TO PUBLIC TRUST BOARD

Enclosure 6

Date of Meeting:	11 May 2023		
Title of Report:	Draft Annual Governance Statement 2022/23		
Presented by:	Laurie Wrench, Deputy Director Governance and Board Secretary		
Author:	Laurie Wrench, Deputy Director Governance and Board Secretary		
Executive Lead Name:	Br Buki Adeyemo, CEO	**Approved by Exec**	☒

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

Executive Summary:

The Chief Executive, as the Accountable Officer, is required to make an Annual Governance Statement (AGS). The AGS is a statement about the system of integrated governance, risk management and internal control, across the whole of the Trust's activities. The trust is obliged to declare any significant internal control issues in its disclosure statement.

**[Select return to make summary box larger]

Seen at:	SLT ☐ Execs ☒	Document Version No.	2
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☒ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Objectives (please indicate)	1. We will attract, develop and retain the best people ☐ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☒		
Risk / legal implications: Risk Register Reference	The Treasury requires all public sector organisations to complete an AGS for each financial year. This AGS has been prepared following NHSE/I guidance.		
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:	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.		

ICS Alignment / Implications:	Nil however, the AGS does consider wider risk and governance across the ICS which is reflected in the overall Annual Report	
Recommendations:	Board is asked to receive the AGS for assurance purposes and provide approval of the document subject to external audit scrutiny.	
Version	Name/group	Date issued
2	Laurie Wrench	27.04.23

Annual Governance Statement – 2022/23

1. Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

This governance statement records the stewardship of the organisation and forms part of the annual accounts as defined in chapter 3 of the Department of Health and Social Care Group Accounting Manual. This document describes the Trust's integrated governance, risk management and internal control arrangements across the whole of the Trust's activities. This document reflects the Trust's current governance procedures and systems in place which have been independently reviewed and developed further throughout the reporting period.

The performance of the Trust is monitored by NHS England (NHSE) up to 31 March 2023.

2. The purpose of the system of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North Staffordshire Combined Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

3. Capacity to Manage Risk

The Risk Management Policy has created a framework for the consideration of risk at all levels within the organisation (both clinical and non-clinical) and mandate the maintenance of a register of all risks. The risk register is a dynamic tool with risks held on the Ulysses Risk Management system which is updated by the risk owner at regular set intervals determined by the nature and residual score of the risk or as circumstances change. It is subdivided into two parts; Trust risks and operational risks. The Risk Register sets out how these different types of risks are identified measured and monitored.

The Trust has four levels within the risk management framework:

1. Board Assurance Framework
2. Trust Risk Register
3. Directorate Risk Registers
4. Team Risk Registers.

The aims of the Risk Management Policy are to:

- Maintain the highest possible standards of service delivery where the numbers of serious errors are few relative to the volume and complexity of activity undertaken;
- Support the achievement of the Trust's strategic objectives in an efficient and effective manner, delivering value for money; and
- Ensure that risk management arrangements are continually strengthened and combined with robust control and reporting arrangements to create an effective system of integrated governance.

The Risk Management Policy defines the way in which risks are identified, measured and managed and the management of situations where control failure leads to the realisation of risk. They clearly define the roles and responsibilities of key managers and committees and set out the specific responsibilities of the Directors for the effective management of risk. The Risk Management Policy sets out the organisation's plans for improving its capacity to identify measure and manage risk and for ensuring that the Trust continues to be a safe and reliable organisation in the conduct of the services it delivers. The current Risk Management Policy approved by the Trust Board is in place to June 2023.

The Trust continues to promote staff awareness of and the processes for risk management within the Trust through the delivery of presentations and training sessions, a dedicated risk management page on the staff intranet system and the circulation and availability of guidance documents. Support is given at all levels (Trust, Directorate and Team). The addition of team level risk management enables a successful and meaningful escalation and de-escalation process for risk management with the potential for risks to be identified and mitigated at the earliest opportunity. This has also been expanded to include corporate teams for which we continue to build on.

Risk is a standing agenda item at Team, Directorate and Corporate Meetings with monthly review of Directorate and Trust risks (with a residual score of 12 or above) undertaken by the Senior Leadership Team. Each Trust risk is linked to a committee for validation and monitoring with reports submitted (Quality Committee, People, Culture and Development Committee, Finance and Resource Committee and Audit Committee).

4. The Trust's Governance (Risk and Control) Framework

During the year we have again re-examined our governance arrangements to ensure they are effective and we have assessed the role of the Board and our committee structure and their effectiveness, along with the flow of information to the committees and the Board:

- There are annual cycles of business for the Board and its committees, fully aligned which ensures that the Trust is closely monitoring performance against national priorities.
- Attendance is monitored and there is regular attendance at Board and committee meetings.
- Improving Quality & Performance Report (IQPR) including performance improvement plans (PIPs) when targets go off track.

- There is an effective Board Assurance Framework, which is the system used by the Board to ensure that all strategic risks are effectively managed and that the effectiveness of those controls has been assured. The Board Assurance Framework is independently audited on an annual basis and received an opinion of 'significant assurance with minor improvement opportunities'.
- There is a well-designed and effective Risk Management process which is embedded across the Trust. It is independently audited on an annual basis and has received an assurance rating of 'significant assurance with minor improvement opportunities'.
- All committees of the Board are chaired by a Non-Executive Director and committee terms of reference have been regularly updated and agreed annually to ensure that they remain fit for purpose and there are no gaps in business nor unnecessary duplication.
- A committee effectiveness review was undertaken including a reflective analysis from Committee chairs
- Review of the timing and meetings of the Board and Committee meetings with a new cycle of business and programme of meetings in place for 2022/23.
- A Board Development Programme; aligned to strategic objectives.
- Confirmation of compliance with conditions FT4 and G6 under the NHS Provider Licence and approved by the Board.

As indicated by internal audit, there is a clear and well-defined approach to the identification of risks. The BAF and Risk Management Audit report issued in April 2023 identified no areas of significant concern. The risk identification process takes many forms and involves both a pro-active approach and one which reviews issues retrospectively.

The organisation's risk analysis system uses descriptive scales to determine the magnitude of the potential consequences of an identified risk and the likelihood that those consequences would occur. Consideration of the controls in place for the risk and the effectiveness of those controls also form part of the assessment. Using this method enables the production of a list of prioritised risks with an indication of the action that is required.

The processes for managing strategic risks are an important element in the Assurance Framework and there has been further work to redefine the levels of assurance received, the direction of travel for the risk and the development of system to RAG rate the assurances on a quarterly basis including a stretch RAG rating defined at the beginning of the year.

Each of the Executive Director's objectives are aligned to the strategic objectives with each strategic risk acting as the control measure. Each strategic risk has an Executive Director lead that is responsible for formally reviewing the risk on a quarterly basis. Any weakness in control measures, or inconsistent application of controls identified as a result of assurance activity is considered. Collectively, the Executive Team, on behalf of the Trust Board, has overall responsibility for managing strategic risks and monitors risk treatment. The Board's committees take collective responsibility for monitoring and reviewing the processes for the effective management of strategic risks and ensure that the Trust Board is kept fully informed of all strategic risks through the BAF. The review and management of operational risk is overseen by the Senior Leadership Team.

The Audit Committee

The Audit Committee monitors and reviews the establishment and maintenance of an effective system of integrated governance and internal control across both clinical and non-clinical activities, which support the achievement of the organisation's objectives. Membership of this Committee comprises Non-Executive Directors of the Trust Board with the Director of Finance,

Performance and Estates, Deputy Director of Governance Officer, internal and external auditors in attendance to support the meeting. This Committee met five times in accordance with its terms of reference and all meetings were quorate. A Committee effectiveness exercise was also completed (to be reported May 2023).

The Audit Committee prepares a report to the Board after each of its meetings. The Board uses the reports of the Audit Committee and other committees of the Board to obtain assurance about the effectiveness of the system of integrated governance, risk management and internal control, and to obtain assurance that disclosure statements are appropriate.

Operating in this way the Assurance Framework allows the Trust Board to review the internal controls in place to manage the strategic risks and to examine the assurance mechanisms which relate to the effectiveness of the system of internal control. With this information the Board is able to address gaps in control and assurance.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. For the 12 months ended 31 March 2023, the Head of Internal Audit opinion for North Staffordshire Combined Healthcare NHS Trust is as follows:

'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control'

Finance and Resource Committee

The Finance and Resource Committee is responsible for the oversight and scrutiny of the Trust's financial, estate, digital and operational performance.

The Finance and Resource Committee met monthly and one meeting in June 2022 was not quorate. Membership of the meeting is made up of Non-Executive Directors, Executive Directors, Deputy Director of Finance, Associate Director of Performance, Deputy Director of Governance, Associate Director of Estates & Capital and the Chief Information Officer.

During the year members commenced the Committee`s effectiveness review which includes a review of its membership, the Terms of Reference and proposed changes that will take effect from May 2023.

The Quality Committee

The Committee met monthly in accordance with its Terms of Reference and one meeting in July 2022 was not quorate. Membership of the Committee is made up of three Non-Executive Directors, one of which acts as Chair, the Medical Director, the Director of Nursing and Quality, Director of Operations, Clinical Directors, Deputy Director of Governance and Associate Director of Medical & Clinical Effectiveness, and Deputy Directors (Nursing, MACE/Medicines, Operations). A nominated Service User and Carer Council member also makes up the membership where possible.

The Committee has responsibility for the Trust's Quality Strategy and Quality Account and in particular oversight of service user and carer engagement, patient safety, clinical effectiveness and overview of clinical risk.

During the year members commenced the Committee`s effectiveness review which includes a review of its membership, the Terms of Reference and proposed changes that will take effect from May 2023.

People, Culture and Development Committee

The principal aim of the Committee is to provide advice, assurance and management of associated risks to the Board on the achievement of the Trust's People Strategy and our underpinning enabling strategies as part of our four key People Promises:

1. Inclusive Culture: We will create an inclusive and empowering culture"
2. Health and Wellbeing: We will support your health and wellbeing"
3. Engagement: "We will listen to you"
4. Sustainable Workforce: "We will support you to be excellent"

An internal review of the effectiveness of the Committee has taken place in order to ensure that this established Committee is meeting its Terms of Reference and that it continues to obtain the requisite assurances it requires.

The Committee meets bi-monthly and all meetings were quorate. The membership comprises Non-Executive Directors and Executive Directors with Associate/Deputy Directors from People, OD, Communications, Deputy Director of Governance Officer and other Associate Directorates (as and when required), as well as staff side representatives in attendance.

During the year members commenced the Committee`s effectiveness review which includes a review of its membership, the Terms of Reference and proposed changes that will take effect from May 2023.

The Charitable Funds Management and Scrutiny Committee

This Committee ensures that the charitable funds are managed in line with agreed policies on investment, disbursement and fund raising. The Trust Board of North Staffordshire Combined Healthcare NHS Trust serves as the agent of the Corporate Trustee in the administration of funds held by the Trust. This Committee met 6 times during the year and membership is made up of Non-Executive Directors as well as the Director of Finance, Performance and Estates, and Deputy Director of Governance. One meeting in December 2022 was not quorate but was subsequently re-arranged,

Remuneration and Terms of Service Committee

This Committee is responsible for determining the remuneration and condition of service of Directors ensuring that these people properly support objectives of the Trust, represent value for money and comply with statutory and NHS/DH requirements. Meetings have been arranged as required during the course of the year. The Chairman acts as the Chair of this Committee which is attended by Non-Executive Directors and supported by the Deputy Director of Governance. During 2022/23 the Terms of Reference were reviewed and updated.

Senior Leadership Team Business (SLTB) (Oversight of Risk) and Senior Leadership Team Development (SLTD)

The group, chaired by the Chief Executive comprises the Executive team, Clinical Directors, Deputy Director of Governance and the Associate Director of Communications as members which allows the opportunity to consider any emerging risks and existing risks from the directorate operational risk registers and the Trust corporate risk register. Through a review of the directorate and trust-wide risk registers, the Trust is able to identify cross cutting themes

and offer support and challenge as to the mitigations in place making recommendations on risks to be re-scored (escalated or de-escalated).

The group takes a forward look at key risks and how they may impact on the delivery of strategic objectives as well as a retrospective review. The group meets monthly and has a two-way reporting arrangement with each sub-committee of the board and its respective areas of risk.

In November 2022 the first SLTD session was. The purpose of these sessions are to:

- Build relationships within the Senior Leadership Team
- Planning for the next 3 years with leadership and governance structure to deliver plans
- Agree team objectives for the future

The membership for this group is the same as for SLTD.

Effectiveness Review

During the year our Board membership has been refreshed. A GP Associate and an Academic Associate Board member continues to give strength and support to the Board from a Primary Care and Higher Education perspective. The Chair of the Service User and Carer Council is also a full member of the Board (both public and private) to help influence decisions made and ensure they are service user focussed.

Our continuous cycle of board development acts as an opportunity for ongoing organisational development. A core component of the development programme is to ensure that all board members have a focus of continual improvement in order to deliver the highest quality, safe services for our community, within resources available.

A Well-led Trust

As a Trust we undertake regular well led self-assessments in accordance with CQC KLOEs under the 8 ‘well led’ domains. We plan for our next assessment in 2023/202

Quality Account 2022/23

Providers of NHS healthcare are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to publish Quality Accounts for each financial year. The Trust will continue to work towards the production of a Quality Account for 2022/23 as we recognise that this is a valuable document to all our partners and stakeholders.

Board Assurance Framework

The Trust has a fully documented Board Assurance Framework (BAF) and produces assurance framework reports which are updated on a quarterly basis. The Audit Committee receives regular reports and provides assurance and makes recommendations to the Board. The strategic objectives of the Trust form the basis of the BAF. The Assurance Framework maps the strategic risks, risk appetite, key controls, gaps in control, assurances (including levels of assurance) and gaps in each against one of the strategic objectives.

The Assurance Framework operates as follows:

- The Board sets out what the Trust is aiming to achieve (the Trust's strategic and annual objectives linked to the Executive Director objectives);
- The Board consider the risks that threaten the delivery of its plans (the strategic risks);
- The Board decide what systems and processes are required to manage the risks (the controls);
- The Board decides what information it needs to know and that the controls are working effectively (the assurances);
- The Board delegates responsibility for receiving some assurance to its committees;
- The Board receives feedback about the adequacy of its control arrangements (for example: patient feedback, self-assessment, internal / external audits) and takes action as required.

This process provides a framework of assurance about the system of integrated governance, risk management, and internal control, across the whole of our activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

As such, the Trust Board and its committees take an active role in risk management and ensure that there are effective risk management processes to support the achievement of the Trust's policies, aims and objectives.

Highest Scoring Risks - As of 31st March 2023, the Trust has four Trust wide risks with a residual score of 15 or above as follows:

Risk title	Gross score	Residual score	Target score	Action	Progress
There is a risk to the delivery of the Trust's Cost Improvement Plan for 2022/23, due to schemes not being identified resulting in non-achievement of overall Trust Financial Plan.	3x4=12	4X4=16	4X2=8	CIP oversight group continues to meet bi weekly. Small number of schemes progressing through the approval process, insufficient to close the gap. Discussions commenced in relation 23/24 target and carry forward residual balance from 22/23.	
There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.	4x4=16	4x4=16	4x3=12	Increased nursing placements, to grow our talents. Increasing nursing apprenticeship programme to commence March 23. Increased student placement cohort. Ongoing recruitment campaigns A number of Trust strategies are being implemented to recruit and retain staff.	Increased nursing placement and increased nursing apprenticeships are both in operation. Vacancy position as at month 9 is 10.5%, still hotspot areas particularly inpatient areas. Delay in the PINS now concluded and new starters have started. New cohort in 23, also new qualified nurse's programme taking place w/c 16.1.23 part of a new cycle which will be ongoing regularly to refresh supply. Vacancy position as at month 9 is at 10.5%. Percentage Vacancy Rates:- Corporate 1.6% Nth Staffs 9.0% Stoke 11.8% Specialist 14.2% Acute & Urgent Care 14.4%

					Primary Care 5.3%
There is a risk that patients may use anchored & non anchored ligature points within the environment to cause harm to themselves.	5x4=20	5x3=15	5x1=5	All areas undertake an annual Environmental Ligature Risk Assessment. Looking at rolling RAID training and the impact this could have on patients who self-injure.	Exploring Innovation for virtual solutions. The annual environmental ligature risk assessment completed and submitted through the Oct QC. This will next be due in 12 months. The SI action plans which determined the need for improvement in this area has been revisited to ensure that level of current compliance against the plan is aligned to the information provided to support this risk mitigation. Final stages of raising a PO number for RAID training for 12 nursing colleagues. Consultant clinical psychologist has drafted a psychological strategy for Acute and Urgent Care but the vacancies and difficulties recruiting means currently there is no capacity for a Trust Psychologist to undergo the Train the Trainer and have time to deliver in house. I have added the APT training packages for 80 staff (20 per acute ward) to the Service Line TNA. Estimated cost £18,000. All of PICU staff received the Training @ 18 months ago

					however due to staff turnover it looks like only 7 staff remain with us.
				Therapeutic contract developed covering: Goal of admission Expectations of the ward/ward staff Expectations of Service Users Behaviour during admission Also includes working with staff to identify safe alternatives to self-harm and suicidal behaviours	The SI action plans which determined the need for improvement in this area has been revisited to ensure that level of current compliance against the plan is aligned to the information provided to support this risk mitigation. Therapeutic contract -these are starting to be piloted on ward 3 for clients whose predominant presenting problem is repeat self-injury and/or suicidal behaviours as the SOP has been agreed via CEG. Meeting arranged with the RCs and ANPs to discuss the use of the SOP for 2.3.2023 which will also be supported by CASTT.
				The inpatient reconfiguration programme has now been established which will include refurbishment of a significant proportion of inpatient estate, all of which will provide reduced ligature specifications. Additionally Capital Investment Group are overseeing commissioned work for ligatures which sit outside of the Chrysalis remit.	Ongoing - Work has commenced - This is refurbishment of the ward bedrooms and dormitory eradications as part of Project Chrysalis. The decant from ward 3 is slightly delayed - now March 23.
				All clinical staff are training in the management of ligature anchor points and the management of patients who pose this type of risk.	As at end of Jan 23 :- Safety Intervention Training 83% Current training for suicide mitigation compliance is at 58.81%.

				Staff training commenced in March 2021 `Connecting with People - Suicide Mitigation Framework' Patient Safety Investigation Framework - new national initiative to be rolled out. Focus reviews around themes, one of the themes will be self-injure & a new approach developed - Understanding our approach to self-injury - aims to provide a structured and consistent approach for those who self-injure.	Suicide awareness level one training remains at 93% compliant. Suicide mitigation training 9 sessions booked in until June 2023 inclusive (average 2 per month with 15 per group. Patient organisation lead is progressing the roll and presenting a presentation to SOT (Snr Operating Team) 8.2.23, embedding the framework into the organisation.
There is risk in 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. The consequence is a reduce capacity and responsiveness of the service; without patient flow there would be a reduce capacity to accept new patient referrals.	3x4=12	3x5=15	3x2=6	To develop an appropriate ESCA for antipsychotics that fits the needs of the patient and defines clear responsibilities for clinicians.	Meeting took place on the 18.1.23 - still unclear how the external CPAG will influence the flow of approval. Membership also yet to be confirmed, anticipate this will be decided ahead of the IMOG in April.

Utilise Effective Technology

During 2022/23 the Trust continued its journey to be a national leader in the use of digital technology to revolutionise care and drive improvement across the organisation.

One of the most important components of our future success will be how well we embrace the challenge of digital, and over recent years that there has been a significant improvement in our technology, but there remains a long way to go.

The impact of the COVID-19 pandemic has changed the landscape of delivery across healthcare services. This has resulted in an accelerated transition to alternate models of care for staff and patient interaction. Our Clinical Services Teams have actively embraced digital technology as an enabler to overcome social distancing challenges. The speed and agility of the digital response to the pandemic has raised the expectation of leaders and staff highlighting the continued importance of digital capability and infrastructure.

During the year we have progressed the strategy further, bringing in expertise and working with partners to support the delivery of our digital ambitions. The Digital by Choice strategy is led by our Chief Information Officer and Chief Clinical Information Officer.

We have continued the excellent work on our Digital by Choice strategy. During 2022/23 developing a national reputation as a leader in the use of digital technology that enables; the delivery of excellent care services to help people who use our services and carers to recover and improve their wellbeing. Staff and partners work together easily and effectively using innovation and interoperability to support the delivery of excellent care services and recovery.

We want to lead the way in using digital development to provide tools and technologies to support new and innovative ways of service delivery. Our digital future facilitates a dynamic care plan pathway, aiding communications, preventing duplication, and supporting a more efficient patient journey. But our ambitions stretch beyond this to establishing a national reputation as a leader in the use of digital technology to deliver sustainable healthcare. This means our technology must be fit-for purpose today but future-proofed for tomorrow by achieving value in both use of resources but delivering value environmentally and socially.

5. Review of economy, efficiency and effectiveness of the use of resources

The organisation applies a number of key assurance mechanisms to ensure efficient, effective and economic deployment of resources.

Internal Audit undertakes a number of financial and quality-based audits. The Trust agrees the Internal Audit Plan which is signed off by the Executives and the Audit Committee. The Trust also utilises the flexibility to propose audits which it considers would be important from a risk or improvement of control perspective.

The Trust Board scheme of delegation requires a competitive quotation process for any purchases over £5,000. The Audit Committee reviews on a quarterly basis, any exceptional circumstances, where the need for competitive tender has been waived. The Trust procurement function retenders significant contracts when they are due for renewal and supports the Trust to access the most appropriate frameworks, obtaining value for money on key contracts.

The Finance and Resource Committee receives a monthly finance report which monitors performance against all aspects of the financial plan, including capital, savings plans and future financial projections. The Committee monitors deviations to plan, providing assurance to Trust Board. Detailed information is also provided for assurance around agency expenditure.

Risk Assessment

As noted, the Board defines its objectives on an annual basis in line with the strategic planning cycle and identifies the risks which could pose a threat to those objectives. Once identified, the risks form the Board Assurance Framework (the BAF).

All Committees receive a relevant risk report as a standing agenda item and the BAF is reported to the Trust Board.

The organisation seeks to involve public stakeholders in managing risks which impact on them. An example of this is through board visits, patient stories, attendance at the Council Overview and Scrutiny Committees, the Service User and Carer Council and invitation to Board. The Trust also invites a range of organisations including Healthwatch to review the performance and comment on the performance of the Trust.

Our operational risks are identified at team, directorate and corporate level. The identification process takes many forms and involves both a pro-active approach and one which reviews issues retrospectively. A great deal of emphasis is placed on predicting where incidents could occur and taking steps to stop them before they do. Our risk register is populated as a minimum by operational risks which fall into the categories of moderate, significant or high risks and risk action plans are in place for all risks in these categories. The Senior Leadership Team ensures that risk treatment plans are in place to respond to all operational risks on the risk register.

6. Care Quality Commission (CQC)

North Staffordshire Combined Healthcare NHS Trust retains an overall CQC rating of 'Outstanding.'

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

In the absence of routine CQC inspections the Trust has continued to hold monthly engagement meetings with the CQC.

The Trust has had four CQC Mental Health Act unannounced face to face monitoring visits for Ward 6, Summers View, Ward 7 and Ward 1 during 2022/23. All findings identified have action plans in place that have been shared with regulators and are monitored through monthly performance reviews. Additionally the Trust has refreshed its approach to Mental Health Act auditing to focus on key findings with bespoke audits built in where appropriate.

7. Statements and Declarations

Pension

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's

contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Diversity and Inclusion

The Trust continues to have a highly visible approach to developing greater diversity and inclusion, closely linked to our CARE Trust Values and our 'SPAR' Quality Priorities. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with and the Trust has published reports on our website providing our annual equality monitoring data and progress in developing greater equality, diversity and inclusion.

