

NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST BOARD MEETING HELD IN PUBLIC

THURSDAY 11TH JANUARY 2024, 10.00AM VIA MS TEAMS

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P01/24	Welcome and Apologies for Absence	David Rogers	Note	
2	1002	P02/24	Declarations of Interests – and changes to be notified	David Rogers	Note	
3	1003	P03/24	Minutes of the Previous Meeting held on 11 th November 2023	David Rogers	Approval	Enc. 1
4	1005	P04/24	 Action Monitoring Schedule Matters arising not covered by the rest of the Agenda 	David Rogers	Note	Enc. 2
5	1015	P05/24	Patient Story – Jen's story - Ward 7/ECT	Kenny Laing	Note	Video
6	1025	P06/24	REACH Recognition Team Award – Crisis Care Centre - Acute and Urgent Care	Dr Adeyemo	Note	Verbal
7	1030	P07/24	Chief Executives Report	Dr Adeyemo	Note	Enc. 3
8	1035	P08/24	Integrated Care Board (ICB) Update	Dr Adeyemo	Assurance	Enc. 4
9	1040	P09/24	Chairs Report	David Rogers	Note	Verbal
10	1045	P10/24	Questions from Members of the Public	David Rogers	Note	Verbal
			10 minute break			
C We will provi safe and	uality ide the highest qua l effective services	ality,	QUALITY 🎯 😨 🥌			
11	1100	P11/24	Safer Staffing Monthly Report October / November 2023	Kenny Laing	Assurance	Enc. 5 and 5a
12	1110	P12/24	Safeguarding Q2 Report	Kenny Laing	Assurance	Enc. 6
13	1115	P13/24	Quality Committee Assurance Report from the meeting held on 7 th December 2023 and the 4 th January 2024	Janet Dawson	Assurance	Enc. 7 and Enc. 7a

14	1125	P14/24	Service User Carer Council Update November / December 2023	Kenny Laing	Assurance	Enc. 8
15	1130	P15/24	Improving Quality and Performance Report (IQPR) Month 8	Eric Gardiner	Assurance	Enc. 9
We will	People attract, develop an in the best people		PEOPLE 🞯 🌒 🎯 🧐			
16	1135	P16/24	Diversity & Inclusion Annual Report	Paul Draycott	Approval	Enc. 10
We will act	rtnerships tively promote partn grated models of wor	ership 📐 🔪	PARTNERSHIPS 😡 🈂			L
17	1145	P17/24	Partnership Charter Launch	Elizabeth Mellor	Approval	Enc. 11
We will and e	stainability		SUSTAINABILITY 🕲 🤉 🤅	3		I
18	1155	P18/24	Finance Report Month 8	Eric Gardiner	Assurance	Enc. 12
19	1200	P19/24	Finance and Resources Committee Assurance Report from the meeting held on 7 th December 2023 and 4 th January 2024	Russell Andrews	Assurance	Enc. 13 and 13a
20	1205	P20/24	People, Culture and Development Committee Assurance Report from meeting held on the 4 th December 2023	Janet Dawsor	Assurance	Enc. 14
21	1210	P21/24	Charitable Funds Extra- ordinary Committee Assurance Report from the meeting held on 14 th December 2023	Russell Andrews	Assurance	Enc. 15
22	1215	P22/24	Fit & Proper Persons Test - revised standards	Paul Draycott	Assurance	Enc. 16
23	1220	P23/24	Confirmation of Agreed Funding for NHS 111	Ben Richards	Assurance	Enc. 17
24	1225	P24/24	Any Other Business	David Rogers	Note	Verbal

Date and Time of Next Meeting Thursday 8th February 2024 at 10.00am Boardroom, Lawton House



TRUST BOARD

Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust Board meeting held on Thursday 12th October 2023 At 10:00am via MS Teams

Present:

Chair:

David Rogers Chair

Directors:

Janet Dawson Non-Executive Director / Vice Chair

Paul Draycott Chief People Officer

Ben Richards Chief Operating Officer

Joan Walley Non-Executive Director

Pauline Walsh Associate Non-Executive Director

In attendance:

Lisa Wilkinson Corporate Governance Manager

Joe McCrea Associate Director of Communications

Patient Story Ward 7 Andrea Jackie

Members of the Public None

The meeting commenced at 10:00am

Russell Andrews
Non-Executive Director

Dr Keith Tattum GP Associate Director

Dr Dennis Okolo Chief Medical Officer

Eric Gardiner **Chief Finance Officer**

Phil Jones Non-Executive Director

Nicola Griffiths Deputy Director of Strategy and Partnerships

REACH Individual Award - Lisa Nagington Lisa Nagington - Quality Improvement Lead Nurse (QILN) Rachel Bullock - Clinical Director

Dr Buki Adeyemo Chief Executive

Keele

Elizabeth Mellor Chief Strategy Officer

Patrick Sullivan Non-Executive Director / SID

Kenny Laing Chief Nursing Officer

205/2023	APOLOGIES FOR ABSENCE	Action
	Sue Tams, Service User Carer Council, Laurie Wrench, Deputy Director of	
	Governance, Tony Gadsby Associate Non-Executive Director, Jenny Harvey,	
	Unison Representative	

206/2023	DECLARATION OF INTEREST RELATING TO AGENDA ITEMS There were no declarations of interest made.	
	Noted	
207/2023	MINUTES OF THE OPEN AGENDA – 13 th October 2023 The minutes of the open session of the meeting held on 13 th October 2023 were approved.	
	200/23 Janet Dawson noted the reference to voice stream it was agreed this should read wage stream and neuro diversity should read diversity only. Changes were noted.	
	Received	
208/2023	ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES	
	166/23 - Safeguarding Quarter 1 Report 2023/24 Janet Dawson referred to Child B and asked what the child's situation was now? Kenny Laing advised he did not have those specific details but he would source the information and update Janet outside of the meeting. 09.11.23 - The external review is still ongoing and therefore it is inappropriate to comment further at the present time. Once the report is published then the information can be shared further. It is our current understanding that a draft report is under review but the timescales for publication are outside of the Trusts control	
	172/2023 - Improving Quality Performance Report (IQPR) Month 5 – UKL Russell Andrews advised he and Janet Dawson had committed, on behalf of Non- Executives, to look at UKL. Joe McCrea agreed to meet with Janet Dawson and Russell Andrews to run through the system. 09.11.23 – Complete.	
	Received	
209/2023	PATIENT STORY – Sheila's Story – Ward 7 Kenny Laing, Chief Nursing Officer introduced the patient story.	
	The Board heard from Sheila's son and daughter regarding their experiences in terms of care that Sheila received in Ward 7. The story provided an interesting perspective on mental health care in relation to both physical and mental health care and the complex interaction between the two.	
	Phil Jones asked what connectivity there was between wards and the wider GP community to raise awareness in terms of balancing medication regimes. Kenny Laing advised there was a real issue sometimes as people wish to have medication as a first intervention and colleagues' felt they had no options or sometimes this was based on historical practice and patients do not have required reviews or become dependent. The Trust have opportunities with our integration to work closely with primary care networks to address some of those issues. Kenny Laing to take an action to look at that in terms of some interventions that we offer in primary care and report back.	KL
	Dr Tattum felt the story highlighted the important interaction between physical and mental health and the lack of options in practice and with the integration we as a Trust might be able to raise awareness of services that are helpful rather than reliance on medication.	

	All were thanked	
	The video will be made available on the Trust public website.	
	Noted	
210/2023	REACH RECOGNITION INDIVIDUAL AWARD - Lisa Nagington, Quality Improvement Lead Nurse in the Specialist Directorate. Dr Buki Adeyemo introduced the award.	
	Lisa stepped into the Directorates full time Quality Improvement Lead Role role in April 2023. As an employee and representative of the Trust, Lisa consistently demonstrates and upholds the Trust's Values across all domains. We are very proud of Lisa and how she has fully embraced and embodied the role of Quality Improvement Lead Nurse and the Directorate have benefitted from the energy and enthusiasm she has.	
	Lisa strives for nothing less than excellent and across the teams she has set this standard in her patient safety areas of focus and also through the promotion of quality improvement initiatives. Lisa has a high level of attention to detail which has been valuable with areas such as SI reports, complaint responses and our CQC heatmaps and quality audits. Through a supportive and compassionate approach she works closely with our clinical teams to move through continual improvements. Lisa has a can do attitude and this is modelled in her presence across the teams. Feedback from our clinical areas is consistently positive and our clinicians like having Lisa' presence for support and guidance. We believe Lisa demonstrates all of the Trusts values in her work as she is both caring and compassionate with our patient population and our staff, friendly and welcoming and she consistently shares ideas and is collaborative in her approach.	
	Lisa takes both personal and collective responsibility on behalf of the Directorate in key areas of focus and strives for high-quality safe care with a keen eye for opportunities for us to improve.	
	Lisa upholds the Trust values and truly is 'Outstanding in all she does and how she does it.	
	Lisa commented that she was truly honoured and that she had nursed all her life and had always wanted to be the best she could be.	
	The Board congratulated Lisa on her award.	
	Received	
211/2023	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. A report was circulated prior to the meeting.	
	Dr Buki Adeyemo talked about the success of black history month during October and the many events she had attended. We also had the amazing Baroness Floella Benjamin provide a talk via MS Teams. Floella told her life story and shared her learning through the power of music.	

	Looking ahead we have disability awareness month and events planned, we are fortunate and privileged to have Aaron Phipps GB Para Olympian who is in the top 100 of British influential people with disability provide a session. Janet Dawson wanted to explore thoughts as a Board following comments from the Secretary of State around the value of diversity support roles in NHS and was looking for assurance that we would continue to properly resource the support of diversity and wellbeing of staff within the trust. Dr Buki Adeyemo gave assurance we would not be changing our focus as we have seen the dividends the attention to those details pays. Paul Draycott advised the NHS confederation had provided an excellent response to the Secretary of States outlining the reasons why this was really important.	
	Phil Jones referred to the Integrated Care System (ICS) AGM and asked if it would be possible to invite someone from the ICS to a private board session to advise what they think we have achieved and where we are going to broaden our collective understanding of the system. This was agreed.	NG
	Russell Andrews acknowledged the Finance and Resource Committee would be keeping a close eye on 3 rd and voluntary sector engagement.	
212/2023	Received CHAIRS REPORT	
	David Rogers provided a verbal update. Joan Walley's tenure as a Non-Executive Director at Combined will end on 30 November 2023 having worked with the Trust since December 2016. During her tenure Joan has advocated with passion and determination for our communities, being a voice for those who are marginalised and where disparity exists. This has enabled us, as a Board, to connect more with our communities whilst accepting there is always more to do. In addition her focus on sustainability has been impressive and impactful. Joan's relentless drive for us to improve in this area has been part of the stimulus to develop our approach which will reap rewards. Joan's leadership and determination whilst chairing the Charitable Funds Committee has meant that we are now in a far better position to move forward and do the things that will make such a difference for our patients, staff and communities. Patrick Sullivan's tenure with Combined will end on the 31st December 2023. Patrick has been a Non-Executive Director since January 2014 having previously been a valued member of staff, sharing his knowledge and expertise around clinical issues and Care Quality Commission. Patrick brought to Combined a wealth of experience which included working as an Executive Director in a large Foundation Trust providing mental health and community services, a specialist lay member of the First Tier Tribunal Service, sat regularly on Mental Health Review Tribunals and chaired the Independent Monitoring Board of HMP/YOI Drake Hall. Patrick has been the Chair of the Quality Committee and Vice Chair of the People Culture and Development Committee during his time with the Trust providing effective leadership and using his deep knowledge, experience and understanding of services for people with mental illness and learning disability to support the overall clinical agenda. Patrick also undertook the role of Senior Independent Director and engaged the local health and social care leaders in undertaking appraisals for the	
	Patrick has been the Chair of the Quality Committee and Vice Chair of the People Culture and Development Committee during his time with the Trust providing effective leadership and using his deep knowledge, experience and understanding of services for people with mental illness and learning disability to support the overall clinical agenda. Patrick also undertook the role of Senior Independent Director and	

	David Rogers thanked them both personally for their support to him and the Board as we became an Outstanding Trust.	
	Joan Walley thanked her colleagues adding it had been a real privilege to have insight into the NHS. Joan advised she personally felt she had not finished yet and had a lot more to give.	
	Patrick Sullivan thanked David Rogers for his kind words adding it had been a real honour to work as a Non-Executive Director having come to work for the organisation for 12 months only but staying for 10 years. Patrick advised it had been an honour for a number of reasons describing the organisation as a special place.	
	Noted	
213/2023	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 questions received for the Board.	
	Noted	
214/2023	NURSE STAFFING MONTHLY REPORT (September 2023)	
	Kenny Laing, Chief Nursing Officer presented the report.	
	During September 2023, an overall fill rate of 100.5% was achieved a slight decrease from 105.4% in August 2023. The fill rate for Registered Nurse shifts in September, did not significantly change at 71.7%.	
	Registered Nurse vacant posts in the inpatient wards during September remained unchanged from August with 55.86 wte vacant positions. The Healthcare Support Worker vacancies also remained unchanged during September 2023 with 15 wte vacancies.	
	Recruitment to vacancies was a challenge, graduate nurses continued to fill a majority of Registered Nurse vacancies, highlighting a need for robust supervisory support which has been addressed with additional improvements being made to the preceptorship programme.	
	Received	
215/2023	QUARTER 2 MORTALITY SURVEILLANCE 2023/24 REPORT Dr Dennis Okolo, Chief Medical Officer presented the report.	
	The report covers patients not subject to the serious incident process or new PSIRF process. The report highlighted the majority of deaths were mainly due to natural causes. The panel reviewed 30 deaths. There were 2 patients who it was felt received poor care due to not meeting our trusts values and expectations but there was no contribution to causes of death. There were regular reviews of care plans, risk assessments and quality of notes and feedback to individuals and actions taken.	
	Received	
216/2023	QUARTER 2 SERIOUS INCIDENT REPORT 2023/24 Dr Dennis Okolo, Chief Medical Officer presented the report.	

	10 deaths were reviewed and the report shows some of the particular areas of learning and themes. There was an issue with Lorenzo which was resolved by the IT department. The number of deaths were much lower compared to Quarter 2 last year and whilst every death is regrettable we continue to monitor and review deaths to ensure that all patients receive adequate care.	
	David Rogers noted the reduction in deaths and serious incidents and enquired as to whether there was a reason for that. Dr Dennis Okolo advised a lot of work had been undertaken to ensure all patients had risk assessments and we were looking at pathways and what we can deliver and be clearer about expectations for patients who need signposting elsewhere.	
	Received / Approved	
217/2023	QUALITY COMMITTEE ASSURANCE REPORT Patrick Sullivan, Non-Executive Director / Chair presented the report from the meeting held on 2 nd November 2023. Patrick highlighted the following:	
	Patrick Sullivan highlighted minor errors within the report the CQC update talks about KLOE inquiry not enquiry and the system 19 update related to the system.	
	The Committee was Joan Walley's final meeting and therefore the Committee recognised and acknowledged this.	
	Patrick Sullivan talked about the number of cases of COVID, flu and the range of respiratory distress which was causing pressure to the Royal Stoke. The Harplands is busy in terms of its bed occupancy and acuity.	
	The Committee received an update on the learning disability and autism review that has taken place. Phase 2 looks at the thinking around the Assessment and Treatment Unit and provided some detail on the capital and how this obviously fits in with broader work and reviews at a regional national level for individuals who might have a learning disability and or autism.	
	There were a number of reports received for assurance which included Safe Staffing, Mortality Surveillance, Serious Incident reports and Board Assurance Framework.	
	The Committee received the Improvement Quality Performance Report (IQPR), Risk Register, Learning from Experience Report and Suicide Prevention Annual Report.	
	The Committee reviewed the Environmental Ligature Risk Assessment report. The report was an excellent review of some challenges and concerns. The Committee received some excellent assurance verbally around the work that had been ongoing but it was agreed that further assurance was needed in terms of both the environmental and clinical solutions to some of the problems identified in the audit.	
	Key things that were identified during Directorate presentations were operational challenges around workforce, waiting times and workload in primary care.	
	Finally, Patrick Sullivan highlighted that he had chaired the Quality Committee for 10 years and wanted to take this opportunity to thank all the people that he had worked with during that period for their commitment and professionalism.	
	Kenny Laing added in terms of the Environmental Ligature Risk Assessment the report looked at all clinical areas as we know that the risk of service users using	

218/2023	IMPROVING QUALITY PERFORMANCE REPORT (IQPR) – Month 6 Eric Gardiner, Chief Finance Officer presented the report:	
	Dennis Okolo confirmed we were. Secondly, there was a comment within the Environmental Ligature Risk Assessment from the clinicians that they felt the areas that were not included in the projects should still have work undertaken and asked how that was being managed and what feedback was given to those clinicians who had raised that as a concern. Kenny Laing advised every year since Project Chrysalis had been in operation, we had used the flexibility in our annual capital programme to address those risks through internally allocating funds.	
	Pauline Walsh asked whether the trust had been involved in the recent apprenticeship developments at the School of Psychology, Keele University. Dr	
	Phil Jones asked in terms of risk 1953, around psychological provision and difficulties in recruiting and retaining psychology staff and if Patrick Sullivan could provide more detail around what we were trying to do to address that. Patrick Sullivan advised that psychology was a key part of multidisciplinary teams and the fundamental problem was that there was not enough psychologists which was a national issue but there had been a range of initiatives to try and increase the number of psychologists and make it more attractive to come to the trust. Dr Dennis Okolo advised we were introducing clearer job plans in terms of pathways and structures.	
	Russell Andrews advised there had been a discussion at the Finance and Resource Committee regarding Performance Improvement Plans (PIP's) that were in place, particularly for community, related to adult and CYP 4 week waits and the concern that although there were PIP's in place the trend was not upwards as quickly as we wanted it to be. There was a suggestion that we ask Directorate leads to come to Committee but Russell wanted to check whether this level of detail was already discussed at Quality Committee. Secondly, Russell asked whether the trust had been part of the Zero Suicide Alliance. Patrick Sullivan confirmed this was the case on both counts.	
	Kenny Laing explained there were a number of things that we do to reduce the risk of patients using ligature anchor points, we undertake a lot of training around the management of Anchored risk assessments and how wards mitigate against that. We have a number of clinical training schemes for clinical staff in the management of suicide risk and the management of people who do pose self-harm risks.	
	anchor points to undertake self-harm has been one of our highest risks and even if we have the best technology, fixtures, fittings or environments will always pose a risk of ligature anchor points. We are continuously spending our capital allocation on reducing those risks through the new environmental anchor products.	

	Kenny Laing, Chief Nursing Officer presented the report in the absence of Sue Tams, Chair of Service User & Carer Council.	
	The report makes reference to our work in terms of recovery and the CHIME model, we will be reporting back on our progress through Committee. CHIME is around making an assessment of our service user experience in terms of their recovery goals and stands for connectedness and optimism about the future identity meaning in life and empowerment, which are all important aspects of recovery and something we want to ensure we can measure immediately in terms of our interventions across our services.	
	There was a successful Dragons Den bid which was undertaken by the Recovery Team around the Wellbeing College to start diet sized workshops for carers on the Harplands site.	
	Received	
220/2023	MONTH 6 FINANCE REPORT (2023/2024)	
	Eric Gardiner, Chief Finance Officer presented the report.	
	Performance in the trust remains good in Month 6. We showed a small surplus for the month of £37K and a year to date surplus of just over £200K and the news in the 24 hours has reported that around £800 million is being injected into the NHS. Our performance does remain extremely strong and we are not suffering from industrial action as some of our neighbouring organisations are and primarily the additional money which is being injected into the system is around industrial action, therefore we anticipate most of that money to be fed into University Hospital of North Midlands (UHNM) as the organisation that has suffered the most in the system.	
	Received	
221/2023	FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT Russell Andrews, Non-Executive Director / Chair presented the assurance reports from the Committee held on the 2 nd November 2023 highlighting the following:	
	The Committee received the Sustainability Assurance report which we will receive	
	quarterly going forward. The report brings together the key activity with a very helpful and simple way of monitoring progress the key actions. There was a discussion around how the sustainability piece links to and integrates with what is going on across the wider system and that was something that we agreed to keep under constant review.	
	Good progress was noted around our cost improvement savings on a non-recurrent basis.	
	The Committee discussed system finance noting that a private organisation was coming into the Integrated Care System (ICS) and Integrated Care Board (ICB) to review the financial practice.	
	The Committee received a specific update from the Chief Finance Officer re: medical agency staffing. This provided a good degree of assurance that there are actions to trim our agency spend on medical, but there was still more to do. In terms of agency spend it is not clear to Committee whether there is a key single Senior Leadership Team (SLT) member that leads on this and it would be the view	

	of the Committee that would be a good thing for SLT to consider as agency continues to be a really challenging area for us.	
	Received	
2022/2023	AUDIT COMMITTEE ASSURANCE REPORT Phil Jones, Chair / Non-Executive Director presented the assurance report from the Committee held on the 18th October 2023, highlighting the following;	
	The internal audit work programme is progressing well under the management and delivery of our new internal auditors and the relationships are working well there.	
	The Committee received the external auditors annual report, which summarises all the work that they have done, but also comments more broadly on the value for money arrangements that we have in place and that was a broadly positive report as there were no significant weaknesses identified	
	A report was also brought to the Committee in relation to the system deficit, there will be certain amount of changes introduced to try and rectify this which will be explored externally by the region and one of those is around no purchase orders and none pay policy and that is a discipline which all trusts will be required to put in place to ensure that the spend is authorised and limited as far as is possible within or ability. Other policies approved were Standing Orders, Standing Financial Instructions and the Scheme of Delegation.	
	The Board Assurance Framework (BAF) and the development of the document was discussed. Comments from the Committee were broadly positive around the way that the BAF is now developing and the information being more granular.	
	The Committee approved the Business Continuity Plan and the underlying arrangements which sit within it, which we do not usually see and therefore it was agreed that our business continuity arrangements would come to Committee once a year.	
	The wider role of Audit Committee and its effectiveness was discussed which might be helpful in terms of looking at the skills that we are going to be recruiting into the organisation when we are interviewing new Non-Executive Directors. Some felt a Stoke on Trent focus and other city focus might be paramount. Following the 2022/23 Committee Effectiveness Review, it was agreed we would be inviting chairs of committees to attend the Audit Committee once a year and we now have dates set which we want to agree to ascertain how they fulfil their terms of reference and how they are managing their top risks.	
	Received	
223/2023	CHARLITABLE FUNDS COMMITTEE ASSURANCE REPORT Joan Walley, Non-Executive Director / Chair presented an assurance report from the meeting held on 13 th October 2023.	
	Joan Walley wished to use this opportunity to thank Lisa Wilkinson and more recently Paul Draycott and Nicola Griffiths for taking on the mantle of actually progressing this, and the Committee members who had been part of the Charitable Funds Committee.	

	MOTION TO EXCLUDE THE PUBLIC	
	The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 11 th January 2024 at 10.00am as via MS Teams.	
	DATE AND TIME OF NEXT MEETING	
	Noted	
	There were no other items of business for discussion.	
226/2023	ANY OTHER BUSINESS	
	Approved / Received	
	Board and Committee dates for 2024/25 were circulated to Board members for approval.	
225/2023	BOARD AND COMMITTEE DATES Paul Draycott, Chief People Officer presented the paper.	
	Received	
	A Board Development Session took place on the 12 th October 2023 which looked at risk appetite which was a very engaging session facilitated by MIAA Internal Auditors who have provided some feedback to assist with our risk appetite development. As a result of this session updates in relation to risk appetite will be visible in the quarter 3 report.	
	Paul Draycott advised the full version had been brought to Board which included quarter 2 updates. Some score changes were noted and highlighted within Committee summary reports today.	
224/2023	BOARD ASSURANCE FRAMEWORK QUARTER 2 Paul Draycott, Chief People Officer presented the Quarter 2 Board Assurance Framework highlighting the following:	
	Received	
	Janet Dawson thanked Joan for her tenacity in tackling this issue. Paul Draycott advised he was meeting with Lisa Thomason, Director of Communications and Charity at UHNM with a view to finalising the plans to move forward.	
	Joan acknowledged the real pressures on so many people's lives but noted that small amounts can make a big difference and that we need a whole trust approach to ensure joint working in the future which will be a benefit to all. We also have the potential of a significant contribution which will make a difference more details are contained within the report.	
	Joan confirmed she had high hopes that the ongoing contact that the University Hospital of North Midlands (UHNM) would mean that by the time the next Committee meets there might be a clear way forward in terms of getting the resource and capacity to drive what we need as a Committee.	

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 12.39pm

Signed: _____ Chairman

Date_____

Board Action Monitoring Schedule (Open Section)

	Trust Board - /	Action moni	toring schedule (Open			
Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
	09.11.23	187/2023	Patient Story - Sheila's Story - Ward 7 Phil Jones asked what connectivity there was between wards and the wider GP community to raise awareness in terms of balancing medication regimes. Kenny Laing to take an action to look at that in terms of some interventions that we offer in primary care and report back.	Kenny Laing		We provide a discharge summary to all patients GP on discharge for all, In addition, when needed we have attended some GP events where we discuss specific psychiatric disorders and variety of treatments. Other treatments available as options for patients include psychological treatments - mainly through talking therapies and ARRs roles which GPs readily have access to and work closely with
	09.11.23	190/2023	Chief Executives Report - ICS AGM Phil Jones referred to the Integrated Care System (ICS) AGM and asked if it would be possible to invite someone from the ICS to a private board session to advise what they think we have achieved and where we are going to broaden our collective understanding of the system		11th January 2024	Peter Axon will be attending today's Private Board session to provide an update.



Enc 3

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024					
Title of Report:	CEO Board Report					
Presented by:	Dr Buki Adeyemo, Chief Executive					
Author:	Claire Tallentire, Communications and Engagement Manager					
	Paul Draycott, Chief People Officer					
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive	Approved by				
	-	Exec				

Purpose of	the	report:								
Approval		Information	\boxtimes		nsider		Assurance	\boxtimes		
				for	Action					
Executive S					<u> </u>					
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Board's atte	entior	n to any other iss	sues	of s	gnificance	or ir	nterest.			
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					Audit Com					
							e & Developme	ent (Committee 🗌	
					•		ids Committee			
Strategic Pr	ioritie	es		1.	Growth -	We v	vill commit to in	nves	sting in providing	
(please indicat	e)							vices	s that reduce the	
			need for secondary care 🖂							
									erybody who needs	
									se the way, the	
				time, and the place in which they access them ⊠ 3. Prevention - To will continue to grow high-quality,						
									an innovative and	
							orkforce.	byc		
BAF / Risk /	lega	al implications:		1.	We will pro	ovide	e the highest q	ualit	y, safe and	
Risk Register I	Refere	ence			effective s				-	
				2.	We will att	ract,	develop and r	etai	n the best people	
				っ		tivol	(promoto port	ooro	bin and integrated	
			 We will actively promote partnership and integrated models of working 							
				4. We will increase our efficiency and effectiveness						
				through sustainable development						
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			Any Risk/legal implications: (please reference if any)							
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Sustainabilit	iy:							•	t of health and	
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Resource Implications:	N/A						
Funding Source:	N/A						
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.						
ICC Alignment / Implications:	N/A						
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	4 th January 2024					







Chief Executive's Report to the Trust Board 11 January 2024

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 AND UPDATES

National system launched to rapidly identify trends in suicides

In efforts to tackle emerging methods of suicide, the government has launched a <u>new suicide</u> <u>surveillance system</u> as part of its national suicide prevention strategy. Working alongside the National Police Chiefs' Council to bring together important local intelligence, it will obtain near to real-time data from across the country on deaths by suspected suicide by gender, age group and method. North Staffordshire Combined Healthcare NHS Trust welcomes any further improvements in reporting data and analysis, and the Trust works closely with system partners on suicide prevention initiatives such as the annual Suicide Prevention Conference.

Mental Health of Children and Young People in England 2023 report

The new <u>Mental Health of Children and Young People (CYP) in England 2023 report</u>, published recently by NHS England, found that 20.3% of 8 to 16-year-olds had a probable mental health disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%. The report shows the continued demand for NHS children's mental health services across England, a trend which can also be seen locally, which is why continued investment into these services and workforce is so vital. The Trust has invested significantly into Child & Adolescent Mental Health Services (CAMHS) as part of the NHS Mental Health Long Term Plan and our commitment to continuing to improve CYP mental health alongside our partners is unwavering.

Junior doctors strike

Junior doctors in England staged recent strike action from Wednesday 20 December to Saturday 23 December 2023 and from Wednesday 3 January to Tuesday 9 January. 36% of junior doctors at Combined Healthcare participated in the December action, with a total of 36 junior doctors who could participate in the January action. We continue to manage the impact of this through our Incident Management Team. Wider clinical practitioners (ANPs/NPs and nurse consultants) and doctors not striking supported our areas to ensure clinical risks were mitigated.

3.0 STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE SYSTEM (ICS)

System Recovery Plan







At a recent Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) Meeting, the approach to establish the System Recovery Plan was discussed. The plan identified 25 products (key deliverables) which will be achieved through implementing 16 projects underpinning the plan. As a system-owned plan, Combined Healthcare will provide its support with partners.

Integrated Care Partnership

The Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) recently met, with a presentation on Stoke-on-Trent City Council's 'Growing Well: Ages 6–18 years old' strategy. Collaboration again will be key from all system partners, including Combined Healthcare, to support the initiatives, developments and campaigns from this plan.

4.0 OUR TRUST

To start from a personal perspective, it is a huge privilege to be appointed as <u>North</u> <u>Staffordshire Combined Healthcare NHS Trust's Chief Executive</u>. The needs of our patients and staff is always at the heart of my decision making to ensure that Combined retains and builds on our reputation. I have an ambitious vision for the future of Combined and I am excited by the opportunities to build on the growth and innovation already taking place as we continue to serve the population of Stoke-on-Trent and North Staffordshire.

The <u>REACH Awards 2023</u> was another great success and an enjoyable evening for our attendees at Keele University's Keele Hall Ballroom, as well as for those watching online via the livestream or through virtual reality (VR). It was fantastic to celebrate the hard work of our staff, and the event also featured the inaugural performance of Combined Healthcare's staff choir 'Combined Voices'. Thank you too to all of our event sponsors, including main sponsor Interclass.



Once again we were pleased to share our Trust Christmas and festive celebrations public film for 2023, which you can find at <u>https://youtu.be/kM9hO_Elcog?si=t5l8PKLlbm_YZ6S3</u>

Since January 2019, Combined Healthcare, WithYou and BAC O'Connor has worked in a successful partnership to provide the current CDAS (community drug and alcohol service) for Stoke-on-Trent City Council, with Combined Healthcare as the lead provider.







Following careful consideration, the Trust decided not to submit a bid as part of the recent tender process for the new contract which starts in April 2024. This was a decision informed by in-depth analysis and determined by any factors. We congratulate WithYou and BAC O'Connor on being awarded the new five year contract.

4.1



Combined's recent award wins

Combined Healthcare won the 'Leadership Excellence Award for Organisations' from the recent Leadership Awards 2023 from the Institute of Leadership for its Combined Coaching programme. The Trust was also a finalist in the 'Employee Wellbeing' category.

There was also success in the recent Keele University Health and Care Partnership Awards 2023. For the 'Exemplary Educator' category, Chief Medical Officer Dr Dennis Okolo and the Medical Education Team won the award and a staff member also scooped the 'Keele Alumni Achievement' award, with another a finalist in the 'Exemplary Placement Provider' category.



4.2

Publication of annual WRES and WDES reports

The Trust is proud to have recently published its annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports on our <u>public website</u>.

These important reports set out the real progress the Trust has made on developing greater race and disability inclusion, such as improvements in declarations on protected characteristics, as well as identifying the improvements that are still needed with summary versions available of our action plans to deliver further change.

Disability History Month

Disability History Month (DHM) was recently celebrated across Combined Healthcare, with initiatives including an encouragement to update staff records with disability, neuro-difference or long-term health conditions, and lighting Harplands Hospital purple for Purple Light Up Day as part of DHM.











Leadership Award

I am delighted to report that the Organisational Development Team at the Trust won the 'Leadership Excellence Award for Organisations' at the Institute of Leadership's Leadership Awards 2023. We are also delighted that Donna Cantrell was a Finalist at the same event for the work she has been leading on staff well-being. The Awards are multi-sectoral and there was real competition from national and multi-national companies.

4.3



Sustainability update

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. Sustainability also forms one of the key enablers in the Trust Strategy 2023 – 2028.

The Trust has recently held its first Go Green, Go Digital sustainability awareness week which focussed on what we're doing digitally to develop as a green NHS Trust. Highlights included screenings of Sir David Attenborough's 'Climate Change: The Facts' documentary, a sustainability themed quiz, plant-based food tasting at Harplands Hospital, Digital Transformation drop-in sessions and much more.

The Trust has also committed to using only carbon offset paper from its main print supplier.

Our staff travel survey has recently closed and we will take its feedback to aid further improvements for a Trust Travel Plan.







North Staffordshire Combined Healthcare



4.4



Combined works with partners for HSJ Partnership Awards 2024 shortlisting

Combined Healthcare has been named as a finalist for two prestigious HSJ Partnership Awards 2024, in collaboration with Changes Health and Wellbeing, Port Vale FC, and Stoke City FC. The Trust has been shortlisted in the 'Best Not For Profit' category, alongside award submission leads Port Vale FC and Stoke City FC, and in the 'Best Mental Health Partnership' category for its work with the Stoke-on-Trent based charity and award submission lead Changes Health and Wellbeing. The awards ceremony is in March 2024.

5.0 Conclusion

The start to the new year sees us busier than ever, working in collaboration with our system partners to deliver high quality care to our patients. It will be an exciting year for Combined with transformation activity, and key work under our Trust Strategy pillars of Quality, People, Partnerships and Sustainability.





Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

Enc 4

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024					
Title of Report:	Integrated Care Board (ICB) Update					
Presented by:	Dr Buki Adeyemo, Chief Executive Officer					
Author:	ICB					
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive Approved by					
	Officer Exec					

Purpose of	the	report:						
Approval		Information	\boxtimes	Consider		Assurance	\mathbb{X}	
F (; O				for Action				
Executive S	umm	nary:						
Integrated C and decisior	are s m) Bri	efing aim to ke	ep tl	he Board inform	ned	Report and the of the discussions will be a standing
Seen at:			SLT]		Document Version No.
Committee A	Appr	oval / Review		Audit ComPeople, Cu	Res mitte ulture	ource Committ	ent C	
Strategic Pri (please indicate		es	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ⊠ Access - We will ensure that everybody who nee our services will be able to choose the way, the time, and the place in which they access them ⊠ Prevention - To will continue to grow high-quality integrated services delivered by an innovative and sustainable workforce. ⊠ 					that reduce the rybody who needs e the way, the access them ⊠ grow high-quality,
BAF / Risk / Risk Register F		al implications: ence	 We will provide the highest quality, safe and effective services ⊠ We will attract, develop and retain the best people ⊠ We will actively promote partnership and integrate models of working ⊠ We will increase our efficiency and effectiveness through sustainable development ⊠ Any Risk/legal implications: (please reference if any) 					n the best people hip and integrated d effectiveness ⊠
Sustainabilit	y:			 Reduce th social care Build a net 	e en in S worl	vironmental im Staffordshire ar	pact nd S d su	t of health and toke on Trent □







	3. Share learning and best practice \boxtimes					
Resource Implications:	N/A					
Funding Source:	N/A					
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.					
ICS Alignment / Implications:	N/A					
Recommendations:	Trust Board are asked to receive for information.					
Version	Name/group	Date issued				







Integrated Care Partnership Briefing

Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) Meeting

December 2023



This briefing aims to keep partners informed of the discussions at the Integrated Care Partnership (ICP) meeting.

Growing Well: Ages 6 – 18 years.

Dr Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive from Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) presented the 'Growing Well: Ages 6 – 18 years' slides on behalf of Stephen Gunther, Director of Public Health at Stoke-on-Trent City Council.

In summary:

- Statistics within Staffordshire and Stoke-on-Trent show that approximately 20% of children under 16 in Staffordshire and 36% in Stoke-on-Trent under 16 are living in relative poverty.
- Key themes in the Public Health Outcomes Measures for School Age CYP for Staffordshire and Stoke-on-Trent include:
 - Increasing impact of poverty on CYP who live in relative or absolute low income
 - Increasing numbers of school age children living with excess weight and obesity
 - Higher rates of conception during adolescence
 - Inequalities in school age immunisation coverage (flu, HPV and MenACWY)
 - Evidence of population mental health and wellbeing declining with increasing prevalence of conditions and demand for CAMHS
 - Inequalities in absenteeism and poorer educational attainment at GCSE
 - Poor oral and dental health outcomes
- Distribution of these measures in our children and young people across Staffordshire and Stoke-on-Trent is not even and we see some communities experience greater deprivation and subsequent poor health and wellbeing outcomes.
- The Family prevention and Early help offer has been significantly disinvested from 2010 onwards. Levels of key partner funding in prevention and Early help services for CYP is also very limited.
- The predominant cause of children coming into care (peak is at 0-2 and 11-14) is neglect but underlying and wider causes include:
 - Poor maternal mental health
 - Parental learning disabilities/difficulties
 - Domestic violence
 - Drug and alcohol abuse
 - Physical and sexual abuse
 - Repeat pregnancies/child into care

- Severe adolescent behavioural and mental health issues
- Statistics from 2016/17 to 2023 demonstrate a 69% increase in children in care. The total net cost of children in care for 2016/17 was £24.3 million and this has increased by 134% to £56.6 million. The investment in children's social care over a 10-year period has gone up by 91.4%.
- The family support offer in Stoke-on-Trent is currently looking at what can be done via the following channels (individually and collectively) to support children and young people (CYP) into the transition of adulthood and completing their training and education:
 - Leisure Services
 - Libraries
 - Housing
 - Primary and Community Healthcare
 - Drug and Alcohol Services
 - Domestic Violence / Criminal Justice
 - Enhanced Financial and Practical Advice/Support
 - Family Learning and Employment Support
 - Youth Offer
 - Adult Services
 - Schools and Colleges
- Target outcomes that contribute to children going into care and causing the health and social issues in this age group need to be addressed. These include:
 - Reduced number of children requiring statutory intervention
 - Reduced children in care
 - Reduced infant mortality
 - Improved early development scores
 - Improved school attendance
 - Reduced school exclusions
 - Reduced first time youth offenders
 - Improved CYP mental health recovery rates
 - Reduced rates of domestic violence
 - Reduced adolescent self-harm
 - Improved child dental health.
 - Improved physical activity levels

On behalf of Stoke-on-Trent City Council Paul shared slides on examples of what is currently being done to address the issues above:

• In dental health the City Council is working with NHS England on oral health to promote supervised toothbrushing programmes with 15 settings and approximately 700 children participating so far. This is because Stoke-on-Trent experiences poor dental health with

33.6% of children having one or more missing, decayed or filled teeth, the highest rate in the West Midlands.

- There is cost of living support and advice being promoted through events and online to ensure people are accessing the help they need this winter and beyond as child poverty is associated with poor health and life chances in adulthood.
- An additional £8.6 million is being spent over 3 years on strengthening the local drug and alcohol treatment system to reduce the harm caused by substance misuse, including dedicated support for young people and families and supporting people in to work.
- A recent initiative was launched to address damp and mould in people's homes not just in Council housing but all types and tenures of property with a 'find it' 'fix it' approach taken.
- Maximising the City Councils commissioned services including working in partnership with 0-19 service to identify service improvement and opportunities for further integration and work with our mental health support services, Stay Well, to implement additional triaging resource and reviewing options to maximise support available for children and young people.

Paul then shared the next steps and what remains to be a challenge:

- A preconception awareness campaign targeting both women and girls to promote key health messages and the support available to improve health and wellbeing before conception, as part of the infant mortality action plan.
- Relaunching an evidence based smoking prevention programme for young people, INTENT (previously called ASSIST) which will include vaping for the first time and will be delivered to schools by the local PSHE coordinator on behalf of the council.
- 'In need' families and households are highly likely to present with multiple needs and inequalities, including substance misuse, poor physical and mental health and domestic abuse, therefore to have maximum impact it is important these needs, where possible, are addressed together.
- Large numbers of children are coming into care in the city with peaks at ages 0-2 and 11-14 years old. The new family support offer is seeking to build family and community resilience, but won't be a 'quick fix'.
- Disinvestment in prevention, early intervention and support services over many years has resulted in more young people and families reaching crisis before accessing help.

Deep Dive: Growing Well: Ages 6 – 18 years

Following the presentation, the group were asked to consider two questions:

- 1. How can each of you and your organisations make a significant positive impact on children's development (6-18 years)?
- 2. How do we achieve this partnership?

The feedback from the group included:

- The importance of ensuring we get the right jobs and growth to bring people out of the poverty bracket. We need to work together with local authorities, DWP and employers etc to do this.
- The need for a local skills initiative as the national initiatives often don't meet the local needs.

- The need for local and frontline level discussions.
- To encourage social prescribing and sharing of information around a family.
- Mental and emotional health support in schools to parents and empowering adolescents to take control over their own health and well-being.
- The importance of investment in prevention.
- The importance of understanding a child's personal circumstances and how that can influence their mental health, education or health and well-being.
- The need for a better connection with the voluntary sector funded and non-funded.
- Encouraging local students to engage with local communities to both support local people and help students develop a cultural understanding of the environment they might be providing support for going forward.
- Promoting partnership working to make it easier to raise concerns, and for these concerns to be picked up by the right people.
- The need to be proactive instead of reactive and how we make the journey to preventative focused services.
- Promoting the importance of self-care
- The need for innovation e.g artificial intelligence. How do we utilise the next generations increased use of technology.
- The importance of creating structure and focus in young people's lives and enabling the journey to success by making sure we utilise our resources in the best way we can including utilisation of data.
- The need for a refresh of the Joint Forward Plan.
- The importance of bespoke, effective and localised one to one engagement. We need to be talking to young people and engaging with young people in a far more sophisticated way on their level.

Date and time of next meeting: Monday 4 March 2024, 3.00pm – 5.00 pm, via MS Teams.





Enclosure No: 05

Report to:	Integrated Care Board								
Date:	21 Dec	ember 202	ıber 2023						
Title:	Chair and Chief Executive Officer Report								
Presenting Officer:	David Pearson, Chair, and Peter Axon, CEO								
Author(s):	David Pearson, Chair, and Peter Axon, CEO								
Document Type:	Report	rt If Other: Click or tap here to enter text.							
Action Required	Inform	\boxtimes	Discussion (D)			Assurance (S)			
(select):	Approval (A)				atification (R)		(check as necessary)		
Is the decision within SOFD powers & limits	Yes / No	Choose a	n item.						
Any potential / actual Conflict of Interest?	Yes / No	It y the mitigation recommendations –							
Any financial impacts: ICB or ICS?	: Yes / No // No /								
Appendices:	Click or	tap here to	o enter	text.					

(1) Purpose of the Paper:

This report provides a strategic overview and update on national and local matters, relevant to the Staffordshire and Stoke on-Trent system that are not reported elsewhere on the agenda.

Specifically, the paper details a high-level summary of the following areas:

- 1. System and General Update
- 2. Finance
- 3. Planned Care
- 4. Urgent Care
- 5. Key figures from our population
- 6. Quality and safety
- 7. COVID-19

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:	
Legal or Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
CQC or Patient Safety	This report type may assist the 2024 ICS CQC inspection

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Financial (CFO-assured)	N/A for the report, although the topics covered each have financial implications
Sustainability	N/A for the report
Workforce or Training	N/A – no specific training implications; workforce matters are inherent to each topic
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(4) Statutory Dependencies & Impact Assessments:								
		Yes	No	N/A	Details			
Completion of	DPIA			\boxtimes	<i>If N, why</i> Click or tap here to enter text. <i>If Y</i> , Reported to IG Group on Click or tap to enter a date.			
Impact Assessments:	EIA			\boxtimes	Click or tap here to enter text.			
Assessments.	QIA				<i>If N, why</i> Click or tap here to enter text. <i>If Y</i> , Approved by QIA Panel on Click or tap to enter a date.			
Has there been Public / Patient Involvement?				\boxtimes	Click or tap here to enter text.			

(5) Integration with the BAF & Key Risks:							
BAF1	Responsive Patient Care - Elective		BAF5	High Quality, Safe Outcomes			
BAF2	Responsive Patient Care - UEC		BAF6	Sustainable Finances			
BAF3	Proactive Community Services		BAF7	Improving Productivity			
BAF4	Reducing Health Inequalities		BAF8	Sustainable Workforce			

(6) Executive Summary, incl. expansion on any of the preceding sections:

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

To receive the report and be assured the leadership are working on each topic as raised.

1.0 System and general update

1.1 Primary Care

A System Level Access Improvement Plan has been developed and presented to the Finance and Performance Committee, ICB Board and Stoke-on-Trent Overview and Scrutiny Committee in November. The plan outlines the Integrated Care System's (ICS) approach to working with GP practices and Primary Care Networks (PCNs) in tackling the 8am rush and making it quicker and easier for patients to get the help that they need. The plan focuses on empowering patients in managing their own health and through an expansion of pharmacy services, a model to modernise general practice and the way patients access their GP practice. This will build the workforce capacity and cut bureaucracy to enable GP practices to focus their time on delivery of patient care.

In Staffordshire and Stoke-on-Trent (SSOT), over 6million appointments are delivered annually which is a 19% increase since September 2022. Nearly 46% of these appointments are booked on the same day. The ICS has seen an improvement across four of the five key patient satisfaction questions as part of the National GP patient survey compared to 2022 and SSOT is the only ICS in the region to have seen an improvement this year. However, the plan does aim to tackle where we know there is variation to access and patient experience across practices.

To support the success of the access plan, it will be vital for this to be embedded in a system approach. This will include how general practice access fits into the system urgent access work by simplifying how patients can access the care they need at the right place, right time and by the right professional. The broader utilisation of workforce in general practice also requires building on the communications campaigns that have been taking place with the public to understand these roles and to build confidence in their utilisation.

1.2 Workforce round table innovation event

Further to the update in the November report, a follow-up event took place with leads across the system to continue the actions identified at the Workforce Summit. The focus was on delivery of the long-term workforce plan, with particular focus on a 'reform' approach.

The three workshops focussed on the following areas and outputs were agreed as detailed below:

- Securing our Trainee Pipeline outputs included working with universities and providers to develop alternative training models, working together to review clinical placement capacity, 2024/25 workforce planning aligned to METIP.
- Attracting new Communities to work in Health and Social Care Create System wide Attraction / Inclusive Recruitment Strategy and Action Plan, develop System wide Working Group to agree priorities and collaborate to deliver the Action Plan
- The Flex Working Conundrum expansion of flexible working pilots, continue to support Self Rostering/Team rostering pilots, create a 'Myth Busting' resource, refresh the Flex Working Group into more of a Flex Network to create opportunity for sharing and discussing challenges.

