NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST
HYBRID BOARD MEETING HELD IN PUBLIC
THURSDAY 11TH APRIL 2024, 10.00AM IN THE BOARDROOM, LAWTON HOUSE & VIA MS TEAMS

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P69/24	Welcome and Apologies for Absence – **Joe McCrea**	Janet Dawson	**Note**	
2	1002	P70/24	Declarations of Interests – and changes to be notified	Janet Dawson	**Note**	
3	1003	P71/24	Minutes of the Previous Meeting held on 14th March 2024	Janet Dawson	**Approval**	**Enc. 1**
4	1005	P72/24	• Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda	Janet Dawson	**Note**	**Enc. 2**
5	1010	P73/24	Patient Story – **Caroline's Story**	Kenny Laing	**Note**	**Video**
6	1025	P74/24	REACH Recognition Individual Award **– Becky Jones, Ward 4 Manager Acute and Urgent Care**	Dr Adeyemo	**Note**	**Verbal**
7	1035	P75/24	Chief Executives Report	Dr Adeyemo	**Note**	**Enc. 3**
8	1045	P76/24	Chairs Report	Janet Dawson	**Note**	**Verbal**
9	1055	P7724	Questions from Members of the Public	Janet Dawson	**Note**	**Verbal**
			30 minute break			
Quality — We will provide the highest quality, safe and effective services			**QUALITY**			
10	1110	P78/24	Quality Committee Assurance Report from the meeting held on 4th April 2024	Pauline Walsh	**Assurance**	**Enc. 4**
11	1120	P79/24	Improving Quality and Performance Report (IQPR) Month 11	Eric Gardiner	**Assurance**	**Enc. 5**

			PARTNERSHIPS			
12	1130	P80/24	Trust Operational Plan 2024/25	Elizabeth Mellor	**Approval**	**Enc. 6**
			SUSTAINABILITY			
13	1145	P81/24	Finance Report Month 11	Eric Gardiner	**Assurance**	**Enc. 7**
14	1155	P82/24	Finance and Resources Committee Assurance Report from the meeting held on 4th April 2024	Russell Andrews	**Assurance**	**Enc. 8**
15	1205	P83/24	Charitable Funds Committee Assurance Report from the meeting held on 4th March 2024	Russell Andrews	**Assurance**	**Enc. 9**
16	1215	P84/24	People, Culture and Development Committee Assurance Report from the meeting held on 3rd April 2024	Janet Dawson	**Assurance**	**Enc. 10**
			CONSENT ITEMS			
17	1225	P85/24	Safer Staffing Monthly Report February 2024	Kenny Laing	**Information**	**Enc. 11**
18	1230	P86/24	Any Other Business	Janet Dawson	**Note**	**Verbal**

Date and Time of Next Meeting
Thursday 9th May 2024 at 10.00am via MS Teams

TRUST BOARD

**Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust
Board meeting held on Thursday 14th March 2024
At 10:00am in the Boardroom, Lawton House and via MS Teams**

Present:

Chair:	David Rogers Chair	
Directors:		
Janet Dawson Non-Executive Director / Vice Chair	Russell Andrews Non-Executive Director	Dr Buki Adeyemo Chief Executive [until 11am]
Ben Richards Chief Operating Officer	Dr Dennis Okolo Chief Medical Officer	Elizabeth Mellor Chief Strategy Officer
Pauline Walsh Associate Non-Executive Director	Phil Jones Non-Executive Director	Kenny Laing Chief Nursing Officer
Kerry Smith Interim Chief People Officer		

In attendance:

Lisa Wilkinson Corporate Governance Manager	Nicola Griffiths Deputy Director of Governance / Board Secretary	Jenny Harvey Unison Representative
Joe McCrea Associate Director of Communications	Steve Blaise Deputy Director of Finance	

Patient Story
Support Time Recovery Team
Paul – Service User
Darren – STR Worker

REACH Team Award – ARRS Mental Health Team
Rachel Hughes
Adebayo Olajide
Christopher Deaville
Marie Boulton
Eve Homer
Emma Jones

Members of the Public
None

The meeting commenced at 10:00am

48/2024	**APOLOGIES FOR ABSENCE** Sue Tams, Service User Carer Council, , Dr Keith Tattum, Associate Non-Executive Director, Tony Gadsby, Associate Non-Executive Director, Eric Gardiner Chief Finance Officer	Action

49/2024	**DECLARATION OF INTEREST RELATING TO AGENDA ITEMS**	
	There were no declarations of interest.	
	Noted	
50/2024	**MINUTES OF THE OPEN AGENDA – 8th February 2024** The minutes of the open session of the meeting held on 8th February 2024 were approved.	
	Received	
51/2024	**ACTION MONITORING SCHEDULE AND MATTERS ARISING FROM THE MINUTES** **32/24 – Integrated Care Board -** Janet Dawson referred to ASD waits and felt Non-Executives needed a better understanding of what the drivers were behind this, what the mechanisms and resource were to deal with it and felt the Board needed more education to better articulate it outside the organisation. It was agreed Ben Richards would explore options for an ASD workshop for Non Executives. 14.03.24 - *This will be included as part of the Board Development Programme in 2024/25 (subject to changes in the programme that may result as a result of the Well Led Review)* **36/24 - Mortality Surveillance Quarter 3 Report 2023/24** - Pauline Walsh asked if comparison was made to the same quarter of the previous year. Helen Sweeney advised that detail was not contained within the report but that she would feed this back through to the author of the report and suggest the report included a comparison to the previous 12 months at a certain point in year. 14.03.24 - *To be included as part of the Quarter 4 Mortality Surveillance Report.* **39/24 - Service User Carer Council (SUCC) January 2024** - Tony Gadsby asked if there was any support that could be provided via the Wellbeing College for the Moorlands farming community and suggested links could be made with the National Farmers Union (NFU). Kenny Laing advised Jayne Simner, Recovery and Experience Lead was looking to make contact with the Moorlands and he would ask her to take this suggestion forward and he would feedback those conversations back within a future SUCC report. 14.03.24 - *Outcome of conversations to be fed back though future SUCC report.* *Received*	
52/2024	**PATIENT STORY – Paul's Story – Support Time Recovery Team** Kenny Laing, Chief Nursing Officer introduced the patient story. The Board observed a video whereby Paul shared his journey which the Board described as inspirational and brave. Dr Dennis Okolo advised he was pleased Paul's outcome was positive and highlighted the importance of continuing to offer support to people to access the services they need. Pauline Walsh advised she was struck by the importance of the response of the nurses in the patient story adding it highlighted the need for having the service in the University North Midlands Hospital (UHNM) and felt it was important the positive feedback was shared with the UHNM.	

	Janet Dawson asked if there was anything else Paul felt the Trust could have done or if he felt there had been a gap in the support he received. Paul advised since his operation the nurses had been great and without that support felt he would not be where he was now. Paul advised he had encouraged family and friends to advertise the service on Facebook as he felt the service needed more publicity. The video will be made available on the Trust public website. *Noted*	
53/2024	**REACH RECOGNITION TEAM AWARD – Primary Care - ARRS Mental Health Team** Dr Buki Adeyemo introduced the award. T The team were nominated for the work they had undertaken with the primary care networks in ensuring that there was a smooth pathway between primary care and secondary care, particularly for people with mental health needs and in partnership and collaboration with GP's. This has ensured a better experience both for GP's in terms of accessibility of mental health but also for patients too ensuring a seamless pathway both from primary care to secondary care and they have done this aligned with the Trust's proud to care values. Emma Jones thanked the Board for the award adding she was proud and pleased the team had been nominated. Emma advised patient satisfaction data showed the service provided was valued and the team would continue to embed those roles within primary care and continue growing those relationships. The Board congratulated the team on their award. *Received*	
54/2024	**CHIEF EXECUTIVES REPORT** Dr Buki Adeyemo, Chief Executive Officer 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. It was reported that the staff survey had been received and published, Dr Buki Adeyemo thanked staff for their responses. Good results and a high response rate were reported and the Trust celebrated an above average result in all 6 areas. Dr Buki Adeyemo advised the Trust would continue to work with staff where they felt improvement was needed. Dr Buki Adeyemo congratulated Dr Dennis Okolo on being appointed substantively to the post of Chief Medical Officer. Phil Jones asked for more information regarding virtual reality (VR) wellbeing support for frontline staff. Joe McCrea advised this was a pilot project for staff who had had a traumatic experience and needed time out. Staff are provided with a five minute experience into a virtual environment. Joe reported positive feedback had been received. Phil Jones asked if this could be used for patients. Joe McCrea confirmed it could and this would be reviewed following the outcome of the pilot. Jenny Harvey talked about a condition she had called Aphantasia adding that this could be used in relaxation techniques for those with this condition. Jenny Harvey explained that Aphantasia was a characteristic some people had related to how their	

mind and imagination worked which meant they did not have visual imagination, keeping them from picturing things in their mind. Jenny Harvey felt this VR would have some interesting benefits for those with Aphantasia.

Jenny Harvey noted the Trust had published its Trust Anti-Racism Statement and commitment to being an anti-racist organisation as part of the recent Race Equality Week 2024. Jenny Harvey highlighted how proud she was that this was a priority for the Trust having seen a rise in racism to staff.

Russell Andrews referred to the staff survey and wanted to spotlight the excellent work Marie Barley had done with the survey over the last few years.

Russell also made reference to the fact that the NHS has announced the roll out of 'Martha's Rule' and asked for the Boards view on this. Dr Buki Adeyemo felt it was a shame this had to be a rule as a Clinician she felt this was something that was already practised on a regular basis. Kenny Laing advised he attended a Nursing Officers summit where Martha's mother presented and told her emotional, compelling and powerful story and highlighted the fact that there had been many frequent opportunities for an escalation to critical care and clinicians with all good intent did not feel it was necessary but family were convinced this needed to be the case. Kenny Laing advised he was proud the Trust were focussing on this as without triangulation of people being able to speak for themselves errors could be made. Kenny Laing advised currently this only applied to the acute sector and critical care review teams and it was not clear what the mental health / learning disability focus would be but the Trust was acknowledging the gap between expert and user and empowering people with lived experience.

Received

| 55/2024 | **INTEGRATED CARE BOARD (ICB) UPDATE**
Dr Buki Adeyemo, Chief Executive Officer provided an update.

The report was taken as read.

Phil Jones referred to the Finance and Performance report and made reference to the national issue around band 2 staff who had submitted a claim to be re-banded to band 3 and asked if this affected the Trust. Kerry Smith advised in relation to Healthcare Support Workers (HCSWs) the Trust took a decision some years ago to re-band them to a band 3.

Jenny Harvey advised many acute hospitals had campaigns to review HCSW roles and advised the Trust was ahead of the game.

Janet Dawson referred to quality, equity and value within the ICB Chair and Executive Update and the comment around combining specialised, non-specialised budget commitments and populations and asked the Board if this presented the Trust with an opportunity. Dr Buki Adeyemo highlighted the Trust often did not talk about how it was already adding to the system and perhaps needed to talk about these things more.

Received | |
| 56/2024 | **CHAIRS REPORT**
David Rogers, Chairman provided a verbal update. | |

	David Rogers highlighted that the Trust had successfully recruited two new Non-Executive Directors, Jennie Koo who commenced in post on the 18th March and Pauline Walsh on the 25th March 2024

Interviews for a new Chair had taken place and this appointment would be announced in the next few days.

David Rogers acknowledged this would be his last Board meeting and took the opportunity to thank the Board for all their support.

Noted | |
| **57/2024** | **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 from members of the public.

Noted | |
| **58/2024** | **NURSE STAFFING MONTHLY REPORT (January 2024) and 6 Monthly Report 2023/24**
Kenny Laing, Chief Nursing Officer presented the reports.

Bed occupancy rate was reported to have been high at 97.8% in January, this was an increase from 92.7% in December.

Acuity was reported to have been high due to the number of issues with discharge reporting there was the equivalent of a whole ward waiting for follow-on to social care or assessments.

Supervision / appraisal rates continued to be above 80-85% compliance.

Kenny Laing reported there would be approximately 60/70 applicants for newly qualified nurses joining the organisation from April.

Janet Dawson asked Kenny Laing if the situation in terms of staffing was getting harder or better. Kenny Laing highlighted the instability to workforce had been a national position and the Trust had been focussed on this which had improved its position and it had stabilised. Kenny Laing reported there had been good investment and therefore the Trust would continue to do more.

Jenny Harvey noted the increase to acuity month on month and asked Kenny Laing if there was a model for working out safe staffing and how often this was reviewed. Kenny Laing advised the Trust used an optimal staffing tool which measured acuity twice a year but would be continually reviewing this now as part of the safe care E-rostering model the Trust was now using. Kenny Laing reported that the evidence-based tool provided a staffing coordinate to provide care hours for a cohort of patients and a recommendation for staffing levels. Quality indicators are reviewed and a professional judgement conversation takes place with staff on that ward to determine what staff would be required for that year.

6 Monthly Report 2023/24
Kenny Laing explained the report provided a strategic review of safe staffing and highlighted progress made against recommendations from last year. | |

	The Trust now had 11 Registered Nurses who had trained as Professional Nurse Advocates (PNA) and 4 additional Nurse's commenced training in September 2023 and 7 nurses commenced in January 2024. Monthly supervision sessions are in place and PNA's are active in inpatient areas. The report highlighted the delivery of an enhanced preceptorship programme which met the NHSE (2020) framework and will run over a 12-month period. Section 7 of the report provided a summary of the review process, discussions at ward level, performance and recommendations made. Section 17 provided a summary of recommendations which the Board were asked to approve. ***Received***	
59/2024	**SAFEGUARDING QUARTER 3 REPORT 2023/24** Kenny Laing, Chief Nursing Officer presented the report for assurance not approval. Adult Safeguarding level 3 training was introduced at the beginning of Quarter 1 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 Quarter 3 were maintained at 88%. Uptake of safeguarding supervision increased in Quarter 3 as expected. 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. Teams continued to make referrals for adults and children. ***Approved / Received***	
60/2024	**QUALITY COMMITTEE ASSURANCE REPORT** Phil Jones, Non-Executive Director presented the report from the meeting held on 7th March 2024 highlighted the following: Outbreaks of healthcare associated Covid-19 infections increased in Quarter 3, this was reflective of the regional and national community transmission rates during this period. During Quarter 3, 25 cases were reported. The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee and acknowledged there was an increased risk of adverse sample results for Legionella at the Harplands on site. The Committee received updates from Directorates where it was reported that Community Services were developing performance metrics which will enable the Trust to look at how it uses staffing in relation to workload. Challenges were noted across all directorates in particular around Children and Young Peoples Services (CYP) and autism again related to staffing resources. The following policy was approved for 3 years: • R11 Seclusion and Long Term Segregation (LTS) Policy	

	The following policies were approved for an extension of 12 months: • 1.70 Managing Safeguarding Allegations Against Staff • 1.75a Staff Domestic Abuse The following policy was to note for information as a shared policy with multi-agency mental health partners across the West Midlands region: • MHA 21 WMAS MHA Transportation Policy David Rogers asked if there was an update regarding suitability of the environment at the Assessment and Treatment Unit. Ben Richards advised that Fiona Ritchie, Senior Intervenor at NHS England (NHSE) had been commissioned to undertake a review of the Assessment and Treatment Unit not just from an environmental point of view but a review of Assessment and Treatment as a whole and the report as a result of that review would be delivered to the Board in the next few months. Ben Richards acknowledged the positive update from Primary Care that the Trust had successfully recruited x3 GP's and an Advanced Nurse Practitioner (ANP). There were 6 applicants for the GP posts which Ben Richards reported was very much a result of the Trust's offer. Elizabeth Mellor highlighted that there was a national trend around GP's opting to be salaried rather than partners. Phil Jones also highlighted it had been noted by Committee that All Access Team response times had significantly improved in month and MH Liaison 4 week and 24 hour response time standards had been met. ***Received***	
61/20234	**SERVICE USER AND CARER COUNCIL REPORT (SUCC) (JANUARY 2024)** Kenny Laing, Chief Nursing Officer presented the report in the absence of Sue Tams, Chair of Service User & Carer Council. Kenny Laing advised that this would be the final report to come to Board on a monthly basis as it was proposed that Committees and Board receive the report on a quarterly basis going forward. It was reported that the Well-Being College had been requested to showcase its work at the ImROC national recovery college learning set meeting in March. Kenny Laing reported in terms of triangle of care Year Two that the baseline assessments to community teams had been circulated and there was a year two panel of colleagues to review the assessment returns and devise the associated action plan. The training package to support the move away from CPA and new care plan documentation was reported to be nearing the end of phase one for community teams, Kenny Laing advised phase two would include all patient facing staff from the Acute and Inpatient Directorate. The training focuses on recovery values and having meaningful care planning conversations where Service Users and clinical staff partner in the patients' goals and recovery journey. Kenny Laing advised the report referenced a piece of work being undertaken, sitting under the Wellbeing College, which looked at how the Service User Care Council could ensure representation in Trust key governance areas and have maximum impact with reasonable adjustments to enable this. Kenny Laing confirmed the proposal would be presented to Board upon completion.	

	Jenny Harvey made reference to the fact that the Trust recruited staff with lived experience and highlighted the difficulties the NHS had in assessing lived experience as a qualification and confirmed lobbying of colleagues on the Job Evaluation Council had taken place. Kenny Laing acknowledged this advising due to this there was variance around structures and pay bands and added that anything that could be done would be appreciated. ***Received***	
62/2024	**IMPROVING QUALITY PERFORMANCE REPORT (IQPR) – Month 10** Steve Blaise, Interim Deputy Chief Finance Officer presented the report: In Month 10 there were 16 RAG rated measures that had achieved required standard (12 in Month 9) and 13 that had not met the required standard and highlighted as exceptions (17 in Month 9). There were 4 special cause variations (signifying concern) compared to 5 in Month 9 and 1 special cause variations (signifying improvement), compared to 3 in Month 9. All Access Teams and MH Liaison response times significantly improved in month. 18 week RTT standard for Children and Young People (CYP), performance was at 94.1% and was meeting the required standard, with the exception of Community Services. Early Intervention performance remained at 100%. 48 hour and 7 day follow up standards were also met. Vacancy reduced from 12.9% to 12.7% in Month 9 and further to 12.2% in Month 10, within the control limit. Turnover reduced from 14.7% in Month 9 to 14.2% in Month 10. Appraisal performance remained above standard. Performance Improvements Plans (PIPs) in place in Month 10 were: - Referral to Assessment within 4 weeks - Care Plan Compliance - Risk Assessment - CPA 12 Month Review Janet Dawson referred to the 5.8% agency costs and asked if the Trust was able to reverse the Darwin position if agency costs would remain high. Steve Blaise confirmed they would remain high although better. Dr Buki Adeyemo highlighted work was being undertaken around the medical agency spend and once resolved this would have an impressive impact on reduction. ***Received***	
63/2024	**VETERANS AWARE ANNUAL REPORT** Ben Richards presented the report. Ben Richards advised as part of the Veterans Aware process, the Trust was required to submit an annual report to the Veterans Covenant Healthcare Alliance. The report outlined the huge amount of work the Trust had undertaken over past year. It was reported that NHS England (NHSE) had commended the Trust's work in this area. One of the priorities for the group for 2024 / 2025 will be to successfully achieve Silver award accreditation of the Defence Employer Recognition scheme.	

	Ben Richards advised the new Covenant Legal Duty was a legal obligation to 'have due regard' to the principles of the Covenant and required decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community. The Trust discharged its duty through the Veterans Aware Operational Group (monthly) and the Veterans Aware Board (quarterly) and using the Veterans Aware process to provide a degree of assurance in relation to the steps it was taking in relation to its compliance in relation to the Duty. Phil Jones referred to the graph within the report that related to information contained on Lorenzo and the 'Description not Found' field which indicated 14,000+ people monthly and asked what this meant. Ben Richards advised the Trust had not asked people previously if they had been in the armed force therefore we undertook a piece of work to enable our clinical systems to ask that question which has only provided a small amount of data to be collected this year little data but next year drive we expect to see that data quality increase. Janet Dawson asked if there was anything the Trust could do for those that sat on the periphery of the military, i.e. a military widow. Ben Richards advised the Trust asked the question are you serving, have you served or are you part of a family that has / had served. ***Received***	
64/2024	**MONTH 10 FINANCE REPORT (2023/2024)** Steve Blaise, Interim Deputy Chief Finance Officer presented the report. The Trust reported an Adjusted Financial Performance year to date position (after adjusting for impairments and IFRS16 impact) a surplus of £499k against a planned deficit of £14k, giving a favourable variance of £513k. The reported forecast is to achieve a breakeven position in line with plan, however, it was noted there were 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 was included in the current forecast to enable a breakeven position. In Month 10, the Trust achieved the Better Payment Practice Code target of 95% on both the number of invoices paid at 95% and on the value of invoices paid within 30 days at 97%. The Trust's capital expenditure at Month 10 was £2,700k against a plan of £5,576k. ***Received***	
65/2024	**FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT** Russell Andrews, Non-Executive Director / Chair presented the assurance report from the Committee held on the 7th March 2024 highlighting the following: The Committee received the Improving Quality Performance Report (IQPR) noting the Specialist Service Directorate Performance Improvement Plan (PIP) was closed after achieving the target for the 4th consecutive month. The Committee received an update around business development opportunities noting the Children and Young People (CYP) Mental Health Hub bid was not	

	successful. Learning has been taken from this following a review of the score breakdown for future bids. The Committee received an update around business opportunities, Russell Andrews highlighted this was the first time all opportunities were system based. The Committee received the updated finance position. Key messages highlighted included a year-to-date surplus position ahead of plan with a forecast position of breakeven. The Committee were advised that the forecast included a contribution to the System financial position and that year to date Cost Improvement Plan (CIP) for Month 10 had been achieved. The Committee discussed 24/25 planning. Draft national planning guidance had been received with the final guidance expected after the Chancellors budget on 6th March 2024. The System submitted a high-level plan on 27th February 2024 reflecting a significant deficit. The full draft submission being due on 21st March 2024. Discussions took place regarding the share out of the System deficit and a potential increase in the CIP target. The Committee were not supportive of increasing the CIP target by a further 1% nor taking a share of the System deficit. The Committee received the risk report there were no new risks and no score changes. Risk 1870 relating to the delivery of the Trust's CIP programme was approved to be closed following the full delivery of the target in 2023/24. A new risk will be opened for 2024/25. ***Received***	
66/2024	**PEOPLE, CULTURE AND DEVELOPMENT COMMITTEE ASSURANCE REPORT** Janet Dawson, Chair / Non-Executive Director presented the assurance report from the Committee held on the 26th February 2024, highlighting the following; Janet Dawson advised the Trust continued to offer a very wide range of staff support including increasingly self-help mechanisms as well as professional support which was highlighted within the report. Janet Dawson advised there were currently some challenges with Optima in relation to agreement of a PEP pathway. Janet Dawson advised that Optima were not providing the service that the Integrated Care System (ICS) believed was commissioned, which posed a possible delay risk to treatment for staff. The ICS are reviewing the contract and will be advising the Trust. Janet Dawson advised the Trust continued to offer a wide range of leadership and potential developments a lot of which is undertaken in the system. Janet Dawson reported that inclusion remained a high area of priority for the Trust and a number of events had taken place over the last month to celebrate Race Equality Week, LGBT+ History Month and the Trust introduced the ReciteMe Web Accessibility Toolbar. The Committee received the staff survey 2023 results headlines generally, the inclusion responses were good, one exception to that was around racism, which was very disappointing and the Trust needs to focus on this and the anti-racism statement the Trust is putting out to trustees will be helpful. The Committee approved the following policies: - 2.16 Expenses Policy – 3 years	

	- 1.77 Remediation Policy – 12 month extension - 3.39 Medical Appraisal Policy – 12 month extension - 3.42 Medical and Dental Salary Policy – 12 month extension - 3.50 Transgender Inclusion Policy – 3 years - 5.30 Stress At Work Policy – 3 years The Committee noted staff turnover performance was 14.7% in Month 9 and was flagged as a special cause variation of concern. The Trust moved to reporting mitigated staff turnover from Month 6, to exclude rotational trainees and TUPE transfers. Performance continues to remain challenging for all directorates. Janet Dawson added lots of this was retirement therefore we need to encourage people to retire and come back. Phil Jones asked for an update in terms of national strikes. Jenny Harvey advised NHS Staff Council trade unions had been asking for direct negotiations with the Government over pay for this year due to the lack of faith in the pay review body but at the moment the Government were not doing that therefore the pay review body may provide a recommendation that should there be any potential action over pay that would be pushed back to maybe the Summer. If there is not a fair settlement there could potentially be more strikes. Ben Richards referred to the current GP ballot and proposal of a four stage plan with a full walk out at stage four and stage two and three being discretionary work and the potential impacts on the Trust's patient cohort. Ben Richards advised this could impact on physical health checks for those with serious mental illness or a learning disability and autism. Ben Richards advised the Trust were monitoring that as an emerging risk. ***Received***	
67/2024	**BOARD DECLARATIONS OF INTEREST** Nicola Griffiths, Deputy Director of Governance presented the report. The report provided an update of current member's interests. In line with the Code of Conduct and Accountability for NHS Board members and the Trust's Standards of Business Conduct Policy it was agreed the information would be published on the website and available for public view. ***Approved / Received***	
68/2024	**ANY OTHER BUSINESS** There were no other items of business for discussion. ***Noted***	
	DATE AND TIME OF NEXT MEETING The next public meeting of the North Staffordshire Combined Healthcare Trust Board will be held on Thursday 11th April 2024 at 10.00am, Boardroom Lawton House and via MS Teams.	
	MOTION TO EXCLUDE THE PUBLIC	

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

The meeting closed at 12.39pm

Signed: _____   Date_____
                Chairman

Board Action Monitoring Schedule (Open Section)

	Trust Board - Action monitoring schedule (Open					
Action	Meeting Date	Minute No	Action Description	Responsible Officer	Target Date	Progress / Comment
			There were no actions recorded.			