- Diversity and Inclusion Annual Report
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap

The Trust continues to develop how we provide accessible information and communication to our patients and service users who speak international languages and/or who require special formats due to disability, neurodiversity or health-related reasons and we continue to improve on the data we hold on our service users so that we can more appropriately understand and meet their needs as individuals for person-centred experiences. This includes working to improve our data held on ethnicity, religion and sexual orientation.

The Trust has again substantially raised its game through 2022/23 with regard to developing a culture of inclusion throughout the organisation, with a view to outstanding diversity and inclusion being increasingly recognised as 'how we do things round here' and a key part of everyone's role. Increasingly, we have worked very closely with our (shadow) ICS partner organisations on developing equality, diversity and inclusion (EDI) and this is set to increase further as we move forward as a fully-fledged ICS, enhancing our ability to deliver united programmes of work and shared ambitions and objectives on EDI.

Under the personal leadership of our Interim Chief Executive and Director of People, OD and Inclusion, our Trust Inclusion Council has continued to be a vital form of discussion, debate and development activity on inclusion throughout the period of the COVID-19 pandemic. The Inclusion Council takes a wide inclusion lens across protected characteristics and different equality groups. Race inclusion remains a key focus, and an intersectional approach is also important. The Inclusion Council supports the Trust in continuing to develop and deliver tangible improvements in the experiences of people from under-represented and disadvantaged groups whether in relation to our clinical services or our role as a major local employer, long with health and care partner organisations.

We have worked hard to be leaders in our approach to developing greater inclusion at system level and beyond and were delighted in 2021 to be awarded the HPMA Mills and Reeve Award for Leading in Equality, Diversity and Inclusion. We are proud of our continuing high-profile work in this area and the plans we have to create greater inclusion through 2022/23 and beyond.

Developing Workforce Safeguards

The monitoring and reporting of safe staffing levels comprises of monthly reporting to the Board and NHS England and an annual strategic staffing review. This is followed 6 months later by a comprehensive review focused on safer staffing workforce plans. The National Quality Board

Guidance (2016) advises that 'there should be individual and collective responsibility as an NHS provider board for deploying staff in ways that ensure safe, sustainable and productive services'.

To enable the Board to meet this requirement the Director of Nursing & Quality provides the Trust Board with assurance in relation to safer staffing over the past 12 months. This is facilitated via monthly reports setting out the monthly fill-rates, the impact of fill-rates on service user and staff experience, and outlining bed occupancy, staff vacancy levels and the mitigations that are in place to maintain safer staffing within the in-patient wards. An annual safer staffing report was presented to the September 2022 Board.

Data Quality

Safe and efficient patient care relies on high quality data. The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high quality mental health services and risk management. It is also required to ensure compliance with external regulatory requirements and with national and local targets, standards and contractual requirements.

To make the governance process manageable and monitoring proportionate, appropriate key data quality metrics have been developed and are kept under review to support the governance arrangements. This is discharged through the review of business processes; identification of critical data flows; analysing (potential and actual) data quality issues; defining key data quality performance measures; and agreeing tolerances thresholds (beyond which issue are escalated).

The Trust has a clear management structure that clarifies the responsibilities and accountabilities in regard to those individuals who enter data. This ensures that there is accountability for low levels of data quality and accuracy. By taking responsibility for their clinical data, clinicians improve its quality and help drive up standards of care.

As we are not an acute trust we do not monitor elective waiting times but do monitor all national requirements for waiting times (RtT and RtA including internal stretch targets).

The Data Quality Forum reports to the Finance and Resource Committee and the Quality Committee and comprises of representatives from corporate services and clinical directorates (data champions who take a leadership role in resolving data integrity issues). The Forum is responsible for data issue management and the process of reducing and removing the barriers that limit the effective use of data within the Trust. The Forum is supported by performance review meetings within each directorate that provide an opportunity to address data governance and data quality from end to end.

The Trust has adopted the Data Quality Assurance Framework designed for Providers by NHS Digital to assist in the governance processes and to provide Assurance.

The framework aims to:

- Provide a focal point for sharing data quality assurance best practice across the NHS.
- Promote executive ownership of data quality and establish its place in each organisation's governance structure.
- Ensure that there is visibility and prompt resolution of data quality issues through regular reporting and monitoring.
- Ensure responsibilities for data quality are explicit across all roles within the organisation.

- Ensure that staff at all levels are provided with regular training on the necessity for high quality data and their responsibilities in achieving this.
- Ensure that clinical and administrative systems are configured to maximise data quality at point of capture and staff are suitably trained to meet this.
- Improve awareness of how data quality metrics can be best used to provide assurance and drive up improvement.
- Provide a simple self-assessment tool to determine the current level of data quality assurance and identify opportunities for improvement.

Information Governance Disclosures

All NHS organisations are expected to secure person-identifiable data related to both patients and staff and to safeguard data-holding systems and data flows. There have been two control issues related to data loss or confidentiality breach and one complaint during the year ending 31 March 2023 requiring action from the Information Commissioners Office.

Managing and controlling risks related to information is a key element on the risk and control framework. The Data Security and Protection Toolkit, a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's Assurance Framework. The Trust made progress with its overarching action plan to improve performance in the areas of Information Governance management and Information Security assurance, and as noted earlier is planning to achieve compliance prior to submission.

Declarations of Interest / Gifts and Hospitality

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, (in accordance with the Trusts Standards of Business Conduct Policy) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

The Trust also received a Local Counter Fraud Audit review undertaken by the Counter Fraud Specialists within Internal Audit.

HM Treasury/ Cabinet Office Corporate Governance Code

As highlighted in this document, the Trust has an established system of integrated governance, risk management and internal control across the whole of the Trust's activities. The Trust therefore believes that it properly complies with the Corporate Governance Code.

Carbon Reduction Delivery Plan / Sustainability

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. One of our four strategic themes is 'Sustainability.'

8. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and

other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the audit committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its strategic objectives have been reviewed and areas for strengthening during the coming year.

My review is also informed by the fact that the Trust continues to be registered under the Health and Social Care Act 2008 without conditions, and that robust processes are in place to ensure ongoing compliance with Registration outcome measures. It is informed through the CQC awarding the Trust an overall rating of 'Outstanding' in the latest Well Led CQC inspection has been maintained.

The Trust achieved an adjusted financial performance surplus of £94k.

The Board and its Committees consider and take action on the effectiveness of the system of internal control. Each level of management, including the Board and its sub committees regularly reviews the risks and controls for which it is responsible and takes action on the recommendation of assurance providers. These reviews are monitored and reported to the next level of management.

Strategic objectives have been identified and the totality of assurance activity relating to the Trust's strategic risks has been reviewed within the assurance framework. Key controls are identified. The Board has mapped its assurance needs and identified sources for providing them. Independent assurance, from a wide variety of sources, is provided on the process of risk identification, measurement and management.

The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards covering areas of potentially significant risk such as Registration outcomes and the NHS Resolution Risk Management Standards.

We recognise that good governance is a hallmark of high performing, well led organisations. We are committed to building on our strengths and addressing any weaknesses. During the year we have worked closely with our commissioners and in particular with the CQC to ensure that we continue to deliver sustainable high-quality care for the patients and communities we serve.

In summary, I have been advised on the effectiveness of the system of internal control by the Trust Board and its committees. I have also considered the work of Internal Audit throughout the year and the Head of Internal Audit Opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. A plan to address any weaknesses and ensure continuous improvement of the system is in place. We will continue to work with our commissioners to sustain funding.

9. Conclusion

As Accountable Officer, my review confirms that no significant internal control issues have been identified and that North Staffordshire Combined Healthcare NHS Trust has a good system of internal control that supports the achievement of its policies, aims and objectives.

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Dr Buki Adeyemo
Chief Executive Officer

REPORT TO PUBLIC TRUST BOARD

Enclosure 7

Date of Meeting:	11th May 2023		
Title of Report:	Improving Quality & Performance Report (IQPR) Month 12 2022/23		
Presented by:	Eric Gardiner, Chief Finance Officer		
Author:	Victoria Boswell, Associate Director of Performance		
Executive Lead Name:	Eric Gardiner, Chief Finance Officer	**Approved by Exec**	☒

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

Executive Summary:

In Month 12 there are 18 rated measures that have met the required standard (17 in M11) and 12 that have not met the required standard and highlighted as exceptions (13 in M11).

There are 4 special cause variations (orange variation flags) - signifying concern, compared to 3 in M11:

- Care Plan Compliance
- CPA 12 month review
- Numbers in Settled Accommodation
- Service Users on CPA in Employment

There are 4 special cause variation (blue variation flags - signifying improvement), compared to 3 in M11;

- IAPT: 6 week waits
- IAPT: 18 weeks
- Delayed Transfers of Care (DTOC)
- Vacancy Rate

There are 22 metrics flagged with a common cause variation (grey variation flag), 22 during M11. There are 10 metrics that are monitored but have no assigned target and therefore no variation is reported.

Highlights

- CYP Eating Disorders Referral to Assessments within 1 week and 4 weeks for Q4 - performance is 100%
- There are no out of area admissions during M12 outside Staffordshire.
- 4 week RTA and 18 week RTT achieved Trust wide and in CYP in M12
- 48 hour and 7 day follow up standards are achieved
- Turnover has further reduced from 13.3% in M11 to 12.6% in M12

Exceptions

- Care Plans (93.4%), Risk Assessments (94.3%) and CPA 12 month Review (84.6%) are all below the 95% standard in M12
- Place of Safety - 10 occurred outside of 3 hours with no agreed clinical grounds for delay (55%)
- Clinical supervision has further reduced from 80% in M11 to 78% in M12
- Agency expenditure during M12 is at £566k, an increase on last month's expenditure (£400k).

Issues

Remaining Data Warehouse issues are resulting in significantly reduced DQMI score (19.7% reported for December).

In addition, there is one metric marked in grey in the IQPR and this signifies that there are further ongoing system data validation work that may impact on performance:

- Numbers on CPA in employment

A reporting error has been identified and the Performance Team is working to resolve the DQ issues for M1 2023/24.

Performance Improvement Plans (PIPs)

Referral to Assessment within 4 weeks

- Specialist Services - Performance in M12 is not on course to achieve the trajectory (82.8% performance against trajectory of 85.6% in M12)
- Stoke Community - The PIP has now expired. The target has been met in M12 across the Directorate although not in CYP
- North Staffs Community - Performance in M12 is not on course to achieve the trajectory (86% against the 91.5% trajectory)

IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment

- The PIP has expired (Performance is 11% against a standard of >10%)

	SLT ☐ Execs ☐ Performance Review 18/04/23	Document Version No.	1.1
	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
	1. We will attract, develop and retain the best people ☒ 2. We will actively promote partnership and integrated models of working ☒ 3. We will provide the highest quality, safe and effective services ☒ 4. We will increase our efficiency and effectiveness through sustainable development ☐		
Risk / legal implications: Risk Register Reference	Performance Improvements Plans (PIPs) may be put in place for those national and contractual measures that have not achieved target. In addition, they may be required for those measures showing a special cause variation indicating concern. **PIPs in place in M12:**		

Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services – Neuro community – Long Covid	The trajectory in place aims for the standard to be achieved in June 2023. Performance in M12 is not on course to achieve the trajectory

			(82.8% performance against trajectory of 85.6% in M12)
	Referral to Assessment within 4 weeks	Stoke Community	The PIP has expired. The trajectory in place aimed for the standard to be achieved in November 2022 for Adult and Older People and March 2023 for Children and Young People. The trajectory for recovery has now expired. The target has been met in M12 and will be monitored to ensure it can be sustained. (96.8% for the Directorate overall. However CYP remains under standard at 20% - 1 out of 5 seen in 4 weeks in M12)
	Referral to Assessment within 4 weeks	North Staffs Community	The trajectory in place aims for the target to be achieved in July 2023. Performance in M12 is not on course to achieve the trajectory *(86% against the 91.5% trajectory in M12)*
	IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The PIP has expired. The trajectory in place aimed for the standard to be achieved in March 2023. (Performance is 11% against a standard of >10%)

Triple Aim: (Duty to have regard to wider effect of decisions)	1. Health and wellbeing (including inequalities in health and wellbeing) ☒ 2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☒ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒
Resource Implications: Funding Source:	None directly.
Diversity & Inclusion Implications:	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

(Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	service access and utilisation by all groups in relation to the local population. This will support the Heath Equity Assessments being undertaken at PCN level to inform the Mental Health Community Transformation programme and address health inequalities at a local level. Quarterly monitoring will be reported to the Inclusion Council in support of the implementation of the Health Equity Framework.	
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	27/04/23

North Staffordshire Combined Healthcare NHS Trust

IQPR

Improving Quality & Performance Report

Board Report

Month 12: March 2023

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Not Met - CPA 12 Month Review Compliance 28

Met - IAPT: Recovery 28

Not Met - Service Users on CPA in settled accommodation 29

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Met - Serious Incidents 30

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Not Met - Perinatal: Number of women accessing specialist community perinatal mental health services 31

Not Met - Complaints Open Beyond Agreed Timescale 33

- Sickness Absence 33

Not Met - Vacancy Rate 34

Not Met - Staff Turnover 34

Not Met - Safe Staffing 35

Not Met - Clinical Supervision 35

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Appendix 1-Needs updating ..... **Error! Bookmark not defined.**

Appendix 2-Needs updating ..... **Error! Bookmark not defined.**

Appendix 3-Needs updating ..... **Error! Bookmark not defined.**

1. Balanced Scorecard

Access & Waiting Times

	Metric	Standard	Performance
SPC variations signifying concern	Nothing significant to note		
RAG rated standards	12 met, 2 unmet		
Highlights	RTA 4 weeks RTT 18 weeks CAMHS 4 week, 18 week EIP MH Liaison 1 hr, 24 hrs IAPT 6 weeks, 18 weeks CPA 7 day follow up 7 day follow up (all) 48hr follow up		
Exceptions	Metric	Standard	Performance
	IAPT 90 day	<10%	11.0%
	MH Liaison 4 hr	95%	93.9%

Inpatient & Quality

	Metric	Standard	Performance
SPC variations signifying concern	Nothing significant to note		
RAG rated standards	2 met, 0 unmet		
Highlights	DTOC Readmissions		
Exceptions	Metric	Standard	Performance
	Place of Safety	100%	55.0%

Community

	Metric	Standard	Performance
SPC variations signifying concern	Care Plan Compliance	95%	93.4%
	CPA 12 month review	95%	84.6%
	Accommodation	61%	55.8%
	Employment	8%	9.8%
RAG rated standards	2 met, 4 unmet		
Highlights	IAPT Recovery Employment		
Exceptions	Metric	Standard	Performance
	Care plan Compliance	as above	as above
	Risk Assessment	95%	94.3%
	CPA 12m Review	as above	as above
	Accommodation	as above	as above

Organisational Health & Workforce

	Metric	Standard	Performance
SPC variations signifying concern	Nothing significant to note		
RAG rated standards	2 met, 5 unmet		
Highlights	Appraisal Training		
Exceptions	Metric	Standard	Performance
	Complaints	0	1
	Vacancy Rate	<10%	10.7%
	Staff Turnover	10%	12.6%
	Clinical Supervision	85%	78.0%
	Safe Staffing	100%	97.6%

Performance Improvement Plans (PIPs)	Metric	Standard	Performance
Specialist Services	4 week waits PIP - Neuro Community (Long Covid)	95%	82.8%
Stoke Community	IAPT 90 day PIP	<10%	11.0%
Stoke Community	4 week waits PIP	95%	96.8%
North Staffs Community	4 week waits PIP	95%	86.0%

2. Data Warehouse Issues

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

Impact on MHSDS
At the present time, there are gaps in our MHSDS submission data as we work closely with Insource, our new Data Warehouse supplier, to complete all data tables and fields, and to optimise our data quality. It should be noted that as our normal level of compliance has reduced following our November and December submissions and this has a significant impact on the Trust's DQMI score in the short term with the publication of the November score (15.7%) and December score (19.3%).

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

3. Using Statistical Process Control (SPC)

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

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

4. Highlights and Exceptions

In Month 12 there are 18 rated measures that have met the required standard (17 in M11) and 12 that have not met the required standard and highlighted as exceptions (13 in M11).

There are 4 special cause variations (orange variation flags) - signifying concern, compared to 3 in M11:

- Care Plan Compliance
- CPA 12 month review
- Numbers in Settled Accommodation
- Service Users on CPA in Employment

There are 4 special cause variation (blue variation flags - signifying improvement), compared to 3 in M11:

- IAPT: 6 week waits
- IAPT: 18 weeks
- Delayed Transfers of Care (DTOC)
- Vacancy Rate

There are 22 metrics flagged with a common cause variation (grey variation flag), 22 during M11. There are 10 metrics that are monitored but have no assigned target and therefore no variation is reported.

5. Issues

There is one metric marked in grey in the IQPR and this signifies that there are further ongoing data validation work that may impact on performance:

- Numbers in employment

A reporting error has been identified and the Performance Team is working to resolve the DQ issues for M1 2023/24.

6. Performance Improvement Plans (PIPs)

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

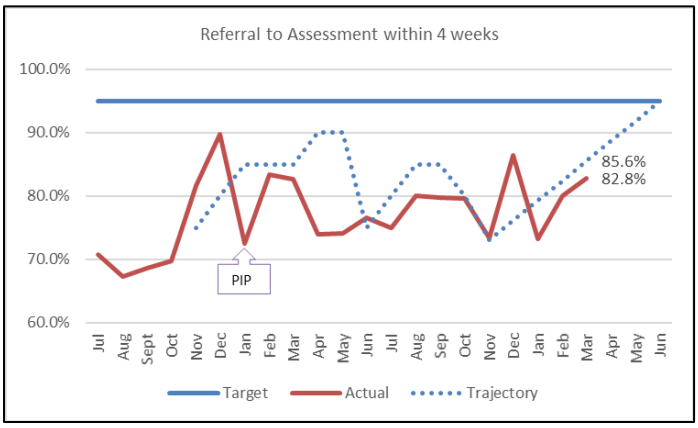
The PIPs require directorates to set out the issues, actions and a trajectory for improvement to mitigate any risks in achieving compliance and maintaining the standard required.

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

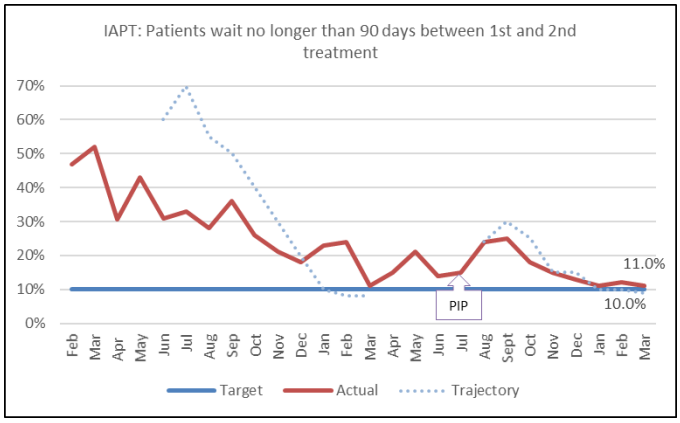
PIPs currently in place

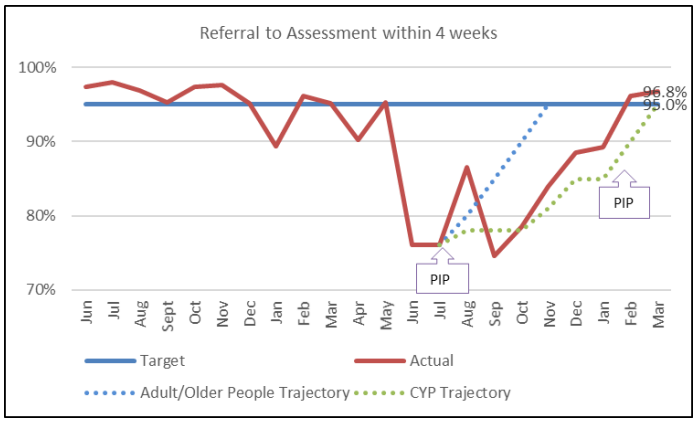
Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services	The trajectory in place aims for the standard to be achieved in June 2023. Performance in M12 is not on course to achieve the trajectory *(82.8% performance against trajectory of 85.6% in M12)*
	Stoke Community	The PIP has expired. The trajectory in place aimed for the standard to be achieved in November 2022 for Adult and Older People and March 2023 for Children and Young People. The trajectory for recovery has now expired. The target has been met in M12 and will be monitored to ensure it can be sustained. (*96.8% for the Directorate overall. However CYP remains under standard at 20% - 1 out of 5 seen in 4 weeks in M12)*
	North Staffs Community	The trajectory in place aims for the target to be achieved in July 2023. Performance in M12 is not on course to achieve the trajectory *(86% against the 91.5% trajectory in M12)*
IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment	Stoke Community	The PIP has expired. The trajectory in place aimed for the standard to be achieved in March 2023. *(Performance is 11% against a standard of >10%)*

Specialist Services

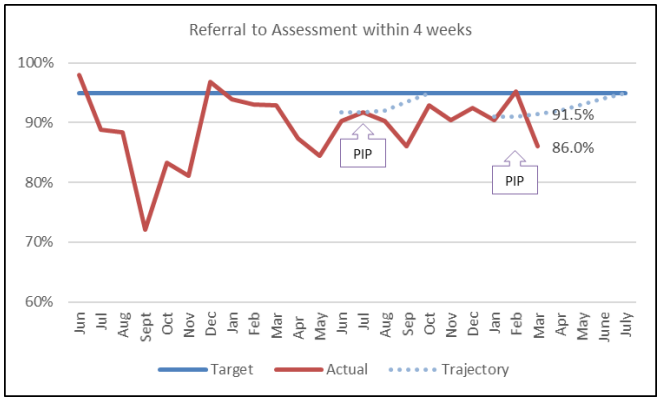


Stoke Community





North Staffs Community



Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Met				Performance is at 97.1 % and has met the required standard during M12 Trust wide. ***PIPs are in place for Stoke, Specialist Services and North Staffs Community.***
2 - Referral to Treatment within 18 weeks	Met				Performance is at 96.8% during M12.
3 - CAMHS Compliance with 4 week waits (Referral to Assessment)	Met				Performance is at 97.9% during M12. ***A PIP is in place for North Staffs Community.***
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Met				Performance is at 98.6 % during M12.
5 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met				Performance is at 86% during M12.
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 11%. ***A PIP is in place which aimed for the standard to be achieved in March 2023.***
7 - MH Liaison 1 Hour Response (Emergency)	Met				Performance is at 95.8% during M12 and has achieved the required standard.
8 - MH Liaison 4 Hour Response (Urgent)	Not Met			*	Performance is at 93.9% during M12 and has not achieved the required standard.
9 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Met				Performance is at 98.2% during M12 and has met the required standard.
10 - IAPT: Referral to Treatment (6 weeks)	Met				Performance is at 98.8% and remains well above the required 75% standard. A special cause variation of improvement has been in place for 12 months.
11 - IAPT: Referral to Treatment (18 weeks)	Met				Performance remains predictably stable at 99.8% during M12.
12 - Care Programme Approach (CPA) 7 day Follow Up	Met				Performance is at 100% during M12.
13 - 7 Day Follow Up (All Patients)	Met				Performance is at 100% during M12.
14 - 48 Hour Follow Up	Met				Performance is at 98.5% during M12 with all directorates having achieved the required standard.
15 - IPS (individual placement and support)					There are 499 cases reported in Q4.
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 43 days.
18 - Medically Fit for Discharge (MFFD)					There are 13 inpatients recorded as medically fit for discharge, with no clinical grounds for delay.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
19 - Delayed Transfers of Care (DTOC)	Met				There are 5 patients whose delayed transfers of care resulted in 78 days delay during M12. A special cause of variation of improvement has been in place for 12 months.
20 - Emergency Readmissions rate (30 days)	Met				The emergency readmission rate is 4.5% and remains within the threshold.
21 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Not Met			*	Out of 22 assessments, 10 occurred outside of 3 hours with no agreed clinical grounds for delay.
22 - Friends and Family Test - Recommended					There have been 241 FFT returns, of which 86% rated the Trust as good.
23 - Care Plan Compliance	Not Met			*	Performance is at 93.4% during M12. North Staffs Community being the only directorate to achieve the required standard. A special cause variation of concern remains in place.
24 - Risk Assessment Compliance	Not Met			*	Performance is at 94.3% during M12. North Staffs Community and Acute and Urgent Care having met the required standard.
25 - CPA 12 Month Review Compliance	Not Met			*	Performance is at 84.6% during M12 with no directorates having met the required standard. A special cause variation of concern remains in place.
26 - IAPT : Recovery	Met				Performance is at 52.5% during M12 and has met the required standard.
27 - Service Users on CPA in settled accommodation	Not Met			*	Performance is at 55.8% during M12. A special cause variation of concern remains in place.
28 - Service Users on CPA in Employment	Met				Performance is as 9.8% during M12. A special cause variation of concern has been triggered, despite achieving the required standard.
29 - Serious Incidents					There are 11 serious incidents Trust wide reported during M12.
30 - DQMI					The Trust's DQMI rating during December has improved to 19.3%. The significant dip was anticipated following the build of the new data warehouse.
31 - Perinatal: Number of women accessing specialist community perinatal mental health services					There were 37 women accessing perinatal services during M12.
32 - Complaints Open Beyond Agreed Timescale	Not Met			*	There is 1 outstanding complaint response, which is in final review stage.
33 - Sickness Absence					March figures are not yet available.
34 - Vacancy Rate	Not Met			*	The vacancy rate is 10.7% for M12. The position continues to remain challenging for some directorates. A special cause variation of improvement has been in place for over 18 months.
35 - Staff Turnover	Not Met			*	Performance is consistently above the 10% threshold at 12.6% during M12 and continues to remain challenging for most directorates.
36 - Safe Staffing	Not Met			*	An overall staffing fill rate of 97.6% was achieved during M12. This coincides with a focused reduction of agency usage and is aligned to a period of reduced acuity within the inpatient

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
					wards. Improvement in registered nurses fill rate is expected in April 2023.
37 - Clinical Supervision	Not Met			*	Performance is at 78% during M12 and has not met the required standard.
38 - Appraisal	Met				Performance is at 91% during M12. All directorates, with the exception of Primary Care, are achieving the required standard.
39 - Statutory & Mandatory Training	Met				Performance is at 89% during M12. All directorates, with the exception of Primary Care, are achieving the required standard.
40 - Agency cost per month (£000)					The agency expenditure during M12 is £566k, which is a significant increase from the average position from, and continues to operate outside of the upper control limit.