All work will be taken forward via the established People Programme working groups.

1.3 People Hub Winter Campaigns

The People Hub, managed by the ICS Health and Care People Team, is our System bank of 'Reserves', people with the right values and behaviours, that work across Staffordshire and Stoke-on-Trent supporting teams and services within NHS Trusts, Social Care and Primary Care. During October and November, around 550 shifts were undertaken by People Hub staff, predominantly support workers for wards at Royal Stoke Hospital and administrators within PCNs. This Winter, we are running three campaigns to bolster the People Hub and support our Partners in readiness for surge.

1.4 Companion Volunteers

This initiative provides "Companions" to sit with patients who do not have visitors, supporting ward staff to feed, serve drinks, link in with family members and be an extra pair of hands where needed in wards at Royal Stoke Hospital, County Hospital and Haywood Hospital.

1.5 Social Care Hub

Through collaboration with Staffordshire County Council, a bank of Reserves, predominantly brand new to care, who have been taken through accredited training in readiness to pick up ad hoc shifts in care homes and with a view to then finding permanent employment.

1.6 New2Care

The key aim within the People Hub is always to bring new people into the sector and this Winter a social media campaign is running to attract <u>New2Care</u> into health and care organisations across Staffordshire and Stoke-on-Trent. This aligns to our 'Journey to Work' concept and our Outreach work stream.

1.7 Maternity deliberative event

The Maternity deliberative event was held on Wednesday 6 December. The event was attended by staff from the Integrated Care Board, provider Trusts, partner organisations and the CSU.

Presentations were delivered to the group and then debated in three breakout rooms where facilitators asked three questions about the proposals and recorded feedback. The feedback is now being collated to be analysed and reported on. A report of findings will be delivered in the new year.

2.0 Finance

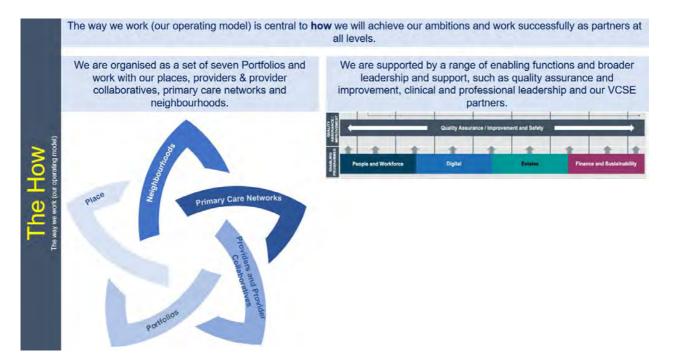
At month 7, at a system level, we are reporting a £60.7m adverse variance against plan. The adverse position drivers are consistent with prior months across Continuing Health Care (CHC) and prescribing inflationary pressures, slippage on efficiency programmes, the ongoing retention of escalation beds due to urgent and emergency care (UEC) demands and industrial action throughout the financial year. Our original break-even plan included a number of upside assumptions. Unfortunately a number of these assumptions have not come to fruition. As part of the financial reset request, the system informed NHS England this month that we are unable to breakeven at year end, due to the pressures highlighted throughout our in year financial reporting. New guidance has been received in respect of potential additional allocations to support systems with financial pressures, as well as more clarity on system Elective Recovery Fund (ERF) targets and funding. These amendments, coupled with the agreed system recovery plan results provide a revised forecast deficit for 2023/24 of £91.4m.

3.0 Planning for 2024/25 and beyond

We have proposed a set of six local high level operational plan priorities for 2024/25 (the what), this detail is being widely socialised with key committees and leads. The priorities are wrapped around two key aims for us all, in *ensuring we have safe, timely and sustainable care*, and *meeting the capacity challenge* particularly around our system bed gap. They build on the priorities set in the system "triangle" last year and priorities emerging either as part of the financial recovery programme or as the result of the outputs of other strategic work throughout the year.

There has been good engagement and support from a wide range of partners across the system. The main work to date has been on reviewing and reflecting the feedback on the wording. Our ambition in developing the operational plan is that there is a clear line of sight back to the Joint Forward Plan (JFP) and the Integrated Care Partnership (ICP) strategy. A further update will be provided for the Board in January as part of a broader planning update.





The System Planning Task and Finish Group has met twice, with representation from key system leads. Good progress is being made towards our first internal milestone of 15 December which will primarily involve portfolios and leads considering their priorities and deliverables for 2024/25 and how these will align to the six high level operational priorities and key aims. Our acute and community providers, within and outside the ICB footprint, are progressing with developing their operational plans.

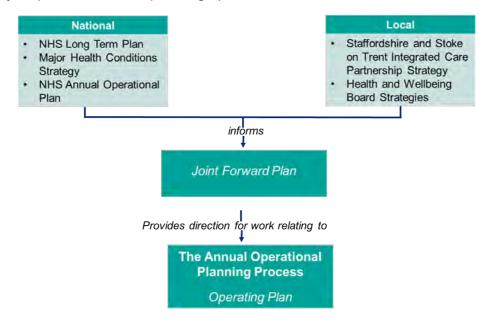
The first meeting of the Activity, Workforce and Finance Task and Finish Group will take place in December. The meeting will start to collate and test out initial 2024/25 forecasts at Trust and system levels. These will be reviewed alongside our operational plan priorities and deliverables to start to identify any issues and challenges.

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As we develop our operational plan for 2024/25 it is important to recognise that the system is going to make a sizeable deficit in 2023/24. A recovery programme is now in place and is delivering results but will not be sufficient on its own to eliminate the significant underling deficit that we hold. A proposal is in development around a financial framework for 2024/25 that sets some of the parameters within which we will need to develop our operational plan. The proposal will suggest that we need a system approach, focussing on a number of components including productivity, reducing unwarranted variation and progressing our Continuing Health Care (CHC) recovery work. Productivity and value for money is one of the four core purposes of an ICS, meaning the framework for the financial plan will be a key component of the planning approach.

A document skeleton is in development for the JFP refresh. The document will be a limited number of pages and be a supporting document to the JFP published in June and wrap around the 2024/25 operational plan. Consideration is also being given to the production of a three-year operating plan, that would provide a bridge between the JFP and one year plan.

National Planning Guidance is expected late December 2023 and a summary will be provided for the Board in January as part of a broader planning update.



4.0 Planned Care

4.1 Elective Waits (104, 78 and 65 week-waits)

The Integrated Care Board (ICB) and system partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024, in accordance with the national planning guidance. However, despite progress being made, the rate of improvement has been impacted by the ongoing industrial action by both junior doctors and consultants.

Significant work has been undertaken to eradicate 104-week breaches. It is forecasted there will be one patient who will breach 104 weeks at the end of December at University Hospitals of North Midlands NHS Trust (UHNM) which is due to custom equipment being needed and will be treated in January. Therefore, it is hoped that the system will have no further 104-week breaches.

For patients waiting beyond 78 weeks for treatment, the number of breaches forecasted across the system at the end of December is 86 (79 at UHNM and 7 at Nuffield), the forecast position for the end of January is 29 (all at UHNM) but a continued focus is required to ensure that we reduce this further.

Good progress is being made overall on the 65-week-wait cohort. Numbers have continued to improve with the potential cohort of patients breaching 65 weeks by the end of March now standing at circa 7,000,

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this is compared to over 37,000 at the start of the financial year. This is ahead of trajectory, but it is becoming clear that some specialities are making much better progress than others. Work is ongoing to identify the specialties where performance is not currently assured to allow appropriate support to be given.

To accelerate delivery of the 65-week-wait target, NHS England issued a letter on 4 August asking that systems challenged themselves to ensure that all patients within the 65-week-wait cohort had received their first outpatient appointment by the end of October. UHNM had flagged this target wouldn't be met and have completed their analysis to identify which specialties would deliver on the ask and which would not. As of 3 December, there were 1,701 patients in total who still require a first outpatient appointment, 372 already have one booked before 31 December, 162 have one booked after 31 December and 1,167 were still without an appointment booked.

As a result of industrial action, we had seen an increase in the 78-week-wait cohorts for Staffordshire and Stoke-on-Trent patients awaiting treatment from providers outside our system, this has now started to improve. The number has decreased from 144 as of 15 October, to 102 as of 26 November. Similarly, Staffordshire and Stoke-on-Trent patients greater than 65-week-waits outside our system has seen a reduction from 1,292 as at 15 October to 1,069 as at 26 November.

3.2 Cancer Performance

University Hospitals of North Midlands NHS Trust (UHNM) is reporting a continued steady reduction in the 62-day cancer backlog, following a period of deterioration during September. As of 3 December, the 62-day backlog was 360 against a revised trajectory of 380, this has been an improved position since the end of October where the backlog was 427 against a revised trajectory of 430. The 104+ day backlog has reduced, as of 29 October, to 104 against a fair share's trajectory of 78, this is a reduction from 130 as of 29 October. The total Patient Treatment List (PTL) volume has continued to reduce, and as of this week (3 December) it is currently at 3,249, compared to 3,783 at the end of October.

The position of 28-day faster diagnosis standard for cancer has again improved with a projected performance of 66.3% for November. UHNM has drafted a forecast to improve performance against the FDS metric – to a point of achieving 79% against the standard by March 24, with the national target being 75%.

5.0 Urgent and Emergency Care (UEC)

Unvalidated 4-hour performance has continued to be challenged with the latest pressures within UEC during November resulting in a further reduction to 64.4%. This reduction has been backed up by sustained levels of breaches within Minor Injury Unit (MIU) activity whilst overall attendances in these units dropped by around 10%, and reduced performance at County Hospital due to a 5.4% increase in breaches.

12-hour unvalidated performance continued to feel the impact of the increased pressure reported as 9.6% for November, only 0.1 percentage points down in October. The mean for the calendar year has increased slightly to 8.4% with the week ending 3rd December rising as high as 11.8%, significantly higher than the desired 2% target.

Long Length of Stay (LoS) performance has reflected the impact of recent pressures, with each of 7+, 14+ and 21+ numbers rising through November but continuing to report below pre-pandemic levels for the month.

Category 2 performance continued to be challenged within the local system and at regional level, however, the latest 4-week average saw a 12-minute improvement for Staffordshire and Stoke-on-Trent ICS which held us at 8th out of 11 regionally and up to 31st out of 42 nationally.

Medically Fit for Discharge (MFFD) has marginally increased at Royal Stoke Hospital, primarily in Medicine, whilst County Hospital followed previous periods in showing little variation. However, both remain below the assumption made within the predictive bed modelling tool as part of the system surge plan.

COVID-19 bed numbers, having fallen as low as 33 by the end of November are rising and as of 10 December stood at 93 which continued the pressure on demand for beds. COVID related staff absences are also showing signs of trending upwards. The latest flu surveillance report indicates no immediate evidence of the beginning of the seasonal surge; however, rates are beginning to increase as are bed numbers for confirmed flu cases.

Following the ratification of our System Surge Plan at the November ICB Board we have mobilised additional acute and community capacity to support the management of seasonal pressures, and to maintain flow throughout our system.

At this time, we remain in a capacity deficit overall against the predicted demand, with some slippage noted in the mobilisation of all escalation beds, Outpatient Parenteral Antimicrobial Therapy (OPAT), Hospice/End of Life, and Virtual Wards. System partners have agreed an Escalation Plan, designed to identify key additional actions partners will take to manage periods of increased pressure.

6.0 Key figures for our population

	Jul-23	Aug-23	Sep-23	Oct-23
111 calls received	30,868	29,579	30,021	35,316
Percentage of 111 calls abandoned	5.3%	8.2%	5.8%	5.7%
A&E and Walk in Centre attendances (UHNM)	20,696	19,573	20,502	21,360
A&E and Walk in Centre attendances (other providers)	17,882	16,960	17,265	18,284
Non elective admissions (UHNM)	7,594	7,424	7,469	8,016
Non elective admissions (other providers)	5,746	5,505	5,558	5,959
Elective and Day Case spells (UHNM)	6,685	6,872	6,592	7,194
Elective and Day Case spells (other providers)	8,011	8,118	7,848	8,307
Outpatient procedures (UHNM)	4,306	4,931	5,021	5,225
Outpatient procedures (other providers)	9,048	8,315	8,235	7,686
GP Appointments (all)	500,967	506,811	580,922	621,388
Physical Health Community Contacts (attended)	132,625	128,840	129,825	138,610

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**	Mental Health Community Contacts (attended)	46,000	43,590	42,150	
----	---	--------	--------	--------	--

*NHS 111 - latest month is provisional and subject to change **Physical and Mental health contacts - latest month is provisional and subject to change and both datasets are sometimes one month behind the other datasets depending upon the publication dates

Most datasets are subject to change following refresh

Variation in Planned Care type activities (e.g. Elective/ Day Case admissions, OP/ GP appointments) is influenced by a variety of factors, including the number of working days in the month (activity in some months is affected by bank holidays). We will flag up if variation in these activities is abnormal.

Please note: There is a seasonal increase every October as we approach winter, usually from September to November as there is a higher volume of appointments. In addition, there's a substantial amount of work ongoing to ensure practices are capturing all appointment activity.

7.0 Quality and safety

7.1 Meeting with the new Chief Midwifery Officer for England

Kate Brintworth, who was appointed to the role of Chief Midwifery Officer (CMO) for England in June this year, visited maternity and neonatal services at University Hospitals of North Midlands NHS Trust (UHNM). Kate has worked in London previously and stated at a national meeting, that she wanted to get to know the areas in the north of the country, and was promptly invited by Sarah Jamieson, Director of Midwifery at UHNM, to visit the Trust.

The visit took place on 5 December which the ICB Acting Chief Nurse and Therapies Officer (CNTO) attended. The visit was a great success, both with the assurance provided by UHNM but also her new increased knowledge about maternity services in the Midlands.

The CNTO took the opportunity to share information on how Staffordshire and Stoke-on-Trent is looking at using the Single Health Resilience Early Warning Database (SHREWD) to highlight escalations which she was really interested in and a commitment to keep her updated on progress, was made.

7.2 Staff Celebrations

Members of the UHNM Maternity and Neonatal team were invited to a reception at Buckingham Palace. The Recruitment and Retention Leads were invited by King Charles, along with other organisations, in recognition of the work to recruit international midwives.

8.0 COVID-19

COVID-19 and flu vaccinations are continuing across Staffordshire and Stoke-on-Trent and will continue throughout December with targeted work to improve inequalities continuing until 31 January 2024. The National Booking Service (NBS) and NHS119 processes for booking appointments will end on 14 December, however walk-in clinics and clinics with local booking options will continue until the end of January to enable those who have not yet received a vaccination to get one.

8.1 COVID-19 vaccination data

• Total COVID-19 vaccinations given = 271,441 (as at 4/12/2023)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Staffordshire and Stoke-on-Trent is the third highest performing system within the region at 58.95% of eligible individuals vaccinated this autumn (other systems 41.17 65.21%).
- Current performance for 5–11-year-olds at risk is slightly below national average, however there
 are additional clinics planned in early December for these individuals to access vaccinations over
 the coming weeks.

Uptake Performance Data Source: https://ppds.palantirfoundry.co.uk/workspace/cor			S ar	nd J	CV 9ccdc59-3	I Cc ^{b93-4ea0-a}	9df-a9c72f	rts 77e184?vi	L ewMode=	Data C _{edit}	orrec	t as a	t 04/1	2/23
Uptake by AW23 Cohorts – As at 4 th December														
AW23	England	Midlands	BSOL	BC	CW	Derby	HW	LLR	Lincs	Nhants	Notts	STW	SSOT	England
1: Care Home Residents	80.5%	80.2%	P 73.6%	P 70.9%	83.0%	83.0%	🛨 84.5%	79.8%	80.6%	81.7%	81.9%	81.8%	82.9%	England Midlands
2: Healthcare Workers	30.9%	28.7%	21.3%	20.6%	28.0%	★ 35.0%	34.8%	28.6%	31.7%	28.7%	27.1%	30.5%	34.3%	Midlands
3: Social Care Workers	22.3%	22.0%	16.7%	17.2%	27.3%	24.4%	🛨 29.1%	23.1%	23.6%	22.3%	19.7%	21.5%	21.6%	
4: 80+	78.1%	77.8%	▶ 66.7%	▶ 66.9%	79.6%	81.2%	🛨 84.8%	77.8%	83.1%	80.5%	77.7%	80.5%	80.8%	
5: 75-79	77.5%	77.5%	▶ 68.7%	▶ 66.1%	78.6%	80.1%	🛨 83.8%	77.4%	81.9%	80.0%	77.1%	79.1%	79.6%	
6: 70-74	72.8%	72.5%	60.9%	▶ 59.0%	74.0%	76.4%	🛨 80.1%	71.4%	79.2%	75.5%	72.1%	74.9%	76.0%	
7: 65-69	63.5%	63.3%	▶ 50.6%	48.6%	65.2%	68.3%	🛨 72.5%	61.5%	71.6%	66.6%	61.9%	66.3%	68.0%	
8: At Risk	28.9%	28.4%	19.8%	20.3%	29.3%	32.7%	35.8%	27.3%	🛨 36.5%	31.7%	27.2%	30.2%	32.2%	
9: 12-15 At Risk	13.1%	11.4%	8.6%	6.8%	13.3%	12.0%	14.8%	11.7%	🛨 15.2%	10.8%	11.2%	10.8%	12.0%	
10: 12-17 Household contacts of immunosuppressed	1.2%	1.3%	0.9%	0.5%	1.6%	1.5%	1.5%	1.5%	1.5%	1.2%	1.3%	1.3%	📩 1.7%	
11: 5-11 At Risk	17.3%	14.7%	10.2%	8.5%	20.1%	15.4%	18.4%	12.2%	15.5%	14.8%	🛨 20.4%	16.2%	10.9%	

8.2 Flu vaccination data

- Total flu vaccinations given = 349,130 (as at 1/11/2023)
- Staffordshire and Stoke-on-Trent is the third highest performing system within the region at 52.62% of eligible individuals vaccinated this autumn (other systems 35.89 60.47%).
- Highest vaccination activity within region for Staffordshire and Stoke-on-Trent.
- School Age Immunisation Service (SAIS) teams have seen a good early start showing the highest vaccination events in schools compared to other systems within the region.

9.0 Summary of recommendations and actions from this report

ICB Board members are asked to note these updates.

David Pearson, ICB Chair Peter Axon, ICB Chief Executive Officer

Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

Enc 5

REPORT TO PUBLIC TRUST BOARD

Date	of Meeting:	11 th January 2024							
Title	of Report:	Monthly Safer Staffing Report – Octob	er 23						
Prese	ented by:	Kenny Laing – Chief Nursing Officer							
Autho	pr:	Zoe Grant – Deputy Chief Nursing Offi	cer						
Exec	utive Lead Name:	Kenny Laing – Chief Nursing Officer	Approved by	\boxtimes					
			Exec						

Purpose of	the								
Approval		Information	\boxtimes	Consid			Assurance	\boxtimes	
Even evitive O				for Act	ion				
Executive S	umm	iary:							
	ıg lev	ies the monthly p vels during Octol							
Key Finding	s:								
• Durii	ng O	ctober 2023, an	over	all fill rate	e of 99	9.7%	was achieved	I.	
• The	fill ra	te for RN shifts i	n Oc	tober, ha	as imp	rove	ed at 77.2%.		
		nt posts in the in vacant positions						d fro	m September with
• The	HCS	W vacancies als	so im	proved c	luring	Octo	ober 2023 with	12.5	6wte vacancies.
• The	bed	occupancy rate	was	85.2%					
RN v	/acar esse	ncies, highlightin d with additional	g a r	need for	robust	sup	ervisory suppo	ort wl	
Recommend	datia	nc:							
The Quality challenges i support the Trust are co	Corr n filli mitig	mittee and Trus	h rec surrei safe	cruitment ntly in pla staffing l	to nu ace. Tl	rse v he B	vacancies, and loard should be	to a e ass	cknowledge and sured that the
Seen at:			SLT		Execs	S [Document Version No.
Committee /	Appro	oval / Review		FinaAudiPeop	nce & t Com ble, Cu	Res mitte	ittee 🖂 source Commit ee 🗌 e & Developme nds Committee	ent C	_





Strategic Priorities (please indicate)	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ⊠ Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them □ Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ⊠
BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services ⊠ We will attract, develop and retain the best people ⊠ We will actively promote partnership and integrated models of working □ We will increase our efficiency and effectiveness through sustainable development ⊠ Any Risk/legal implications: (please reference if any)
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent Share learning and best practice
Resource Implications:	N/A
Funding Source:	N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications:	N/A
Recommendations:	Trust Board is asked to receive the report for assurance and information
Version	Name/group Date issued
	1





October 2023 Monthly Safer Staffing Report

Introduction:

This report details the ward daily staffing levels during the month of October 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 since 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 October 2023 in line with the National Quality Board requirements.

Key Findings:

- During October 2023, an overall fill rate of 99.7% was achieved; this is a slight decrease from 100.5% in September 2023.
- The fill rate for RN shifts in October has slightly improved since September; from 71.7% to 77.2% in October 2023.
- RN vacant posts in the inpatient wards during October improved from September with 55.86wte vacant positions to 40.44wte in October.
- The HCSW vacancies also improved during October 2023 with 12.56wte vacancies.
- The bed occupancy rate was 85.2%
- Safer staffing establishment reviews which took place in February have resulted in Executive approval to uplift staffing establishments in Ward 1, 4 & 5 from September 2023.
- Recruitment to vacancies is challenging, 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 September
- 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 October 2023.

A comprehensive annual report for 2022/23 was presented to the September 2023 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

Summary:

Trust Performance

During October 2023, the Trust achieved an overall staffing fill rate of 77.2% for Registered Nurses. This broken down to 78.66% during the day shifts and 74.02% during the night shift.

The overall staffing fill rate for HCSW staff was 116.8% which saw 106.87% fill rate during the day shifts and 130.67% fill rate during the night shifts.

Taking skill mix adjustments into account an overall fill-rate of 99.7% was achieved.

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 is for April 2023, this demonstrated that the Trust remained in the highest quartile of care hours per patient per day nationally (see Appendix 1). In October 2023 the Trusts locally reported average was 12.70 CHPPD.

Impact

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

Incidents reported relating to staffing levels

There were three reported safer staffing related incidents during October 2023. All three were on ward 2. One was due to excessive patient need; one due to reduced staffing numbers due to staff out on training and a subsequent shift cancellation and one related to lack of RMN cover due to staff sickness, this was subsequently covered by another ward area. None of the incidents resulted in harm.



Impact on Patient Experience

Staff continue to prioritise patient experience and direct patient care. Ward managers have reported some cancellations of ward based activities, however attempts are made to ensure that these are rescheduled or support from the wider MDT is sort. The main issue for cancelling activities is related to the activity workers having to pick up a staffing shortfall.

The wards continue to hold patient community meetings which allow them to report issues of concern.

There were no reported PALs or complaints which could be related back to staffing issues or concerns.

Impact on Staff Experience

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

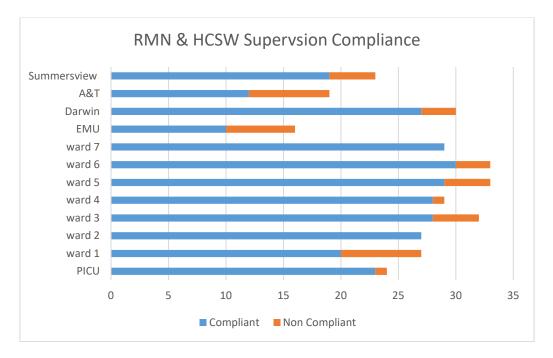
194 staff breaks were cancelled in October. There were zero missed breaks reported in Edward Myers Unit

Please see the breakdown of areas below:



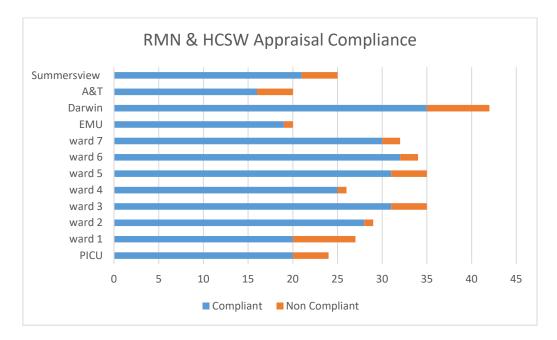
Supervision Compliance:

Supervision compliance throughout inpatient teams is generally good during October 2023, Ward managers' 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. Access to Professional Nurse Advocacy continues to be promoted.



Appraisal Compliance:

The majority of wards are reporting good compliance with Appraisals for individual staff members:



There were no teams reporting an impact on mandatory training.

Other incidents of note:

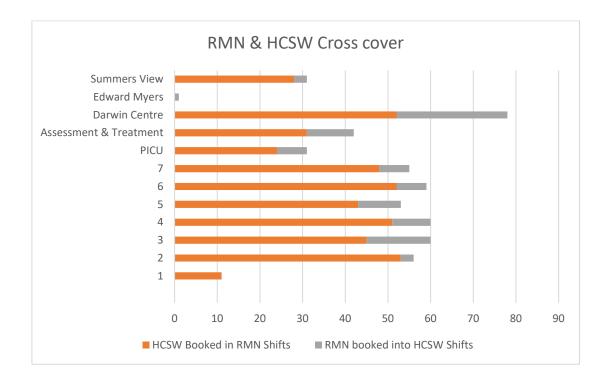
There were two COVID outbreaks reported during October 23, one on ward 2 and one on ward 5. They were predominantly patient cases and with 3 staff members absent as a result of COVID 19.

Mitigating Actions:

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 461 Registered Nurse shifts were covered by HCSW's where Registered Nurse temporary staffing was unavailable.

Registered Nurse staff covered 101 HCSW shifts where HCSW temporary staffing was unavailable. 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.

The graph below illustrates the number of times a HCSW has covered a Registered Nurse shift and how many times a Registered Nurse has filled a HCSW shift:



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.

The safer staffing fill rate has remained stable over the previous months, the Safer Staffing Huddles remain stepped back to twice weekly throughout October 23. They continue to provide 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.

Work remains underway to embed the safe care tool which enables them to make more informed decisions about staffing shortfalls when compared to ward acuity. Compliance regarding completion of the safe care is improving.

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.

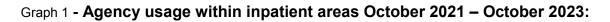
Bank and Agency Usage

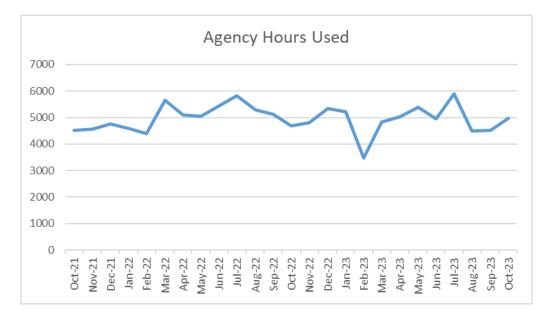
The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls.

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.

October 2023 has seen an increase of Agency usage and reduction of bank usage; demonstrated in the graphs below:

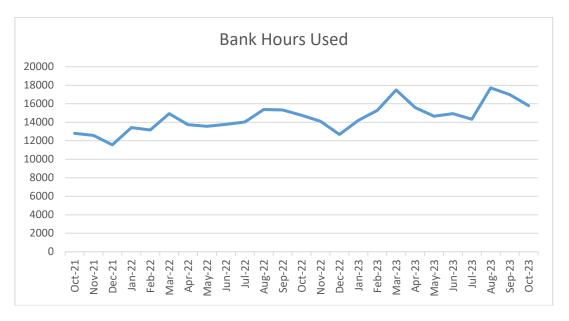
This is demonstrated in the two graphs below:





The agency hours utilised in October were 4969.83hours.

Graph 2 - Bank usage within inpatient areas October 2021 – October 2023:



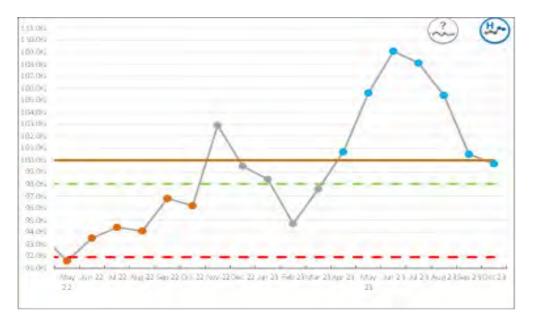
The Bank hours utilised in October were 15801.9.hours

Overall Fill Rate

The overall staffing fill rate during October 2023 was 99.7%.

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.

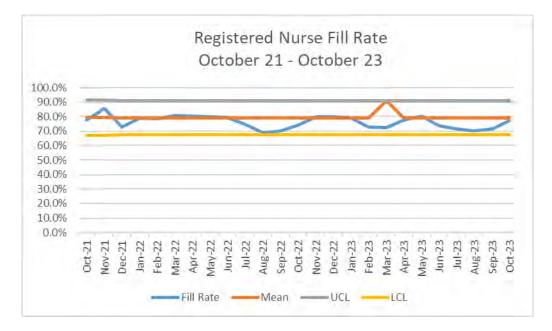
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised above.



Overall Fill-Rate May 2022 - October 2023

Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during October 2023 was 77.2%:



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 March 23 and October 2023. Bespoke supervision and reflective sessions assist in ensuring their experiences are captured and any additional support requirements are being met.

14 Newly Registered Nurses commenced in March 23 and 43 newly registered nurses commenced during October 23.

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

Registered Nurse and HCSW Retention

During October 2023, 17 Registered Nurse (14.57wte) left the Trust, four of these were from Inpatient setting. Eight of these were employer transfers, the remainder were voluntary resignation; a mix between relocation, retirement, promotion and work life balance.

3 HCSW's (2.88wte) left the Trust during October 2023. All were from Inpatient settings, all were voluntary resignation and retirement.

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.

Despite capacity issues within the team throughout September and October, the E-rostering team have continued to maintain the co-ordination and allocation of the bank staff and agency staff. 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. Dedicated time is provided for reflection, group supervision, and wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas. A closed culture review took place within the acute inpatient ward areas during October 23, the findings will be presented through to the Trusts Senior Leadership Team.

Each ward team have access to the staff wellbeing support networks and also have regular reflective practice sessions within the wards.

To Conclude:

There continues to be a degree of stability, with the overall fill rate position in October 23.

The RN vacancy position has unchanged during October 2023 at 40.44wte.

The HCSW vacancy position also remains unchanged with 12.56wte vacancies for the inpatient wards in October 2023.

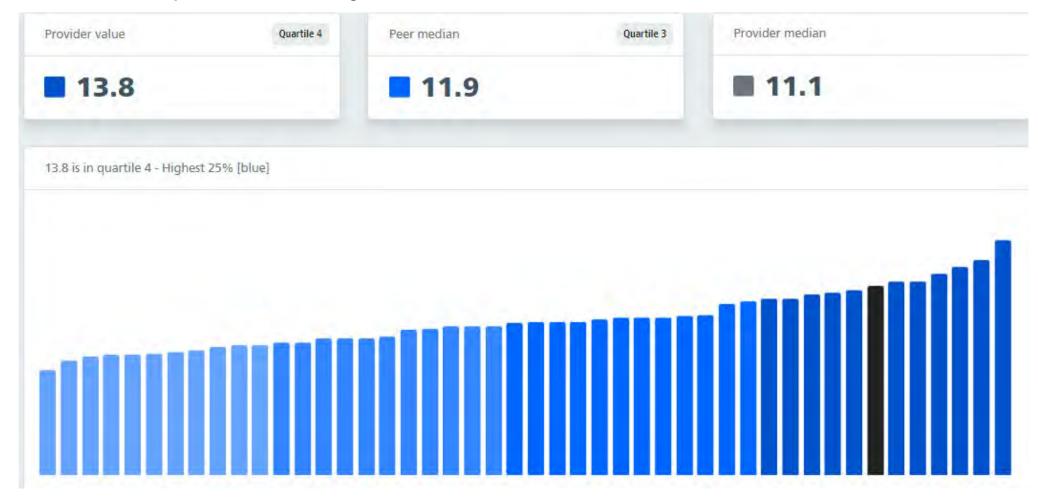
The Inpatient ward Occupancy levels averaged at 85.2% throughout October.

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

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 – benchmark – August 23



Appendix 2 October 2023 Safer Staffing:

		RN	ΛN	CARE STAFF			Registered Nurse Care Staff			Total	Nursing St	affing						
Ward	Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)	Day Fill Rate (%)	Night Fill Rate (%)	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD
Assessment & Treatment	781.25	623.75	688.2	378.4	1584.25	1385.23	688.2	1520.7	79.84%	54.98%	87.44%	220.97%	68.2%	127.9%	104.4%	3908.08	62	63.03
Darwin Centre	1104	1445.08	688.2	721.5	1860	2357.75	1720.5	2448.5	130.89%	104.84%	126.76%	142.31%	120.9%	134.2%	129.8%	6972.83	159	43.85
Edward Myers Unit	808.25	627.75	355.2	355.2	757.5	792.45	677.1	668.25	77.67%	100.00%	104.61%	98.69%	84.5%	101.8%	94.1%	2443.65	272	8.98
Summers View	1080.5	763.25	322.22	326	869.75	937	664.43	669.68	70.64%	101.17%	107.73%	100.79%	77.7%	104.7%	91.8%	2695.93	300	8.99
PICU	1138.5	885.25	688.2	552.1	1646.75	1703	1372.65	1394.85	77.76%	80.22%	103.42%	101.62%	78.7%	102.6%	93.6%	4535.20	152	29.84
Ward 1	1310.25	1116.08	677.1	547.7	1155	1282.75	688.2	800.67	85.18%	80.89%	111.06%	116.34%	83.7%	113.0%	97.8%	3747.20	435	8.61
Ward 2	1488.87	921	677	405	1730.5	1650.25	688.2	1368.85	61.86%	59.82%	95.36%	198.90%	61.2%	124.8%	94.8%	4345.10	545	7.97
Ward 3	1,473.00	1,234.75	699.3	370.35	1153.25	1238.25	876.1	1343.1	83.83%	52.96%	107.37%	153.30%	73.9%	127.2%	99.6%	4186.45	452	9.26
Ward 4	1570.5	1005.83	344.1	344.9	1387.97	1743.58	1245.8	1496.45	64.05%	100.23%	125.62%	120.12%	70.5%	123.0%	100.9%	4590.76	457	10.05
Ward 5	1221.92	918.08	688.2	344.1	1238.78	1124.17	1032.3	1156.3	75.13%	50.00%	90.75%	112.01%	66.1%	100.4%	84.7%	3542.65	198	17.89
Ward 6	1167	932.42	688.2	377.23	1707.5	1608.35	1032.3	1379.25	79.90%	54.81%	94.19%	133.61%	70.6%	109.0%	93.5%	4297.25	334	12.87
Ward 7	1335.5	916.92	344.1	355.2	1160.98	1545.23	1032.3	1065.6	68.66%	103.23%	133.10%	103.23%	75.7%	119.0%	100.3%	3882.95	503	7.72
Totals	14479.54	11390.16	6860.02	5077.68	16252.23	17368.01	11718.08	15312.20	78.66%	74.02%	106.87%	130.67%	77.2%	116.8%	99.7%	49148.05	3869.00	12.70

Appendix 3

	Total Nursing Staffing					Bed Occupancy	Safe Staffing maintained by:	<u>RN</u> Vacancies	HCSW Vacancies	
Ward	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD	<u>occupancy</u>	<u>indintantea 571</u>	<u>vacancies</u>	<u>vacancies</u>
Assessment & Treatment	68.2%	127.9%	104.4%	3908.08	62	63.03	100.0%		2.76 个	4.43 🗸
Darwin Centre	120.9%	134.2%	129.8%	6972.83	159	43.85	46.6%		11.22 个	5.57个
Edward Myers Unit	84.5%	101.8%	94.1%	2443.65	272	8.98	73.1%	Nurses working unplanned hours.	4.00 个	1.00 ↔
Summers View	77.7%	104.7%	91.8%	2695.93	300	8.99	96.8%	 Wider MDT support. Altered skill mix Temporary & 	4.00 ↔	0.40 个
PICU	78.7%	102.6%	93.6%	4535.20	152	29.84	89.4%	agency staff cover	0.76 个	1.35 ↔
Ward 1	83.7%	113.0%	97.8%	3747.20	435	8.61	100.2%		4.55 个	(0.41) ↔
Ward 2	61.2%	124.8%	94.8%	4345.10	545	7.97	97.7%		2.94 ↔	0.74 个
Ward 3	73.9%	127.2%	99.6%	4186.45	452	9.26	91.1%		4.02 ↔	(2.43) ↔
Ward 4	70.5%	123.0%	100.9%	4590.76	457	10.05	98.3%		3.91 ↔	(1.21)↔
Ward 5	66.1%	100.4%	84.7%	3542.65	198	17.89	63.9%		0.00 个	(1.00) 个
Ward 6	70.6%	109.0%	93.5%	4297.25	334	12.87	71.8%		0.79 个	1.31 个
Ward 7	75.7%	119.0%	100.3%	3882.95	503	7.72	90.1%		1.53 个	0.04 ↔
Totals	77.2%	116.8%	99.7%	49148.05	3869.00	12.70	85.2%		40.44 个	12.56 个

KEY

↑ Improved since previous month

↓ Deteriorated since previous month

↔No change









Enc 5a

REPORT TO PUBLIC TRUST BOARD

	Date of Meeting:	11 th January 2024							
-	Title of Report:	Monthly Safer Staffing Report – Nover	nber 23						
	Presented by:	Kenny Laing – Chief Nursing Officer							
	Author:	Zoe Grant - Deputy Chief Nursing Offi	cer						
	Executive Lead Name:	Kenny Laing – Chief Nursing Officer	Approved by	\boxtimes					
			Exec						

Purpose of	the	report:							
Approval		Information	\boxtimes	Consid for Act			Assurance	\boxtimes	
Executive S	umm	nary:				1		I	
Purpose: This paper of	outlin g lev	es the monthly p vels during Nove							
Key Finding	S:								
• Durir	ng N	ovember 2023, a	an ov	verall fill	rate of	98.4	4% was achiev	ed.	
• The	fill ra	te for RN shifts i	n No	ovember	, has i	mpro	oved at 80.2%.		
• RN v	acai	nt posts in the in	patie	ent ward	s durin	g No	ovember was 3	9.44	WTE.
• The vaca		W vacancies als s.	so im	proved	during	Nov	ember 2023 w	th 1:	2.73wte
• The	bed	occupancy rate	was	92.7%					
		introduced Com ward (Appendix		ity safer	⁻ staffir	ng da	ata to this repo	t an	d will continue to
RN v	vacai esse	ncies, highlightin d with additional	gar	need for	robus	t sup	ervisory suppo	ort w	
challenges i support the	Corr n filli mitig	mittee and Trus	h rea	cruitmen ntly in pl	it to nu ace. T	rse v he B	vacancies, and loard should be	to a e ass	cknowledge and sured that the
Seen at:			SL	Γ	Exec	s []		Document Version No.
Committee /	Appr	oval / Review		FinaAud	ance & lit Corr	Res mitte	ittee 🛛 cource Commit ee 🗌 e & Developme		







	Charitable Funds Committee
Strategic Priorities (please indicate)	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ⊠ Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them □ Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ⊠
BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services ⊠ We will attract, develop and retain the best people We will actively promote partnership and integrated models of working □ We will increase our efficiency and effectiveness through sustainable development ⊠ Any Risk/legal implications: (please reference if any)
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent Share learning and best practice
Resource Implications:	N/A
Funding Source:	N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications:	N/A
Recommendations:	Trust Board is asked to receive the report for assurance and information
Version	Name/group Date issued





November 2023 Monthly Safer Staffing Report

1. Introduction:

This report details the ward daily staffing levels during the month of November 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 since 2018 Care Hours per Patient Day (CHPPD) have also been required to be reported to NHS Digital. The CHPPD calculation is based on the cumulative total number of patients daily over the month divided by the total number of care hours (appendix 1).

2. 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 November 2023 in line with the National Quality Board requirements.

3. Key Findings:

- During November 2023, an overall fill rate of 98.4% was achieved; this is a slight decrease from 99.7% in October 2023.
- The fill rate for RN shifts in November has improved further since October; from 77.2% to 80.2% in November 2023.
- RN vacant posts in the inpatient wards remains similar to October which was 40.44wte vacant positions to 39.44wte in November.
- The HCSW vacancies also improved during November 2023 with 12.73wte vacancies.
- The bed occupancy rate increased from 85.2% in October to 92.7% in November. The community safer staffing report in Appendix 4 offers comparable data around workforce, bank and agency usage, alongside caseload acuity and will provide helpful insights into community staffing and how this impacts on patient care going forward.
- Safer staffing establishment reviews which took place in February have resulted in Executive approval to uplift staffing establishments in Ward 1, 4 & 5 from May 2023.
- Recruitment to vacancies is challenging, 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.

3.1 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 October
- Be assured that safe staffing levels have been maintained

4. 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 November 2023 and findings will be reported in January 24.

A comprehensive annual report for 2022/23 was presented to the September 2023 Trust Board and the recommendations relating to safer staffing reviews are progressed and monitored through the Safer Staffing Group.

5. Summary:

5.1.Trust Performance

During November 2023, the Trust achieved an overall staffing fill rate of 80.2% for Registered Nurses. This broken down to 82.87% during the day shifts and 74.6% during the night shift.

The overall staffing fill rate for HCSW staff was 112.2% which saw 103.39% fill rate during the day shifts and 124.31% fill rate during the night shifts.

Taking skill mix adjustments into account an overall fill-rate of 98.4% was achieved.

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.

5.2. 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 is for April

2023, this demonstrated that the Trust remained in the highest quartile of care hours per patient per day nationally (see Appendix 1). In November 2023 the Trusts locally reported average was 14.2 CHPPD.

5.3. Impact

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

5.4. Incidents reported relating to staffing levels

There were five reported safer staffing related incidents during November 2023. Two of these were reported by PICU, both related to having to work 1 member of staff below their staffing establishment due to needing to support other inpatient wards. Ward 2 rasied an incident due to having only one Registered Nurse on duty, with high levels of occupancy and acuity throughout the shift. Assessment and Treatment team were unable to facilitate a patient's section 17 leave due to staff sickness for a particular shift and ward 5 reported having to work with 3 staff on a night duty as opposed to their established 5. There was no harm to patients as a result, however the nurse in charge of ward 5 reported the ward to be unsafe to the site manager at the time and patient experience was compromised on Assessment and Treatment due to not having their section 17 leave.



5.5. 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.

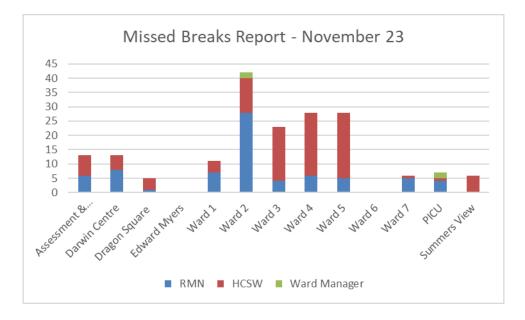
There were no reported PALs or complaints which could be related back to staffing issues or concerns.

Patient experience was reported to be compromised on one occasion at Assessment and Treatment unit due to their leave not being facilitated.

5.6. Impact on Staff Experience

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

182 staff breaks were cancelled in November. There were zero missed breaks reported in Edward Myers Unit and ward 6.

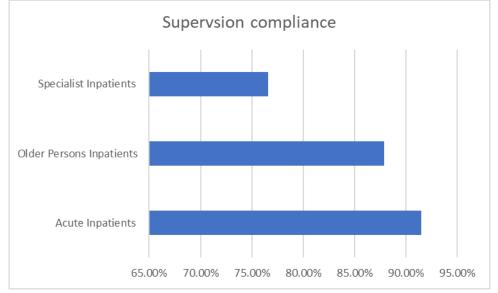


Please see the breakdown of areas below:

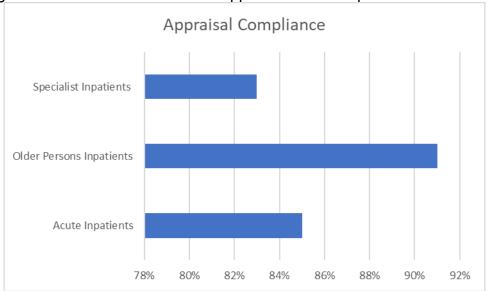
5.7. Supervision Compliance:

Supervision compliance throughout inpatient teams is generally good during November 2023, Ward managers' 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. Access to Professional Nurse Advocacy continues to be promoted.

Registered Nurse & Health Care Support Worker compliance for November:



5.8. Appraisal Compliance:



Registered Nurse & Health Care Support Worker compliance for November:

There were no teams reporting an impact on mandatory training.

5.9. Other incidents of note:

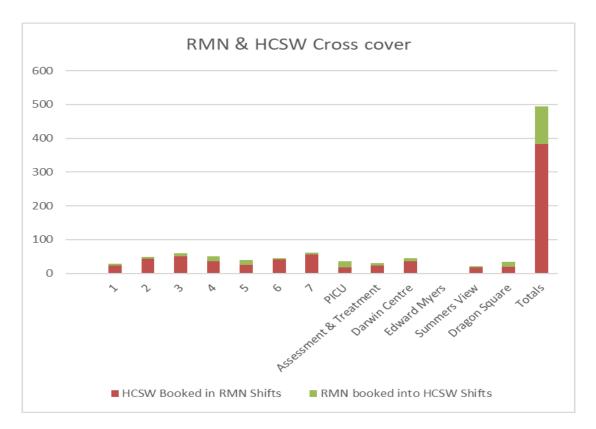
There was one COVID outbreak reported during November 23, this was on the PICU unit which re-opened on 10th November 23.

5.10. Mitigating Actions:

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 383 Registered Nurse shifts were covered by HCSW's where Registered Nurse temporary staffing was unavailable.

Registered Nurse staff covered 112 HCSW shifts where HCSW temporary staffing was unavailable. 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.

The graph below illustrates the number of times a HCSW has covered a Registered Nurse shift and how many times a Registered Nurse has filled a HCSW shift. Predominantly there is a need for Registered Nurse shifts to be filled by HCSW's which could impact on the effectiveness of care delivery, the highest occurrence of this in November was in ward 7 (55 shifts), ward 3 (50 shifts) and Ward 2 (43 shifts):



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.

Although slightly reduced during October and November, the safer staffing fill rate has remained stable over the previous months, the Safer Staffing Huddles remain stepped back to twice weekly throughout November 23. They continue to provide 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.