REPORT TO PUBLIC TRUST BOARD   Enc 3

Date of Meeting:	11th April 2024		
Title of Report:	CEO Board Report		
Presented by:	Dr Buki Adeyemo, Chief Executive Officer		
Author:	Claire Tallentire, Communications and Engagement Manager Kerry Smith, Interim Chief People Officer		
Executive Lead Name:	Dr Buki Adeyemo, Chief Executive Officer	**Approved by Exec**	☒

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

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

Seen at:	SLT ☐ Execs ☐	Document Version No.	1
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Priorities (please indicate)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☒ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☐ 2. 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)		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒		

| | 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ |
	3. Share learning and best practice ☒
Resource Implications:	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:	Board is asked to receive for information and assurance

Version	Name/group	Date issued
1	Dr Buki Adeyemo, Chief Executive	5 April 2024

Chief Executive's Report to the Trust Board
11th April 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

NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2023 reports published

The 2023 NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports have recently been published by NHS England. North Staffordshire Combined Healthcare NHS Trust's 2023 WRES and WDES reports are available on our website, and set out the progress the Trust has made on developing greater race and disability inclusion, with significant improvements in the Trust's data. Highlights from the Trust's reports include Combined Healthcare improving representation through increasing the declaration of protected characteristics and through further improved recruitment and selection processes. The Trust also has the top national score in WRES for 'Belief in equal opportunities for career progression'. Action plans are identified within the Trust's reports to deliver further change at Combined Healthcare.

Government's response to the Joint Committee on the draft Mental Health Bill

In June 2022, the government published a draft Mental Health Bill which contains proposals to reform the Mental Health Act and to provide a stronger system updated for the 21st century. In January 2023, the Joint Committee published a report of recommendations to the government following pre-legislative scrutiny of the draft Mental Health Bill. The government recently responded to each of the recommendations made by the committee. North Staffordshire Combined Healthcare NHS Trust welcomes any further improvements in reporting data and analysis.

Government's response to rapid review of data on mental health inpatient settings

On 23 January 2023, the government launched an independent 'rapid review' into mental health patient safety, with the purpose to produce recommendations to improve the way data and information are used in relation to patient safety in mental health inpatient care settings and pathways. The government has now published its response to the review's recommendations. The Trust welcomes the government's response, its support of 12 of the 13 recommendations within the original report and notes that a ministerial-led steering group co-chaired with an external expert, Professor Sir Louis Appleby, will be established to oversee progress. We will review the recommendations and ensure relevant learning and actions are progressed and reported back to the board in due course. The Trust will actively seek to play a role in contributing to the work of the HSSIB (Health Services Safety Investigations Board) during this national investigation and ensure that any learning be incorporated into our existing programmes of work; practice and processes in relation to outcomes.

CEO Board Report

Future junior doctors industrial action

At the time of writing, junior doctors in England have voted to extend the mandate for industrial action. Combined Healthcare will continue to manage any industrial action impact through our Incident Management Team, and wider clinical practitioners (ANPs/NPs and nurse consultants) and doctors not undertaking industrial action will support our areas to ensure clinical risks are mitigated.

4.0 OUR TRUST

North Staffordshire Combined Healthcare NHS Trust has announced the appointment of Janet Dawson as its new Chair. Janet took up this position from 1 April 2024, and she was formerly Vice Chair of the Trust. The Trust also thanks its previous Chair, David Rogers, for his tenure as Chair since 2016, and Board membership since 2014.

The Trust has also announced the appointment of Jennie Koo, its new Non-Executive Director, Diversity and Inclusion. Jennie is a financial services risk professional with 20 years of experience in financial services, with a passion for diversity and inclusion.

Kerry Smith has been appointed as Interim Chief People Officer. Kerry joined the Trust in 2011 and was formerly Deputy Chief People Officer. She is fully committed to continuing the great work of the Trust's former Chief People Officer Paul Draycott's legacy and a commitment for compassionate leadership driven through our People Plan, our values and behaviours, and how we ensure consistent equality, diversity and inclusion for everyone.

The Trust welcomed the posthumous award of 'Excellence in Executive Leadership of the Year' to Paul Draycott at this year's Midlands Inclusivity and Diversity Awards Scheme (MIDAS) ceremony.

Combined Healthcare also celebrated its 30th anniversary this month, with many of our staff being in the Trust as long service employees since this date.

NHS Staff Survey results 2023 confirm Combined's support for staff

North Staffordshire Combined Healthcare NHS Trust maintained high levels of involvement in the recent NHS Staff Survey 2023, with 66% of staff completing the survey, compared with a national average of 52% for mental health and learning disability trusts.

The Trust also maintained high levels of satisfaction across all of the NHS People Promise themes, with scores above the national average in all of them. We will work with our teams to develop plans where improvements are needed.

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's Sustainability Champions recently came together at an event at Lawton House to share the sustainability pledges that have been made across the organisation by individuals, teams and services on what they will do to be greener over the next 12 months. The draft communications and engagement strategy for the Trust's sustainability programme at work was also presented for feedback at this event, and will be implemented shortly.

To review travel and transport arrangements across the organisation, the Trust is also setting up a new travel and transport working group.

HSJ Partnership Awards – finalist placing

Combined Healthcare was proud to be named as a 'Silver' runner-up in the 'Best Not for Profit Working in Partnership with the NHS' category for our work with Port Vale Foundation and Stoke City Community Trust, at the recent HSJ Partnership Awards 2024. The Trust was also nominated in collaboration with Changes Health and Wellbeing in the 'Best Mental Health Partnership' category.

Combined Virtual Reality film goes international on World Delirium Day

To mark World Delirium Awareness Day 2024, Combined Healthcare launched a Danish language version of its Virtual Reality (VR) delirium training film, produced in partnership with Gødstrup Hospital, Herning, Denmark. Combined's delirium training was launched two years ago on World Delirium Awareness Day 2022, an innovative VR film to help frontline healthcare staff to create conversations, and to further increase understanding on delirium.

5.0 Conclusion

In this new financial year, we know it is essential we think long term about our people, our patients and the future of our organisation aligned with our Trust Strategy objectives. It is a very challenging new financial year, and managing the budget in order to maintain outstanding quality of service remains our top priority.

REPORT TO PUBLIC TRUST BOARD   Enc 4

Date of Meeting:	11th April 2024
Title of Report:	Quality Committee Summary Report
Presented by:	Pauline Walsh - Chair/Non-Executive Director
Author:	Pauline Walsh – Chair/Non-Executive Director
Executive Lead Name:	Dr Dennis Okolo, Chief Medical Officer Kenny Laing, Chief Nursing Officer	

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

The attached assurance report describes the business and outputs from the meeting of the Quality Committee on 4th 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)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☒ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒	
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☒ 2. 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)	
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐	

	2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒
Resource Implications: Funding Source:	N/A
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:	Not as part of this report
Recommendations:	For information and assurance

Version	Name/group	Date issued

**Report from the Quality Committee meeting held on 4 April 2024
for the Trust Board meeting on 11 April 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 included a Patient Story – Caroline's story in respect of the Support Time Recovery Team.

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

- **System Update**
  The Committee received an update in respect of the financial planning within the system and the expectations of the Trust going forward.

- **Safe Staffing Report –February 2024**
  The Committee received this report which outlined the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2024, in line with the National Quality Board requirements. During February 2024, an overall fill rate of 100.5% was achieved; this is an increase from 98.5% in January 2023. The fill rate for Registered Nurse (RN) shifts has decreased; from 77.5% in January 2023 to 76.1% in February.

- **CQC Update**
  The Committee received a verbal update. The Darwin Centre has recently had a Mental Health Act CQC visit and this was positive, with some initial feedback. The Trust is still awaiting the formal feedback

- **Reducing Restrictive Practice Report Q3 2023/24**
  The Committee received this report for Q3. The purpose of this report is to provide information regarding the use of restrictive practices within the inpatient services of the Trust and progress against the annual restrictive practice reduction work plan.

  The figures show that there has been a decrease in the use of restraint of 18.8% (35 incidents) from Q2 to Q3. The report also shows a comparison on the use physical restraint by clinical area for Q3 2023/24 compared to Q2 2023/24. It shows that PICU, Darwin and Ward 2 were the highest users of physical restraint in Q3 with 34, 27 and 24 incidents respectively.

- **Risk Register**

  The Committee reviewed the risks contained in the Trusts Risk Register that fall under the remit of the Quality Committee. There are no new risks and no closures.

  Details of risks are provided below.
  - Anchored and non- anchored ligature points
  - Compliance with Mental Health Act and Mental Capacity Act
  - 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.
  - There is an increased risk of adverse sample results for Legionella at the Harplands on site.
  - Outbreak measures required to be implemented, as a result of Covid-19 pandemic and other associated Respiratory Viruses – *Request for score change. Rationale - Winter Flu campaign is now completed, and national and regional epidemiology indicate Flu season has ended reducing the impact of operational risk on staff and patient of outbreaks. Ongoing monitoring is required for Measles and Covid19 and any operational impact. Approved*

- **IQPR Report M11 2023/24**

  The Committee received the M11 IQPR report.

  Highlights
  - MH Liaison 1 hour and 4 hour response time standards have been met.
  - 4 Week RTA and 18 Week RTT are both above standard Trust wide in M11.
  - Early Intervention: performance has maintained at 100% for a third consecutive month.
  - 48 hour and 7 day follow up (all patients) standards are met in M11.
  - Vacancy has continued to reduce from 12.9% in M8 and is currently at 11.6% in M11.
  - Staff Turnover has continued to reduce from 14.7% in M9 to 12.9% in M11.
  - Appraisal performance remains above standard at 89% in M11.
  - Clinical supervision has achieved standard in M11- performance has increased to 85%.
  -

  Exceptions
  - All Access Team response times have taken a slight dip compared to M10
  - CAMHS RTAs increased in M11, still lower than what is predicted to be required to achieve the target of 95% in May-24.
  - Care plans remain below standard although performance has improved in month. (PIPs in place: 93.4% in M9, 94.1% in M10 and 94.3% in M11). Community PIP is not on track.
  - Risk assessment trajectories not on track in Community and Specialist Services, although performance improved slightly in Community in M11.
  - CPA 12 month review remains below standard at 89.2% and Community PIP is not on trajectory in M11. Community performance dipped from 91.2% in M10 to 88.9% in M11.

- Talking Therapies for Anxiety and Depression - Service users wait no longer than 90 days between 1st and 2nd treatment: performance has improved from 20% in M10 to 16% in M11, against a target of >10%.
- 91% (215) of Friends & Family returns rated the Trust as good, 4% (9) rated the Trust as poor and 5% (13) were undecided.
- There were 14 complaints outside of the 40 working day deadline at the end of February 2024.
- Agency spend remained at 5.8% from M10 to M11.

3. Policy report

The following policies were approved for 3 years:
- 5.32 Patient Safety Incident Response Framework Policy (approve for 3 years and remove 5.32 Serious incident Policy)
- 1.75a Medicines Incident Management Policy

The following policy was approved for an extension of 12 months:
- 1.67 Towards Smoke Free Policy

Next meeting: 2 May 2024
Committee Chair, Pauline Walsh, Non-Executive Director – 5 April 2024

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

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

Purpose of the report

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

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

Performance summary

In Month 11 there are 16 RAG rated measures that have achieved required standard (16 in M10) and 13 that have not met the required standard and highlighted as exceptions (13 in M10).

There are 2 special cause variations (orange variation flags) - signifying concern, compared to 4 in M10:

- Talking Therapies 6 weeks
- Risk Assessment Compliance

There is 1 special cause variations (blue variation flags - signifying improvement), compared to 1 in M10:

- Service Users on CPA in Employment

In addition:

Highlights
- MH Liaison 1 hour and 4 hour response time standards have been met.
- 4 Week RTA and 18 Week RTT are both above standard Trust wide in M11.
- Early Intervention: performance has maintained at 100% for a third consecutive month.
- 48 hour and 7 day follow up (all patients) standards are met in M11.
- Vacancy has continued to reduce from 12.9% in M8 and is currently at 11.6% in M11.
- Staff Turnover has continued to reduce from 14.7% in M9 to 12.9% in M11.
- Appraisal performance remains above standard at 89% in M11.
- Clinical supervision has achieved standard in M11- performance has increased to 85%.

Exceptions

- All Access Team response times have taken a slight dip compared to M10
- CAMHS RTAs increased in M11, still lower than what is predicted to be required to achieve the target of 95% in May-24.
- Care plans remain below standard although performance has improved in month. (PIPs in place: 93.4% in M9, 94.1% in M10 and 94.3% in M11). Community PIP is not on track.
- Risk assessment trajectories not on track in Community and Specialist Services, although performance improved slightly in Community in M11.
- CPA 12 month review remains below standard at 89.2% and Community PIP is not on trajectory in M11. Community performance dipped from 91.2% in M10 to 88.9% in M11.
- Talking Therapies for Anxiety and Depression - Service users wait no longer than 90 days between 1st and 2nd treatment: performance has improved from 20% in M10 to 16% in M11, against a target of >10%.
- 91% (215) of Friends & Family returns rated the Trust as good, 4% (9) rated the Trust as poor and 5% (13) were undecided.
- There were 14 complaints outside of the 40 working day deadline at the end of February 2024.
- Agency spend remained at 5.8% from M10 to M11.

Seen at:	SLT ☐ Execs ☐ Performance Review 19/03/24	Document Version No.	V2
Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☒ • Audit Committee ☐ • People, Culture & Development Committee ☐ • Charitable Funds Committee ☐		
Strategic Priorities (please indicate)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☒ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☒ 2. 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 M11

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 for Adult services. In M11 Directorate performance is at 90.5% and not on track to achieve trajectories • CYP performance is 10.5% against trajectory of 30% • Adult performance is 86% against a trajectory of 93%
Care Plan Compliance	Community	Community Directorate aimed for achievement of the standard by November 2023. • M11 performance has increased to 94%
Risk Assessment	Community Specialist Services	Community Directorate aimed for achievement of the standard by November 2023 • M11 performance has increased to 92.9% Specialist Services aimed for achievement of the standard by December 2023 • M11 performance has decreased to 92.4%
CPA 12 Month Review	Community	Community Directorate aimed for achievement of the standard by January 2024. • M11 performance is at 88.9%

Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒
Resource Implications: Funding Source:	None directly.
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	The Trust is seeking to ensure that all Directorates are recording in a timely way the protected characteristics of all service users to enable monitoring of service access and utilisation by all groups in relation to the local population. 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 • Note the Management actions	
Version	Name/group	Date issued
V2	Finance & Resource Committee	27/03/24

NHS
North Staffordshire
Combined Healthcare
NHS Trust

IQPR

Improving Quality & Performance Report

Board Report

Month 11: February 2024

Contents

1. Balanced Scorecard

Access & Waiting Times

SPC variations signifying concern	Metric	Standard	Performance
	Talking Therapies 6 weeks	75%	88.0%

RAG rated standards	9 met, 5 unmet

Highlights	RTA 4 Weeks RTT 18 weeks MH Liaison 1hr MH Liaison 4hr Talking Therapies 6 weeks Talking Therapies (18 weeks) EIP 48 hr FUP 7 day Follow Up (all)

Exceptions	Metric	Standard	Performance
	CAMHS 4 week	95%	94.2%
	CAMHS 18 week	92%	90.7%
	MH Liaison 24hr	95%	94.8%
	Talking Therapies 90 days	<10%	16.0%
	(CPA) 7 day Follow Up	95%	91.7%

Inpatient & Quality

SPC variations signifying concern	Metric	Standard	Performance
	Nothing significant to note		

RAG rated standards	1 met, 1 not met

Highlights	Emergency Readmissions

Exceptions	Metric	Standard	Performance
	Place of Safety	100%	38.0%

Community & Quality

SPC variations signifying concern	Metric	Standard	Performance
	Risk Assessment	95%	92.8%

RAG rated standards	3 Met, 3 unmet

Highlights	Accommodation Employment Talking Therapies Recovery

Exceptions	Metric	Standard	Performance
	Care Plan Compliance	95%	94.3%
	Risk Assessment	95%	92.8%
	CPA 12m Review	95%	89.2%

Organisational Health & Workforce

SPC variations signifying concern	Metric	Standard	Performance
	Nothing significant to note		

RAG rated standards	3 met, 4 unmet

Highlights	Clinical Supervision Appraisal Stat & Mand Training

Exceptions	Metric	Standard	Performance
	Complaints	0	14
	Vacancy	<10%	12.9%
	Staff Turnover	<10%	11.6%
	Agency Spend	<3.7%	5.8%

Performance Improvement Plans (PIPs)	Metric	Standard	Performance
Specialist Services	Risk Assessment	95%	92.4%
Community Directorate	4 week waits PIP	95%	90.5%
Community Directorate	CPA 12 Month Review Compliance	95%	88.9%
Community Directorate	Care Plan Compliance	95%	94.0%
Community Directorate	Risk Assessment	95%	92.9%

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 11 there are 16 RAG rated measures that have achieved required standard (16 in M10) and 13 that have not met the required standard and highlighted as exceptions (13 in M10).

There are 2 special cause variations (orange variation flags) - signifying concern, compared to 4 in M10:

1.   Talking Therapies 6 weeks
2.   Risk Assessment Compliance

There is 1 special cause variations (blue variation flags - signifying improvement), compared to 1 in M10:

1.   Service Users on CPA in Employment

4.   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.
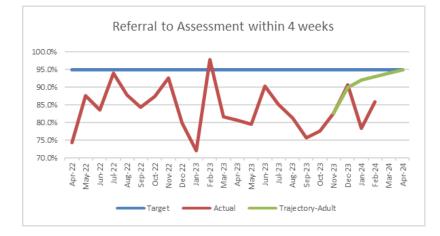
PIPs currently in place

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 for Adult services. In M11 Directorate performance is at 90.5% and not on track to achieve trajectories • CYP performance is 10.5% against trajectory of 30% • Adult performance is 86% against a trajectory of 93%
Care Plan Compliance	**Community**	Community Directorate aimed for achievement of the standard by November 2023. • M11 performance has increased to 94%
Risk Assessment	**Community Specialist Services**	Community Directorate aimed for achievement of the standard by November 2023 • M11 performance has increased to 92.9% Specialist Services have aimed for achievement of the standard by December 2023 • M11 performance has decreased to 92.4%
CPA 12 Month Review	**Community**	Community Directorate aimed for achievement of the standard by January 2024. • M11 performance is at 88.9%
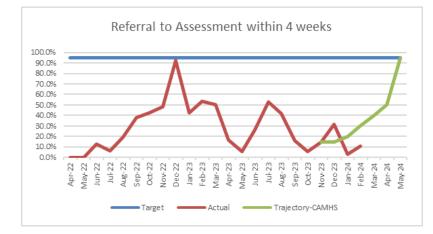
Specialist Services - Risk Assessment

Community Directorate: Adult - Referral to Assessment

Referral to Assessment within 4 weeks

Legend: Target, Actual, Trajectory-Adult
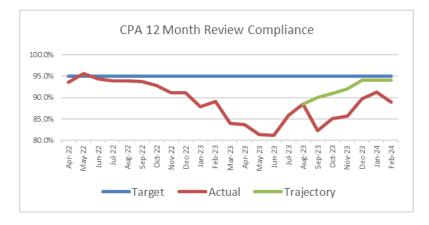
Community Directorate CYP - Referral to Assessment

Referral to Assessment within 4 weeks

Legend: Target, Actual, Trajectory-CAMHS

- The Community directorate achieved 90.5% RTA performance in M11, a 5.9% increase comparing M10 to M11.

- The directorate are however still underperforming against a target of 95% by 4.5%.

- Adult CMHTs performance is 86% against a trajectory of 93%.

- CYP CMHTs performance is 10.5% against trajectory of 30%.
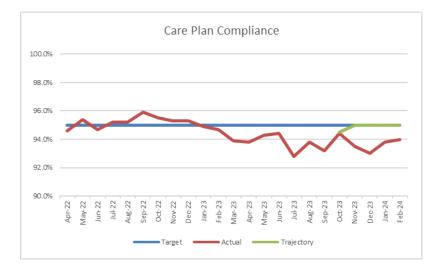
Community Directorate - CPA 12 month Review

CPA 12 Month Review Compliance

Legend: Target, Actual, Trajectory

Community Directorate - Risk Assessment

Risk Assessments

Community Directorate - Care Plan Compliance

Care Plan Compliance
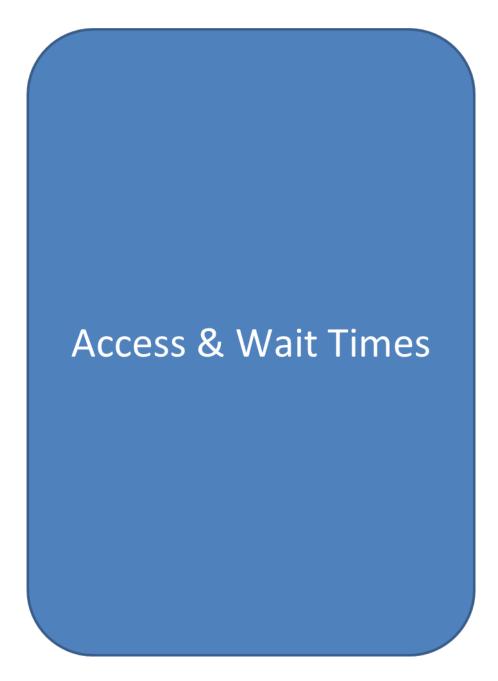
Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
1 - Referral to Assessment within 4 weeks	Met	?			Performance is at 96.6% and has met the required standard during M11. **_PIP in place for Community Directorate for Adult and CYP_**
2 - Referral to Treatment within 18 weeks	Met	P			Performance is at 96.7% and has met the required standard during M11
3 - CAMHS Compliance within 4 week waits (Referral to Assessment)	Not Met	?			Performance is not meeting the required standard and is currently at 94.2% during M11.
4 - CAMHS Compliance within 18 week waits (Referral to Treatment)	Not Met	?			Performance is at 90.7% during M11 and is not meeting the required standard.
5 - Access Service Waiting Times: 1 hour					Performance has increased to 96.9% during M11.
6 - Access Service Waiting Times: 24 hour					Performance is at 90.9% during M11.
7 - Access Service Waiting Times: 4 hour					Performance has increased to 92.6% at M11.
8 - MH Liaison 1 Hour Response (Emergency)	Met	?			Performance is at 96.3% during M11.
9 - MH Liaison 4 Hour Response (Urgent)	Met	?			Performance is at 95.9% during M11
10 - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	Not Met	?			Performance is at 94.8% during M11.
11 - Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks)	Met	P	L	*	Performance is at 88% during M11. A special cause variation of concern remains in place.
12 - Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks)	Met	P			Performance is 98.5% during M11.
13 - Talking Therapies for Anxiety and Depression Patients wait no longer than 90 days between 1st and 2nd treatment	Not Met	?			Performance is at 16% during M11 against a target of <10%.
14 - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	Met	?			Performance has remained at 100% during M11.
15 - 48 Hour Follow Up	Met	?			Performance is at 98.2% during M11.
16 - Care Programme Approach (CPA) 7 day Follow Up	Not Met	?			Performance has increased to 91.7% during M11.
17 - 7 day follow up (All Patients)	Met	?			Performance is at 98.2% during M11.
18 - Average Length of Stay - Adult					The average length of stay for inpatients on an adult ward has decreased to 27.6 days in M11.
19 - Average Length of Stay - Older Adult					The average length of stay for inpatients on an older adult ward has decreased to 52.2 days in M11.

Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
20 - Emergency Readmissions rate (30 days)	Met	?			The emergency readmission rate is 0.7% and remains within the threshold.
21 - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	Not Met	F			Of the 8 assessments, 0 occurred within the 3 hour target plus 3 which had agreed clinical grounds for delay therefore not to be classed as breaches = Overall 38% compliance at M11.
22 - Clinically Ready for Discharge (CRFD)					There are 25 patients identified as clinically ready for discharge at M11.
23 - Care Plan Compliance	Not Met	?			Performance is at 94.3% during M11 and is not meeting the required standard across all directorates except for Specialist Services. ***PIPs in place in Community Directorate.***
24 - Risk Assessment Compliance	Not Met	?	L	*	Performance has increased to 92.8% during M11 but remains 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	?			Performance has decreased to 89.2% during M11 and is remaining below the required standard. ***PIPs in place in Community Directorate.***
26 - Service Users on CPA in settled accommodation	Met	?			Performance has increased to 75.4% during M11 and is exceeding the required standard.
27 - Service Users on CPA in Employment	Met	P	H		Performance has decreased to 25.3% during M11 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	?			Performance has increased to 56.4% during M11.
29 - Serious Incidents					There are 0 serious incidents Trust wide reported during M11.
30 - Complaints Open Beyond Agreed Timescale	Not Met	?			There were 14 complaints outside of the 40 working day deadline at the end of February 2024. 12 were in the final stages of Executive review and sign off and 2 were still under investigation. Responses have been delayed due to quality issues detected via the review
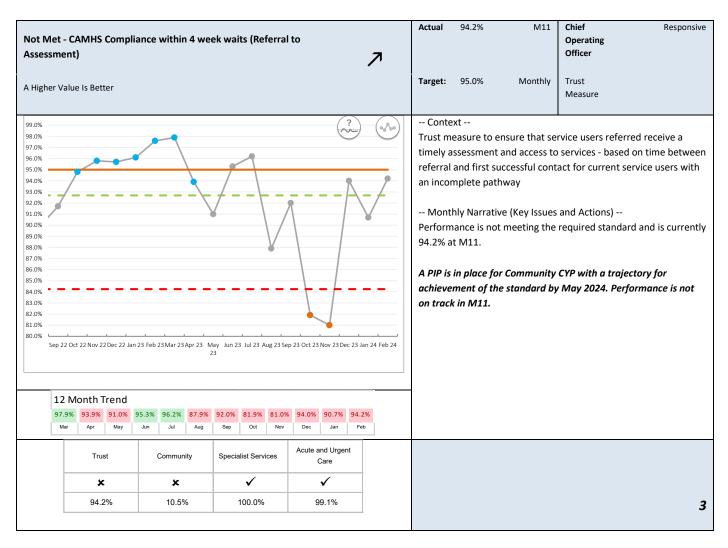
Measure	Met/Not Met	Assurance	Variation	Exception	Narrative
					process. IO training is being reviewed.
31 - DQMI					DQMI Score for November (last published data) is 95.3%.
32 - Friends and Family Test - Recommended	Not Met				91% rated the Trust as good.
33 - Safe Staffing					There was an overall staffing fill rate of 100.5% in M11.
34 - Vacancy Rate	Not Met	?	⚬⚬⚬		The vacancy rate is at 11.6% in M11.
35 - Staff Turnover	Not Met	F	⚬⚬⚬		Performance is consistently above the 10% threshold and is currently at 12.9% in M11.
36 - Agency Spend	Not Met	?	⚬⚬⚬		Agency spend rate is 5.8% for M11
37 - Sickness Absence					The latest available data shows performance is at 5.06% at M10 and is not meeting the required standard with the exception of Community Directorate, Corporate Services and Primary Care.
38 - Clinical Supervision	Met	?	⚬⚬⚬		Performance is at 85% during M11 and is meeting the required standard.
39 - Appraisal	Met	?	⚬⚬⚬		Performance is at 89% during M11 and is meeting the required standard.
40 - Statutory & Mandatory Training	Met	P	⚬⚬⚬		Performance is maintaining at 90% during M11.

- There are no under 18 admissions to adult wards during M11.
- There are no inappropriate out of area admissions during M11 outside Staffordshire.

Access & Wait Times

Met - Referral to Assessment within 4 weeks

A Higher Value Is Better

↗

Actual	96.6%	M11	**Chief Operating Officer**	Responsive
Target:	95.0%	Monthly	Trust Measure	2

12 Month Trend

97.1%	94.1%	94.3%	97.3%	97.7%	95.7%	95.5%	91.9%	92.0%	96.1%	94.5%	96.6%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✓	✗	✓	✓
96.6%	90.5%	100.0%	98.9%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance is at 96.6% and is meeting the standard during M11.

A PIP is in place for Adult Community with a trajectory for achievement of the standard for Adults by April 2024. Performance is not on track in M11.

1

Met - Referral to Treatment within 18 weeks

A Higher Value Is Better

↘

Actual	96.7%	M11	**Chief Operating Officer**	Responsive
Target:	92.0%	Monthly	Trust Measure	

12 Month Trend

96.8%	98.0%	97.3%	97.3%	97.1%	97.4%	96.7%	93.8%	94.6%	96.6%	96.8%	96.7%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓
96.7%	93.8%	98.0%	98.7%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance is at 96.7% during M11, with all directorates having achieved the required standard.

2

Not Met - CAMHS Compliance within 4 week waits (Referral to Assessment)

↗

A Higher Value Is Better

Actual	94.2%	M11
Target:	95.0%	Monthly

Chief Operating Officer	Responsive
Trust Measure	

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is not meeting the required standard and is currently 94.2% at M11.

A PIP is in place for Community CYP with a trajectory for achievement of the standard by May 2024. Performance is not on track in M11.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
97.9%	93.9%	91.0%	95.3%	96.2%	87.9%	92.0%	81.9%	81.0%	94.0%	90.7%	94.2%

Trust	Community	Specialist Services	Acute and Urgent Care
✘	✘	✔	✔
94.2%	10.5%	100.0%	99.1%

3

Not Met - CAMHS Compliance with 18 week waits (Referral to Treatment)

↘

A Higher Value Is Better

Actual	90.7%	M11
Target:	92.0%	Monthly

Chief Operating Officer	Responsive
Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 90.7% during M11 and is not meeting the required standard. 38 / 44 patients who had their second appointments with Core CAMHS were seen within 18 weeks.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
98.6%	97.9%	96.8%	95.7%	89.7%	89.6%	86.8%	84.3%	82.3%	89.5%	94.1%	90.7%

Trust	Community	Specialist Services	Acute and Urgent Care
✘	✘		✔
90.7%	86.4%	#N/A	93.2%

4

Supporting Data for Community 4 Week Referral to Assessment - Waited (first contact) – CYP Services

Total No. of First Contacts & Average No. of Days *Waited*

In Month 11 the number of RTAs completed by CYP CMHTs were lower than what was required to achieve the set trajectory (19 vs 60).

This has led to an increase in the number of patients waiting over 4 weeks for a first contact which directly impacts futures RTA performance.

Time *Waited* for First Contact

Waiting for First Contact Times EOM

Supporting Data for Community 4 Week Referral to Assessment - Waited (first contact) – Adult Services

Total No. of First Contacts & Average No. of Days *Waited*

Legend: Total First Contacts | Avg. Days Waited
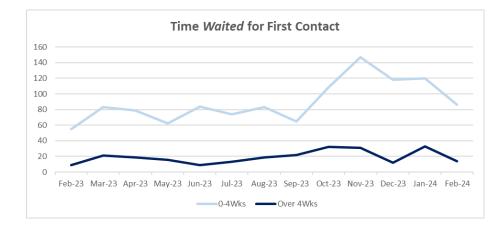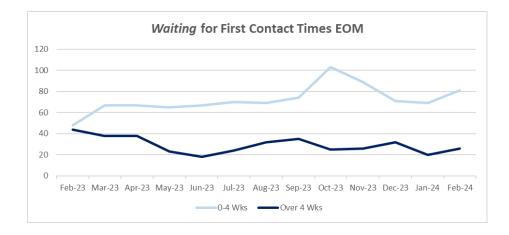
Adult CMHT services are a main driver for the RTA performance, making up 22.5% of the total directorate RTAs.
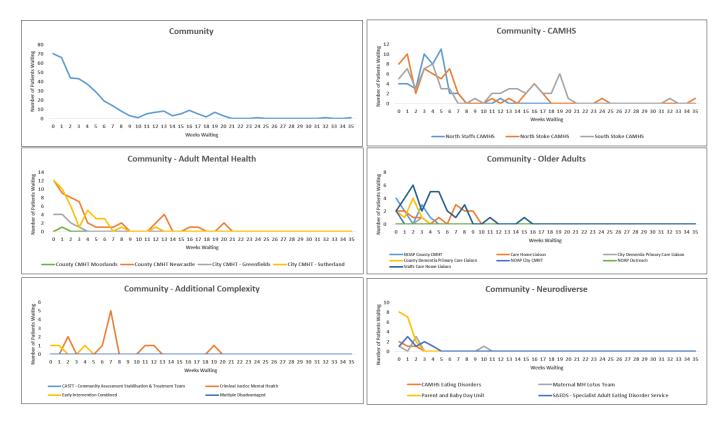
The number of RTAs completed have reduced by 34.6% (153 vs 100), this has led to M11 seeing the first increase in the number of patients waiting for an RTA since M7.

Time *Waited* for First Contact

Legend: 0-4Wks | Over 4Wks

Waiting for First Contact Times EOM

Legend: 0-4 Wks | Over 4 Wks
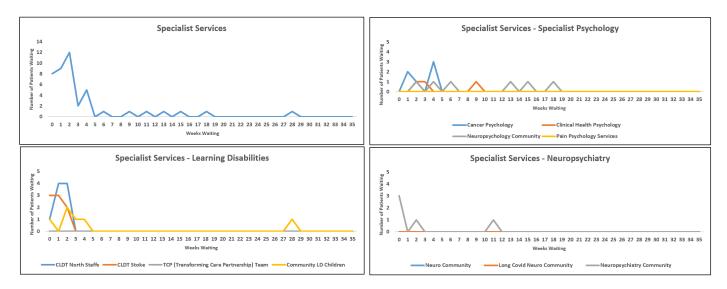
Waiting Time Reporting: Waiting for RTA (first contact)

Community Directorate

There is one long wait at 35 weeks which is a decline from M10 where the longest wait was 31 weeks. This is one patient allocated to North Staffs CAMHS. There are 13 patients in total who have waited longer than 18 weeks for assessment an increase of 5 from M10. There are 391 patients waiting in total which is 27 more than M10. The two highest service lines are CAMHS (169 - up from 159) and AMH (107 – up from 89).
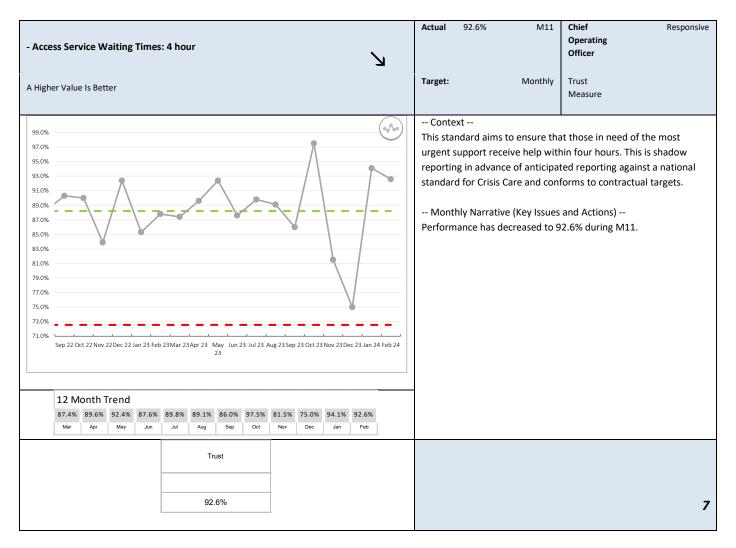
Specialist Directorate

The longest wait currently sits at 28 weeks in Community LD Children. The largest number of patients waiting are in the specialist psychology teams with 15 people (down from 25 in M10) and Learning Disabilities with 23 (decrease from 24 in M10).

		Actual	96.9%	M11	Chief Operating Officer	Responsive

- Access Service Waiting Times: 1 hour

↘

A Higher Value Is Better

| Target: | | Monthly | Trust Measure | **6** |

12 Month Trend

84.4%	84.4%	92.9%	89.9%	93.7%	92.5%	94.3%	94.1%	96.1%	79.0%	98.9%	96.9%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
96.9%

-- Context --

One hour crisis response is for those whose referral is designated as emergency. This metric is a contractual metric in the ICB Contract and not proposed as a national measure for Crisis response standards

-- Monthly Narrative (Key Issues and Actions) --

Performance has increased to 96.9% during M11.

5

		Actual	90.9%	M11	Chief Operating Officer	Responsive

- Access Service Waiting Times: 24 hour

↘

A Higher Value Is Better

| Target: | | Monthly | Trust Measure | |

12 Month Trend

86.5%	84.0%	88.9%	78.8%	87.1%	82.1%	83.5%	95.4%	75.7%	75.5%	93.8%	90.9%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
90.9%

-- Context --

This target aims to ensure that patients requiring urgent care will be seen by community mental health crisis teams within 24 hours of referral. This is shadow reporting in advance of anticipated reporting against a national standard for Crisis Care and conforms to contractual targets

-- Monthly Narrative (Key Issues and Actions) --

Performance has decreased to 90.9% during M11.

6

			Actual	92.6%	M11	Chief	Responsive

- Access Service Waiting Times: 4 hour

↘

A Higher Value Is Better

Actual	92.6%	M11	Chief Operating Officer	Responsive
Target:		Monthly	Trust Measure	

12 Month Trend											
87.4%	89.6%	92.4%	87.6%	89.8%	89.1%	86.0%	97.5%	81.5%	75.0%	94.1%	92.6%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
92.6%

-- Context --
This standard aims to ensure that those in need of the most urgent support receive help within four hours. This is shadow reporting in advance of anticipated reporting against a national standard for Crisis Care and conforms to contractual targets.

-- Monthly Narrative (Key Issues and Actions) --
Performance has decreased to 92.6% during M11.

7

Met - MH Liaison 1 Hour Response (Emergency)

↗

A Higher Value Is Better

Actual	96.3%	M11	Chief Operating Officer	Responsive
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend											
95.8%	97.1%	95.1%	91.4%	89.0%	95.5%	94.7%	95.4%	95.1%	90.4%	94.2%	96.3%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
96.3%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 96.3% in M11 and is achieving the required standard.

8

Met - MH Liaison 4 Hour Response (Urgent)

↘

A Higher Value Is Better

Actual	95.9%	M11	Chief Operating Officer	Responsive
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

93.9%	97.1%	97.2%	94.2%	93.5%	95.3%	97.4%	96.9%	95.3%	94.7%	98.4%	95.9%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
95.9%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 95.9% and is meeting the required standard.

9

Not Met - MH Liaison 24 Hour Response (Urgent from General Hospital Ward)

↘

A Higher Value Is Better

Actual	94.8%	M11	Chief Operating Officer	Responsive
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

98.2%	98.0%	96.7%	91.4%	96.1%	99.2%	96.6%	96.9%	93.3%	94.1%	96.3%	94.8%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✗
94.8%

-- 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 94.8% and is just under the required standard at M11.

10

Met - Talking Therapies for Anxiety and Depression Referral to Treatment (6 weeks) ↘	Actual	88.0%	M11	Chief Nursing Officer	Safe
A Higher Value Is Better	Target:	75.0%	Monthly	Trust Measure	

12 Month Trend

98.8%	84.3%	83.0%	80.0%	75.0%	79.0%	77.0%	79.0%	85.0%	84.0%	89.0%	88.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
88.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 88% in M11.

11

Met - Talking Therapies for Anxiety and Depression Referral to Treatment (18 weeks) ↘	Actual	98.5%	M11	Chief Nursing Officer	Safe
A Higher Value Is Better	Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

99.8%	99.8%	99.6%	99.0%	99.4%	99.6%	99.0%	98.0%	99.1%	99.3%	99.2%	98.5%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
98.5%

-- 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 98.5% during M11.

12

Not Met - Talking Therapies for Anxiety and Depression Patients wait no longer than 90 days between 1st and 2nd treatment ↗ A Lower Value Is Better	**Actual** 16.0% M11 **Target:** 10.0% Monthly	**Chief Operating Officer** Safe **Trust Measure**

12 Month Trend

11.0%	9.0%	8.0%	9.0%	11.0%	7.0%	10.0%	9.0%	15.0%	17.0%	20.0%	16.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✖
16.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 16% during M11 an improvement from the 20% reported in M11. The service has workforce pressures that are impacting on this metric.

There have been no Graduate PWP University training places in the October 23 cohort and there are no trainee Post Graduate CBT places allocated by MPFT on the January 24 University course to replace the predicted churn in the service. As it takes a year to train a CBT therapist, there is a predicted further shortfall of staff which will impact on meeting the quality metrics/contract.

In addition, there is also a reduced number of CBT therapists.

13

Met - Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment ↔ A Higher Value Is Better	**Actual** 100.0% M11 **Target:** 60.0% Monthly	**Chief Operating Officer** Responsive **Trust Measure**

12 Month Trend

86.0%	85.0%	90.9%	69.0%	71.0%	47.0%	64.0%	69.0%	75.0%	100.0%	100.0%	100.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
100.0%

-- 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 remains at 100% during M11 and is exceeding the standard.

14

		Actual	98.2%	M11	Chief Medical Officer	Safe

Met - 48 Hour Follow Up

↗

A Higher Value Is Better

Target: 95.0%   Monthly   Trust Measure

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 98.2% during M11 and is meeting the standard.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
98.5%	93.7%	93.2%	96.2%	89.6%	95.8%	93.3%	96.8%	95.9%	94.6%	96.7%	98.2%

Trust	Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓
98.2%	97.4%	100.0%	100.0%

15

		Actual	91.7%	M11	Chief Medical Officer	Safe

Not Met - Care Programme Approach (CPA) 7 day follow up

↘

A Higher Value Is Better

Target: 95.0%   Monthly   Trust Measure

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is has decreased to 91.7% during M11 and is not meeting the standard.

This was one patient discharged to NOAP County CMHT not followed up in 7 days. No harm was identified.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
100.0%	92.9%	100.0%	100.0%	95.5%	96.2%	84.2%	100.0%	100.0%	90.5%	100.0%	91.7%

Trust	Community	Specialist Services	Acute and Urgent Care
✘	✘		✓
91.7%	90.0%	#N/A	100.0%

16

Met - 7 Day Follow Up (All Patients) ↗	Actual	98.2%	M11	Chief Medical Officer	Safe
A Higher Value Is Better	Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
100.0%	95.5%	94.8%	97.6%	97.0%	97.3%	93.9%	95.4%	96.2%	96.5%	96.7%	98.2%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance has increased to 98.2% during M11 and has achieved the required standard across all Directorates.

Trust	Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	✓
98.2%	97.4%	100.0%	100.0%

17

Inpatient & Quality

- Average Length of Stay - Adult	↗	**Actual**	27.56	M11	**Chief Operating Officer**	Responsive
A Lower Value Is Better		**Target:**		Monthly	Trust Measure	

12 Month Trend

23	37	12	18	35	22	17	20	25	21	28	28
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

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

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay for inpatients on an adult ward is 28 days during M11.

Trust
27.56

18

- Average Length of Stay - Older Adult	↗	**Actual**	52.19	M11	**Chief Operating Officer**	Responsive
A Lower Value Is Better		**Target:**		Monthly	Trust Measure	

12 Month Trend

50	63	45	54	41	40	49	47	47	51	68	52
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

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

-- Monthly Narrative (Key Issues and Actions) --
The average length of stay of inpatients on an older adult ward is 52 days during M11.

Trust
52.19

19

		Actual	0.7%	M11	Chief	Responsive
Met - Emergency Readmissions rate (30 days)	↗				**Medical Officer**	
A Lower Value Is Better		**Target:**	7.5%	Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
The emergency readmission rate during M11 is 0.7% and remains within the threshold.

The data has been validated. There was only one patient readmitted during the month with an emergency admission code.

12 Month Trend

4.5%	3.8%	4.1%	4.9%	4.6%	3.2%	4.0%	3.4%	4.5%	3.4%	5.4%	0.7%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Specialist Services	Acute and Urgent Care
✓	✓	✓
0.7%	0.0%	0.7%

20

		Actual	38.0%	M11	Chief	Safe
Not Met - Place of Safety assessment carried out within 3 hours (where clinically appropriate)	↘				**Medical Officer**	
A Higher Value Is Better		**Target:**	100.0%	Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
Out of 8 assessments in M11 (8 at Harplands POS.) 0 assessments occurred within the 3 hour target plus 3 which had agreed clinical grounds for delay therefore not to be classed as breaches.

Which leaves 5 assessments which occurred outside of 3 hours with no agreed clinical grounds for delay.

This results in 38% compliance.

12 Month Trend

55.0%	60.0%	64.0%	57.0%	57.9%	80.0%	68.4%	33.3%	62.0%	61.5%	69.0%	38.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✗
38.0%

21

- Clinically Ready for Discharge (CRFD) ↘	**Actual** 25.00 M11	**Chief Operating Officer** Responsive
A Lower Value Is Better	**Target:** Monthly	Trust Measure

12 Month Trend

13	8	9	9	15	19	20	22	24	23	20	25
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
25.00

-- Context --

Trust measure - To understand the number of patients who have been declared clinically ready for discharge but remain in inpatient services.

-- Monthly Narrative (Key Issues and Actions) --

During M11 there are 25 patients identified as clinically ready for discharge across inpatient areas.

The main reasons given for discharge delay are shown in the table below:

Ward	Reasons for Delay
WARD 1	Awaiting residential home placement or availability
WARD 3	Awaiting multi-disciplinary care planning meeting/Case conference
	Awaiting transfer within the Trust
	Lack of social care support
	Housing - Awaiting supported accommodation
WARD 4	Awaiting nursing home placement or availability
	Awaiting residential home placement or availability
	Awaiting care package in own home
WARD 5	Awaiting nursing home placement or availability
	Patient or Family choice - Supported accommodation
WARD 6	Awaiting care package in own home
	Awaiting nursing home placement or availability
	Awaiting residential home placement or availability
PICU	Awaiting residential home placement or availability

22

Community and
Quality
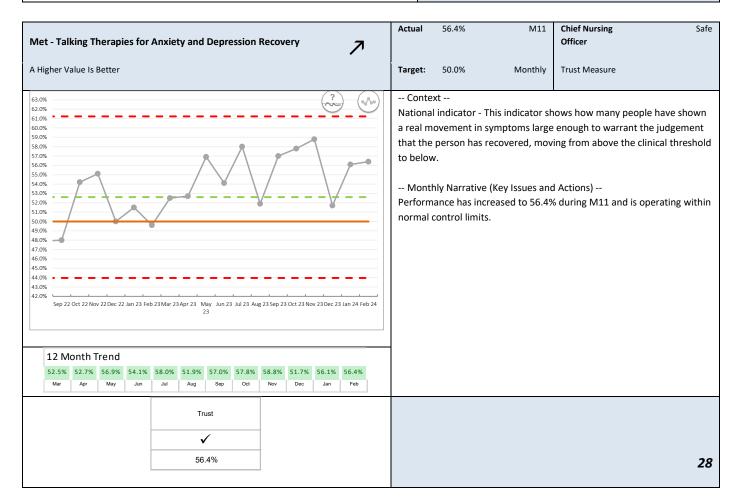
Not Met - Care Plan Compliance ↗

A Higher Value Is Better

Actual	94.3%	M11	**Chief Nursing Officer**	Safe
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

93.4%	93.6%	93.9%	93.8%	92.7%	94.0%	93.4%	94.7%	93.8%	93.4%	94.1%	94.3%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✖	✖	✔	✖
94.3%	94.0%	95.4%	87.0%

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 94.3% during M11 with only the Specialist Services Directorate exceeding the standard.

PIP is in place for Community directorate, with a trajectory for the standard to have been achieved by November 2023. Performance is below standard at 94%, an improved position.

23

Not Met - Risk Assessment Compliance ↗

A Higher Value Is Better

Actual	92.8%	M11	**Chief Nursing Officer**	Safe
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

94.3%	94.4%	93.8%	93.8%	93.2%	93.3%	93.0%	94.2%	93.3%	93.9%	92.7%	92.8%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✖	✖	✖	✔
92.8%	92.9%	92.4%	96.3%

-- 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 92.8% during M11 and is below the required standard. A special cause variation remains in place.

A PIP is in place for Community Directorate, with a trajectory for the standard to have been achieved by November 2023. Performance is at 92.9%.

For Specialist Services a trajectory for the standard to have been achieved by December 2023. Performance is at 92.4%.

24

Not Met - CPA 12 Month Review Compliance

A Higher Value Is Better

Actual	89.2%	M11	Chief Nursing Officer	Safe
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

84.6%	85.7%	82.2%	83.3%	88.0%	90.0%	83.5%	86.8%	86.9%	90.4%	91.9%	89.2%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✘	✘	✘	✔
89.2%	88.9%	90.3%	100.0%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --
Performance has decreased to 89.2% during M11 and remains below the required standard.

The numbers of patients in the count on CPA are relatively low so small changes can impact the performance percentage more dramatically. The teams that show the lowest performance are Newcastle CMHT (15/25 – 60%), Early Intervention North Staffs (35/42 – 83.3%), North Stoke CAMHS (2/4 – 50%).

A PIP is in place for Community Services with a trajectory for the standard to have been achieved by January 2024. M11 Performance is at 88.9%.

25

Met - Service Users on CPA in settled accommodation

A Higher Value Is Better

Actual	75.4%	M11	Chief Nursing Officer	Safe
Target:	61.0%	Monthly	Trust Measure	

12 Month Trend

55.8%	54.5%	59.4%	58.0%	61.1%	64.8%	63.8%	62.8%	62.2%	68.2%	72.2%	75.4%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✔	✔	✔	
75.4%	75.3%	75.8%	#N/A

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --
Performance is at 75.4% during M11 and continues to exceed the required standard.

26

Met - Service Users on CPA in Employment	↘	**Actual**	25.3%	M11	**Chief Nursing Officer**	Safe
A Higher Value Is Better		**Target:**	8.0%	Monthly	Trust Measure	

12 Month Trend

9.8%	16.3%	20.7%	22.1%	24.3%	23.4%	22.5%	22.3%	21.6%	23.6%	26.2%	25.3%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care
✓	✓	✓	
25.3%	26.1%	8.0%	#N/A

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance is at 25.3% during M11 and is operating outside of the upper control limit. A special cause variation is in place for improvement.

27

Met - Talking Therapies for Anxiety and Depression Recovery	↗	**Actual**	56.4%	M11	**Chief Nursing Officer**	Safe
A Higher Value Is Better		**Target:**	50.0%	Monthly	Trust Measure	

12 Month Trend

52.5%	52.7%	56.9%	54.1%	58.0%	51.9%	57.0%	57.8%	58.8%	51.7%	56.1%	56.4%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✓
56.4%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance has increased to 56.4% during M11 and is operating within normal control limits.

28

Organisational Health and Workforce

- Serious Incidents	↔	Actual	0.00	M11	**Chief Medical Officer**	Safe
A Lower Value Is Better	✘	Target:		Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
There were no serious incidents reported during M11.