In addition;

- There are no under 18 admissions to adult wards during M12.
- Performance is at 100% for CYP Eating Disorders Referral to Assessments within 1 week and 4 weeks for Q4.
- There are no out of area admissions during M12 outside Staffordshire.

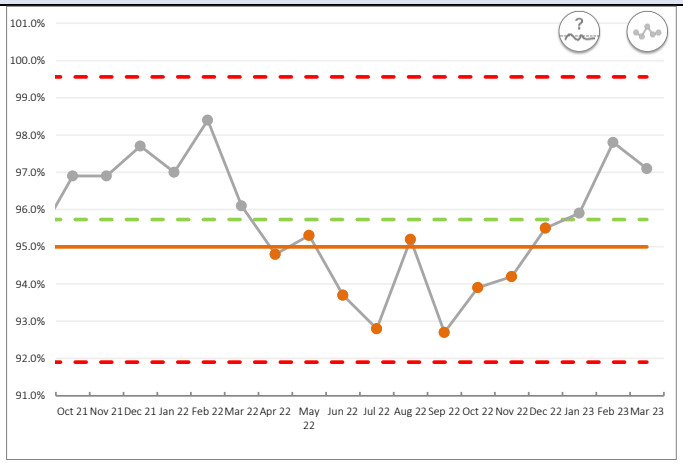
Access & Wait Times

Met - Referral to Assessment within 4 weeks

A Higher Value Is Better

Actual	97.1%	#N/A
Target:	95.0%	Monthly

Executive Director of Operations	Responsive
Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 97.1%, and is reported as being above standard in M12. All directorates are achieving the required standard, with the exception of North Staffs Community and Specialist Services.

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

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
94.8%	95.3%	93.7%	92.8%	95.2%	92.7%	93.9%	94.2%	95.5%	95.9%	97.8%	97.1%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✗	✓
97.1%	86.0%	96.8%	82.8%	99.3%

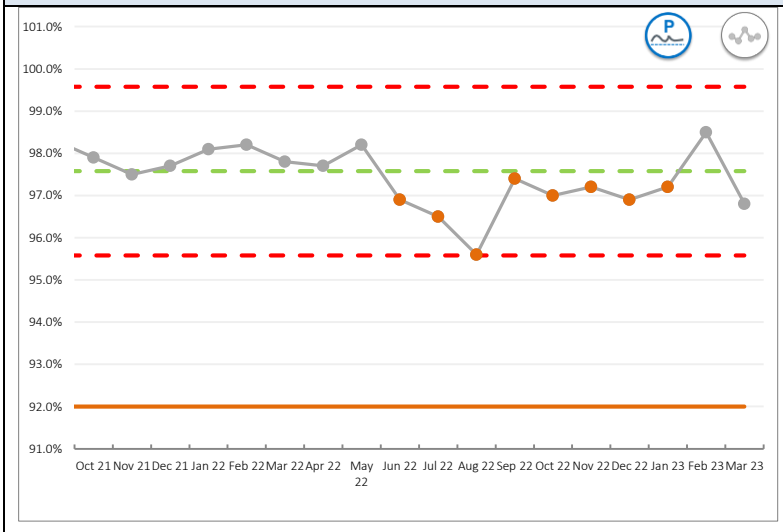
1

Met - Referral to Treatment within 18 weeks

A Higher Value Is Better

Actual	96.8%	#N/A
Target:	92.0%	Monthly

Executive Director of Operations	Responsive
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 96.8% during M12 with Stoke Community and Acute and Urgent Care having achieved the required standard.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
97.7%	98.2%	96.9%	96.5%	95.6%	97.4%	97.0%	97.2%	96.9%	97.2%	98.5%	96.8%

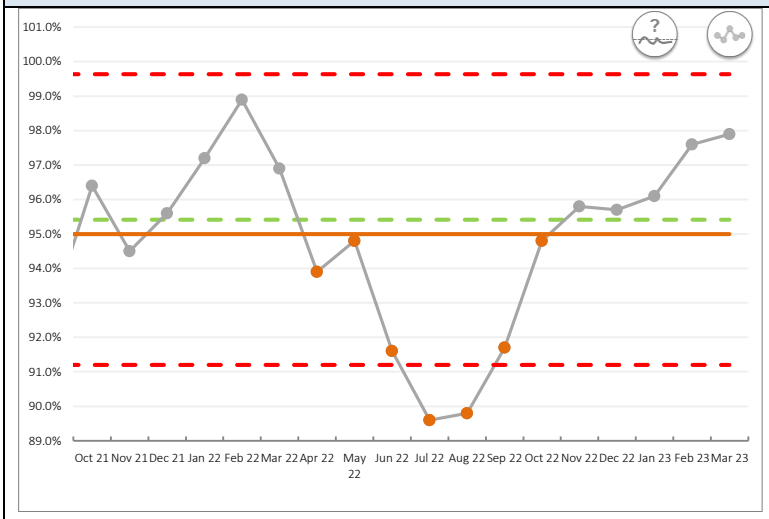
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✗	✓
96.8%	88.5%	97.6%	89.5%	98.8%

2

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

A Higher Value Is Better

Actual	97.9%	#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 97.9% during M12.

PIPs are in place for North Staffs and Stoke Community:

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

Stoke Community's trajectory in place aims for the standard to be achieved in November 2022 for Adult and Older People, and March 2023 for Children and Young People.
The 20% performance for Stoke equates to 1 out of 5 CYP having received an assessment within 4 weeks in M12.

The recovery trajectories within the PIP have now expired.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
93.9%	94.8%	91.6%	89.6%	89.8%	91.7%	94.8%	95.8%	95.7%	96.1%	97.6%	97.9%

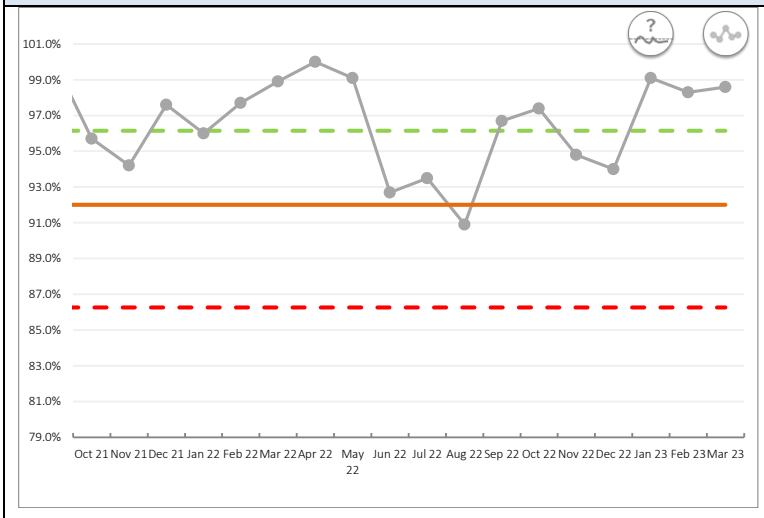
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✗	✓	✓
97.9%	80.0%	20.0%	100.0%	98.9%

3

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

A Higher Value Is Better

Actual	98.6%	#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 98.6% during M12 with all directorates having achieved the required standard.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
100.0%	99.1%	92.7%	93.5%	90.9%	96.7%	97.4%	94.8%	94.0%	99.1%	98.3%	98.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
98.6%	100.0%	100.0%	100.0%	98.3%

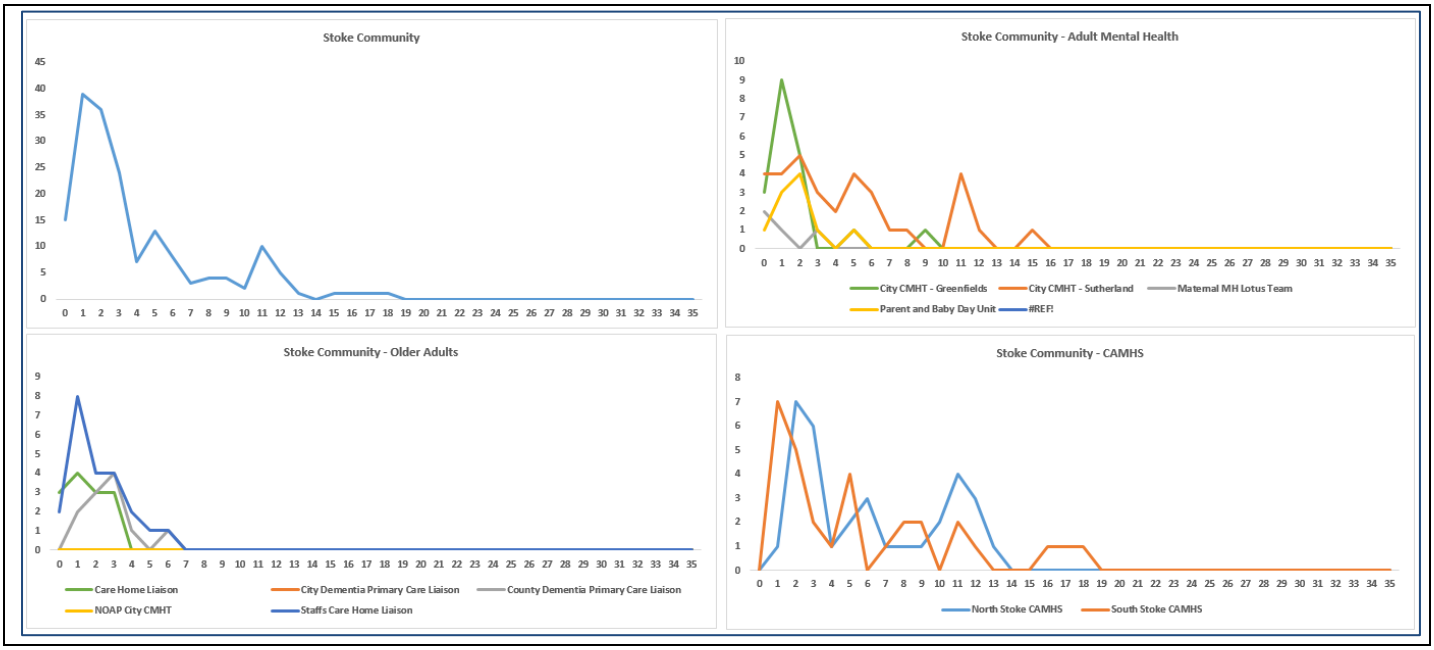
4

Waiting Time Reporting: Wait for RTA (first contact)

Performance data are provided in the IQPR in M12 to show the numbers of those who were waiting for an assessment at the end of M12, split by Directorate and service line.

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

Stoke Community

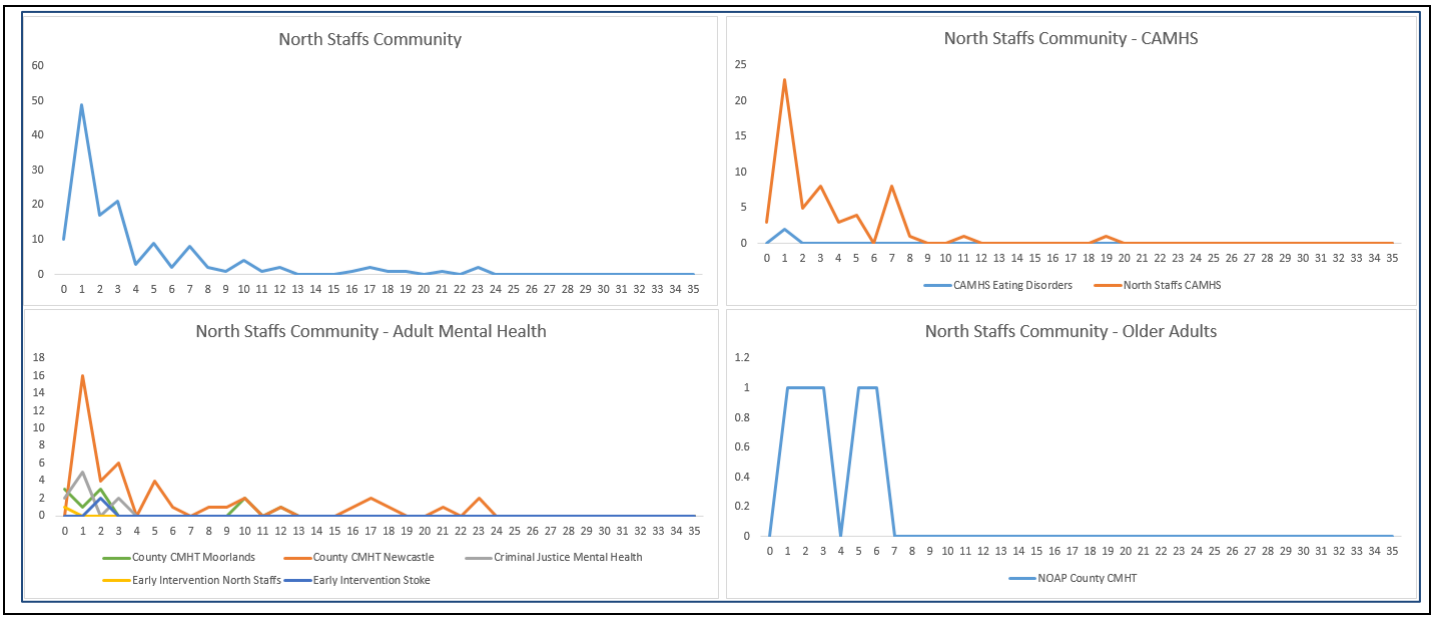


The teams with the largest numbers of patients waiting for assessment are Sutherland (33), Staffs Care Home Liaison (22), Greenfield (19) and North and South Stoke CAMHS (63 in total). The longest wait is observed in South Stoke CAMHS where one patient has been waiting 18 weeks for assessment.

Specialist Services

The longest waits in specialist services are with the Specialist Psychology service and Neuropsychiatric Team where wait times are extended due to the need for acute care investigations to be completed. There is a long wait in the Cancer Psychology Team of 32 weeks. CLDT teams hold the highest number of patients waiting (28 between them). No patient has waited longer than 9 weeks at present.

North Staffs Community

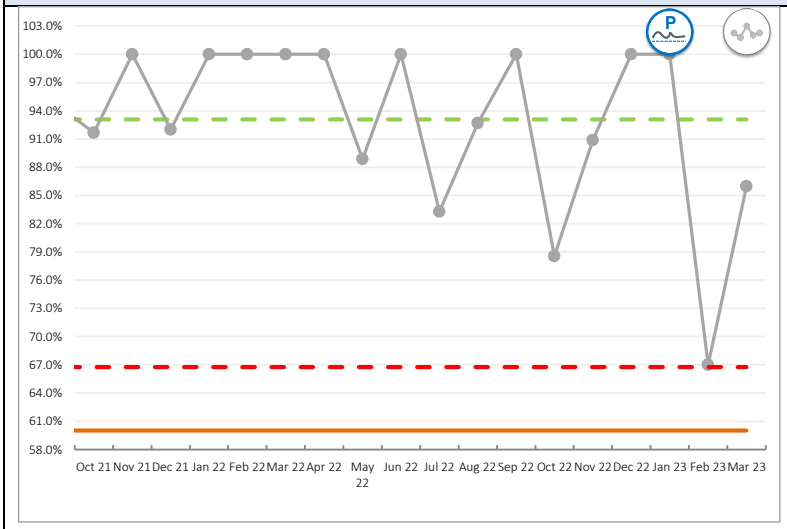


There are a number of long waits indicated for the Newcastle CMHT (43) where the longest waits of 23 weeks are also indicated. These are routinely monitored and investigated by the Team Leaders and AD. Other long waits in the directorate are observed in North Staffs CAMHS (57) although the majority of these are newer referrals.

Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment ↗

A Higher Value Is Better

Actual	86.0%	#N/A	**Executive Director of Operations**	Responsive
Target:	60.0%	Monthly	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 86% during M12. Despite the required standard being achieved, a special cause variation of concerning nature has been triggered due to performance dropping to below the lower control limit.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
100.0%	88.9%	100.0%	83.3%	92.7%	100.0%	78.6%	90.9%	100.0%	100.0%	67.0%	86.0%

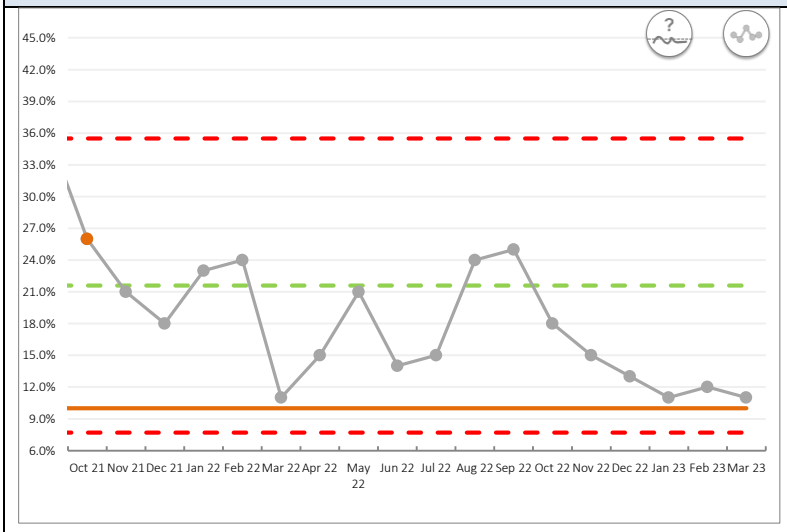
Trust
✓
86.0%

5

Not Met - IAPT: Patients wait no longer than 90 days between 1st and 2nd treatment ↗

A Lower Value Is Better

Actual	11.0%	#N/A	**Exec. Director of Operations**	Safe
Target:	10.0%	Monthly	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. Performance is 11% against >10% target. The PIP has now expired.

12 Month Trend

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

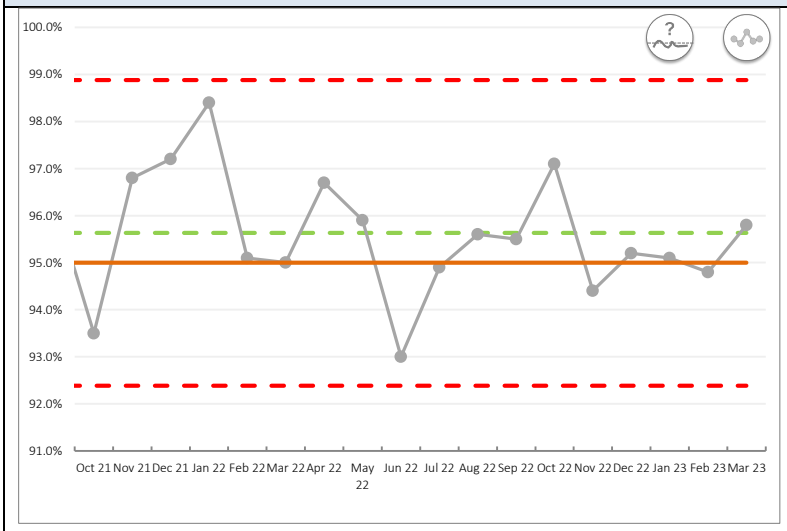
Stoke Community
✘
11.0%

6

Met - MH Liaison 1 Hour Response (Emergency) ↗

A Higher Value Is Better

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



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.7%	95.9%	93.0%	94.9%	95.6%	95.5%	97.1%	94.4%	95.2%	95.1%	94.8%	95.8%

Trust
✓
95.8%

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

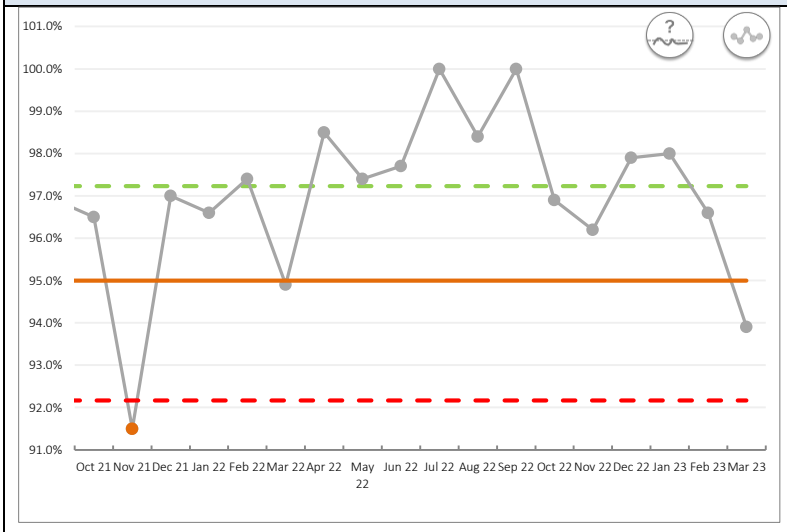
-- Monthly Narrative (Key Issues and Actions) --
Performance is at 95.8% during M12 and has achieved the required standard.

7

Not Met - MH Liaison 4 Hour Response (Urgent) ↘

A Higher Value Is Better

Actual	93.9%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	CCG	



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.5%	97.4%	97.7%	100.0%	98.4%	100.0%	96.9%	96.2%	97.9%	98.0%	96.6%	93.9%

Trust
✘
93.9%

-- 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.