Work remains underway to embed the safe care tool which enables them to make more informed decisions about staffing shortfalls when compared to ward acuity. Compliance regarding completion of the safe care is improving.

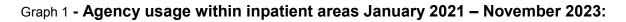
Following the 6 monthly safer staffing reviews in February 2023 with each of the Inpatient wards, 3 wards have had their establishments adjusted. This proceeded a period of review utilising the evidenced based Mental Health Optimal Staffing Tool (MHOST), alongside clinical discussions and reviews of 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.

5.11. Bank and Agency Usage

The Temporary Staffing Team have continued to engage bank and agency staff to cover staffing shortfalls.

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. The agency cover has reduced considerably in November, which is also a positive picture and can be attributed to the influx of Newly Registered Nurses in October 2023.

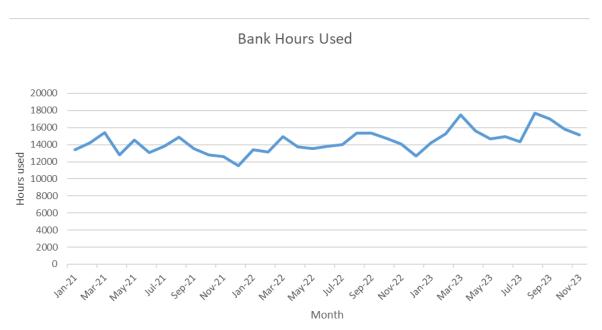
This is demonstrated in the two graphs below:





The agency hours utilised in November were 2240.81hrs

Graph 2 - Bank usage within inpatient areas November 2021 – November 2023:



The Bank hours utilised in November were 15130.36.hours

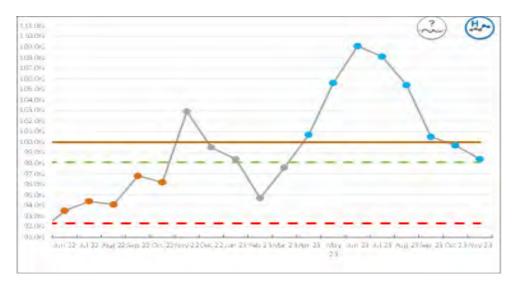
5.12. Overall Fill Rate

The overall staffing fill rate during November 2023 was 98.4%.

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.

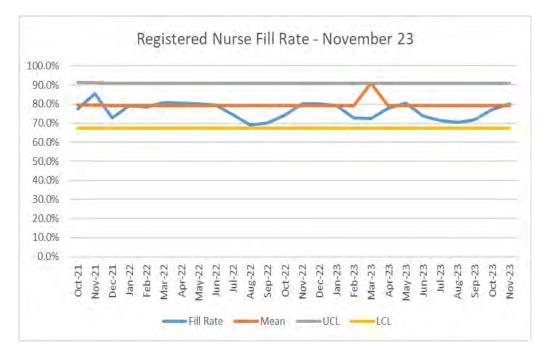
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised above.

Overall Fill-Rate May 2022 - November 2023



5.13. Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate during November 2023 was 80.2%:



6. Community Safer Staffing.

In early 2020 the Trust began to undertake safe staffing discussions with community teams. Currently there is no nationally mandated approach for safe staffing reviews in NHS community mental health and learning disability services. To gain more assurance in relation to the Trust's community services and resilience in relation to caseload and patient demand vs workforce available, the Trust Community Mental Health Teams (CMHT's) previously undertook a process of data collection using a model developed by Dr Keith Hurst. This approach consisted of the collection of weighed benchmarking data via the use of a diary exercise over a week time frame.

This work was placed on hold as a result of the ongoing challenges of the COVID-19 pandemic. Building upon the information that we already have we will be working with the Performance Information Team to review a number of Community Team metrics including caseload size, vacancy level, absence rate, temporary staffing usage. Within this December report is the first set of metrics (Appendix 4), these will be formally reported via the Trusts monthly safer staffing report and aligned to evidence based pathway models of care to ensure our workforce is designed to achieve high quality and safe care throughout relevant Trust community services.

7. 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 March 23 and November 2023. Bespoke supervision and reflective sessions assist in ensuring their experiences are captured and any additional support requirements are being met.

14 Newly Registered Nurses commenced in March 23 and 43 newly registered nurses commenced during November 23.

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

7.1. Registered Nurse and HCSW Retention

During November 2023, 5 Registered Nurse (3.8wte) left the Trust, none of these were from Inpatient setting. These were voluntary resignation; a mix between relocation, promotion and work life balance.

1 HCSW's (1wte) left the Trust during November 2023 who was from an inpatient settings.

7.2. 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.

Despite capacity issues within the team throughout October and November, the E-rostering team have continued to maintain the co-ordination and allocation of the bank staff and agency staff. 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. Dedicated time is provided for reflection, group supervision, and wellbeing discussions. Additionally, the senior nursing team continue to maintain visibility within ward inpatient areas. A closed culture review took place within the acute inpatient ward areas during November 23, the findings will be presented through to the Trusts Senior Leadership Team.

Each ward team have access to the staff wellbeing support networks and also have regular reflective practice sessions within the wards.

8. To Conclude:

There has been an increase in Registered Nurse fill rate of 3% in November when compared to October, this relates to the positive recruitment of Newly Registered Nurses. We have seen a reduction in the overall fill rate, this due to increased acuity and occupancy rates within the wards. The Occupancy of the wards over the previous six months has averaged around 85%, November saw an increase of 7% with occupancy averaging at 92.7%.

The community safer staffing report in Appendix 4 offers comparable data around workforce, bank and agency usage, alongside caseload acuity and will provide helpful insights into community staffing and how this impacts on patient care going forward.

The RN vacancy position during November 2023 was 39.44wte.

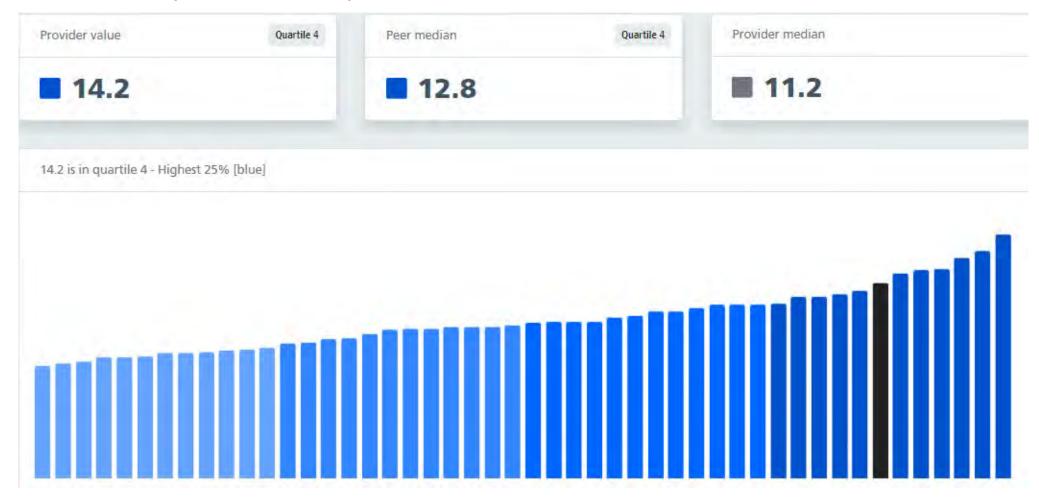
The HCSW vacancy position also remains unchanged with 12.73wte vacancies for the inpatient wards in November 2023.

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.

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 – benchmark – September 23



Appendix 2 November 2023 Safer Staffing:

		RMN				CARE	STAFF		Registere	d Nurse	Care Stat	off	Total Nursing Staffing					
Ward	Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	Day Fill Rate (%)	Night Fill Rate (%)		ght Fill ate (%)	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD
Assessment & Treatment	758.25	669.25	666	333.5	1555.25	1108	666	1387.5	88.26%	50.08%	71.24% 208)8.33%	70.4%	112.3%	96.0%	3498.25	60	58.30
Darwin Centre	1086	1102.17	666	633.6	1839	2106.25	1665	2077.7	101.49%	95.14%	114.53% 124	24.79%	99.1%	119.4%	112.6%	5919.72	189	31.32
Edward Myers Unit	771	617.75	333	333	762	668.5	677.1	643.8	80.12%	100.00%	87.73% 95	5.08%	86.1%	91.2%	89.0%	2263.05	235	9.63
Summers View	997.5	816	321.5	321.5	805	845.5	643	643.5	81.80%	100.00%	105.03% 100	0.08%	86.2%	102.8%	94.9%	2626.50	300	8.76
PICU	1102.5	996.42	654.9	589.2	1482	1500.67	1332	1251.05	90.38%	89.97%	101.26% 93	3.92%	90.2%	97.8%	94.9%	4337.34	173	25.07
Ward 1	1265.25	1228	661	491.25	1112.5	1281.5	674.85	860.45	97.06%	74.32%	115.19% 12	27.50%	89.3%	119.8%	104.0%	3861.20	492	7.85
Ward 2	1444.75	932.25	677.1	377.1	1696	1608.3	664.5	1324.25	64.53%	55.69%	94.83% 199	9.29%	61.7%	124.2%	94.6%	4241.90	556	7.63
Ward 3	1442.75	1101.75	677.1	387.2	1123.75	1226.02	864.25	1154.85	76.36%	57.19%	109.10% 133	33.62%	70.2%	119.8%	94.2%	3869.82	459	8.43
Ward 4	1522.17	1066.83	333	384.2	1337.75	1574.33	1213.25	1394.27	70.09%	115.38%	117.68% 114	4.92%	78.2%	116.4%	100.3%	4419.63	449	9.84
Ward 5	1151.25	1060.62	666	458.8	1198.5	1047.5	999	1077.6	92.13%	68.89%	87.40% 10)7.87%	83.6%	96.7%	90.8%	3644.52	219	16.64
Ward 6	1134.75	1090	666	321.9	1638.75	1674.25	999	1320.9	96.06%	48.33%	102.17% 132	32.22%	78.4%	113.5%	99.3%	4407.05	418	10.54
Ward 7	1301.5	901.92	333	333	1123	1563.75	999	1032.2	69.30%	100.00%	139.25% 103)3.32%	75.6%	122.3%	102.0%	3830.87	526	7.28
Totals	13977.67	11582.96	6654.60	4964.25	15673.50	16204.57	11396.95	14168.07	82.87%	74.60%	103.39% 124	4.31%	80.2%	112.2%	98.4%	46919.85	4076.00	11.51

Appendix 3

	Tota	l Nursing Staffin	ng				Bed Occupancy	Safe Staffing maintained by:	<u>RN</u> Vacancies	<u>HCSW</u> Vacancies
Ward	Overall RN %	Overall Care Staff %	Overall Staffing	Total Hours Per Day	Patients	CHPPD		<u>muntuncu by:</u>	vacancies	vucuncies
Assessment & Treatment	70.4%	112.3%	96.0%	3498.25	60	58.30	100.0%		0.76 个	4.63 🗸
Darwin Centre	99.1%	119.4%	112.6%	5919.72	189	31.32	57.3%		12.22 🗸	5.57↔
Edward Myers Unit	86.1%	91.2%	89.0%	2263.05	235	9.63	65.3%	 Nurses working unplanned hours. Wider MDT support. 	3.32 个	$1.00 \leftrightarrow$
Summers View	86.2%	102.8%	94.9%	2626.50	300	8.76	100.0%	Altered skill mixTemporary &	4.00 ↔	0.40 ↔
PICU	90.2%	97.8%	94.9%	4337.34	173	25.07	103.0%	agency staff cover	0.76 ↔	(1.76) 个
Ward 1	89.3%	119.8%	104.0%	3861.20	492	7.85	117.1%		3.91 个	(0.41) ↔
Ward 2	61.7%	124.2%	94.6%	4241.90	556	7.63	103.0%		2.94 ↔	0.74 ↔
Ward 3	70.2%	119.8%	94.2%	3869.82	459	8.43	95.6%		3.02 个	(0.47) 🗸
Ward 4	78.2%	116.4%	100.3%	4419.63	449	9.84	99.8%		2.91 个	(0.79) 🗸
Ward 5	83.6%	96.7%	90.8%	3644.52	219	16.64	73.0%		0.00 ↔	2.77 🗸
Ward 6	78.4%	113.5%	99.3%	4407.05	418	10.54	92.9%		1.79 🗸	(0.69) 个
Ward 7	75.6%	122.3%	102.0%	3830.87	526	7.28	97.4%		2.53 🗸	0.16 ↔
Totals	80.2%	112.2%	98.4%	46919.85	4076.00	11.51	92.7%		39.44 个	12.73 个

KEY ↑ Improved since previous month ↓ Deteriorated since previous month

↔No change

APPENDIX 4

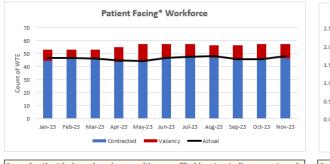
Community Safer Staffing Report M8 2023/24

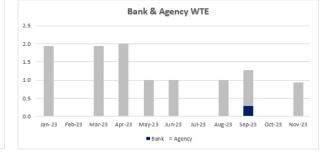
Community Safer Staffing Report M8 2023/24

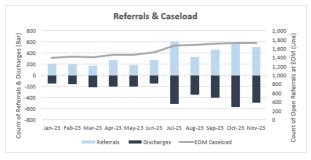
This is the first report that sets out the impact of demand and capacity on core teams. It includes the Core CAMHS Teams, Adult CMHTs and Older Adult CMHTs and also an aggregated view of the 3 areas. It is comprised of staffing data split by Contracted and Vacancy WTEs, Actual WTE (which includes Bank & Agency staff), and a view of Referrals, Discharges and Caseloads to demonstrate at a high level where teams may be facing particular challenges.

The limitations of the data mean that we are currently unable to split out staff absences or overtime from the Contracted WTE figures at the moment. Furthermore, the complexity of patients' individual needs within a team is not always reflected by a single referral. Despite this, the report provides insight into the challenges some teams are facing in managing demand and capacity.

Core CAMHS







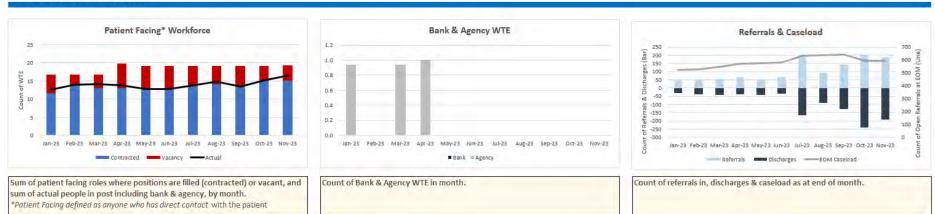
Sum of patient facing roles where positions are filled (contracted) or vacant, and sum of actual people in post including bank & agency, by month. *Patient Facing defined as anyone who has direct contact with the patient

r vacant, and Count of Bank & Agency WTE in month. Count of referrals in, discharges & caseload as at end of month.

Core CAMHS have had consistently high vacancy rates all year with low use of bank & agency staff. Critically their caseload has being gradually increasing all year.

*Please note that a recent change in procudure has likely impacted the number of new referrals, due to the Core CAMHS teams now processing their own referrals where previously CAMHS Central Referral Hub would filter through these at first instance.

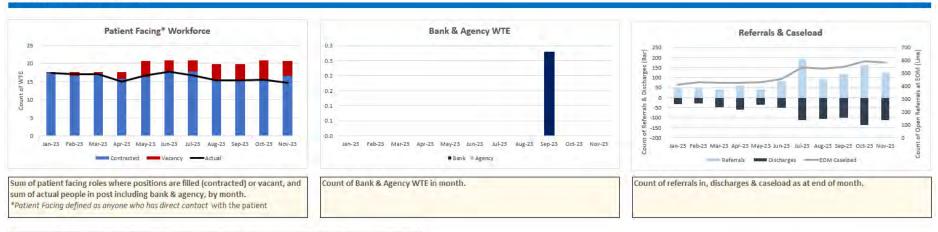
North Stoke CAMHS



North Stoke CAMHS has had the highest vacancy rate out of the 3 core CAMHS teams. This was especially significant from April - September but has reduced slightly in the last 2 months. There has been low use of bank/agency staff.

Their caseload number has been gradually increasing all year, however the fluctuation with new referrals and discharges may be down to the afore mentioned switch to CAMHS Hub passing referrals over to the Core CAMHS teams for processing.

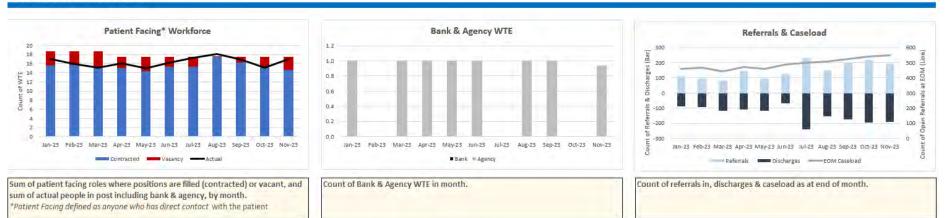
South Stoke CAMHS



The number of vacancies for South Stoke CAMHS has been significant this year, with a decline from October with 2.2 WTE to November with 4.0 WTE.

The numbers on caseload have also seen a large increase this year with a jump of 131 extra people from June to November.

North Staffs CAMHS



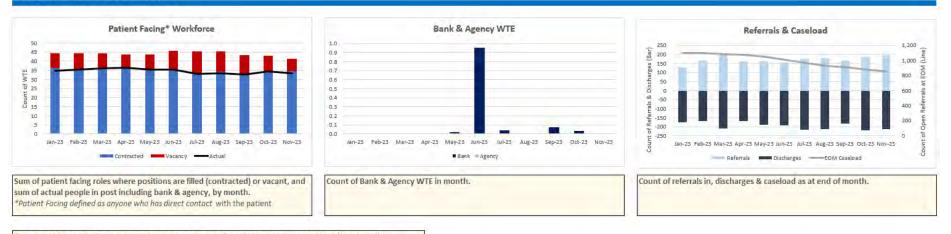
There have been a significant number of vacancies all year in North Staffs CAMHS, and it appears that an agency clinician has helped with that for the majority of the year.

As with the other Core CAMHS teams, there has been a pronounced increase in the number of people on their caseload this year.

Adult CMHT

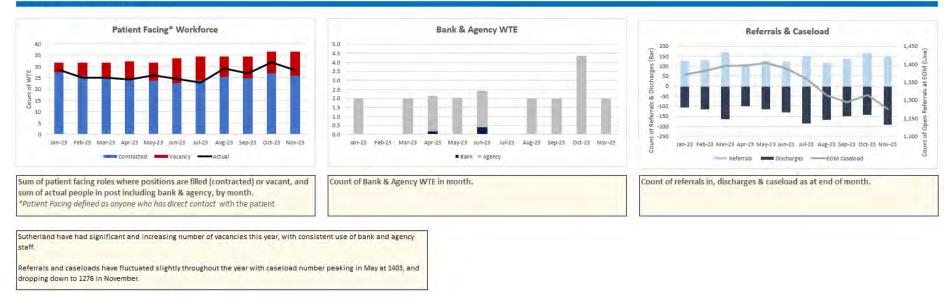


City CMHT - Greenfields

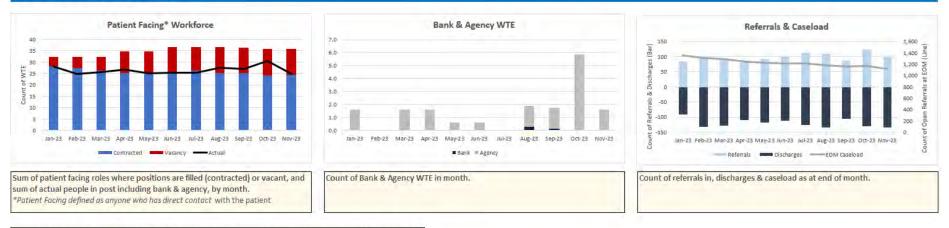


There have been a significant number of vacancies all year in Greenfields, with low use of bank/agency staff. Referrals and caseloads have remained fairly consistent, with a slight drop in the number on caseload from 1094 in January to 852 in November.

City CMHT - Sutherland



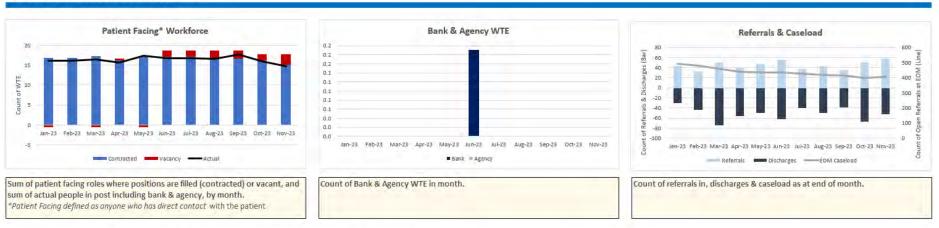
COUNTY CMHT Newcastle



Newcastle have had the largest percentage of vacancies this year amongst the CMHTs with consistent use of agency staff.

Referrals and caseloads have remained fairly steady, with a drop in the number on caseload from 1352 in January to 1114 in November.

COUNTY CMHT Moorlands



Moorlands CMHT have had the lowest number of vacancies across all of the CMHTs. The small number of negative vacancy WTE represent slight over staffing. There have however been a small number of vacancies since June.

Referrals and caseload have remained fairly consistent this year with gradual decrease in the number on caseload from 493 in January to 405 in November.









Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

Enc 6

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024						
Title of Report:	Quarter 2, Safeguarding Report						
Presented by:	Kenny Laing, Chief Nursing Officer						
Author:	Laura Collins, Head of Safeguarding						
Executive Lead Name:	Kenny Laing, Chief Nursing Officer	Approved by	\boxtimes				
		Exec					

Purpose of	the	report:							
Approval		Information	⊠ Consider □ Assurance ⊠						
				for Action					
Executive S	umm	iary:							
Quarter 2 report detailing and providing assurance on Safeguarding Team and Trust safeguarding activity. Including update on case reviews, referral rates, trends and themes and training levels across all directorates.									
Seen at:			SLT]		Document Version No.	
Committee ,	Appr	oval / Review							
Strategic Pr (please indicat		es	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ⊠ Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them ⊠ Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ⊠ 						
BAF / Risk / Risk Register I		Il implications: ence	 We will provide the highest quality, safe and effective services We will attract, develop and retain the best people We will actively promote partnership and integrated models of working We will increase our efficiency and effectiveness through sustainable development 					h the best people hip and integrated d effectiveness	
			Any	Risk/legal im	olica	tions: (please	refer	ence if any <u>)</u>	
Sustainabili	ty:		:	social care 2. Build a net champions	in S worl acr	Staffordshire an	nd Si d su: iire a	ind Stoke on Trent	







Resource Implications:	None				
Funding Source:	None				
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics a part of the completion of this report.				
ICS Alignment / Implications:	None				
Recommendations:	Trust Board is asked to note the contents of the report and receive assurance that the trust is meeting its statutory safeguarding responsibilities				
Version	Name/group	Date issued			







1. Introduction

This report includes information on current case reviews, themes and trends in Safeguarding and pertinent safeguarding issues arising within the Trust. The report covers the period of 1 July 2023 to 30 September 2023 (Q2).

2. Case Review Update

The Trust is required as part of its statutory functions to contribute to three types of external case review as detailed below:

- <u>Domestic Homicide Reviews</u> (DHR) these are undertaken when a person over 16 dies as a result of suspected violence or abuse, the alleged perpetrator was part of their household or was/had previously been in an intimate relationship with them.
- <u>Safeguarding Adult Reviews</u> (SAR) which takes place when an adult dies or experiences significant harm and it is felt that agencies could have worked together more effectively to support the adult.
- <u>Local Child Safeguarding Practice Reviews</u> these take placed when abuse or neglect of a child is known or suspected; and either the child has died; or the child has been seriously harmed and there is cause for concern as to the way in which agencies have worked together to safeguard the child.

Review	Staffordshire	Stoke-on-Trent	Other
DHR	4	5	0
SAR	0	0	0
CSPR	1	2	1

3. Prevent Update

Prevent forms part of the Government's Contest Strategy (2018), which is designed to reduce the risk to the UK and its citizens and interests overseas from terrorism. As part of this strategy Prevent aims to safeguard and support those vulnerable to radicalisation, to stop them from becoming terrorists or supporting terrorism, through early intervention, identifying them and offering support.

Channel Panels are multi-agency forums which meet monthly to discuss how to support vulnerable people who are at risk of radicalisation. The ICB Designated Nurse for Adult Safeguarding attends the Prevent Board for NSCHT. The Safeguarding Team attend both Staffordshire and Stoke on Trent Channel Panels. As part of these meetings the Safeguarding Team carry out checks on behalf of the Trust to establish if individuals due to be discussed at Channel are known to mental health services.

4. Safeguarding Training



4.1 Mandatory Training

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

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

Child Safeguarding Level 3 training compliance figures have decreased slightly from the previous quarter (88%), currently figures for Q2 are 85%.

Adult Safeguarding level 3 training was introduced at the beginning of Q1 2019 with a three year plan in place to reach a minimum of 85% compliance by 2022. As part of this training session professional boundaries are re-enforced and the potential consequences of inappropriate professional conduct are made clear. Figures for Q2 have maintained at 88%.

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

Prevent level 3 training is delivered as e-learning to all staff. In addition to this Prevent is also included in the adult and child level 3 safeguarding training, designed to further embed the risk of the radicalisation of children and adults with care and support needs as a safeguarding issue and support Trust compliance with NHS England's Guidance for Mental Health Services in Exercising Duties to Safeguard People from the Risk of Radicalisation (2017). Prevent training compliance is 95%.

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

Directorate	Q1 % *	Q2 %	Q3 %	Q4 %
Acute Services and Urgent Care	94%	88%		
Specialist Services	91%	88%		
Community		83%		
Corporate	93%	85%		
Primary Care	87%	86%		
Bank	83%	83%		
Required Compliance	85%	85%		
Trust Current Compliance	88%	86%		

Safeguarding Children and Adults Level 1 and 2:

Safeguarding Children Level 3:



Directorate	Q1%	Q2 %	Q3 %	Q4 %
	Compliance	Compliance	Compliance	Compliance
Acute Services and Urgent Care	87%	86%		
Specialist Services	87%	84%		
Community		86%		
Corporate	88%	77%		
Primary Care	92%	85%		
Bank	N/A	N/A		
Required Compliance	85%	85%		
Current Compliance	88%	85%		

Safeguarding Adults Level 3:

Directorate	Q1%	Q2 %	Q3 %	Q4 %
	Compliance	Compliance	Compliance	Compliance
Acute Services and Urgent Care	91%	91%		
Specialist Services	89%	88%		
Community		89%		
Corporate	89%	75%		
Primary Care	92%	89%		
Bank	N/A	N/A		
Required Compliance	85%	85%		
Current Compliance	86%	88%		

Prevent:

Directorate	Q1%	Q2 %	Q3 %	Q4 %
	Compliance	Compliance	Compliance	Compliance
Acute Services and Urgent	93%	96%		
Care				
Specialist Services	96%	98%		
Community		94%		
Corporate	97%	95%		
Primary Care	81%	91%		
Bank	88%	91%		
Required Compliance	85%	85%		
Current Compliance	91%	95%		

5. Safeguarding Supervision

Safeguarding supervision is available to all staff and offered on an individual, team or case specific basis. Uptake of safeguarding supervision has decreased slightly over the summer which is to be expected with increase in staff annual leave. As part of supervision sessions, the Safeguarding Team disseminates key messages and both local and national learning alongside specific learning sessions determined by each team.

Level 2	Number of Telephone Supervision Contacts from Staff
---------	---



Directorates	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Acute &	9	16	14	13	7	8						
Urgent Care												
Specialist	4	3	3	2	3	4						
North	4	3	2									
Staffordshire												
Stoke	12	6	11									
Community												
Community				5	7	8						
Primary Care				2	3	1						
Total	29	28	30	22	20	21						
			87			63						

Level 3	Level 3 Number of Face to Face Supervision Contacts from Staff (including MS Teams)											
Directorates	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Acute & Urgent Care	12	8	6	10	11	3						
Specialist	8	6	8	10	3	1						
North Staffordshire	12	11	10									
Stoke Community	36	15	29									
Community				25	22	25						
Primary Care				12	12	8						
Total	68	40	53	57	48	37						
			161			142						

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



Level 4 – Number of Group Supervision Sessions

Acute & Urgent Care Directorate Q2

0 staff present highlights planned supervision with no attendance. Supervision data is shared with Quality Leads or Service managers that complete the safeguarding reports.

DATE	TEAM	NO OF STAFF PRESENT
06/07/2023	Ward 7	1
12/07/2023	Ward 3	1
19/07/2023	Ward 6	0
02/07/2023	Ward 1	0
09/08/2023	Ward 2	0
10/08/2023	Camhs Hub	0
10/08/2023	MHLT	Cancelled by us
21/08/2023	PICU	0
13/09/2023	ward 4	2
14/09/2023	Camhs Hub	0
18/09/2023	Ward 7	1

11 teams were booked in for safeguarding supervision this quarter.

Specialist Directorate Q2

DATE	TEAM	NO OF STAFF PRESENT
07/07/2023	ISH	5
18/07/2023	CHLT	0
24/07/2023	LD CAMHS	6
04/08/2023	ISH	5
18/08/2023	Darwin	9
01/09/2023	Ward 5	1
01/09/2023	ISH	6
13/09/2023	Darwin	4
15/09/2023	Darwin	8
25/09/2023	LD CAMHS	4
27/09/2023	Summersview	0
28/09/2023	Broom St	5

12 teams were booked in for safeguarding supervision.



Community Q2

DATE	TEAM	NO OF STAFF PRESENT
04/07/2023	SAEDS	Cancelled by us
05/07/2023	LAC CAMHS	7
20/07/2023	MHST	5
25/07/2023	North Staffs CAMHS	6
25/07/2023	South Stoke CAMHS	12
03/08/2023	CAMHS ED	6
07/08/2023	CASTT	CASTT Cancelled
06/09/2023	Parent and Baby	9
10/08/2023	Health and Justice	Cancelled by us
14/08/2023	Ashcombe CMHT	4
30/08/2023	Sutherland Centre	1
19/09/2023	Stoke North CAMHS	Cancelled by us
20/09/2023	Lymebrook	Cancelled by us
27/09/2023	Greenfields	0

14 teams received supervision.

In summary during Q2 the Safeguarding Team has provided safeguarding supervision for:

- 63 staff at level 2,
- 142 staff at level 3,
- 37 teams at level 4.

6. Safeguarding Adults

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

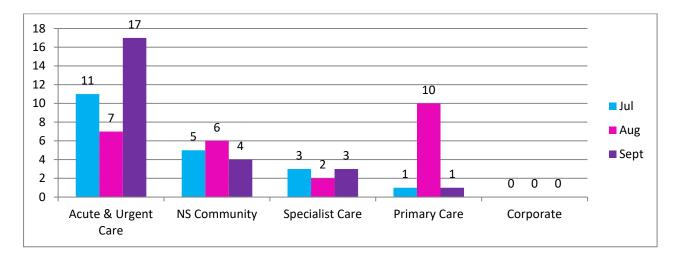
6.1 Adult Safeguarding Referrals – Referral Rates

The table overleaf demonstrates the number of adult safeguarding referrals made by Directorate for Q1:



	Quar	ter 1		Quar	ter 2		Quar	ter 3		Quart	er 4	
Directorate	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Acute												
Services &												
Urgent Care	10	7	5	11	7	17						
North												
Staffordshire	2	7	4									
NS												
Community				5	6	4						
Specialist												
Care	4	2	7	3	2	3						
Stoke												
Community	5	3	2									
Primary Care	0	0	1	1	10	1						
Corporate	0	0	2	0	0	0						
	21	19	21	20	25	24						
Total per												
quarter	61			70								

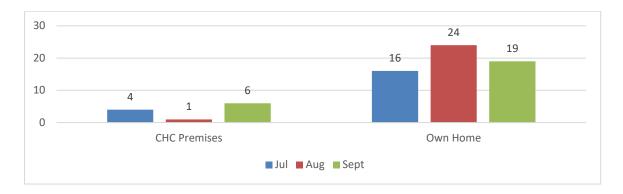
The graph below provides further detail on the adult safeguarding referrals by Directorate for Q2 by month:



Acute and Urgent care on average make more of the Adult safeguarding referrals than other directorates which is as we would expect given people being assessed in crisis by Access and Mental Health Liaison. We also have several referrals from inpatient wards. There was a peak in referrals for Primary care, this was due to multiple concerns being raised for patients in a one provider care setting.



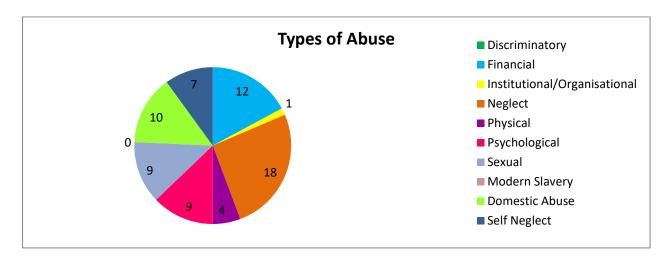
The chart below details the breakdown of the location of abuse for adult safeguarding referrals from Q2:



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

6.2 Adult Safeguarding Referrals - Types of Abuse

The chart below outlines the 70 adult safeguarding referrals made during Q2 by category of abuse:



Neglect is the most reported concern in Quarter 2, with most of these referrals containing concerns about people in care settings. This chart also demonstrates an understanding and recognition amongst front line staff of a wide range of different types of abuse, all present apart from Modern Slavery.

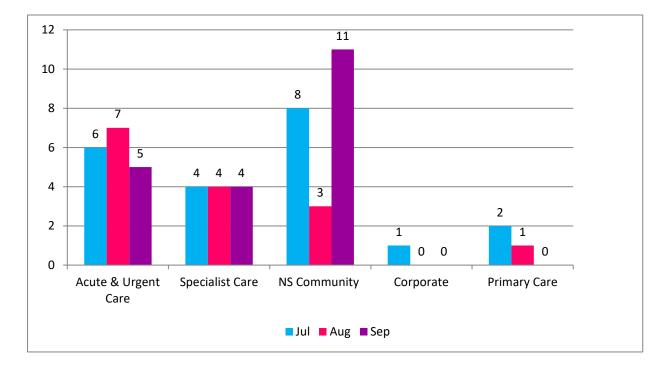


7. Safeguarding Children

During Q2 there have been a total of 56 child safeguarding referrals completed on the Trust Incident Reporting System, Ulysses.

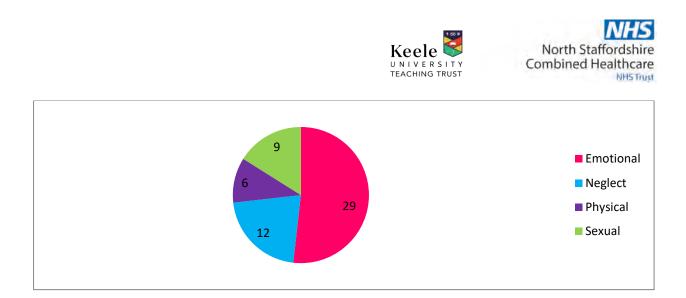
	Quarter 1			Qua	Quarter 2			rter 3		Quarter 4		
Directorate	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute & Urgent Care	9	10	8	6	7	5						
Specialist Care	1	2	1	4	4	4						
NS Community				8	3	11						
North Staffordshire	4	4	2									
Stoke-on-Trent	6	5	7									
Primary Care	0	0	0	2	1	0						
Corporate	0	0	0	1	0	0						
	20	21	18	21	15	20						
Total per quarter	59			56								

The graph below shows the child safeguarding referrals by Directorate for Q2:

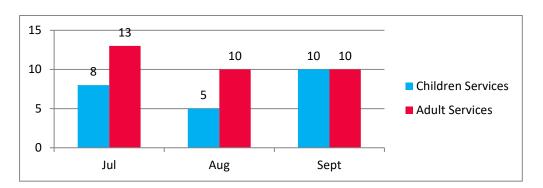


7.1 Child Safeguarding Referrals - Types of Abuse

The chart overleaf reflects the 56 child safeguarding referrals made during Q2 by category of abuse:

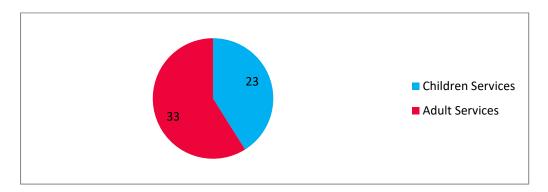


The most reported category of abuse is emotional abuse; this is the category most often associated with witnessing domestic abuse. Across the trust all areas of abuse are recognised and responded to with sexual abuse remaining high.



Child Referrals by Child/Adult Services during Q2 by month:

Child Referrals by Child/Adult Services during Q2:

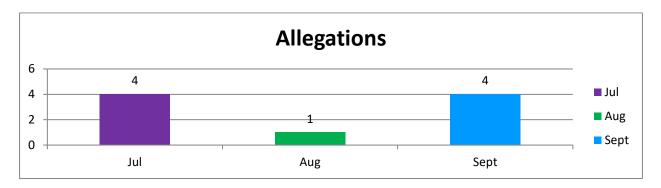


The above diagrams illustrates that as a trust we are recognising children's safeguarding in adult services as they have made the more referrals than children's services this quarter.



8. Safeguarding Allegations Made Against Members of Staff

All allegations of abuse or neglect raised against members of staff are managed under the Managing Safeguarding Allegations Against Staff Policy (1.70) to ensure a consistent approach in supporting both members of staff and service users.



Please see table below for the number of allegations made against staff during Q2:

9. Local Authority Designated Officer (LADO) Referrals

LADO referrals are made when there is concern regarding a person in a position of trust and how they work with children. There were three LADO referrals made during Q2 (included in the allegation table above).

10. Domestic Abuse

Domestic Abuse Champions are now meeting every other month and we have ensured that we have representatives from each CMHT, the staff wellbeing service, CAMHS and other areas across the trust that have expressed an interest at being involved. We have started to discuss and link in with the Peoples Directorate to work jointly on the Domestic Abuse and Sexual Violence (DASV) charter to make sure this is embedded within our culture as a trust. The charter has 10 commitments:

- We will actively work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.



- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.
- We will capture and share data on prevalence and staff experience transparently.

11. Lateral Checks

The table overleaf outlines the total number of lateral checks completed by the Safeguarding Team during Q2. Lateral checks are undertaken to support the information sharing and safeguarding work of partner agencies.

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

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

Month	Total Number of Requests Received from Children's Social Care	Number of Persons Requested to Check	Actual Number of Checks Completed by Safeguarding Team	Number of individuals known to NSCHT and Information Shared
Jul	114	194	582	88
Aug	84	134	402	76
Sept	106	174	522	88
Total	304	502	1506	252

Q2: Children's Social Care Lateral Checks



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

		Q1			Q2		Q3				Q4	
Reason for check	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
MASH Information Sharing Log	1001	1039	809	495	474	652						
MARAC Meetings	332	274	202	398	293	252						
Lateral Checks Children Social Care	600	495	463	582	402	522						
Child Protection Case Conferences	720	702	718	637	504	574						
Adult Case Review Scope	21	37	36	0	0	39						
Child Case Review Scope	0	1	16	16	27	21						
PREVENT/Channel	6	5	4	6	4	4						
Total per Month	2680	2553	2248	2134	1704	2064						
Total per Quarter			7481			5902						
Total for 2023/24												

Number of lateral checks completed over three trust systems:

13. Summary

- There has been an increase in demand for the team in relation to reports for reviews, most noticeably DHR's; this has had an impact on the team being able to deliver supervision and has led to us having to cancel some statutory meetings.
- There has been a decrease in other forms of lateral checks over the summer and a visible reduction in invites to Child Protection Conferences.
- Training figures have decreased as expected due to staff annual leave over the summer and newly qualified staff starting in September. The Safeguarding Team have arranged sufficient training dates that are available to all staff that require it and this continues to be monitored.
- The Safeguarding Team is supporting the DASV charter and attending the national meetings as the Trust representative.



REP	REPORT TO PUBLIC TRUST BOARD							
Date of Meeting:	11 th January 2024							
Title of Report:	Quality Committee Summary Report							
Presented by:	Janet Dawson, Vice Chair/Non-Executive Director							
Author:	Patrick Sullivan/Justine Scotcher							
Executive Lead Name:	Dr Dennis Okolo, Chief Medical Officer, Kenny Laing, Chief Nursing Officer	Approved by Exec	/	X				

Purpose of	the	report:						
Approval		Information	X	Consider for Action		Assurance	X	
Executive Su	Jmm	iary:						
The attached	d ass	surance report of			iess a	and outputs from	m th	e meeting of the
Quality Com	mitte	ee on 7 Decemb	ber 20	023.				
Seen at:			SL	T 🗌 Exec	s 🗌			Document 1.0 Version No.
Committee A	\ppro	oval / Review		Quality C				
						ource Commit	ee [
			 Audit Committee People, Culture & Development Committee 					
						ds Committee		
Strategic Price (please indice)								ing in providing that reduce the
	ale					idary care 🖂	1003	
						ill ensure that		
						rices will be ab and the place i		nich they access
				them	unio,			
								row high-quality,
				-		vices delivered e workforce.	by a ⊠	an innovative
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BAF / Risk / Risk Registe		l implications:		1. We will p effective		e the highest qu	Jalit	y, safe and
RISK REGISIE		sierence					etair	n the best people
						-		
						<pre>/ promote parti lels of working</pre>		hip and
								d effectiveness
			through sustainable development					
			Ang	y Risk/legal ir	nplica	tions: (please r	efer	ence if any)
Sustainability	y:					vironmental im		
				social ca	e in S	Staffordshire an	nd S	toke on Trent 🔄



		NPIS ITUSE			
	 Build a network of clin champions across St Trent Share learning and b 	affordshire and Stoke on			
Resource Implications:	N/A				
Funding Source:					
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on as part of the completion of t	the protected characteristics his report			
ICS Alignment / Implications:	None as part of this report				
Recommendations:	For information and assurance				
Version	Name/group	Date issued			





Report from the Quality Committee meeting held on 7 December 2023 for the Trust Board meeting on 11 January 2023

1. Introduction

This is the regular report to the Trust Board that has been produced following the last meeting of the Quality Committee with items aligned to the Trust's SPAR objectives. The meeting was completed using Microsoft teams. There was no Patient Story this time.

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

System Update 🔍

The Committee received a verbal update regarding the current situation in the local system. It is challenging operationally due to increasing demand and the complex nature of those demands. The Trust itself has experienced pressures related to demand, acuity and availability of beds and discharges are often delayed, which adds to the pressures.



CQC Update

The Committee received a verbal update around current activity related to the CQC, which is subject to many changes on a national level. A new model of inspection is planned but the implementation of that model is in its early stages. The majority of reviews currently underway are risk based and follow concerns identified through an organisations performance or raised via patients and/or staff.

Safe Staffing Report – October 2023 划

The Committee received this paper which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during October 2023 in line with the National Quality Board requirements. During October 2023, an overall fill rate of 99.7% was achieved; this is a slight decrease from 100.5% in September 2023. The fill rate for RN shifts in October has slightly improved since September; from 71.7% to 77.2% in October 2023. The report provided assurances regarding the steps taken to ensure that safety is maintained across all inpatient clinical areas. Procedures are in place to deal with acute staffing crisis and bed occupancy for the month was 85.2%. The Trust benchmarks well in relation to the care hours per patient per day measure collated via the Model Hospital programme.

Infection, Prevention and Control Q2 2023/24



The Committee received this report which provides the Trust's performance during Q2 on healthcare associated infections (HCAIs) and provides assurance of the measures implemented to prevent onward transmission of infection and provides evidence of the high standards of practice.

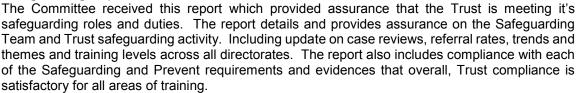
The highlights were as follows: -

- Numbers of hospital-onset infection cases remain small (excluding Covid-19).
- Outbreaks of healthcare associated Covid-19 infections increased in Q2 and was reflective of the regional and national community transmission rates related to summer holidays and travel.
- During Q2, 14 cases of COVID-19 nosocomial infections were reported. These were associated with 3 outbreaks during this period.
- IPC assurance audits continue in line with the annual work plan (appendix 1) and the mandatory training programme continues with good compliance.



• Overview of CQUIN monitoring for influenza plan and delivery of winter vaccination.

Safeguarding Report Q2 2023/24



Acute and Urgent care on average make more of the Adult safeguarding referrals than other directorates which is as what would be expected given people being assessed in crisis by Access and Mental Health Liaison. There have been several referrals from inpatient wards. There was a peak in referrals for Primary care, this was due to multiple concerns being raised for patients in a one provider care setting.

There have been 70 adult safeguarding referrals and 56 child safeguarding referrals made during Q2.

Mental Health Act Compliance Action Plan Q2 2023/24

The Committee received the Quarterly update of the Care Quality Commission, Mental Health Act reviewer compliance and assurance visits which have taken place in the Trust during Q2 2023-2024, this included details of findings for unannounced face to face visits. All actions required by the Trust have been completed.

Clinical Effectiveness Report



The Committee received this report which provided assurance and information 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

Environmental Ligature Report (Addendum)

The Committee received this report which has been revised with additional information as requested by the Quality Committee, at the previous meeting. There were concerns raised in relation to the clinical opinion that there were a number of outstanding risks in this area. The Committee had asked for further assurance on how any outstanding risks will be mitigated. This report provided the Committee with assurance in this regard and the recommendations for implementation of measures to reduce ligature risks across clinical sites were included. Additional assurance was provided during the meeting.

Statement of purpose

The Committee received the Trust's Statement of Purpose (SOP) for information. This paper has been virtually approved by SLT Members, Quality Committee Chair and Trust Chairman. There have been some minor changes made to the Statement of Purpose (SOP):

- Addition of Keele Surgery as a new location
- Removal of a location HMP & YOI STOKE HEATH







The SOP has been uploaded on the CQC Portal as the most up to date version and published on the Public Trust Website.





The Committee received this report to provide assurance and information on the developments of the Oxehealth Implementation Project that is due to be piloted on both Ward 6 and the Psychiatric Intensive Care Unit (PICU) from November 2023. Some concerns have been raised about this approach in other areas and this resulted in concerns being raised by a service user group with the National Mental Health and Learning Disability Nurse Directors forum. The approach involves assisted technology being used to support measurement of physiological signs and also enhances supervision. It involves the use of digital recordings of patients. In response to these concerns the Trust has undertaken a programme of work focused particularly on consent issues prior to implementation of the pilot.