12 Month Trend

11	3	6	3	4	4	5	2	4	0	0	0
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care
0.00	0.00	0.00	0.00	0.00

29

Not Met - Complaints Open Beyond Agreed Timescale	↘	Actual	14.00	M11	**Chief Nursing Officer**	Caring
A Lower Value Is Better		Target:	0.00	Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
There were 14 complaints outside of the 40 working day deadline at the end of February 2024.

12 were in the final stages of Executive review and sign off and 2 were still under investigation.

Responses have been delayed due to quality issues detected via the review process. Investigation Officer training is being reviewed as a consequence.

12 Month Trend

1	0	0	5	6	5	6	3	3	6	7	14
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✘
14.00

30

- Data Quality Maturity Index (DQMI)

A Higher Value Is Better

Actual	#N/A	M11	Chief Finance Officer	Caring
Target:	95.0%	Monthly	Trust Measure	

12 Month Trend

90.9%	91.7%	93.2%	21.1%	93.8%	93.8%	95.4%	94.1%	95.3%			
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
#N/A

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

The latest available (Nov) DQMI score is meeting the standard and is at 95.3%.

National Average for (Nov) MHSDS DQMI score is 89.4%, NSCHT (Nov) MHSDS DQMI Score is 95%.

31

- Friends and Family Test - Recommended ↗

A Higher Value Is Better

Actual	91.0%	M11	Chief Nursing Officer	Caring
Target:		Monthly	Trust Measure	

12 Month Trend

86.0%	87.0%	87.0%	93.0%	89.0%	92.0%	81.0%	81.0%	80.0%	88.0%	75.0%	91.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care
91.0%	94.0%	89.0%	95.0%	83.0%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

There have been 237 FFT returns received in February 2024.

91% (215) of FFT returns rated the Trust as good, 4% (9) rated the Trust as poor and 5% (13) were undecided.

The Trust has deployed a digital solution to help to support an increase in patient engagement with the friends and family test. Actions are being taken, including a poster campaign and direct text links to the survey to improve engagement and the piloting of electronic FFT via tablets in the Crisis Care Centre and CMHT Bases. A QR code to link directly to FFT has now been included as part of the discharge letter template in Lorenzo.

32

- Safe Staffing

Actual	100.5%	M11	Chief Nursing Officer	Responsive
Target:	100.0%	Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
There was an overall staffing fill rate of 100.5% in M11

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
97.6%	100.7%	105.6%	109.1%	108.1%	105.4%	100.5%	99.7%	98.4%	96.6%	98.5%	100.5%

Trust
✓
100.5%

33

Not Met - Vacancy Rate

A Lower Value Is Better

Actual	11.6%	M11	Chief People Officer	Organisational Health
Target:	10.0%	Monthly	Trust Measure	

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

-- Monthly Narrative (Key Issues and Actions) --
Vacancy rate is currently at 11.6% in M11 which is still exceeding the standard but within the control limits

Vacancy rate has decreased by 0.6% compared with the prior month, which is due to decrease in Corporate of 1.7%, ASUC 1.3%, Community 1.0% & Specialist Services 0.1%, partially offsetting an increase in Primary care of 3.1%

.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
10.7%	12.5%	12.7%	13.9%	14.0%	14.8%	14.9%	12.8%	12.9%	12.7%	12.2%	11.6%

Specialist / Community / Primary Care Directorates	Teams with highest vacancy rates	WTE Vacancies	WTE %
SPECIALIST SERVICES	THE DARWIN CENTRE	16.2	27%
COMMUNITY	SUTHERLAND - RESOURCE CENTRE	10.8	26%
COMMUNITY	GREENFIELDS - RESOURCE CENTRE	8.1	17%
PRIMARY CARE DIRECTORATE	IAPT	10.8	28%

Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✗	✗	✗	✗	✗	✓
11.6%	13.3%	16.7%	12.0%	11.7%	2.7%

34

Not Met - Staff Turnover

A Lower Value Is Better ↗

Actual	12.9%	M11
Target:	10.0%	Monthly

Chief People Officer — Organisational Health

Trust Measure

12 Month Trend

13.1%	12.9%	12.7%	12.6%	13.3%	14.0%	13.9%	13.3%	14.3%	14.7%	14.2%	12.9%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
✘	✘	✘	✘	✔	✘
12.9%	11.0%	14.9%	15.1%	9.5%	10.8%

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

The Trust moved to reporting mitigated staff turnover from M6, to exclude rotational trainees and TUPE transfers. Performance is consistently above the 10% threshold and is currently at 12.9% in M11 from 14.2% in M10. It continues to remain challenging for all directorates although is in line with the increase in nationally reported turnover.

The top three reported reasons for leaving the Trust include: work life balance, promotion and retirement. Work remains ongoing to stabilise the turnover position as part of the Trust's People Plan and retention work streams which includes a focus on talent management, flexible retirement and flexible working.

35

Not Met - Agency Spend

A Lower Value Is Better ↔

Actual	5.8%	M11
Target:	3.7%	Monthly

Chief Operating Officer — Organisational Health

Trust Measure

12 Month Trend

3.8%	5.7%	4.7%	5.1%	5.3%	5.3%	5.1%	5.4%	5.6%	5.7%	5.8%	5.8%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Trust
✘
5.8%

-- Context --

National measure - The agency ceiling is set as part of the Trust Financial Plan and reported to NHSI.

-- Monthly Narrative (Key Issues and Actions) --

Agency spend remains at 5.8% in M11.

Agency spend in Feb-24 totalled £378k, of which £262k is medical, £104k nursing and £12k non clinical. Of the £262k medical agency costs, £159k relates to Community, £61k Specialist & £42k Primary Care. Of the £104k nursing agency spend, £59k relates to Specialist, £43k ASUC & £2k Primary care.

The system is forecasting as at month 10, 4.2% agency spend of total pay costs, with UHNM reporting 4.8%, MPFT 2.9% and NSCHT 5.8%.

36

- Sickness Absence A Lower Value Is Better	**Actual** 5.06% M11 **Target:** 4.95% Monthly	**Chief People Officer** Organisational Health Trust Measure

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

The latest available figures are showing Performance at 5.06% at M11 and not meeting the required standard with the exception of Community Directorate, Corporate Services and Primary Care.

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
4.99%	4.92%	4.85%	4.85%	4.85%	4.96%	5.12%	5.15%	5.15%	5.11%	5.08%	5.06%

	Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
	✘	✔	✘	✘	✔	✔
	5.06%	4.06%	5.87%	7.11%	2.53%	2.83%

37

Met - Clinical Supervision ↗ A Higher Value Is Better	**Actual** 85.0% M11 **Target:** 85.0% Monthly	**Chief People Officer** Organisational Health Trust Measure

-- Context --

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

-- Monthly Narrative (Key Issues and Actions) --

Performance is at 85% during M11 and is meeting the required standard.

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

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

12 Month Trend

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
78.0%	85.0%	87.0%	84.0%	86.0%	84.0%	83.0%	84.0%	81.0%	79.0%	84.0%	85.0%

	Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
	✔	✘	✘	✔	✘	✘
	85.0%	84.0%	84.0%	87.0%	84.0%	33.0%

38

Met - Appraisal		**Actual** 89.0%	M11	**Chief People Officer**	Organisational Health
A Higher Value Is Better	↗	**Target:** 85.0%	Monthly	Trust Measure	

94.0%
93.0%
92.0%
91.0%
90.0%
89.0%
88.0%
87.0%
86.0%
85.0%
84.0%
83.0%
82.0%

Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May 23 Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 Dec 23 Jan 24 Feb 24

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

-- Monthly Narrative (Key Issues and Actions) --
Performance has increased to 89% during M11. All directorates are achieving the required standard, with the exception of Corporate.

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

12 Month Trend

91.0%	90.0%	89.0%	88.0%	86.0%	86.0%	84.0%	84.0%	86.0%	85.0%	87.0%	89.0%
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb

	Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
	✓	✓	✓	✓	✓	✗
	89.0%	92.0%	90.0%	85.0%	92.0%	83.0%

39

Met - Statutory & Mandatory Training		**Actual** 90.0%	M11	**Chief People Officer**	Organisational Health
A Higher Value Is Better	↔	**Target:** 85.0%	Monthly	Trust Measure	

92.0%
91.0%
90.0%
89.0%
88.0%
87.0%
86.0%
85.0%
84.0%

Sep 22 Oct 22 Nov 22 Dec 22 Jan 23 Feb 23 Mar 23 Apr 23 May 23 Jun 23 Jul 23 Aug 23 Sep 23 Oct 23 Nov 23 Dec 23 Jan 24 Feb 24

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

-- Monthly Narrative (Key Issues and Actions) --
Performance remains at 90% during M11. All directorates are achieving the required standard.

Statutory training compliances continue to improve. Face to face sessions have increased for all required subjects due to the opening of a second training venue in January. Face to face training is now delivered in Ashtenne 22 & 23. The second venue is specifically to deliver: Safety Intervention, Conflict Resolution and In Hospital Resuscitation, enabling increased capacity for all face to face subjects.

12 Month Trend

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

	Trust	Community	Specialist Services	Acute and Urgent Care	Primary Care	Corporate
	✓	✓	✓	✓	✓	✓
	90.0%	92.0%	92.0%	92.0%	92.0%	85.0%

40

Statistical Process Control

What is It?

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

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

When to use it

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

How to use it

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

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

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

Interpreting the Report

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

Targets
Value
Mean
UCL
LCL

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

Date of Meeting:	11th April 2024	
Title of Report:	Trust Operational Plan 2024/25	
Presented by:	Liz Mellor, Chief Strategy Officer	
Author:	Laura Smith, Associate Director of Transformation	
Executive Lead Name:	Liz Mellor, Chief Strategy Officer	

Purpose of the report:

Approval	☒	Information	☐	Consider for Action	☐	Assurance	☐	

Executive Summary:

Trust Board is asked to approve the content of the Trust Operational Plan for 2024/25. The document submitted for review is a final draft with the caveat that the final system planning submission is still in progress. Any amends required following approval by Trust Board will be shared to ensure approval is maintained.

The operational planning process for 24/25 has been different to previous years due to delays from NHSE in issuing planning guidance. Whilst this guidance was not received until 28th March, NHSE did issue interim planning assumptions in mid-February which were used to inform this plan. Having received the final planning guidance, the content does not require material changes to the content of the Trust plan.

The Trust has fully participated in all system planning meetings and used working drafts of the ICB 2024/25 delivery plans to inform our own plans. The first System high-level submission to NHSE was made on the 29th February. The first full submission was made on 21st March and a final submission is due by 2nd May.

The content and structure of our 24/25 operational plan seeks to demonstrate and strengthen the links between Directorate and service area plans and the Trust's 5-year Strategy. This includes a focus on impact and progress against strategic priorities, using clearly defined metrics wherever possible. It also seeks to evidence the alignment and contribution of Trust activities to the ICP Strategy, ICS Operational Plan and ICS Joint Forward Plan.

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)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☒ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒	

BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☒ 2. 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)
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☒ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☒ 3. Share learning and best practice ☒
Resource Implications: Funding Source:	N/A
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:	Trust operational planning is aligned to the ICS planning process.
Recommendations:	Trust Board is asked to approve the Operational Plan 2024/25.

Version	Name/group	Date issued

North Staffordshire Combined Healthcare NHS Trust

Operational Plan 2024/2025

NSCHT v2.0
28/03/2024

Contents

Introduction

This plan sets out a programme of activity for the next 12 months to deliver continuous improvement of the care and services we provide. It is shaped by the progress we have made towards achieving our strategic ambitions, our ongoing commitment to delivering outstanding care, our passion to create a great place to work and our long track record in the efficient and effective use of resources.

The development and implementation of this plan is set within the context of an uncertain national landscape as we reach the end of the five-year planning period for the NHS Long Term Plan (LTP). Nationally, 2024/25 has been positioned as a bridging year, focusing on recovering the remaining LTP commitments whilst continuing to build on the LTP to achieve the vision for mental health services.

Like many other Integrated Care Systems across the country, Staffordshire and Stoke on Trent enters 2024/2025 facing considerable financial challenges. We remain a committed System partner and do not underestimate the impact of these challenges or our role in helping to address them. In doing so we remain positive and most importantly, ambitious, committed to approaching the year ahead with energy, optimism, and a drive to identify opportunities to continually improve outcomes through the most effective and efficient routes.

Many of the priorities within this plan reflect long-term commitments and programmes of activity to deliver and maintain sustainable improvements to the quality of care and services. The plan includes a continued focus on:

- Improving access to, and the timeliness of, care and treatment across all groups.
- Maximising staff wellbeing, improving supply and retention and developing our leadership at all levels of the organisation.
- Improving the quality of the care environment through Project Chrysalis.
- Embedding community mental health transformation.
- Expanding primary care provision.
- New approaches to personalised care planning.
- Tackling health inequalities.

It also introduces new areas of activity including:

- Transformation of all-age inpatient care as part of a national programme of activity.
- Implementing Right Care Right Person, an operational model focused on changing the way emergency services response to calls involving concerns around mental health.
- Improved process and practice for reasonable adjustments to improve the experiences and outcomes of people with a learning disability, autistic people, and their families.
- A variety of enabling activities across the Corporate Directorate to enable the Trust to continue to be Outstanding in all we do and how we do it.

This operating plan has been developed across the organisation and offers a mix of strategic ambition, corporate and clinical priorities, and operational deliverables. In delivering this plan we will continue to place value on the insight we gain from the views and experiences of service users, their carers and people with lived experience, our staff, and partners.
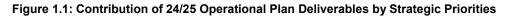
Signed by CEO /Chair
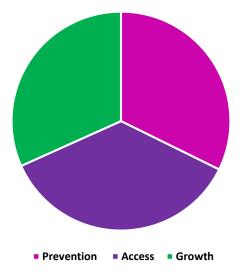
1. Our Strategy

One year on from the publication of our Trust 5-year strategy, we maintain our commitment to continue to be Outstanding in all we do and how we do it. During 2023/2024 we continued to develop our approach to operational planning to ensure that what we do remains aligned to our three strategic priorities: Prevention, Access, and Growth.

Strategic Priorities

PREVENTION — 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.

GROWTH — We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.

Through analysis of our 2024/25 Operational Plan deliverables, we are confident in our ability to sustain positive progress against each of our strategic priorities with a balanced programme of activity.

Figure 1.1: Contribution of 24/25 Operational Plan Deliverables by Strategic Priorities

■ Prevention   ■ Access   ■ Growth

Our Strategy sets out a series of high-level impact measures and as we move through each planning year, we maintain sight of these measures and track progress to ensure our operational plans support us in delivering the impact we seek.

When reflecting on 23/24 performance, the information presented in this plan is a snapshot. The factors underlying performance are multi-faceted and complex. While positive performance is celebrated, we also ensure areas which require improvement are acknowledged and addressed.

1.1 Prevention

High level performance against the Trust's strategic priority of Prevention is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Reduce suicide rates year on year by 2028	Improve staff health year on year	Embed Mental Health Service within NHS 111	By 2024 we will have supported 35% of service users into employment
2023/24 Performance	A time lag in data makes in-year reporting challenging. Addressing this critical and complex strategic priority is an ongoing focus for the Trust.	23/24 staff survey reported fewer staff experiencing work-related stress and an increase in staff reporting their manager takes a positive interest in wellbeing. Sickness absence remains stable but above target.	All preparatory work undertaken for NHS 111 Option 2 go-live in April 2024	Individual Placement and Support (IPS) has achieved 21% of service users into work. Trust-wide, service users on CPA in employment increased from 16.3% in April 23 to 25.3% in February 24

A sample of priorities and deliverables within the Operational Plan that will contribute to Prevention in 2024/25 include:

- Improving access to primary care, including talking therapies, and increased take up of proactive health screening.

- Formal launch and embedding of national initiatives including NHS 111 Option 2 and 'Right Care, Right Person.'

- Review and wider roll out of the key worker model to support children and young people with a learning disability and/or who are autistic.

- A new Trust Health and Wellbeing Strategy that builds upon the existing activities and pillars that support and promote health and wellbeing across the workforce.

1.2 Access

High level performance against the Trust's strategic priority of Access is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Improve access by co-producing new services with communities.	Ensure our Trust is the best place to work in the NHS	Expand our primary care offer	Develop digital access to all our services by 2028
2023/24 Performance	Continued growth of Wellbeing College during 23/24 and a significant emphasis on co-production within Community Mental Health Transformation including the development of new care plans	High levels of satisfaction maintained across all NHS People Promise themes within 23/24 staff survey	Successful integration of Keele GP practice delivered in 23/24 Due diligence has commenced on a fourth practice	All services enabled for e-Referral Service and Wellbeing Portal to accept digital referrals

A sample of priorities and deliverables within the Operational Plan that will contribute to Access in 2024/25 include:

- Continuing activity to develop and embed seamless pathways across Primary and Secondary care for all age groups, including collaborative working with voluntary sector partners, with evidence of impact through increased access rates.

- Delivering Year 1 of the 3 – year national Inpatient Quality Transformation Programme which places significant emphasis on the culture of care and addressing inequality.

- A focus on co-produced care and services, developing a co-production framework and assurance process that becomes embedded within key decision making.

- Deploying and embedding Patient Aide to all applicable clinical services and service user groups, enabling service users to have access to their records in real time.

- Effective workforce planning and development to grow and retain the staff and skills required to enable access to high quality and timely care and support across all services.

1.3 Growth

High level performance against the Trust's strategic priority of Growth is as follows:

	Enabler			
	Quality	**People**	**Partnerships**	**Sustainability**
Strategic Priority	Reduce waiting times for services	Increase our workforce by developing our services	Increase the number of services delivered in collaboration with partners by 50%	Deliver a 50% Carbon Net Zero reduction by 2028
2023/24 Performance	National targets for Early Intervention, CYP Eating Disorders and Talking Therapies met in year. Areas where performance has declined has generally been in the context of significant increases in demand.	23/24 year end establishment forecast demonstrates growth of 5.3% against a plan of 3.5%	Further work required to quantify partnerships. Two partnership services were finalists in the HSJ Partnership Awards 2024. Trust Partnership Charter approved with plans to roll out in 2024/25.	Implementing the Green Plan has delivered activities that contribute to a reduction in the Trust's Carbon Footprint. 24/25 will include a focus on improving our ability to quantify the impact of sustainability initiatives.

A sample of priorities and deliverables within the Operational Plan that will contribute to Growth in 2024/25 include:

- Opportunities to expand and diversify services within the Specialist Directorate including substance misuse and children and young people's inpatient provision.

- Enhancing research opportunities and developing relationships across a broader range of Higher Education Institutes.

- Undertaking preparedness activities to ensure the Trust is well-placed to respond to emerging opportunities linked to national and system level developments.

- A review and refresh of the Trust's charitable arrangements to ensure we are capitalising on all opportunities to deliver positive impact for our service users, staff, and wider communities.

- Refreshing the Trust's Green Plan to ensure that the Trust continues to grow in line with its Sustainability commitments and ambitions.

2. Operational Planning

This section sets out the national and local context which has framed the development of the Trust's Operational Plan 2024/25.

2.1 National Planning Guidance

The NHSE 24/25 priorities and operational planning guidance against which this plan has been developed include the following:

Area	Objective
Quality and patient safety	Implement the Patient Safety Incident Response Framework (PSIRF).
Primary and community services	Improve community services waiting times, with a focus on reducing long waits.
	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
Mental health	Improve patient flow and work towards eliminating inappropriate out of area placements.
	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019).
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025.
	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025.
People with a learning disability and autistic people	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population.
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions.
	Improve the working lives of doctors in training by increasing choice and flexibility in rotas and reducing duplicative inductions and payroll errors.
	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.
Use of resources	Deliver a balanced net system financial position for 2024/25.
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.

Mental Health

2024/25 has been framed as a 'bridging year' to recover the remaining LTP commitments whilst moving towards actions that deliver the vision of parity of esteem for mental health services, ensuring timely access for everyone who needs it to the most therapeutic and least coercive models of care.

Key actions for systems highlighted within the planning guidance include:

- Improve patient flow and reduce average length of stay in adult acute mental health wards, delivering more timely access to local beds.

- Support improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the mental health inpatient commissioning framework by June 2024

- Embed digital technology to transform mental health care pathways, provide more personalised and joined-up care, improve clinical productivity, and support improvements in access, waiting times and outcomes.

- Improve timeliness and quality of mental health activity, outcomes and equality data to evidence the expansion and transformation of mental health services, and the impact on population health.

In addition, systems are asked to:

- Review community services by Q2 2024/25 to ensure clear policies and practice for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.

- Put systems in place to monitor performance and effectiveness of 111 *2 for mental health NHS crisis line services being rolled out in April 2024 by Q2 2024/25.

- Work closely with ICS partners to develop and deliver a workforce plan that supports the system's mental health and NHS Long Term Workforce Plan growth ambitions.

- Implement the patient and carers race equality framework (PCREF) by the end of 2024/25, including establishing the governance structure and reporting metrics.

People with a learning disability and autistic people

The planning guidance recognises significant growth in the numbers of autistic people in a mental health inpatient setting, the need to ensure admissions are only for the purpose of care and treatment of mental health conditions, and that the right model of care and support is provided. Key actions for systems include:

- Reduce admissions of autistic people into mental health inpatient care and increase discharges into community settings.

- Continue to discharge people with a learning disability with the longest lengths of stay into community settings and continue to make progress on reducing the number of people with a learning disability in hospital.

- Ensure that each learning disability annual health check is accompanied by a health action plan.

Other key actions include:

- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the planning guidance objectives.

- Ensure training for staff includes training in learning disability and autism, appropriate to their role.

- Improve autism diagnostic assessment pathways through implementation of the national framework.

- Continue to improve the accuracy and increase the size of GP learning disability registers.

- Support delivery and use of the reasonable adjustment digital flag to reduce the health inequalities of people with a learning disability and autistic people.

Data, digital and technology

Planning guidance reinforces that strong digital foundations are essential for transformation, supporting access, quality and productivity. NHSE will work with systems to develop robust plans for the technology investment announced in the 2024 Spring Budget to support delivery of the NHS productivity plan for the years from 2025/6. In support of this NHSE will improve the measurement and reporting of productivity across all sectors.

2.2 Staffordshire and Stoke-on-Trent Integrated Care System

This Operational Plan has been developed in the context of wider System planning activity. Working collaboratively with System partners we have developed and assessed our plans against a series of themes and priorities as set out in:

- Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) Strategy.
- Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Joint Forward Plan – refreshed for 2024.
- Staffordshire and Stoke-on-Trent Integrated Care System Operational Plan Priorities.
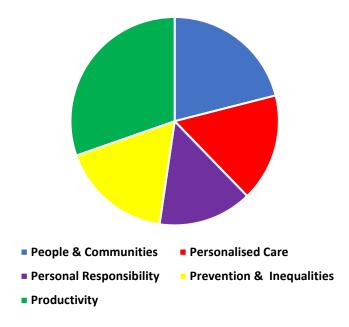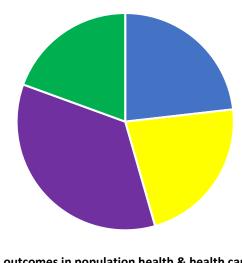
Figure 2.1: Contribution of Trust Operational Plan Deliverables against the ICP Strategy

- People & Communities
- Personalised Care
- Personal Responsibility
- Prevention & Inequalities
- Productivity

Figure 2.1 demonstrates that the deliverables set out in this plan will make a tangible contribution to all aspects of the ICP Strategy with a particular emphasis on Productivity. This is again reflected in the contribution of Trust deliverables towards the ICS Joint Forward Plan, where activity is evident against all domains but particularly 'enhance productivity and value for money.'

Figure 2.2: Contribution of Trust Operational Plan Deliverables against the ICS Joint Forward Plan

- Improve outcomes in population health & health care

- Tackle inequalities in outcomes, experience & access

- Enhance productivity & value for money

- Help the NHS to support broader social & economic development
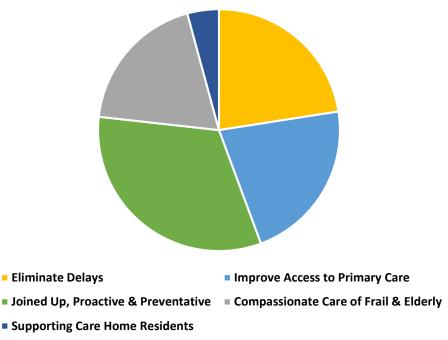
A focus on efficiency, productivity and value for money is critical given the financial challenges facing the Staffordshire and Stoke-on-Trent ICS. In response, a series of recovery programmes will be established as system collaborations with financial targets that will be assessed and disaggregated amongst individual partner plans.

Each programme will be led by a provider Senior Responsible Officer with a team established to provide the appropriate, focussed, resource. The recovery programmes are:

- Demand management for the over 65s.
- Continuing Healthcare (an extension of the 23/24 programme).
- Children and young people.
- Contracts (including elective transformation).
- Clinical value and medicines (including unwarranted variation and unnecessary interventions).
- Corporate, back office and estates.

Our operational plans for 24/25 reflect the Trust's practical contribution and leadership within several of the recovery programmes outlined, including Continuing Healthcare and Children and Young People. Operational plans may require updating to reflect other areas of the recovery programme as the scope and Trust contribution becomes clearer.

Figure 2.3: Contribution of Trust Operational Plan Deliverables against the ICS Operational Plan Priorities

- Eliminate Delays
- Improve Access to Primary Care
- Joined Up, Proactive & Preventative
- Compassionate Care of Frail & Elderly
- Supporting Care Home Residents

Despite a focus on addressing financial challenges, it is positive to note in Figure 2.3 that deliverables within our Operational Plan also support all aspects of the ICS Operational Plan priorities including a significant focus being joined up, proactive and preventative.