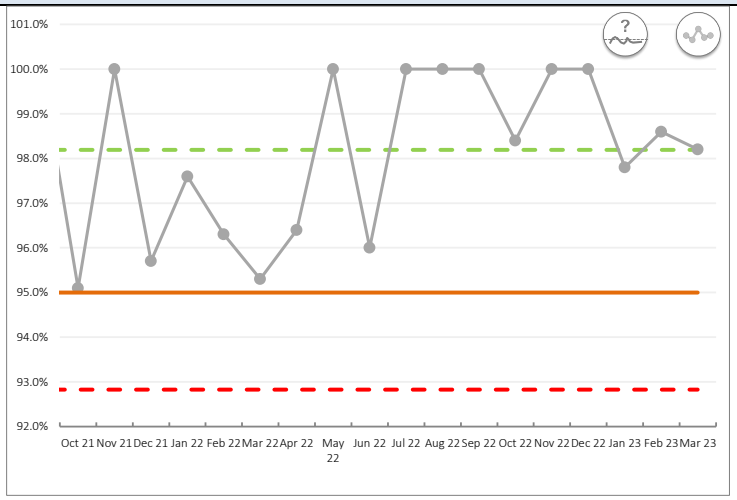
-- Monthly Narrative (Key Issues and Actions) --
Performance is at 93.9% during M12 and has not met the required standard during M12.

8

Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward) ↘

A Higher Value Is Better

Actual	98.2%	#N/A	**Executive Director of Operations**	Responsive
Target:	95.0%	Monthly	CCG	



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.4%	100.0%	96.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	97.8%	98.6%	98.2%

Trust
✓
98.2%

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

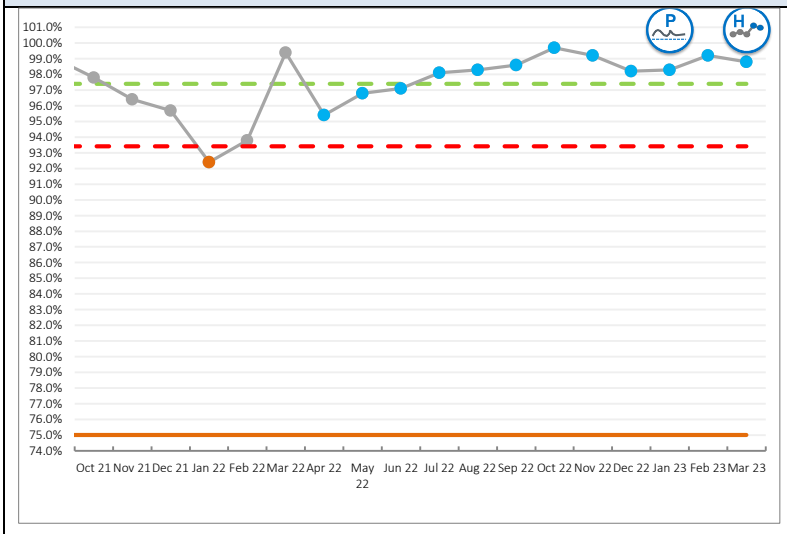
-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.2% and has met the required standard during M12.

9

Met - IAPT: Referral to Treatment (6 weeks) ↘

A Higher Value Is Better

Actual	98.8%	#N/A	**Executive Director of Nursing and Quality**	Safe
Target:	75.0%	Monthly	National	



12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.4%	96.8%	97.1%	98.1%	98.3%	98.6%	99.7%	99.2%	98.2%	98.3%	99.2%	98.8%

Trust
✓
98.8%

-- 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 98.8% and remains well above the required 75% standard. A special cause variation of improvement has been in place for 12 months.

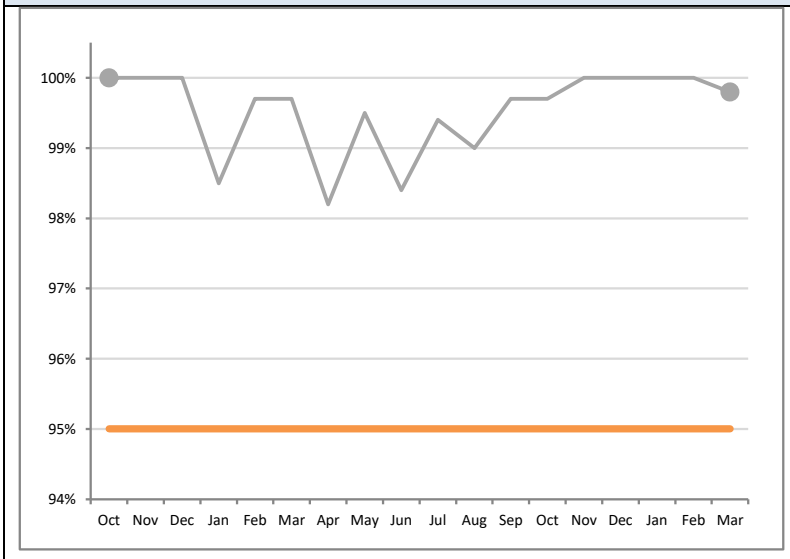
It is recommended the control limits are rebased for 2023/24 financial year.

10

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

A Higher Value Is Better

Actual	99.8%	#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 99.8 during M12.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.2%	99.5%	98.4%	99.4%	99.0%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	99.8%

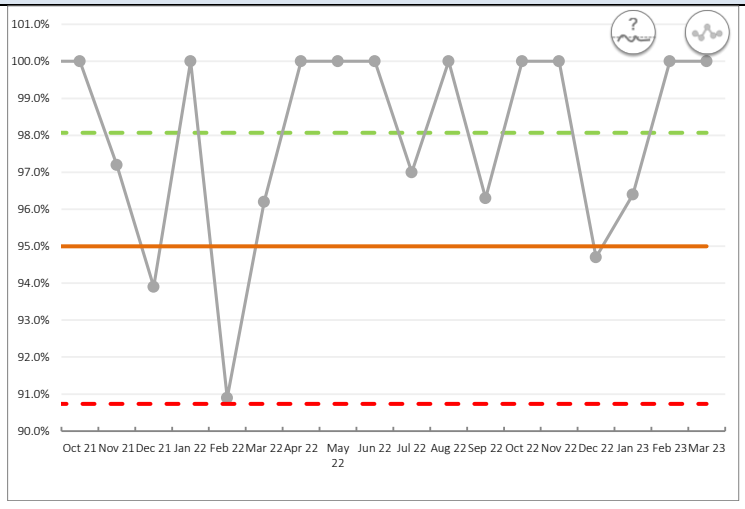
Trust
✓
99.8%

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 M12 with all directorates having met the required standard.

12 Month Trend

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

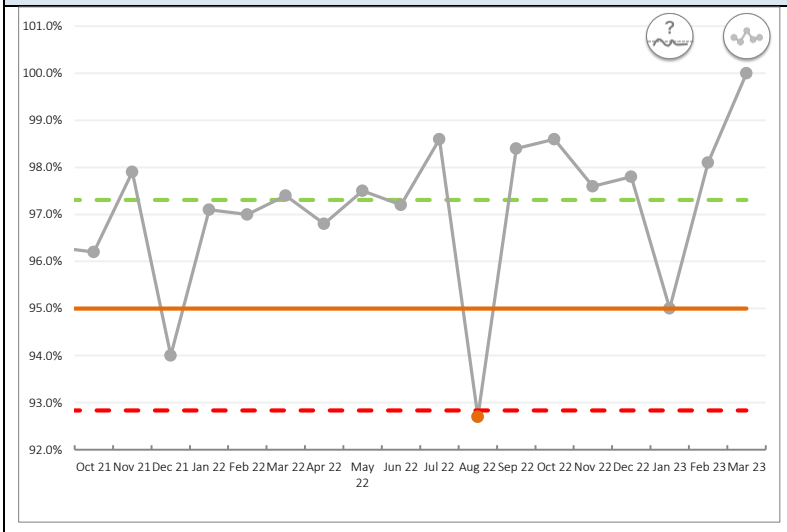
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
100.0%	100.0%	100.0%	100.0%	100.0%

12

Met - 7 Day Follow Up (All Patients) ↗

A Higher Value Is Better

Actual	100.0%	#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 100% during M12 with all directorates having achieved the required standard.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
96.8%	97.5%	97.2%	98.6%	92.7%	98.4%	98.6%	97.6%	97.8%	95.0%	98.1%	100.0%

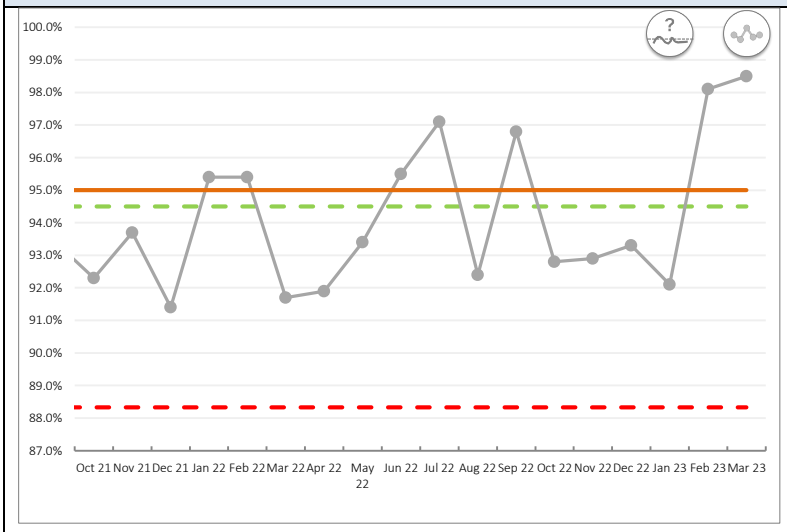
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
100.0%	100.0%	100.0%	100.0%	100.0%

13

Met - 48 Hour Follow Up ↗

A Higher Value Is Better

Actual	98.5%	#N/A	**Medical Director**	Safe
Target:	95.0%	Monthly	Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.5% during M12 with all directorates having achieved the required standard.

During M12 there was just one reportable breach. This occurred in the Stoke Community directorate. The service user was supposed to have a phone contact and DNA. No harm was observed and they were seen on day 3.

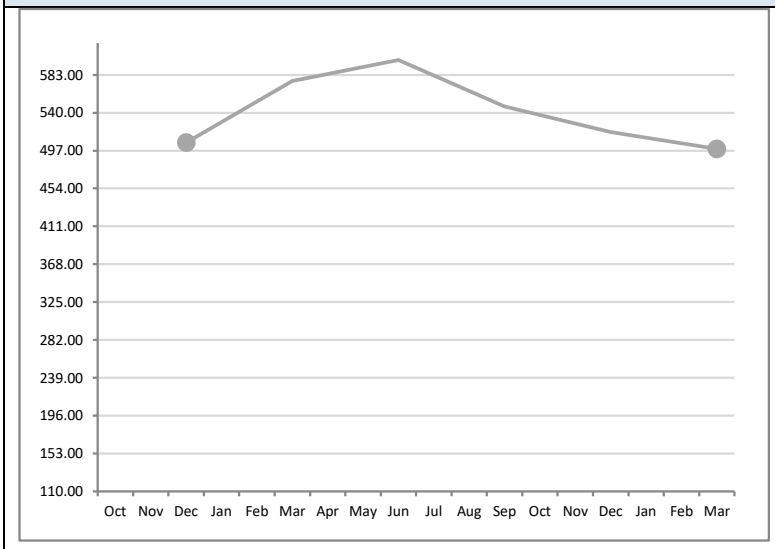
12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
91.9%	93.4%	95.5%	97.1%	92.4%	96.8%	92.8%	92.9%	93.3%	92.1%	98.1%	98.5%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓	✓
98.5%	100.0%	95.7%	100.0%	100.0%

14

Not Met - Individual Placement Support A Higher Value Is Better	**Actual** 499.00 #N/A **Target:** Monthly	**Executive Director of Operations** Safe National	



12 Month Trend

		600			547			518			499
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust
499.00

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

-- Monthly Narrative (Key Issues and Actions) --
There are 499 cases reported in Q4.

The decrease in open cases is representative of there being a significant staff turnover within the past 12 months. New staff members require significant training and socialisation around the IPS model and work with a reduced caseload within their first 12 months as per IPS guidance.

Step on have exceeded the national performance target for the year with 925 engagements against the target of 881.

15

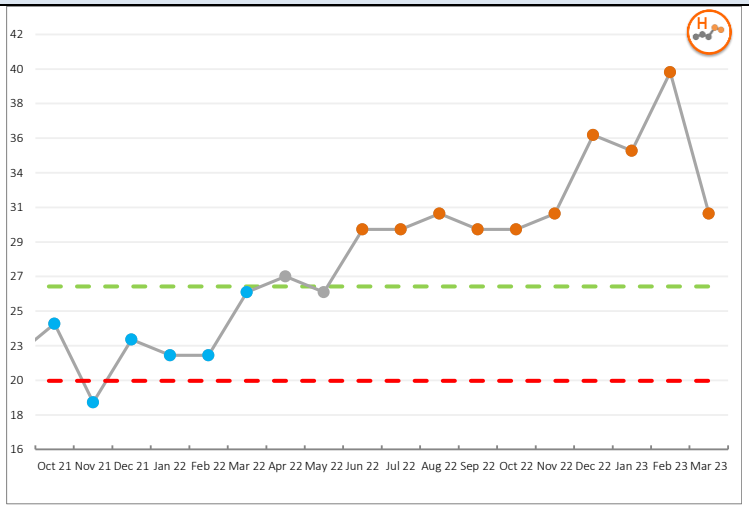
Inpatient & Quality

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	



-- 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 M12 is 31 days.

There are 73 patients with a LoS >60 days and 98 patients with a Los >90 days (fin year).

12 Month Trend

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

Trust
3100

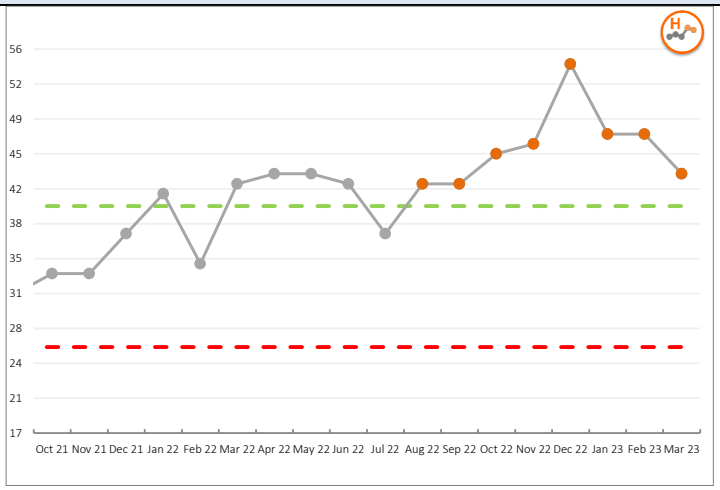
16

Met - Average Length of Stay - Older Adult

A Lower Value Is Better

Actual	43.00	#N/A
Target:		Monthly

Executive Director of Operations	Responsive
Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an older adult ward during M11 is 43 days.

There are 97 patients with a LoS >60 days and there are 97 patients with a LoS >90 days (fin year).

12 Month Trend

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

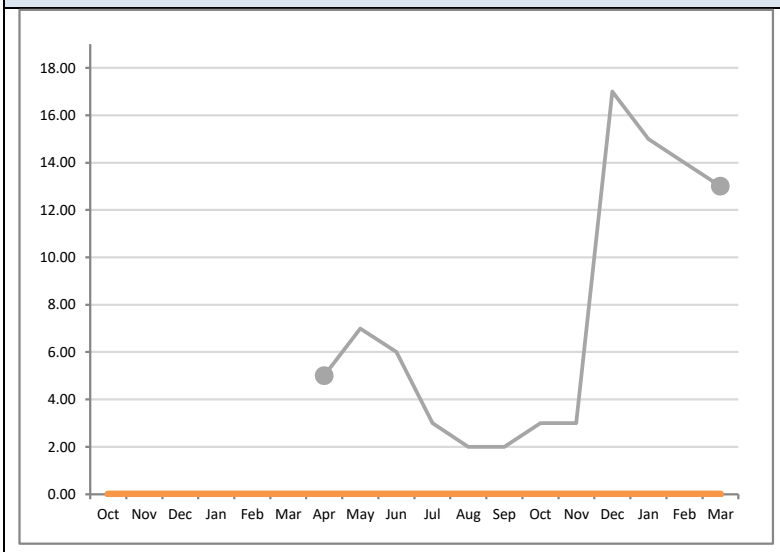
Trust
43.00

17

Met - Medically Fit for Discharge (MFFD) ↗

A Lower Value Is Better

Actual	13.00	#N/A	**Executive Director of Operations**	Responsive
Target:		Monthly	Trust Measure	



12 Month Trend

5	7	6	3	2	2	3	3	17	15	14	13
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust
13.00

-- 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.

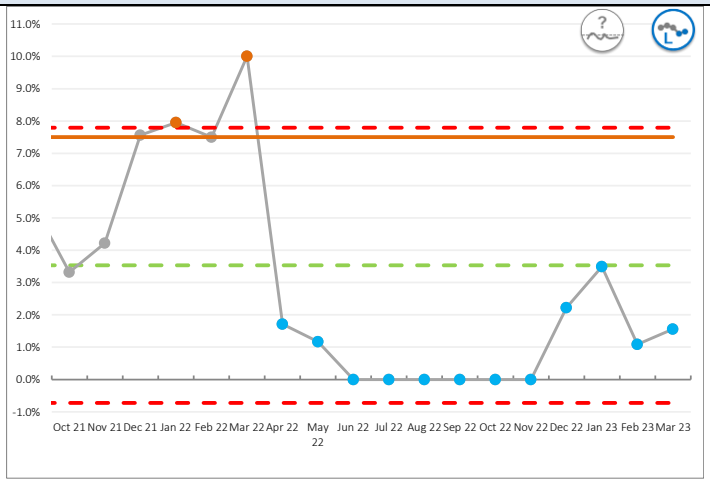
-- Monthly Narrative (Key Issues and Actions) --
There are 13 in-patients who are recorded as medically fit for discharge, with no clinical grounds for delay during M12. These figures do not include those patients currently on home leave.

18

Met - Delayed Transfers of Care (DTOC) ↘

A Lower Value Is Better

Actual	1.6%	#N/A	**Executive Director of Operations**	Responsive
Target:	7.5%	Monthly	National	



12 Month Trend

1.7%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	3.5%	1.1%	1.6%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
16%	0.0%	19%

-- 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 5 patients whose delayed transfers of care resulted in 78 days delay during M12. These delays are attributed to Wards 1, 3 and 7.

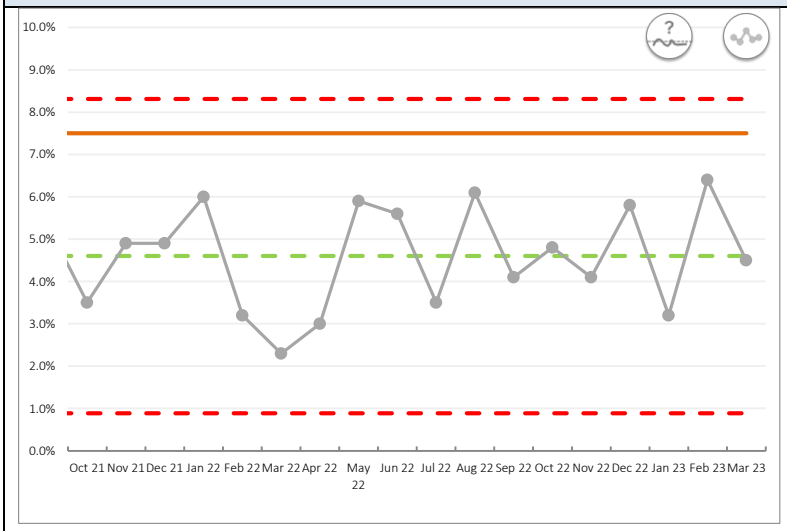
A special cause variation of improvement has been in place for 12 months. It is recommended the control limits are rebased for 2023/24 financial year.

19

Met - Emergency Readmissions rate (30 days) ↗

A Lower Value Is Better

Actual	4.5%	#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 M12 is 4.5% and remains within the threshold.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3.0%	5.9%	5.6%	3.5%	6.1%	4.1%	4.8%	4.1%	5.8%	3.2%	6.4%	4.5%

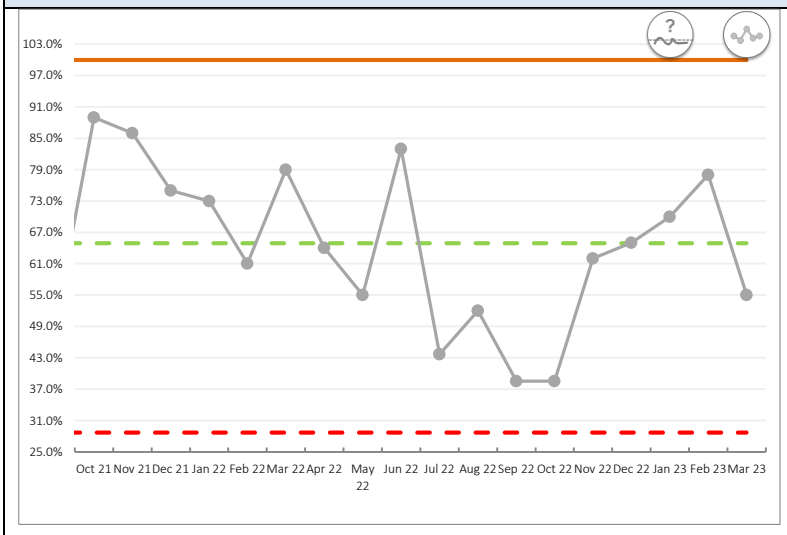
Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
4.5%	0.0%	4.5%

20

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

A Higher Value Is Better

Actual	55.0%	#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 22 assessments, 10 occurred outside of 3 hours with no agreed clinical grounds for delay.

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

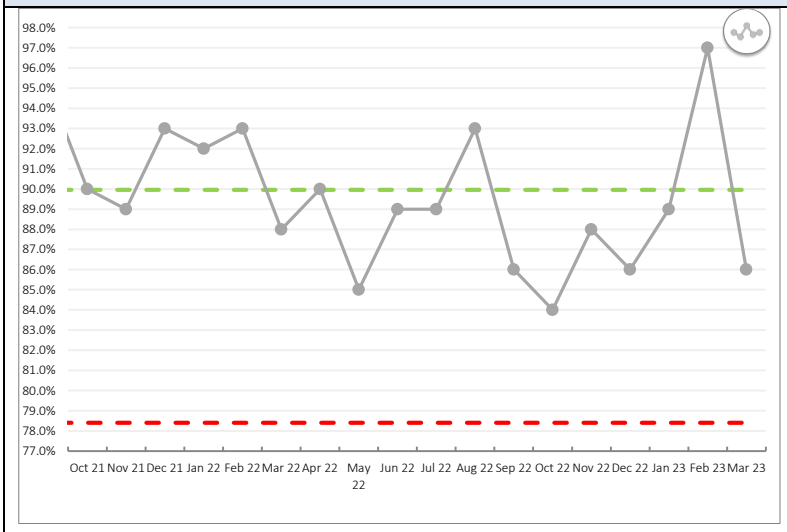
12 Month Trend

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

Trust
✘
55.0%

21

Not Met - Friends and Family Test - Recommended ↘ A Higher Value Is Better	**Actual** 86.0% #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 241 FFT returns received of which 86% 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.