The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee.

Details of risks are provided below.

- · Anchored and non- anchored ligature points
- Compliance with Mental Health Act and Mental Capacity Act
- Recruitment challenges in pharmacy
- 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
- Continued depletion and/or absence of psychological provision in several areas across the organisation.
- Outbreak measures required to be implemented, as a result of Covid-19 pandemic and other associated Respiratory Viruses

These risks were considered in more detail by the Committee.

The Committee also considered Risk 868, which currently reports through to PCDC and will be reported to Finance and Performance in future. However, given the quality and people implications it will be discussed at all committees. The Trust's COO has agreed to be the risk owner.

There is a risk to the Trust using agency staff due to numerous staffing difficulties, vacancies, staff sickness, staff fatigue, recruitment issues and the impact of Covid. As a consequence, this could impact on quality of care due to staff who are unfamiliar and the depth of the induction process given, potentially resulting in reduced quality of care, Trust reputation and a financial implication due to the volume of agency staff required to cover the staffing void. Residual score 12

IQPR M7 2023/24 🞯 😡 🦃 🦃

In Month 7 there are 16 RAG rated measures that have achieved required standard (12 in M6) and 13 that have not met the required standard and highlighted as exceptions (17 in M6). There are 9 special cause variations (orange variation flags) - signifying concern, compared to 10 in M6: Bold text identifies the new measures identified in the current month

- Referral to Treatment within 18 weeks
- CAMHS Compliance within 4 week waits (Referral to Assessment)
- CAMHS Compliance within 18 week waits (Referral to Treatment)
- Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)



- Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)
- Risk Assessment Compliance
- CPA 12 Month Review Compliance
- Service Users on CPA in settled accommodation
- Vacancy Rate

There are 4 special cause variations (blue variation flags - signifying improvement), compared to 5 in M6:

Bold text identifies the new measures identified in the current month

- Talking Therapies for Anxiety and Depression wait 90 days
- Service Users on CPA in Employment
- Talking Therapies for Anxiety and Depression Recovery
- Statutory & Mandatory Training

Highlights

- 48 hour and 7 day follow up standards are met
- •All metrics for Talking Therapies for Anxiety and Depression are met
- •All Liaison standards are met
- •Early Intervention A Maximum of 2 Week Waits met

•Care plans & risk assessments remain below standard – however improved position in M7 (PIPs in place – Care plan is 96% in Specialist services and on track for Community. Risk assessment trajectories on track in Community and Specialist Services)

- •Vacancy reduced from 14.9% in M6 to 12.8% in M7 and is back within control limits
- •Turnover reduced from 13.9% to 13.3% in M7

Exceptions

- 4-week RTA is 91.9% and CYP RTA is 81.9% Community PIP trajectories are not on track although more CYP assessments were undertaken in M7, with a reduction in long waiters.
- CPA 12-month review remains below standard and Community PIP is not on trajectory in M7
- CYP 18-week RTT reduced from 86.8% in M6 to 84.3% in M7
- Place of Safety 16 assessments occurred outside of 3 hours with no agreed clinical grounds for delay – 33.3%
- Clinical supervision and Appraisal performance just below standard at 84% in M7

3. Policy report

A new policy was approved; Independent Prescribing Policy

The following policies were approved for 3 years following review;

- 1.00 Adult Bowel Care
- 1.24 Nutrition & Hydration
- 1.03 Medicines Policy
- 3.33 Preceptorship for Registered Nurses and Allied Health Professionals
- 5.23 Mobile Phone Policy
- 5.36 Central Alert System Policy

The following policies were approved for an extension of 12 months;

- 5.38 Lockdown Policy
- 5.04 Safer Manual Handling

Next meeting: 4 January 2024

Committee Chair, Mr Patrick Sullivan, Non-Executive Director – 7 December 2023



Enc 7a

REPORT TO PUBLIC TRUST BOARD

 Date of Meeting:
 11th January 2024

 Title of Report:
 Quality Committee Summary Report

 Presented by:
 Janet Dawson– Non-Executive Director/Acting Chair of Quality Committee

 Author:
 Nicky Griffiths Deputy Director Governance / Trust Secretary

 Executive Lead Name:
 Kenny Laing, Chief Nursing Officer

 Dr Dennis Okolo, Chief Medical Officer
 Exec

Purpose of	the	report:						
Approval		Information	\boxtimes	Consider for Action		Assurance		
Executive S	umm	ary:		L				
	assura		es the	business and	outputs	from the meeting (of the	Quality Committee on
Seen at:			SL		ecs [Document Version No.
Committee /	Appro	oval / Review		Audit CPeople	e & Res ommitt Cultur	source Commit	ent (_
Strategic Pr (please indicat		es		prov redu 2. Acc nee way acc 3. Pre qua	viding h uce the ess - \ ds our the tin ess the vention lity, into	Ne will ensure services will be me, and the pla	vent ndar that ace i ace i inue es de	ative services that y care X everybody who to choose the n which they to grow high- elivered by an
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Sustainabilit	y:					nvironmental im Staffordshire a		t of health and toke on Trent



	 Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent 3. Share learning and best practice X 					
Resource Implications:	None highlighted					
Funding Source:						
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.					
ICS Alignment / Implications:	None as part of this report					
Recommendations:	Receive for assurance p highlighted	purposes and ratify policies				
Version	Name/group	Date issued				





Report from the Quality Committee meeting held on 4 January 2024 for the Trust Board meeting on 11 January 2024

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 Ward 7 - Jen's story.

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

• Trust/ System Update



The Committee received a verbal update regarding the current situation provided by the Chief Nursing Officer and Deputy Chief Operating Officer.

The System and the Trust are currently experiencing high levels of bed occupancy and acuity across inpatient areas which is compounded by patients who are clinically ready for discharge but cannot move onwards towards home or an alternative placement. This is predominately because of a lack of local authority/ private placement provision and / or availability, and specifically for individuals with more complex needs. The Directorates continue to work collaboratively with system partners to find solutions to these challenges.

The Trust has 3 wards currently closed to admissions due to Covid 19 outbreak. This is being well managed by teams who have a familiarity in dealing with outbreak situations and patients and carers are being supported accordingly.

There is notable pressure across the system as anticipated for this time of year. The Trust is delivering against the agreed Winter Plan to good effect. The system may move collectively to 'critical incident status' over the coming weeks. This status effects all providers in the system and some action plans have already been enacted in preparation due to concerns on the on impact on service safety and quality.

Safe Staffing Report –November 2023

The Committee received this paper which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during November 2023 in line with the National Quality Board requirements. During November 2023, an overall fill rate of 98.4% was achieved. The fill rate for RN shifts in November, has improved at 80.2%. Recruitment to vacancies is a challenge, graduate nurses continue to fill most RN vacancies, highlighting a need for robust supervisory support which is being addressed with additional improvements being made to the preceptorship programme.



NCISH Scorecard O

The Committee received the NCISH Scorecard which provided an overview of the data presented to the Trust by the National Confidential Inquiry into Suicide and Safety (NCISH) in November 2023. The scorecard consists of 3 indicators that relate to the work of NCISH:

1. Suicide rate

The suicide rate in the Trust was 4.59 (per 10,000 people under mental health care) from 2018-2020.

2. Staff turnover

Non-medical staff turnover was 14.0% between October 2021 and October 2022.

 <u>NCISH questionnaire response rate.</u> The Trust returned 89% of NCISH questionnaires between January 2019 and February 2023.

The suicide rate provided is up to 2020 and is based on date of death which is equivalent to 2021 data provided by Office for National Statistics (ONS) which is based on date of registration. Our aim is to develop the scorecard in the upcoming year by reviewing and including other indicators that could be important measures in patient safety.

The staff turnover figures presented are obtained from NHS England, which in turn are taken from individual trusts.

The 2023 NCISH report emphasises key measures that mental health services should take to reduce patient suicide risk. The Trust continues to develop and implement initiatives to reduce suicides in both our patient population and the wider general population and further details are provided within the report.

Restrictive Practice Report Q2 2023/24 9 9

The Committee received this report which provided information regarding the arrangements and systems in place to monitor the use of physical restraint, seclusion, and rapid tranquillisation within the inpatient services within the Trust.

The report compares activity for the 2023/24 Q2 with 2023/24 Q1 period and progress against the Annual Restrictive Practice Reduction work plan. The figures show that there was a decrease in the use of restraint by 15% (32 incidents).

It shows that Ward 3, Ward 2 and Darwin were the highest users of physical restraint in Q2 with 48, 40 and 26 incidents respectively. One of the highest users of restraint (Ward 3) decreased by 22 compared to Q1 2022/23. PICU, Darwin, Ward 5 and Ward 6 also decreased the number of times that restraint was needed.

Ward 2, Ward 1, Assessment and Treatment, Place of Safety, MHLT and Ward 4 all saw increases in the amount of restraint used compared to Q1 2023/24. With both Ward 2 and Ward 1 showing the biggest increase by 13 incidents each.



Analysis of the data for Darwin shows that 4 patients were responsible for 26 of the 48 incidents (54.1%). Similarly, data for Ward 2 shows that 1 patient was responsible for 28 out of the 40 incidents (70%), with all incidents occurring with 9 patients.

• Prevention of Future Deaths

The Committee received a verbal update from the interim Chief Medical Officer Dr Dennis Okolo. It was noted that the Prevention of Future Deaths Regulation 28 notice related to the Prison Service in which the Trust no longer provides a service. The Coroner has a legal power and duty to write a report following an inquest if it appears that there is a risk of other deaths occurring in similar circumstances. The purpose of this being to harness the learning from incidents and improve services.

• Risk Register 🞯 😡 🧔 🌍

The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. Details of risks are provided below, there have been changes made in bold.

- 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 **To amend the** risk title to include impact to patient. Discussed with COO and a review was carried out by the directorate. The conclusion was the harm was a longer wait time causing frustration. No score change.
- Patient care issues associated with the lack of a commissioned ADHD diagnostic service – the risk has now changed; this risk relates to not having a commissioned service however the service is now in place. A new risk has been added at directorate level relating to capacity/delivery of 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
- Continued depletion and/or absence of psychological provision in several areas across the organisation.
- Outbreak measures are frequently required to be implemented as a result of Covid-19 and other associated respiratory viruses which will impact on the safety, wellbeing and capacity of staff and patients.

• IQPR M8 2023/24 🛇 😡 🗐

The Committee received the IQPR M8 report.

Highlights

- 48 hour and 7 day follow up standards are met
- Place of Safety 5 assessments occurred outside of 3 hours (16 in M7) with no agreed clinical grounds for delay – 62%
- Vacancy reduced from 14.9% in M6 to 12.8% in M7 and increased slightly to 12.9% in M8, still back within the control limit
- Appraisal performance has improved and is above standard at 86% in M8



Exceptions

- week RTA is 92% and CYP RTA is 81% Community PIP trajectories are not on track although it is positive to note more CYP assessments were undertaken in M7 and in M8, with a further reduction in long waiters. Trajectories have been reviewed for achievement in April 2024 for Adult and May 2024 for CYP. (Additional detail in the IQPR and in additional paper to Committee).
- Care plans and risk assessments remain below standard, and performance has reduced in month PIPs in place Care plan is 95.1% and over standard in Specialist services and performance is not track in Community at 93.5%. Risk assessment trajectories not on track in Community and Specialist Services.
- CPA 12-month review remains below standard and Community PIP is not on trajectory in M8
- CYP 18-week RTT reduced from 86.8% in M6 to 84.3% in M7 and to 82.3% in M8
- Talking Therapies for Anxiety and Depression 90 days in treatment increased from 9%to 15% in M8 due to workforce challenges.
- CRFDs increased to 24 in M8 from 22 in M7
- Turnover reduced from 13.9% to 13.3% in M7, and increased to 14.3% in M8
- Clinical supervision is below standard at 81% in M8

• 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;

Demand and Capacity.

Staffing and particularly how teams are working together to mitigate impact of industrial action.

Digital Improvements. (MHA paperwork now in electronic form, Text Messaging to update patients, use of DOCMAN etc...)

Staff Wellbeing- Christmas activities- including team time out and 'bake offs'.

Acute and Urgent Care Directorate

<u>Achievements</u>

- Successful recruitment to 8b Senior Service Manager, Jo Willis, and subsequent 8a, Service Manager for CCC Jayne Underwood.
- Successful downtime to improve the connectivity on site especially for Ward 4 and PICU.
- CCC Review will be brought to Execs very soon.
- Thalamus training for the digitalisation of MHA paperwork.
- Oxehealth progressing well now ready for staff to receive appropriate training.
- Wellbeing going well.....

Challenges

- Liaison Psychiatry Outpatient Clinics.
- Sec 136 6 yr. old.
- Increase in Violence and Aggression at CCC.



Community Directorates

Achievements

- Staff Engagement and Christmas Celebration Event
- New Holistic Assessment
- Text Messaging Pilot
- New Era Working within CAMH's Teams
- Presentation at GP Network
- Collaborative Working with Family Hubs

Challenges

- Vacancies & Sickness
- Hope Centre Space

Specialist Services

Achievements

- Specialist Christmas 'Cake Off'
- Crib sheet and handover arrangements for ANP cover of medical Industrial Action in place
- LD Consultant Psychiatry post
- NQN preceptees hit the ground- all working towards getting 'NIC ready'
- WMPC Quality visit to Darwin
- Workforce KPI Task & Finish has now started
- Neuropsychology 2 recent publications:
- 'A Pilot Brief Therapy Intervention for Functional Neurological Disorder (FND) and Non-Epileptic Attack Disorder (NEAD): A Service Evaluation'

Challenges

- Industrial Action
- Medical long-term sickness
- Recruitment update –LD Consultant Psychology
- Darwin Psychology gap
- CDAS update
- A&T MH compliance action plan
- Darwin CQUIN monitoring

Primary Care

Achievements

- National safer surgery spotlight for Moorcroft and Moss Green project.
- Potential to utilize digital software to support clinical admin such as normal blood results.
- Progress towards enhanced services including IIF, GP Engagement, Access and Capacity, QOF & QIF Quality Improvement.
- Continue to review and adapt clinical model for Keele, reviewing current success offer and clinical model structure.

Challenges

- Ensuring that daily admin workload is evenly spready amongst clinical team at both Holmcroft and Keele.
- Review of Docman management process across the teams.



• QOF & QIF challenges for Keele.

• Policies

The following policies were approved for 3 years;

- IPC3 Pet Visiting (Including Therapy and Assistance Pets) and Ward/Area Residential Pets)
- 5.23 Mobile Phone Policy
- 5.36 Central Alert System

The following policies were approved for 12-month extension;

- 1.35 Policy and Procedure for the Safe and Supportive Observation and Engagement of Patients
- 1.83 Safer Staffing Policy

Next meeting: 1 February 2024

Committee Chair, Janet Dawson, Non-Executive Director, 5 January 2024

Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

REPORT	REPORT TO PUBLIC TRUST BOARD Enc 8									
REPORT 1 Date of Meeting: Title of Report: Presented by: Author: Executive Lead Name: Author: Executive Lead Name: Purpose of the report: Approval Purpose of the report: Information Executive Summary: This report details North Staffor accordance with the legislation Government and Trust website	11 th Ja Servic Kenny Jayne Kenny	anuary 2024 ce User and Ca / Laing, Chief Simner Reco / Laing Chief N Consider for Action	arer Nurs very Nursi	council Report ing Officer and Experience ng Officer Assurance	t ce Le	ead				
Seen at: Committee Approval / Review	SL	 Quality Co Finance & 	ummary box larger] Document Version No.							
Strategic Priorities (please indicate)	 Audit Committee People, Culture & Development Committee Charitable Funds Committee Charitable Funds Commit to investing in providir high-quality preventative services that reduce the need for secondary care Access - We will ensure that everybody who need our services will be able to choose the way, the time, and the place in which they access them [
BAF / Risk / legal implications: Risk Register Reference		 integrated sustainabl We will pro effective s We will att ⊠ We will ac models of We will income 	serv e wo ovide ervic ract, tively work creas	vices delivered orkforce. e the highest q e ses develop and y promote part king se our efficient nable develop	l by a juality retair thers cy an ment	n the best people hip and integrated id effectiveness : □				







		N
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent 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	
ICS Alignment / Implications:	As part of ongoing service user/carer engagement, service user and carer views are encouraged within the ICS work streams	
Recommendations:	The Trust Board is asked to receive for information and assurance	
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		I			
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 ar User Carer Council, Patient Experier experience and Peer support work) i	nce Team,	Wellbeing college, and Volunteers			
Key Recommendations to Consid	or				

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 support us 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.

Recommendations

Summary

Service User Carer Council

The SUCC held a face-to-face Christmas celebration meeting at the Sutherland centre in December. We did not have an agenda for this meeting but did review the year and achievements including the council members involvement in coproduction projects outside of the monthly council meetings. The council members have continued to support the trust in terms of recruitment panels, reach award panel, attendance at meetings, events and coproduction projects.

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.

In addition to this we have continued to work 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. We have we delivered our 'Improving our services together, QI in coproduction' session in December as part of the Wellbeing college prospectus. It was cofacilitated by Jayne Beasley (QI Lead), Adebayo (member of Service User and Carer Council) and Fiona Moore (Coproduction lead MPFT) to a number of staff and service users. We intend to facilitate this again in the Spring Term prospectus and Fiona will be speaking to MPFT recovery college staff about this being included in MPFT recovery college prospectus.

The training package to support the move away from CPA and new care plan documentation is being delivered. The training focuses on recovery values and having meaningful care planning conversations where SU and clinical staff partner in the patients' goals and recovery journey. The training is being co delivered by two clinical staff and two peers (one of which is a veteran) who share their lived experience of accessing Combined services. Phase one is being delivered to all patient facing staff with community teams. The new care plan is intended to go live in January 2024. We have had consistently positive feedback from attendees so far. The Trust staff will also be able to access Lorenzo support and ongoing supervision when they start to use the new process.







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. They are attending the reducing restrictive practices meetings with clinical staff. We are continuing to meet with Patient safety Team to identifying specific projects the PSPs can be involved in. We have had further interest from volunteers and are hoping to have more PSPs collaborating with us in the near future.

The peer support network meetings have continued to ensure that we have standardised and high-quality training, supervision, support and shared experience. Sherrine Khan (Senior Peer Support Worker) was highly commended at the Reach awards for Diversity and Inclusion.

The Patient experience team will be completing their peer review of complaints and facilitating coproduced reviewing officer training again. The Patient Experience Team have been showcasing this QI project in conjunction with Jayne Beasley (QI Lead) and intend to continue the work using the PDSA cycle of Plan, Do, Study, Act.

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. Deb Boughey and Jayne Simner have met with Jessica Lister (Nurse consultant learning difficulties) to consider how the peer ambassador training could be adapted for young special educational need service users.

We have submitted a nomination to HSJ awards for Changes Peer Recovery Coaches partnership. This has been shortlisted and we have been invited to present to the panel in February. The awards will take place in March 2024.

Volunteer and Involvement Policy

We have reviewed the Volunteer policy to be inclusive of all new roles that fall under volunteers or involvement, with a view to increased involvement opportunities and to ensure we have a diverse representation and can offer remuneration for people's involvement time. This is now out to comment and will be an agenda item at relevant governance meetings.

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. The new care plan work is welcomed by the







council as the current care plan processes had been in several elements of the service user carer council strategy.

Recovery and Living Well Strategy

We have continued quarterly meetings with Dr Julie Repper from ImROC to continue our conversation around our Living well strategy. Rachel Bloor and Jayne Simner met with Julie in October and were delighted to share our progress with our wellbeing college, coproduction and embedding the CHIME recovery model in our practices and services. Julie gave us positive feedback and we will be meeting one further time before Julie ends her consultation role with the Trust.

Internal Reviews

Observe and Act training plan ongoing. This will be hybrid training to allow other trust representatives to attend. There is also a plan for Practice Education Team to support student nurses to receive this training. The outcomes/observations are linked into the Quality Assurance plan.

Triangle of care Year one, report submission completed, we then delivered a presentation of findings, identified positive practice and action plan to a Carers Trust panel. The panel presentation included several trust staff and our local partner carer organisations. We have been awarded Star One from our work so far and will be meeting in January to work on the actions in the plan. We have sent out the baseline assessments to community teams to enable to us to fulfil the requirements of gaining the triangle of care within the two-year timeframe.

Carer's link meetings continue quarterly for updates on anything carer related issues and developments and we have coproduced a workshop within the wellbeing college called 'Am I a carer?' which was co-facilitated in December in partnership with Staffordshire Together for Carers. This will be included on the Wellbeing college Spring Term prospectus.

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

Wellbeing College

The Autumn Term prospectus has concluded. The number of registered students and coproduced workshops steadily increases. Spring term will start on 15th January with 'Beating the January blues' workshop and will run until Easter.

We have one fixed term full time equivalent/job share, band 3 PSW post to recruit to, using HEE awarded monies to support us to progress our bitesize workshop programme for inpatient areas. We will be utilising money from our successful Dragons Den pitch for the resources to facilitate this. We expect to start delivering the workshops at the beginning of April 2024.

We have delivered the Help for Heroes Veterans Moving Forward programme with three veterans and with our volunteer peer veteran cofacilitating with us. All veterans completed the six modules of the course and gave really good feedback. They have made a video with Trust Comms team





about their experience of the programme to promote the course to other veterans. The course will be facilitated again in the Spring Term. One of the veterans form the course has since been offered a post as an employment specialist with the Step On service. The outcomes from the course have been shared with the Veterans steering group as part of the Veterans aware accreditation review, in anticipation of the report being submitted in February.

The college team won the Partnership Award at the Trust November Reach awards and also welcomed a student nurse on placement. The college is now a placement area for Keele University nursing students and will be having student nurses on placement routinely.







EPORT TO PUBLIC TRUST BOARD

Enc 9

Date of Meeting:	11 th January 2024				
Title of Report:	Improving Quality & Performance Rep	Improving Quality & Performance Report (IQPR) Month 8			
	2023/24	2023/24			
Presented by:	Eric Gardiner, Chief Finance Officer	Eric Gardiner, Chief Finance Officer			
Author:	Victoria Boswell, Associate Director of	Victoria Boswell, Associate Director of Performance			
Executive Lead Name:	Eric Gardiner, Chief Finance Officer	Approved by	\boxtimes		
		Exec			

Purpose of the report:

Approval		Information	\boxtimes	Consider for Action		Assurance	\boxtimes	
Executive Summary:								

Purpose of the report

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

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

Performance summary

Change Control

In Month 8 there are 15 RAG rated measures that have achieved required standard (16 in M7) and 14 that have not met the required standard and highlighted as exceptions (13 in M7). There are 8 special cause variations (orange variation flags) - signifying concern, compared to 9 in M7:

Bold text identifies the new measures identified in the current month

- 1. Referral to Treatment within 18 weeks
- 2. CAMHS Compliance within 4 week waits (Referral to Assessment)
- 3. CAMHS Compliance within 18 week waits (Referral to Treatment)
- 4. Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)
- 5. Risk Assessment Compliance
- 6. CPA 12 Month Review Compliance
- 7. Service Users on CPA in settled accommodation
- 8. Vacancy Rate

There are 5 special cause variations (blue variation flags - signifying improvement), compared to 4 in M7:

Bold text identifies the new measures identified in the current month

- 1. Service Users on CPA in Employment
- 2. Talking Therapies for Anxiety and Depression Recovery
- 3. Safe Staffing
- 4. Agency Spend
- 5. Statutory & Mandatory Training







Highlights

- 48 hour and 7 day follow up standards are met
- Place of Safety 5 assessments occurred outside of 3 hours (16 in M7) with no agreed clinical grounds for delay – 62%

Keele 🍯

North Staffordshire Combined Healthcare

NHS Trust

- Vacancy reduced from 14.9% in M6 to 12.8% in M7 and increased slightly to 12.9% in M8, still back within the control limit
- Appraisal performance has improved and is above standard at 86% in M8

Exceptions

- 4 week RTA is 92% and CYP RTA is 81% Community PIP trajectories are not on track although it is positive to note more CYP assessments were undertaken in M7 and in M8, with a further reduction in long waiters. Trajectories have been reviewed for achievement in April 2024 for Adult and May 2024 for CYP. (Additional detail in the IQPR and in additional paper to Committee).
- Care plans and risk assessments remain below standard and performance has reduced in month – PIPs in place – Care plan is 95.1% and over standard in Specialist services and performance is not track in Community at 93.5%. Risk assessment trajectories not on track in Community and Specialist Services.
- CPA 12 month review remains below standard and Community PIP is not on trajectory in M8
- CYP 18 week RTT reduced from 86.8% in M6 to 84.3% in M7 and to 82.3% in M8
- Talking Therapies for Anxiety and Depression 90 days in treatment increased from 9% to 15% in M8 due to workforce challenges
- CRFDs increased to 24 in M8 from 22 in M7
- Turnover reduced from 13.9% to 13.3% in M7, and increased to 14.3% in M8
- Clinical supervision is below standard at 81% in M8

Seen at:	SLT Execs Document V1 Performance Review 19/12/23 No.	
Committee Approval / Review	 Quality Committee Finance & Resource Committee Audit Committee People, Culture & Development Committee Charitable Funds Committee 	
Strategic Priorities (please indicate)	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. 	
BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services ⊠ We will attract, develop and retain the best people ⊠ 	







3.	We will actively promote partnership and integrated
	models of working 🖂

4. We will increase our efficiency and effectiveness through sustainable development

Any Risk/legal implications: (please reference if any)

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

PIPs in place in M8

Metric	Directorate	Status
Referral to Assessment within 4 weeks	Community Directorate	Trajectories have been reviewed and agreed in M8 - aim for the standard to be met in May 2024 for CYP and April 2024 in Adult services In M8 Directorate performance is at 81.8% and is not on track to achieve trajectories - CYP performance is 14.9% against trajectory of 75% - Adult performance is 82.6% against a trajectory of 87%
Care Plan Compliance	Community Directorate Specialist Services	Community Directorate aims for achievement of the standard by November 2023. - M8 performance has decreased to 93.5% and is not on track to meet the trajectory. Specialist Services aims for achievement of the standard by September 2023. - M8 performance is at 95.1%, exceeding the standard
Risk Assessment	Stoke Community Specialist Services	Community Directorate aims for achievement of the standard by November 2023 - M8 performance has decreased to 93.2% against a trajectory of 95% Specialist Services aims for achievement of the standard by December 2023. - M8 performance has decreased to 93.9% against a trajectory of 94.5%
CPA 12 Month Review	Community Directorate	Community Directorate aims for achievement of the standard by January 2024 - M8 performance is at 85.6% and is not on track to achieve the trajectory



Sustainability:



Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

	3. Share learning and b	est practice	
Resource Implications:	None directly.		
Funding Source:			
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. Utilising the 2021 census data will support the Heath Equity Assessments being undertaken at PCN level to inform the Mental Health Community Transformation programme to address health inequalities at a local level.		
ICS Alignment / Implications:	N/A		
Recommendations:	Trust Board is asked to: Receive the report as outlined 		
Version	Name/group	Date issued	
V1	Finance & Resource Committee	21/12/23	







IQPR

Improving Quality & Performance Report

Board Report

Month 8: November 2023

Contents

Not Met - Referral to Assessment within 4 weeks	12
Met - Referral to Treatment within 18 weeks	12
Not Met - CAMHS Compliance within 4 week waits (Referral to Assessment)	13
Not Met - CAMHS Compliance with 18 week waits (Referral to Treatment)	13
- Access Service Waiting Times: 1 hour	15
- Access Service Waiting Times: 24 hour	15
- Access Service Waiting Times: 4 hour	16
Met - MH Liaison 1 Hour Response (Emergency)	16
Met - MH Liaison 4 Hour Response (Urgent)	17
Not Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	17
Met - Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)	
Met - Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)	18
Not Met - Talking Therapies for Anxiety and Depression Patients wait no longer than 90 days between 1st and 2nd treatment	19
Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	19
Met - 48 Hour Follow Up	20
Met - Care Programme Approach (CPA) 7 day follow up	20
Met - 7 Day Follow Up (All Patients)	21
- Average Length of Stay - Adult	23
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Met - Emergency Readmissions rate (30 days)	
Not Met - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	
- Clinically Ready for Discharge (CRFD)	25
Not Met - Care Plan Compliance	
Not Met - Risk Assessment Compliance	27
Not Met - CPA 12 Month Review Compliance	28
Met - Service Users on CPA in settled accommodation	28
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Met - Talking Therapies for Anxiety and Depression Recovery	29
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- Data Quality Maturity Index (DQMI)	32
- Friends and Family Test - Recommended	32
- Safe Staffing	
Not Met - Vacancy Rate	33
Not Met - Staff Turnover	
Not Met - Agency Spend	
- Sickness Absence	35
Not Met - Clinical Supervision	35
Met - Appraisal	36
Met - Statutory & Mandatory Training	

1. Balanced Scorecard

ŵ	Access & Waiting Times					
SPC variations	Metric Standard Performance					
signifying concern	RTT 18 weeks	92%	94.6%			
	CAMHS 4 week	95%	81.0%			
	CAMHS 18 week	92%	82.3%			
	Talking Therapies 6 weeks	75%	85.0%			
RAG rated standards	9 met, 5 unmet					
Highlights	RTT 18 weeks MH Liaison 1 hr MH Liaison 4 hr Talking Therapies 6 weeks Talking Therapies for Anxiety a Treatment (18 weeks) EIP 48 hr Follow Up Care Programme Approach (CF 7 day Follow Up (all)					
Exceptions	Metric	Standard	Performance			
	RTA 4 weeks	95%	92.0%			
	CAMHS 4 week	95%	81.0%			
	CAMHS 18 week	92%	82.3%			
	MH Liaison 24hr	95%	93.3%			
	Talking Therapies 90 days	10%	15.0%			

Care	Inpatient & Quality				
SPC variations	Metric Standard Performance				
signifying concern	Nothing significant to note				
RAG rated standards	1 met, 1 not met				
Highlights	Emergency Readmissions				
Exceptions	Metric	Standard	Performance		
	Place of Safety	100%	62.0%		

•	Communit	y & Quali	ty		
SPC variations signifying concern	Metric Standard Performance				
	Risk Assessment	95%	93.3%		
	CPA 12m Review	95%	86.9%		
	Accommodation	61%	62.2%		
RAG rated standards Highlights	3 Met, 3 unmet Accommodation				
	Employment Talking Therapies Recovery				
Exceptions	Metric	Standard	Performance		
	Care Plan Compliance 95% 93				
	Risk Assessment	95%	93.3%		
	CPA 12m Review	95%	86.9%		

Organisational Health & Workforce				
Metric	Standard	Performance		
Vacancy Rate	12.9%			
2 met, 5 unmet				
Stat & Mand Training Appraisal				
Metric	Standard	Performance		
Complaints	0	3		
Vacancy	10%	12.9%		
Staff Turnover	10%	14.3%		
Agency Spend	4%	5.6%		
Supervision 85% 81.0%				
	Metric Vacancy Rate 2 met, 2 met, Stat & Mand Training Appraisal Metric Complaints Vacancy Staff Turnover	Metric Standard Vacancy Rate <10%		

Performance Improvement Plans (PIPs)	Metric	Standard	Performance		
Specialist Services	Risk Assessment	95%	93.9%		
Specialist Services	Care Plan Compliance	95%	95.1%		
Community Directorate	4 week waits PIP	95%	81.8%		
Community Directorate	CPA 12 Month Review Compliance	95%	85.6%		
Community Directorate	Care Plan Compliance	95%	93.5%		
Community Directorate	Risk Assessment	95%	93.2%		

2. 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.

3. Highlights and Exceptions

In Month 8 there are 15 RAG rated measures that have achieved required standard (16 in M7) and 14 that have not met the required standard and highlighted as exceptions (13 in M7).

There are 8 special cause variations (orange variation flags) - signifying concern, compared to 9 in M7: *Bold text identifies the new measures identified in the current month*

- 1. Referral to Treatment within 18 weeks
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There are 5 special cause variations (blue variation flags - signifying improvement), compared to 4 in M7: *Bold text identifies the new measures identified in the current month*

- 1. Service Users on CPA in Employment
- 2. Talking Therapies for Anxiety and Depression Recovery
- 3. Safe Staffing
- 4. Agency Spend
- 5. Statutory & Mandatory Training

3. Performance Improvement Plans (PIPs)

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

The new PIP process takes into account the wider context such as demand and capacity considerations and more granular team level data to enable Directorates to set out the issues, actions and a realistic and achievable trajectory for improvement, and to mitigate any risks in achieving compliance and maintain the standard required.

The PIPs are reviewed each month in light of performance achieved for each team and updated in light of the latest activity data prior to being reported to the monthly Executive Performance Review meetings. The PIPs are monitored on a monthly basis through these meetings until the standard has been achieved for 3 consecutive months, or otherwise agreed. This will ensure that the actions outlined by the Associate Directors are embedded and performance levels are sustained. This enhanced process takes into account that performance is unpredictable and across multiple teams.

PIPs currently in place

Metric	Directorate	Status						
Referral to Assessment within 4 weeks	Community	Trajectories have been reviewed and agreed in M8 - aim for the standard to be met in May 2024 for CYP services and April 2024 Adult services In M8 Directorate performance is at 81.8% and is not on track to achieve trajectories - CYP performance is 14.9% against trajectory of 75% - Adult performance is 82.6% against a trajectory of 87%						
Care Plan Compliance	Community Specialist Services	Community Directorate aims for achievement of the standard by November 2023. - M8 performance has decreased to 93.5% and is not on track to meet the trajectory. Specialist Services aims for achievement of the standard by September 2023. - M8 performance is at 95.1%, exceeding the standard						
Risk Assessment	Community Specialist Services	Community Directorate aims for achievement of the standard by November 2023 - M8 performance has decreased to 93.2% against a trajectory of 95% Specialist Services aims for achievement of the standard by December 2023. - M8 performance has decreased to 93.9% against a trajectory of 94.5%						
CPA 12 Month Review	Community	Community Directorate aims for achievement of the standard by January 2024. - M8 performance is at 85.6% and is not on track to achieve the trajectory						

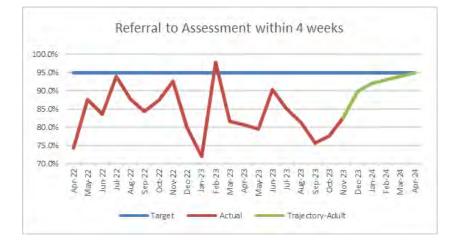
Specialist Services - Care Plan Compliance



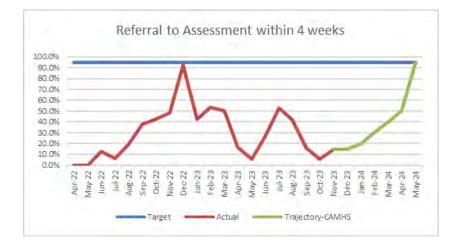
Specialist Services - Risk Assessment



Community Directorate: Adult - Referral to Assessment



Community Directorate CYP - Referral to Assessment



The Community directorate has seen a 4.1% increase in RTA performance when comparing M7 to M8.

The directorate are however still underperforming against a target of 95% by 13.2%.

CYP CMHT services are highlighted as the largest concern as they make up 12.8% of the total directorate RTAs while achieving 14.9% within 4 weeks.

Improvements within CYP CMHT services are seen with Month 8 bringing the highest number of completed RTAs seen over the last 2 financial years.

In Month 6 71.9% of CYP CMHT patients had been waiting for an assessment for over 4 weeks, this has now reduced to 53.3% due to the increase of the number of RTAs being completed in Months 7 and 8.

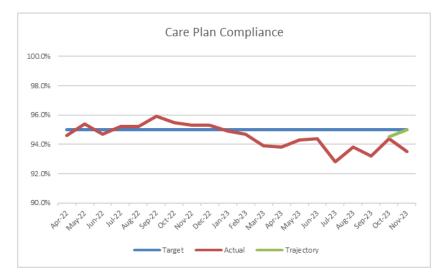
Community Directorate - CPA 12 month Review



Community Directorate - Risk Assessment



Community Directorate - Care Plan Compliance



M	Met/Not		Monietie	F	Neurating
Measure 1 - Referral to Assessment within 4 weeks	Met Not Met	Assurance	Variation	Exception	Narrative Performance is at 92% and has not met the required standard during M8. PIP in place for Community Directorate for Adult and CYP
2 - Referral to Treatment within 18 weeks	Met	\sim		*	Performance is at 94.6 % during M8
3 - CAMHS Compliance within 4 week waits (Referral to Assessment)	Not Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		*	Performance is not meeting the required standard and is currently at 81% during M8.
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Not Met	~		*	Performance is at 82.3% during M8 and is not meeting the required standard, with the exception of Acute and Urgent Care.
5 - Access Service Waiting Times: 1 hour					Performance has improved to 96.1% during M8.
6 - Access Service Waiting Times: 24 hour					Performance is at 75.7% during M8.
7 - Access Service Waiting Times: 4 hour					Performance is at 81.5% at M7.
8 - MH Liaison 1 Hour Response (Emergency)	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) ² /20		Performance is to 95.1% during M8
9 - MH Liaison 4 Hour Response (Urgent)	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) ² /00		Performance is at 95.3% during M8.
10 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Not Met	~	(a) \$ 00		Performance is at 93.3% during M8
11 - Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)	Met			*	Performance is at 85% during M8. A special cause variation of concern remains in place.
12 - Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)	Met		(a) Aso		Performance is 99.1% during M8.
13 - Talking Therapies for Anxiety and Depression Patients wait no longer than 90 days between 1st and 2nd treatment	Not Met	~	(ag ^R po)		Performance is at 15% during M8.
14 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) ² /20		Performance has improved to 75% during M8 and is exceeding the standard.
15 - 48 Hour Follow Up	Met	?	(a) / b0		Performance is at 95.9% during M8.
16 - Care Programme Approach (CPA) 7 day Follow Up	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) / b0		Performance has maintained 100% during M8.
17 - 7 day follow up (All Patients)	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and		Performance has reduced to 96.2% during M8.
18 - Average Length of Stay - Adult					The average length of stay for inpatients on an adult ward is 25.1 days.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
19 - Average Length of Stay - Older Adult					The average length of stay for inpatients on an older adult ward is 46.6 days.
20 - Emergency Readmissions rate (30 days)	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) ² /20		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)		(F)	(a)/(b)		5 assessments occurred outside of 3 hours with no agreed clinical grounds for delay = overall 62% compliance.
22 - Clinically Ready for Discharge (CRFD)					There are 24 patients identified as clinically ready for discharge.
23 - Care Plan Compliance	Not Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) ⁸ /20		Performance is at 93.8% during M8 and is not meeting the required standard across all directorates. PIPs in place in Community
					Directorate and Specialist Services. Performance is at 93.3% during
24 - Risk Assessment Compliance	Not Met	(?)	(~~)	*	M8 and below the required standard. A special cause variation remains in place.
)			PIPs in place in Community Directorate and Specialist Services.
25 - CPA 12 Month Review Compliance	Not Met	?	(P ^A K.)	*	Performance has dipped to 86.9% during M8 and is below the required standard.
		0			PIPs in place in Community Directorate.
26 - Service Users on CPA in settled accommodation	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		*	Performance is at 62.2% during M8 and is exceeding the required standard. A special cause variation remains in place.
27 - Service Users on CPA in Employment	Met		H		Performance is at 21.6% during M8 and is operating outside the upper control limit. A special cause variation is in place for improvement.
28 - Talking Therapies for Anxiety and Depression Recovery	Met	~	(H.)		Performance has improved to 58.8% during M8 and is operating within normal control limits.
29 - Serious Incidents					There are 4 serious incidents Trust wide reported during M8.
30 - Complaints Open Beyond Agreed Timescale	Not Met	~			There are 3 outstanding complaint response during M8. All 3 are complete and undergoing sign off.
31 - DQMI					DQMI Score for August (last published data) is 93.8%.
32 - Friends and Family Test - Recommended					80% rated the Trust as good.

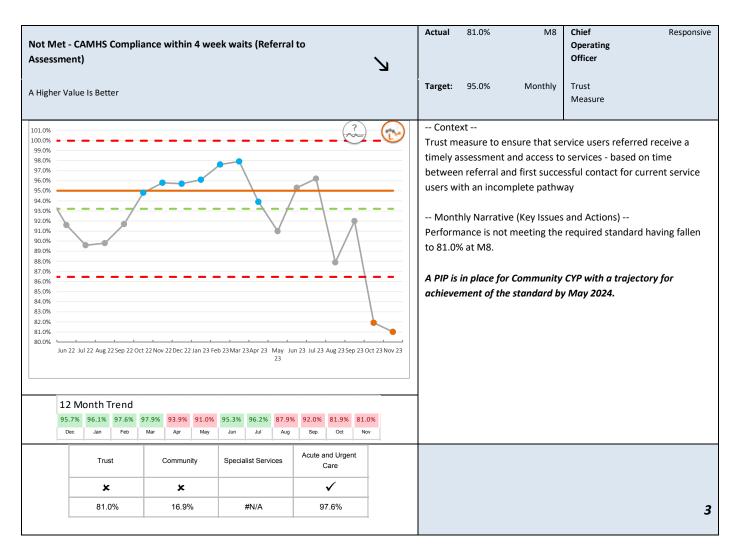
Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
33 - Safe Staffing	Not Met	~	Ha		There was an overall staffing fill rate of 98.4% in M8. This has dipped slightly due to increased acuity & occupancy in the inpatient wards.
34 - Vacancy Rate	Not Met	?	Har	*	The vacancy rate is at 12.9% in M8. A special cause variation remains in place.
35 - Staff Turnover	Not Met	F			Performance is consistently above the 10% threshold and is currently at 14.3% in M8
36 - Agency Spend	Not Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(***		Agency spend rate is 5.6% for M8
37 - Sickness Absence					The latest available data shows performance is at 5.13% at M7 and is not meeting the required standard
38 - Clinical Supervision	Not Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) (b)		Performance is at 81% during M8 and is not meeting the required standard.
39 - Appraisal	Met	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(a) / bo		Performance is at 86% during M8 and is meeting the required standard.
40 - Statutory & Mandatory Training	Met		Har		Performance is maintaining at 89% during M8.

- ٠
- There are no under 18 admissions to adult wards during M8. There are no inappropriate out of area admissions during M8 outside Staffordshire. •

Access & Wait Times

Not Met - Referral to Assessment within 4	weeks	7	Actual Target:	92.0% 95.0%	M8 Monthly	Chief Responsive Operating Officer			
A Higher Value Is Better			rarget:	95.0%	wonthy	Measure			
100.0% 99.0% 98.0% 97.0% 96.0% 94.0% 93.0% 92.0% 91.0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Fe 12 Month Trend 95.5% 95.9% 97.8% 94.1% 94.1% 94.1% 94.3% Dec Jan Feb Mar Apr May	23		timely as betweer users wi Month Perform A PIP is	dicator to e ssessment n referral a th an incor nly Narrativ ance is at 9 in place fo	and access to nd first succe nplete pathw ve (Key Issues 92.0% and is I r Community	ervice users referred receive a a services - based on time ssful contact for current service ray and Actions) below standard during M8. with a trajectory for ar Adults by April 2024.			
Trust Community	Specialist Services Acute and Urgent Care								
	x v								
× ×									

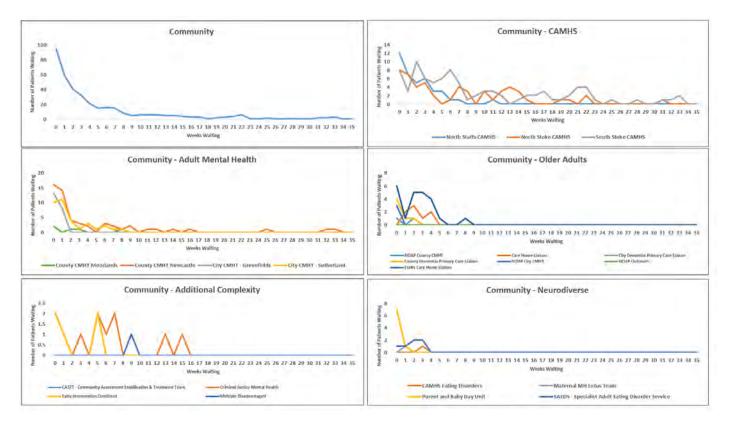
Met - F	Refer	ral to Treat	ment	within	18 w	eeks						7	Actual	94.6%	M8	Chief Responsive Operating Officer
A Highei	r Valu	e Is Better											Target:	92.0%	Monthly	Trust Measure
12	2 Mo	ul 22 Aug 22 Sep 22 nth Trend 97.2% 98.5% Jan Feb	0 Oct 22 No 96.8%	y 22 Dec 22 98.0% Apr	97.3% May	50 23 Mar 2 97.3%	3Apr 23	May Jun 97.4%			23 Oct 2 94.6 Nov	%	timely t contact Mont Perform	Trust m reatmen in curre hly Narra	nt - based on time nt service users w ative (Key Issues a at 94.6% during N	that service users referred receive between referral and 2nd successful ith an incomplete pathway. and Actions) 18 with all directorates except the chieved the required standard.
	Trust Community Specialist Services Acute and Urgent Care															
		\checkmark		×			\checkmark			✓						
		94.6%		88.2%	D		100.0%		9	9.4%						2



Not Met - Treatmer		1HS Co	omplia	ance w	vith 18	week	waits	(Refe	rral to		7	Actual	82.3%		M8	Chief Operating Officer		Responsive
A Higher Va	alue Is	Better										Target:	92.0%		Monthly	Trust Measure		
12 Moi	onth T		98.6% Mar	, , , , , , , , , , , , , , , , , , ,	96.8% May		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , , ,		Jul 23 Aug 86.8% Sep	223 Sep 23 CC 84.3% Oct	82.31 Nov	 treatme in curre Mont Perform standar	Trust indi nt - based nt service nly Narrat ance is at d, with the n remains	d on time b users with tive (Key Iss 82.3% dur e exceptior	etween re an incom sues and A ing M8 ar n of Acute ue to the o	service users re eferral and seco plete pathway. Actions) nd is not meetin and Urgent Car decline and perf	nd successf g the requir re. A specia	ul contact red I cause
	Trus	t	0	Commun	ity	Specia	list Servi	ces		nd Urger Care	nt							
	×			×						✓								
	~			~														

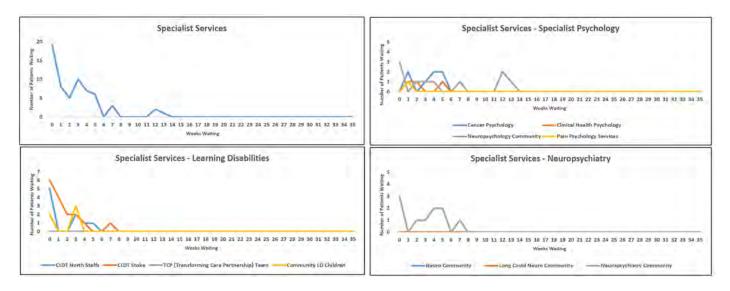
Waiting Time Reporting: Waiting for RTA (first contact)

Community Directorate



There are three long waits at 33 weeks which is a decline from M7 where the longest wait was 29 weeks. These two patients are in North Stoke CAMHS and Newcastle CMHT. There are 371 patients waiting in total which is 30 fewer than M7. The two highest service lines are CAMHS (182 - down from 213) and AMH (114 - down from 117).