2.3 Activity[1]

The Trust's anticipated activity levels for 2024/25 in respect of national metrics are highlighted in figure 4.3.1 and demonstrate in increase in projected activity for perinatal access and children and young people contacts.

Figure 2.3.1: Trust Performance and Projections against Long Term Plan and National Mental Health Priorities

Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts 2024/25

		Out of Area Bed days		Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3	Count	Active inappropriate adult acute mental health out of areas placements (OAPs) (end of month position)	Forecast FY 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
	Count		Actual FY 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0

		Perinatal access		Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
9	Count	Number of people accessing specialist community PMH and MMHS services in the reporting period (12-month rolling)	Forecast FY 24/25	553	553	553	553	553	553	553	553	553	553	553	553	553
	Count		Actual FY 23/24	387	377	390	382	387	395	393	395	388	380	386		

		Overall access to Core Community Mental Health Services for Adults with SMI		Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
11	Count	Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (12-month rolling)	Forecast FY 24/25	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800
	Count		Actual FY 23/24	6,800	6,996	6,958	6,942	6,868	6,815	6,758	6,722	6,699	6,642	6,602		

		Numbers of CYP in contact		Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
13	Count	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (12-month rolling)	Forecast FY 24/25	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648	7,648
	Count		Actual FY 23/24	7,210	7,256	7,325	7,351	7,252	7,199	7,189	7,135	7,171	7,117	7,100		

2.4 Workforce[2]

The high-level workforce position for the Trust forecasts a reduction of 72.42 WTE (3.9%) in the establishment between March 2024 and March 2025 with reductions across all staffing groups. It also reflects an increase of 53.37 WTE in the planned workforce compared to year-end 23/24 (predominantly in Registered Nursing roles). This increase still delivers a position of 97.13 WTE below establishment.

Figure 4.4.1: North Staffordshire Combined Healthcare NHS Trust Plan Vs Establishment

North Staffordshire Combined NHS Healthcare Trust	Staff in post outturn	Establishment	Plan	Establishment
Workforce	Year End (31-Mar-24)	Year End (31-Mar-24)	As at End Mar 25	As at End Mar 25
Total Workforce (WTE)	1808.51	1876.42	1801.43	1804.00
Total Substantive	1653.50	1876.42	1706.87	1804.00
Total Bank	124.01	0.00	87.06	0.00
Total Agency	31.00	0.00	7.50	0.00

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[1] Confirmed activity planning assumptions to be updated as required in advance of final NHSE submission on 2 May 2024

[2] Confirmed workforce planning assumptions to be updated as required in advance of final NHSE submission on 2 May 2024

Figure 2.4.2: North Staffordshire Combined Healthcare NHS Trust Establishment

North Staffordshire Combined NHS Healthcare Trust	Staff in post outturn Year End (31-Mar-24)	Establishment Year End (31-Mar-24)	Plan As at End Mar 25	Establishment As at End Mar 25
Substantive Total	**1653.50**	**1876.42**	**1706.87**	**1804.00**
Registered Nursing, Midwifery and Health Visiting Staff	512.23	603.13	583.47	594.18
Registered/Qualified Scientific, Therapeutic and Technical Staff	270.48	314.87	262.58	312.64
Support to Clinical Staff	468.93	521.96	463.09	479.94
NHS Infrastructure Support	346.22	362.77	343.09	347.11
Medical & Dental	53.46	70.42	52.46	66.04
Any Other Staff	2.18	3.27	2.18	4.09

2.5 Finance[3]

The aggregate Staffordshire and Stoke on Trent Integrated Care System position reflects a deficit of £138.5m.

Figure 4.5.1: Staffordshire and Stoke-on-Trent ICB

Finance	£m
2024/25 Plan Surplus/(Deficit) £m	(138.5)
Considerations:	
Net impact to position not included in plan £m	0.0
2024/25 Financial Efficiencies £m	159.0

The System recognises that "traditional" efficiency factors will be insufficient to return the system to break-even and as such plans are progressing to develop a set of system-wide recovery programmes as a matter of priority as outlined in Section 2 of this plan.

The Trust submission in support of the ICB return reflects a £9.5m contribution to the system recovery target resulting in a £6.91m deficit as part of the 24/25 financial plan.

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[3] Confirmed financial planning assumptions to be updated as required in advance of final NHSE submission on 2 May 2024

3. Ensuring Quality of Care and Service Provision

The Trust quality priorities continue to be the driver for all quality activity planned during 2024/25. These priorities were co-produced with service users, carers, and staff to ensure they reflect the needs of the local population across North Staffordshire and Stoke-on-Trent.

As the Trust moves into 2024/25 with challenging financial targets through supporting the wider System deficit, a relentless focus on quality will be more important than ever.

In preparing the Trust's Cost Improvement Programme (CIP) for 2024/25 a review of process has been undertaken and updates made to ensure that Quality Impact Assessments, Equality Impact Assessments and Sustainability Impact Assessments are integral to all CIP proposals. This has also been reflected in an update to the Trust's business case template.

Examples of key priorities and deliverables for 2024/25 that will help us to achieve our aspiration of providing outstanding services for our population include:

- **Safe** – expansion of safer staffing approaches into the Community Directorate; and enhancing medicines management practice across the Trust.

- **Personalised** – roll out of new care plans in all relevant services; and improving quality and personalisation of care and support to people with a learning disability and/or Autism through the roll out Oliver McGowan mandatory training.

- **Accessible** – delivering Year 1 of the Inpatient Quality Transformation Programme with a focus on addressing health inequalities impacting access and outcomes across the care pathway; and embedding and promoting the use of Patient Aide to improve communication between service users and clinicians.

- **Recovery focused** – exploring alternatives to 'locked' rehab as part of the objectives set by the Inpatient Quality Transformation Programme; further development of the Wellbeing Portal enabling access to a range of tools and resources that support self-management within the recovery process.

4. Our Priorities for 2024/2025

High level priorities for Clinical Directorates and Corporate service areas are outlined below with detailed plans and deliverables at Appendix A.

4.1   Clinical Directorates

Acute & Urgent Care	Community	Primary Care	Specialist
Improve adult crisis pathways: NHS 111 / alternatives to Emergency Department.	Continue to embed Adult Community Mental Health Transformation Programme.	Enhance access for Directorate general practices, reflecting national guidance on improving access to primary care.	Expansion of Edward Myers Unit.
Deliver the Inpatient Quality Transformation Programme.	Improve access to Individual Placement and Support service.	Continued development of Directorate workforce planning strategy to support changing service and workforce needs.	Influence and respond effectively to national commissioning intentions for CYP inpatient services.
Continued development of Directorate workforce planning strategy to support changing service and workforce needs.	Improve perinatal mental health access.	Improve proactive health screening targets.	Review of Learning Disability and Autism services.
Implement Right Care Right Person.	Improve CYP mental health support & access.	Continue to improve access to Talking Therapies.	
	Enhance neurodevelopmental pathways via an all-age ADHD offer and improved CYP ASD pathways.		

4.2   Corporate Directorate

Medicines & Clinical Effectiveness	Nursing & Quality	Operations
Enhance research opportunities.	Roll out of Patient Carer Race Equality Framework.	100% delivery of the Mental Health Investment Standard.
Strengthen relationships with Higher Education Institutions beyond local institutions.	Increase Outstanding CQC ratings throughout the Trust.	Full implementation of the Reasonable Adjustments Flag.
Every patient can expect Mental Health Law compliance including response to new reforms.	Expand safer staffing into the Community.	Oliver McGowan training roll-out.
Continue suicide prevention strategy.	Move Away from Care Programme Approach.	Maintain significant assurance against the Emergency Planning and Resilience and Response Core Standards
Enhance medicine management practices.	Co-produced care and services is integral to how we deliver care and develop services which are recovery focused and inclusive of lived experience, which values our peer workforce.	
Development of Clinical Leadership.	Nursing workforce growth and development.	
Tackle Health Inequalities: all patients will receive outstanding care irrespective of differences.	Transforming Inpatient Mental Health services.	

People, Organisational Development & Inclusion	Governance	Communications
Promote and ensure Equality and Inclusion.	Form and function review of the Governance Team to ensure effective support to the Trust in all aspects of good governance.	Support for Quality Assurance Group and CQC preparation.
Deliver an action plan for the Sexual Safety Charter.	First year evaluation of Kark Review/Fit and Proper Person Test Framework.	Strategic Review of Comms and Engagement.

Deliver the Trust People Plan	Supporting and influencing the Trust vison 'To be Outstanding in all we do and how we do it'.	Intranet / website refresh.
Deliver the Just Restorative Learning Culture & Civility transformation project.		Roll out of digital screens to Trust locations.
Deliver annual programme of Staff Survey activities.		
Maximise Widening Participation and Education activities.		
Improve health, wellbeing, and support across the workforce.		

Estates	Finance	Performance
Ensure estate is fully compliant with Health Technical Memoranda, Health Building Notes and Statutory Legislation.	Supporting the delivery of the Trusts financial plan including the delivery of the agreed efficiency target.	Review and develop new Business Intelligence Strategy 2024-27.
Finalise 5-year Estates Strategy.	Supporting the delivery of the Trusts Capital plans.	Improve Data Quality across the Trust.
Maximise space utilisation across the Trust.	Refresh the Trusts Long Term Financial Model (LTFM).	Meet key national performance data requirements for 2024/25.
Continue to deliver Project Chrysalis.	Supporting the PFI contract expiry process.	Increase clinical engagement with data.
Progress the implementation of electric vehicle charging points across the Trust estate.	Implementation of new finance ledger system and development of reporting suite.	
Explore Sustainability funding opportunities to deliver upgrades to Trust estate.	Undertake a tendering process in respect of the Trusts Payroll services.	
Replacement of EMU Girpi Pipework.		

Digital	Strategy	Transformation Management Office
Digitise: Achieving core digital capabilities and skills that underpin safe and effective care and continuing an upward digital trajectory.	The Trust has an approved and triangulated suite of enabling plans that support delivery of its overarching Strategy.	Primary Care as a key growth opportunity for the Trust.
Connect: Enable the ready sharing of information across the health and social care system while maintaining the highest standards of privacy and ethics.	Ensure the Trust has undertaken appropriate preparedness activities for strategic system developments.	Effective utilization of inpatient bed capacity across the Trust Estate.
Transform: Promote transformative changes that will support the system.	Develop and evolve the Trust's role and influence within local and national systems.	Effective coordination of Trust role within System transformation activity.
Exceed the minimum level of digital maturity as set out in the What Good Looks Like Framework.	Ensure the effectiveness of the Trust Charity and associated governance.	Working towards Net Zero via delivery of Trust Sustainability Programme.
		Ensuring TMO core functions and activities are effective in supporting the Trust to achieve its strategic priorities.

Appendix A: Our Plans for 2024/2025

A.1 Acute & Urgent Care

Acute & Urgent Care								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Improve Adult Crisis Pathways: NHS 111 / Alternatives to ED.**	1a	Continue to expand/improve MH crisis care provision for all ages. This includes improving the operation of all age 24/7 crisis lines and the NHS 111 Option 2, crisis resolution home treatment teams & MH liaison services in acute hospitals.	Service Manager/ Senior Service Manager	Apr-24	Mar-25	Launch of the NHS 111 Option 2 service and embedded as standard practice. Effective delivery of a new model of Crisis Resolution and Home Treatment Team.	Successful provision of NHS 111, Option 2 meeting nationally agreed KPI's Embedded new ways of working for a CRHTT, meeting compliance standards and quality metrics. MHLT compliance against targets and partnership feedback.
		1b	Continue to explore / improve Crisis Alternative provision, i.e. Crisis Pod / lounge, as part of admission avoidance.	Service Manager/ Senior Service Manager	Apr-24	Mar-25	Further alternatives to current options in place. Noticeable trend in reduced admissions in comparison to activity trends.	Functioning crisis alternatives that are used routinely and embedded within pathways. Reduced admission comparable to the demand activity.

2	Deliver Inpatient Quality Transformation	2a	To ensure a framework that focuses on: Improving therapeutic care within acute Inpatient Mental Health Services for Adults and Older Adults. Acute Mental Health Inpatient Services specifically for Autistic Adults and Adults with a Learning Disability.	Matron	Apr-24	Mar-25	Embedded processes in the delivery of therapeutic care within Inpatient wards. Appropriate standards in place to ensure compliance and delivery of the new standards.	Internal and external quality audits demonstrating compliance and effective delivery of improved therapeutic patient care. Compliance of new standards in line with guidance and KPI's.
		2b	Remain on track with Project Chrysalis and bed reduction.	Matron	Apr-24	Mar-25	When all work has been completed and all wards within the scope of Project Chrysalis renovated.	All wards within the scope of Project Chrysalis open and providing high standards of patient care.
		2c	Maintaining; effective bed flow, reduced LoS, and eliminated use of OOA beds, and low re-admission rates. To effectively reduce the number of CRFD across Inpatient areas.	Matron / Discharge Pathway Lead	Apr-24	Mar-25	Stable bed occupancy demonstrating sufficient and efficient bed flow. Re-admission rates below target of 7.5% LoS below national average for all Inpatient Acute Wards. Small numbers of	Stable bed occupancy demonstrating sufficient and efficient bed flow. Re-admission rates below target of 7.5% LoS below national average for all Inpatient Acute Wards.

								CRFD patients who are discharged shortly after CRFD status.	Small numbers of CRFD patients who are discharged shortly after CRFD status.
3	**Continued development of Directorate workforce planning strategy to support changing service and workforce needs**	3a	We will continue to review the Directorate workforce to ensure alignment to Trust Strategy and National priorities.	Workforce Business Partner / Associate Director / Clinical Director	Apr-24	Mar-25	Completion of Workforce Plan for the Directorate using Workforce planning principles.	A completed workforce plan that through delivery demonstrates a reduced vacancy rate, with the development of staff and teams, noting impact around culture, talent , and succession planning.
		3b	Our workforce plan is derived from the Trust Strategy, NHS Long Term Workforce Plan and NHS People Promise to uphold our commitment to all staff and their development.	Workforce Business Partner / Associate Director / Clinical Director	Apr-24	Mar-25	Ongoing monitoring through Workforce Health, Workforce KPI's, Staff Survey Implementation Plan and Staff Engagement and Development Plan.	A completed workforce plan that demonstrates development and culture plans aligned for the Workforce.
4	**Implement Right Care Right Person**	4a	To ensure effective implementation of the NPA: RCRP to improve access to personalised mental health support and prevent unwarranted police	Associate Director / Senior Service Manager	Apr-24	Mar-25	When all 4 phases have been implemented across the system.	Alternative and appropriate provision that supports people to access the right service for them, without harm and for all system

No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
			involvement in mental health care.					partners to be working collaboratively to enable effective service for all.

A.2 Community

Community								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Embed Community Transformation**	1a	Continue to embed pathways and MDT working across primary care with the PCN's and ARRS Practitioners.	Senior Service Manager	Apr-24	Apr-25	Seamless pathways across Primary and Secondary Care with service users support by the right service first time.	Increase in referral rates across Adult & Older Adult CMHTS by 5%.
		1b	Increase visibility and pathways across primary care e.g. community lounges and voluntary sector services.	Senior Service Manager	Apr-24	Apr-25	Secondary and Voluntary sector services working collaborative with visibility from CPN's and STR workers in Community Lounges.	Increase in referral rates across Adult & Older Adult CMHTS by 5%.
		1c	Embed clinical pathways to ensuring there is effective discharge planning.	Senior Service Manager	Apr-24	Apr-25	All CMHT's will have manageable caseloads sizes to ensure there is capacity for new referrals. Safer staffing reports will show consistent same	Increase in referral rates across Adult & Older Adult CMHTS by 5%.

								number of referrals and discharges.	
2	**Improve access to Individual Placement and Support service**	2a	Work with CMHT's to promote IPS service and increase referral rates.	Service Manager	Apr-24	Apr-25	Regular attendance to CMHT's Team meetings and a consistent flow of referrals to IPS service.	Maintenance of ICS engagement trajectories.
		2b	Increase visibility within primary care settings.	Service Manager	Apr-24	Apr-25	Regular attendance to job clubs and the 15 community lounges across Stoke-on-Trent with a consistent rate of referrals.	We will have supported 35% of service users into employment.
3	**Improve Perinatal Mental Health Access**	3a	Increase visibility and pathways across primary care e.g., family hubs and voluntary sector services.	Service Manager	Apr-24	Apr-25	Increased Access rates in line with National and Regional standards.	Access rates of 10% of the local birth population.
4	**Improve CYP Mental Health Support & Access**	4a	All new referral for Core CAMHS Teams receive an assessment within 4 Weeks.	Service Manager	Apr-24	Apr-24	All CYP are seen within 4 weeks of referral.	4WW KPI will be maintained at 95%
		4b	Implement Wave 12 Mental Health Support Teams (MHSTs).	Service Manager	Apr-24	May-24	All newly created posts recruited, new schools identified and engaging with the MHST whole school approach model.	Full coverage of MHST in Schools across Stoke-on-Trent.

		4c	Engage in contract negotiations for service providers of those not requiring Core CAMHS to strengthen our "front door" model.	Service Manager	Sep-24	Apr-25	Increase in referrals to third sector providers.	4WW KPI will be maintained at 95% & CYP getting the right service at the right time, first time.
5	**Enhance Neurodevelopmental Pathways**	5a	Mobilisation of Adult ADHD service.	Service Manager	Apr-24	Apr-25	Fully recruited to all Adult ADHD Team posts.	Adult ADHD fully mobilised and shared care arrangements for treatment with GPs in place.
		5b	Alignment of CYP ADHD to Neurodevelopmental Service line to create an all-age ADHD offer.	Service Manager	Aug-24	Apr-25	CYP ADHD aligned with Neurodevelopmental Services and Service Line.	All Age ADHD Service Offer.
		5c	Improve CYP ASD pathways.	Service Manager	Apr-24	Apr-25	Reduction in waiting times for Assessment and diagnosis.	All referrals assessed and diagnosed within 13 weeks.

A.3   Primary Care

Primary Care								
No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	To enhance access for Directorate general practices reflecting national guidance around improving access to primary care	1a	To embed service wide telephony system creating virtual call centre across our general practices.	Service Manager	Apr-24	Sep-24	Successful installation of new telephone system.	Implementation of virtual call centre which supports Moorcroft, Holmcroft and Keele practices, ability to answer calls across the practices, call waits information and ability for call back facility.
		1b	Increase care navigation to 15% of all daily patient contacts across all general practices (care navigating to ARRS roles, Pharmacy, Talking Therapies, voluntary sector organisations)	Service Manager	Apr-24	Mar-25	Monthly monitoring of care navigation rates which consistently achieve an average minimum of 15%	Data is widely collected for the three practices sites and demonstrates a minimum of 15% of daily contacts are appropriately care navigated.
2	Continued development of Directorate workforce planning strategy to support changing service and workforce needs.	2a	Reduce staff turnover rates by 5% and to maintain within Trust KPI.	Service Managers	Apr-24	Mar-25	Monthly data around turnover rates provided which demonstrate reduction utilising agreed action plan.	Reduction of turnover rates by 2% in comparison to March 2024.
		2b	Develop Directorate workforce plan, including general practice, talking	Associate Director/ Clinical Director	Apr-24	Sep-24	Completion of workforce plan for 2024/25 using	Completed workforce plan which incorporates all

					Apr-24	Mar-25		
			therapies and ARRS teams.				workforce planning principles.	Directorate teams.
3	Improve proactive health screening targets.	3a	Increase cervical screening, childhood immunisations and learning disability checks uptake by 5%	Clinical Lead/Senior Practice Nurse Lead	Apr-24	Mar-25	Action plan in place supporting increase in uptake of screening targets.	Demonstratable increase in cervical screening, childhood immunisations and learning disability health checks, showing 3% increase on uptake in comparison to 2023/24 results.
		3b	Implement engagement events with our local communities to support health screening, including utilisation of ARRS roles.	Clinical Lead/Senior Practice Nurse Lead/ Service Manager	Apr-24	Mar-25	Engagement events held across our communities, providing education opportunities around public health screening.	Demonstratable increase in cervical screening, childhood immunisations, learning disability health checks, FIT testing and SMIs. ARRS and practice staff working together to provide community events.

4	Continue to improve access to Talking Therapies	4a	Increase referral into treatment rates by 5%	Service Manager	Apr-24	Mar-25	Provision of data around referral to treatment rates. Action plan implemented to address required increase.	5% increase in referral treatment rates can be demonstrated and consistently achieved over 6-month period in comparison to March 2024 data.
		4b	Undertake joint TT, ARRS, CMHT education events to describe pathways and services available, supporting joint working and step up/step down approach.	Service Manager	Apr-24	Mar-25	Away day events and protected learning opportunities for teams planned.	Engagement events undertaken with teams throughout the year, including co-development of referral matrix.

A.4   Specialist

Specialist								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Expansion of Edward Myers Unit**	1a	Expansion of Detox OBDs and increased income.	Senior Service Manager	Apr-24	Mar-25	Income generated exceeds 24/25 operating costs for the service.	Consistent income that exceeds the cost of running the service.
		1b	Workforce restructuring.	Senior Service Manager	Apr-24	Dec-24	Recruitment to new and vacant posts complete.	Established workforce.

2	Influence and respond effectively to national commissioning intentions for CYP inpatient services	2a	Develop pathway options to adhere to commissioning intentions.	Senior Service Manager	Apr-24	Dec-24	Approved options paper by SLT.	Agreed plan for service redesign.
		2b	Develop workforce to offer enhanced service.	Service Manager	Apr-24	Mar-25	Training schedule completion.	Workforce able to manage a variety of presentations and risks.
3	Review of Learning Disability and Autism services	3a	To finalise intentions for the provision of the A&T service.	Service Manager	Apr-24	June-24	Agreed plan for future of the service.	Plan for the future of service implemented.
		3b	Review of local keyworker provision to assess effectiveness	Service Manager	Mar-24	May-24	Complete review with clear recommendations.	A responsive structure and plan to support CYP with a Learning Disability and/or Autistic CYP who face multiple vulnerabilities.
		3c	Develop improvement plan for Key workers including plan to support the wider roll out to CYP with a Learning Disability and/or Autistic	Service Manager	Jun-24	Dec-24	Complete an implementation plan	A responsive structure and plan to support CYP with a Learning Disability and/or Autistic CYP who face multiple vulnerabilities.

A.5   Operations

Operations								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Delivery of Mental Health Investment Standard (MHIS) remains a mandatory minimum requirement**	1a	100% delivery of the MHIS investment standard	Chief Operating Officer	Apr-24	Mar-25	Evidence of MHIS investment.	100% utilisation of the MHIS.
2	**Full implementation of the Reasonable Adjustment Flag**	2a	Develop and implement plans to ensure that the Reasonable Adjustment Flag (RAF) is in place and that Reasonable Adjustments (RA) are made so all local NHS Providers and wider NHS services can support, listen to, and help improve the health and wellbeing of people with LDA and their families, including further expansion of Acute Liaison roles to support roll out in acute trusts.	Chief Digital Information Officer	Mar-24	Mar-25	Evidence of reasonable adjustment flag in clinical notes/evidence in reporting of its clinical use.	Utilisation of the reasonable adjustment flag linked to our baseline data.

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
3	**Oliver McGowan Training Roll Out**	3a	NHS and care staff will receive information and training on supporting people with a Learning Disability and/or autism through the roll out of Oliver McGowan Mandatory Training.	Deputy Chief Nursing Officer	Jan-23	Mar-25	Completion of Level 1 & 2 Training.	85% of staff trained in level 1&2.
4	**Emergency Planning and Resilience and Response Core Standards**	4a	NSCHT to maintain significant assurance against the core standards	Chief Operating Officer	Sep-23	Aug-24	Maintain assurance against the Core Standards.	Maintain assurance against the Core Standards.

A.6 Medicines and Clinical Effectiveness

Medicines and Clinical Effectiveness								
No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Enhance research opportunities.**	1a	Deliver training and delivery programme to increase skills and capabilities within the workforce.	R&D Lead	Jan-24	Sep-24	Training delivered, feedback from trainees, new research ideals taken through development.	Research ideas are nurtured through development to deliver and publication. Colleagues motivated and engaging actively in joint research opportunities due to compatible alignment.

		1b	Review R&D roadmap, provide reports evidencing progress		Jan-24	Mar-25	Reports received into Quality Committee.	Roadmap milestones achieved.
		1c	Lead SHERPA on Comms/digital content to staff and governance		Jan-24	Mar-27	Content and guidance approved for distribution.	Joint research with HEI that align to clinical interest and Trust strategic objectives.
2	**Strengthen relationships with HEI beyond local institutions.**	2a	Strengthen links with universities through joint bids aligned to areas of clinical interest.	Deputy CMO (Education) & Deputy Director MACE	Mar-24	Mar-25	Joint bid applications.	Strong network of research peers within academic.
		2b	Meet educational criteria required to become a University Trust.		Apr-24	Mar-25	Criteria met.	Strong relationship with HEI, Trust recognised for its excellence in educational provision. Strong reputation amongst students and other stakeholders
		2c	Develop and progress plan to meet financial requirements for University Trust status.		Apr-24	Mar-25	Criteria met and proceed through submission process.	Recognition and reputation. Increased research revenue and productivity.
3	**Every patient can expect Mental Health Law compliance**	3a	Review and refresh training content and delivery schedule	MHLT Service Manager	Jun-24	Mar-25	Feedback and audit	Improved patient experience. Full MHA Compliance
		3b	100% compliance with requirements for Section 17 leave		Mar-24	Oct-24	Internal and external audits	Improved patient experience. Full MHA Compliance.