12 Month Trend

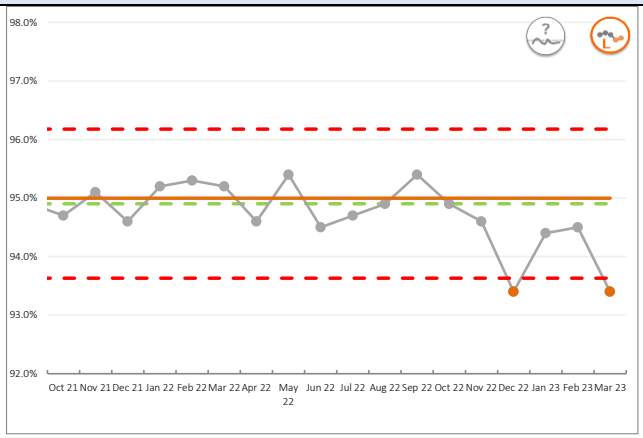
90.0%	85.0%	89.0%	89.0%	93.0%	86.0%	84.0%	88.0%	86.0%	89.0%	97.0%	86.0%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
86.0%	88.0%	87.0%	95.0%	100.0%

22

Community and Quality

Not Met - Care Plan Compliance ↘ A Higher Value Is Better	**Actual** 93.4% #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 93.4% during M12. No directorates, with the exception of North Staffs Community have met the required standard.

A special cause variation of concerning nature has been triggered as performance is below the lower control limit.

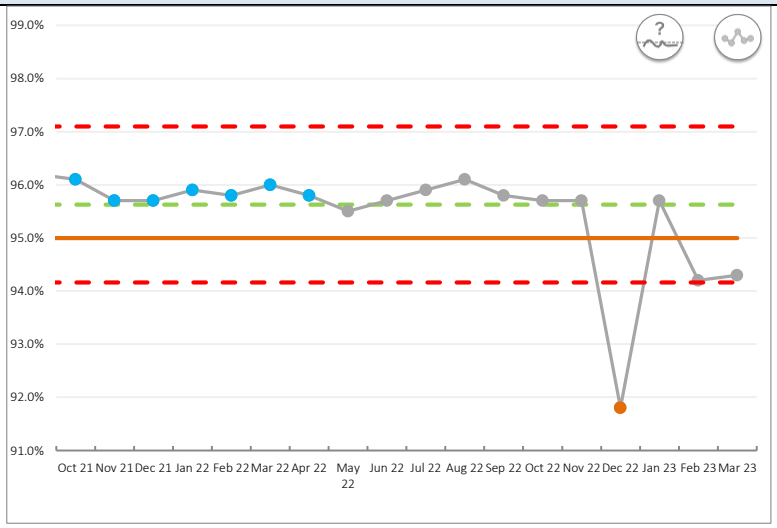
12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✓	✗	✗	✗
93.4%	95.7%	92.9%	90.8%	94.4%

23

Not Met - Risk Assessment Compliance ↗ A Higher Value Is Better	**Actual** 94.3% #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 94.3% during M12 below the required standard.

All directorates, with the exception of Stoke Community and Specialist Services have achieved the standard.

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

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
95.8%	95.5%	95.7%	95.9%	96.1%	95.8%	95.7%	95.7%	91.8%	95.7%	94.2%	94.3%

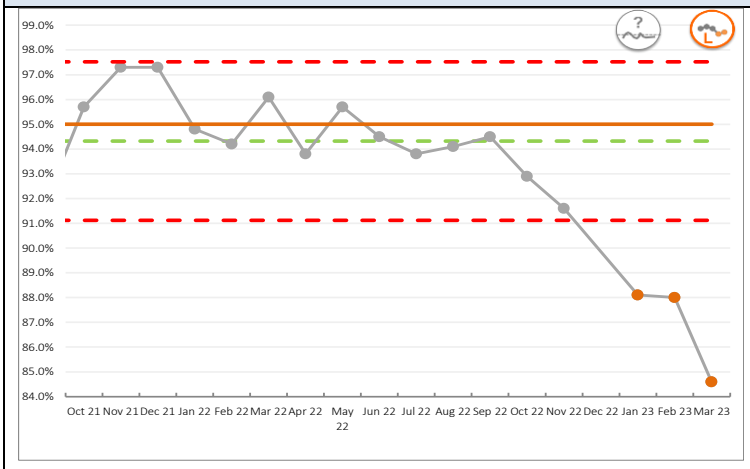
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✓	✗	✗	✓
94.3%	96.3%	93.8%	918%	98.6%

24

Not Met - CPA 12 Month Review Compliance ↘

A Higher Value Is Better

Actual	84.6%	#N/A	**Executive Director of Nursing and Quality** Safe
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 84.6% during M12. No directorates have achieved the required standard.

There had been system DQ issues with this metric due to the move to the new Data Warehouse and this may have impacted on performance. The Performance team is confident that the data is now flowing correctly and Data Quality reports have been reinstated on a weekly basis to alert teams to the reviews that are out of date or due.

A special cause variation of concerning nature remains in place.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
93.8%	95.7%	94.5%	93.8%	94.1%	94.5%	92.9%	91.6%		88.1%	88.0%	84.6%

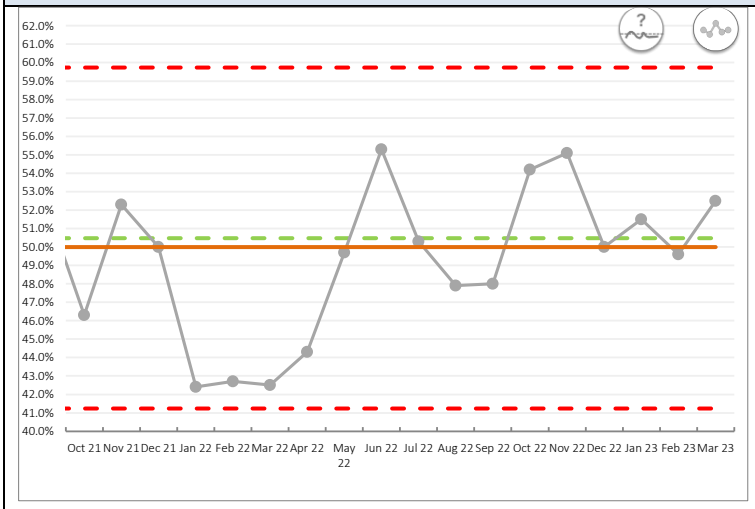
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✗	✗	
84.6%	84.9%	818%	87.8%	#N/A

25

Met - IAPT: Recovery ↗

A Higher Value Is Better

Actual	52.5%	#N/A	**Executive Director of Nursing and Quality** Safe
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 52.5% during M12 and is meeting the required standard.

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

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
44.3%	49.7%	55.3%	50.3%	47.9%	48.0%	54.2%	55.1%	50.0%	51.5%	49.6%	52.5%

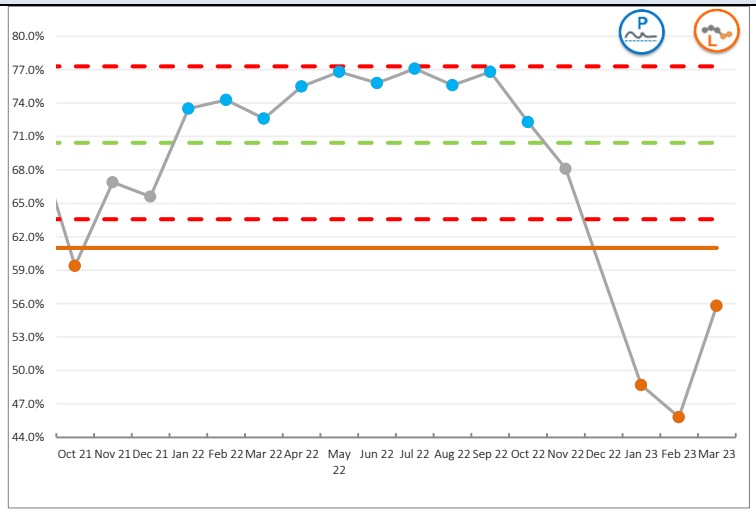
Trust
✓
52.5%

26

Not Met - Service Users on CPA in settled accommodation ↗

A Higher Value Is Better

Actual	55.8%	#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 55.8% during M12 and only Stoke Community has met the required standard (national average).

A special cause variation of concerning nature remains in place.

There had been system DQ issues with this metric due to the move to the new Data Warehouse and this may have impacted on performance. The Performance team is confident that the data is now flowing correctly and Data Quality reports have been reinstated on a weekly basis to alert teams to the need to update accommodation status.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
75.5%	76.8%	75.8%	77.1%	75.6%	76.8%	72.3%	68.1%		48.7%	45.8%	55.8%

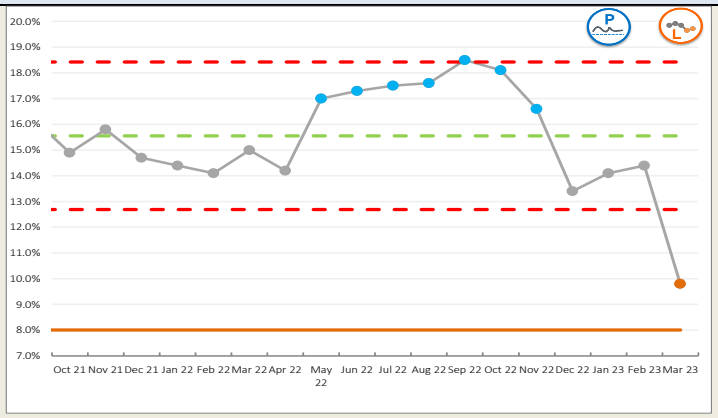
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✗	✗	✓	✗	
55.8%	50.0%	65.2%	47.9%	#N/A

27

Met - Service Users on CPA in Employment ↘

A Higher Value Is Better

Actual	9.8%	#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 9.8% during M12. A special cause variation of concerning nature has been triggered due to the significance decline in performance, below the lower control limit. There had been data quality issues with this metric due to the move to the new Data Warehouse and this may have impacted on performance. A reporting error has been identified and the Performance Team is working to resolve the DQ issues for M1 2023/24.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14.2%	17.0%	17.3%	17.5%	17.6%	18.5%	18.1%	16.6%	13.4%	14.1%	14.4%	9.8%

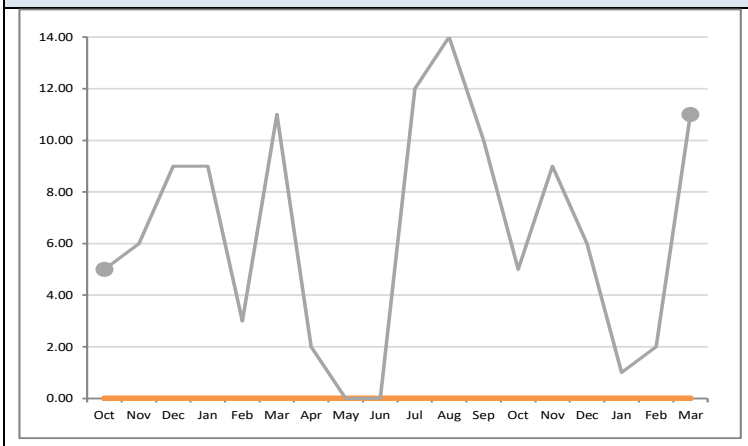
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✗	
9.8%	3.6%	18.5%	2.2%	#N/A

28

Met - Serious Incidents ↘

A Lower Value Is Better

Actual	11.00	#N/A	**Medical Director**	Safe
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 11 serious incident reported during M12.

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

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

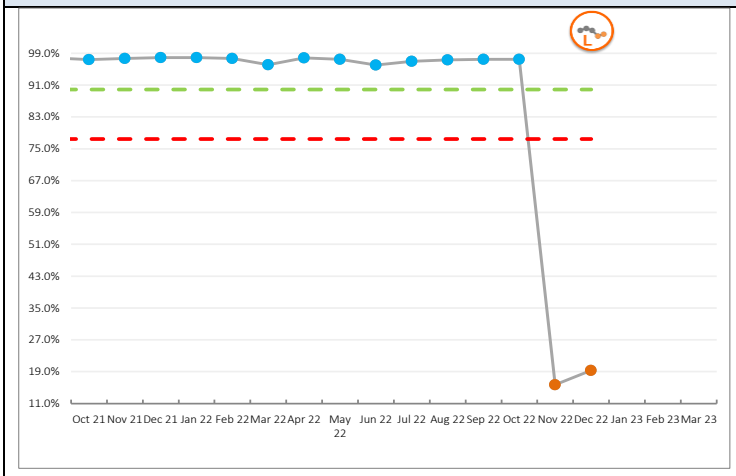
Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care
11.00	1.00	3.00	2.00	5.00

29

- Data Quality Maturity Index (DQMI)

A Higher Value Is Better

Actual	#N/A	#N/A	**Director of Finance, Performance & Estates**	Caring
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 December is 19.3%, which is the latest published national data. It should be noted that this was the first full month that the Trust transferred to the new data warehouse. The main impact upon the low DQMI score was the lack of SUS data in the calculation as we have prioritised the MHSDS submission as this is material for national performance.

All CDS submissions have now been made for SUS inpatient and outpatient data and these should be included in the January score which will be reported in M1 23/24. In addition, as more data is flowed via insource MHSDS tables and this is validated, then we will see a marked increase in the DQMI score. We aim to get back to the previous high score of 97% by the end of 23/24.

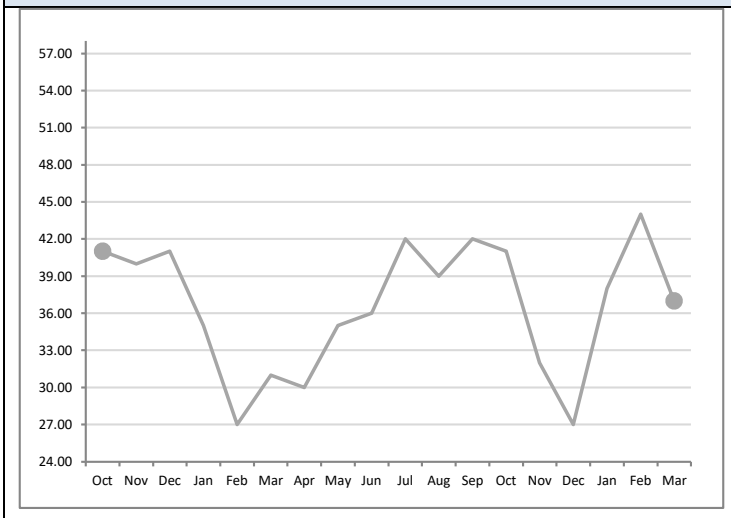
12 Month Trend

97.8%	97.5%	96.0%	97.0%	97.3%	97.5%	97.5%	15.7%	19.3%			
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust
N/A

30

Not Met - Perinatal: Number of women accessing specialist community perinatal mental health services ↘ A Higher Value Is Better	**Actual** 37.00 #N/A **Target:** Monthly	**Executive Director of Operations** Responsive National	



12 Month Trend

30	35	36	42	39	42	41	32	27	38	44	37
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust
37.00

-- 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 37 women accessing the Trust's perinatal service during M12.

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%). This is reported in Appendix 2 on a quarterly basis.

Capacity for assessment is expected to improve once the vacancies have been filled, which will allow in-reach to communities that were previously difficult to engage with (through community hubs, VCSE) and work more closely with midwifery and health visitor teams.

31

Organisational Health and Workforce

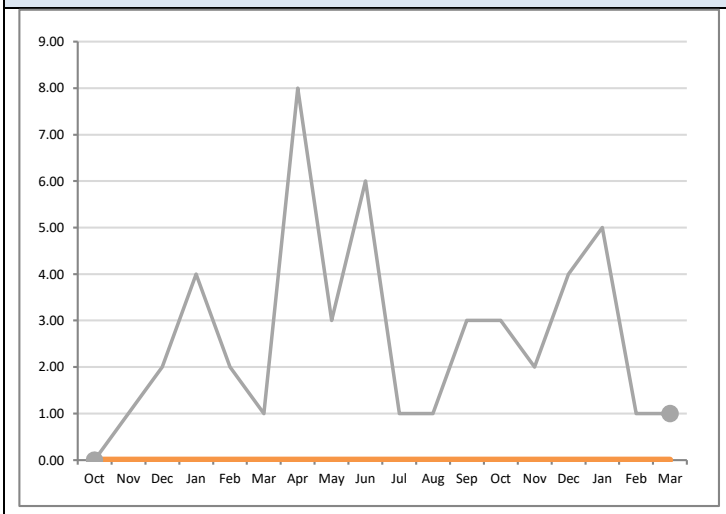
Not Met - Complaints Open Beyond Agreed Timescale ↔

A Lower Value Is Better

Actual	1.00	#N/A
Target:	0.00	Monthly

Executive Director of Nursing and Quality — Caring

Trust Measure



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

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

12 Month Trend

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

Trust
✖
100

32

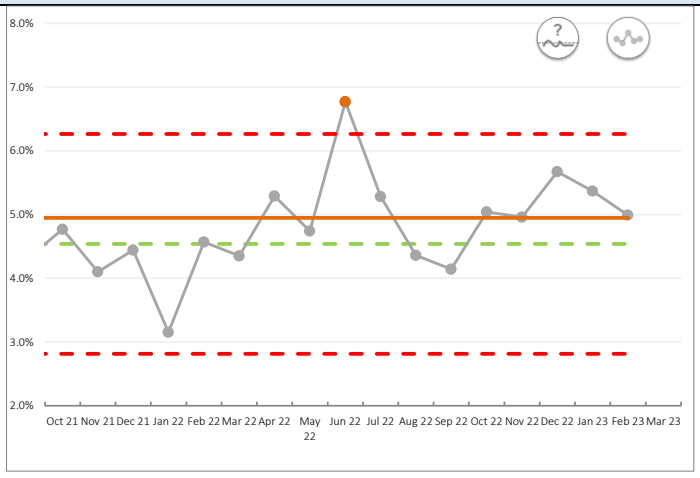
- Sickness Absence

A Lower Value Is Better

Actual	#N/A	#N/A
Target:	4.95%	Monthly

Executive Director of Workforce — Organisational Health

Trust Measure



-- 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) --
March figures are not yet available.

The People Operations Team continue to Support Line Managers in the effective and compassionate management of sickness absence. The Trust is focusing on providing Health and Wellbeing support to staff, particularly in light of the recent increase in proportion of sickness due to Mental Health.

12 Month Trend

5.29%	4.74%	6.77%	5.28%	4.36%	4.14%	5.04%	4.96%	5.67%	5.37%	4.99%	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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

33

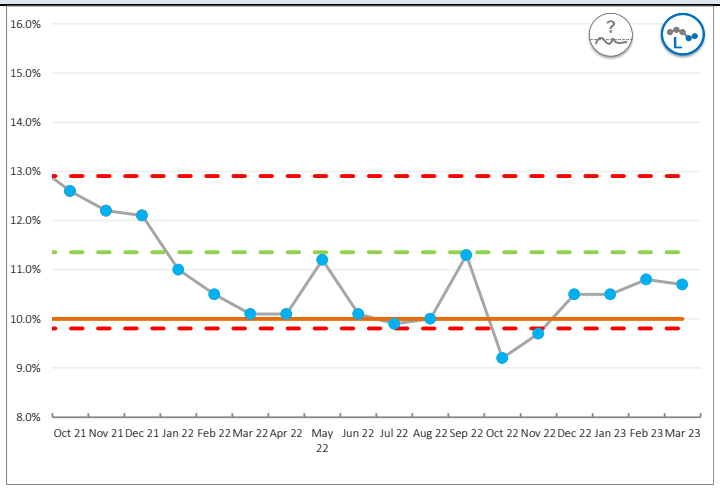
Not Met - Vacancy Rate ↗

A Lower Value Is Better

Actual	10.7%	#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 10.7% for M12. The position continues to remain challenging for most directorates and work remains ongoing to stabilise the vacancy position via a number of workforce pipeline initiatives.

A special cause variation of improvement has remained in place for over 18 months. It is recommended the control limits are rebased for 2023/24 financial year.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10.1%	11.2%	10.1%	9.9%	10.0%	11.3%	9.2%	9.7%	10.5%	10.5%	10.8%	10.7%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✗	✓	✗	✗	✗	✗	✓
10.7%	7.6%	12.3%	13.9%	16.3%	12.7%	-0.1%

34

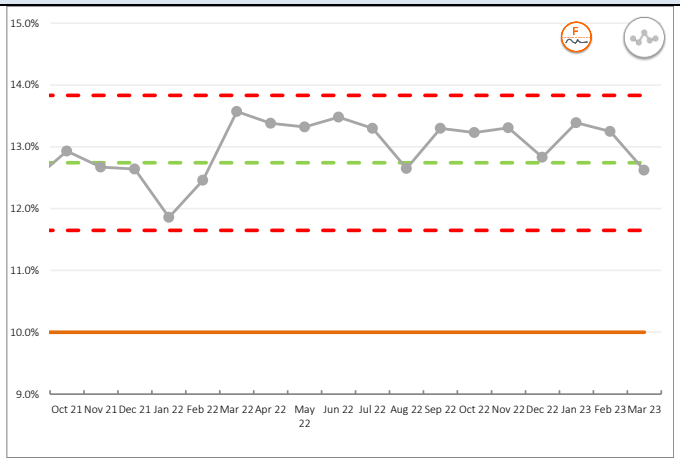
Not Met - Staff Turnover ↗

A Lower Value Is Better

Actual	12.6%	#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 12.6% during M12 and continues to remain challenging for all directorates, with the exception of North Staffs Community.

The top three reported reasons for leaving the Trust include: work life balance, promotion and retirement. Work remains ongoing to stabilise the turnover position as part of the Trust's retention work streams which includes a focus on talent management. Moreover, recent NHS pension updates are expected to further reduce the rate of retirements and support a more flexible retirement approach.

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
13.4%	13.3%	13.5%	13.3%	12.7%	13.3%	13.2%	13.3%	12.8%	13.4%	13.3%	12.6%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✗	✓	✗	✗	✗	✗	✗
12.6%	8.2%	10.1%	15.5%	12.6%	26.5%	12.6%

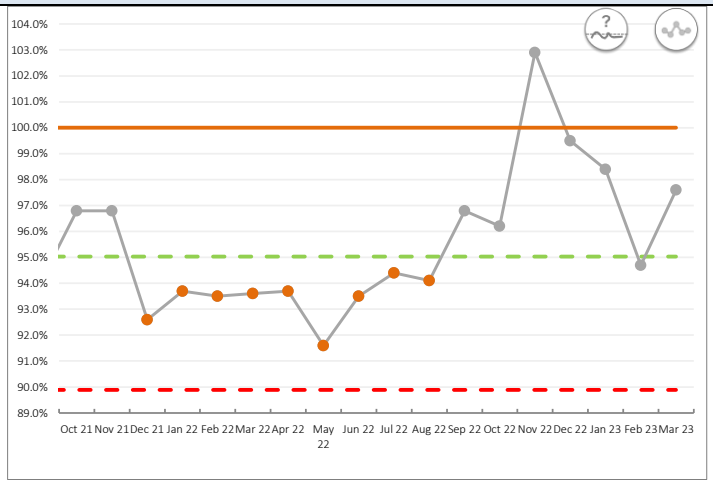
35

Not Met - Safe Staffing ↗

A Higher Value Is Better

Actual	97.6%	#N/A
Target:	100.0%	Monthly

Executive Director of Nursing and Quality	Responsive
National	



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

-- Monthly Narrative (Key Issues and Actions) --
An overall staffing fill rate of 97.6% was achieved during M12. This coincides with a focused reduction of agency usage and is aligned to a period of reduced acuity within the inpatient wards.