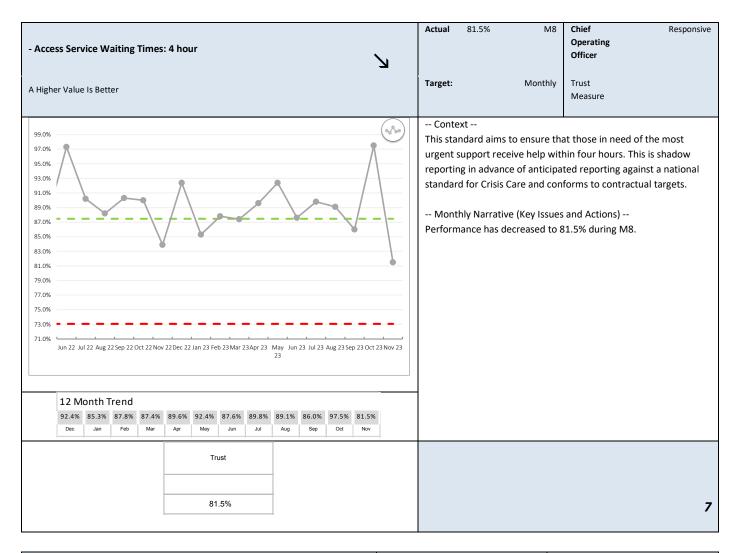
Specialist Directorate



The longest wait currently sits at 13 weeks in Neuropsychology. The longest wait in M7 was 23 weeks. The largest number of patients waiting are in the CLDT teams with 30 people, an increase of 7 from M7. Two of those patients now sit outside the four week target.



- Access Service Waiting Times: 24 hour	Ŕ	Actual 75.7%	M8	Chief Responsive Operating Officer
A Higher Value Is Better		Target:	Monthly	Trust Measure
97.0% 94.0% 91.0% 88.0% 82.0% 73.0% 73.0% 73.0% 70.0% 64.0% 61.0% 61.0% 55.0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May 23 Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May 23 23 12 Month Trend 89.1% 91.3% 91.0% 86.5% 84.0% 88.9% 78.8% 87.1% 8 Dec Jan Feb Mar Apr May Jun Jul		seen by community referral. This is shade	mental health ow reporting in andard for Cris (Key Issues ar	
Trust				
75.7%				6



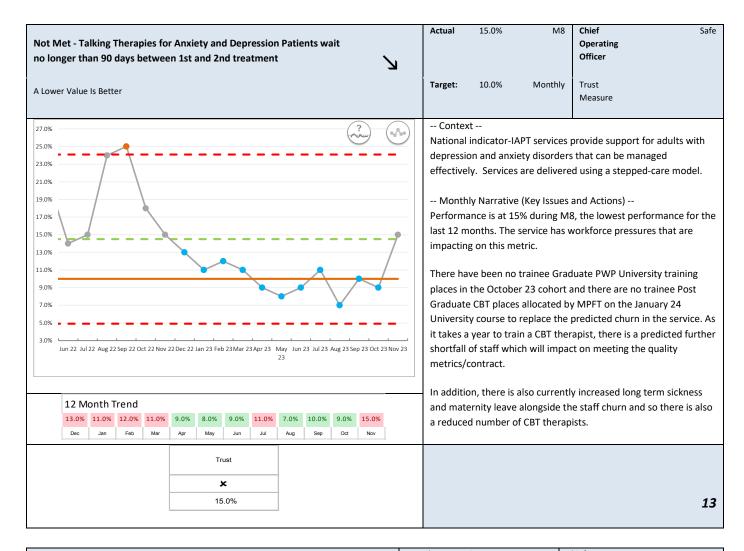
Met - MH Liaison 1 Hour Response (Emergency)	Actual	95.1%	M8	Chief Operating Officer	Responsive
A Higher Value Is Better	Target:	95.0%	Monthly	Trust Measure	
101.0% 100.0% 90.0% 90.0% 90.0% 90.0% 92.0% 91.0% 92.0% 91.0% 92.0% 91.0% 92.0% 92.0% 91.0% 92.0% 91.0% 92.0% 91.0% 92.0%	which w discharg an unexy health, c Month	sure - Of the here the ref ed or MHA pected, time or safety of a	erral is assessed a commenced withi e critical situation an individual or ot e (Key Issues and A		ansferred, classified as
Trust					
95.1%					8



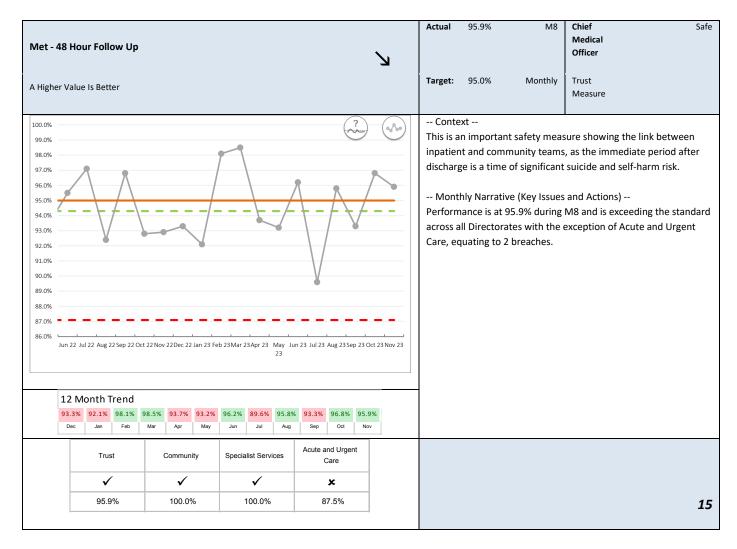
Not Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Actual 93.3% M8 Chief Operating Responsive Officer							
A Higher Value Is Better	Target: 95.0% Monthly Trust Measure							
101.0% 99.0% 97.0% 96.0% 95.0% 92.0% 91.0% 90.0% 1.Jun 22. Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 12 Month Trend	 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 93.3% with 83 out of 89 referrals being assessed within 24 hours during M8 and is below the required standard. This was due to the team prioritising emergency portal referrals (emergency and urgent) over routine (ward based) whilst navigating the maintained increase of referral volume since May 2023. There is an ongoing QI project to look at potential ways to adapt to this continued increase. From M8 last year the team has experienced an increase in referrals of 69%, with a 66% increase in emergency and urgent referrals. An increase in overall contacts of over 50%, with an 86% increase in F2F contacts. 							
100.0% 97.8% 98.6% 98.2% 98.0% 96.7% 91.4% 96.1% 99.2% 96.6% 96.3% Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov								
Trust								
×								
93.3%	10							

Met - Talking Therapies for An Treatment (6 weeks) A Higher Value Is Better	nxiety and Depression Refe	Actual Target:	85.0%	M8 Monthly	Chief Safe Nursing Officer		
102.0% 100.0% 96.0% 94.0% 92.0% 90.0% 88.0% 84.0% 82.0% 82.0% 80.0% 78.0% 76.0% 74.0% 12 Month Trend 98.2% 98.3% 99.2% 98.3% Mar		Aug Sep Oct		course of the2nd	l indicator - of talking tro successful c hly Narrativ	eatment und contact.	Measure ess from referral to entering a er IAPT - treatment is defined as and Actions) 18.
	Trust ✓ 85.0%						11

Met - Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)	Actual 99.1% M8 Chief Nursing Safe Officer
A Higher Value Is Better	Target: 95.0% Monthly Trust Measure
100% 99% 98% 97% 96% 96% 96% 96% 96% 96% 94% Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov 12 Month Trend 100.0% 100.0% 100.0% 99.8% 99.8% 99.6% 99.0% 99.4% 99.6% 99.0% 98.0% 99.1% Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	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 is 99.1% during M8.
Trust	
✓	
99.1%	12



Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Actual 75.0% M8 Chief Responsive Operating Officer				
A Higher Value Is Better	Target: 60.0% Monthly Trust Measure				
104.0% 99.0% 94.0% 89.0% 84.0% 64.0% 59.0% 64.0% 59.0% 54.0% 40.0% 1un 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Aug Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 23	 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 75% during M8 and is exceeding the standard. 				
12 Month Trend 100.0% 100.0% 67.0% 86.0% 85.0% 90.9% 69.0% 71.0% 47.0% 64.0% 69.0% 75.0%					
100.0/3 100.0/3 67.0/3 65.0/3 63.0/3 90.3/3 63.0/3 71.0/3 47.0/3 64.0/3 65.0/3 75.0/3 Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov					
Trust					
\checkmark					
75.0%	14				

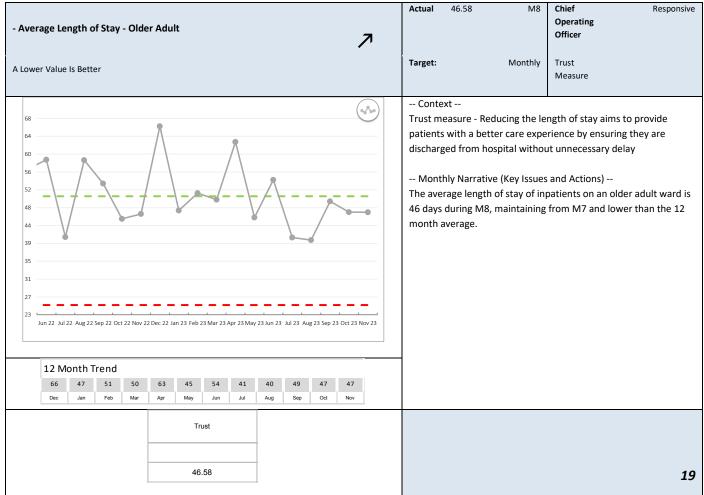


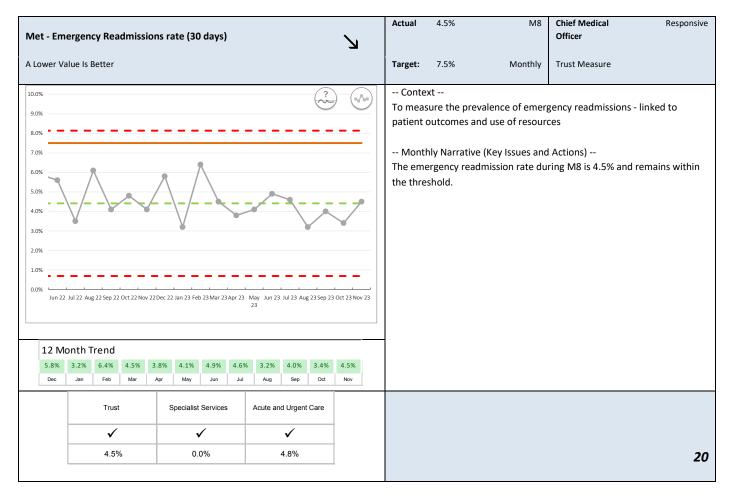
Met - Care Programme Approach (CPA) 7 day follow up	Actual 100.0% M8 Chief Medical Safe Officer
A Higher Value Is Better	Target: 95.0% Monthly Trust Measure
101.0% Image: Constraint of the second s	Context National target - This is an important safety measure, showing the link between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk Monthly Narrative (Key Issues and Actions) Performance has maintained 100% during M8 across all Directorates as there were no follow up breaches.
Trust Community Specialist Services Care	
$\checkmark \qquad \checkmark \qquad \checkmark \qquad \checkmark \qquad \checkmark$	
100.0% 100.0% 100.0%	16

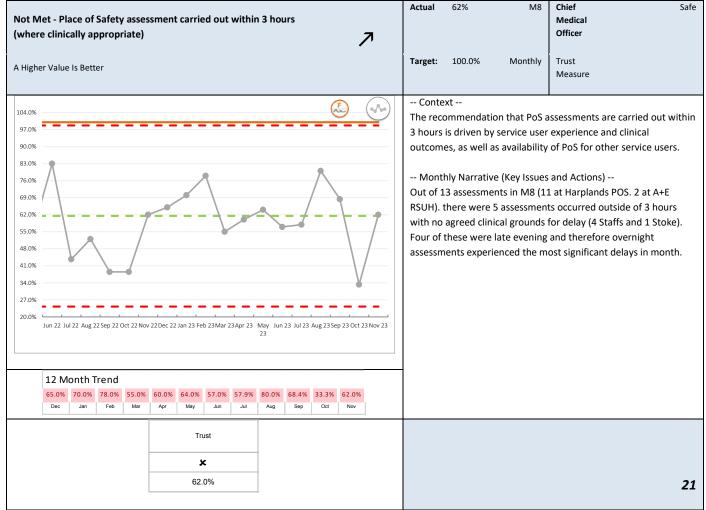
Met - 7 Day Follow Up (All Patients) A Higher Value Is Better		Actual Target:	96.2% 95.0%	M8 Monthly	Chief Safe Medical Officer Trust Measure
101.0% 100.0% 99.0% 98.0% 96.0% 96.0% 96.0% 95.0% 93.0% 91.0% 12 Month Trend 97.8% 95.5% 94.8% Dec Jan Feb Mar Apr May	23 97.6% 97.0% 97.3% 93.9% 95.4% 9	betwee period harm r Mon Perfor the rec of Acut	get - This is a en inpatient after discha isk. thly Narrativ nance has in uired standa	and commur rge is a time re (Key Issues icreased to 9 ard across all	safety measure, showing the link hity teams, as the immediate of significant suicide and self- and Actions) 6.2% during M8 and has exceeded Directorates, with the exception forate (equating to 2 patients).
Trust Community	Specialist Services Acute and Urgent Care				
\checkmark \checkmark	√ ×				
96.2% 100.0%	100.0% 87.5%				17

Inpatient & Quality



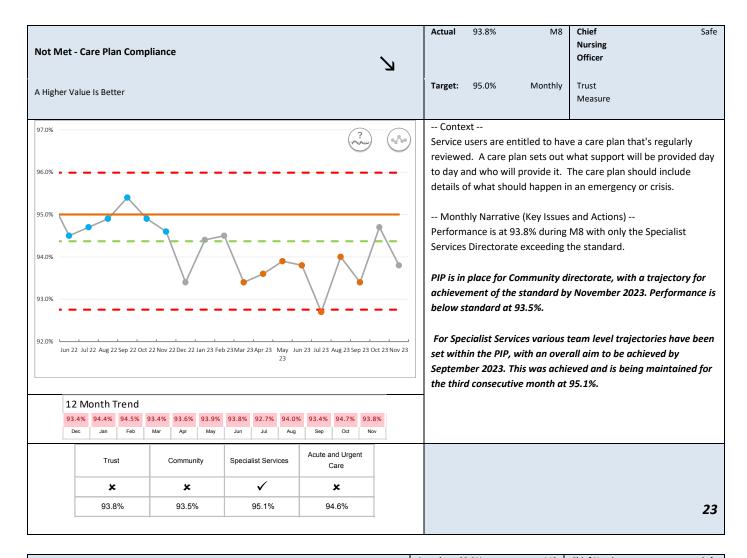




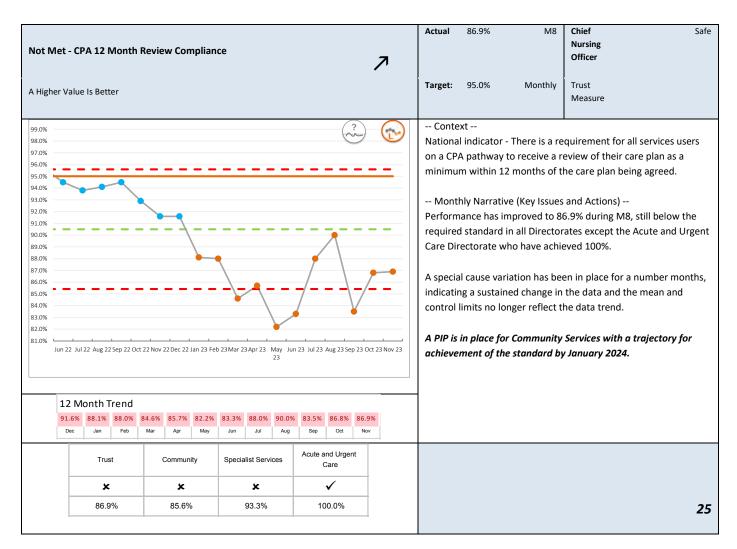


- Clini	cally R	eady f	or Dis	charge	e (CRF	D)					<u>、</u>	Actu	ual	24.00		M8	Chief Operating Officer		Responsive
A Lowe	er Value	e Is Bett	er								Ч	Tar	get:			Monthly	Trust Measure		
2	27.00 44.00 10.00 5.00 9.00 3.00 0.00 Jun		g Sep O	ct Nov D	ec Jan	Feb Mar	Apr May	lut nut	Aug Sep	Oct Nov		Tru dec N Dur acro dela to c	lared Ionthl ring M oss inp ays, ar	asure - To clinically y Narrati 8 there a patient ar nd 14 for	ready foi ive (Key Is ire 24 pat reas. 10 V Older Pe	r discharge b ssues and Ac tients identif With Adult In rsons – split	nber of patients o put remain in inp tions) fied as clinically r patient – all Stol between Staffs a se are being esca	atient serv eady for c ke with so and Stoke	vices. lischarge cial care and all due
17	15	14	13	8	9	9	15	19	20	22	24								
Dec	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov								
					Ti	rust													
					24	1.00													22

Community and Quality

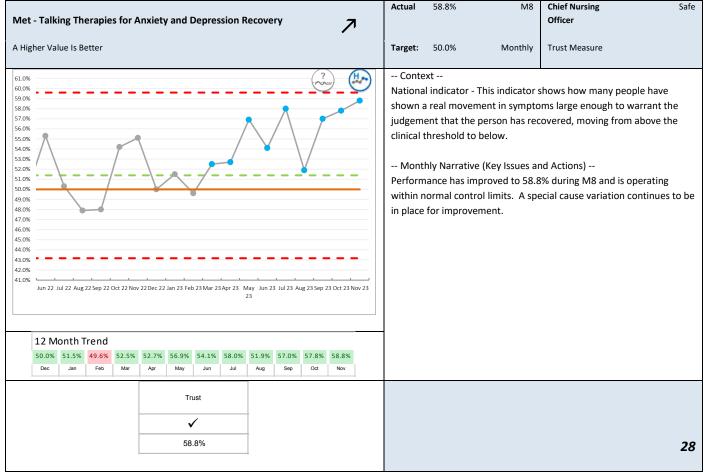


Not Met - Risk Assessme	ent Compliance		Actual	93.3%	M8	Chief Nursing Safe Officer		
A Higher Value Is Better		Ŕ	Target:	95.0%	Monthly	Trust Measure		
98.0% 97.0% 95.0% 94.0% 92.0% 91.0% Jun 22 Jul 22 Aug 22 Sep 22 Oc 12 Month Trend	t 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 Mar 23		 Context To measure 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 93.3% during M8 and is below the required standard. A special cause variation remains in place. PIP is in place for Community Directorate, with a trajectory for achievement of the standard by November 2023. Performance is at 93.2%. For Specialist Services a trajectory for achievement of the standard by December 2023. 					
91.8% 95.7% 94.2% 9 Dec Jan Feb	94.3% 94.4% 93.8% 93.8% 93.2% 9 Mar Apr May Jun Jul	93.3% 93.0% 94.2% 93.3% Aug Sep Oct Nov						
Trust	Community Specialist Service	Acute and Urgent Care						
×	× ×	✓						
93.3%	93.2% 93.9%	96.5%				2		



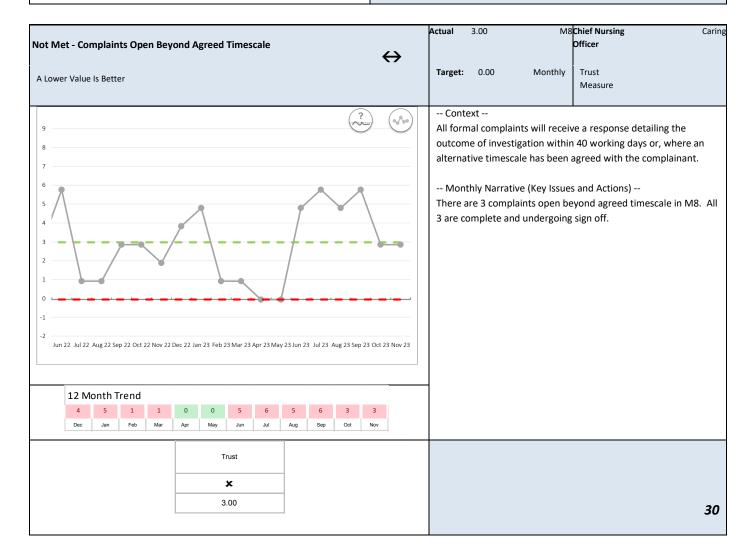
let - Service Users on CPA in settled accommodation	Actual 62.2% M8 Chief Nursing S Officer
Higher Value Is Better	Target: 61.0% Monthly Trust Measure
	 Context National indicator - This overall indicator measures the proportion of adults in contact with secondary mental health services who have berecorded 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 62.2% during M8 and is exceeding the required standard. A special cause variation of improvement remains in place
2.0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 23 12 Month Trend 68.1% 48.7% 45.8% 55.8% 54.5% 59.4% 58.0% 61.1% 64.8% 63.8% 62.8% 62.2% Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	
0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 23 12 Month Trend 68.1% 48.7% 45.8% 55.8% 54.5% 59.4% 58.0% 61.1% 64.8% 63.8% 62.8% 62.2%	
1.0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 23 12 Month Trend 68.1% 48.7% 45.8% 55.8% 54.5% 59.4% 58.0% 61.1% 64.8% 63.8% 62.8% 62.2% Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	



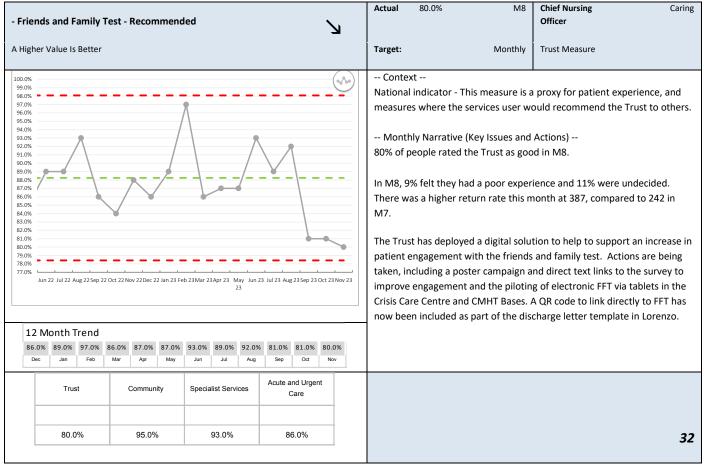


Organisational Health and Workforce

- Serious Incidents	Actual 4.00 M8 Chief Medical Safe Officer
A Lower Value Is Better	Target: Monthly Trust Measure
16.00 14.00 12.00 10.00 8.00 6.00 4.00 2.00 Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	 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 were 4 serious incidents reported with 2 of those being in the Primary Care Directorate during M8. Any trends or themes linking patient safety incidents and SIs are currently being reviewed and any findings will be outlined in the patient safety quarterly report being prepared for Quality Committee.
12 Month Trend 6 1 2 11 3 6 3 4 4 5 2 4	
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov	
Trust Community Specialist Services Acute and Urgent Care Primary Care	
4.00 1.00 0.00 1.00 2.00	29

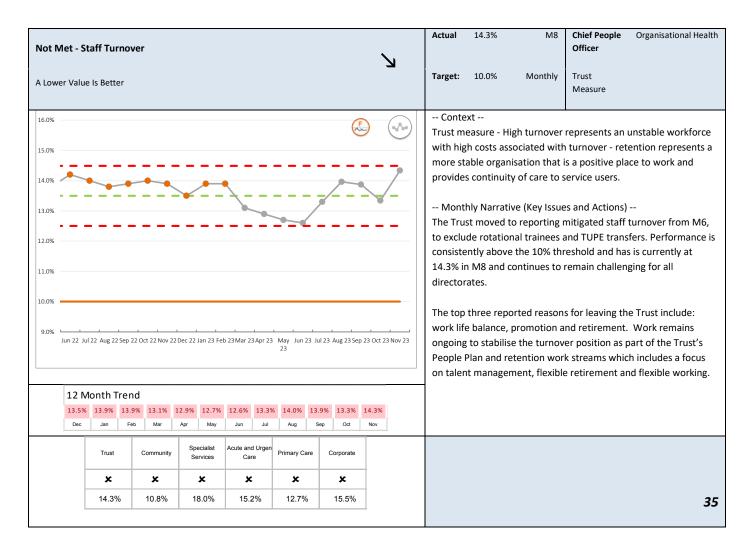








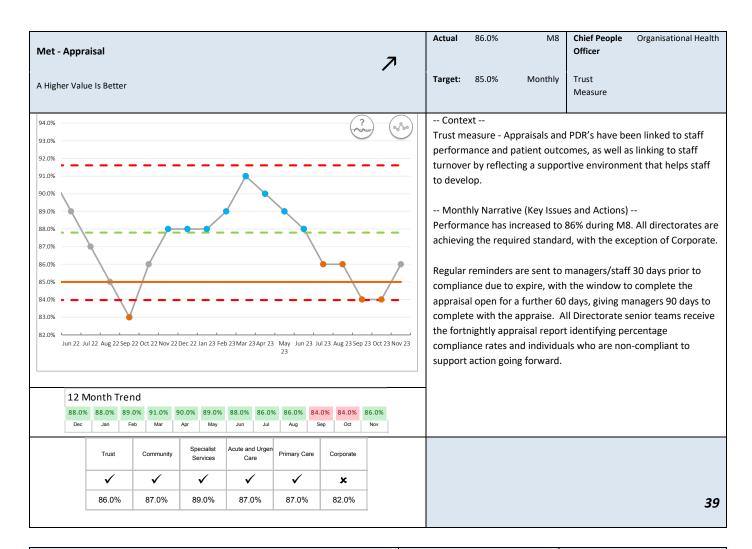
Not Met - V	acancy Rate					ע	Actual	12.9%	M8	Chief People Officer	Orga	nisational Hea
A Lower Valu	e ls Better						Target:	10.0%	Monthly	Trust Measure		
16.0% 15.0% 14.0% 13.0% 12.0% 10.0%						-	finances v Monthl Following has signif standard	asure - High v within the tru y Narrative (H ; the commer icantly decrea but within th	acancy rates has st due to reliance Key Issues and Ac Icement of the Ne ased to 12.9% in e control limits.	e on bank and lo tions) ewly Qualified N M8, which is stil	cum staf lurses, th l exceedi	f. e vacancy rat ng the
9.0%						_	vacancies	0 0		se the position.	ingricati	everor
8.0%		w 22 Dec 22 Jan 23 Fe 12.5% 12.7%		23	Aug 23 Sep 23 Oct 2	3 Nov 23	Specialist / Co Directorates SPECIALIST SE COMMUNITY COMMUNITY	: ommunity / Primary (RVICES RVICES		st vacancy rates) TREATMENT TRE SOURCE CENTRE	WTE Vacancies 9.6 19.1 11.5 10.8 11.3	NTE % 29% 32% 26% 26%
8.0% Jun 22 Jul	Trend			²³ % 14.8% 14			Specialist / Co Directorates SPECIALIST SE COMMUNITY COMMUNITY	: ommunity / Primary (RVICES	Teams with highe ASSESSMENT AND THE DARWIN CEN SUTHERLAND - RE NEWCASTLE CMH	st vacancy rates) TREATMENT TRE SOURCE CENTRE	WTE Vacancies 9.6 19.1 11.5 10.8	NTE % 29% 32% 26%
8.0% Jun 22 Jul 12 Month 10.5% 10.5%	Trend 10.8% 10.7% Feb Mar	12.5% 12.7%	13.9% 14.0%	 14.8% Aug 	4.9% 12.8%	12.9%	Specialist / Co Directorates SPECIALIST SE COMMUNITY COMMUNITY	: ommunity / Primary (RVICES RVICES	Teams with highe ASSESSMENT AND THE DARWIN CEN SUTHERLAND - RE NEWCASTLE CMH	st vacancy rates) TREATMENT TRE SOURCE CENTRE	WTE Vacancies 9.6 19.1 11.5 10.8	NTE % 29% 32% 26% 26%
8.0% Jun 22 Jul 12 Month 10.5% 10.5% Dec Jan	Trend 10.8% 10.7% Feb Mar	12.5% 12.7% Apr May Specialist	13.9% 14.09 Jun Jul Acute and Urgen	23 6 14.8% 14 Aug 1	4.9% 12.8% Sep Oct	12.9%	Specialist / Co Directorates SPECIALIST SE COMMUNITY COMMUNITY	: ommunity / Primary (RVICES RVICES	Teams with highe ASSESSMENT AND THE DARWIN CEN SUTHERLAND - RE NEWCASTLE CMH	st vacancy rates) TREATMENT TRE SOURCE CENTRE	WTE Vacancies 9.6 19.1 11.5 10.8	NTE % 29% 32% 26% 26%

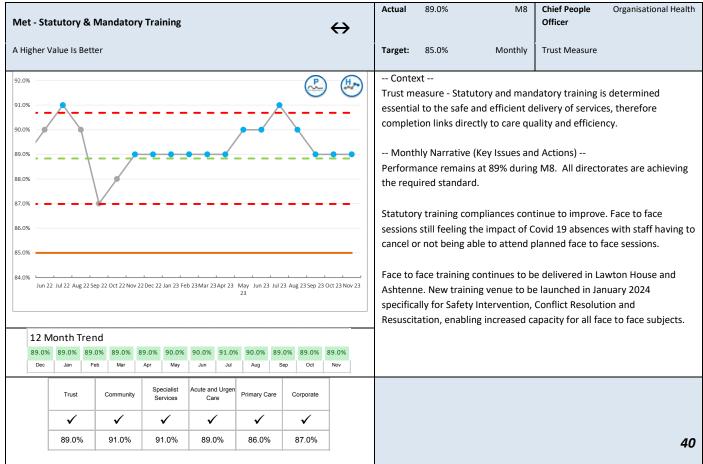




- Sickness Absence		Actual	#N/A	M8 Chief People Officer	Organisational Health
A Lower Value Is Better		Target:	4.95% Mo	onthly Trust Measure	
8.0% 7.0% 6.0% 5.0% 4.0% 3.0% 2.0% Jun 22 Jul 22 Aug 22 Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 2 12 Month Trend 4.91% 4.88% 4.97% 4.99% 4.92% 4.85% Dec Jan Feb Mar Apr May	23 Mar 23 Apr 23 May Jun 23 Jul 23 Aug 23 Sep 2 23 4.85% 4.85% 4.96% 5.12% 5.13% Jun Jul Aug Sep Oct	strain or efficient staff. Month The late M7 and	th Rolling - Trust n the organisatio : use of resource: hly Narrative (Ke st available figur	n that should be mi s and less strain on y Issues and Actions	
Trust Community Specialist Services	Acute and Urgen Care Primary Care Corporate	**			
#N/A #N/A #N/A	#N/A #N/A #N/A				37







Statistical Process Control

What is It?

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

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

When to use it

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

How to use it

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

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

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

Interpreting the Report

	Variation			Assurance		
						 Targets
(asho)	(Han) (man)	(Han) (man	$\begin{pmatrix} ? \\ \end{pmatrix}$	(P)	Æ	 Value
\bigcirc		\bigcirc	G		U U	 Mean
Common cause -	Special cause of	Special cause of	Variation	Variation	Variation	 UCL
no significant change	concerning nature or higher	improving nature or lower pressure	inconsistently	indicates consistently	indicates consistently	 LCL
	pressure due to (H)igher or	due to (H)igher or (L)ower values	and falling short	(P)assing the target	(F)alling short of the target	
	(L)ower values	. ,	of the target	laigel		

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

North Staffordshire Combined Healthcare

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REPORT TO PUBLIC TRUST BOARD

T	Date of Meeting:	11 th January 2024					
ľ	Title of Report:	NSCHT Diversity and Inclusion Annual Report 2023					
ľ	Presented by:	Paul Draycott, Chief People Officer					
ŀ	Author:	Lesley Faux, D&I Lead					
ŀ	Executive Lead Name:	Paul Draycott, Chief People Officer Approved by					
		r du Draycott, onier r copie onieer	Exec	\boxtimes			

Purpose of the report:								
Approval	\boxtimes	Information	\boxtimes	Consider for Action		Assurance		
Executive Su	Executive Summary:							

This report sets out our Trust activity, achievements and ambitions on Diversity and Inclusion (D&I) and how we have delivered against our key responsibilities and obligations for the period 2022-23.

D&I continues to be a core priority for the Trust with Outstanding performance delivered in comparison to our NHS and private sector peers. We are delighted to see the impact of our D&I programme gaining traction as clearly revealed in our improving equality data and staff survey results (2022), as well as in our WRES and WDES performance, previously reported.

We have achieved further progress improving workforce and service user representation specifically in relation to diverse ethnicities for both groups, and amongst staff declaring disabilities and LGB identity. We still have considerable under-representation and under-declaration to address. Our EDI dashboard is anticipated to support us in making step changes with regard to this in 2024.

The work undertaken by clinicians to engage with our local communities, identifying and planning to address health inequalities is an exciting development through 2022-23 and we look forward to seeing and building on the impacts of this work in 23-24 and beyond. We do not underestimate the significant room for improvement that remains and we are committed to pushing the boundaries on what it means to deliver Outstanding Inclusion for our service users and our workforce.

Our updated Diversity and Inclusion Strategy and associated action plans for the next five years is in development for publication in the new year.

Seen at:	SLT 🔲 Execs 🗌	Document Version No.
Committee Approval / Review	 Quality Committee Finance & Resource Committee Audit Committee People, Culture & Development Charitable Funds Committee 	





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Strategic Priorities (please indicate) BAF / Risk / legal implications:	 high-quality preventa need for secondary of 2. Access - We will ension our services will be a time, and the place in 3. Prevention - To will 	sure that everybody who needs ble to choose the way, the n which they access them ⊠ continue to grow high-quality, elivered by an innovative and e. □		
Risk Register Reference	 effective services ⊠ 2. We will attract, develocities 3. We will actively promodels of working □ 4. We will increase our through sustainable of the sustainable of YES - Links to delivery of the associated PSED and Equal 	op and retain the best people ote partnership and integrated efficiency and effectiveness development [] (please reference if any) e Equality Act 2010 and its		
Sustainability:	equality objectives) 1. Reduce the environm social care in Stafford 2. Build a network of cli	hental impact of health and dshire and Stoke on Trent mate and sustainability raffordshire and Stoke on Trent		
Resource Implications:	Within existing funds			
Funding Source:	n/a			
Diversity & Inclusion Implications:	the trust.	and development of D&I across		
ICS Alignment / Implications:		is are required to publish their		
Recommendations:	 All ICS partner organisations are required to publish their D&I data and report Trust Board are asked to: Note the contents: excellent performance and progress continues to be made with more room for improvement as outlined Review the D&I data book and use this to stimulate deeper thought and questioning into how inclusive we are throughout all Trust Directorates and Services. Approve the report for publication on the Trust's external website Use the soon to be launched new EDI dashboard to challenge, support and develop further progress in Inclusion for service users and staff in 2024 and beyond. 			
Version	Name/group	Date issued		
Report v 0.14	To PCDC	27.11.23		







Diversity and Inclusion

Annual Report 2022-23



Our Activity, Achievement and Ambitions

27th November 2023

Version 0.16

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EXECUTIVE SUMMARY

2022-23 has been another year in which diversity and inclusion has continued to be a core priority for the Trust and we have continued to deliver Outstanding performance in comparison to our NHS and private sector peers. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

Aims of this Report

This report sets out our Trust activity, achievements and ambitions on Diversity and Inclusion and how we have delivered against our key responsibilities for the period 2022-23.

Highlights

We are delighted to see the impact of our inclusion programme clearly revealed in our improving equality data and staff satisfaction, as demonstrated by our remarkable 2022 NHS staff survey results. We are also proud of the very real progress made across the Trust in terms of our internal performance on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and also our external benchmarked position. We were **7**th **nationally overall for our WDES** performance in 2023 and we achieved the **top ranked position** for the belief in equal opportunities for career progression or promotion by our ethnic diverse workforce.

Key Findings

The Trust has continued to be exemplary in its commitment to developing outstanding inclusion and this is now being visibly translated into turning the dial on a wide range of indicators and measures across different aspects of diversity and inclusion.

Whilst we have achieved continued progress in improving representation, specifically in relation to diverse ethnicities, staff declaring disabilities and staff identifying as LGB, we still have considerable under-representation of ethnic diverse colleagues in some services and staff groups, and in roles at band 6 and above. We also recognise that there is still a considerable under-reporting by staff with regard to their disabilities and LGB identity. Our EDI dashboard is anticipated to support us in making step changes with regard to this in 2024.

From a service user perspective, we have similar under-representation and under-reporting issues remaining. We are excited about the prospect of our service/Directorate EDI dashboard being developed to support further progress in relation to service user inclusion. The work undertaken by clinicians engaging with our local communities, identifying and planning to address health inequalities is an exciting development through 2022-23 and we look forward to seeing and building on the impacts of this work in 23-24 and beyond.

Challenges and Risks

Despite our clear progress and successes, we do not underestimate the significant room for improvement that remains and we are committed to pushing the boundaries on what it means to deliver Outstanding Inclusion for our service users and our workforce.

Opportunities / Solutions

The Trust currently has a wide range of programmes and offers to shape and deepen our outstanding inclusion culture. It is increasingly evident that we must re-focus and deepen our progress more effectively by reducing the number of offers considerably and maximising access and benefits realisation on a smaller consolidated range of schemes and key actions with measurable outcomes. This approach will inform the development of our updated Diversity and Inclusion Strategy and associated action plans for the next five years.

1.0 Introduction

At Combined Healthcare, we are a leading provider of mental health, social care, learning disability and substance misuse services in the West Midlands, providing care and support to people predominantly living in Stoke-on-Trent and North Staffordshire. We are on an ambitious journey to deliver our vision to be outstanding – in all we do and how we do it and delighted to be one of only 2 mental



health trusts in England with a Care Quality Commission (CQC) "Outstanding" rating as of March 2019. In November 2022 we were delighted to win the prestigious award of *NHS Trust of the Year* at the national Health Service Journal Awards.



We are extremely proud to have the top score in our cohort in the NHS Staff Survey 2022 across 4 out of 7 NHS People Promise Themes (Recognition and reward; Always learning; Working flexibly; and We are a team). We also delivered very high results – only 0.1% below the best-scoring cohort Trust – in the other 3 People Promise areas (Compassionate and inclusive; A voice that counts; and Feeling safe and healthy).

The Trust provides services to people with a wide range of mental health, substance misuse and learning disability and/or autism needs. Sometimes our service users need to spend time in hospital, but much more often we are able to provide care in community settings and in people's own homes.

We operate from approximately 30 community-based sites, providing services to around 464,000 people of all ages and diverse backgrounds in Stoke-on-Trent and across North Staffordshire, with some of our teams providing services across Staffordshire, the West Midlands and beyond.

With an average WTE workforce of 1,609 and 229 other staff, 2022/23, was another strong year for the Trust financial position and we achieved a surplus for the year from continuing operations of £0.4m against income of £163.2m.

Diversity and Inclusion is fundamentally at the heart of all we do across the Trust, as reflected in our new Trust People Plan (2023). We have an unrelenting desire to be outstanding in the effective, inclusive and compassionate experiences we provide to our patients, service users, carers and those who work with and for us.

This ambition is supported by our *Proud to CARE* Trust Values and our SPAR Quality Priorities, by our Workforce and Service User Strategies, and our Trust People Plan 2023-28 (see summary diagram below). Our People Plan was launched in early 2023 and it is no coincidence that 'Inclusive and Representative' is listed as the first priority area, signalling that developing outstanding diversity, inclusion and belonging is central to our Trust ethos. Our work is aligned to our local system People Plan and we work closely with system colleagues on inclusion, as well as in the delivery of our wider organisation functions.

This 2022-23 Diversity and Inclusion (D&I) Annual Report sets out our Trust activity, achievement and ambitions on D&I and how we have delivered against our key responsibilities in this field.



2.0 Structure, Governance and Regulation of Diversity and Inclusion

2.1 Inclusion Structure

Executive Team and Trust Board

Our Trust Board is passionate about race inclusion. Led by Interim Chief Executive, Dr Buki Adeyemo, who has used her personal lived experience to help inform race policy nationally by participating in the Medical Advisory Group of the Workforce Race Equality Standard. Dr Adeyemo has spoken about inclusion and specifically race inclusion at national events and is the chair of our Trust Inclusion Council.

Our Executive Chief People Officer, Paul Draycott, has executive leadership responsibility for inclusion in our Trust and the ICS and has demonstrated himself to be a passionate champion and powerful change agent for inclusion in all its forms. Paul is Executive Sponsor for our Trust Equality Network for Race Inclusion and Cultural Heritage (ENRICH). He has personal lived experience as a carer of a son with autism and is a trustee of *Beyond Reflection*, a charity working to bring about greater inclusion for people who are trans or non-binary.

Our Chief Operations Officer, Ben Richards is our Executive Sponsor for the Trust LGBT+ Network and Chief Nursing Officer, Kenny Laing, is Executive Sponsor for our Combined Ability Network. Our Staff Side Honorary Board Member, Jenny Harvey, is a strong advocate of all forms of workforce inclusion and specifically an activist for trans inclusion locally and nationally, within her Trust, system and UNISON roles. Like Paul, Jenny is a trustee of the charity *Beyond Reflection*.

Trust Inclusion Structures and Roles

The Trust has a Diversity and Inclusion Lead who works 3 days leading and coordinating this area of work across both patient/service user and workforce responsibilities.

From February 2022, a Differently Abled Buddy Scheme Project Manager joined the team on a fixed term basis. This role has been extended to end March 2024 in order to extend and embed the scheme across the wider ICS. This role has been making a huge impact at Combined, and it is very pleasing to see this begin to take effect in our partner organisations.

2.2 Trust Committee and Group Structure

Both service user and workforce-related Inclusion matters are discussed at the Trust's Inclusion Council which is chaired by the Chief Executive and Deputised by our Chief People Officer. Membership of Inclusion Council is drawn from pertinent leadership roles together with individuals representing different workforce groups and characteristics. To amplify the voice of minoritized groups within our workforce, our Staff Network Leads have a seat on Inclusion Council and feedback about issues raised, action taken and support needed.

Inclusion related workforce matters and key inclusion reports are discussed, quality assured and approved at the Trust People, Culture and Development Committee (PCDC) which meets bi-monthly. PCDC is a sub-group of Trust Board. Inclusion related service user matters and reports are additionally discussed in our Trust Service User and Carer Group and in our Quality Committee.

Minutes and key papers from Inclusion Council are reviewed, discussed and approved at PCDC, including this Annual D&I Report, the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and annual Gender Pay Gap report.

In addition, our Patient Advisory and Liaison Service (PALS) provides support and gathers feedback from patients, service users and carers about experiences of the Trust and this is fed into the above meetings. This includes coordinating feedback from compliments and complaints, Friends and Family Test, Discharge Survey and other feedback/surveys.

2.3 Freedom to Speak up

The Trust has a robust Freedom to Speak Up (FTSU) structure which is well publicised, and colleagues encouraged to raise concerns through this route. We have a strong team of FTSU Champions, who work with the FTSU Guardian, Marie Barley (from May 2022).



Our FTSU Champions help to promote a positive culture here at Combined, where we aim to create space for staff to feel comfortable and supported to share their voice and feel heard about anything that may concern them. We have FTSU Champions working across all Trust localities who include colleagues with diverse characteristics and from across the range of staff and professional groups. Our aim is to give staff a choice of who they may be most comfortable with when speaking up. The FTSU Champions role is to support staff to speak up and help to identify themes and trends emerging from the frontline, sharing this information with the Freedom to Speak Up Guardian.

3.0 Trust Diversity and Inclusion Delivery and Achievement Highlights 2022-23

We are proud to have delivered another year where our continued focus and belief in diversity and inclusion was highly evident across the organisation and beyond. In December 2022 this work was recognised, together with our system partners, in being

a **Finalist** for the Inclusive ICS of the Year Award as part of the Midlands Inclusivity and Diversity Award Scheme (**MIDAS**). Our (then) Director of People, OD and Inclusion, Shajeda Ahmed, was also recognised as Finalist for the Excellence in Inclusive Leadership Award.



With a continued focus on inclusion and belonging at the heart of our People approach across the Trust and working to take this to the next level, in 2022-23, we have:

 Been recognised as being within the best performing organisations for performance and progress in relation to the WDES and WRES, being ranked 7th overall (of 212 Trusts) in the WDES.

- Committed to and commenced work on a 3-year change programme on race inclusion through The RACE Equality Code, embedding a robust evidence-based governance framework to becoming an anti-racist organisation.
- Been assessed as 'Bronze' with an ambition to 'Go for Gold' in relation to the NHS Rainbow Badge Phase 2* framework, helping us develop greater LGBT+ inclusion for both our service users, carers and our workforce.
- Extended our system **Inclusion School*** education programme and journey, deepening understanding of inclusion related matters
- Launched our AccessAble Detailed Accessibility Guides*
- Continued our commitment to our Staff Networks and developing the work of these groups as powerful vehicles for positive change through the organisation, to the benefit of staff and our service users.
- Delivered a further cohort of our *New Futures* programme and our *Comfortable Being Uncomfortable with Race and Difference* programme to colleagues across ICS, as part of our positive action on race commitment.
- Been accredited as a Veteran Aware organisation. Combined are proud to be signed up to the Armed Forces Covenant and to have received our accreditation by the Veterans Covenant Healthcare Alliance (VCHA).
- Supported 925 people with secondary mental health services to access Individual Placement and Support (IPS) via our Step On service and successfully supported 262 clients into paid employment. The Trust celebrated 10 years of helping people back into work in October 2023.
- Supported our local communities by establishing a Health Inequalities Co. Lab to better understand the barriers and solutions to access, experiences and outcomes for people in our local population needing access to mental health services, with a focus on under-represented groups and transforming community mental health care.