		3c	100% compliance with requirements for consent		Apr-24	Oct-24	Internal and external audits	Improved patient experience. Full MHA Compliance.
4	**Continue suicide prevention strategy.**	4a	Deliver system wide Annual Suicide conference	Deputy Director MACE	Apr-24	Oct-24	Co-ordinated multi-organisational event	Increased awareness. Enhanced partnership working.
		4b	Improved risk assessments performance especially in patients reported with SI's - measure through thematic review	Head of Patient & Organisational Safety & Chief Medical Officer	Apr-24	Sep-24	Surveillance demonstrates improvement.	All SI's have up to date risk assessments.
5	**Enhance medicine management practices.**	5a	Scoping - Review current educational training provided to all staff groups.	Deputy Director MACE	Apr-24	Jun-24	Mapping exercise completed with gaps identified.	Understanding of the current offer from Trust and HEI's. Identification of gaps that can inform content of training package.
		5b	Develop suite of appropriate training and competency tools to support all staff groups involved in medicines management.	Deputy Director MACE	Apr-24	Sep-24	Staff feedback	Improved access for staff. Gaps addressed and offer consistent evidence-based training.

		5c	Develop and implement a Medicines Incident Management Policy (aligned to PSIRF).	Deputy Director MACE	Apr-24	May-24	Improved quality of incident closure and assurance regarding learning.	Increased confidence of staff. Improve patient experience.
6	**Development of Clinical Leadership**	6a	Compile a multidisciplinary 3-year clinical leadership plan with key milestones and objectives.	Chief Medical Officer	Mar-24	Aug-24	Milestones achieved.	Improved engagement with clinical workforce. Tool to support recruitment, retention, and research.
		6b	Promote shared principles of MDT working through multiple channels.	Chief Medical Officer	Mar-24	Mar-25	Staff feedback. Improved patient satisfaction. Improved patient outcomes.	Effective MDT working to improve patient experience. Seen as an employer of choice.
7	**Tackle Health Inequalities: all patients will receive outstanding care irrespective of differences.**	7a	Ensure senior leaders and decision makers have adequate understanding of factors relating to health inequalities and key principles/tools to tackle health inequalities.	CMO & Deputy Director of MACE	Mar-24	Mar-25	Performance metrics. Service user feedback	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.
		7b	Establish a process which provides assurance that health inequalities are considered and informs any decisions and / changes in care and service provision.	CMO & Deputy Director of MACE	Apr-24	Jul-24	Performance metrics. Service user feedback.	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.

		7c	Work cross collaborative with complimentary workstreams to harness opportunities.	CMO	Apr-24	Jul-24	Performance metrics. Service user feedback.	Assurance that principles of health equality are applied to all decisions. Improved access and experience for all patients.

A.7   Nursing & Quality

Nursing & Quality								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Roll out of Patient Carer Race Equality Framework**	1a	To agree data requirements and how it will be cascaded and used to inform race equality and ensure patient level reporting includes relevant equality information	Chief Nursing Officer and Deputy Chief Nursing Officer	Apr-24	Mar-25	Readily available data which is used intelligently to improve services and care which is equitable for all.	Evidence of Co-produced improvements.
		1b	To agree training / awareness requirements for all staff					
		1c	To have a clear engagement and co-production plan to address areas of improvement.					

2	Increase Outstanding CQC ratings throughout the Trust.	2a	To be assured against CQC KLOE that all Trust core services are consistently of high quality.	Chief Nursing Officer and Deputy Chief Nursing Officer	Apr-24	Jan-25	Trust maintains Outstanding CQC rating.	More core services are rated as Outstanding and / Or more CQC domains rated as outstanding overall. All improvements are informed utilising QI methodology.
		2b	To ensure that all core services have a 'Towards Outstanding' plan which all teams are actively involved in Quality Improvement initiatives.					
3	Expand safer staffing into the Community.	3a	Reporting of Community metrics which gives insight into safer staffing.	Deputy Chief Nursing Officer	Jan-24	TBC pending business case	Routine reporting of community safer staffing metrics.	E-roster embedded in all clinical / community services.
		3b	To roll out E-roster in all clinical / community services.					
4	Move Away from CPA	4a	Training programme to be rolled out to all relevant clinical staff / teams.	Deputy Chief Nursing Officer	Jan-24	Apr-24	All relevant staff received training.	All patients have a co-produced care plan which is informed using PROMs.
		4b	Policy to be agreed and implemented.		Apr-24	Sep – 24		
		4c	Roll out of PRSB Care planning standards and PROMs in all relevant services beyond adult and older persons community teams.		Apr-24	Mar-25		

5	Co-produced care and services is integral to how we deliver care and develop services which are recovery focused and inclusive of lived experience, which values our peer workforce.	5a	To ensure there is a process in place which provides assurance that co-production is at the forefront of any decisions and / changes in care and service provision.	Head of Nursing & Professional Practice	Jan-24	Mar-25	More care and decisions regarding services will be co-produced.	Assurance that relevant care and services changes and improvements are co-produced with service users, staff, and key stakeholders.
		5b	To ensure that senior leaders and decision makers throughout the Trust have an adequate understanding of the core principals of Co-production and they are factored into key decision-making processes.	Head of Nursing & Professional Practice	Apr-24	Mar-25	As above	As above
		5c	To provide a framework / guide to 'how best to approach co-produced care and service changes / improvements'.	Head of Nursing & Professional Practice	Apr-24	Oct-24	As above	As above
6	Nursing workforce growth and development	6a	To provide options appraisal re grading the growth and expansion of the nursing workforce which is designed to drive high quality care and address vacancy challenges.	Head of Nursing & Professional Practice	Feb-24	Apr-24	A clear plan in place with a trajectory of nurse development & recruitment in place.	Reduced vacancies and Turnover of nursing posts / staff.

		6b	To ensure there is routine engagement with the nursing workforce which focuses on development, retention, wellbeing, and the delivery high quality care.	Head of Nursing & Professional Practice	Feb-24	Mar-25 (ongoing)	Nurses feel valued, heard, and supported.	As above
7	**Inpatient Quality Transformation Programme**	7a	To ensure there is clear leadership internally and within the wider system focused around transforming inpatient services, with routine reporting into Trust Board as required.	Deputy Chief Nursing Officer	Jan-24	Mar-25	A clear programme plan is in place with clearly outlined workstreams.	Active engagement, involvement and board level support which is recognising improvements within the inpatient settings.

A.8   People, Organisational Development & Inclusion

People, Organisational Development & Inclusion								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Equality and Inclusion**	**1a**	Workforce Race Equality Standard, Workforce Disability Equality Standard.	Associate Director of Organisation Development	Apr-24	Oct-25	Annual Report and action plan published (or requirement removed from NHS Standard Contract).	Trust data uploaded to NHS England across all required metrics. Action Plan and Reporting approved through cycle of PCDC, Report sent to commissioners and on Trust website annually.
		1b	Equality Delivery System Internal review.	Associate Director of Organisation Development	Oct-24	Mar-25	Consultation complete and Annual Report and action plan published annually (or requirement removed from NHS Standard Contract).	Report produced. Consultation completed including SUCC.
		1c	Gender Pay Data, Ethnicity Pay Gap and Disability Pay Gap report, Sexual Orientation Monitoring (SOM).	Associate Director of Organisation Development	Jan-25	Mar-25	Report and action plan approved at PCDC & TB and published (or requirement removed as legal annual responsibility).	Report and action plan produced and approved through Trust committees. Report published on Trust website.

		1d	Accessible Information Standard (AIS) annual compliance report audit findings and action plan.	Associate Director of Organisation Development	Oct-24	Mar-25	AIS compliance assured across Trust services Action plan in place to address any gaps / concerns potential aspect of CQC evidence and questioning (well led).	Assurance gained through feedback / survey / audit annually and reported on via PCDC to TB (as part of D&I Annual Report and/or separately).
		1e	NHS EDI Improvement Plan & associated 6 high impact actions. Development plan in place for each High Impact Action.	Associate Director of Organisation Development	Apr-24	Mar-25	Compliance with Six High impact Actions assured	Compliance with Six High impact Actions assured through WREI and internal reporting
2	**Sexual safety charter - NEW**	2a	Sexual Safety Charter associated action plan.	Associate Director of Organisation Development	Apr-24	Jun-24	Signed Sexual Safety Charter published on Trust website. Associated action plan in place.	Charter published and standards assured annually,
3	**Deliver the Trust People Plan**	3a	5 work streams: Inclusive & Representative, Achieve Potential, Great Place to Work, Health & Wellbeing, Systems and Policies,	Chief People Officer	Apr-24	Mar-25	All work streams have detailed actions and reporting mechanisms in place against the 5-year plan.	Reporting through PCDC, SLT, Trust Board.
4	**Just Restorative Learning Culture & Civility**	4a	Transformation Project: year 2/3-year plan: Deliver 7 workstreams: Communication, Education, Data, Policies, Processes, Staff and Patient Safety	Associate Director of Education	Apr-24	Mar-26	Project plan developed and implemented with impact and outcome measures in place.	A Just and Restorative Culture will enable people to be the best they can be, promote equity and quality, learning from

								mishaps and errors to deliver continuous improvement.
5	**Staff Survey**	5a	Annual Staff Survey and quarterly Pulse Checks.	Associate Director of Organisation Development	Apr-24	Mar-25	Annual report and action plans co-produced with clinical AD's. Reporting quarterly through PCDC and JNCC.	Increase in completion of the Staff Survey across the Trust. At least 50% completion in each team and Directorate.
		5b	Continuation of annual cycle including reporting and Directorate Action Plans to address areas for improvement as required.	Associate Director of Organisation Development	Apr-24	Mar-25	Annual report and action plans co-produced with clinical AD's. Reporting quarterly through PCDC and JNCC.	Reports through Trust Board, PCDC and JNCC.
6	**Widening Participation and Education**	6	Maximise and deliver on all areas of Widening Participation; Apprenticeships, Careers into Schools, Work Experience, princes Trust and T Levels.	Education & Widening Participation Manager	Apr-24	Mar-25	Annual Report in addition to reporting through JNCC and PCDC.	We will continue to meet and exceed national set targets.
		6b	Maximise Trust Education Budget and CPD Budget. Develop suite of optional CPD for personal and	Associate Director of Education	Apr-24	Mar-25	Rolling annual programme	Trust TNA will identify key priorities. SEAL have oversight and sign off on

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
			professional development. Maintain Stat & Mand Education.					budget use. Annual report.
7	**Health, Wellbeing and Support**	**7a**	Manage and optimise Occupational Health contract.	Associate Director of Education	Apr-24	Mar-25	Improvement in vaccination, time to recruit, attendance at work data and regular health checks.	Staff will have occupational support to ensure health and safety at work
		7b	Health and Wellbeing Strategy.	Associate Director of Education	Apr-24	Mar-25	Develop and deliver H&W Strategy in line with the People Plan.	Trust to support Health and Wellbeing (Mental and Physical Health)

A.9   Communications

Communications								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Support for Quality Assurance Group and CQC preparation**	**1a**	Produce and operationalise comms and engagement plan for CQC inspection	Associate Director	Jan - 24	Dec - 24	Staff are fully engaged and prepared for the CQC announced inspection	Successful staff involvement in CQC announced inspection
		1b	Provide comms and engagement support for the work of the Quality Assurance Group	Associate Director	Jan - 24	Dec - 24	All comms and engagement aspects of delivering the quality assurance programme are delivered	Quality Assurance comms and engagement requirements are met across Trust services
		1c	Review and update core induction and welcome materials and activities -	Associate Director	Jan - 24	Sep - 24	New content and activities are introduced - working	Improved induction and welcome experience for new

					Feb - 24		with people directorate colleagues	and existing employees.
			harnessing full range of digital channels and capabilities.					
2	**Strategic Review of Comms and Engagement**	2a	Produce and secure agreement for new strategic review and 3-year plan for Comms and Engagement	Associate Director	Feb - 24	Mar - 25	Board sign-off is given to new Strategic review and 3-year delivery plan.	Each plan component will have specific SMART KPI
		2b	Implement recommendations of the internal audit review of Comms and Engagement function.	Associate Director	Feb - 24	Mar - 25	Internal audit confirm recommendations have been implemented	New CAT pages for team, enhanced assurance arrangements, agreement on new 3-year plan, with SMART KPIs and accompanying resource plan.
3	**Intranet / website refresh**	3a	Refresh and deliver new CAT intranet and public website, including compliance with new national accessibility standards.	Associate Director	Feb - 24	Oct - 24	New versions of CAT and public website are operational.	Improved web design and increased accessibility.
4	**Roll out of digital screens to Trust locations**	4a	Roll out digital screens with actively managed content to all Trust locations that require them.	Associate Director	Feb - 24	Mar - 25	Digital screens served by dedicated laptops are in place across all Trust locations that require them.	Actively managed content is being shown on digital screens across our locations.

A.10 Finance

Finance									
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Supporting the delivery of the Trusts financial plan including the delivery of the agreed efficiency target**	**1a**	Maintenance of systems and processes to ensure integrity of financial reporting. Preparations and approval of Trusts 24/25 Financial plans. Monthly monitoring and reporting of performance against plan to Trust Committee structure and Regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its financial targets.	Trusts financial plan will be achieved or bettered.
		1b	Monthly monitoring and reporting of performance against plan to Trust Committee structure and Regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its financial targets.	

2	**Supporting the delivery of the Trusts Capital plans.**	2a	Construction and approval of the Trusts 3/5-year capital plan within the funding available & agreeing that plan with System partners. Monitoring and reporting the financial performance against plan through the Trust Committee structure and to regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its capital plan.	The Trusts Capital Programme will not overspend against the funding available.
		2b	Monitoring and reporting the financial performance against Capital plan through the Trust Committee structure and to regulatory bodies.	Deputy Chief Finance Officer	Apr-24	Mar-25	Returns and Accounts submissions reporting the financial performance of the Trust will demonstrate that the Trust has delivered its capital plan.	
3	**Refresh the Trusts Long Term Financial Model (LTFM)**	3a	Updated 5-year financial model to include refreshed Trust and System strategic priorities. Plan to be presented and approved by Board.	Deputy Chief Finance Officer	Sep-24	Sep-24	Revised and refreshed LTFM will be presented to SLT, F&R & Board for approval.	Trust will have a 5-year financial model that reflects its financial strategy.

4	Supporting the PFI contract expiry process	4a	To continue to plan for the exit of the Trusts PFI arrangements in 2030. Provision of legal and other expert advice on the management and exit processes of the PFI contract.	Deputy Chief Finance Officer	Apr-24	Aug-30	Trust exits its PFI contract in August 2030	In 24/25 the Trust will continue to work its PFI partner and PFI consultants to manage the existing PFI contract more effectively. This will concentrate on ensuring that improvements, maintenance, and repairs are being undertaken during the remaining years of the contract. This is to ensure that the infrastructure of site is fit for purpose in readiness for the contract break. Trust exits its PFI contract in August 2030.
5	Implementation of new finance ledger system and development of reporting suite	5a	To upgrade the suite of financial systems to ensure that the Trust has a fully supported and managed service solution.	Assistant Director of Finance	Jun-24	Oct-24	The Trusts financial suite of systems will have been upgraded	A new financial system will be operating throughout the Trust. The Finance Team Managers and Budget holders will see an

No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
								enhanced functionality within an easier to use suite of Financial Systems.
6	**Undertake a tendering process in respect of the Trusts Payroll services**	6a	Changes to the provision of pay services within the Staffordshire System will require the Trust to tender for the provision of a payroll service for 1 April 2025 onwards.	Assistant Director of Finance	Apr-24	Jan-25	A tender exercise will have been completed and a new provider selected	A new Payroll provider will have been selected. Manager and Staff will see a smooth transition from current provider to new provider with similar or enhanced provision of service while maintaining or improving cost.

A.11 Performance

Performance								
No.	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Review and develop new Business Intelligence Strategy 2024-27**	1a	Population Health Management - programme of work for presentation & analysis of health equity data, supporting inpatient and	Head of BI	Apr - 24	Mar - 25	Ongoing programme of work in line with national, ICS and Trust priorities, meeting key milestones.	Health equity data driving care pathway development and service transformation and interventions

			community transformation.					monitored to evidence impact.
		1b	Roll out Power BI across the Trust in line with the ICS Strategy.	Head of BI	Apr - 24	Mar-25	Business Case agreed by Trust.	Power BI access for all Trust staff or selected number based on Business Case decision.
		1c	Develop proxy reports to replicate NHS Futures national dashboards (MHSDS).	Head of BI	Apr - 24	Mar-25	Reports will be available to replicate MHSDS national reports.	Data quality accurate and assured on submission of MHSDS.
2	Improve Data Quality across the Trust	2a	Maintain a DQMI score of over 95%	Head of Information and DQ	Apr - 24	Mar-25	Reported performance over 95% (national standard).	Reported performance over 95% (national standard).
		2b	Improve data completeness/ data quality of all national measures - focus on Snomed diagnosis and intervention codes and outcome measures in MHSDS.	Head of Information and DQ	Apr-24	Mar-25	Data completeness in line with national requirements and expectations.	Trust reports good progress with performance for new national Waiting Time standard (RTT 4 weeks) and compliance with PRSB standards for care planning.
		2c	Contribute to the development of the ICS DQIP.	Head of Information and DQ	Apr-24	Mar-25	Trust contributes fully to ICS work plan, ensures DQ completeness and DQ improves.	DQ improvement in designated and agreed areas.

3	Meet key national performance data requirements for 2024/25	3a	Meet forecasts for 2024/25 national MH activity planning priorities as reported to ICS and NHSE.	Head of Information and DQ	Apr-24	Mar-25	National reporting will confirm the ICS and Trust position.	Agreed activity forecasts with the ICS and NHSE achieved in 2024/25.
		3b	Development of waiting time reports to support implementation of new national waiting time requirements. Focus on access and demand & capacity analysis.	Head of BI Head of Information and DQ	Apr-24	Mar-25	Reports will be deployed to improve waiting time monitoring and provide performance monitoring and management of new waiting time standards.	Trust performance exceeds required national standards and expectations. Reliant on Service performance against the wait time measure.
		3c	Report progress/compliance in the IQPR and directorate performance packs. Reinstate activity reporting in IQPR in 2024/25.	Director of Performance	Apr-24	Mar-25	Quarterly change control process via SLT to agree changes to ensure that IQPR and Performance packs pointed to national, ICS, Trust and Directorate planning and performance priorities.	Board reporting provides assurance on progress with key performance priorities with a clear focus on highlights and exceptions that may require corrective action.
		3d	Manage the implementation of MHSDS v6.	Head of Information and DQ	Apr-24	Mar-25	All required data items on Lorenzo, being recorded and reported through MHSDS. Reliant on Clinical Systems and Dedalus.	Data completeness and DQ score of 95% maintained, above national target and in upper quartile nationally.
4	Increase clinical engagement with data	4a	Develop and implement an engagement plan with clinical teams to build a data driven	Director of Performance	Apr - 24	Mar-25	Programme completed.	Clinical engagement improves with demonstrable

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
			culture in the Trust. Devise a schedule of performance roadshows for wards and team bases and provide online surgeries to promote BI reports.					performance improvement and positive feedback from Directorates and teams. Power BI and other self-serve reports will be used extensively.

A.12 Estates

Estates

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
1	**Estates Compliance**	1a	Fully compliant estate in conjunction with HTMs, HBNs and Statutory Legislation.	Estates Operations Manager	Jan - 24	Mar - 25	Completion of statutory requirements.	Safe and complaint estates premises.
2	**Finalise 5 Year Estates Strategy**	2a	Describe the overall use of the estate, occupancy costs, service and organisational constraints, and capital investment decisions.	Associate Director	Jan - 22	Mar – 25	Delivery of short, medium and long term targets.	Implementation and delivery of key estates subject matter

		2b	Refresh 6 Facet Survey (Property Appraisal).	Associate Director	Jan - 24	Mar - 25	Survey completed of all Trust retained sites.	Accurate and updated property information: Physical Condition, Quality, Functional Suitability, Statutory Requirements, Space Utilisation, Environmental Management.
3	**Maximise space utilisation across the Trust**	3a	Reducing occupancy costs whilst maintaining and improving service delivery.	Associate Director	Jan - 24	Apr - 24	Premises operating at maximum efficiencies.	Implementation and delivery of key subject matters.
4	**Deliver Project Chrysalis**	4a	Dormitory eradication, compliance.	Associate Director	Jan - 22	Sep - 25	On completion/ handover of the project	Delivery of project.
5	**Progress the implementation of electric vehicle charging points across the Trust estate**	5a	On-site electric Vehicle charging facilities.	Estates Project Manager	Jan - 24	Mar - 26	On completion/ handover of the project.	Delivery of project.
		5b	Assess on-site electrical capacity.	Estates Project Manager	Jan – 24	Jun - 24	Business case will identify electrical loads and capacity.	Delivery of project.
		5c	Select appropriate sites for installation - Lawton House, Ashtenne, Harplands, Darwin Centre.	Estates Project Manager	Jan - 24	Jun - 24	Business case will identify suitable sites.	Delivery of project.
6	**Sustainability (NEEF / PSDS Funding) inc. timescales & funding**	6a	Projects in coordination with bids and agenda.	Operations Manager/Project Manager	Jan - 24	Mar - 27	On completion/ handover of the project(s).	Delivery of project.
		6b	Consider: solar panels, insulation, LEDs -	Operations Manager/Pr	Jan - 24	Mar - 27	On completion/ handover of the project(s).	Delivery of project.

No	Priority		Deliverables	Lead	Start Date	End Date	How will we know it's complete?	What will success look like?
			Target all in-patient units as possible sites.	oject Manager				
7	**EMU Girpi Pipework Issues/ Replacement**	7a	Removal of Girpi Pipework and replaced with other more suitable material.	Associate Director	Jan - 24	Sep - 24	On completion/ handover of the project.	Successful delivery of project resulting in removal and replacement Girpi pipework with copper/steel alternative.

A.13 Governance

Governance								
No	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Form and function review of the Governance Team to ensure effective support to the Trust in all aspects of good governance.**	1a	5-year Governance Plan.	Deputy Director of Governance	Apr-24	Sep-24	Action plan progress	Well led 'outstanding' rating.
		1b	Review current structure	Corporate Governance Manager	Apr - 24	Apr - 25	Structure agreed and funded.	Role and function clarity across the team

		1c	Develop the Trust Risk Management Plan	Risk & Assurance Manager	Jan-24	May-24	Strategy produced.	Plan embedded in the organisation.
		1d	Clinical audit approach/plan - how clinical audit programme links itself to Ops planning and Strategy- links to MACE, R&D. Action Planning.	Clinical Audit Manager	Apr-24	Apr-25	Clinical audit review.	Revised programme aligned to Trust priorities.
2	**First year evaluation of Kark/Fit and Proper Person Test Framework**	2a	Well Led- action plan devised from the Deloitte Review.	Governance Team	Apr-24	Oct 25	Progress against the Deloitte action plan.	Actions embedded in the organisation.
3	**Supporting and influencing the Trust vison 'To be Outstanding in all we do and how we do it'.**	3a	Annual NHSE Submission Internal Annual report to Board 2024.	Corporate Governance Manager	Apr-24	Apr-25	Produce reports as required	National compliance requirements met.
		3b	Maintain CQC rating.	Deputy Director of Governance	Jan-24	Jan-25	Via Action Plans out of NSCHT Quality Assurance Group	Inspection feedback and ratings 24/25.
		3c	BAF, Risk appetite, Risk Training - Module on LMS 3 yearly Video/Avatar (time releasing Induction - governance) Risk Reporting/Governance from Board to Ward.	Risk & Assurance Manager	Feb-24	Oct-24	Further Board Development. Final Versions co-produced and engaged upon.	BAF approved for 24/25 via Trust Board.
		3d	FOI enhancements- reporting - annual review - FOI Training/Avatar- linked	Governance Team Administrator	Apr-24	Apr-25	Support FOI system Network and look for areas of collaboration.	Maintain the Trusts excellent performance against national FOI standards 24/25.

							Training package to be developed on LMS.	
		3e	Revise / update Statement of Purpose. Support the delivery of CQC in collaboration with Quality and Nursing Directorate.	Quality Assurance and Improvement Manager	Dec-23	Mar-24	Updated Statement of Purpose signed-off via appropriate governance and all inspection activity complete.	Publish updated Statement of Purpose.
		3g	AI for minute taking and how we can trial it in committees/other meetings.	Corporate Governance Administration Manager	Mar-24	Apr-25	A decision is made on the use of AI minutes.	Deliver minutes through AI across meetings.