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

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
93.7%	91.6%	93.5%	94.4%	94.1%	96.8%	96.2%	102.9%	99.5%	98.4%	94.7%	97.6%

Trust
✘
97.6%

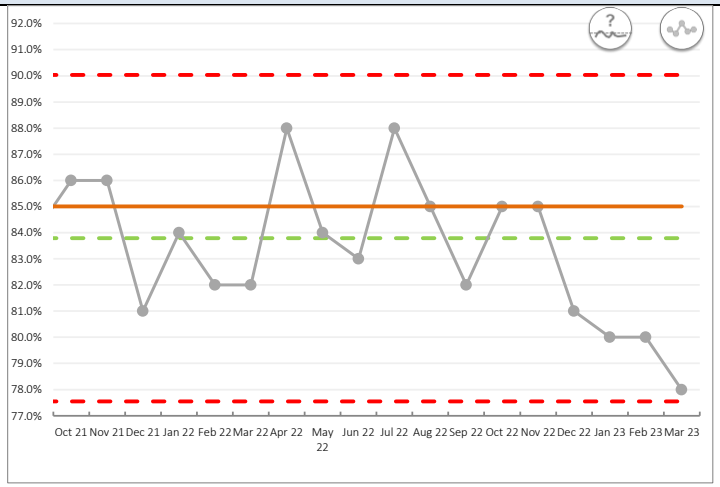
36

Not Met - Clinical Supervision ↘

A Higher Value Is Better

Actual	78.0%	#N/A
Target:	85.0%	Monthly

Executive Director of Workforce	Organisational Health
Trust Measure	



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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 78.0% during M12 and is not meeting the required standard.

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

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

12 Month Trend

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
88.0%	84.0%	83.0%	88.0%	85.0%	82.0%	85.0%	85.0%	81.0%	80.0%	80.0%	78.0%

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✘	✘	✘	✘	✓	✓	✘
78.0%	810%	77.0%	77.0%	87.0%	88.0%	80.0%

37

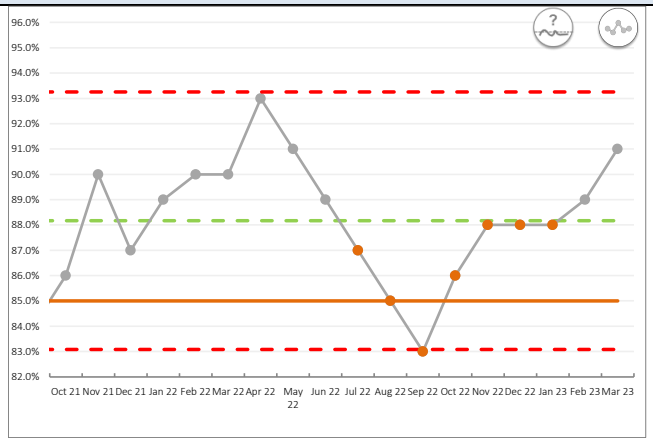
Met - Appraisal ↗

A Higher Value Is Better

Actual	91.0%	#N/A
Target:	85.0%	Monthly

Executive Director of Workforce | Organisational Health

Trust Measure



-- 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 91% during M12. All directorates, with the exception of Primary Care, having met the required standard. Primary Care figures continue to be impacted following on from the TUPE in of a new service and the Directorate is working hard to improve their compliance.

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

12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✘	✓
910%	95.0%	90.0%	95.0%	92.0%	68.0%	85.0%

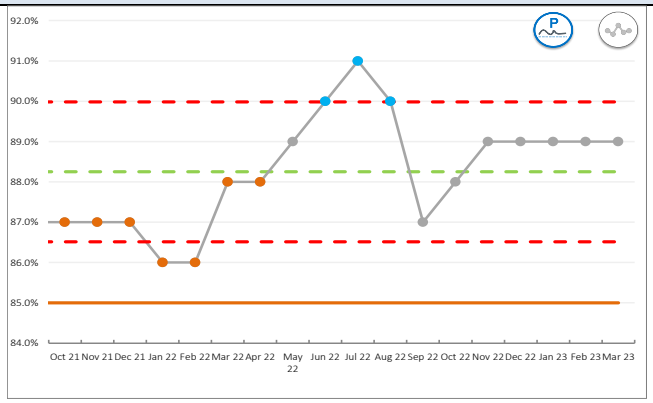
Met - Statutory & Mandatory Training ↔

A Higher Value Is Better

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

Executive Director of Workforce | Organisational Health

Trust Measure



-- 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) --

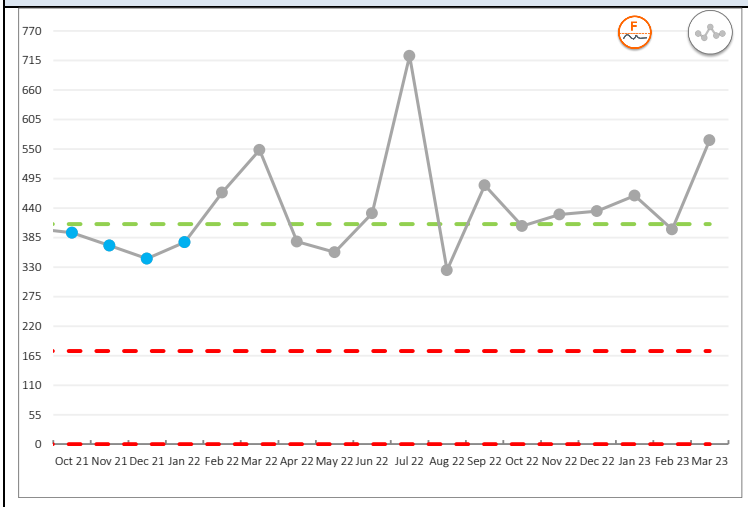
Performance remains at 89% during M12. The Primary Care Directorate has not met the required standard, and their figures continue to be impacted following the TUPE in of a new service. The Directorate is working hard to improve their compliance. Safeguarding 1 &2 is at 89%, Level 3 Adult (e-learning) 86%, Level 3 Children (Virtual face to face) 77%. In response to Safeguarding compliance not being met, there is regular communication between education, operations, and the Safeguarding lead to support and remind directorates about compliance. There are no issues with course availability nor any reported issues with the e-learning. Dementia tier 2 is at 83% In house resuscitation 76% and safety intervention is 80%. Session availability is regularly monitored and new dates are offered as required.

12 Month Trend

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

Trust	North Staffs Community	Stoke Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✓	✓	✓	✓	✓	✘	✓
89.0%	92.0%	89.0%	88.0%	89.0%	83.0%	87.0%

Not Met - Agency cost per month (£000) ↘	Actual 566.00 #N/A	Executive Director of Operations: Organisational Health
A Lower Value Is Better	Target: 0.00 Monthly	Trust measure



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

-- Monthly Narrative (Key Issues and Actions) --
The agency expenditure is £566k during M12 and continues to operate outside of the upper control limit.

Of the month 12 agency costs;

- £258k related to medical agency spend (previously £250k)
  - £75k Stoke Community
  - £67k North Staffs Community
  - £28k Specialist Services
  - £38k Acute & Urgent Care
  - £49k Primary Care
- £216k to nursing agency spend (previously £87k)
  - £89k Acute & Urgent Care
  - £1k Primary Care
  - £128k Specialist Services
- £60k to other clinical agency spend (previous £42k)
- £32k to non-clinical agency spend (previous £21k)

12 Month Trend

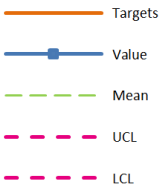
377	358	430	723	324	482	406	428	434	463	400	566
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Trust
✖
566.00

40

Interpreting the Report

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



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

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

Directional Arrows:

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

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

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

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 May 2023		
Title of Report:	Service User and Carer council Report		
Presented by:	Kenny Laing, Chief Nursing Officer		
Author:	Jayne Simner Recovery and Experience Lead		
Executive Lead Name:	Kenny Laing, Chief Nursing Officer	**Approved by Exec**	☐

Enclosure 8

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

Executive Summary:

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

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

Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' 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. The Service User & Carer Council supported the principle of increasing representation across the Protected characteristics when reviewing the Diversity and Inclusion Strategy.	
Shadow ICS Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the STP work streams	
Recommendations:	The Trust board is asked to:	
Version	Name/group	Date issued

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

Introduction

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

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

Purpose of the Report (Executive Summary)

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

Background

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

Volunteers and experts by experience are invited and supported to help us ensure that our services and pathways are person centred and recovery focused. Our volunteers and lived experience staff are actively involved in coproducing services from design to delivery, further enhancing the service user and carer experience.

Summary

Service User Carer Council

The SUCC held a face to face meeting in April from Harplands hospital site. There were two agenda items to discuss, feedback and discussion from Service user and carer engagement in new care plan work with Jayne Simner and updates to Service User Carer Council public web page. (The current web page has not been updated for several years and will ultimately sit alongside other involvement web pages being updated by Patient Experience Team and other Involvement team members).

No updates were required from directorate leads this month as per the plan to alternate meeting agendas to work on action plan.

Transformation Programme

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

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

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

Volunteers and Peer Support Workers

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

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

coordinator) will work with Craig and existing Patient Safety Partners to advertise this role and hopefully engage more volunteers into this role.

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

The first year review of Transformation funded contract for Peer Recovery coaches on boarded into Combined from Changes, has shown that the role has been integrated well in Community Mental health team's and the individual peer interventions are being evaluated as bringing added value to clinical pathways. One of the Peer Recovery Coaches has received a directorate spotlight award for his innovations in the centre he is based in and another has recorded a staff story video with our communications team.

A review of our Patient experience team, wellbeing college and involvement staff is nearing completion. We now have of an email address for all involvement (coproduction@combined.nhs.uk), database and process for all expressions of interest for involvement/coproduction and have overhauled the current Volunteer policy to develop an Involvement and Coproduction policy which is awaiting edits and ratification. A workshop has been added to the Wellbeing college prospectus called 'Getting Involved' to encourage anyone interested in any volunteering in the Trust to come along and meet the team and discuss opportunities.

Jayne Simner (Recovery and Experience Lead) has been supporting with Deborah Boughey (Preparing for adulthood lead) to deliver a pilot scheme where Peer Ambassador training is delivered in schools to YR 12 and 13 students. This is a 10 hour training pack delivered over several weeks and the offer of group supervision from our Senior Peer on a monthly basis whilst in the role. The Mental Health Support team has written the training and held a train the trainer day where Wellbeing College staff, EDIE (At risk mental state pathway at Early Intervention) staff, pegis representative and local authority staff were trained to deliver the training package in schools. We have celebrated our first two peer ambassador graduates this week who have received their certificates and pin badges. They will now start their new roles in school and will be offered supervision and will hopefully support the team to continue to coproduce the training. Our local authority colleagues in the project, will be starting to deliver the training in MERIT school next week and we have started to engage our Special educational needs colleagues and students to consider how to coproduce the training to be accessible in special educational needs schools. We do however require more trainers to grow the project to any additional schools.

Service User and Carer Engagement Strategy

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

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

The Research and Development Team have started to collate the feedback and will be sharing this with the care plan work streams. The Service User carer council have received an update about the work so far in the work streams and have offered their support to the project.

Recovery and Living Well Strategy

We have arranged are quarterly meetings with Dr Julie Repper from ImROC to continue our conversation around our Living well strategy. The meeting was held in April, Simon Wilson and Rachel Bloor have picked up actions from this meeting. We will be meeting as a trust team in between the quarterly meetings to ensure we maintain momentum and progress.

Internal Reviews

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

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

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

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

Wellbeing College

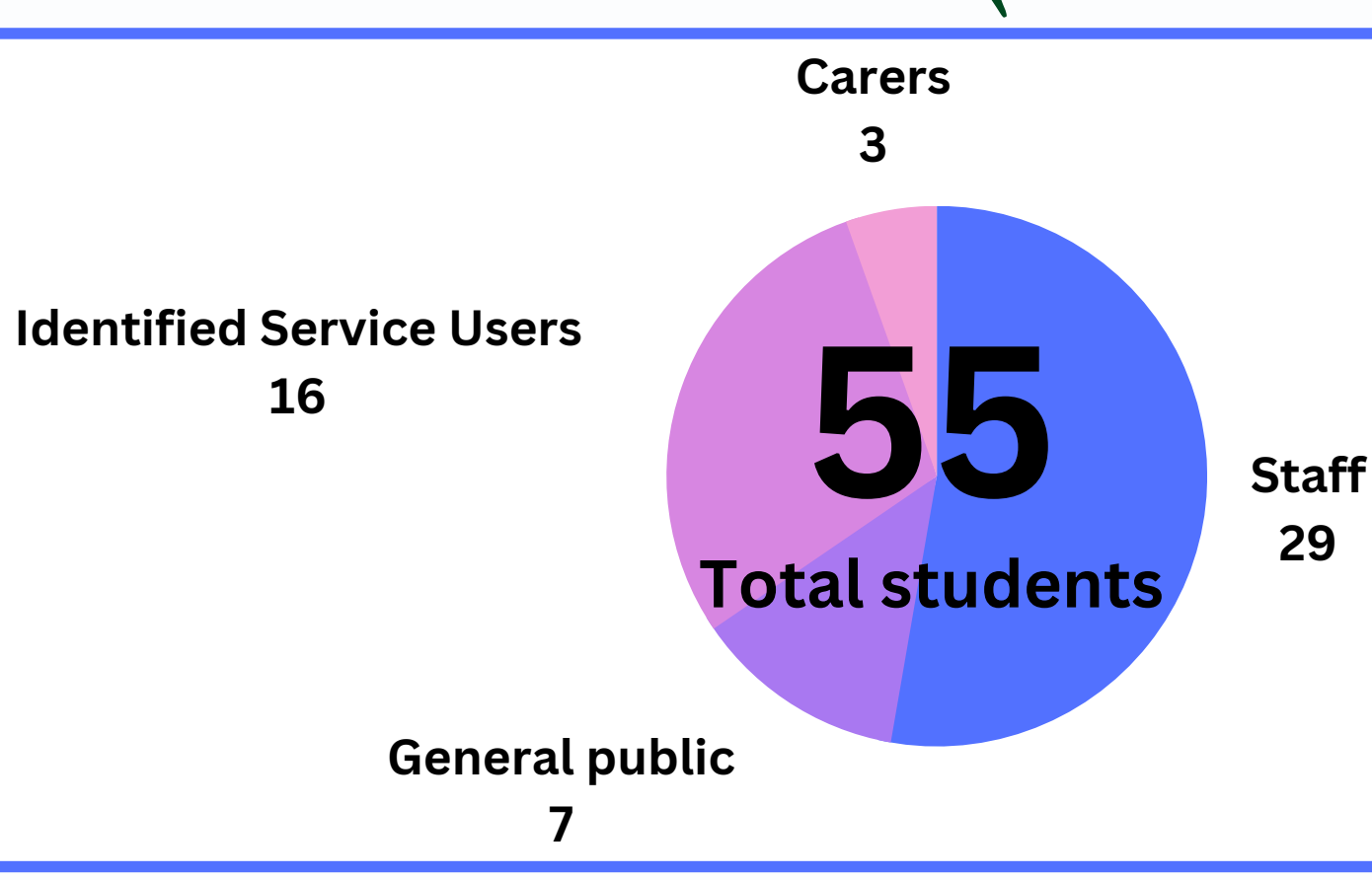
The Wellbeing College has shared the new Summer Term prospectus. This prospectus is an increased offer in terms of workshop topics, venues and community partners.

The Website for the Wellbeing college is nearing completion and will be handed over to Trust staff within the next few weeks when we will then be able to launch it officially through our communications and our partner networks. Seconded staff in Wellbeing roles have been expended until June until we can finalise the business case and substantive recruitment plan.

North Staffordshire Wellbeing College

Wellbeing College – Spring term snapshot!

NHS North Staffordshire Combined Healthcare NHS Trust



12 Community workshop venues

14 Community partners

15 workshop topics

Delivery partners...

Changes

NHS North Staffordshire Combined Healthcare NHS Trust

Prince's Trust

Accessible Outdoors for all Activities Green Door

Veteran Support Network Arts and Minds

acorn TRAINING

Middleport Matters

Royal Literary Fund

Keele University

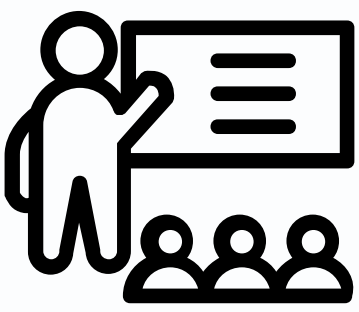
Staffordshire Fire and Rescue Service preventing • protecting • responding

North Staffordshire Wellbeing College

Wellbeing College – Spring term snapshot!

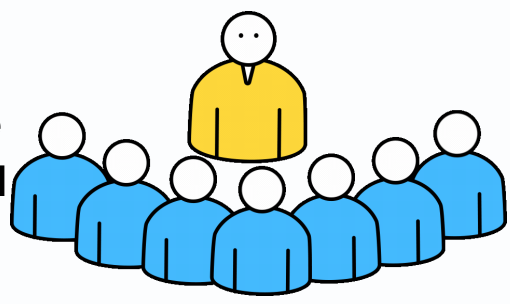
NHS North Staffordshire Combined Healthcare NHS Trust

19 topic experts and Experts by experience trained

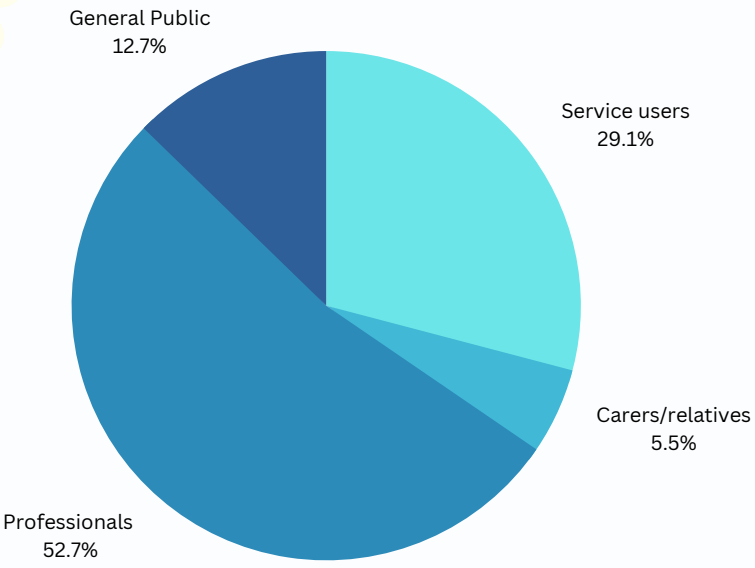


1 Trip to SLaM College in London

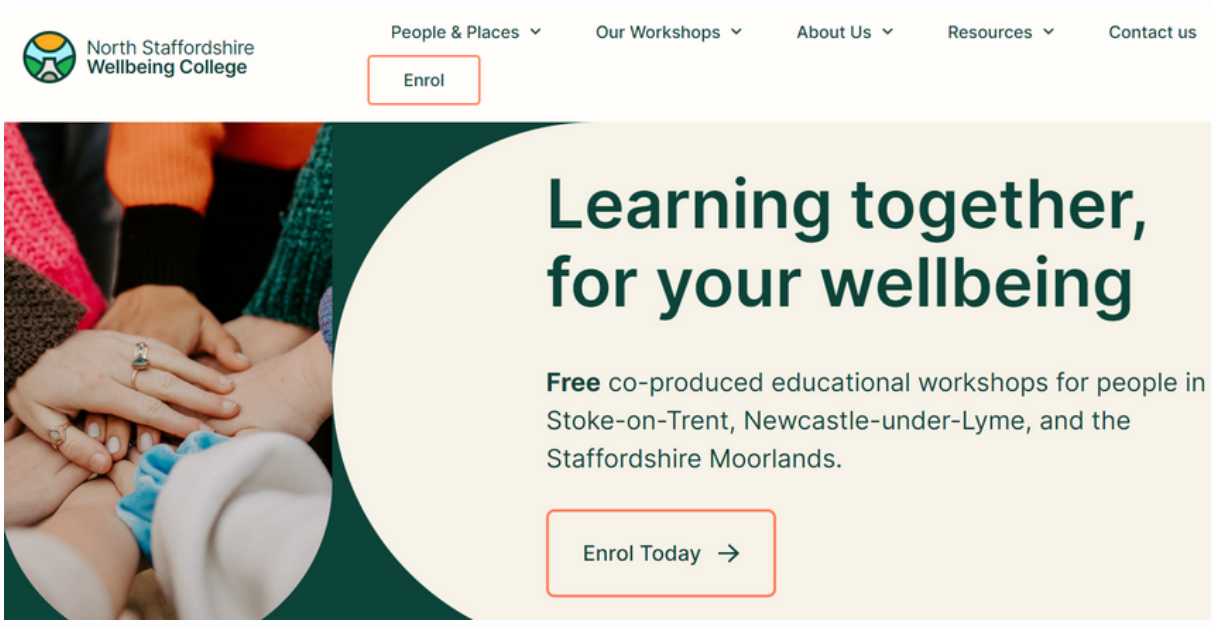
6 engagement events across the Trust and external stakeholders



Our Students cohort



Website coming very soon...



With you, by you, for you

We understand that it may be difficult for you when first attending the Wellbeing College and having to be in a new place, meeting new people.

To help with this, feel free to bring a carer, relative or friend with you and ask them to also enrol as a student alongside you if you feel this would be helpful.

Co-production & Recovery →

For more information contact:

wellbeingcollege@combined.nhs.uk

REPORT TO PUBLIC TRUST BOARD

Enclosure 9

Date of Meeting:	11th May 2023		
Title of Report:	Finance Position M12		
Presented by:	Eric Gardiner – Chief Finance Officer		
Author:	Michelle Wild – Financial Controller / Lisa Dodds – Assistant Director of Finance/ Rachel Heath – Project Accountant		
Executive Lead Name:	Eric Gardiner – Chief Finance Officer	**Approved by Exec**	☒

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

Executive Summary:

As at month 12, the Trust is reporting an in-month deficit position of £90k against a planned surplus of £35k giving an adverse variance of £125k. This has resulted in the Trust being in surplus by £94k at the end of the financial year against a breakeven plan.

The Trust achieved the annual CIP target of £2,736k through a combination of recurrent and non-recurrent schemes.

Trade receivables have increased slightly compared to month 11 and payables have slightly decreased.

Cash was £6.7m above plan at month 12 due to the higher than planned income from the ICB, MPFT, HEE and VAT returns, including settlement of the TCP bad debt by the ICB. The Trust has also received additional PDC of £2.6m above the original plan of £3.8m, all of which has now been drawn down.

In month 12, the Trust did not achieve the Better Payment Practice Code target of 95% on both the value of invoices paid and the number paid at 90% on count and 91% on value. For 2022/23, Trust was below both targets, at 92% on both the number and 93% on the value paid within 30 days.

The Trust's capital expenditure for month 12 was £352k against a plan of £1,439k.

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

	2. Quality of services provided or arranged by both the Trust and other relevant bodies (including inequalities of benefits) ☐ 3. Sustainable and efficient uses of resources by the Trust and other relevant bodies ☒
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐
Resource Implications: Funding Source:	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications:	Part of the aggregate ICS reported financial position
Recommendations:	Trust Board Committee are asked to: Receive the Month 12 position noting: • The yearend surplus of £94k. • Note the final 2022/23 capital position. • The cash position of the Trust at 31st March 2023 with a balance of £30.0m. • Annual agency expenditure of £5,367k. • Note CIP delivery through recurrent and non-recurrent schemes.

Version	Name/group	Date issued
	Finance & Resource Committee	18th April 2023

Public Trust Board – 11th May 2023
Finance Position Month 12

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

Introduction

This report summarises the Trust's financial position as at 31st March 2023. Key financial performance metrics are included for the following:

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

Purpose of the Report (Executive Summary)

As at month 12, the Trust is reporting an in-month deficit position of £90k against a planned surplus of £35k giving an adverse variance of £125k. This has resulted in the Trust being in surplus by £94k for the purposes of system performance at the end of month 12 against a breakeven plan.