3.1 Staff Networks and System Staff Networks

The Trust is proud to support three staff networks, illustrated below, which do an important role providing colleagues from typically minoritised groups a place to come together, connect and share experiences and concerns, providing collective voice on this to the organisation. Our networks are empowered to improve policies and practices across the Trust and to help implement change. These networks are mirrored at Integrated Care System (ICS) level with three corresponding system networks.

Each staff network is run by its members with a range of meetings sharing upcoming webinars and training events, social events and learning opportunities. Each network has a Network Lead, who usually assumes the role for one to two years to enable others to gain skills and experience and share the load. It was agreed to provide dedicated paid time in which to undertake network duties from April 2022. Each

network may additionally appoint a deputy. Each of our Trust networks have an Executive Lead providing executive sponsorship, championing and 'unblocking' of issues where required.

We continue to invest in, develop and embed the role of our Trust and ICS Staff Networks to enable them to develop their influence and impact for our staff and our patients and service users.



Combined Ability Network (CAN)

Network Lead – Deborah Rich: <u>Deborah.Rich@combined.nhs.uk</u>

Executive Lead - Kenny Laing, Chief Nurse



Equality Network for Race and Cultural Heritage (ENRICH)

Network Lead – Vacant at time of writing (process underway);

Diversity@combined.nhs.uk for queries

Executive Lead - Paul Draycott, Chief People Officer



Lesbian, Gay, Bi and Trans+ (LGBT+) Network

Network Lead – Stevan Thompson: <u>Stevan.Thompson@combined.nhs.uk</u> Executive Lead – Ben Richards, Chief Operating Officer

4.0 Performance Against our Statutory Diversity and Inclusion Duties

4.1 The Equality Act 2010 and Public Sector Equality Duty (PSED)

The Equality Act 2010 is the primary piece of legislation around equalities in the UK, bringing together the previously multi-stranded equalities legislation. The Public Sector

Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies since 2011.

The Trust is aware of and compliant with the general and specific duties of the Equality Act and PSED in 2022-23. Our work against our associated Equality Objectives is outlined in s4.3 below. We also demonstrate 'due regard' to the Act through applying a process of Equality Impact Assessment (EIA) to new and updated policies and when making service changes.

The Trust also recognises its duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

4.2 Gender Pay Gap Reporting

The Trust's Gender Pay Gap data (including the 2022 data) can be found on the <u>government website</u>. Our 2022 data Gender Pay Gap Report (published 2023) is on the Trust's public website <u>here</u>.

A snapshot of our Gender Pay Gap data for 2022 is provided below (2021 figures in brackets). It is noted that there is a lag in the reporting period for Gender Pay Gap according to Government timescales and the Trust will be producing its 2023 Gender Pay report shortly.

- Mean gender pay gap: 16.6% (17.3%)
- Median gender pay gap: 3.3% (6.8%)
- Mean bonus gender pay gap: 1.6% (27.2%) *
- Median bonus gender pay gap is 0.2% (-1.4%) *
- Proportion eligible males receiving bonus payment: 35%% (44%) *
- Proportion of eligible females receiving bonus payment: 25% (25%) *

GENDER PAYGAP Closing it together

*relates only to consultant medical staff; no other staff in receipt of bonus pay

4.3 Health Inequalities and Under-Served Groups

NHS Trusts duty to address health inequalities applies equally to provider Trusts. Our services are increasingly focussed on identifying and addressing such inequalities and barriers to equity resulting in some groups being under-served, through conscious inquisitive analysis of service data. We are mindful of the higher-than-average levels of deprivation in the Staffordshire and (especially) City of Stoke-on-Trent areas, and that this is likely to have been further exacerbated by the financial and other effects of the Covid-19 pandemic and subsequent 'Cost of Living Crisis' for our localities.

In 2022-23 we worked in partnership with our local partners and local communities to establish a **Health Inequalities Co. Lab** to better understand the barriers and solutions to access, experiences and outcomes for people in our local population needing access to mental health services, with a

Health Inequalities

the unjust and avoidable differences in people's health across the population and between specific population groups. focus on under-represented groups. This 3-year **Community Health Transformation Programme** seeks to transform community mental health care by creating fully integrated teams of health, social care and voluntary and community staff to work in new ways, with the support of people with lived experience to deliver services that more effectively meet the needs of local communities. This change programme is delivered in partnership with Midlands Partnership University Foundation Trust and community organisations such as Stoke City and Port Vale Football Clubs.

We are mindful of the need to continue developing all our clinical services to identify and address areas of health inequality, whether in relation to access, outcomes or acceptability/suitability of service provision for our minoritized communities and individuals. Developments in our Trust use of data, specifically harnessing the power of Business Intelligence software, is set to enhance and hasten this work in 2023-34.

5.0 Performance against Mandatory Inclusion Duties (NHS Standard Contract)

5.1 NHS Staff Survey

Once again, the Trust achieved leading results compared with its comparison cohort of mental health and learning disability Trusts in the NHS Staff Survey (2022). More staff than ever before (69.2%) responded to the survey – which was the rate nationally. Combined delivered the best scores nationally in the 4 national People Promises – all highly relevant to inclusive working:

- Recognition and reward
- Working flexibly, and
- Always learning
- We are a team

In the 3 other People Promises, we were only 0.1% below the best-scoring nationally:

- Compassionate and inclusive
- A voice that counts, and
- Feeling safe and healthy

To coincide with the publication of the results, the Trust released a <u>video</u> explanation from Paul Draycott, Chief People Officer, of performance and action to be taken.

5.2 Implementation of the NHS Equality Delivery System (EDS)

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, our staff, staff networks, community groups and trade unions – to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight. A revised EDS was shared (national sign off pending at time of writing) in 2022-23, which simplified some of the standards and incorporated more system-level coordination of delivery of the EDS.

The Trust has subsequently been working on its 2022 EDS as part of a system process and report. The Trust's 2022 EDS report will be published as part of a wider system report at https://www.combined.nhs.uk/working-together/diversity-and-inclusion/ when it has fully completed the cycle of consultation and grading activity and further to national clarification with regard to the EDS.

5.3 Implementation of the NHS Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations understand and actively address differences in the experience between ethnic diverse / Global Majority heritage staff and white staff. Our 2023 WRES report is published on our public website and shared with NHS England and our local commissioners, as well as being reviewed as part of any CQC inspection processes as may be required. For the first time, the 2023 WRES includes the medical WRES ('mWRES') and bankWRES. Key achievements this year are improved workforce ethnic diverse representation again to best yet rate (9.9%) and improving our WRES recruitment score to 1.14 (1.0 is desirable/equitable). Read the 2023 WRES here.

5.4 Implementation of the NHS Workforce Disability Equality Standard (WDES) The Workforce Disability Equality Standard (WDES) is a set of ten specific measures that enable NHS organisations to compare the experiences of staff with disabilities with that of staff without disabilities. This information is then used to develop a local action plan, enabling demonstration of progress against the indicators of disability equality.

The Trust **ranks 7th nationally** (of 212 Trusts ie Top 4%) for our overall WDES performance in 2023. We are in the **Top 2%** of Trusts for 3 measures:

- 3rd nationally for belief (of staff with disabilities) in equal opportunities for career progression
- 4th nationally for satisfaction with reasonable adjustments
- 4th nationally for Board disability representation

Read the Trust's 2023 WDES report here.

5.5 NHS Accessible Information Standard (AIS)

The AIS places 5 responsibilities on NHS providers to ensure that they cater appropriately for the information and communication needs of service users with disability, as illustrated to the right. Staff apply these standards with new and existing services users with disability.

A review of performance against the AIS across Trust services is planned for Autumn 2023-24.

5.6 Provision of a System for Delivery of Interpretation and Translation Services

As part of our Proud to CARE approach, we're committed to ensuring that our patients receive the support and information they need to access services, communicate with healthcare staff and make informed decisions about their care and treatment.

It is important to offer and arrange translation and interpretation services for service users and carers who require them.

Our teams are asked to allow extra time for appointments where an interpreter will be supporting communication, to ensure that equitable experiences and outcomes are provided, compared to those for service users not requiring interpretation services.



Our translation and interpretation provision in 2022-23 is summarised in *Appendix 2*.

5.7 Mandatory Equality, Diversity and Inclusion Training for all Trust Staff

The Trust utilises the Skills for Health Equality, Diversity and Inclusion E-learning package and this is mandatory for all employees to complete on a three yearly basis.

As at 31st March 2023, 1,641 Trust employees were compliant with their mandatory Equality, Diversity and Inclusion training. 89 were non-compliant, ie a percentage rate of **compliance of 94.86%.**



In addition:

- 178 of our 197 middle-senior managers had completed Inclusion and Unconscious Bias training for Leaders (90% compliance for this group), and
- 99 of 101 had completed Public Sector Equality Duty and Equality, Diversity and Inclusion for managers e-learning (98%) compliance. This training is 'core required' for senior managers.

6.0 Progress in Delivering Against the Trust Equality Objectives

Action against the Trust's 'Equality Objectives' for 2018-23 is outlined below:

Objective 1: Developing our Governance for Greater Diversity and Inclusion:

We have been working to proactively embed diversity and inclusion through all our services (clinical and non-clinical), our governance arrangements, our planning, decision making, and through visible and consistent board and senior leadership on inclusion, including in our inclusion-focussed change programmes as outlined above.

One example of our work in 2022-23 to further these objectives is in the improvements made in our data collection, reduction of data gaps, and improving use of data in respect of protected characteristics information, from both a service user and workforce perspective (with significant further improvements, including EDI metrics dashboard, planned for 2023-24).

Objective 2: Delivering on our Equality, Diversity & Inclusion Requirements

As set out above, the Trust has undoubtedly continued to ensure that it meets its responsibility under the Equality Act 2010 and associated 'Brown principles' to demonstrate 'due regard' to meeting the Public Sector Equality Duty (PSED) and other equality legislation, including the Gender Pay Reporting requirement and other requirements that may emerge. Principally, this includes delivery of AIS, WRES, WDES, Gender Pay reporting and the Equality Delivery System (EDS) [consultation phase pending].

Objective 3: Delivering on Reducing Health Inequalities, including for underserved and seldom heard groups

Our work to reduce health inequalities is captured in section 4.3 above. Our focus in 2022-23 has been on:

- 1. Deepening understanding around inclusion and health inequalities across the Trust through our inclusion education programmes.
- 2. Continuing to tackle racism, discrimination and inequity through our directorates and the work of our Trust Committees, Inclusion Council and our Staff Networks and through our work to progress the RACE Code.
- 3. Engaging with our local communities through career fairs, through our Service User and Carer Group, our Wellbeing College, our Trust volunteer roles, Peer Support roles and public events such as Stoke Pride, Stoke Remembrance Day Parade, Armed Forces Day (2023), and other events.

Objective 4: Delivering on our Annual Inclusion Priorities

Our focus in 2022-23 has been on:-

- 1. Developing the role, impact and effectiveness of our staff networks
- 2. Developing our new People Plan with a workstream dedicated to Inclusion and Representation
- 3. Continuing to educate for inclusion, delivered through our inclusion focussed and wider inclusive leadership and personal development and talent management offers.
- 4. Beginning work to consolidate and streamline the work that we do to maximise the impact of our focussed OD, education and inclusion interventions going forwards

Our Diversity and Inclusion Strategy and associated Equality Objectives will be revised and refreshed by January 2024 and accompanied by a detailed 5 year action plan.

7.0 Conclusion

2022-23 has been another year in which diversity and inclusion has continued to be a core priority for the Trust. We have continued to deliver Outstanding performance in relation to this in comparison to our NHS and private sector peers. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

We are proud to see the impact of the concerted programme of inclusion over a number of years really starting to be revealed in improving equality data and staff satisfaction as demonstrated by our remarkable NHS staff survey results in the 2022 survey. However, we do not underestimate the significant room for improvement that remains and we are committed to pushing the boundaries on what it means to deliver Outstanding Inclusion for our service users and our workforce.

Our Trust Board continues to be diverse and strongly united around principles of equity, diversity and inclusion. All of our Directors and non-executive directors are well versed in inclusion, and several have spoken at local, regional or national events and conferences on inclusion-related topics. This top-level commitment has been – and will continue to be - crucial to the progress made and also to the ambition and determination to strive for ever greater inclusion and equity.

We are committed to continuing to develop our approach to developing and delivering Outstanding Inclusion for all our people through 2023-24 and beyond. A key piece of work to support this will be a review of our associated workstreams and rationalisation and prioritisation of our key areas of focus for the coming years.

Look out for our refreshed Diversity and Inclusion Strategy and action plan being published early in 2024.

This report should be read in conjunction with our

2023 Trust Diversity and Inclusion Data Book, which should be seen as an

Addendum to this report, and our WRES, WDES and

Gender Pay Report for the period 2022-23

as published on the Trust's Diversity and inclusion webpage

North Staffordshire Combined Healthcare Diversity and Inclusion

APPENDIX 1: Outstanding Inclusion Examples at Combined Healthcare

Key examples of how we are developing outstanding inclusion at are spotlighted below:

AccessAble

The Trust launched AccessAble in October 2022. AccessAble provides detailed surveys and expert advice on changes that can be made to improve access to our buildings for people with disability. Our Detailed Access Guides for each Trust clinical service are published on the <u>AccessAble</u> platform and on our Trust website for each of our service user locations/premises.

These guides are shared on our website, on the AccessAble portal and in our service user appointment letters and other communications. Each guide is updated at least annually. We have committed to AccessAble for a minimum period of 3 years.

The AccessAble tool/App is an exciting opportunity to allow us to be much more inclusive and accommodating to those with disabilities, neurodiversity and other health conditions

when visiting our sites and services. Our AccessAble surveys have enabled us to plan and prioritise action on making improvements to our buildings and services to increase accessibility for all.



Inclusion School

Our *Inclusion School* approach has brought personal story and conversation-based learning to a growing alumni of over 400 individuals from the Trust, ICS, and other public and private sector organisations.



The concept is to provide a safe space for the development of deeper understanding of inclusion related issues and concepts, designed to elicit compassionate and inclusive emotions, learning and action in the short and long term.

Our 2022-23 Inclusion School classes were:-

- Spring Inclusion School (May 2022) Inclusion and Intersectionality: The Big Questions with John Amaechi, and
- RACE Forward: Your Role in Creating an Anti-Racist ICS, Feb 2023

Both sessions received excellent feedback. For example:

"This whole session was fantastic and inspiring. A few phrases which stood out to me were - "even if you can't do everything, do something", and also being aware that the impact of our words or actions is more important than the intent, so it's thinking ahead and being reflective."

Positive Action on Race Development Programmes

We are proud as a Trust to have delivered a further cohort of a powerful personal development programme **New Futures** for system colleagues (band 5-7 and equivalent) with diverse ethnic heritage and leadership ambition from quarter 4 of 2023. Together with its predecessor



programme *Stepping Up*, this brings the total number of cohorts of this programme delivered by the Trust on behalf of our ICS to 5.

Our local programme *New Futures* is built around 3 modules delivered over 5 days delivered as an interactive online education programme. 38 offers of places were made for our 2023 cohort, and 33 places taken up by individuals from across the system (3 from NSCHT). Participants also progress an additional suite of further development activities beyond completion of the core programme, and this will continue well into 2023-24.

Participants from all 5 cohorts are entered into our *New Futures and Stepping Up Alumni* and we continue to engage, support and track our alumni members on their onwards journeys of development and career progression. A comprehensive follow-up piece of work is planned for 2023-24 to link individually with past participants of this programme and identify progression achieved, any blocks to advancement and investigation into what further support or action would make the difference in enabling participants to fully realise their ambitions and career aspirations.

In addition to the New Futures programme, we have also supported 5 ethnic diverse nurses from the local ICS (2 from NSCHT) to take part in the Midlands **Developing Aspirant Leaders Programme** and to receive mentorship and sponsorship from a local senior nurse leader. This programme is a positive action programme designed to support more ethnic diverse heritage nurses and midwives into leadership positions.

We have additionally been working on developing a new programme in conjunction with NHS England (Midlands Nursing Team) and Leicestershire NHS called *Developing You Developing Me (DYDM) Talent Acceleration Programme*, designed to take a dual approach to changing organisation culture and supporting the individual progression of selected ethnic diverse candidates. Two SSOT ICS pairings commenced in October 2023.

Our Developing Aspirant Leaders participants and DYDM mentor-sponsees will be included with our New Futures-Stepping Up Alumni for the provision of onwards support and progress monitoring.

Comfortable Being Uncomfortable with Race and Difference

Delivered with Enact Solutions Ltd, this programme provides immersive education on race and wider inclusion for ICS leaders at every level as part of our anti-racist system ambition. The programme encourages leaders at all levels to become acquainted with having crucial conversations on race to drive positive change. Approximately 450 system colleagues have participated in this programme, over 100 of whom are from Combined. Over 90% of participants have said that, as a result of this development, they had increased confidence to have conversations about race and inequality and to become an ally & challenge noninclusive behaviours and felt inspired to make a positive difference at work.



Working in Partnership to Reduce Local Health Inequalities

Supported our local communities by establishing a Health Inequalities Co. Lab to better understand the barriers and solutions to access, experiences and outcomes for people in our local population needing access to mental health services, with a focus on under-represented groups. This 3-year Community Health Transformation Programme seeks to transform community mental health care by creating fully integrated teams of health, social care and voluntary and community staff to work in new ways, with the support of people with lived experience to deliver services that more effectively meet the needs of local communities. This change programme is delivered in partnership with Midlands Partnership University Foundation Trust and community organisations such as Stoke City and Port Vale Football Clubs.

The purpose for this Health Inequalities Co. Lab will be to focus on the under-represented groups listed below and to collate information relating to improving access to Community Mental Health Services. Working collaboratively will generate a greater understanding of ways to improve and transform Community Mental Health Services.

Young Adults (18-25 years) Older Adults (65 years+) Muslim Communities Eastern European Communities Asylum Seekers Men (40 years +)	• • • • • • • • •	Carers LGBTQ+ Travelling Community Veterans Co-occurring substance misuse Offending
--	-------------------	--

The Community Mental Health Transformation Programme in Staffordshire and Stoke-on-Trent will enable adults with severe mental illness to access care and support in a new, more joined up and effective way, regardless of their diagnosis or level of complexity.

The grant scheme is being managed by The Community Foundation for Staffordshire on behalf of North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT). To date there has been many successful Grants awarded in reducing health inequalities with a focus on Severe Mental Illness (SMI) with alignment to each cohort.

Some examples of great work include:

- Stoke City Stoke Social for older people
- Port Vale secured a grant to work with younger adults
- And much more

NHS Rainbow Badge Phase 2 Implementation

The Trust is Proud to be an early implementer of the NHS Rainbow Badge Phase 2 programme. Staff have continued to sign up to be LGBT+ Champions and to wear the NHS Rainbow Badge pin. To date, approximately **one third** of Trust staff have signed up as LGBT+ Champions and badge wearers (exactly 700 staff have signed up for an NHS Rainbow Badge since we launched the scheme in 2019.

The Rainbow Badge framework is assisting us to develop as a best practise organisation on LGBT+ inclusion for both our service users and carers and our workforce. The Trust was awarded Bronze accreditation under the NHS Rainbow Badge (Phase 2) project in November 2022, with Silver in our Policies section. Only a small number of NHS trusts have achieved a Bronze rating, with the majority receiving a certificate of competence. At the time of award, only one Trust nationally had achieved 'Silver' and no Trusts had achieved Gold. It is our ambition to become one of the Trusts nationally to receive a Gold accreditation. Importantly, an action plan has been developed on the basis of our feedback from the NHS Rainbow Badge Team. Our LGBT+ Staff Network and our Inclusion Council support and oversee implementation, ensuring better experiences for all our service users, carers and staff who are LGBT+.

Inclusion Council

Our Inclusion Council continues to meet on a bi-monthly basis to discuss inclusion related matters. Since the Covid-19 pandemic, the meeting has taken place online, allowing attendance for people working from a range of venues, including Trust bases and the home-working office.

Inclusion Council has the benefit of representation of a range of individuals with lived experience of different protected characteristics, as well as leaders responsible for patient experience, recruitment and HR, education and clinical education, safety and more. Testament to our commitment to Diversity and Inclusion, Inclusion Council is chaired by our Chief Executive and Deputised by our Chief People Officer. Inclusion Council minutes and key papers are progressed to our People, Culture and Development Committee (PCDC) for discussion, action, formal approval and assurance.

The style of working and discussion is involving and participative, with all members being encouraged to express views, ask questions and share thoughts, ideas and beliefs. Inclusion Council allows discussion, debate and development of practise in relation to the spectrum of inclusion topics, with dedicated time to focus on the various Trust Inclusion Reports, such as this annual report, the WRES, WDES, gender pay and other mandated reports.

The meeting format allows for discussion around two current topics and progress reports against 4 specific inclusion projects, as well as a range of standing agenda items for updating and development.

Trust Differently Abled Buddy Scheme (DABS)

Our successful DABS scheme in February 2022 has been extended in 2022-23 across the wider Staffordshire and Stoke-on-Trent ICS.

Having a co-ordinated all access approach to development of the scheme over the system has enabled individual areas to use the components most useful to them to improve their own initiatives and also use the skills of the Buddy scheme manager to identify and progress plans for development of staff support champions and introduction of the passport.

The scheme continues to grow from strength to strength. Across the ICS, over 230 staff have been introduced to the scheme, trained to be buddies, or supported on a 1:1 basis. The Buddy Scheme manager was nominated and awarded a Compassionate leadership award and there have been various other nominations for the scheme, its manager or the work of the Combined Ability Network (supported by the DABS lead).

This scheme is clearly changing attitudes and behaviours with regard to disability, impacting positively on individual, teams and home-lives. Disabled staff, who have the support and development required, thrive to continue to be and become compassionate brilliant leaders within our organisations who want to stay because they know their organisation takes inclusion seriously and passionately wants to get it right for their people.

North Staffordshire Wellbeing College

The Trust's Wellbeing College team very much have an inclusive approach at heart. The team have run three 'terms' of Wellbeing College classes from a programme developed in discussion with service users and carers and service user / carer representatives.



Differently-Abled

Buddy Scheme

North Staffordshire Wellbeing College

From Sept 22/23. The team have run a wide range of coproduced workshops. They also ask about reasonable adjustments to aid with attendance and improve experience in their session enrolment form. They have also shown great flexible in offering hybrid workshops to support accessibility. Workshops coproduced over the past year specifically relevant to Diversity and Inclusion have been....

- This is me, this is who I am' cofacilitated by DABS Lead
- Living well with autism- coproduced with ASD assistant
- Living well with Learning disability with Broom Street Learning Disabilities team
- Creating Inclusion which we ran from Stoke YMCA to engage young people.

The team also enthusiastically supported and attended Stoke PRIDE in 2022 and 2023.

The Wellbeing College website has been designed with accessibility in mind.

APPENDIX 2: Trust Translation and Interpretation Services Provision 2022-23

1. International Language Support

Our international language interpretation service is provided by Language Line (Language Line have acquired Capita Translation in November 2022). Telephone interpretation is the default service for the majority of international language interpretation needs. Where there are special circumstance face-to-face interpretation may be provided.

Our international language interpretation data for 2022-23 is summarised below, with an overall **fill rate of 93%**. There was an increase in the overall number of requests over the previous year, and a much larger proportion of these was filled by telephone/video translation (**98% fill** (99% in 2021-22)).

A customer satisfaction survey of interpretation support is scheduled for the Trust to take place in March 2024.

	Telephone/video (standard)	Telephone/ video (pre-booked ie shortage languages)	Face to Face Interpretation	TOTAL
No. of requests	1557 (1480)	259	430 (251)	2246 (1870)
No. filled	1524 (1461)	235	337 (173)	2096 (1737)
		94.4%	92.8% (68.9%) 19 unfilled	
Fill rate	97.9% (98.7%)	(comparative data not	5 rescheduled 25 customer DNA	93.3% (92.9%)
	33 calls un-serviced	available for 2021-22)	8 substituted for remote (online)	
			59 substituted for telephone 1 complaint	

- There was 1 complaint relating to face to face interpretation in 2022-23
- 98.7% of telephone/video interpretation requests were connected within 60 seconds
- The average duration of telephone/ video interpretation calls was 25 minutes
- The fill rates for face to face, pre-booked calls (shortage languages) were poorer than for standard telephone/video interpretation

The Languages supported by telephone interpretation are listed over-page.

International Language Interpretation Requests to Language Line / Capita 2022-23:

Urdu	193
Polish	154
Farsi	149
Slovak	95
Arabic	87
Kurdish (Sorani)	79
Lithuanian	70
Punjabi	61
Romanian	59
SORANI	56
Hungarian	50
Albanian	49
Bengali	40
CZECH	38
Spanish	38
Bulgarian	37
Turkish	34
Amharic	29
Chinese Mandarin	20
Persian	18
TAMIL	18
SINHALA	16
Arabic (Sudanese)	15
Mirpuri	15
Portuguese	15
Pashto	14
Italian	11
Somali	11
French	10
Russian	10
Haitian Creole	9
Arabic (Iraqi)	7
Tigrinya	6
AKAN	5
SUDANESE ARABIC	- 4
Total	1557

2. British Sign Language Interpretation (BSL) Services

For British Sign Language interpretation, face to face or video interpretation may be utilised. The Trust uses 2 local providers for BSL: Deaflinks and ASSIST with a total of **60** BSL requests in total over the period (down from 77 in 2021-22) and overall **92%** fill rate.

Deaflinks Staffordshire:

- 43 requests 37 filled, 5 unfilled (all short notice requests) ie 86% fill rate
- This compares to 66 requests in the previous year, with 100% fill rate.
- The greatest use of BSL by Deaflinks was in the Stoke Wellbeing Service (14 jobs) and Harplands (16 jobs), together accounting for 70% of the jobs.
- All requests to Deaflinks were for clinical support (no corporate events).

ASSIST:

- **17 requests** with a 100% fill rate
- Up from 11 requests in 2021-22.
- All these were for clinical interpretation support (no corporate events)

Three service users additionally received treatment through a specialist mental health service for deaf service users via *DisabilityPlus* (formerly known as 'Deaf4Deaf') in 2022-23 (one in 2021-22).

3. Translation of documents

In 2022-23, the Trust used a system called Recite TranslateMe to translate written documents into international languages on request. A summary of the number of translations and languages requested is provided over-page.

The top 5 languages requested accounts for almost 50% of translation requests. These are reflective of the languages requested for interpretation services also.

The decision was made in April 2023 to cease using TranslateMe due to free availability of good quality digital translation within Microsoft Office 365. General ceasing of TranslateMe took place from 1st May 2023. Moving to use of Microsoft Office digital translation brings within it the advantages of enabling clinicians and support staff alike to be able to promptly and securely run their own translations.

International Language Interpretation Requests to ReciteMe 2022-23:

Language Required	No.Requests
Arabic - ar	90 (14% of total requests
Persian – Farsi	70
Urdu - ur	63
Kurdish (Kurmanji) - ku	44
Polish - pl	40
Romanian - ro	39
Spanish - es	28
Slovak - sk	24
Bengali - bn	23
Albanian - sq	23
Hungarian - hu	22
Chinese (Simplified) - zh	20
Sundanese - su	19
Czech - cs	18
Punjabi - pa	14
Turkish - tr	14
French - fr	12
Italian - it	11
Lithuanian - lt	11
Tamil - ta	11
Pashto - ps	7
Kurdish (Sourani) - ckb	6
Portuguese - pt	4
Latvian - lv	4
Bulgarian – bg	3
Russian - ru	3
Sinhala - si	2
Amharic - am	2
Afrikaans - af	2
Telugu - te	2
Hindi - hi	1
Estonian - et	1
Malay - ms	1
Filipino - tl	1
Malayalam - ml	1
Zulu – zu	1
Meiteilon (Manipuri)	1
Ukrainian - uk	1 1

<u>END</u>

North Staffordshire Combined Healthcare NHS Trust

Trust Diversity Data Book 2023

Data as at 31st March 2023

Addendum to the Trust's Diversity & Inclusion Annual Report 2023





Comments and Queries about this information? Please contact: Lesley Faux, Trust Diversity & Inclusion Lead E-mail: <u>Diversity@combined.nhs.uk</u> or contact on MS Teams



- Thank you for reviewing our Trust Diversity and Inclusion
 Databook as part of our 2023 Diversity & Inclusion Annual Report.
- This information helps us to understand in more detail both the **people who work for us** and the **people we serve**.
- It is one of the ways that the Trust meets its requirements under the Equality Act 2010 and our associated Public Sector Equality Duty (PSED).



- Our workforce data is based on our **regular workforce** (ie excludes bank staff, agency workers and third party contractors, except where specifically stated). Bank worker age, disability, ethnicity and gender data is provided as separate charts.
- Our service user data is based on information held in our Lorenzo system on service user encounters. (Data from IAPTUS and HALO is not included).
- Directorate level workforce and service user data is available **on request** (provided separately to Directorate leadership teams).
- This data is intended to raise further questions and should be used by those inside and outside the organisation to prompt further consideration about how inclusive we are as an organisation for people from different equality groups and with different characteristics. Please ask us if you require further information. Contact: <u>Diversity@combined.nhs.uk</u>



PART ONE: Workforce Demographic Profile as at 31st March 2023 Trust Employees

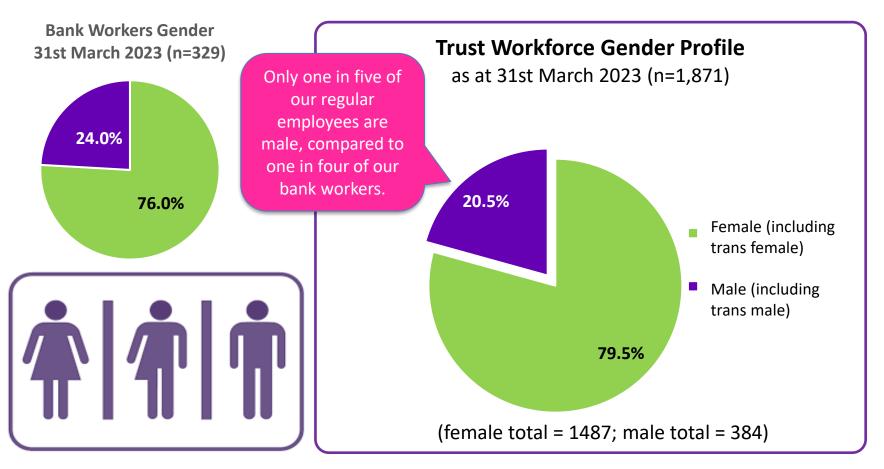
(NB bank workers and third party workers excluded, unless specifically stated)





Workforce Profile: Gender





We are also increasingly moving to greater recognition and inclusiveness of non-binary and other gender identities, however this is not yet reflected in the Electronic Staff Record (ESR).



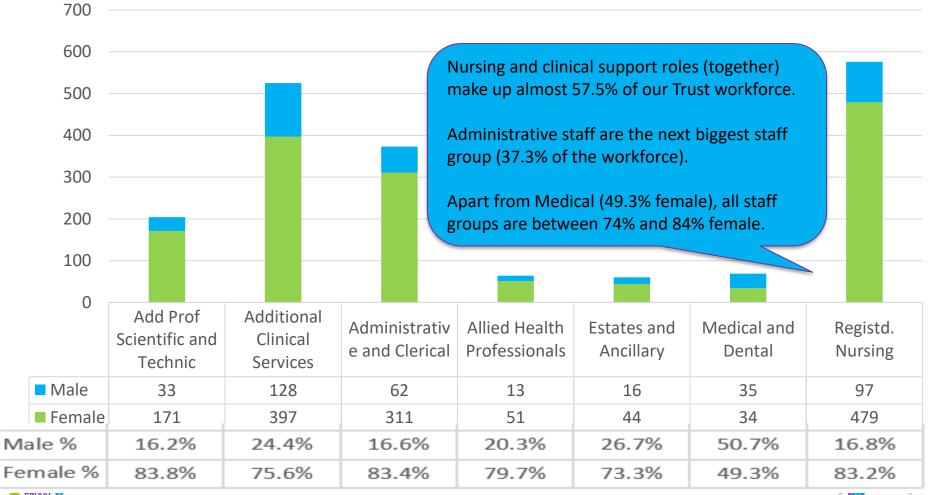
NB Data may differ slightly from our Gender Pay Report Data due to variations in the reporting requirements and date of pulling of information.



Staff Groups by Gender



as at 31 Mar 2023 (n=1,871)

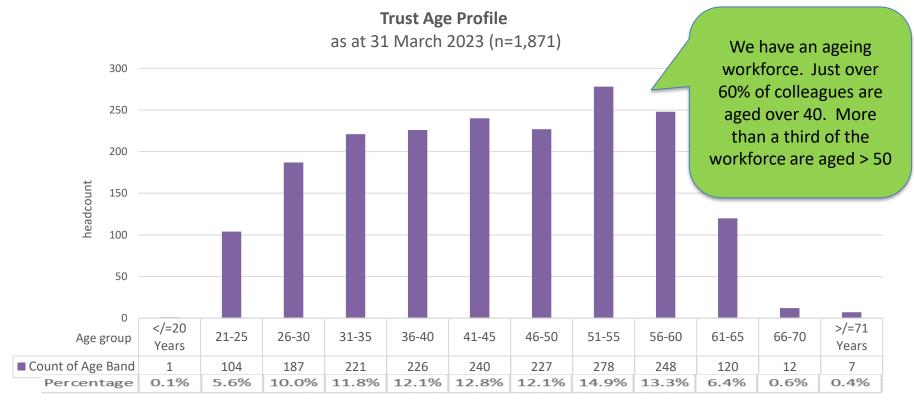


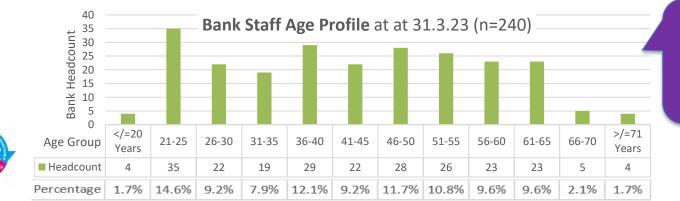


(female total = 1487; male total = 384)

Workforce Age Profile







Our bank workers have a slightly **younger** profile, with roughly a third of the workforce aged 35 and under and a third aged > 50

Workforce Ethnicity Data



Our workforce is now made up of 9.9% of colleagues with ethnic diverse heritage and 90.1% white ethnicity (after 'ethnicity unknown' is) excluded.

1800 1600 1400 1200 1000 800 600 400 Equality Network for Race Inclusion and Cultural Heritage 200 population is 13.5% (according to the 0 **Ethnicity** Asian Black White Other not ethnicity ethnicity ethnicity ethnicitv recorded Headcount 82 90 1648 10 41 Percentage 4.4% 2.2% 4.8% 88.1% 0.5%

Substantive Workforce Ethnicity (n=1,871)



Our local

2021 census).

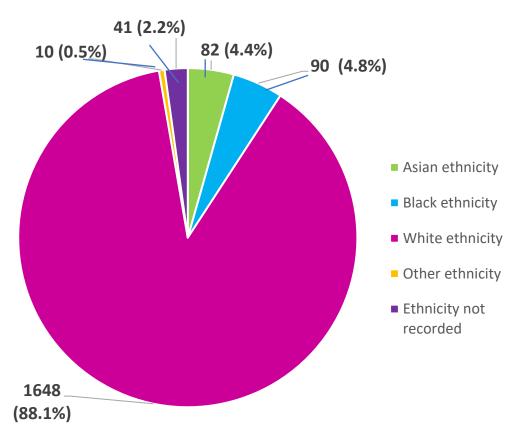
NB Data may differ slightly from our Workforce Race Equality Standard (WRES) data due to variations in the reporting requirements and date of pulling of information.



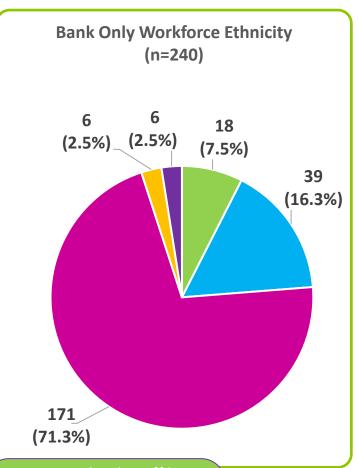
Workforce Ethnicity Data



Substantive Workforce Ethnicity as at 31.3.23 (n=1871)



PROUD CARE NB Data may differ slightly from our Workforce Race Equality Standard (WRES) data due to variations in the reporting requirements and date of pulling of information.

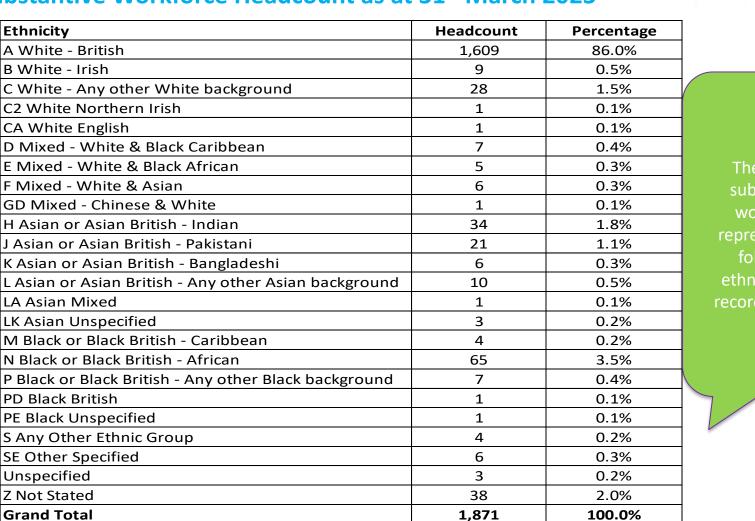


One in 4 bank staff has ethnic diverse, which is a much higher rate than in our substantive workforce, where 1 in 10 have ethnic diverse heritage



Workforce Ethnic Origin

Substantive Workforce Headcount as at 31st March 2023



The Trust's substantive workforce represents the following ethnicities, as recorded in ESR

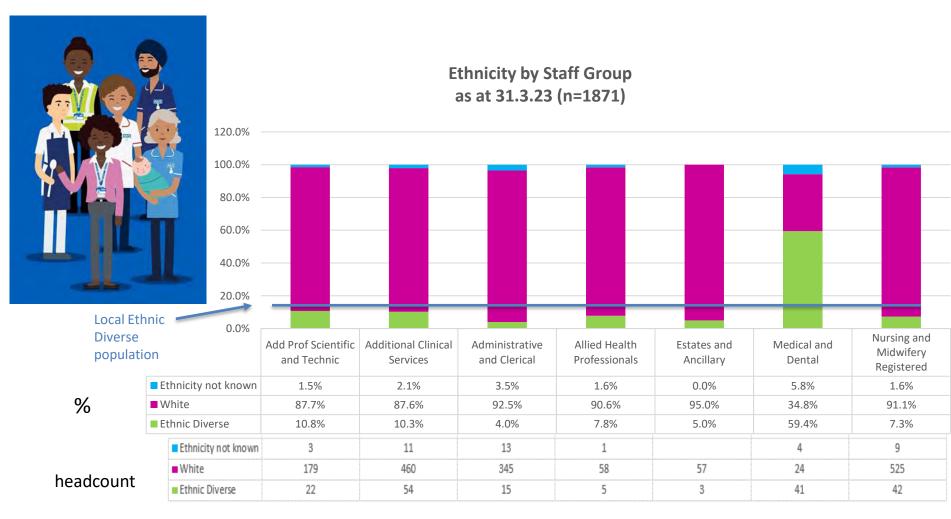








Workforce Ethnicity by Staff Group







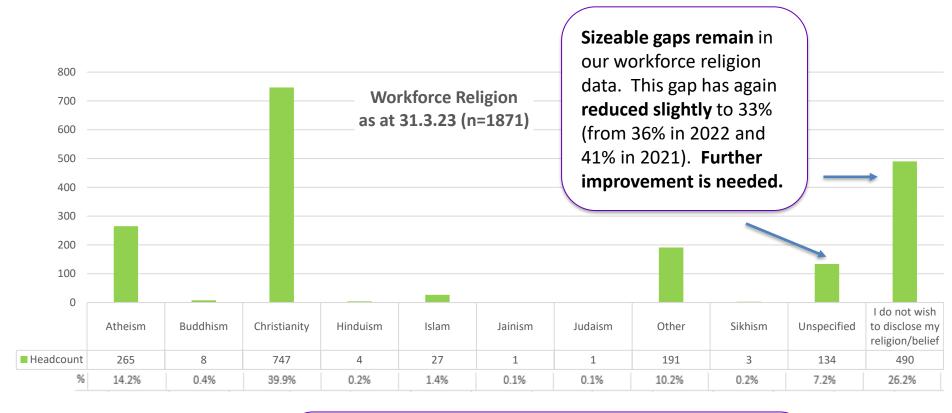
North Staffordshire Combined Healthcare

NHS Trust

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Workforce Religion & Belief





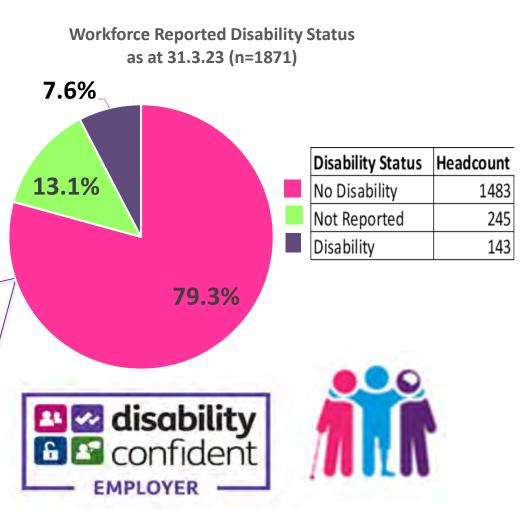
Christianity is the most common religion in the Trust workforce, but this accounts for only 40% of Trust staff. 14% of staff report they are atheist (no belief in religion). 10% report holding another religion, outside of the core religions listed.



Workforce Disability



- 143 staff (7.6%) have declared a disability. This is up from 6.2% in 2022.
- We do not know the disability status of 245 staff (13.1%). 188 of these have not completed the field, 57 have stated they prefer not to say.
- We work to create a culture of inclusion where staff feel safe and supported to declare their disability, neuro-difference or long-term health conditions.



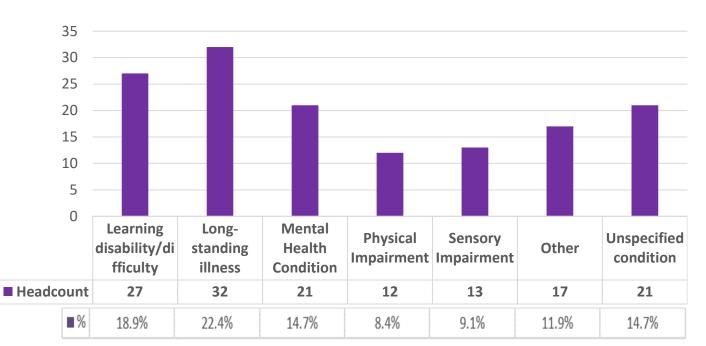


NB Data may differ slightly from our Workforce Disability Equality Standard (WDES) data due to variations in the reporting requirements and date of pulling of information.



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Nature of Main Disability Declared



Declared Workforce Disabilities



North Staffordshire Combined Healthcare

NHS Trust

The largest group is 'long standing illness', closely followed by 'learning disability/difficulty'. It is noted that ESR does not enable staff to record more than one disability, nor to record neurodiversity. As a result, it is not possible to identify the extent of neurodiversity in the workforce. Some estimates suggest this may be as high as 15-20%.

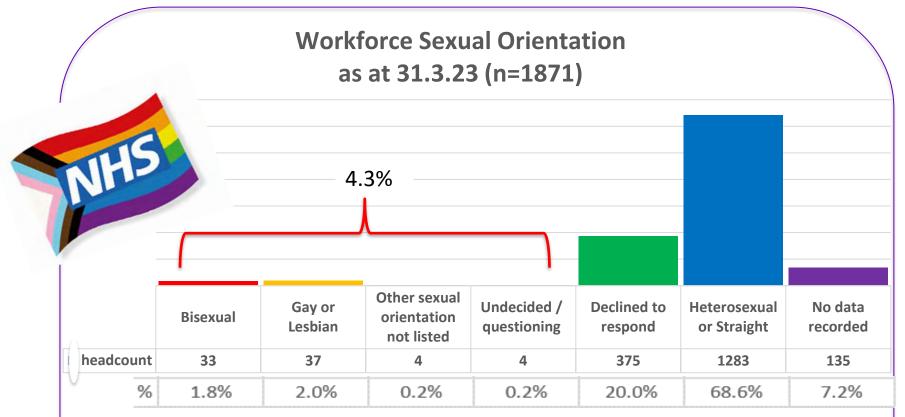


13



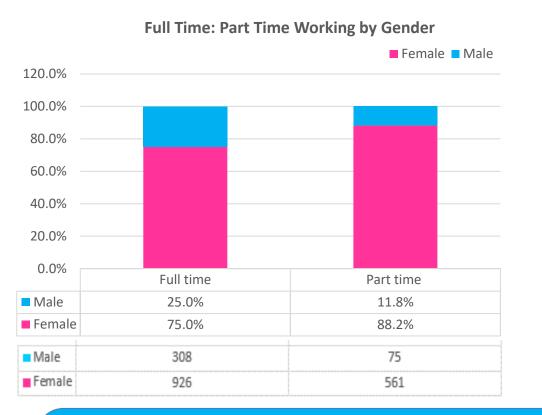
Workforce Sexual Orientation

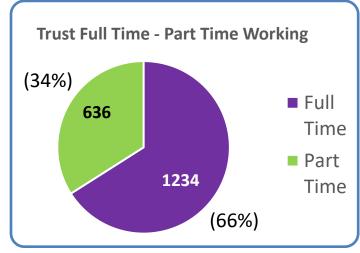
North Staffordshire Combined Healthcare NHS Trust



- After unknowns are excluded, 5.7% of the Trust workforce has declared that they are LGBT+ or questioning. This is up from 5.0% in 2022 and is getting closer to the rate suggested by Stonewall for the UK population of 7%.
- We have closed the data gap from 9.5% to 7.2% of staff since 2022.
- 375 staff do not wish to declare their sexual orientation (similar to 2022 & 2021).
- We would like to encourage more people to feel comfortable and safe to be open about recording their sexual orientation

Full-Time : Part-Time Working





North Staffordshire Combined Healthcare

NHS Trust

	Full time	Part time
Female	62.3%	37.7%
Male	80.4%	19.6%

- 75% of full time workers are female & 25% male. For part-time workers, 88.2% are female.
- Overall 66% of the workforce work full time (64% in 2021).
- 38% of female workers are part time, compared to 20% for men.