A.14   Strategy

Strategy								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**The Trust has an approved and triangulated suite of enabling plans that support delivery of its overarching Strategy**	1a	Develop Joint Forward Plan 2024 – 2027.	Chief Strategy Officer	Apr-24	Oct-24	Joint Forward Plan signed-off via appropriate Trust governance.	A Trust JFP that aligns and adds value to Trust and System planning.
		1b	Coordinate production/update of Corporate enabling plans 2024 -2027.	Chief Strategy Officer	Apr-24	Mar-25	All plans signed-off via appropriate Trust governance and accessible on CAT.	The content of plans is understood across the Trust, delivery can be evidenced and is

								aligned to Trust Strategy and achievement of impact measures.
		1c	Plan and deliver the development of the 25/26 Operational Plan.	Chief Strategy Officer	Apr-24	Mar-25	Operational plan signed off via appropriate Trust governance.	Clear evidence of a Golden Thread from Trust Strategy through to Operational Plans effective performance monitoring arrangements.
2	**Ensure the Trust has undertaken appropriate preparedness activities for strategic system developments.**	2a	Readiness assessment of delegated commissioning functions.	Chief Strategy Officer	Oct-24	Mar-25	SWOT analysis and (where applicable) business case development.	Assured plan of growth opportunities linked to delegated commissioning.
		2b	Integrated Care Hub opportunities assessment.	Chief Strategy Officer	Apr-24	Oct-24	Business case developed.	Robust decision is made regarding Trust involvement in the model.
3	**Develop and evolve the Trust's role and influence within local and national systems**	3a	Development of age-appropriate service models that offer person-centered care for children and young people with complex physical and mental health needs.	Chief Strategy Officer	Apr-24	Mar-26	Partnership commitment secured to new approaches/models of care and evidence of these operating effectively. Activities detailed on implementation plan identified as complete.	An overall reduction within the System of children and young people reaching crisis point due to improved models of care and support.

4	**Ensure the effectiveness of the Trust Charity and associated governance**	4a	Review of Trust charity management arrangements undertaken, and operational plan developed.	Chief Strategy Officer	Apr-24	Mar-25	Charitable Committee approves proposed operating model.	Trust charity is operating to maximum effect.

A.15 Transformation Management Office

Transformation Management Office								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**
1	**Primary Care as a growth opportunity for the Trust**	1a	Utilise the vertical integration evaluation and Keele lessons learned to inform future process.	Senior Service Manager	Apr-24	Sep-24	Action plan developed based on evaluation recommendations marked as complete.	Closure reports for future integration projects reflect adherence to evaluation recommendations and do not repeat lessons learned.
		1b	Share our learning across System, Regional and National platforms.	Senior Service Manager	Apr-24	Sep-24	All activities on dissemination/comms plan complete.	Journal publication and evidence of reach including feedback received.

					Start	End		
		1c	Establishing feasibility of expansion via exploration of new business development opportunities.	Senior Service Manager	Mar-24	Mar-25	Business case documents progress through relevant governance.	Confidence in decision making on future growth opportunities.
		1d	Exploration of development opportunities linked to a Primary Care Network.	Senior Service Manager	Apr-24	Mar-25	Exploratory paper submitted to Primary Care Steering Group.	A robust decision is made as to whether to pursue a PCN.
2	**Effective utilization of inpatient bed capacity across the Trust Estate**	2a	Coordinating NSCHT contribution and response to ICS bed modelling exercise.	Associate Director	Mar-24	Jun-24	Bed modelling exercise complete and relevant data/report available.	Trust has influenced and can respond appropriately to bed modelling output.
		2b	Business case for future use of Ward 10	Senior Service Manager	Jun-24	Dec-24	Business case submitted and approved by SLT.	Successful mobilisation of proposed option that aligns with bed modelling requirements.
3	**Effective coordination of Trust role within System transformation activity**	3a	Develop and implement effective governance within the Trust, to incorporate Inpatient Quality Transformation Programme, Right Care Right Person, NHS 111 Option 2, and others as required.	Associate Director	Mar-24	Mar-25	Meeting structures in place with appropriate representation.	Effective progress reporting into Mental Health Urgent and Emergency Care Programme Board with Trust meeting all requirements.
		3b	Inpatient Quality Transformation Programme Self-assessment planning return completed.	Associate Director	Jan-24	Jun-24	Self-assessment submitted to NHSE.	NHSE acceptance of submission and associated programme plan.

		3c	Inpatient Quality Transformation Programme 3-year plan agreed and mobilised.	Associate Director	Jun-24	Sep-24	Programme plan in place and all relevant governance established.	Programme is delivering against milestones identified with appropriate tracking of outcomes/impact.
		3d	Appropriate contributions to CHC Provider Collaborative.	Associate Director	Jan-24	Mar-25	Representation throughout Collaborative governance and successful completion of allocated tasks.	Contribution of NSCHT supports System Recovery Plan within context of Collaborative wider success measures.
4	**Working towards Net Zero via delivery of Trust Sustainability Programme**	4a	Embed leadership and accountability of the Trust's Green Plan across all Directorates and Service Areas.	Service Manager	Apr-24	Sep-24	Leads for all Areas of Focus identified and routinely submitting quarterly highlight reports	Quarterly highlight reports evidence grip and progress
		4b	Prioritisation of 24/25 deliverables within Trust Sustainability Programme.	Service Manager	Mar-24	May-24	24/25 priorities are articulated within the Q1 Sustainability Assurance report.	Positive progress reporting against priority areas due to enabling resource to be focused.
		4c	Introduce and embed the new Sustainability Impact Assessment as part of Trust BAU.	Service Manager	Apr-24	Mar-25	SIA available on CAT with appropriate guidance and comms activity to support roll-out complete.	Evidence of SIAs being utilised appropriately.
		4d	Roll-out, delivery and evaluation of Team Reward Incentive Scheme.	Service Manager	Feb-24	Dec-24	Evaluation complete and reflected in Q3 Sustainability Assurance report.	Evidence of wider engagement and tangible contribution to Sustainability by a greater number of teams across the Trust.

		4e	Refresh the Trust's Green Plan.	Service Manager	Apr-24	Jun-24	Updated Green Plan signed off via internal governance.	The Trust makes sustained progress towards net zero target.
5	**Ensuring TMO core functions and activities are effective in supporting the Trust to achieve its strategic priorities.**	5a	Reviewing and refreshing TMO approaches and processes.	Associate Director	Mar-24	May-24	All relevant TMO content updated on CAT and changes/activity reported via TMO Assurance.	Improved quality of Assurance reporting and ongoing confidence in TMO.
		5b	Development of accessible and informal TMO support offer to grow project management skills and confidence across the Trust e.g., lunch and learn, TMO drop-in etc.	Senior Service Manager	Apr-24	Mar-25	Relevant activities scheduled for 24/25 and comms activities to raise awareness complete.	Good uptake across the Trust with positive feedback from participants including what difference it has made.
		5c	Annual review of achievements and lessons learned.	Associate Director	Apr-24	Mar-25	Evident within 24/25 Q4 Assurance report.	Recognition of success and evidence of lessons learned being used to drive ongoing improvement in TMO and the Trust .

A.16   Digital

Digital								
No.	**Priority**		**Deliverables**	**Lead**	**Start Date**	**End Date**	**How will we know it's complete?**	**What will success look like?**

1	**Digitise: Achieving core digital capabilities and skills that underpin safe and effective care and continuing an upward digital trajectory.**	1a	Implement minimum digital foundations compliant EPR.	Chief Digital Information Officer	Apr-24	Mar-25	Commence the implementation of the Orbis_U EPR upgrade of our Lorenzo EPR. Integrate SMI data into Lorenzo via the GP Connect solution.	Target Operating Model Developed and implementation plan delivered. SMI data flowing into Lorenzo.
		1b	Implement robust cyber security systems and processes. protecting information and infrastructure by implementing all mandated cyber security standards and, where possible, advancing upon the standards to provide an even greater level of assurance.	Deputy Chief Information Officer	Apr-24	Mar-25	A local security review of Trust systems, highlighting compliance to National security standards e.g., MFA. Review of current identity management issues associated with digital systems and develop a proposal to address these. Deliver a data security and protection compliant toolkit for 2024/25. Complete the MFA implementation across all Trust devices and accounts.	Review paper completed and submitted to SLT for review. Proposal completed and submitted to SLT for review. Toolkit submission audited and submitted. MFA rolled out across all Trust devices.
		1c	Ensure our technical infrastructure is resilient and robust and generates confidence in both the availability and effectiveness of local systems as well as our	Deputy Chief Information Officer	Apr-24	Mar-25	Upgrade wireless infrastructure across CMHT sites and Harplands. Solution design and plan to replace/upgrade the	Upgrade completed at the CMHT and Harplands sites. Proposal completed and submitted to SLT for review.

			ability to deliver on a broader scale. This means our technology must be fit-for purpose today but future-proofed for tomorrow.				Trusts telephony infrastructure. Renew the Trusts MFD contract.	Business case completed and submitted to SLT for review.
							Commence the deployment of the W11 operating system across Trust devices.	Number of Windows 11 devices increased
		1d	Providing equipment to Trust staff to enable them to work effectively. Support staff accessing the information they require from any location in a timely manner.	Deputy Chief Information Officer	Apr-24	Mar-25	Deploy the 2024/25 refresh of Trust end user compute devices. Continue to provide central storage and management for the Trust archive staff records. Support the digital requirement of the Chrysalis programme.	2024/25 refresh complete. Provide central onsite storage for archive staff records. Support the digital requirement of the Chrysalis programme.
		1e	Improve digital literacy across the workforce, ensuring staff have the knowledge to access and use the systems and technology they require to support their role effectively.	Head of Clinical Systems	Apr-24	Mar-25	Deployment and implementation of a Clinical Systems training plan in line with current and future needs.	Training plan developed and implemented.

		1f	Improve the integration and interoperability between Trust systems and other organisations within the local health and care economy	Head of Software Development	Apr-24	Mar-25	Expand the type and quantity of information transferred to the One Health and Care Record. Implement the use of electronic results across all services.	Increased number of documents transferred into One Health and Care. All clinical services use of electronic results.
2	**Connect: Enable the ready sharing of information across the health and social care system while maintaining the highest standards of privacy and ethics. Delivering improvements in quality, safety, and experience of direct care, these offers and flowing data through connected systems supporting data analysis and targeted population health improvement.**	2a	Develop digital access to all our services via digital platforms to complement and/or offer an alternative to traditional modes of delivery	Head of Digital Transformation	Apr-24	Mar-25	Embed the Wellbeing Portal Clinical processes with the Trusts clinical services (Develop Clinical Leads) Expand the referral use of the Wellbeing Portal across Trust services Expand the use of the Wellbeing Portal with system partners including 3rd sector, education, Veterans, & UHNM.	Trust Leads identified with Directorates managing content & delivery Electronic referrals in use across Services Increased use and growing numbers of referral accepted via portal by partner organisations.
		2b	Provide service user access to view and contribute to their health record. Allowing us to share information effectively with service users and support their involvement in the management of their care.	Chief Digital Information Officer	Apr-24	Mar-25	Deploy Patient Aide to all applicable clinical services and key service user groups.	Patient Aide Live with service users.

		2c	Provide collaboration tools. to enable staff and service users to communicate effectively to support clinical and non-clinical activities. Reducing the travel and time taken moving between meetings.	Deputy Chief Information Officer	Apr-24	Mar-25	Commence the migration of shared (X:) drives to Microsoft One Drive. Implementation of a Bring Your Own Device (BYOD) platform. Expand SMS text messaging across all community services.	X: drive migration to One Drive commenced. BYOD platform in place. SMS messages for appointment reminders live for Community Services.
		2d	Provide staff with access to holistic health and care information allowing access to the right information for staff and people who use our services at the right time and right place.	Chief Digital Information Officer	Apr-24	Mar-25	One Health & Care: Shared Care Record - will ensure that by 2024 ICS constituent organisations are connected to an integrated life-long health and care record, sharing data across NHS and local government organisations. We will be continuing to increase the use of the SCR across the Trust over 2024. Work with partners to finalise the Outline Business Case associated with the ICS wide Electronic Patient Record. Continue work with partners to finalise the Outline Business Case associated with the ICS	Trust expanding data submitted to OH&C. Increased usage within Clinical Services and Outline Business Case for ICS EPR completed and submitted to SLT for review.

							wide Electronic Patient Record.	
		2e	Provide an environment for data to be available to support innovation and research purposes. Allowing data to be shared safely and securely with partners in line with data protection regulations and national guidelines.	Head of Information Governance	Apr-24	Mar-25	Increase the availability of Data Protection training and guidance to support the increase in DPIA and Data Sharing Agreements.	Data Protection training available across multiple platforms and specialist areas.

					Apr-24	Mar-25		
		2f	Provide clinical insights and support the delivery of the Trust's data plan to allow clinicians to interrogate data directly and work with colleagues in Finance and performance to deliver a new Business Intelligence strategy which can use data to drive a cultural change away from retrospective analysis to future scenario modelling.	Head of Digital Transformation	Apr-24	Mar-25	Expanded use of clinical insights tool.	Increased use of Clinical Insights.
3	**Transform: Promote transformative changes that will support the system no**	3a	Enable the delivery of new clinical models and pathways of care. lead the way in using digital development to provide tools and technologies to support new and innovative ways of service delivery.	Head of Clinical Systems	Apr-24	Mar-25	Delivery of the new care plan forms and documents in line with the requirements of the Trusts care planning review / PRSB standards.	Forms developed and live within clinical system.
		3b	We will ensure that health and care information is recorded electronically utilising innovative technologies and will implement a range of new technologies aimed at improving the efficiency and effectiveness of our digital tools.	Head of Digital Transformation	Apr-24	Mar-25	Clinical aide rolled out to interested services and the Oxehealth implementation is reviewed and a proposal for future requirements is developed.	Clinical aide rolled out to interested services and Review paper completed and submitted to SLT for review and contract agreed.

		3c	Provide an inclusive Digital by Choice model where service users and their carers can choose how and when to access services, making sure no one is left behind.	Head of Digital Transformation	Apr-24	Mar-25	Review of the current Video Consultation platform and contract and LDNA Deployed within Lorenzo and data transferred to Shared Care Record.	Review paper completed and solution implemented.
		3d	Engage and collaborate with service users and clinical colleagues to co-design digital care tools empowering service users and their representatives to take more control of their own care through multi-way information sharing and utilisation of self-management and remote monitoring.	Head of Digital Transformation	Apr-24	Mar-25	Expand the number and type of documents available via the Patient Aide platform.	Increased number of documents available for use within Patient Aide app.
		3e	Implement digital tools and technologies which support the sustainability objectives of the Trust's Greener Plan, achieving value in both the use of resources and delivering value environmentally and socially.	Chief Digital Information Officer	Apr-24	Mar-25	Review opportunity for the use of Artificial Intelligence across Trusts digital platform.	Opportunities identified and plan to implement developed.

		3f	Develop Digital leadership to integrate digital thinking within our organisation and ensure senior-level representation and responsibility for overseeing digital technologies are implemented effectively and safely.	Chief Digital Information Officer	Apr-24	Mar-25	Digital Boards and Board Development session completed.	Session completed and feedback received and actioned.
4	**Exceed the minimum level of digital maturity as set out in the What Good Looks Like Framework.**	4a	Digital will enable North Staffordshire Combined Healthcare NHS Trust, make best use of our workforce skills and capacity and support improvements in productivity & personalised care	Chief Digital Information Officer	Apr-24	Mar-25	Maturity Assessment completed.	Maturity Assessment completed with an increase in score.

Date of Meeting:	11th April 2024		
Title of Report:	Finance Position M11		
Presented by:	Eric Gardiner – Chief Finance Officer		
Author:	Michelle Wild – Financial Controller/Lisa Dodds – Assistant Director of Finance/ Rachel Heath – Project Accountant		
Executive Lead Name:	Eric Gardiner – Chief Finance Officer	**Approved by Exec**	☒

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

As at month 11, the Trust is reporting an in-month surplus position of £126k against a planned surplus of £7k giving a favourable variance of £119k. The in-month surplus is due to the impact of IFRS16 being applied to PFI liabilities where interest payments continue at a slightly higher rate each month, but contingent rental is removed. The impact of IFRS16 in both the year-to-date position and yearend forecast is a deficit, as it includes the remeasurement of the PFI liability of £2.2m transacted at month 9.

The in-month benefit relating to the removal of the contingent rental is adjusted to give the Adjusted Financial Performance of £11k deficit.

The Adjusted Financial Performance year to date position is a surplus of £495k against a planned deficit of £7k, giving a favourable variance of £502k. (Please note that the year-to-date surplus is reported after adjusting for an impairment transacted at month 5 and the PFI IFRS16 implementation transactions as these do not form part of the Trust's reported financial performance to the System.)

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.

The Trust achieved £6.1m of efficiencies at month 11 against a target of £5.8m. Within these figures, the Trust achieved £3,287k of internal Trust CIP against a target of £3,273k, therefore over delivered on CIP by £14k.

Trade receivables have decreased to £8.7m at month 11 and payables have decreased to £24.5m (£32.7m in month 10). The movement in payables relates to reductions in P86 and TCP accruals.

Cash was £7.3m above plan at month 11 due to lower payroll costs than planned, slippage on capital, higher VAT recovery, and higher interest received.

In month 11, 99% of invoices received by the Trust (both value and number) were paid within 30 days against the Better Payment Practice Code target of 95%

The Trust's capital expenditure at month 11 was £3,116k against a plan of £6,107k.

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)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☐ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☐		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☐ 2. 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)		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☐		
Resource Implications: Funding Source:	If the trust does not deliver recurrent CIP, it impacts on future sustainability, Not applicable		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.		
ICS Alignment / Implications:	Part of the aggregate ICS reported financial position		
Recommendations:	Receive the Month 11 position noting: ➢ The year-to-date surplus of £495k for system reporting purposes. ➢ Note the month 11 capital position.		

	➢ The cash position of the Trust at 29th February with a balance of £30.2m. ➢ Agency expenditure year to date of £4,921k. ➢ Note CIP delivery position.
Version	**Name/group**	**Date issued**
		20/03/2024

Front Sheet V18

Introduction:

This report summarises the Trust's financial position as at 29th February 2024. Key financial performance metrics are included for the following:
- Income and expenditure position
- CIP delivery
- Agency expenditure
- Capital expenditure
- Better Payment Practice Code performance
- Summary balance sheet position

Purpose of the Report (Executive Summary):

As at month 11, the Trust is reporting an in-month surplus position of £126k against a planned surplus of £7k giving a favourable variance of £119k. The in-month surplus is due to the impact of IFRS16 being applied to PFI liabilities where interest payments continue at a slightly higher rate each month, but contingent rental is removed. The impact of IFRS16 in both the year-to-date position and yearend forecast is a deficit, as it includes the remeasurement of the PFI liability of £2.2m transacted at month 9.

The in-month benefit relating to the removal of the contingent rental is adjusted to give the Adjusted Financial Performance of £11k deficit.

The Adjusted Financial Performance year to date position is a surplus of £495k against a planned deficit of £7k, giving a favourable variance of £502k. *(Please note that the year-to-date surplus is reported after adjusting for an impairment transacted at month 5 and the PFI IFRS16 implementation transactions as these do not form part of the Trust's reported financial performance to the System.)*

High Level Analysis	Annual Plan	Month 11 Budget	Month 11 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income from Patient Care Activities	147,876	13,050	12,960	(90)	142,208	133,426	(8,782)	155,205	146,212	(8,993)
Income from Other Operating Activities	14,904	1,389	1,433	44	15,355	14,743	(612)	16,726	16,694	(32)
Income	**162,780**	**14,440**	**14,393**	**(46)**	**157,563**	**148,169**	**(9,394)**	**171,931**	**162,906**	**(9,025)**
Pay Costs	(90,973)	(8,215)	(7,929)	286	(89,766)	(85,307)	4,459	(97,957)	(92,474)	5,483
Non Pay Costs	(68,278)	(5,827)	(6,160)	(333)	(63,668)	(60,348)	3,320	(69,448)	(68,068)	1,380
Finance & Other Non Operating Costs	(3,529)	(390)	(178)	212	(4,136)	(4,361)	(225)	(4,526)	(4,570)	(44)
Expenditure	**(162,780)**	**(14,433)**	**(14,267)**	**166**	**(157,570)**	**(150,016)**	**7,554**	**(171,931)**	**(165,112)**	**6,819**
Retained Surplus / (Deficit)	**0**	**7**	**126**	**119**	**(7)**	**(1,847)**	**(1,840)**	**0**	**(2,206)**	**(2,206)**
Add Back Impairment reversals	0	0	0	0	0	1,641	1,641	0	1,641	1,641
Add Back DHSC Donated Assets Depreciation	0	0	0	0	0	7	7	0	8	8
Surplus/(deficit) before impairments	**0**	**7**	**125**	**118**	**(7)**	**(199)**	**(192)**	**0**	**(558)**	**(558)**
Add Back PFI IFRS16 Impact		0	(136)	(136)	0	694	694	0	558	558
Adjusted Financial Performance		**7**	**(11)**	**(18)**	**(7)**	**495**	**502**	**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	2,993	2,993	2,993
Further IFP NR Adjustment (incl. Darwin)	(1,562)		(1,562)
Other Trust Investments	(581)	0	(581)
Maintenance/new Provisions	(250)		(250)
Surplus	(450)		(450)
Cap to rev	(150)		(150)
Primary care			
Total	**0**	**2,993**	**0**

The Trust achieved £6.1m of efficiencies at month 11 against a target of £5.8m. Within these figures, the Trust achieved £3,287k of internal Trust CIP against a target of £3,273k, therefore over delivered on CIP by £14k.

Trade receivables have decreased to £8.7m at month 11 and payables have decreased to £24.5m (£32.7m in month 10). The movement in payables relates to reductions in P86 and TCP accruals.

Cash was £7.3m above plan at month 11 due to lower payroll costs than planned, slippage on capital, higher VAT recovery, and higher interest received.

In month 11, 99% of invoices received by the Trust (both value and number) were paid within 30 days against the Better Payment Practice Code target of 95%

The Trust's capital expenditure at month 11 was £3,116k against a plan of £6,107k.

Financial Overview as at 31st January 2024

Key Metrics

		Plan £000	Actual £000	Var £000	%	RAG
Financial Position	YTD	(7)	495	502	(7,175)	G
	FOT	0	0	0	0	G
Charge to CRL	YTD	6,107	3,116	2,991	49	G
	FOT	6,510	3,514	2,996	46	G
Cash Balances	YTD	22,949	30,244	7,295	32	G
	FOT	23,949	27,137	3,188	13	G
CIP Programme (Transactable)	YTD	3,273	3,287	14	0	G
	FOT	3,726	3,565	(161)	(4)	A
CIP Programme (Other efficiencies)	YTD	2,555	2,811	256	10	G
	FOT	2,800	3,066	266	10	G
Total Identified Schemes	Full Year	6,526	6,631	105	2	G

Better Payment Practice Code

	In month Number	In month £000	YTD Number	YTD £000
Total trade invoices paid in period	1,351	11,403	15,060	100,563
Total trade invoices paid within target	1,334	11,330	14,190	96,010
% paid within target	99%	99%	94%	95%

Retained Surplus / (Deficit) Run Rate 2023/24

Net Capital Expenditure - Plan / Actual 2023/24

Agency Run Rate (4 years)

Key Recommendations to Consider:

Receive the Month 11 position noting:

- The year-to-date surplus of £495k for system reporting purposes.
- Note the month 11 capital position.
- The cash position of the Trust at 29th February 2024 with a balance of £30.2m.
- Agency expenditure year to date of £4,921k.
- Note CIP delivery position.

Background:

1. Income

The table below shows the Trust's 2023/24 income position at 29th February 2024.

- Most of the ICB and NHSE block income is fixed for 2023/24 under the block payments arrangements. In month 11 block contract income totalled £8,754k against a plan of £8,521k giving a favourable variance in month of £233k.
- 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 under-recovery of income in month 11 is offset by an equal decrease 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 11 Budget	Month 11 Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income From ICBs and NHSE / Block Contract Income	96,704	8,521	8,754	233	92,798	89,119	(3,680)	101,237	97,278	(3,958)
Local authorities	4,228	510	549	39	5,543	5,108	(436)	6,053	5,668	(385)
Patient Placements Income	42,261	3,544	3,180	(364)	39,076	33,855	(5,221)	42,650	37,395	(5,254)
Non-NHS: Private Patients	0	0	0	0	0	17	17	0	17	17
Non-NHS: other	4,683	476	477	2	4,790	5,328	538	5,266	5,855	589
Total Income From Patient Care Activities	**147,876**	**13,050**	**12,960**	**(90)**	**142,208**	**133,426**	**(8,782)**	**155,205**	**146,212**	**(8,993)**
Research and development	90	11	10	(1)	122	123	2	131	153	23
Education and training	3,390	376	564	188	4,441	5,205	764	4,799	5,683	884
Non-patient care services to other bodies	11,004	924	787	(136)	9,928	8,953	(975)	10,854	9,763	(1,091)
Other Income	420	79	71	(7)	864	461	(403)	942	1,094	152
Total Income from Other Operating Activities	**14,904**	**1,389**	**1,433**	**44**	**15,355**	**14,743**	**(612)**	**16,726**	**16,694**	**(32)**
Total Income	**162,780**	**14,440**	**14,393**	**(46)**	**157,563**	**148,169**	**(9,394)**	**171,931**	**162,906**	**(9,025)**

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 £7,929k, against a budget of £8,215k giving an under spend of £286k. In month 11 there were 227.9 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). 115.97 wte of these vacancies are in nursing and 67.8 wte are in other clinical. Agency expenditure in month 11 was £378k.
- Non-pay is over-spent by £333k in month 11 mainly due an increase in premises costs and IT licences.
- Investment revenue is over-achieving year to date due to increases in interest rates during the year.