High Level Analysis	Annual Plan	Month 12 Budget	Month 12 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000
Income from Patient Care Activities	137,018	12,032	18,824	6,791	142,055	147,968	5,914
Income from Other Operating Activities	11,051	1,230	1,507	276	14,485	15,272	787
Income	**148,069**	**13,263**	**20,330**	**7,068**	**156,540**	**163,240**	**6,700**
Pay Costs	(81,495)	(6,385)	(14,769)	(8,384)	(85,482)	(94,253)	(8,771)
Non Pay Costs	(60,544)	(6,382)	(5,222)	1,160	(65,524)	(63,308)	2,216
Finance & Other Non Operating Costs	(6,030)	(461)	(136)	325	(5,534)	(5,299)	235
Expenditure	**(148,069)**	**(13,228)**	**(20,127)**	**(6,899)**	**(156,540)**	**(162,860)**	**(6,320)**
Retained Surplus / (Deficit)	**0**	**35**	**204**	**169**	**0**	**380**	**380**
Add Back Impairment reversals	0	0	(314)	(314)	0	(314)	(314)
Add Back impact of DHSC consumables	0	0	20	20	0	20	20
Less DHSC Donated Assets Income	0	0	0	0	0	8	8
Adjusted Financial Performance	**0**	**35**	**(90)**	**(125)**	**0**	**94**	**94**

The Trust achieved the annual CIP target of £2,736k through a combination of recurrent and non-recurrent schemes.

Trade receivables have increased slightly compared to month 11 and payables have slightly decreased.

Cash was £6.7m above plan at month 12 due to the higher than planned income from the ICB, MPFT, HEE and VAT returns, including settlement of the TCP bad debt by the ICB. The Trust has also received additional PDC of £2.6m above the original plan of £3.8m, all of which has now been drawn down.

In month 12, the Trust did not achieve the Better Payment Practice Code target of 95% on both the value of invoices paid and the number paid at 90% on count and 91% on value. For 2022/23, Trust was below both targets, at 92% on both the number and 93% on the value paid within 30 days.

The Trust's capital expenditure during month 12 was £352k against a plan of £1,439k.

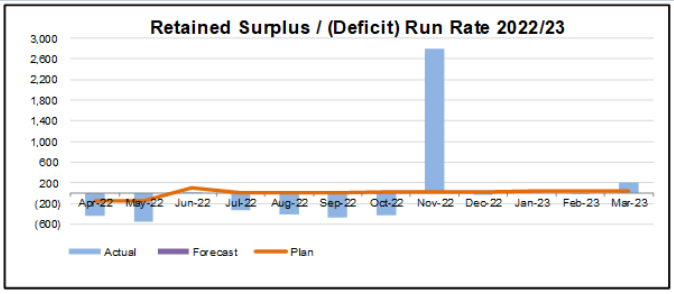
Financial Overview as at 31st March 2023

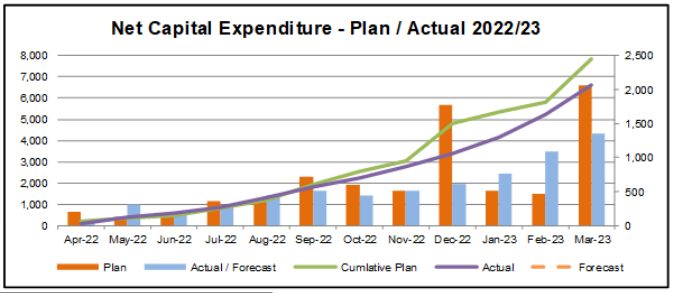
Key Metrics

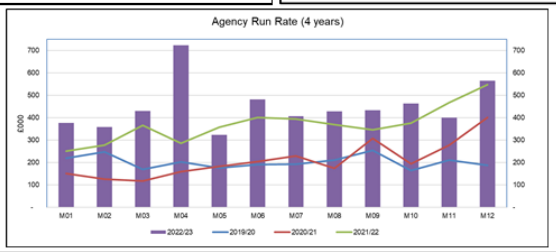
		Plan £000	Actual £000	Var £000	%	RAG
Financial Position	YTD	0	380	380	0	G
	FOT	0	380	380	0	G
Charge to CRL	YTD	7,857	6,600	1,257	16	G
	FOT	7,857	6,600	1,257	16	G
Cash Balances	YTD	23,292	29,979	6,687	29	G
	FOT	23,292	29,979	6,687	29	G
CIP Programme	YTD	2,736	2,736	0	0	G
	FOT	2,736	2,736	0	0	G
Identified Schemes	Full Year	2,736	1,925			R

Better Payment Practice Code

	In month Number	In month £000	YTD Number	YTD £000
Total trade invoices paid in period	1,594	10,776	15,687	108,167
Total trade invoices paid within target	1,437	9,840	14,452	100,523
% paid within target	90%	91%	92%	93%







Key Recommendations to Consider

Receive the Month 12 position noting:

- The yearend surplus of £94k for system reporting.
- Note the final 2022/23 capital position.
- The cash position of the Trust at 31st March 2023 with a balance of £30.0m.
- Annual agency expenditure of £5,367k.
- Note CIP delivery through recurrent and non-recurrent schemes.

Background

1. Income

The table below shows the Trust's 2022/23 income position at 31st March 2023.

- Most of the CCG/ICB/NHSE income is fixed for 2022/23 under the block payments arrangements. In month 12 block contract income totalled £15,349k against a plan of £7,938k giving a favourable variance in month of £7,411k. This over performance related to the additional 6.3% employers pension funding £3,444k and funding for the anticipated additional Agenda for Change pay award for 2022/23 £3,461k.
- Patient Placements income relates to TCP and Community Rehab Placements income from the CCGs/ICB and Local Authorities per appendix E, this is separate from the ICB block.
- Under achievement of non-patient care services to other bodies mainly relates to neuropsychology services provided to UHNM due to vacancies.
- Over performance on education and training income of offset by increases in expenditure.
- The in month increase in other income relates to central DHSC stock adjustment, offset with expenditure and central income received for the revenue impact of IFRS16.

Income	Annual Plan	Month 12 Budget	Month 12 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000
Income From CCGs, ICBs and NHSE / Block Contract Income	88,346	7,938	15,349	7,411	93,104	99,968	6,864
Local authorities	3,508	428	528	99	4,954	4,951	(4)
Patient Placements Income	39,684	3,264	2,333	(932)	39,173	37,761	(1,413)
Non-NHS: Private Patients	0	0	2	2	0	12	12
Non-NHS: other	5,482	402	612	210	4,824	5,277	454
Total Income From Patient Care Activities	**137,019**	**12,032**	**18,824**	**6,791**	**142,055**	**147,968**	**5,914**
Research and development	102	9	9	1	106	118	12
Education and training	2,491	408	503	95	4,357	5,106	749
Non-patient care services to other bodies	8,074	759	698	(61)	8,950	8,424	(525)
Other Income	384	55	296	242	1,072	1,623	551
Total Income from Other Operating Activities	**11,051**	**1,230**	**1,507**	**276**	**14,485**	**15,272**	**787**
Total Income	**148,069**	**13,263**	**20,330**	**7,068**	**156,540**	**163,240**	**6,700**

2. Expenditure

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

- Pay costs in month are £14,769k, £8,384k above the budget mainly due to an adjustment for 6.3% employers pension £3,444k (offset by income), anticipated additional Agenda for Change pay award for 2022/23 costs £3,689k, agency costs and non-recurrent delivery of CIP through vacancy slippage. In month 12 there were 201.48wte 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). 96.89 wte of these vacancies are in nursing and 67.50wte are in other clinical. Agency expenditure in month 12 was £566k.
- Non-Pay is underspent by £1,160k in month 12 due to a reduction in patient placement costs (offset by a reduction in income) and the delivery of unmet CIP through non-recurrent vacancy slippage. Premises costs are overspent due to additional estates works and a review of rate charges.

Expenditure	Annual Plan	Month 12 Budget	Month 12 Worked	Month 12 Budget	Month 12 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance
	£000	WTE	WTE	£000	£000	£000	£000	£000	£000
Medical	(7,752)	(89.67)	(79.69)	(773)	(1,196)	(423)	(10,089)	(9,438)	651
Nursing	(28,169)	(610.74)	(533.17)	(2,095)	(4,624)	(2,529)	(29,143)	(28,906)	237
Other Clinical	(25,712)	(764.93)	(769.56)	(2,108)	(3,883)	(1,774)	(29,098)	(30,837)	(1,739)
Non-Clinical	(15,482)	(407.32)	(376.91)	(1,399)	(4,499)	(3,101)	(16,927)	(19,392)	(2,466)
Agency	(4,380)	0.00	(75.60)	(2)	(566)	(563)	(126)	(5,367)	(5,241)
COVID-19 Direct Pay Costs	0	(3.01)	(3.68)	(8)	(1)	7	(99)	(313)	(215)
Total Pay	**(81,495)**	**(1,875.67)**	**(1,838.61)**	**(6,385)**	**(14,769)**	**(8,384)**	**(85,482)**	**(94,253)**	**(8,771)**
Drugs & Clinical Supplies	(2,472)			(243)	(266)	(23)	(2,662)	(2,978)	(316)
Establishment Costs	(878)			(103)	(129)	(26)	(1,168)	(1,123)	44
Premises Costs	(4,768)			(402)	(1,108)	(706)	(4,723)	(6,197)	(1,474)
Private Finance Initiative	(3,537)			(281)	(286)	(5)	(3,372)	(3,449)	(76)
Services Received	(6,234)			(730)	(778)	(47)	(8,002)	(8,690)	(688)
Patient Placements	(41,484)			(3,414)	(2,468)	947	(40,973)	(39,283)	1,690
Consultancy & Prof Fees	(12)			(18)	45	64	(56)	(349)	(294)
External Audit Fees	(108)			(10)	(9)	1	(114)	(102)	12
COVID-19 Direct Non Pay Costs	0			0	(3)	(3)	0	(37)	(37)
Other	(1,051)			(350)	(222)	128	(4,455)	(1,099)	3,356
Unmet Cost Improvement	0			(831)	0	831	0	0	0
Total Non-Pay	**(60,544)**			**(6,382)**	**(5,222)**	**1,160**	**(65,524)**	**(63,308)**	**2,216**
Finance Costs	(2,862)			(250)	43	293	(2,995)	(2,790)	205
Dividends Payable on PDC	(422)			(35)	(69)	(33)	(422)	(527)	(105)
Investment Revenue	74			33	99	66	391	482	91
Depreciation & Amortisation	(2,820)			(209)	(209)	(0)	(2,508)	(2,464)	45
Total Non-operating Costs	**(6,030)**			**(461)**	**(136)**	**325**	**(5,534)**	**(5,299)**	**235**
Total Expenditure	**(148,069)**	**(1,875.67)**	**(1,838.61)**	**(13,228)**	**(20,127)**	**(6,899)**	**(156,540)**	**(162,860)**	**(6,320)**

3. 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 12 are shown below.

Month 12 expenditure on agency is £566k (including COVID costs); **which is over the in-month agency ceiling by £308k**.

49% of agency costs to date were incurred in the two community directorates, with 21% in Specialised and 30% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas. The table below shows total agency expenditure by staffing group.

In month 12, the Trust incurred additional agency costs of £111k on Darwin in relation to a specific patient.

Agency Expenditure	Actual												Total
	M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000	M11 £000	M12 £000	£000
Medical	(260)	(106)	(214)	(274)	(132)	(229)	(208)	(232)	(163)	(256)	(243)	(208)	(2,525)
Nursing	(51)	(131)	(126)	(337)	(147)	(120)	(96)	(85)	(123)	(68)	(65)	(124)	(1,474)
Other Clinical	(37)	(38)	(38)	(67)	(43)	(68)	(64)	(79)	(85)	(69)	(56)	(153)	(796)
Non Clinical	(4)	(10)	(24)	(17)	(1)	(40)	(3)	(43)	(9)	(21)	(19)	(26)	(219)
Sub Total	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(380)**	**(414)**	**(382)**	**(511)**	**(5,014)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(54)	(49)	(18)	(55)	(378)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(434)**	**(463)**	**(400)**	**(566)**	**(5,392)**
Agency Ceiling (based on 30%)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(176)**	**(205)**	**(142)**	**(308)**	**(2,292)**
Agency as a % of Total Pay													
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(434)***	***(463)***	***(400)***	***(566)***	***(5,392)***
Soft Agency Ceiling (based on 10%)	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(101)***	***(130)***	***(67)***	***(233)***	***(1,392)***

The table below shows total agency expenditure by Directorate.

Total Agency	Actual												Total
	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000	£000
Acute Services & Urgent Care	(108)	(147)	(142)	(188)	(138)	(152)	(122)	(113)	(127)	(139)	(92)	(127)	(1,595)
North Staffordshire Community	(38)	(27)	(44)	(65)	(37)	(47)	(45)	(60)	(37)	(58)	(73)	(67)	(598)
Specialist Care	(70)	(40)	(70)	(277)	(76)	(70)	(83)	(89)	(92)	(66)	(57)	(162)	(1,152)
Stoke Community	(133)	(64)	(120)	(145)	(121)	(134)	(116)	(135)	(113)	(124)	(144)	(135)	(1,484)
Workforce & OD	0	0	0	0	0	0	0	0	0	0	0	0	0
Central Services	0	0	0	0	48	0	0	0	0	(4)	0	0	44
Covid-19	0	0	0	(5)	0	(15)	(1)	(1)	(2)	(1)	(0)	(0)	(25)
Quality & Nursing	(0)	(1)	(0)	(1)	1	(2)	(1)	(0)	(5)	(4)	(9)	(6)	(29)
Finance, Performance & Estates	(4)	(9)	(24)	(15)	0	(38)	(2)	(42)	(5)	(17)	(6)	(14)	(176)
Total Agency	**(352)**	**(286)**	**(401)**	**(696)**	**(323)**	**(458)**	**(371)**	**(439)**	**(380)**	**(414)**	**(382)**	**(511)**	**(5,014)**
Primary Care	(25)	(71)	(29)	(28)	(2)	(23)	(35)	11	(54)	(49)	(18)	(55)	(378)
Total Agency	**(377)**	**(357)**	**(430)**	**(723)**	**(325)**	**(482)**	**(406)**	**(428)**	**(434)**	**(463)**	**(400)**	**(566)**	**(5,392)**
Agency Ceiling	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(258)	(3,100)
Surplus / (Deficit)	**(119)**	**(99)**	**(172)**	**(465)**	**(67)**	**(223)**	**(148)**	**(170)**	**(176)**	**(205)**	**(142)**	**(308)**	**(2,292)**
Total Agency	***(377)***	***(357)***	***(430)***	***(723)***	***(325)***	***(482)***	***(406)***	***(428)***	***(434)***	***(463)***	***(400)***	***(566)***	***(5,392)***
Soft Agency Ceiling	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(333)*	*(4,000)*
Surplus / (Deficit)	***(44)***	***(24)***	***(97)***	***(390)***	***8***	***(148)***	***(73)***	***(95)***	***(101)***	***(130)***	***(67)***	***(233)***	***(1,392)***

The table below shows the percentage of agency usage that has been provided by off framework agency providers. This information is currently reported from the purchase ledger system based on when invoices are paid. Month 6 shows a negative percentage of off framework suppliers for medical staff as this relates to a credit note received, no other costs were incurred in that month against off framework suppliers. There were several locum recharges through Holmcroft in month 12 causing the percentage to be high.

% Agency off framework	M01 %	M02 %	M03 %	M04 %	M05 %	M06 %	M07 %	M08 %	M09 %	M10 %	M11 %	M12 %	2022/23 YTD %
Medical	15%	16%	5%	19%	24%	-3%	10%	71%	21%	23%	2%	53%	17%
Nursing	0%	0%	0%	0%	57%	0%	0%	1%	4%	7%	0%	13%	14%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Non Clinical	3%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Total	**7%**	**11%**	**2%**	**10%**	**45%**	**-1%**	**3%**	**14%**	**12%**	**31%**	**2%**	**67%**	**13%**

4. 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 12. COVID expenditure is overspent against the plan by £821k YTD mainly because of additional pay costs due to staff absences as well as additional staffing support required on wards.

YTD Expenditure	Staff absences £000	Additional shifts £000	Decontamination £000	Remote management of patients £000	Total £000
Nursing	450	234			**684**
Other Clinical	87	34			**121**
Non-Clinical	104	45			**149**
Agency	0				**0**
Total Pay	**641**	**313**	**0**	**0**	**954**
Drugs & Clinical Supplies		6	7		**13**
Establishment Costs			24	35	**59**
Total Non Pay		**6**	**30**	**35**	**71**
Total Expenditure	**641**	**319**	**30**	**35**	**1026**
Plan	69	65	0	70	**205**
Variance	**(572)**	**(254)**	**(30)**	**35**	**(821)**

5. 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 £2.7m CIP schemes against the target, therefore have achieved the CIP target through a combination of recurrent and non-recurrent schemes including the non-recurrent CIP for vacancy slippage.

2022/23 CIP Target £000	Acute	Stoke	N Staffs	Speciali st	CEO	Q&N	S&D	FPE	MACE	Operati onal	Workfor ce	Trust-wide	22/23 Total	23/24 Total	22/23 Total (as at M11)	23/24 Total (as at M11)
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**	**2,736**	**2,736**
Identified Schemes	536	449	327	424	100	62	0	53	30	0	27	728	**2,736**	**1,453**	**1,925**	**1,449**
Remaining CIP Requirement	**0**	**(0)**	**(0)**	**(0)**	**(73)**	**25**	**119**	**75**	**18**	**4**	**60**	**(228)**	**0**	**1,283**	**811**	**1,287**

6. Statement of Financial Position

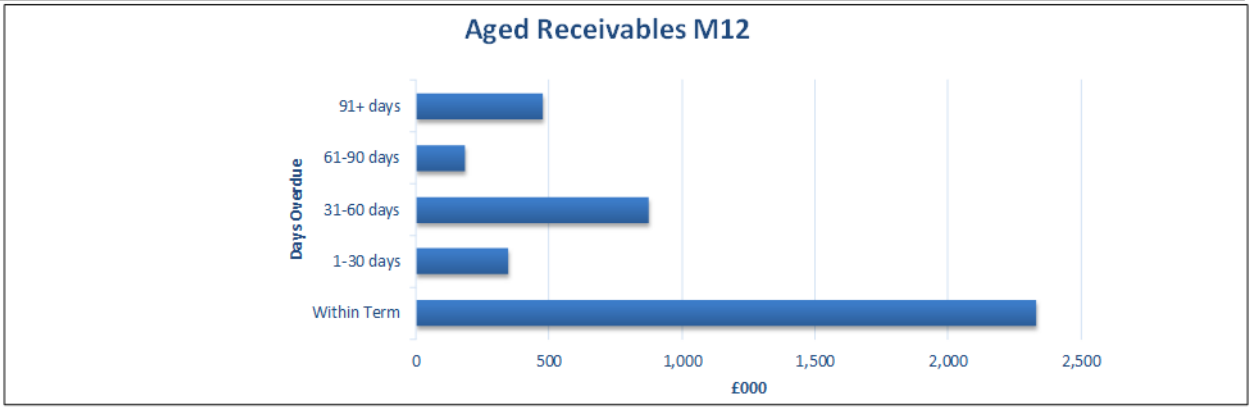
The table below shows the Statement Financial Position of the Trust.

SOFP	Jan-23 £000	Feb-23 £000	Mar-23 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	18,938	19,715	22,390
Property, Plant and Equipment	17,064	17,259	17,969
Right of Use Assets	5,724	5,676	5,329
Intangible Assets	1,510	1,487	1,466
NCA Trade and Other Receivables	896	884	879
Other Financial Assets	0	0	0
Total Non-Current Assets	**44,132**	**45,021**	**48,033**
Current Assets			
Inventories	150	154	93
Trade and Other Receivables	8,524	7,909	8,759
Cash and Cash Equivalents	31,531	32,228	29,979
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**40,204**	**40,291**	**38,830**
Current Liabilities			
Trade and Other Payables	(28,191)	(25,993)	(25,865)
Provisions	(756)	(771)	(894)
Borrowings	(633)	(633)	(633)
Total Current Liabilities	**(29,580)**	**(27,397)**	**(27,392)**
Net Current Assets / (Liabilities)	**10,624**	**12,894**	**11,438**
Total Assets less Current Liabilities	**54,756**	**57,915**	**59,472**
Non Current Liabilities			
Provisions	(1,642)	(1,642)	(1,642)
Borrowings	(14,633)	(14,562)	(14,057)
Total Non-Current Liabilities	**(16,275)**	**(16,204)**	**(15,699)**
Total Assets Employed	**38,481**	**41,711**	**43,773**
Financed by Taxpayers' Equity			
Public Dividend Capital	15,077	18,314	18,314
Retained Earnings reserve	16,696	16,689	16,959
Other Reserves (LGPS)	0	0	0
Revaluation Reserve	6,707	6,707	8,499
Total Taxpayers' Equity	**38,481**	**41,711**	**43,773**

Current receivables are £8,759k of which:

- £4,549k is based on accruals (not yet invoiced) relating to income for services invoiced retrospectively at the end of every quarter.
- £4,209k is trade receivables; based on invoices raised and awaiting payment of invoice (£2,331k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.
- Local Authority (except known payment oversights) and Non NHS invoices overdue by 91+ days are included in the bad debt provision.
- Trade and Other payables remain high because of patient placement invoices and accruals.

Aged Receivables/Payables	Within Term £000	Days Overdue 1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	Total £000
Receivables Local Authority	544	1	872	12	401	**1,830**
Receivables Non NHS	786	253	2	171	61	**1,273**
Receivables NHS	1,000	93	0	0	14	**1,107**
Payables Local Authority	(27)	0	0	(124)	(71)	**(222)**
Payables Non NHS	(2,169)	(818)	(127)	(94)	(1,228)	**(4,437)**
Payables NHS	(135)	(103)	(50)	0	(326)	**(614)**



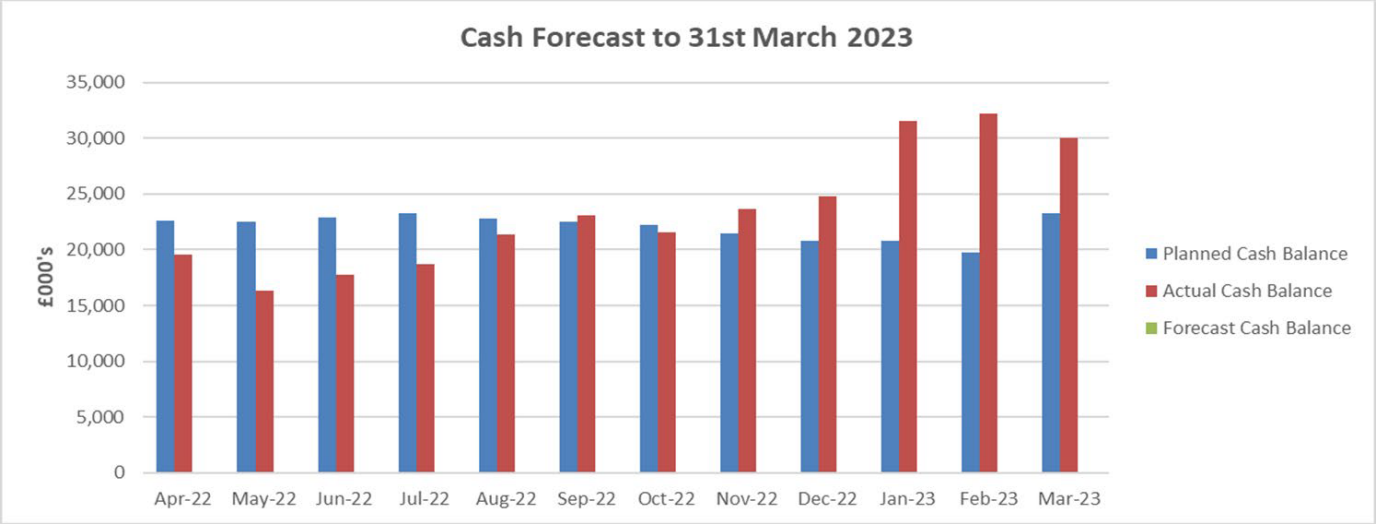
7. Cash Flow Statement

The Trust's cash balance at 31st March 2023 is £30.0m. This is above plan by £6.7m due to the settlement of debtors relating to TCP and Project 86 by the ICB, increased block income from the ICB, increased PDC funding and increased income from Health Education England.