PART TWO: Service User Data 2022-23

NB Our service user data is based on information held in our Lorenzo system on service user encounters. (Data from IAPTUS and HALO is not included). Data is not available for Primary Care Directorate.



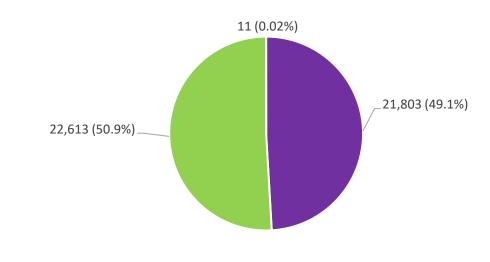


Service User Gender



We hope to soon be able to record gender identities other than male and female (eg nonbinary or other gender identity) but our Electronic Patient Record does not currently enable us to do this effectively at present. This remains a work in progress in discussion with national NHS system developers.

Gender of Patients & Service Users Accessing Services 1st April 2022 – 31st March 2023, n= 44,427



Male Female NOTSPEC

17



The gender recorded for our service users is fairly evenly split, female to male, slightly more female (51%) than male (49%). 11 patients did not have their gender specified.

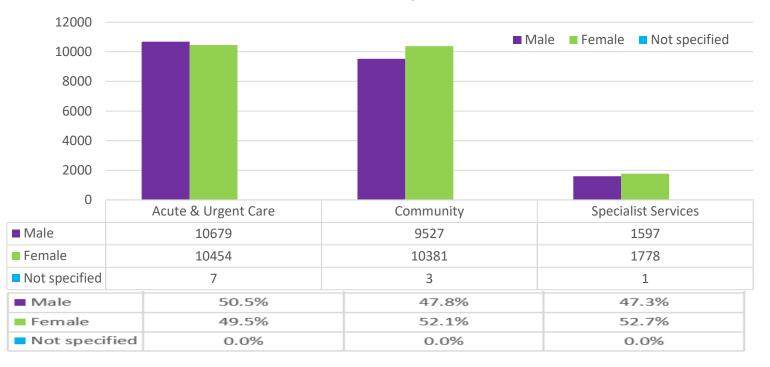
We do not currently have the option to record other gender identities in our Electronic Patient Record.



Service User Gender by Directorate

Slightly more females than males access services in our Community and Specialist Directorates, and slightly more males than females in Acute & Urgent Care.

Service User Gender by Directorate





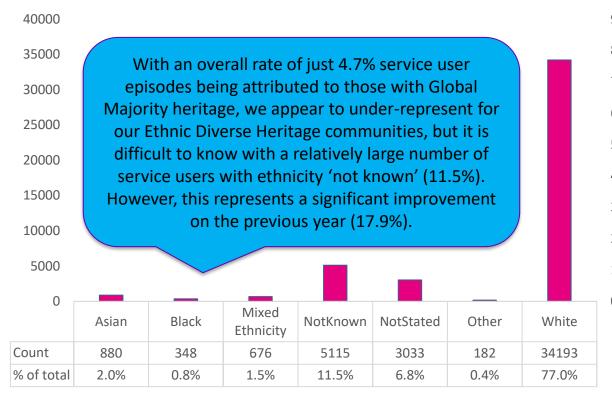


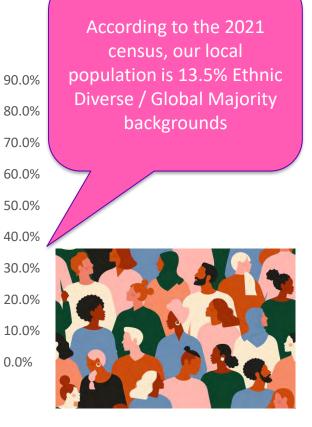


Service User Ethnicity



Service User Ethnicity 2022-23 (N=44,427)



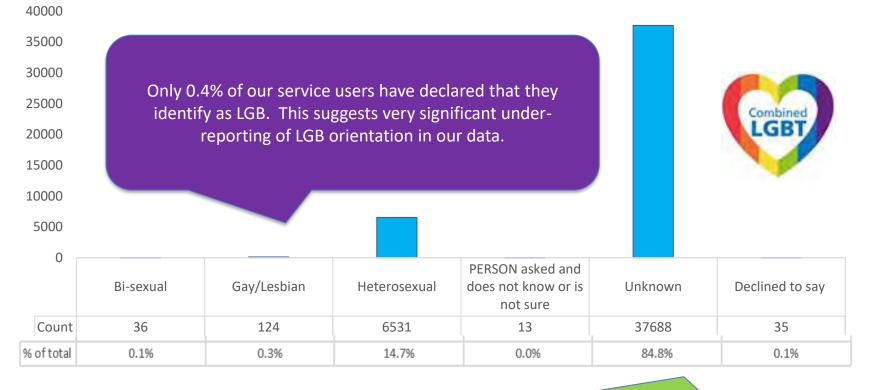






Service User Sexual Orientation

Sexual Orientation 2022-23 (n=44,427)



The Trust still has a very sizable gap in its LGB service user data, with 89% of records (37,688 service users) not being completed. This must be a priority for action in 2023-24.







20

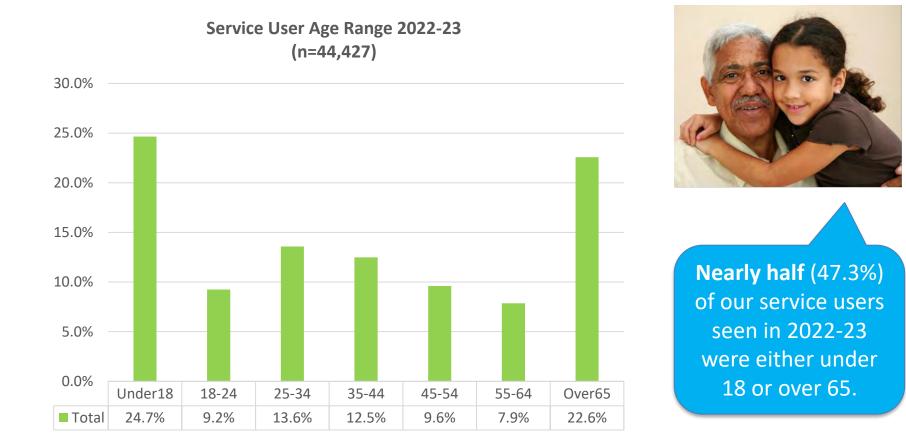
North Staffordshire

NHS Trust

Combined Healthcare



Age of our Service Users





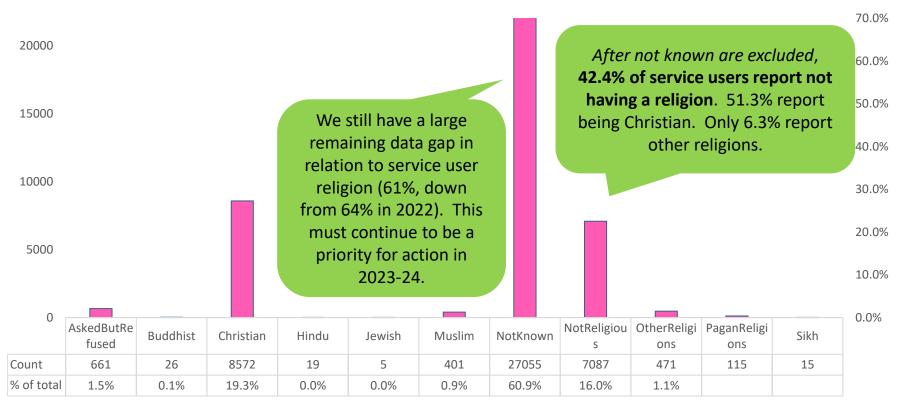


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Service User Religion

North Staffordshire Combined Healthcare NHS Trust

Trust Service User Religion 2022-23 (n=44,427)







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Further Information

If you have any queries about this data or require any further information, please contact:

Lesley Faux Diversity & Inclusion Lead Email: <u>Diversity@combined.nhs.uk</u>

Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

Enc 11

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024									
Title of Report:	Partnership Charter									
Presented by:	Liz Mellor, Chief Strategy Officer									
Author:	Sarah Newton, Interim Associate Director, TMO									
	Liz Mellor, Chief Strategy Officer									
Executive Lead Name:	Liz Mellor, Chief Strategy Officer	Approved by	\boxtimes							
		Exec								

Purpose of the report:												
Approval	\boxtimes	Information		Consider		Assurance						
			f	or Action								
Executive Su	umm	nary:										
As part of developing the partnership approach to strategic relationship management the Chief Strategy Officer and Associate Director, TMO have worked in collaboration with local partners to develop a generic set of principles in which both organisations can relate and commit to delivering.												
The Partnership Charter will be used in the first instance to initiate strategic level conversations with partners, supported by a set of SMART actions in order to demonstrate the value the relationship will have on population outcomes and patient care.												
It is being suggested in order to launch the Partnership Charter, the Chief Strategy Officer maximise the opportunity to test the approach with existing partners, specifically those partners who supported REACH.												
This is an exciting and innovative development as part of our Strategy and formalises our aspirations to grow our relationships across the organisation. The stakeholder matrix and analysis current being developed will support this approach and lead to a more formal relationship management framework for implementation in 2024. **[Select return to make summary box larger]												
Seen at:			SLT 27 th N	Exect November 20	S []		Document Version No.				
Committee A	Appr	oval / Review	• • • • • • •	Audit Com People, Ci	Reso mitte ulture	ource Commit	ent (_				
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BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services We will attract, develop and retain the best people We will actively promote partnership and integrated models of working We will increase our efficiency and effectiveness through sustainable development Any Risk/legal implications: (please reference if any)
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent Share learning and best practice
Resource Implications:	N/A
Funding Source:	N/A
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications:	N/A
Recommendations:	Endorse the Partnership Charter and the initial approach proposed by the Chief Strategy Officer.
Version	Name/group Date issued





Partnership Charter

As organisations committed to providing quality, local services to residents we have come together to pledge support for local people to be healthy and to feel happy within their community.

We aim to deliver quality services that reflect the needs of people

By working in partnership, we can collaborate with communities. The aim of this is to provide effective and sustainable help.

Our commitment

Prevention

- to deliver early help using health and wellbeing messaging and campaigns
- to ensure mental health and wellbeing is considered, enabling people to receive the right support, at the right time

Access

- to enable local people to access the help they need within their community
- to understand and respond to local health needs, including those who require our help most and find it hard to access our service
- we will actively listen, particularly to seldom heard groups, and respond to each and everything we hear

Growth

- to explore and respond to opportunities to meet the needs of our communities
- to promote and invest in opportunities to innovate together, making best use of resources
- to ensure sustainability is at the forefront of all we do

Signed by

· Andergenno

Signed by

Dr Buki Adeyemo, Chief Executive

This charter is signed by both organisations and recognises a shared commitment leading to the development of activity and outcomes for our population.





Enc 12

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024									
Title of Report:	Finance Position M8									
Presented by:	Eric Gardiner – Chief Finance Officer									
Author:	Kimberli McKinlay – Deputy Director of Finance / Michelle									
	Wild - Financial Controller/Lisa Dodds	- Assistant Directo	or of							
	Finance/ Rachel Heath – Project Acco	untant								
Executive Lead Name:	Eric Gardiner – Chief Finance Officer	Approved by	\boxtimes							
		Exec								

Purpose of	the	report:									
Approval		Information	\boxtimes	Consider		Assurance	\boxtimes				
				for Action							
Executive S					<u> </u>						
								k against a planned			
		giving a favourab						•			
								Please note that sacted at month 5			
		t form part of the									
		· · · · · · · · · · · · · · · · · · ·				p					
								however, it should			
be noted there are a number of material favourable variances in the current forecast mainly											
		es being higher t									
								ng additional spend			
		cast to enable a				in to the system	n pc	sition is included in			
	1010		bica		••						
The Trust a	achie	eved £3.9m of ef	ficien	cies at month	8 ag	ainst a target o	of £3	3.9m. Within these			
figures, the	Tru	st achieved £1,8	05k o	of internal Trus							
therefore u	nder	delivered on CI	P by :	£225k.							
-				00.4							
		ies nave decreas n in month 7).	sed to	5 £6.4m at mo	ntn 8	and payables	na	ve decreased to			
£32.5111 (£5	2.91	n in monur <i>r</i> j.									
Cash was £	E12.0	6m above plan a	it mor	nth 8 due to lo	wer	pavroll costs th	nan	planned, slippage			
								me received from			
the local au	uthor	ity, MPFT and IC	CB ał	nead of plan.							
	41	Turateshistadd		- 44	Due		4 .				
		ces paid at 96%						of 95% on both the			
		ces paid at 30 /0	anu		, 11 I V	olces paid with		00 uays at 90 %.			
The Trust's	s cap	ital expenditure	at mo	onth 8 was £2,	479ł	k against a pla	n of	£4,477k.			
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	N
Strategic Priorities (please indicate)	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ⊠ Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them □ Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. □
BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services We will attract, develop and retain the best people We will actively promote partnership and integrated models of working We will increase our efficiency and effectiveness through sustainable development Any Risk/legal implications: (please reference if any)
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent 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	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications: Recommendations:	 Part of the aggregate ICS reported financial position Receive the Month 8 position noting: The year-to-date surplus of £388k for system reporting purposes. Note the month 8 capital position. The cash position of the Trust at 30th November with a balance of £39.6m. Agency expenditure year to date of £3,451k. Note CIP delivery position.
Version	Name/group Date issued 20/12/2023







Trust Board – 11th January 2024 Finance Position Month 8

Introduction:

This report summarises the Trust's financial position as at 30th November 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 8, the Trust is reporting an in-month surplus position of £171k against a planned deficit of £27k giving a favourable variance of £198k. Year to date is a surplus of £388k against a planned surplus of £30k, giving a favourable variance of £358k. Please note that the year to date surplus is reported after adjusting for an impairment transacted at month 5 as this does not form part of the Trust's reported financial performance to the system.

High Level Analysis	Annual Plan	Month 8 Budget	Month 8 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income from Patient Care Activities	147,876	13,052	13,324	271	103,197	98,368	(4,829)	155,183	152,059	(3,124)
Income from Other Operating Activities	14,904	1,424	1,158	(266)	11,141	10,845	(297)	16,430	15,858	(572)
Income	162,780	14,476	14,482	6	114,338	109,213	(5,126)	171,613	167,917	(3,696)
Pay Costs	(90,973)	(8,003)	(7,897)	106	(65,135)	(61,829)	3,306	(97,959)	(94,039)	3,920
Non Pay Costs	(68,278)	(6,251)	(6,108)	143	(45,798)	(45,858)	(60)	(68,536)	(71,454)	(2,918)
Finance & Other Non Operating Costs	(3,529)	(249)	(313)	(64)	(3,375)	(2,784)	591	(5,118)	(4,073)	1,045
Expenditure	(162,780)	(14,503)	(14,318)	185	(114,308)	(110,471)	3,837	(171,613)	(169,566)	2,047
Retained Surplus / (Deficit)	0	(27)	164	191	30	(1,258)	(1,288)	0	(1,649)	(1,649)
Add Back Impairment reversals	0	0	8	8	0	1,641	1,641	0	1,641	1,641
Add Back DHSC Donated Assets Depreciation	0	0	0	0	0	5	5	0	8	8
Adjusted Financial Performance	0	(27)	171	198	30	388	358	0	(0)	(0)

The reported forecast is to achieve a breakeven position in line with plan, however, it should be noted there are a number of material favourable variances in the current forecast mainly due to vacancies being higher than planned and additional bank interest. Assumptions regarding additional spend towards the latter part of the year and a contribution to the system position is included in the current forecast to enable a breakeven position.







Mitigations	Worse £000	Best £000	Likely £000
Unmitigated Forecast	4,380	4,380	4,380
IFP NR Adjustment	(2,000)	(2,000)	(2,000)
Other Trust Investments	(1,300)	(500)	(1,175)
Deferrals ICB	(455)		(455)
Maintenance/new Provisions	(250)		(250)
Increased recruitment/double running costs	(100)		(100)
Selling of A/L	(200)		(100)
Darwin V&A penalty	(900)		
Recruitment slippage		300	
A/L accrual	(300)	200	(300)
Bank interest		100	
Total	(1,125)	2,480	(0)

The Trust achieved £3.9m of efficiencies at month 8 against a target of £3.9m. Within these figures, the Trust achieved £1,805k of internal Trust CIP against a target of £2,029k, therefore under delivered on CIP by £225k.

Trade receivables have decreased to \pounds 6.4m at month 8 and payables have decreased slightly to \pounds 32.3m (\pounds 32.9m in month 7).

Cash was £12.6m above plan at month 8 due to lower payroll costs than planned, slippage on capital, higher VAT recovery, higher interest received and higher income received from the local authority, MPFT and ICB ahead of plan.

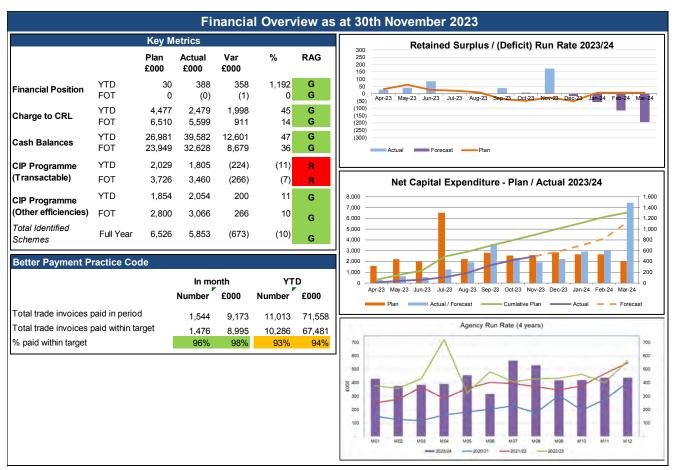
In month 8, the Trust achieved the Better Payment Practice Code target of 95% on both the number of invoices paid at 96% and on the value of invoices paid within 30 days at 98%.

The Trust's capital expenditure at month 8 was £2,479k against a plan of £4,477k.









Key Recommendations to Consider:

Receive the Month 8 position noting:

- The year-to-date surplus of £388k for system reporting purposes.
- Note the month 8 capital position.
- The cash position of the Trust at 30th November 2023 with a balance of £39.6m.
- Agency expenditure year to date of £3,451k.
- Note CIP delivery position.

Background:

1. Income

The table below shows the Trust's 2023/24 income position at 30 November 2023.

- Most of the ICB and NHSE block income is fixed for 2023/24 under the block payments arrangements. In month 8 block contract income totalled £8,155k against a plan of £8,488k giving an adverse variance in month of £333k.
- Patient Placements income relates to TCP and Community Rehab Placements income from the ICB and Local Authorities per appendix E, this is separate from the ICB block. The over-recovery of income in month 8 is offset by an equal increase in costs.







 Under recovery of income on non-patient care services to other bodies relates to L & D expansion service development slippage.

Income	Annual Plan	Month 8 Budget	Month 8 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income From ICBs and NHSE / Block Contract Income	96,704	8,488	8,155	(333)	67,363	64,100	(3,263)	101,194	98,723	(2,471)
Local authorities	4,228	559	463	(97)	4,014	3,572	(443)	6,053	5,638	(415)
Patient Placements Income	42,261	3,530	3,938	409	28,456	27,055	(1,401)	42,650	41,794	(855)
Non-NHS: Private Patients	0	0	2	2	0	17	17	0	17	17
Non-NHS: other	4,683	476	765	289	3,363	3,624	261	5,286	5,887	601
Total Income From Patient Care Activities	147,876	13,052	13,324	271	103,197	98,368	(4,829)	155,183	152,059	(3,124)
Research and development	90	9	9	(0)	87	88	1	124	147	23
Education and training	3,390	427	510	83	3,235	3,729	494	4,559	5,474	915
Non-patient care services to other bodies	11,004	907	777	(129)	7,167	6,551	(616)	10,770	9,716	(1,054)
Other Income	420	81	(138)	(219)	652	476	(175)	978	522	(456)
Total Income from Other Operating Activities	14,904	1,424	1,158	(266)	11,141	10,845	(297)	16,430	15,858	(572)
Total Income	162,780	14,476	14,482	6	114,338	109,213	(5,126)	171,613	167,917	(3,696)

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 £7,897k, against a budget of £8,003k giving an under spend of £106k. In month 8 there were 253.45 wte vacancies (budgeted wte less contracted wte, the figures in the table below show budgeted wte and worked wte to show the inclusion of overtime, bank, and agency). 113.27 wte of these vacancies are in nursing and 96.38 wte are in other clinical. Agency expenditure in month 8 was £530k.
- Non-pay is under-spent by £143k in month 8 mainly due over achievement of CIP in month, partially offset by overspends on patient placements (offset by income).
- Investment revenue is over-achieving year to date due to increases in interest rates during the year.

Expenditure	Annual Plan	Month 8 Budget	Month 8 Worked	Month 8 Budget	Month 8 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	WTE	WTE	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical	(10,761)	(95.95)	(79.92)	(848)	(788)	60	(7,379)	(6,274)	1,105	(11,225)	(9,415)	1,810
Nursing	(31,930)	(619.78)	(526.04)	(2,363)	(1,974)	389	(22,341)	(18,154)	4,188	(33,618)	(27,908)	5,710
Other Clinical	(31,532)	(834.27)	(797.92)	(3,310)	(3,099)	211	(23,583)	(22,291)	1,291	(35,275)	(33,697)	1,578
Non-Clinical	(16,854)	(415.86)	(392.87)	(1,479)	(1,506)	(27)	(11,815)	(11,660)	155	(17,812)	(17,858)	(46)
Agency	(166)	0.00	(64.94)	(3)	(530)	(527)	(18)	(3,451)	(3,432)	(29)	(5,162)	(5,132)
COVID-19 Pay Costs	0	0.00	0.00	0	0	0	0	0	0	0	0	0
Total Pay	(91,243)	(1,965.86)	(1,861.69)	(8,003)	(7,897)	106	(65,135)	(61,829)	3,306	(97,959)	(94,039)	3,920
Drugs & Clinical Supplies	(216)			(243)	(233)	10	(1,927)	(1,775)	152	(2,911)	(2,793)	117
Establishment Costs	(696)			(100)	(116)	(15)	(838)	(726)	112	(1,239)	(1,088)	151
Premises Costs	(5,040)			(454)	(465)	(10)	(3,354)	(4,158)	(804)	(5,092)	(6,632)	(1,540)
Private Finance Initiative	(3,492)			(291)	(299)	(8)	(2,327)	(2,389)	(63)	(3,490)	(3,549)	(59)
Services Received	(6,710)			(794)	(652)	142	(5,864)	(5,784)	80	(8,786)	(10,246)	(1,460)
Patient Placements	(42,650)			(3,530)	(3,925)	(395)	(28,456)	(26,943)	1,513	(42,650)	(41,626)	1,023
Consultancy & Prof Fees	(120)			(5)	10	15	(70)	(80)	(10)	(90)	(140)	(50)
External Audit Fees	(108)			(10)	(9)	1	(76)	(68)	8	(114)	(104)	10
Other	(6,210)			(5)	(420)	(415)	(2,667)	(3,934)	(1,267)	(4,567)	(5,275)	(708)
Unmet Cost Improvement	0			(820)	0	820	(219)	0	219	402	0	(402)
Total Non-Pay	(65,242)			(6,251)	(6,108)	143	(45,798)	(45,858)	(60)	(68,536)	(71,454)	(2,918)
Finance Costs	(3,529)			(294)	(301)	(7)	(2,352)	(2,441)	(88)	(3,529)	(3,653)	(124)
Dividends Payable on PDC	(500)			(42)	(10)	32	(333)	(80)	253	(500)	0	500
Investment Revenue	500			325	207	(118)	1,200	1,393	193	1,800	2,136	
Depreciation & Amortisation	(3,036)			(239)	(209)	30	(1,889)	(1,657)	233	(2,890)	(2,557)	333
Total Non-operating Costs	(6,565)			(249)	(313)	(64)	(3,375)	(2,784)	591	(5,118)	(4,073)	1,045
Total Expenditure	(163,050)	(1,965.86)	(1,861.69)	(14,503)	(14,318)	185	(114,308)	(110,471)	3,837	(171,613)	(169,566)	2,047







3. Agency Utilisation

Headlines - Trust Agency Use

For 2023/24 the agency will be monitored against a target of 3.7% of the total NHS pay bill. The agency costs to month 8 are shown below.

Month 8 YTD expenditure on agency is £3,451k; which is over the YTD agency target by £1,163k.

24% of agency costs to date were incurred in the Community directorate, with 46% in Specialised and 15% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas. The table below shows total agency expenditure by staffing group.

	Actual										Forecast			
Agency Expenditure	Apr-23 £000	May-23 £000	Jun-22 £000	Jul-23 £000	Aug-23 £000	Sep-23 £000	Oct-23 £000	Nov-23 £000	YTD £000	Dec-23 £000	Jan-24 £000	Feb-24 £000	Mar-24 £000	Total
Medical	(251)	(127)	(160)	(170)	(200)	(32)	(180)	(168)	(1,288)	(207)	(227)	(252)	(252)	(2,225)
Nursing	(109)	(93)	(68)	(36)	(244)	(169)	(291)	(266)	(1,278)	(158)	(158)	(158)	(158)	(1,910)
Other Clinical	19	(69)	(87)	(145)	44	(54)	(29)	(26)	(346)	(22)	(22)	(22)	(22)	(433)
Non Clinical	1	(20)	(10)	(11)	(25)	(11)	(17)	(13)	(106)	(4)	(2)	(2)	(2)	(114)
Sub Total	(340)	(310)	(326)	(361)	(425)	(266)	(517)	(473)	(3,018)	(391)	(408)	(433)	(433)	(4,682)
Primary Care	(89)	(67)	(59)	(30)	(31)	(52)	(48)	(57)	(433)	(26)	(12)	(4)	(4)	(479)
Total Agency	(430)	(377)	(384)	(391)	(457)	(318)	(565)	(530)	(3,451)	(417)	(420)	(437)	(437)	(5,162)
Agency as a % of Pay	5.75%	4.69%	5.12%	5.28%	5.85%	4.25%	6.85%	6.71%	5.75%	5.30%	5.24%	5.31%	5.40%	

Year to date agency nursing and other clinical agency costs includes £728k of Thornbury spend.

The full year forecast includes £1,288k of Thornbury spend, including a projection of £140k per month from December until March but an earlier discharge will reduce this spend.

Agency as a % of pay excluding Thornbury would be 4.54% in month 8 compared to 6.71% including Thornbury.

Performance against the agency ceiling excluding the Thornbury spend would be £462k over the ceiling year to date and £442k forecast over the agency ceiling compared to £1,163k year to date and £1,682k forecast over the ceiling including Thornbury.

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. The off framework non clinical usage is reception cover at Holmcroft Surgery and Moorcroft which has now ceased. Off framework nursing agency in month 8 all relates to Thornbury nursing at the Darwin.

	M01	M02	M03	M04	M05	M06	M07	M08
% Agency off framework	%	%	%	%	%	%	%	%
Medical	11%	15%	13%	29%	43%	0%	7%	29%
Nursing	24%	46%	15%	2%	12%	84%	73%	76%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	9%	5%	24%	23%	35%	25%	28%	7%
Total	12%	27%	11%	13%	36%	65%	55%	59%







The table below shows the Trust's off framework agency usage excluding the impact of Thornbury Nursing services at the Darwin.

% Agency off framework exc	M01	M02	M03	M04	M05	M06	M07	M08
Thornbury	%	%	%	%	%	%	%	%
Medical	11%	15%	13%	29%	43%	0%	7%	29%
Nursing	12%	13%	14%	1%	13%	0%	0%	0%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	9%	5%	24%	23%	35%	25%	28%	7%
Total	10%	10%	11%	13%	36%	2%	4%	4%

4. CIP

The below table shows the identified schemes to date and forecast against the overall efficiency target of \pounds 6.5m for 2023/24 following the submission of the plan. Of the \pounds 6.5m, \pounds 3.7m is the internal Trust CIP target and \pounds 2.8m are the below the line efficiencies.

At month 8 the Trust has achieved internal CIP of £1,805k against the plan of £2,029k, an underachievement of £225k. The Trust has achieved below the line efficiencies of £2,054k against the plan of £1,854k, an overachievement of £200k.

At this point in the year, the Trust is forecasting to plan with an expectation that the total CIP achievement will be partially delivered via non recurrent schemes. As at M8, against the £6.5m total trust efficiency target, there is £5,721k schemes transacted/approved, £132k in progress and £673k unidentified (see appendix C).

		YTD 2023/24			Forecast 2023/24			Of which is Recurrent			
2023/24 Planned CIP / Efficiency Summary	Target £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	
Clinical	2,417	1,319	575	744	2,417	1,681	735	1,177	740	437	
Corporate	706	384	199	185	706	578	129	344	308	35	
Trustwide	603	326	1,031	- 705	603	1,201	- 598	294	500	- 206	
Internal Trust CIP	3,726	2,029	1,805	225	3,726	3,460	266	1,814	1,548	266	
TCP Cost Reduction-System Stretch Target	1,400	720	610	110	1,400	1,400	-	0	0	-	
New Service Development Slippage*	1,000	1,000	1,000	-	1,000	1,000	-	0	0	-	
Reduction in unfunded budget pressures	400	134	444	- 310	400	666	- 266	400	666	- 266	
Below the line efficiencies	2,800	1,854	2,054	- 200	2,800	3,066	- 266	400	666	- 266	
Total Trust CIP / Efficiency	6,526	3,883	3,859	25	6,526	6,526	-	2,214	2,214	0	





5. Statement of Financial Position

SOFP	Sep-23 £000	Oct-23 £000	Nov-23 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	20,530	20,575	20,975
Property, Plant and Equipment	17,470	17,500	17,414
Right of Use Assets	5,038	5,238	5,126
Intangible Assets	1,316	1,293	1,264
NCA Trade and Other Receivables	886	880	874
Other Financial Assets	0	0	
Total Non-Current Assets	45,240	45,487	45,65
Current Assets			
Inventories	118	126	12
Trade and Other Receivables	6,805	7,362	6,42
Cash and Cash Equivalents	39,456	39,385	39,58
Non-Current Assets Held For Sale	0	0	
Total Current Assets	46,379	46,873	46,12
Current Liabilities			
Trade and Other Payables	(34,199)	(32,863)	(32,310
Provisions	(1,078)	(1,709)	(1,709
Borrowings	(633)	(633)	(633
Total Current Liabilities	(35,909)	(35,206)	(34,652
Net Current Assets / (Liabilities)	10,470	11,667	11,47
Total Assets less Current Liabilities	55,710	57,154	57,124
Non Current Liabilities			
Provisions	(1,438)	(1,424)	(1,424
Borrowings	(13,281)	(13,454)	(13,252
Total Non-Current Liabilities	(14,719)	(14,878)	(14,676
Total Assets Employed	40,991	42,277	42,44
Financed by Taxpayers' Equity			
Public Dividend Capital	18,522	19,799	19,79
Retained Earnings reserve	15,534	15,542	15,73
Revaluation Reserve	6,935	6,935	6,91
Total Taxpayers' Equity	40,991	42,277	42,44

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

Current receivables are £6,420k of which:

- £2,952k is based on accruals (not yet invoiced) relating to income for services invoiced retrospectively at the end of every quarter.
- £3,467k is trade receivables; based on invoices raised and awaiting payment of invoice (£1,375k within terms).
- Invoices overdue by more than 31 days are subject to routine credit control processes.
- Local Authority and Non-NHS invoices overdue by 91+ days are included in the bad debt provision.
- Trade and Other payables remain high because of patient placement invoices and accruals and increased deferred income relating to ICB block funding.







Aged Receivables/Payables	Within Term £000	1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	Total £000
Receivables Local Authority	14	1,201	0	0	177	1,392
Receivables Non NHS	424		130		225	· ·
Receivables NHS	937	16	16	0	(7)	962
Payables Local Authority	(0)	0	0	0	0	(0)
Payables Non NHS	(1,961)	(310)	1	(42)	(626)	(2,938)
Payables NHS	(147)	(74)	(1)	(14)	(711)	(947)
erdu	91+ days 61-90 days 31-60 days	Aged Rece				
_	1-30 days /ithin Term	500	1,000	1,500	2,00	00
			£000			

6. Cash Flow Statement

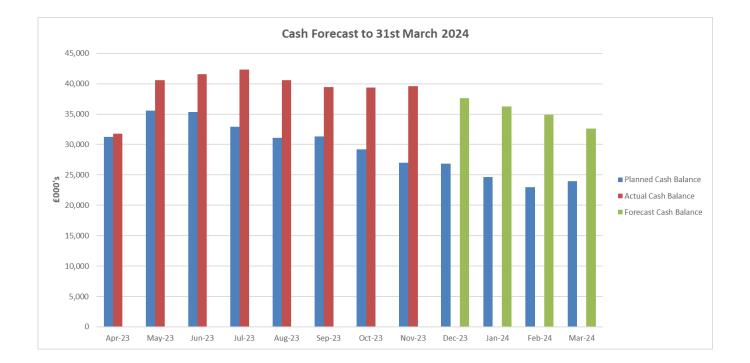
The Trust's cash balance at 30th November 2023 is £39.6m. This is above plan by £12.6m due to lower payrolls, capital slippage, higher than planned VAT recovery and income received from the local authority, MPFT and ICB ahead of plan.

				ar 24									
	Actuals									Forecast			
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Balance b/fwd	29,969	31,758	40,540	41,587	43,993	40,717	39,414	39,378	39,578	37,575	36,267	34,882	
Patient Income ICB & NHSE	11,680	18,341	14,597	11,529	9,997	11,473	11,497	10,809	11,016	11,016	11,016	11,016	
Local Authority Income	0	1,640	27	889	375	0	256	1,147	69	398	940	69	
Other income	2,589	2,351	2,223	3,135	1,453	1,795	4,114	2,817	1,987	2,463	1,714	1,714	
PDC Funding	0	0	0	0	208	0	1,277	0	697	0	0	1,000	
Total Receipts	14,269	22,332	16,848	15,553	12,033	13,268	17,144	14,773	13,768	13,877	13,670	13,799	
Monthly Pay	(7,001)	(7,172)	(9,408)	(8,968)	(7,210)	(7,371)	(7,496)	(7,493)	(7,596)	(7,596)	(7,596)	(7,576)	
Non Pay	(5,590)	(6,474)	(6,480)	(3,857)	(8,302)	(6,432)	(9,515)	(7,287)	(7,099)	(7,097)	(7,147)	(7,469)	
Capital	110	97	86	(321)	201	(490)	(169)	207	(1,076)	(493)	(312)	(1,155)	
PDC	0	0	0	0	0	(278)	0	0	0	0	0	138	
Total Payments	(12,480)	(13,549)	(15,801)	(13,146)	(15,310)	(14,571)	(17,180)	(14,573)	(15,771)	(15,186)	(15,055)	(16,062)	
Closing Cash Balance - Main Accounts	31,758	40,540	41,587	43,993	40,717	39,414	39,378	39,578	37,575	36,267	34,882	32,619	
Unpresented cheques/uncleared deposits	(6)	(4)	(17)	(1,677)	(145)	32	(3)	(5)					
Cash in Hand (Petty Cash)	9	9	9	9	9	9	9	9	9	9	9	9	
Total Reported Cash Book Balance	31,761	40,545	41,579	42,325	40,580	39,456	39,385	39,582	37,585	36,276	34,891	32,628	
Plan	31,222	35,547	35,349	32,888	31,113	31,348	29,167	26,981	26,850	24,649	22,949	23,949	
Variance to Plan	539	4,998	6,230	9,437	9,467	8,108	10,218	12,601	10,735	11,627	11,942	8,679	









The graph below shows the cash position, plan and forecast for 2023/24.

7. Capital Expenditure

The Trust's final gross capital expenditure plan for 2023/24 is £6,510k including £3,182k PDC funding. Capital expenditure at month 8 is £2,479k, £1,998k below plan. This is mainly due to delays on Project Chrysalis due to the water temperature issue, frontline digitisation startling later than planned and the reduction in asset value of the Keele GP Lease.

The table below shows the annual plan, spend and forecast spend for 2023/24







		Year to Dat	te Outturn Agai	nst Plan	Forecast Outturn Against Plan			
Capital Expenditure	Annual Plan £000	Year to Date Plan £000	Actual £000	Variance £000	Annual Plan £000	Forecast £000	Variance £000	
Operational Schemes								
Backlog Maintenance	150	120	0	(120)	150	150	0	
Anti Ligature - planned	170	125	0	(125)	170	100	(70)	
Anti Ligature - Perimeter fencing	50	50	65	15	50	65	15	
IFRS16 Leases	1,100	1,034	254		1,100	254	(846)	
IFRS16 Lease Remeasurements	0	0	(42)	(42)	0	(65)	(65)	
Digital								
Capitalised Salaries IT Rolling Replacement	40	26	26	(0)	40	40	0	
IT - Device Replacement	0	0	0	0	0	392	392	
Digital Infrastructure	266	266	128	(138)	266	163	(103)	
Contingency / Reactive								
A & T Bathrooms (22-23 scheme)	0	0	65	65	0	65	65	
A & T Emergency Works - Anti-climb	0	0	0	0	0	60	60	
A & T Emergency Works - Bathroom refurb	0	0	0	0	0	80	80	
Contingency	0	0	(44)	(44)	0	0	0	
Strategic Schemes				(0= 1)			(100)	
Dormitory Conversion Trust funded	1,552		0	(374)	1,552	1,113	(439)	
Total Trust Funded Capital Expenditure	3,328	1,995	452	(1,543)	3,328	2,417	(911)	
Dormitory Conversion PDC Funded	2,000	2,000	2,000	(0)	2,000	2,000	0	
Frontline Digitisation Programme PDC Funded	1,000		0	(300)	1,000	1,000	0	
Mental Health Urgent Care Pathways Project Chrysalis PDC Funded			27	(155)	182	182	0	
Total Gross Capital Expenditure	6,510	4,477	2,479	(1,998)	6,510	5,599	(911)	
Total Project Chrsyalis Capital Expenditure (for information on	3,734	2,556	2,027	(529)	3,734	3,295	(439)	

8. Better Payment Practice Code

The BPPC target is to pay at least 95% of invoices in terms of number and value within 30 days for NHS and Non-NHS suppliers.

During month 8, the Trust achieved the 95% target for both the value of invoices paid and number of invoiced paid he number paid within 30 days at 96% on the number paid and 98% on the value paid within 30 days.

Year to date the Trust is not achieving on the number and value of invoices paid at 93% on the number of invoices paid and 94% on the value of invoices paid within 30 days. This is due to the Non-NHS under-achievement in previous months and this month.

	2022/23 Total			20	2023/24 Month 8			2023/24 Total		
Better Payment Practice Code	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total	
Number of Invoices										
Total Paid	385	15,302	15,687	34	1,510	1,544	261	10,752	11,013	
Total Paid within Target	346	14,106	14,452	34	1,442	1,476	251	10,035	10,286	
% Number of Invoices Paid	90%	92%	92%	100%	95%	96%	96%	93%	93%	
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	
RAG Rating (Variance to Target)	-5%	-3%	-3%	5%	0%	1%	1%	-2%	-2%	
Value of Invoices										
Total Value Paid (£000s)	7,945	100,222	108,167	624	8,549	9,173	4,450	67,108	71,558	
Total Value Paid within Target (£000	7,105	93,418	100,523	624	8,371	8,995	4,271	63,210	67,481	
% Value of Invoices Paid	89%	93%	93%	100%	98%	98%	96%	94%	94%	
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	
RAG Rating (Variance to Target)	-6%	-2%	-2%	5%	3%	3%	1%	-1%	-1%	







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

Recommendations:

The Finance and Resource Committee are asked to receive the Month 8 position noting:

- The month 8 surplus of £171k for system reporting.
- Note the month 8 capital position.
- The cash position of the Trust at 30th November with a balance of £39.6m.
- Agency expenditure at month 8 of £3,451k.
- Note CIP delivery position.





Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

Enc 13

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024					
Title of Report:	Finance and Resource Committee Assurance Report					
Presented by:	Russell Andrews - Chair/Non-Executive Director					
Author:	Kimberli McKinlay – Deputy Director o	Kimberli McKinlay – Deputy Director of Finance				
Executive Lead Name:	Eric Gardiner, Chief Finance Officer	Approved by	\boxtimes			
		Exec				

Purpose of the report:						
Approval 🔲 Information	\boxtimes	Consider		Assurance	\boxtimes	
		for Action				
Executive Summary:						
 This paper details the items dison the 7th December 2023. Up M7 Trust performance M7 Trust and ICS Finan Estates scheme update Digital project updates Business opportunity ar Review and update of the Support for business can 	dates icial p s id Sus ne F&l	were received erformance tainability upd R Risk Registe	relat ates r and	ting to: d BAF	omr	nittee meeting held
Seen at:	SL	Г 🔀 Exec	s 🗵			Document Version No.
Committee Approval / Review		Audit CorrPeople, C	Res mitte	ource Commit	ent C	
Strategic Priorities (please indicate)		high-qualin need for s 2. Access - our service time, and 3. Prevention integrated	ty pro econ We v es wi the p n - T serv	eventative serv idary care will ensure that ill be able to ch place in which t o will continue	ices even loose hey to g	ting in providing that reduce the rybody who needs e the way, the access them row high-quality, n innovative and
BAF / Risk / legal implications: Risk Register Reference		effective s 2. We will att 3. We will ac models of 4. We will inc	ervic ract, tively work creas	develop and revelop and revelo	etain nersl y an	h the best people hip and integrated d effectiveness
	An	/ Risk/legal im	plica	tions: (please r	efer	ence if any <u>)</u>





		18 th December 2023			
Version	Name/group	Date issued			
Recommendations:	The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee.				
ICS Alignment / Implications:	Part of the aggregate ICS re	ported financial position			
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.				
Funding Source:	Not applicable				
Resource Implications:	If the Trust does not deliver recurrent CIP, it impacts on future sustainability				
Sustainability:	 Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position. 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 ⊠ 				







Finance and Resource Committee Assurance Report to the Trust Board 7th December 2023

Finance and Resource Committee Report to the Trust Board – 11th January 2024.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 7th December 2023. The meeting was quorate. The meeting was held as a MS Teams conference meeting and minutes were reviewed and approved from the previous meeting on the 2nd November 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 for month 7 which was taken as read.

During month 7 there are 16 rated measures that have met the required standard (12 in M6) and 13 that have not met the required standard and highlighted as exceptions (17 in M6).

There are 9 special cause variations signifying concern (10 in M6):

- Referral to Treatment within 18 weeks
- CAMHS Compliance within 4 week waits (Referral to Assessment)
- CAMHS Compliance within 18 week waits (Referral to Treatment)
- Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)
- Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)
- Risk Assessment Compliance
- CPA 12 Month Review Compliance
- Service Users on CPA in settled accommodation
- Vacancy Rate

The Committee were advised of a number of positive areas in month including an improvement in both vacancy and turnover positions.

Updates were provided on the 4 PIPs that are in place at M7 ongoing concern regarding 4WW to assessment which remains very challenging and a complex area, noting a number of long waiters had been dealt with in month. It was noted that some metrics are improving and on track to meet trajectory by the end of the year.

The Committee noted the contents of the report.

Business Development Opportunities

The Chief Strategy Officer provided an update on several current business development opportunities.

- Keele GP Practice The Keele GP Practice integration process is complete from a legal standpoint, a post integration project group remains in place until the end of 2023 in order to chart progress against ongoing, outstanding issues.
- CYP Mental Health Hub A bid has been submitted, via Port Vale Football Club in early November due to an extension to the initial submission deadline of 31st October. With high levels of likely competition for only 5 sites in the north of England it can be expected that due to the volume of bids successful bids will be notified in mid-January.
- Substance Misuse and Innovation The specialist directorate are working at pace with support from the Transformation Management Office to develop a business case aligned to the growth and expansion of substance misuse in-patient services across the Trust. The aim is to have this ready for consideration by the Senior Leadership Team and Finance and Resource Committee in early 2024.
- Stoke City Council Community Drug and Alcohol Service (CDAS) We Are With You have been identified as the successful bidder for the Stoke City Council CDAS contract, following this announcement we will are looking to engage with them regarding the transfer of services and future arrangements.

Finance

Finance Update

<u>Month 7 Position</u> - The Committee took the paper as read. Key messages highlighted included a year to date surplus position ahead of plan with a forecast position of breakeven. The Committee were advised that following the submission of a revised plan for the year including a commitment to deliver a surplus to support the ICS an improvement to the forecast would materialise in the coming months. Year to date CIP for month 7 shows an improving position and is slightly behind plan. Agency costs in month continue to exceed the required target of 3.7% of total pay. Capital is behind plan due to lower than plan lease values and delays to Project Chrysalis which is expected to ramp up in the latter months of the year. Schemes are being reviewed from the 2024/25 capital plan to bring forward. The BPP target overall was not achieved in month.

The Committee noted the report.

<u>ICS Updated Plan</u> – The Chief Financial Officer updated the Committee on the overall ICS finance position at M7 which continues to be materially behind plan. A revised plan for the year has been submitted to NHSE during November including a commitment from the Trust to deliver a surplus for the year. A number of system recovery actions have been put in place and the Trust are supporting the ICS to deliver the revised plan. It is acknowledged that the revised plan is very challenging and the Trust has provided a response to the proposed recovery plan actions as part of the Board sign off. The Committee were advised that nationally a focus on workforce is ramping up and is likely to form a key element of planning for 2024/25.

The Committee noted the report and looked forward to further updates in the coming months.

Estates and Capital

<u>M7 Capital and Estates Report</u> – The Associate Director of Estates provided an update on capital and revenue projects currently in progress and on track to deliver as planned. Project Chrysalis is progressing well with the handover of Ward 1 due before Christmas. PPM compliance remains good and is continuing to improve.

The Committee noted the update.

<u>Girpi Piping Business Case</u> – The Associate Director of Estates presented a business case for the replacement of pipework in EMU. Assurance was given regarding the budget for the project and minimal disruption was expected to service users.

The Committee supported the business case for onward approval through Trust Board.

Digital

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:

- Wellbeing Portal Good News/Feedback: "My daughter is a Cadet Leader at Longton, and she regularly supports teens as they open up to her, and more recently a young girl with eating issues. Jess shared the wellbeing portal with her and she told me yesterday that the girl is now eating better and has a more positive outlook on things"
- Patient Monitoring (Oxehealth) Infrastructure works are now completed. Oxehealth attended the site as planned and 95% of all equipment was installed.
- ORBIS Draft investment cases have been submitted to NHS England for review. As of the 20th November the Trust is waiting for confirmation from the UHNM Procurement Team and Brown Jacobson for approval to continue the process.
- Text Messaging The pilot commenced at Greenfields as planned, and initial feedback was very good. Engagement has begun with the remaining CMHTs for roll-out. Initial review of activity over 2 weeks, shows a reduction in DNA rates.
- Reasonable Adjustments A national Information Standard Notice (ISN) has been issued to all systems suppliers to record reasonable adjustments within Clinical Systems.
- Artificial Intelligence The Digital Team is investigating the possible use of AI within Patient Aide in partnership with Dedalus and Huddersfield University.

The Chief Digital Information Officer presented the 3-year Digital Plan which was approved in principle by the committee.

Governance Items

Risk Register

The Committee received the report and supported a wording and risk owner amendment to risk 868 which has been moved from PCDC to F&R Committee.

BAF

The Committee reviewed and discussed the contents of the BAF and approved the reduction of scores relating to 2 risks.

AOB

The Chair on behalf of the Committee acknowledged it was the last meeting for the Deputy Director of Finance and thanked her for her support and hard work over the last 5 years. The Committee also wished to formally record its thanks to NED Joan Walley for her contribution.



Other Reports Received:

• Finance Customer Survey Report

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 💐 North Staffordshire U N I V E R S I T Y TEACHING TRUST **Combined Healthcare** NHS Trust

Enc 13a

REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024				
Title of Report:	Finance and Resource Committee Assurance Report				
Presented by:	Russell Andrews - Chair/Non-Executive Director				
Author:	Steve Blaise – Deputy Director of Finance				
Executive Lead Name:	Eric Gardiner, Chief Finance Officer	Approved by	\boxtimes		
		Exec			

Purpose of th	he i	report:						
		Information	\boxtimes	Consider		Assurance	\boxtimes	
				for Action				
Executive Sur	nm	ary:						
on the 4 th Jan M8 Tru M8 Tru M8 Tru Busine Fundir Estate Digital	uar ust ust, ess ng f s u pro	s the items discu y 2024. Update performance ICS Financial p opportunity and or NHS 111 pdates on capita pject updates nd update of the	s we lanni Sus al, Pf	re received re ng and PWC l tainability upda FI & Water terr	atino Repo ates pera	g to: ort	omn	nittee meeting held
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BAF / Risk / le Risk Register Re				effective s 2. We will att 3. We will ac models of 4. We will inc	ervic ract, tively work reas	develop and r / promote partr king □	etair nersi y an	h the best people hip and integrated d effectiveness
			Any	Risk/legal im	olica	tions: (please r	efer	ence if any <u>)</u>





	Links to Trust risks around d	elivery of recurrent cost			
	improvement target and delivery of trust financial position.				
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent Share learning and best practice 				
Resource Implications:	If the Trust does not delive future sustainability	r recurrent CIP, it impacts on			
Funding Source:	Not applicable				
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.				
ICS Alignment / Implications:	Part of the aggregate ICS re	ported 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			
		4 th January 2024			







Finance and Resource Committee Assurance Report to the Trust Board 4th January 2024

Finance and Resource Committee Report to the Trust Board – 11[™] January 2024.

This paper details the items discussed at the Finance and Resource Committee meeting held on the 4thJanuary 2024. 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 7th December 2023. Progress was reviewed and actions confirmed from previous meetings including actions from other Committees. Declarations of interest were noted.

Performance

IQPR

The Committee received the IQPR report for month 8.

In Month 8 there are 15 RAG rated measures that have achieved required standard (16 in M7) and 14 that have not met the required standard and highlighted as exceptions (13 in M7).

There are 8 special cause variations signifying concern (9 in M7):

- Referral to Treatment within 18 weeks
- CAMHS Compliance within 4 week waits (Referral to Assessment)
- CAMHS Compliance within 18 week waits (Referral to Treatment)
- Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)
- Risk Assessment Compliance
- CPA 12 Month Review Compliance
- Service Users on CPA in settled accommodation.
- Vacancy rate.

The Committee were advised of a number of positive areas in month including an improvement in both place of safety and vacancy rate although turnover rate has actually increased in M8.

Updates were provided on the 4 PIPs that are in place at M8. There is ongoing concern regarding 4WW to assessment which was not on track at M8. Trajectories have been reviewed and agreed in M8 with an aim for the standard to be met in May 2024 for CYP and April 2024 in Adult services. There are concerns for Care Plan compliance, Risk Assessment and CPA 12month review as all were below trajectory at M8.

The Committee noted the contents of the report.

• Waiting times report.

The Committee received a report provided details on the longest waits for second contact in Adult teams in advance of reporting on the new national 4 week RTT measure. The longest waits have reduced from 879 to 640 as at end of November following data validation.

The report also provided:

- Demand and capacity analysis of the Adult and CYP teams.
- Updated PIPs for 4 week Referral to Assessment in Community Adult and CYP Teams following the data analysis and modelling of activity planning assumptions. The new trajectories aim for achievement of the standard in Adult CMHTs by April 2024 and in CYP core teams by May 2024.

Business Development Opportunities

The Chief Strategy Officer provided an update on current business development opportunities.

- The business development model for Edward Myers continues to be progressed and a business case with be presented in 2 months.
- The result of the CYP Mental Health Hub bid is still awaited but is due to be released next week.
- Work continues on Primary Care workstreams which will come to Board over the next few months.

Finance

Finance Update

<u>Month 8 Position</u> - Key messages highlighted included a year to date surplus position ahead of plan by £358k with a forecast position of breakeven. Year to date CIP for month 8 shows an improving position and is slightly behind plan. CIP has been actioned in M8 from Trust reserves which has also improved performance. However, it was noted that that the level of Non-Recurrent CIP is still too high. Agency costs in month continue to exceed the required target of 3.7% of total pay. Capital is behind plan due to lower than plan lease values and delays to Project Chrysalis. The BPPC performance has improved in M8.

The Committee noted the report.

<u>System Financial Position</u> – The forecast for the system financial position remains on track to deliver a £91m deficit which has now been accepted by NHSE, meaning that organisations in the System can amend their forecast accordingly with their M9 returns. The Chief Financial Officer updated the Committee that he has been approached by the ICB Chief Financial with a request that the Trust return its forecast surplus (£2m) to the ICB rather than post a surplus with the Trust Accounts. The Committee felt that, until more detail was available about the impact on the MHIS, it was unable to support the return of the Trust surplus at this time.

<u>System Financial Planning.</u> – The Committee received a paper produced by the ICB which presented a financial framework for the 2024/25 Operating Plan accepting that national planning guidance for 2024/25 has not yet been released. The attached paper outlines the financial challenge of the year ahead and why the underlying financial position has deteriorated, along with actions being taken to address these issues.

In terms of NSCHT it was noted:

• The underlying position of the Trust has marginally improved and has no material impact on the overall system.

- The MHIS will again be in place for 2024/25, adding to the system financial pressure.
- Workforce is the current focus of national attention, with an expectation that this will remain flat for the foreseeable future to help improve productivity and reduce costs.

It was noted that the paper has been widely discussed throughout the system, and has been presented to all the CEOs.

The Committee is asked to approve the ICS Financial Framework for 2024/25, noting that it is subject to change based on the publication of the formal planning guidance.

<u>PWC report.</u> – PwC were commissioned by NHSE to review the Financial Recovery Plan of the ICS and also to review the financial grip and control of each organisation within the ICS. The Committee received their report which is the final draft with no changes expected.

The report makes a number of observations and makes recommendations for each organisation to improve their grip and control.

The next step is for the Trust to assign responsibility and timescales to the actions it agrees with, not all recommendations will be taken forward as they are not seen to be practical or add any real value in controlling expenditure.

The Committee noted the report and that it will be brought back to committee again to monitor the implementation of the agreed actions.

Funding for NHS 111 – Option 2 Mental Health provision

The Committee received a paper regarding the commitment included within the LongTerm Plan to include MH into NHS 111 by 1 April 2024.

The paper noted the need to sustain and enhance 24/7 open access, free phone urgent mental health helplines for all ages, moving to ensure these services are accessible via NHS 111, including the aim for a public offer in all areas to any member of the public to 'dial NHS 111 and select the mental health option.

To realise this ambition ICBs are mandated to develop a 111 telephone service to support people with a mental health issue. This will bring parity of access to services with those using 111 for support with a physical health issue and improve the patient experience by ensuring that MH callers will be able to self-select through to trained mental health professionals as quickly as possible without having to go through the standard menu of algorithmic questions which are not designed to support MH issues. As per LTP ambition and further solidified in the UEC Recovery Plan - comprehensive crisis pathways MUST be developed to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS 111, by 1st April 2024.

Funding for the development of this service has already been approved by the ICB and MHLDA Board.

The Committee approved the funding request and noted that a paper to Board will follow.

Estates and Capital

<u>M8 Capital and Estates Report</u> – The Associate Director of Estates provided an update on capital and revenue projects currently in progress and on track to deliver as planned.

<u>Project Chrysalis</u> -The paper informed the Committee that following commissioning and connection of ward 1 back to the main hospitals domestic hot water system water temperatures across the site began to decrease. Due to the decrease the building contractor was unable to safely commission the water systems, and formal handback to the Trust has been delayed by a minimum of 4-6 weeks.

The committee were informed that the Trust have escalated this to senior directors within THL and the parent company Semperian who are now working with their contractors to find a solution.

The Committee noted the update.

<u>Harplands Hospital PFI update</u> – The Committee were informed that the Trusts external PFI advisors had identified a number of significant concerns around both THL and their FM Contractors performance, and in particular Fire Door maintenance, Lift maintenance and accurate reporting of Planned Preventative Maintenance. As a consequence, the Trust has been able to challenge contract performance through a number of formal meetings with THL and these continue to progress.

Fire Door maintenance is a significant concern as the Trust the Trust identified numerous fire doors were non-compliant with Fire Safety Legislation and has held urgent meetings with THL. This has resulted in the commencing a programme of Fire Door repairs and replacements.

The Trust believed that a significant number of fire doors which are either beyond their economic life or are in such a poor condition that they are non-compliant and require replacing.

In early January 2024 the Trust are intending to serve a significant number of Unavailability Notices in respect of non-compliant fire doors. However, it was noted that the contract is extremely complicated and the process of serving Unavailability Notices is convoluted and involves serving individual notices for each failure on a daily basis (7 days a week) for a period of up to a month.

The Committee noted content of this report and agreed that the Trust should inform the Fire Service of the issues it has with fire doors at the Harplands and to record as a separate risk on the Trusts Risk Register.

<u>Water Temperature issues at Harplands Hospital</u> – the paper informed the Committee that the Trust continues to work with THL and Serco in monitoring and managing the hot water temperature issues identified within Harplands Hospital. Ward 4 continues to be monitored daily and all other areas are now monitored weekly as agreed with the Trust Water Safety Group.

The Committee noted the ongoing work currently being undertaken by the Trust and its PFI partners to resolve the current issue of low water temperatures across the Harplands site.

Digital

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:

- Lorenzo/HALO/ICR Integration Due to the Service provision changes, the Substance Misuse service are investigating the possibility of moving activity recording to Lorenzo.
- Patient Monitoring (Oxehealth) Infrastructure works now completed. Issues were identified during testing with the location of some of the equipment which was relocated

on the 16th December. Ward 6 is now live and working with Oxehealth to resolve some configuration issues once these are addressed a date for the PICU go live will be developed.

- ORBIS Draft investment cases have been submitted for NHS England for review. The Trust is working with the UHNM Procurement Team and Brown Jacobson to confirm that the Trust can procure the Orbis upgrade implementation through the existing contract. A meeting is scheduled for the 8th January with the UHNM Procurement Team and Brown Jacobson to review the feedback received.
- Text Messaging The pilot with Greenfield has gone well and the project has now been rolled out to include Sutherland, Lymebrook and Ashcombe. Next steps are to complete all outpatient clinics.
- Reasonable Adjustments Dedalus have provided a demonstration of a possible solution within Lorenzo which feeds from NCRS.
- Artificial Intelligence An initial meeting has been held and plans have been made to progress with the project, it is anticipated that funding will become available in February 2024

Governance Items

Risk Register

The Committee received the risk report and supported a wording and risk owner amendment to risk 868 which has been moved from PCDC to F&R Committee.

The Committee received the risk report which describes the risks contained within the Trust risk register which fall under the portfolio of the Finance and Resource Committee with a residual score of 12 and above.

The Committee supported a reduction in the level of the CIP risk (1870) from a residual level of 16 down to 12 on the rationale of an improving CIP performance. The Committee also approved additional wording incorporated into Risk 868 to reflect financial implications for the Trust both in terms of expenditure and exceeding the Agency cap.

There are no new risks and no closures.

AOB

There were no items of AOB

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



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REPORT TO PUBLIC TRUST BOARD

			-				
Date of Meeting:	11 th January 2024						
Title of Report:	People, Culture and Development Con	People, Culture and Development Committee Summary					
	Report						
Presented by:	Janet Dawson, Vice Chair, Chair of the People, Culture &						
	Development Committee						
Author:	Janet Dawson, Vice Chair, Chair of the	e People, Culture 8	k				
	Development Committee						
Executive Lead Name:	Paul Draycott, Chief People Officer	Approved by	\mathbf{X}				
		Exec					

Purpose of	the	report:						
Approval		Information		Consider for Action		Assurance	\boxtimes	
Executive S	umm	ary:						
The attached assurance report describes the business and outputs from the meeting of the People Culture and Development Committee which took place on 4th December 2023.								
Seen at:			SLT	Exec]		Document Version No.
Committee A	Appr	oval / Review	•	Audit Com People, C	Res mitte ulture	ource Commit	ent C	
Strategic Pri (please indicate		es	2	high-quali need for s 2. Access - our service time, and 3. Preventio integrated	ty pre econ We v es wi the p n - T serv	eventative serv dary care ⊠ vill ensure that Il be able to ch lace in which t o will continue	ices eve loose hey to g	ting in providing that reduce the rybody who needs e the way, the access them ⊠ prow high-quality, in innovative and
BAF / Risk / Risk Register F		l implications: ence	2 3 4 Any Links	effective s We will att O We will ac models of We will ind through su Risk/legal im s to Trust risk	ervic ract, tively work creas ustain plica	develop and r v promote partr se our efficienc nable developn tions: (please r pund delivery o	etain nersl y an nent refere f rec	n the best people hip and integrated d effectiveness ⊠ ence if any <u>)</u>
Sustainabilit	y:		-	. Reduce th	e en	vironmental im Staffordshire ar	pact	of health and







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	 3. Share learning and b None highlighted Not applicable The Committee plays a s assurance related to Dive 	affordshire and Stoke on Trent est practice ignificant role in actions and ersity and Inclusion and the ctor Equality Duty under the uires the Trust to: scrimination opportunity		
ICS Alignment / Implications:	The Trust continues to lead on a number of system wide people programmes including leadership, Diversity and Inclusion and H&W initiatives. A significant proportion of the Trust's OD provision is utilised across the system. Trust and system plans moving forward will require sustainable resourcing funding streams.			
Recommendations:	Receive for assurance purposes and ratify policy highlighted			
Version	Name/group	Date issued		
1.0	PCDC	2.1.2024		







<u>Trust Board Assurance Report from the People, Culture and Development</u> <u>Committee meeting held on 4th December 2023</u>

1. Introduction

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

2. <u>ALERT</u>

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

NHS Industrial action update

- The most recent rounds of Industrial Action for Junior Doctors and Consultant staff took place during September and October and covered 13 days. Following this action the British Medical Associate (BMA) have advised there is a pause in such action, whilst negotiations continue at a national level.
- The Trust is not aware of any immediate planned industrial action. Further updates will be provided in due course.

Occupational Health

- The Committee was informed previously (July and September), of the Optima Health audit conducted in May, which highlighted approximately 500 staff not immunised for Hep B; and MMR compliance flagged nationally as a concern for NHS staff following increased numbers of measles cases across the country.
- Steps have been taken to clarify and resolve the situation. Optima Health have completed their manual review and have forwarded names, professions and teams of all clinical staff requiring Hep B and MMR vaccinations.
- Each staff member identified will be advised by letter of their contractual obligation of Hep B, Health and Safety impact for staff, families and service users.
- A process has been developed and set up with Optima for people to send in their vaccination records if they have completed and if not, instruction on how to book an appointment. The impact will be evaluated monthly and the Committee updated on progress.
- There exists some challenges with Optima Health in relation to agreement of a PEP pathway. Trusts don't feel Optima is providing the service initially agreed to. The ICS will request Contracting support to review the detail and advising us of next steps.

Wagestream

- Risk assessment completed by the Deputy Chief Information Officer advising the Trust exec team. The Trust have agreed to support the continued use of Wagestream.

Staff Survey



The annual Staff Survey closed with a 67% response rate, slightly down from 2022. Initial results will be available early in the New Year with full publication in March 2024.

3. ADVISE

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

People Plan

- In June 2023 after extensive engagement and development the Board agreed the latest iteration of our Combined People Plan. This set an ambitious programme of activity to achieve our desired outcomes over the next 5 years.
- The Committee was presented with an outline reporting process for the activity providing visibility to Board of activity and achievements. It was noted that this is a proposed initial approach for discussion and refinement.

Education and Development

- The Annual staff recognition "REACH Awards" took place on 15 November 2023 at Keele Hall. Over 200 people were involved and for the first time all costs were covered by sponsorship. A review is underway to explore how the event can be further improved.
- Leadership Awards took place in November. Combined were finalists for the Employee Wellbeing award and the OD Team, winners in the "Leadership Excellence Award for Organisations" for our Coaching Programme implementation and outcomes. The Leadership Awards are multi-sectoral with Combined beating Samsung and Autistic Nottingham to win the in this Leadership Excellence category.
- Combined had two winners in the Keele University Health and Care Partnerships Awards, Lincoln Gombedza winner of the 'Keele Alumni Achievement' category for his career progress and achievements to date since graduation and the Trust, winner of the 'Exemplary Educator' category for our work in Medical Education.
- The review of all Statutory and Mandatory education is complete. Full report to Exec's on current position and recommendations for agreement.
- Three teams of 6 drawn from the High Potential Scheme (HPS) were taken to the West Midlands Employers Tri-Sector Challenge on 28th September 2023. All 3 teams were shortlisted in one of the judging categories and Ashleigh Shatford from SSOT ICB won the 'Shining Star' award.
- Third HPS 3rd participant workshops took place on 16th October virtually.
- Planning commenced for second round of HPS placement panels to take place February 2024.
- The Trust has invested in a new digital platform where we can start to use the Metaspace for virtual events and learning. The intention is to host numerous learning and development events and to strengthen our widening participation careers offer. This will be done in collaboration with ICB colleagues to ensure best utilisation across the system. The first system careers event utilising the new digital platform will take place in February 2024.
- System Leadership Alumni, the third series of virtual leadership alumni events is planned for 28th November 2023. Steve Head, worldwide presenter and coach to the England Wheelchair Rugby League talked about how organisations can get the best out of their people. 35 have booked to attend.



- NSCH's Leadership Academy continues to run bi-monthly events with the November 2023 session focussed around Patient Safety. Patient Safety lead Craig Stone, shared key information and provided the opportunity to work through a practical example utilising the new patient safety incident response framework (PSIRF). The Framework changes the way patient safety incidents are viewed and reviewed within the Trust with the aim of all involved becoming more learning focused.
- Two modules of the new Foundations in Leadership & Management Programme have been delivered. Launched in June 2023, feedback has been extremely positive with a second cohort launched in November 2023.
- Widening Participation current work streams include Apprenticeships, Princes Trust, work experience, and careers sessions at local schools and colleges in collaboration with the system projects.
- A second Prince's Trust event held successfully placed candidates in healthcare support worker roles. The Trust currently has 99 live apprenticeships, 19 new starts since August, and potential expansion into AHP and social work roles.
- The Student Placement Collated Report was presented to Committee emphasising the Trust's commitment to nursing, mental health and learning disabilities. The main partners identified for student placements are Keele and Staffordshire University, with additional apprenticeship students from the University of Derby.
- There is a 6.7% increase in placement days, addressing disruptions caused by COVID. Challenges included the loss of services impacting placement hours and staffing changes affecting clinical areas. Positive changes were noted in recruitment processes, preceptorship programs, and a shift in funding for training nursing associates.
- The Just Restorative Learning Culture and Civility steering group commenced and monthly meetings are in place. Gap analysis currently underway to identify actions and priorities for 3 year transformation programme. Committee will be kept updated on progress.

Inclusion

- Black History Month celebrations included a Show Racism the Red Card event on 20th October with invited guests and speakers including Dame Elizabeth Anionwu, Dr Buki Adeyemo and the Mayor of Stoke.
- The event also launched our 'See me first badges' seeing over 150 people engaging within the first 3 weeks.
- Baroness Fleolla Benjamin delivered an online session on 30 October with over 100 people attending.
- Disability History Month was launched with Paralympics Gold medallist Aaron Phipps who shared his story.
- ICS Positive Action Inclusion Programmes continue as detailed:
 - 2 Trust senior leaders and 2 staff members (TBC) have signed up to take part in the Reciprocal Mentoring programme due to commence on 27th November.
 - Ben Richards has signed up as Trust Exec Sponsor for the WRES Champions programme. 2 Trust colleagues will be embarking on the 5-day WRES Champions development programme also due to commence 27th November.

Health and well-being

- The Committee were informed of the establishment of a men's group and plans to create a women's group, beyond a focus on menopause and emphasizing the importance of addressing diverse well-being needs.

 The Well-being Ambassadors program has gained traction through structured face-to-face inductions and a self-awareness week. It is having a positive impact, providing a forum for diverse ideas from different backgrounds as well as being a supportive network.

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- Various activities were offered at an off-site well-being day including tapping therapy, yoga, and anxiety-releasing therapies. The day received favourable comments, and plans are in place to continue similar initiatives.

4. ASSURE

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

Diversity & Inclusion Update

Diversity and Inclusion Annual Report 2023

- The Committee was advised of the Trusts activity, achievements and ambitions on Diversity and Inclusion (D&I) and how we have delivered against our key responsibilities and obligations for the period 2022-23 as set out in the D&I report.
- D&I continues to be a core priority for the Trust with Outstanding performance delivered in comparison to our NHS and private sector peers.
- There is evidence that our D&I programme is having an impact and gaining traction as revealed in our improving equality data and staff survey results (2022), as well as in our previously reported WRES and WDES performance
- Progress and improvement continues in workforce and service user representation, specifically in relation to diverse ethnicities for both groups, and amongst staff declaring disabilities and LGB identity.
- It is acknowledged that considerable under-representation and under-declaration remains an issue to addressed. It is anticipated the EDI dashboard will support the Trust in making step changes with regards these issues in 2024.
- The work undertaken by clinicians to engage with our local communities, identifying
- and planning to address health inequalities has been an exciting development through 2022-23 and the Trust looks forward to seeing and building on the impacts of this work in 23-24 and beyond.
- The significant room for improvement that remains is not underestimated and the Trust is committed to pushing the boundaries on what it means to deliver Outstanding Inclusion for our service users and workforce.
- Updated Diversity and Inclusion Strategy and associated action plans for the next five years are in development for publication in the new year.

Dear Buki, Freedom To Speak Up Guardian & Being Open

- Dear Buki received 10 communications; seven anonymous and three staff-identifiable. A range of topics were covered with a theme around staff well-being. No specific correlation was noted with freedom to speak up or grievances.
- Freedom to Speak Up received 26 concerns, the highest number from Acute and Urgent Care and the Community Directorate. Main themes were around inappropriate behaviors, line management issues and work demands. 14 cases remain open and 12 cases closed.
- Being Open received six grievances with primary themes related to attitudes or behaviors. Three from specialist, two from Acute Care, and one from the Community Directorate.

Turnover and Retention

- The report presented covered the period November 2022 to October 2023 inclusive and provided analysis of the Trusts turnover levels, benchmarking against regional and national turnover levels. Turnover was broken down by Directorate, professional group and reasons for leaving.

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- A number of recommendations are made in relation to the findings.
- During the report period, 260 substantive staff left the Trust, comprising of 196 clinical staff and 64 non-clinical staff; this is representative of the mitigated turnover position of 13.34% of substantive employees within the rolling 12 month period to October 2023.
- North Staffordshire Combined Healthcare Trust has previously performed more favourably when benchmarked against regional and national workforce turnover data, however the last three months shows that the Trust now has a higher turnover rate than both the regional and national benchmarking groups.
- Throughout the period workforce turnover was highest in the Specialist Services, Directorate and Community Mental Health Directorate.
- The top three reasons on ESR for workforce turnover during the period under review, were (1) work life balance, (2) retirement age, (3) promotion.
- Exit interviews report that the main reasons for workforce turnover during the period under review were work life balance and promotion.

Fit & Proper Persons Test - Revised Standards

- The presented paper outlined the main changes to the Fit and Proper Person Test (FPPT) Framework, published by NHSE in August 2023 which became effective from 30th September 2023. It highlights responsibilities and next steps for implementation.
- The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The Framework will help Board members build a portfolio to support and provide assurance they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.
- In issuing and implementing the new FPPT Framework, a number of next steps have been identified by NHSE. These need to be considered within the Trust and assurance provided that NSCHT is in line with and able to discharge required duties under the new Framework.

Workforce Plan update

- This Committee was provided with an overview of the key elements of the Long Term Workforce Plan and our initial Trust response.
- It was noted that the plan will require extensive detailed work-up at national and system level and whilst there is already good progress in some areas of the Trust there are gaps which will bring both opportunities and challenges.
- At Trust level we are integrating the appropriate aspects of the national plan into the Combined People Plan and this will be reported through to PCDC as part of the regular reporting cycle.

Communication Highlight Report

- The report was presented to provide assurance on the main elements of implementing the existing agreed Trust strategy for Comms and Engagement and advise of the development of a new plan, available in draft from 2024.

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IQPR: Highlights: M7

- Complaints Open Beyond Agreed Timescale (Not Met). There are 3 outstanding complaint response.
- Safe Staffing there was an overall staffing fill rate of 99.7% in M7.
- Staff Turnover (Not Met). Performance is consistently above the 10% threshold and is currently at 13.3%.
- Agency Spend (Not Met). Agency spend rate is 5.4%.
- Sickness Absence Performance is at 5.13% and is not meeting the required standard.
- Clinical Supervision (Not Met). Performance is at 84% and is not meeting the required standard.
- Statutory & Mandatory Training Met. Performance is at 89%.
- Appraisal performance is 86% during M4 and is above standard.
- Sickness absence position for M4 was not available for PCDC, however, M3 confirms a position of 4.85% which is above standard.
- Statutory and mandatory training performance is 91% during M4 with all directorates achieving the required standard.
- Clinical supervision performance has increased to 86% during M4.

Exceptions

- Vacancy Rate (Not Met). The vacancy rate is at 12.8%. A special cause variation remains in place.
- Appraisal Not Met Performance has dipped to 84% and is not meeting the required standard.

Supplementary People metrics summary

- Health & Wellbeing compliance against the Trust's 12m rolling sickness absence target of 4.95% was not achieved for the 3rd consecutive month with a reportable sickness absence rate of 5.13% (at the time of writing this update). Mental Wellbeing related sickness (anxiety/stress/depression) absence continues to be the highest reason for sickness absence within the Trust. The Trust's H&W offer continues to be developed and communicated
- Time to hire for Q2 is at 54.2 working days, which is an improvement of 2.3 days from Q1. Performance remains within our target KPI of 60 working days.
- Formal Employee Relations Activity has significantly reduced. however, there remains significant levels of safeguarding/triaging activity.
- Policy development/review remains an ongoing challenge due to team capacity all policies remain legally compliant.
- "Monthly Supporting Attendance Supervisor Surgeries (SASS)" sessions with Line Managers across the Directorates to review sickness cases are being prioritised in areas of high or increased absence.

BAF

 The Committee was presented with the proposed Board Assurance Framework (BAF) Quarter 2 update for People, Culture & Development Committee for further discussion and assurance.

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- The Committee was advised that a full version of the BAF was presented to Trust Board in November.
- The Committee was advised there were no score changes for Q2 from quarter 1 BAF.

Risks

- No new risks
- The Committee approved a request to transfer ownership of existing PCDC risk (868) associated with agency concerns impacting workforce, quality, and finance from the Chief People to the Chief Operating Officer.
- Acknowledging the significance of this risk, discussions were held in the Senior Leadership Team (SLT) meeting prior to taking the proposal to Committee.
- There was an additional request to move this risk to the primary Committee of Finance and Resource with acknowledgement of the importance of all aspects (people, quality, and finance).

Fraud Prevention Notice

- The Committee was provided with an update on fraud prevention measures, specifically addressing the impersonation of medical professionals.
- This included highlighting the focus on ensuring full ID checks for all staff, particularly agency personnel, when they attend on-site. The assurance process involves checks through agencies and additional separate checks for all agency staff, regardless of their profession.

Policy approval

- The following policies previously reviewed by SLT have been approved by Committee for 3 years
 - o 3.19 Retirement Procedure
 - o 3.12 Inclusion at Work
 - o 3.23 Supporting Staff to Improve Performance Policy
 - o 3.37 On Call Policy
 - 7.06 Social Media Policy
 - 3.11 Supporting Attendance At Work Policy

Next meeting: 26th February 2024 at 09.30 via MS Teams

Committee Chair: Janet Dawson, Vice Chair, Chair of the People, Culture & Development Committee

REPORT END

Keele UNIVERSITY TEACHING TRUST North Staffordshire Combined Healthcare NHS Trust

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REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024					
Title of Report:	Charitable Funds Committee Assurance Report					
Presented by:	Russell Andrews, Non-Executive Director					
Author:	Lisa Wilkinson, Corporate Governance Manager					
Executive Lead Name:	Paul Draycott, Chief People Officer	Approved by	\boxtimes			
		Exec				

Purpose of	the	report:						
Approval		Information	\boxtimes	Consider		Assurance	\boxtimes	
				for Action				
Executive S	umn	iary.						
		sked to receive t meeting held on						nittee Assurance
Report nom	uic		uie	14 December	202)	20 accounts.
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Sustainabilit	y:			social care 2. Build a net champions	e in S worł s acr	Staffordshire ar	nd S d su ire a	and Stoke on Trent





Resource Implications:	N/A				
Funding Source:	N/A				
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on t part of the completion of this	the protected characteristics as report.			
ICS Alignment / Implications:	N/A				
Recommendations:	That the Board receive the Extra-ordinary Charitable Funds Committee Assurance report.				
Version	Name/group	Date issued			







Assurance Report of the Extra-ordinary Charitable Funds Committee held on 14th December 2023

Charitable Funds Accounts and Annual Report 2022/23

The Committee received an update on 2022/23 income which was £7k, expenditure was nearly £16k resulting in a deficit of just under £9k. The Committee approved the accounts which will be presented to Corporate Trustees on the 11th January 2024. The Chief Finance Officer advised the Trust were due to receive a legacy payment, amount to be confirmed, a meeting is due to take place with the family to discuss what the legacy will be spent on as there were restrictions on the legacy for them to spent at the Harplands Hospital site only.

Charity Strategy / Future arrangements- Update from meeting with UHNM

The Chief People Officer met recently with Lisa Thomson, Director of Communication at University Hospital of North Midlands (UHNM). It was agreed that UHNM would take control of administering the Charity in the short to medium term. In the longer term the Charity would be handed back to the trust to run when there was enough money in the fund to sustain it. UHNM are developing a proposal which will be shared and discussed with the Committee.

The Committee discussed which Executive portfolio Charitable Funds would sit within in the future, options being Governance / Chief People Officer or Nursing and Quality, Chief Nursing Officer. This will be discussed further and agreed at the next Committee meeting.

On behalf of the Non-Executive, Russell Andrews 31st December 2023



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REPORT TO PUBLIC TRUST BOARD

Date of Meeting:	11 th January 2024				
Title of Report:	Fit and Proper Persons Test- Framework and				
	Implementation.				
Presented by:	Paul Draycott- Chief People Officer				
Author:	Nicky Griffiths- Deputy Chief Strategy Officer				
Executive Lead Name:	Lead Name: Paul Draycott- Chief People Officer Approved by				
		Exec			

Purpose of	the	report:						
Approval		Information	\boxtimes	Consider for Action		Assurance	\boxtimes	
Executive St	umm	nary:	11		<u> </u>		I	
This paper s Framework, September 2 The aim of s NHS organis and provide members wi In issuing ar identified by	Executive Summary: This paper seeks to outline the main changes to the Fit and Proper Person Test (FPPT) Framework, published by NHSE in August 2023 which becomes effective from 30th September 2023, as well as highlighting responsibilities and next steps for implementation. The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The Framework will help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations. In issuing and implementing the new FPPT Framework, a number of next steps have been identified by NHSE. These need to be considered within the Trust and assurance provided that NSCHT is in line with and able to discharge required duties under the new Framework.							
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	 4. We will increase our efficiency and effectiveness through sustainable development ⊠ Any Risk/legal implications: (please reference if any) 			
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ⊠ Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent □ Share learning and best practice ⊠ 			
Resource Implications:	N/A			
Funding Source:				
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.			
ICS Alignment / Implications:	NSCHT approach to implementing FPPT framework is aligned to ICS system partners as part of the Trusts membership within the ICS Governance and Risk ICS Group.			
Recommendations:	 Trust Board is asked to note: The Framework is effective from 30th Septembe 2023 and all NHS boards should ensure the implementation of the Framework's requirements from that date. Historic data collection is not required but NHS organisations should apply the Framework for new board level appointments, promotions and for annual assessments going forward. 			
Version	Name/group Date issued			
	<u> </u>			







	REPOR	T TO SLT				
		PPT) – Framework and Implem	entation			
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	\boxtimes	Sustainability We will increase our efficiency and effectiveness through sustainable development				
Introduction						
NHS England (NHSE) has drafted a <i>Fit and Proper Person Test</i> (FPPT) Framework and associated guidance documents for implementation by NHS commissioners and providers and relevant arm's length bodies (ALB's)- at this stage- the CQC and NHS England (NHSE) itself. This framework covers four of the agreed <i>Kark Recommendations (2019)</i> and is for Board members only as per the NHSE definition within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) ; i.e. Executive Directors (irrespective of voting rights), Non-executive Directors (irrespective of voting rights), Non-executive Directors (irrespective of voting rights), interim (all contractual forms) appointments and those individuals called 'directors'. The purpose of the new FPPT Framework is to strengthen and reinforce individual accountability and transparency for Board members and as such enhancing the quality of leadership within the NHS and is designed to assess the appropriateness of an individual to effectively discharge their duties in their capacity of Board member.						
Purpose of the Report (Executive	Summary)					
This paper seeks to outline the main changes to the Fit and Proper Person Test (FPPT) Framework, published by NHSE in August 2023 which becomes effective from 30th September 2023, as well as highlighting responsibilities and next steps for implementation. The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The Framework will help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board						
members will be prevented from moving between NHS organisations.						
In issuing and implementing the new FPPT Framework, a number of next steps have been identified by NHSE. These need to be considered within the Trust and assurance provided that NSCHT is in line with and able to discharge required duties under the new Framework.						
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Key Recommendations to Consider

The Framework should be read in conjunction with the NHS Constitution, NHS People Plan (2020/21), People Promise (2021) and forthcoming NHS Leadership Competency Framework.

It should be noted that a new NHS Leadership Competency Framework for all Board Level roles is yet to be issued and this is to be implemented by 31st March 2024. This will help to inform the fitness assessment as well as supporting the development of leaders.

It should be noted that the scope of the framework may be expanded in future to include those with a 'significant influence' such as deputy directors, clinical leaders.

This Framework supports transparency and should be the start of an ongoing dialogue between board members about probity and values. It should be seen as a core element of a broader programme of board development, effective appraisals and values-based (as well as competency-based) appointments – all which are part of the good practice required to build a 'healthy' board.

Background

The new framework considers the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The Care Quality Commission identified requirements within Fit and Proper Person Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The new FPPT Framework takes these requirements in account but also builds upon the seven recommendations made by the Kark Review (2019) (Table 1).

Table 1: Kark Review Recommendations

	Recommendations	Secretary of State response
1	All directors should meet specified standards of competence to sit on the board of any health-providing organisation. Where necessary, training should be available.	Accepted
2	That a central database of directors should be created to hold relevant information about qualifications and history.	Accepted
3	A mandatory reference requirement for each director should be introduced.	Accepted
4	The FPPT should be extended to all commissioners and other appropriate arm's length bodies.	Accepted
5	The power to disbar for serious misconduct.	Not accepted
6	Remove the words 'privy to' from regulation.	Accepted
7	Examine how FPPT works in social care.	Not accepted





Recommendations

- NSCHT Governance Team will lead a review against the requirements of the new FPPT Framework and through a gap analysis, revise any current governance structures /processes/ policies in place currently within the organisation to assure the Board
 - That systems are in place to make the assessments.
 - That the results of FPPT and annual self-attestations will be retained
 - That details on ESR will be accurately maintained.
 - That references/pre-employment checks and FPTT tests will be undertaken for each board member.
 - That should there be any concerns about FPPT, these will be documented on the annual FPPT submission form and measures taken to address these.
- Following discussion at SLT this paper will go onwards to Trust Committees and Board
- A further update as to progress will be given to People Culture and Development Committee in December and Trust Board in January 2024

Summary

The new FPPT Framework continues to be applicable for all board members and is required to be carried out for each individual member on an annual basis.

Whilst NSCHT Board members had previously been subject to regulation, the new framework has been broadened and will now also include NHS Commissioners and relevant arms-length bodies.

The FPPT Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member and has been designed to be fair and proportionate with the intention to avoid unnecessary bureaucratic burden on NHS organisations.

In summary, the main changes are highlighted below:

- Ultimate accountability for adherence to the framework and overall assessment sits with the Chair.
- The process expands on checks required for new starters, those with a change in role and an annual declaration process.
- New role of ESR in recording the outcome of checks.
- New annual submission to NHS England Regional Director.
- New requirement for Board member references for leavers via standardised template.





Overall elements remain similar in terms of

- assessing if board members are of good character, their qualifications, competence, skills and experience and financial soundness.
- information in relation to discontinued investigations to be considered.
- FPPT checks to be undertaken in addition to standard pre-employment checks.

The Care Quality Commission (CQC) will continue to assess the processes in place for FPPT and adherence to the requirements.

As such, as part of the Well Led reviews, the CQC will consider the:

- quality of processes and controls supporting the FPPT
- quality of individual FPPT assessments
- board member references, both in relation to the new employing NHS organisation but also in relation to the NHS organisation which wrote the reference.
- collation and quality of data within the database and local FPPT records.

Next Steps (including timeframes)

- Updates to SLT November 2023, Committees in December 2023, and Trust Board in January 2024.
- Pilot of new FPPT framework under way currently against reference requests coming into the Trust from October 2023.
- Revised process and new documents/amendments to policy available from January 2024.
- It is expected the first FPPT reviews and annual submission is to be completed by 31 March 2024.
- Thereafter, it is expected that the appraisal and FPPT assessment will be aligned.
- It should be noted that some of the target dates may need to be refined as further guidance is published.
- It is expected that the framework will be reviewed after 18 months of implementation.



Keele Kust North Staffordshire Combined Healthcare

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REPORT TO PUBLIC TRUST BOARD

 Date of Meeting:
 11th January 2024

 Title of Report:
 Confirmation of Agreed Funding for NHS 111 Implementation of NHS 111 – Option 2 Mental Health provision.

 Presented by:
 Ben Richard – Chief Operating Officer

 Author:
 Donna Cantrell – Associate Director

 Executive Lead Name:
 Ben Richards – Chief Operating Officer

Purpose of the report:

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Approval		Information		Consider for Action		Assurance	\boxtimes	
Executive S	umm	nary:						
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The Long-Term Plan originally set out an ambition to have 'comprehensive crisis pathways to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS111, by 2023/24.' However, this ambition was updated in the 2022/23 delivery plan to 'Sustaining and enhancing 24/7 open access, free phone urgent mental health helplines for all ages, now moving to ensure these services are accessible via NHS 111, including the aim for a public offer in all areas to any member of the public to 'dial NHS 111 and select the mental health option'.

As per LTP ambition and further solidified in the UEC Recovery Plan - comprehensive crisis pathways MUST be developed to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS 111, by 1st April 2024.

via N⊓S 111, by 1° April 2024.	
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 Priorities (please indicate)	 Growth - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care Access - We will ensure that everybody who needs our services will be able to choose the way, the time, and the place in which they access them Prevention - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.
BAF / Risk / legal implications: Risk Register Reference	 We will provide the highest quality, safe and effective services ⊠ We will attract, develop and retain the best people ⊠ We will actively promote partnership and integrated models of working ⊠ We will increase our efficiency and effectiveness through sustainable development ⊠





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	Any Risk/legal implications: (please reference if any)				
Sustainability:	 Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent Share learning and best practice 					
Resource Implications: Funding Source:	 Additional workforce will be required to support, which is detailed within a separate paper. Workforce has been forecast using an assumed 20% call uplift. (Call numbers/ 24/7 patterns/ duration data for MH NHS 111 calls are unknown for our region therefore the Trust and Brighter Futures call data has been utilised as a proxy). There will be requirement to review the delivery model, workforce provision, telephony system and funding at intervals post implementation to ensure forecasts align to actual delivery. 					
	The funding has been agreed by the ICB and at the MHLDA Board and the full amount requested as detailed above will be funded from the MHIS recurrently.					
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:	To realise this ambition ICBs are mandated to develop a 111 telephone service to support people with a mental health issue. This will bring parity of access to services with those using 111 for support with a physical health issue and improve the patient experience by ensuring tha MH callers will be able to self-select through to trained mental health professionals as quickly as possible withou having to go through the standard menu of algorithmic questions which are not designed to support MH issues.					
Recommendations:	 Initial paper presented to SLT on 12.6.23 Options appraisal was approved and signed off by Ben Richards on 13.6.2023 Funding has been agreed by the ICB and MHLDA Board and will be provided recurrently from the MHIS. Workforce requirements paper has been agreed by Execs. Paper received at Finance and Resource Committee 4.1.24 					
Version	Name/group	Date issued				
	Trust Board	28.12.23				







BU					4.4	NHS Trust
BU	SINESS CASE (Confirmtion	of Agreed Funding f	for NHS 11	11	
Quality We will provide the highest safe and effective servi	quality,	\boxtimes	People We will attract, deve retain the best pe	lop and		\boxtimes
Check appropriate	objective(s)					
Partnership We will actively promote pa and integrated models of v	rtnership	\boxtimes	Sustainab We will increase our and effectiveness t sustainable develo	efficiency hrough	80	
Scheme Title	Implementation	n of NHS 11	1 – Option 2 Mental H	ealth provi	ision	
Directorate	Acute & Urgen	t Care Direc	torate			
Lead Managers	Donna Cantrel	l				
Links to Trust Strategy	Prevention / Partnerships (7) – to embed MH Service in NHS 111					
Summary	 The Long Term Plan originally set out an ambition to have 'comprehensive crisis pathways to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS111, by 2023/24.' However this ambition was updated in the 2022/23 delivery plan to 'Sustaining and enhancing 24/7 open access, free phone urgent mental health helplines for all ages, now moving to ensure these services are accessible via NHS 111, including the aim for a public offer in all areas to any member of the public to 'dial NHS 111 and select the mental health option'. To realise this ambition ICBs are mandated to develop a 111 telephone service to support people with a mental health issue. This will bring parity of access to services with those using 111 for support with a physical health issue and improve the patient experience by ensuring that MH callers will be able to self-select through to trained mental health professionals as quickly as possible without having to go through the standard menu of algorithmic questions which are not designed to support MH issues. As per LTP ambition and further solidified in the UEC Recovery Plan - comprehensive crisis pathways MUST be developed to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS 111, by 1st April 2024. Notwithstanding the hard-set deadline of April 2024, NHSE is now asking all systems to softlaunch their MH IVRs everywhere, with no exceptions, by 1st December 2023 (This has been delayed by NHSE – awaiting a new imminent date). It is expected that all systems will only utilise NHS 111 as a main point of access for crisis care. Freephone numbers can run in parallel for some time whilst we are mobilising the MH IVR locally. 					
Planned implementation date	December 202	3 has been	ate of 1 st April 2024. T postponed due to NHS vaiting an imminent sta	SE awaiting		







Financial Assessment	As outlined in the Options Appraisal, adoption of the recommended option would require investment of approx. £1.4m in 23/24and a similar sum in 24/25 for a system proivision for NSCHT and MPFT
	NSCHT requested, and full amount agreed (as below)
	NSCHT:
	Full 23/24 24/25 25/28 Year Effect
	Total £682,000 £655,000 £655,000
Source of Funding	The funding has been agreed by the ICB and at the MHLDA Board and the full amount requested as detailed above will be funded from the MHIS recurrently.
Workforce Impact	 Additional workforce will be required to support, which is detailed within a separate paper. Workforce has been forecast using an assumed 20% call uplift. (Call numbers/ 24/7 patterns/ duration data for MH NHS 111 calls are unknown for our region therefore the Trust and Brighter Futures call data has been utilised as a proxy). There will be requirement to review the delivery model, workforce provision, telephony system and funding at intervals postimplementation to ensure forecasts align to actual delivery.
Activity Impact	Appropriate data has not yet beed received by Vocare, however we have been asked to apply a 20% increase in activity to our current demand profile. The real activity increase will be monitored once we soft lauch.
Procurement Impact	
Informatics Impact	Systems have been involved within the project delivery group and all aspects have been delivered to ensure we are operational wilth the changes in readiness for the soift ;launch and national launch on 1 st April 2024.
Estates and Facilities Impact	None currently







Risks and Mitigations	Fully discussed within the attached documents
Summary and Recommendations	 Initial paper presented to SLT on 12.6.23 Options appraisal was approved and signed off by Ben Richards on 13.6.2023 Funding has been agreed by the ICB and MHLDA Board and will be provided recurrently from the MHIS. Workforce requirements paper has been agreed by Execs.

Approvals			
Group (as relevant)	Date		
Execs Proof of Concept			
Directorate Management Team			
Senior Leadership Team			
Relevant Committee			
Trust Board			
Internal approvals [<i>by email confirmation embedded in document</i>] required before going to SLT.			
Workforce	Deputy Director of People, OD and Inclusion		
Infection Prevention and Control	Consultant Nurse		
Estates & Facilities	Head of Estates		
Informatics / Digital	Chief Information Officer		
Finances	Assistant Director of Finance		
Procurement	Deputy Director of Finance		