	Cashflow summary - Apr 22 - Mar 23 Actuals											
	Apr-22 £000	May-22 £000	Jun-22 £000	Jul-22 £000	Aug-22 £000	Sep-22 £000	Oct-22 £000	Nov-22 £000	Dec-22 £000	Jan-23 £000	Feb-23 £000	Mar-23 £000
Balance b/fwd	**25,920**	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**24,760**	**31,522**	**32,220**
Patient Income ICB, CCG & NHSE	7,485	9,535	12,198	7,582	14,670	11,819	10,720	12,830	12,584	16,292	9,910	11,836
Local Authority Income	129	52	426	1,755	175	648	3	1,118	278	602	109	40
Other income	1,911	1,639	914	3,568	1,720	763	2,841	1,640	1,398	1,760	3,782	3,268
PDC Funding	0	0	0	0	0	963	608	0	1,093	477	3,237	0
Total Receipts	**9,525**	**11,227**	**13,538**	**12,906**	**16,565**	**14,192**	**14,172**	**15,588**	**15,353**	**19,131**	**17,038**	**15,145**
Monthly Pay	(6,021)	(6,372)	(6,380)	(6,383)	(6,332)	(7,148)	(7,547)	(6,877)	(6,924)	(6,797)	(6,874)	(6,979)
Non Pay	(6,731)	(7,727)	(5,594)	(5,390)	(7,131)	(4,502)	(7,928)	(4,877)	(8,059)	(5,021)	(7,814)	(9,015)
Capital	(3,222)	(262)	(113)	(237)	(436)	(560)	(46)	(1,036)	(99)	(551)	(1,653)	(1,113)
PDC	0	0	0	0	0	(293)	0	0	0	0	0	(288)
Total Payments	**(15,974)**	**(14,361)**	**(12,086)**	**(12,011)**	**(13,898)**	**(12,502)**	**(15,521)**	**(12,790)**	**(15,082)**	**(12,370)**	**(16,340)**	**(17,395)**
Closing Cash Balance - Main Accounts	**19,471**	**16,337**	**17,789**	**18,683**	**21,350**	**23,040**	**21,691**	**24,489**	**24,760**	**31,522**	**32,220**	**29,970**
Unpresented cheques/uncleared deposits	**98**	**(8)**	**(11)**	**(3)**	**(3)**	**(2)**	**(117)**	**(876)**	**(1)**	**0**	**(1)**	**0**
Cash in Hand (Petty Cash)	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**9**
Total Reported Cash Book Balance	**19,578**	**16,338**	**17,787**	**18,690**	**21,356**	**23,047**	**21,584**	**23,622**	**24,769**	**31,531**	**32,228**	**29,979**
Plan	**22,634**	**22,526**	**22,858**	**23,262**	**22,761**	**22,480**	**22,216**	**21,464**	**20,759**	**20,761**	**19,779**	**23,292**
Variance to Plan	**(3,056)**	**(6,188)**	**(5,071)**	**(4,572)**	**(1,405)**	**567**	**(632)**	**2,158**	**4,010**	**10,770**	**12,449**	**6,687**

The graph below shows the cash position for 2022/23. Cash was lower than planned in month 1 to 4 due to a delay in the receipt of TCP and Project 86 income. The ICB settled the majority of the outstanding TCP and Project 86 invoices during August however the Local Authority invoices remained outstanding at that point. The Trust has since re-invoiced the local authority TCP bad debt to the ICB and settlement was received in December.

Additional block income and TCP income from the ICB was received in January, and PDC of £3.2m was drawn down in February.



8. Capital Expenditure

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

Capital expenditure at month 12 is £6,586k, £664k below plan due to slippage on several schemes, COS VAT review refunds and the delay of the new GP premises lease.

The table below shows the annual plan, revised plan based on the latest CRL and capital spend at month 12. All PDC funded schemes are shown separately in the bottom section of the table. As a result of the additional PDC, the Trust underspent against its self-funded capital allocation by £1,087k and also due to slippage on the digital patient monitoring scheme, digital infrastructure and a small amount on Project Chrysalis, underspent against PDC funding of £184k.

		Year to Date Outturn Against Original Plan			Year to Date Outturn Against Revised Plan		
Capital Expenditure	Annual Plan £000	Original Plan £000	Actual £000	Variance £000	Revised Plan £000	Actual £000	Variance £000
Operational Schemes							
Environmental Improvements (Backlog Maintenance)	150	150	153	3	157	153	(4)
Environmental Improvements (Incl. Reduced Ligature Risk)	170	170	168	(2)	170	168	(2)
Medical Equipment	20	20	13	(7)	13	13	0
IFRS16 - New leases / renewals	900	900	0	(900)	0	0	0
Corporate Recovery (Lawton House/Ashtenne)	125	125	14	(111)	75	14	(61)
Digital							
Capitalised Salaries - IT rolling replacement (Trust funded)	0	0	0	0	0	0	0
EPMA System Implementation (Trust Funded)	50	50	0	(50)	31	0	(31)
Contingency / Reactive							
COS VAT refunds	0	0	(171)	(171)	(167)	(171)	(4)
Anti-Ligature Perimeter Fencing	0	0	103	103	131	103	(28)
A & T Bathrooms 36, 37 & 26	0	0	57	57	88	57	(31)
Contingency	0	0	14	14	41	14	(27)
Strategic Schemes							
Dormitory Conversion Trust funded	1,452	1,452	0	(1,452)	900	0	(900)
Total Trust Funded Capital Expenditure	**2,867**	**2,867**	**352**	**(2,515)**	**1,439**	**352**	**(1,087)**
Digital infrastructure- Placeholder (PDC Funded)	100	100	24	(76)	75	24	(51)
Digital Infrastructure - Digital Patient Monitoring (PDC Funded)	235	235	103	(132)	200	103	(97)
IT Devices (PDC Funded)	200	200	466	266	434	466	32
EPMA System Implementation (PDC Funded)	0	0	100	100	66	100	34
Capitalised Salaries - IT rolling replacement (PDC funded)	40	40	40	(0)	40	40	(0)
Dormitory Conversion PDC funded	3,808	3,808	5,501	1,693	4,708	5,501	793
Urgent & Emergency Care Pathways	0	0	0	0	895	0	(895)
Total Gross Capital Expenditure	**7,250**	**7,250**	**6,586**	**(664)**	**7,857**	**6,586**	**(1,271)**
Total Project Chrsyalis Capital Expenditure (for information on	**5,260**	**5,260**	**5,501**	**241**	**6,503**	**5,501**	**(1,002)**

The Trust was successful with its bids for additional PDC in 22/23 to cover all of Project Chrysalis. Some expenditure previously forecast for 23/24 has been brought forward into 22/23 to utilise additional PDC. The actual scheme expenditure to 31 March 2023 and a forecast for 23/24 & 24/25 is shown in the table below. Additionally, it shows how those forecast costs compare to the available PDC funding over the same period.

Project Chrysalis	Cashflow - Revised plan (February 2023) - revised				
	Actual 21/22 £000's	Actual 22/23 £000's	Forecast 23/24 £000's	Forecast 24/25 £000's	Total £000's
Interclass	1,921	**5,132**	3,412	3,396	13,861
SPV Charges		**165**	85	85	335
Sub Total Construction Costs	**1,921**	**5,297**	**3,497**	**3,481**	**14,196**
Fees, project Management & Other	479	**218**	140	140	977
Data Cabling (slippage from 21/22)		**0**	150		150
Total	**2,400**	**5,515**	**3,787**	**3,621**	**15,323**
Project Funding	**21/22 £000's**	**22/23 £000's**	**23/24 £000's**	**24/25 £000's**	**Total £000's**
PCD (DHSC Funding	**2,750**	**3,808**	**2,000**	**2,000**	**10,558**
PDC - UEC	**0**	**895**	**182**	**487**	**1,564**
ADDN PDC SUPPORT	0	**900**			**900**
TOTAL FUNDING	**2,750**	**5,603**	**2,182**	**2,487**	**13,022**
Spend to funding variance	***350***	***88***	***-1,605***	***-1,134***	***-2,301***

The forecast shown in the table above has been prepared in line with the latest estimate available from the project QS but includes an estimate for additional costs forecast to be incurred to resolve the CT Corridor water heating solution. The programme is still forecast to overspend against secured levels of PDC in 23/24 & 24/25 by £1.6m & £1.1m respectively. This position is reflected in the 5-year capital plan and is expected to be managed within the overall ICS wide capital resource limit available using Trust cash and/or further PDC being made available.

9. 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 12, the Trust did not achieve the 95% target for both the number and value of invoices paid, achieving 90% on the total number and 91% on the total value of invoices.

The final position for 2022/23, the Trust has not achieved the target on the value of invoices or on the number of invoices paid, achieving 92% against the target on the number of invoices and 93% on the value of invoices paid within 30 days.

The main reason for the under-achievement is due to late authorisation of invoices despite the finance team chasing authorisation.

	2021/22 Total			2022/23 Month 12			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	60	1,534	1,594	385	15,302	15,687
Total Paid within Target	427	13,314	13,741	48	1,389	1,437	346	14,106	14,452
% Number of Invoices Paid	94%	96%	96%	80%	91%	90%	90%	92%	92%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-1%	1%	1%	-15%	-4%	-5%	-5%	-3%	-3%
Value of Invoices									
Total Value Paid (£000s)	6,849	76,244	83,093	1,093	9,683	10,776	7,945	100,222	108,167
Total Value Paid within Target (£000s)	6,483	70,245	76,728	838	9,002	9,840	7,105	93,418	100,523
% Value of Invoices Paid	95%	92%	92%	77%	93%	91%	89%	93%	93%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	0%	-3%	-3%	-18%	-2%	-4%	-6%	-2%	-2%

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

Recommendations

The Trust Board are asked to receive the Month 12 position noting:

- The yearend surplus of £94k for system reporting.
- Note the final 2022/23 capital position.
- The cash position of the Trust at 31st March 2023 with a balance of £30.0m.
- Annual agency expenditure of £5,367k.
- Note CIP delivery through recurrent and non-recurrent schemes.

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11th May 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 – Chief Finance Officer	**Approved by Exec**	☒

Enclosure 10

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

Executive Summary:

This paper details the items discussed at the Finance and Resource Committee meeting held on the 4th May 2023. Updates were received relating to:

- M12 Trust performance
- M12 Trust and ICS financial position
- 2023/24 Final Plan and budget setting process
- Estates scheme updates including Harplands water temperatures
- Digital project updates
- Business opportunity updates
- Review and update of the F&R Risk Register

**[Select return to make summary box larger]

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

Resource Implications: Funding Source:	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable	
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.	
ICS Alignment / Implications:	Part of the aggregate ICS reported 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
		4th May 2023

North Staffordshire Combined Healthcare NHS Trust

Finance and Resource Committee
Assurance Report to the Trust Board
4th May 2023

Finance and Resource Committee Report to the Trust Board – 11th May 2023.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 4th May 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 6th April 2023. 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 12 report was taken as read. The Committee were provided with the latest position of data quality metrics. The Trust's DQMI rating improved to 19.7% for December, the first full month following implementation of the new data warehouse. Significant improvement is expected when the January score is released. During month 12 there are 18 rated measures that have met the required standard (11 in M11) and 12 that have not met the required standard and highlighted as exceptions (13 in M11). There are 4 special cause variations signifying concern (3 in M11):

- Care Plan Compliance
- CPA 12 month review
- Numbers in Settled Accommodation
- Service Users on CPA in Employment

The Committee noted a number of areas of improvement. 2 PIPs relating to 4 Week Waits in Specialist and North Staffs Community are not on target trajectory and Stoke Community met the target overall although not in CYP. Further discussion and future actions will be picked up at the next Performance meeting. IAPT 90 days PIP has now expired with performance of 11% against a standard of > 10%.

The Chief Finance Officer provided the Committee with an update regarding a performance notice received for services provided at Stoke Heath Prison, a lengthy discussion followed.

The Committee noted the contents of the report and progress being made on data quality.

Capital and Estates

- **Estates Update**

The Associate Director of Capital and Estates provided the Committee with an Estates update. Good progress was reported across BLM schemes. The Committee were advised that operational performance against PPM (Planned Preventative Maintenance) compliance remains a concern and external support had now been brought in.

The Committee noted the update.

- **Harplands Hospital Water Temperature Report**

The Associate Director of Capital and Estates provided the Committee with an update regarding water temperatures across the Harplands site. It was confirmed that an agreed action plan was now in place regarding an alternative solution for the initial phase of Project Chrysalis. A lengthy discussion followed regarding wider contract / performance monitoring of the PFI contract including the engagement of external specialist consultants to support in this area. Assurance was given regarding sitewide daily monitoring and ongoing actions to resolve and mitigate any remaining risk. The Committee were advised this item would appear on next months risk register.

The Committee were assured by the update report and explanation of ongoing work and welcomed more visibility of the PFI contractual monitoring arrangements going forwards.

Finance

- **Finance Update**

Month 12 Position - The Committee took the paper as read. Key messages highlighted included a small in month deficit with the unaudited year end position resulting in a small surplus and achievement of plan. CIP for the year has been achieved through the transaction of non-recurrent CIP during month 12 which will be carried forward into the 2023/24 CIP requirement. Agency costs in month had increased mainly due to a highly complex service user. The agency cap has been exceeded for the year. Capital spend is line with forecast resulting in an undershoot of the CRL due to additional external PDC being received. The year end cash balance is in excess of the planned position. The BPP target for the year overall was not achieved but was still in excess of 90%.

The Committee received the month 12 financial position and thanked the efforts of the finance team for their hard work throughout the financial year.

- **2023/24 Plan Update**

The paper was taken as read. The Deputy Director of Finance provided an update to Committee members regarding the final plan position submitted on the 4th May which included a move to a breakeven ICS plan position which had been endorsed by system CEOs. The Trust plan has not changed from the previous submission and remained at a breakeven position overall and includes further commitment to support with the achievement of system wide efficiency targets. Additional context regarding the levels of risk to delivery of the overall ICS breakeven plan was provided. Committee members were supportive of the breakeven Trust plan position, acknowledged the challenge of the overall ICS plan position and acknowledged the level of collaborative working across all partners to deliver this position.

- **Budget Setting 2023/24**

The paper was taken as read. The Associate Director of Finance advised the Committee of the main budget setting principles for 2023/24 including consideration to phasing of budgets. The overall revenue budget for the year was presented including details of ringfenced reserves.

The Committee were assured that an effective budget setting process had taken place to support the 2023/24 approved plan position.

Strategy, Partnerships and Digital

- **Business Opportunities Update**

The Chief Strategy Officer provided an update on the Keele GP Practice integration process, indicating that the 1st of September 2023 was a realistic date for integration to occur due to GP Partners reviewing legal documents and the 14-week CQC de-registration process. Further updates were given to senior changes within the Primary Care Directorate.

The Committee received an update on the Committee on the UK Shared Prosperity Fund bid, "The Inclusive Employability Hub", and that the bid timescales have altered, and the approval of project funding was expected in June 2023. The more generous submission timescales, along with increased flexibility around a 12-month delivery window, allowed some small amendments to the Trust bid, with an update on progress to be provided at the July committee meeting.

The Chief Strategy Officer provided some details on strategic insight activities being undertaken and how these could help develop future business opportunities. There was a discussion about the provision of mental health services to prisons.

- **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 All-Age Wellbeing Portal continues with Early Life Support. The portal has been accessed 548 times, and 72 referrals have been made (27/03/2023 – 27/04/2024)
- The Digital Team have completed the National Digital Maturity Assessment peer review process with Midlands Partnership University Foundation.
- It is estimated Patient Aide v5 will be live in August, including aspects to meet and support the new waiting time standards.
- The Team are reviewing all contracts within the Digital remit to see if CIP savings can be made by the efficiency of services, volume of usage, or, removing applications.
- Activities within the wider Digital programme, including Oxehealth and enabling works, continued to be progressed through the month.

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 planning, prioritisation, and mitigation activities.

Risk Register

The Committee approved the increase in scoring to the risk relating to delivery of 2023/24 CIP on the basis that the full CIP requirement had not yet been identified at scheme level.

Committee Effectiveness

The Associate Director of Governance updated the Committee of the implementation of a digital tool for the questionnaires and reminded members of the deadline of the 10th May for completion.

Other Reports Received:

- ICS Month 12 Finance Update

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

Keele University Teaching Trust

NHS North Staffordshire Combined Healthcare NHS Trust

REPORT TO PUBLIC TRUST BOARD

Enclosure 11

Date of Meeting:	11 May 2023		
Title of Report:	Quality Committee Summary Report		
Presented by:	Patrick Sullivan – Non-Executive Director/Chair of Quality Committee		
Author:	Patrick Sullivan /Justine Scotcher		
Executive Lead Name:	Kenny Laing, Executive Director of Nursing and Quality Dr Dennis Okolo, Chief Medical Officer	**Approved by Exec**	☐

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

Executive Summary:

The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 6 April 2023.

Seen at:	SLT ☐ Execs ☐	Document Version No.	
Committee Approval / Review	• Quality Committee X • 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 X 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		
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) X 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 X		
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 information only	
Version	Name/group	Date issued

Report from the Quality Committee meeting held on 6 April 2023 for the Trust Board meeting on 13 April 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. The meeting began with a Patient Story in respect of the Step On service. The presentation illustrated how employment issues can contribute to mental health problems and how resolving these difficulties can be an important element of recovery.

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

- **System19 Update**

  The Committee received a verbal update regarding the current situation. Services were coping well, and the pressures were reduced. Prevalence of flu, norovirus and covid are reduced although increased pressure is expected over the Easter period. This will be followed by the Junior Doctor strike and the Trust has robust plans in place to ensure services are maintained and the situation is managed. The guidance around Covid is in the process of change and testing and infection control measures are to be reduced as the virus is seen as endemic.

- **CQC Update**

  The Committee receive a verbal update and the following is of note:

  1. New relationship manager has been appointed although she has previously worked with the Trust.
  2. Changes of personnel means that maintaining ongoing relationships is challenging.
  3. The CQC itself is undergoing considerable change in structures, management arrangements and the way inspections are undertaken.

- **Safe Staffing Report –February 2023**

  The Committee received this paper which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2023 in line with the National Quality Board requirements. During February 2023, an overall fill rate of 94.7% was achieved; this has decreased from 98.4% in January 2022. The fill rate for RN shifts in February, reduced from 79% in January 2022 to 72.8%. The reduction in fill rates reflects a reduction in both acuity on the wards and less use of agency staff although there has been increased use of bank staff as a consequence. Benchmarking regarding Care Hours per Patient Day (CHPPD) through the Model hospital framework indicates that the Trust benchmarks positively against peers. A number of wards have been subject to outbreaks of Covid. The safe care tool is now used to make more informed decisions about staffing and how this relates to acuity on the wards.

- **PSIRF Implementation Update**

  The Committee received this report, which provided feedback and assurance on the Trust's implementation of the new patient safety incident response framework (PSIRF).

These developments aim to develop a system that is patient focused and emphasises learning over process and fits with the work undertaken in the Trust regarding the Just Restorative Culture.

The national strategy is based on two foundations.
1. Patient Safety Culture
2. Patient Safety System

Implementation of the Patient Safety Incident Framework (PSIRF) is a contractual requirement under the NHS Standard Contract and must be implemented before September 2023. A project plan supported by an action tracker is in place to support the changes required. The project plan is currently on target. Work is underway in key areas such as IT, training, governance and the policy and procedural framework required to support the new system. These developments must also be seen in the context of the developments associated with the implementation of the Just Culture Framework.

- **Risk Register**
The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. There are no new risks and no score changes.
Details of risks are provided below.
  - 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
  - Patient care issues associated with the lack of a commissioned ADHD diagnostic service.
  - 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

- **IQPR M11 2022/23**
The Committee received this report at M11. In Month 11 there are 17 rated measures that have met the required standard (10 in M10) and 13 that have not met the required standard and highlighted as exceptions (11 in M10).

There are 3 special cause variations (orange variation flags) - signifying concern, compared to 5 in M10:
  - Risk Assessments
  - CPA 12 month review
  - Numbers in Settled Accommodation

There are 3 special cause variation (blue variation flags - signifying improvement), compared to 3 in M10;
  - IAPT: 6 week waits
  - Delayed Transfers of Care (DTOC)
  - Vacancy Rate

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

Highlights
  - 4 week RTA and 18 week RTT achieved Trust wide and in CYP in M11

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

Exceptions

- Vacancy rate remains above standard at 10.8%
- Clinical supervision remains at 80%
- Agency expenditure during M11 is at £400k, an improvement on last month's expenditure (£463k).

Particular areas of note for the Quality Committee are the following areas:

1. Waiting times due to the impact on access to services – PIPS are in place across three directorates.
2. The wait patients experience in IAPT between first and second appointments, given the impact this has on the patient experience and the completion of any therapeutic interventions.
3. Emergency response in mental health liaison which has failed to meet the target this month.
4. Ongoing problems in meeting the three-hour target associated with s136 although a number of factors contributing to this issue are beyond the control of the Trust.
5. Care plans compliance.
6. Risk assessment.
7. IAPT recovery.
8. Service users on CPA in settled accommodation.

It is important to note that the vacancy rate, staff turnover, staff sickness, clinical. supervision, and safe staffing all have the potential to impact on the quality of care. provided.

Positive elements of the report included.

1. Improved position in relation to s136 although the target was not met.
2. The friends and family test was at 97%.
3. 100% against the 48 hour follow up arrangements.
4. Improved position regarding the response to complaints.

Ongoing challenges relating to data quality were outlined and explained. Particularly those with a direct relevance to the Quality Committee.

- **Quality Improvement Quarterly Update**

The Committee received a presentation as a quarterly update in respect of Quality Improvement work ongoing within the Trust. The programme aims to release time to care and building capability in quality improvement methodologies. Areas of focus included:

1. Celebrating success
2. Capability building
3. Creating an ethos of quality improvement across the organisation
4. Examples of individual projects
5. Recording and managing quality improvement projects

Two examples used in the presentation were around Electrocardiogram (ECG) and Co-production.

- **Inclusive Employability hub**

The committee were briefed regarding a proposal to work with Stoke on Trent Council in developing services around employment. This will build on work currently undertaken by the

Step on service. The funding issues were agreed at the Finance and Performance Committee and will be reported through to Board. The briefing noted the positive quality improvements this facilitated.

- **Water temperature in the Harplands**
  The Project Chrysalis work on the CT corridor ant the Harplands has revealed some issues with the water temperature that have been found to be a problem across the site. The problem with the temperature poses some risks which are being monitored and risk mitigations are in place. The committee will be updated as work to resolve this matter progresses.

- **Clinical situation in the Harplands**
  An update was provided to core members of the Committee in relation to the clinical situation at the Harplands that had previously been considered. A full briefing is provided in the private session of the Board. This is to protect thew patient's confidentiality.

3. Policy report

The following policies were approved:

- 1.85 Staffordshire and Stoke-on-Trent Supporting Patients Choices – approved for 3 years
- 3.33 Preceptorship Policy } Extend for 12 months
- 3.46 NSC Cover Arrangements }
- E-Roster Addendum to Policy - to approve to 30.06.2024 in line with policy

Next meeting:4 May 2023
Committee Chair, Mr Patrick Sullivan, Non-Executive Director – 7 April 2023