Expenditure	Annual Plan	Month 11 Budget WTE	Month 11 Worked WTE	Month 11 Budget £000	Month 11 Actuals £000	Variance £000	Year to Date Budget £000	Year to Date Actuals £000	Variance £000	Forecast Budget £000	Forecast Actuals £000	Variance £000
Medical	(10,761)	(96.15)	(75.80)	(962)	(840)	123	(10,318)	(8,444)	1,875	(11,289)	(9,184)	2,105
Nursing	(31,930)	(614.67)	(517.52)	(2,814)	(2,318)	496	(30,695)	(24,929)	5,766	(33,485)	(26,795)	6,691
Other Clinical	(31,532)	(830.38)	(832.92)	(2,941)	(2,948)	(7)	(32,454)	(30,998)	1,457	(35,388)	(33,592)	1,796
Non-Clinical	(16,854)	(417.57)	(389.81)	(1,495)	(1,445)	50	(16,272)	(16,016)	256	(17,766)	(17,582)	184
Agency	(166)	0.00	(34.23)	(3)	(378)	(375)	(26)	(4,921)	(4,894)	(29)	(5,321)	(5,292)
COVID-19 Pay Costs	0	0.00	0.00	0	0	0	0	0	0	0	0	0
Total Pay	**(91,243)**	**(1,958.77)**	**(1,850.28)**	**(8,215)**	**(7,929)**	**286**	**(89,766)**	**(85,307)**	**4,459**	**(97,957)**	**(92,474)**	**5,483**
Drugs & Clinical Supplies	(216)			(244)	(219)	24	(2,667)	(2,409)	258	(2,911)	(2,622)	288
Establishment Costs	(696)			(95)	(111)	(16)	(1,140)	(1,022)	118	(1,241)	(1,110)	131
Premises Costs	(5,040)			(500)	(829)	(328)	(4,727)	(6,239)	(1,512)	(5,171)	(7,208)	(2,037)
Private Finance Initiative	(3,492)			(340)	(344)	(4)	(3,741)	(3,749)	(7)	(4,082)	(4,089)	(7)
Services Received	(6,710)			(713)	(789)	(76)	(8,064)	(7,865)	199	(8,790)	(9,869)	(1,079)
Patient Placements	(42,650)			(3,544)	(3,167)	377	(39,076)	(33,715)	5,361	(42,650)	(37,242)	5,408
Consultancy & Prof Fees	(120)			(55)	(84)	(30)	(135)	(210)	(75)	(140)	(247)	(107)
External Audit Fees	(108)			(10)	(9)	1	(105)	(95)	10	(114)	(104)	10
Other	(6,210)			(421)	(608)	(187)	(3,388)	(5,044)	(1,656)	(3,842)	(5,576)	(1,734)
Unmet Cost Improvement	0			94	0	(94)	(625)	0	625	(508)	0	508
Total Non-Pay	**(65,242)**			**(5,827)**	**(6,160)**	**(333)**	**(63,668)**	**(60,348)**	**3,320**	**(69,448)**	**(68,068)**	**1,380**
Finance Costs	(3,529)			(268)	(165)	103	(2,953)	(4,052)	(1,099)	(3,221)	(4,219)	(998)
Dividends Payable on PDC	(500)			(18)	0	18	(198)	0	198	(216)	0	216
Investment Revenue	500			150	197	47	1,650	1,978	328	1,800	2,147	347
Depreciation & Amortisation	(3,036)			(254)	(210)	43	(2,636)	(2,287)	349	(2,890)	(2,498)	392
Total Non-operating Costs	**(6,565)**			**(390)**	**(178)**	**212**	**(4,136)**	**(4,361)**	**(225)**	**(4,526)**	**(4,570)**	**(44)**
Total Expenditure	**(163,050)**	**(1,958.77)**	**(1,850.28)**	**(14,433)**	**(14,267)**	**166**	**(157,570)**	**(150,016)**	**7,554**	**(171,931)**	**(165,112)**	**6,819**

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 11 are shown below.

Month 11 YTD expenditure on agency is £4,921k; **which is over the YTD agency target by £1,764k**.

26% of agency costs to date were incurred in the Community directorate, with 48% in Specialised and 13% in Acute and Urgent Care, the remainder related to Primary Care and Corporate areas. The table below shows total agency expenditure by staffing group.

| Agency Expenditure | Actual | | | | | | | | | | | | Forecast | |
	Apr-23 £000	May-23 £000	Jun-22 £000	Jul-23 £000	Aug-23 £000	Sep-23 £000	Oct-23 £000	Nov-23 £000	Dec-23 £000	Jan-24 £000	Feb-24 £000	YTD £000	Mar-24 £000	Total
Medical	(251)	(127)	(160)	(170)	(200)	(32)	(180)	(168)	(221)	(165)	(220)	(1,894)	(251)	(2,145)
Nursing	(109)	(93)	(68)	(36)	(244)	(169)	(291)	(266)	(237)	(350)	(87)	(1,952)	(125)	(2,077)
Other Clinical	19	(69)	(87)	(145)	44	(54)	(29)	(26)	(1)	(16)	(15)	(377)	(18)	(395)
Non Clinical	1	(20)	(10)	(11)	(25)	(11)	(17)	(13)	(11)	(9)	(12)	(139)	(3)	(142)
Sub Total	**(340)**	**(310)**	**(326)**	**(361)**	**(425)**	**(266)**	**(517)**	**(473)**	**(470)**	**(540)**	**(334)**	**(4,362)**	**(396)**	**(4,759)**
Primary Care	(89)	(67)	(59)	(30)	(31)	(52)	(48)	(57)	(51)	(31)	(44)	(559)	(4)	(563)
Total Agency	**(430)**	**(377)**	**(384)**	**(391)**	**(457)**	**(318)**	**(565)**	**(530)**	**(521)**	**(571)**	**(378)**	**(4,921)**	**(400)**	**(5,321)**
Agency as a % of Pay	5.75%	4.69%	5.12%	5.28%	5.85%	4.25%	6.85%	6.71%	6.61%	7.45%	4.77%	5.75%	5.59%	

Year to date agency nursing and other clinical agency costs includes £1,294k of Thornbury spend.

The full year forecast includes £1,375k of Thornbury spend, including a projection of £81k for March.

Agency as a % of pay excluding Thornbury would be 4.39% in month 11 compared to 4.77% including Thornbury.

Performance against the agency ceiling excluding the Thornbury spend would be £518k over the ceiling year to date and £575k forecast over the agency ceiling compared to £1,764k year to date and £1,900k 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. Off framework nursing agency in month 11 mainly relates to Thornbury nursing at the Darwin. Off framework medical usage is for locums at the GP practices.

% Agency off framework	M01 %	M02 %	M03 %	M04 %	M05 %	M06 %	M07 %	M08 %	M09 %	M10 %	M11 %
Medical	11%	15%	13%	29%	43%	0%	7%	29%	4%	56%	1%
Nursing	24%	46%	15%	2%	12%	84%	73%	76%	73%	78%	67%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	9%	5%	24%	23%	35%	25%	28%	7%	0%	0%	0%
Total	**12%**	**27%**	**11%**	**13%**	**36%**	**65%**	**55%**	**59%**	**55%**	**68%**	**48%**

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 Thornbury	M01 %	M02 %	M03 %	M04 %	M05 %	M06 %	M07 %	M08 %	M09 %	M10 %	M11 %
Medical	11%	15%	13%	29%	43%	0%	7%	29%	4%	56%	1%
Nursing	12%	13%	14%	1%	13%	0%	0%	0%	0%	1%	0%
Other Clinical	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non Clinical	9%	5%	24%	23%	35%	25%	28%	7%	0%	0%	0%
Total	**10%**	**10%**	**11%**	**13%**	**36%**	**2%**	**4%**	**4%**	**1%**	**19%**	**1%**

4. CIP

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

At month 11 the Trust has achieved internal CIP of £3,287k against the plan of £3,273k, an overachievement of £15k. The Trust has achieved below the line efficiencies of £2,811k against the plan of £2,555k, an overachievement of £256k.

The Trust is forecasting total trust CIP / efficiency achievement of £6,631k against the £6,526k plan, this is an overachievement of £105k. Recurrently the Trust has achieved £2,813k against the recurrent plan of £2,214k, an overachievement of £599k. All schemes have been fully identified / transacted to achieve the 23/24 target, therefore any schemes that are currently in development will be transferred to 24/25 to help deliver next financial years target.

2023/24 Planned CIP / Efficiency Summary	Target £000	YTD 2023/24			Forecast 2023/24			Of which is Recurrent		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Clinical	2,417	2,127	786	1,341	2,417	848	1,569	1,177	503	674
Corporate	706	620	280	340	706	306	400	344	234	110
Trustwide	603	526	2,222	(1,695)	603	2,411	(1,808)	294	1,410	(1,117)
Internal Trust CIP	**3,726**	**3,273**	**3,287**	**(15)**	**3,726**	**3,565**	**161**	**1,814**	**2,147**	**(333)**
TCP Cost Reduction-System Stretch Target	1,400	1,220	1,201	19	1,400	1,400	0	0	0	0
New Service Development Slippage*	1,000	1,000	1,000	0	1,000	1,000	0	0	0	0
Reduction in unfunded budget pressures	400	335	611	(276)	400	666	(266)	400	666	(266)
Below the line efficiencies	**2,800**	**2,555**	**2,811**	**(256)**	**2,800**	**3,066**	**(266)**	**400**	**666**	**(266)**
Total Trust CIP / Efficiency	**6,526**	**5,828**	**6,099**	**(271)**	**6,526**	**6,631**	**(105)**	**2,214**	**2,813**	**(599)**

5. Statement of Financial Position

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

SOFP	Dec-23 £000	Jan-24 £000	Feb-24 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	20,956	20,999	20,950
Property, Plant and Equipment	17,373	17,362	17,696
Right of Use Assets	5,048	4,994	4,941
Intangible Assets	1,239	1,224	1,197
NCA Trade and Other Receivables	792	786	780
Other Financial Assets	0	0	0
Total Non-Current Assets	**45,407**	**45,365**	**45,564**
Current Assets			
Inventories	122	130	138
Trade and Other Receivables	7,943	9,254	8,715
Cash and Cash Equivalents	38,648	37,981	30,245
Non-Current Assets Held For Sale	0	0	0
Total Current Assets	**46,713**	**47,364**	**39,098**
Current Liabilities			
Trade and Other Payables	(31,700)	(32,703)	(24,509)
Provisions	(1,704)	(1,297)	(1,525)
Borrowings	(3,004)	(3,004)	(3,004)
Total Current Liabilities	**(36,408)**	**(37,003)**	**(29,038)**
Net Current Assets / (Liabilities)	**10,305**	**10,361**	**10,061**
Total Assets less Current Liabilities	**55,712**	**55,726**	**55,625**
Non Current Liabilities			
Provisions	(1,416)	(1,416)	(1,416)
Borrowings	(19,670)	(19,477)	(19,249)
Total Non-Current Liabilities	**(21,086)**	**(20,893)**	**(20,665)**
Total Assets Employed	**34,626**	**34,833**	**34,959**
Financed by Taxpayers' Equity			
Public Dividend Capital	20,496	20,496	20,496
Retained Earnings reserve	7,216	7,423	7,549
Revaluation Reserve	6,913	6,913	6,913
Total Taxpayers' Equity	**34,626**	**34,833**	**34,959**

Current receivables are £8,715k of which:
- £4,530k is based on accruals (not yet invoiced) relating to income for services invoiced retrospectively at the end of every quarter.
- £4,185k is trade receivables; based on invoices raised and awaiting payment of invoice (£1,722k 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	Days Overdue				Total £000
		1-30 Days £000	31-60 Days £000	61-90 Days £000	91+ Days £000	
Receivables Local Authority	540	321	276	0	199	**1,336**
Receivables Non NHS	385	461	225	153	424	**1,648**
Receivables NHS	797	147	254	30	(28)	**1,201**
Payables Local Authority	0	(24)	0	0	0	**(24)**
Payables Non NHS	(1,768)	(201)	(40)	329	(103)	**(1,781)**
Payables NHS	(160)	(53)	(3)	(43)	(737)	**(996)**

Aged Receivables M11

6. Cash Flow Statement

The Trust's cash balance at 29th February 2024 is £30.2m. This is above plan by £7.3m due to lower payrolls, capital slippage, high levels of interest received, higher than planned VAT recovery and income received from the local authority and MPFT ahead of plan.
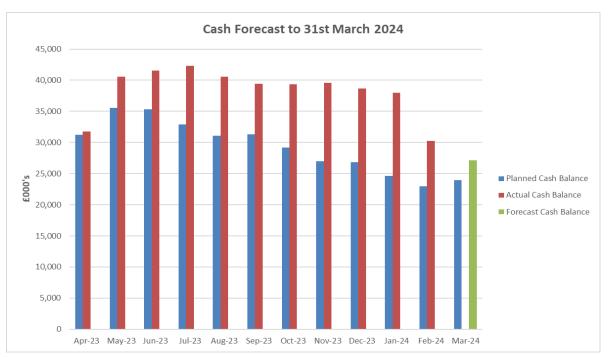
	Cashflow summary - Apr 23 - Mar 24											Forecast
	Actuals											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance b/fwd	29,969	31,758	40,540	41,587	43,993	40,717	39,414	39,378	39,578	38,643	38,109	30,237
Patient Income ICB & NHSE	11,680	18,341	14,597	11,529	9,997	11,473	11,497	10,809	11,099	10,997	6,419	8,948
Local Authority Income	0	1,640	27	889	375	0	256	1,147	14	866	0	1,025
Other income	2,589	2,351	2,223	3,135	1,453	1,795	4,114	2,817	1,044	2,144	2,721	2,681
PDC Funding	0	0	0	0	208	0	1,277	0	697	0	0	0
Total Receipts	**14,269**	**22,332**	**16,848**	**15,553**	**12,033**	**13,268**	**17,144**	**14,773**	**12,854**	**14,008**	**9,140**	**12,654**
Monthly Pay	(7,001)	(7,172)	(9,408)	(8,968)	(7,210)	(7,371)	(7,496)	(7,493)	(7,444)	(7,588)	(7,451)	(7,576)
Non Pay	(5,590)	(6,474)	(6,480)	(3,857)	(8,254)	(6,432)	(9,515)	(7,058)	(6,259)	(7,035)	(9,759)	(7,406)
Capital	110	97	86	(321)	154	(490)	(169)	(22)	(87)	82	197	(781)
PDC	0	0	0	0	0	(278)	0	0	0	0	0	0
Total Payments	**(12,480)**	**(13,549)**	**(15,801)**	**(13,146)**	**(15,310)**	**(14,571)**	**(17,180)**	**(14,573)**	**(13,789)**	**(14,541)**	**(17,013)**	**(15,763)**
Closing Cash Balance - Main Accounts	**31,758**	**40,540**	**41,587**	**43,993**	**40,717**	**39,414**	**39,378**	**39,578**	**38,643**	**38,109**	**30,237**	**27,128**
Unpresented cheques/uncleared deposits	**(6)**	**(4)**	**(17)**	**(1,677)**	**(145)**	**32**	**(2)**	**(5)**	**(4)**	**(138)**	**(2)**	
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**	**38,648**	**37,980**	**30,244**	**27,137**
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**	**11,798**	**13,331**	**7,295**	**3,188**

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

Cash Forecast to 31st March 2024

Legend: Planned Cash Balance, Actual Cash Balance, Forecast Cash Balance

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 11 is £3,116k, £2,991k below plan. This is mainly due to delays on Project Chrysalis due to the water temperature issue, frontline digitisation now expected to commence next year 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. The forecast under spend relates to Project Chrysalis as a result of the water temperature issues on the latest completed stage, the lower asset value for Keele and the Frontline Digitisation scheme which will not go ahead this year.

Capital Expenditure	Annual Plan £000	Year to Date Outturn Against Plan			Forecast Outturn Against Plan		
		Year to Date Plan £000	Actual £000	Variance £000	Annual Plan £000	Forecast £000	Variance £000
Operational Schemes							
Backlog Maintenance	150	150	104	(46)	150	150	0
Anti Ligature - planned	170	165	0	(165)	170	0	(170)
Anti Ligature - Perimeter fencing	50	50	65	15	50	65	15
IFRS16 Leases	1,100	1,084	254	(830)	1,100	312	(788)
IFRS16 Lease Remeasurements	0	0	(65)	(65)	0	(65)	(65)
Digital							
Capitalised Salaries IT Rolling Replacement	40	36	36	(0)	40	40	0
IT - Device Replacement	0	0	401	401	0	401	401
Digital Infrastructure	266	266	181	(85)	266	181	(85)
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	0	0
A & T Emergency Works - Bathroom refurb	0	0	2	2	0	30	30
Contingency	0	0	(42)	(42)	0	(42)	(42)
Strategic Schemes							
Dormitory Conversion Trust funded	1,552	1,374	0	(1,374)	1,552	195	(1,357)
Total Trust Funded Capital Expenditure	**3,328**	**3,125**	**1,001**	**(2,124)**	**3,328**	**1,332**	**(1,996)**
Dormitory Conversion PDC Funded	2,000	2,000	2,000	0	2,000	2,000	0
Frontline Digitisation Programme PDC Funded	1,000	800	0	(800)	1,000	0	(1,000)
Mental Health Urgent Care Pathways Project Chrysalis PDC Funded	182	182	115	(67)	182	182	0
Total Gross Capital Expenditure	**6,510**	**6,107**	**3,116**	**(2,991)**	**6,510**	**3,514**	**(2,996)**
Total Project Chrsyalis Capital Expenditure (for information on	**3,734**	**3,556**	**2,115**	**(1,441)**	**3,734**	**2,377**	**(1,357)**

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 11, the Trust achieved the 95% target overall for both the value of invoices paid and number of invoiced paid he number paid within 30 days at 99% on the number paid and 99% on the value paid within 30 days.

Year to date the Trust is not achieving the target on the number of invoices paid at 94% due to the Non-NHS under-achievement in previous months, but is achieving the target on the value of invoices paid at 95% of invoices paid within 30 days.

Better Payment Practice Code	2022/23 Total			2023/24 Month 11			2023/24 Total		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices									
Total Paid	385	15,302	15,687	31	1,320	1,351	359	14,701	15,060
Total Paid within Target	346	14,106	14,452	31	1,303	1,334	344	13,846	14,190
% Number of Invoices Paid	90%	92%	92%	100%	99%	99%	96%	94%	94%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-5%	-3%	-3%	5%	4%	4%	1%	-1%	-1%
Value of Invoices									
Total Value Paid (£000s)	7,945	100,222	108,167	554	10,849	11,403	6,031	94,532	100,563
Total Value Paid within Target (£000s	7,105	93,418	100,523	554	10,776	11,330	5,814	90,196	96,010
% Value of Invoices Paid	89%	93%	93%	100%	99%	99%	96%	95%	95%
% Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	-6%	-2%	-2%	5%	4%	4%	1%	0%	0%

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:

Trust Board are asked to receive the Month 11 position noting:

- The month 11 surplus of £495k for system reporting.
- Note the month 11 capital position.
- The cash position of the Trust at 29th February with a balance of £30.2m.
- Agency expenditure at month 11 of £4,921k.
- Note CIP delivery position.

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

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

This paper details the items discussed at the Finance and Resource Committee meeting held on the 4ᵗʰ April 2024. Updates were received relating to:
• M11 Trust performance
• M11 Trust and ICS Financial performance
• Estates and Capital
• Digital project updates
• Business Development Opportunities
• Review and update of the F&R Risk Register

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)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☐ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☐ 2. 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) Links to Trust risks around delivery of recurrent cost improvement target and delivery of trust financial position		

Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒
Resource Implications: Funding Source:	If the Trust does not deliver recurrent CIP, it impacts on future sustainability Not applicable
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' and other equality groups). See wider D&I Guidance	There is no direct impact on the protected characteristics as part of the completion of this report.
ICS Alignment / Implications:	Part of the aggregate ICS reported financial position
Recommendations:	The Board is asked to receive the contents of this report and take assurance from the review and challenge evidenced in the Committee.

Version	Name/group	Date issued
		5th April 2024

Front Sheet V18

Finance and Resource Committee
Assurance Report to the Trust Board
04th April 2024

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

This paper details the items discussed at the Finance and Resource Committee meeting held on the 4th April 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 March 2024. Progress was reviewed and actions confirmed from previous meetings. Declarations of interest were noted.

Performance

- **IQPR**

The Committee received the IQPR report for month 11 which was taken as read.

In month 11 there are 16 RAG rated measures that have achieved required standard (16 in M10) and 13 that have not met the required standard and highlighted as exceptions (13 in M10).

There are 2 special cause variations (orange variation flags) - signifying concern, compared to 4 in M10:
1. Talking Therapies 6 weeks (well above standard, but a declining trend).
2. Risk Assessment Compliance

Updates were provided on the PIPs for care plans were still below standard, but performance has improved in month. Community Directorate PIP is not on track to achieve the trajectories. Referral to assessment in CAMHs has been has improved, but lower than predicted.   A review of the trajectory needs to be reviewed. Improvements in vacancy rates and turnover has been seen in month 11.

Discussions took place on the effectiveness of the PIP process, particularly in the Community Directorate. Chair asked for Execs Committee members to sight SLT on some of these concerns.

The Committee noted the contents of the report.

Business Opportunities

New service specification is being drafted for All Age Continuing Healthcare for the contract to commence from November 2024. The working group to develop this service specification has NSCHT representation.

Due diligence is ongoing for the integration of a new GP Practice.

Finance

Month 11 Position - 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 the forecast includes a contribution to the System financial position. Year to date CIP for month 11 has been achieved. 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 BPP target overall was achieved in month.

The Committee noted the report.

ICS Updated Plan – The Committee took the paper as read. A revised System plan has been agreed. The agreed System includes the commitment from the Trust to give a contribution to this position. It was noted that the year-to-date position at month 11 is above the year-end forecast deficit position, but System partners are confident of achieving the forecast. Capital is over committed; the Trust's underspend will help this position. Workforce increase in staff over 23/24 only has a small reduction in agency and temporary staffing.

24/25 Planning

The System submitted a draft plan on 21st March 2024 reflecting a significant System deficit which include a significant deficit for the Trust due to the share of the System deficit. The plan includes 4% CIP of total operating expenditure (excluding TCP and P86). There was an improvement in the System position from the high-level submission on 27th February. There is an escalation meeting on 10th April with NHSE. Workforce planning is expected to have no growth. Final plan due to be submitted on 2nd May.

Estates and Capital

M11 Capital and Estates Report
The Associate Director of Estates provided an update on capital and revenue projects currently in progress. Backlog plan is on plan. Continuing to finalise the sub lease for Lawton House. EMU business case was approved at Board, working with THL to move this forward. Completed issuing availability notices for the PFI as per the contract requirements. THL have acknowledged the issues with the fire doors and will repair faults. Ward 1 been successfully handed over within the Project Chrysalis programme.

The Committee noted the update.

Digital

The Committee took the paper as read, which included an update across key activities. The main points highlighted to the Committee by the Chief Digital Information Officer were:

- Patient Monitoring (Oxehealth) - Both pilot wards now live and in successful operation. Following CQC inspection on ward 6 concerns have been raised and currently being investigated. Currently writing business case with options for future of Oxehealth with NSCHT.
- Wellbeing Portal - The operational hand over to directorate QUInls has begun and is expected to continue until May. The promotional 60 second video for the Wellbeing Portal has been shared with the group.
- PatientAide - Patient Aide went live in February 2024. Internal communications and Press releases have been issued, training of staff underway.

Governance Items

- **Risk Register**

The Committee received the report there were no new risks, no score changes and no risks closed.

Other Reports Received:

- Policy Report – Investment policy was approved.

Recommendation

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

On Behalf of Russell Andrews
Chair of Finance and Resource Committee

REPORT TO PUBLIC TRUST BOARD Enc 9

Date of Meeting:	11th April 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:	Elizabeth Mellor, Chief Strategy Officer	**Approved by Exec**	☒

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:

Trust Board is asked to receive the Charitable Funds Committee Assurance Report from the meeting held on the 4th March 2024.

Seen at:	SLT ☐ Execs ☐	Document Version No.	1
Committee Approval / Review	- Quality Committee ☐ - Finance & Resource Committee ☐ - Audit Committee ☐ - People, Culture & Development Committee ☐ - Charitable Funds Committee ☒		
Strategic Priorities (please indicate)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☒ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☐ 2. 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)		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒		

Resource Implications:	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:	That the Board receive the Charitable Funds Committee Assurance report.

Version	Name/group	Date issued

Assurance Report of the Charitable Funds Committee held on 4th March 2024

Review of Fund Holder Balances

The Committee received a summarised position of charitable fund balances as at 31 January 2024 and a summary forecast for 2023/24 based on known commitments advised as a result of expenditure plans communications. Income received year to date M10 23/24 amounts to £6k and expenditure is £13k resulting in a £7k net outflow of funds as at 31 January 2024 giving a fund balance of £50k.The forecast level of funds as at 31 March 2024 is estimated to be £48k.

Reserves Policy Review

The Reserves Policy was reviewed. Current reserves are £8K we are proposing that we require £9K annually to cover any admin and governance costs. Therefore it was proposed reserves be increased by £1K. The Committee approved the increase.

Legacy Payment

The Committee received confirmation that that legacy payment amount had been confirmed by Solicitors and the Trust would be receiving £258K in April 2024. Engagement with clinical teams and senior management will take place to commence expenditure planning ideas or projects at the Harplands to utilise the £200k legacy, in readiness for the meeting with Wooliscroft solicitors, the executors of the will.

Charity Strategy / Future arrangements

A number of meetings have taken place with the University Hospital of North Midlands (UHNM) around how UHNM can support the Trust charity and both parties are still in conversation around what this may look like and the cost of this support. A further meeting is planned to clarify, however in light of the recent legacy payment the Committee have agreed to consider other options, one of which would be to continue to provide the support in house. Elizabeth Mellor, Chief Strategy officer is now supporting the Committee as Executive Lead and is looking into this with a view to providing a resolution at the next Committee.

12 Days of Christmas Donation

The ESG (Environmental, Social & Governance) Director of Sigma Capital Group Ltd and The PRS REIT plc contacted the Trust in December 2023 to advise that they had invited colleagues, residents in Simple Life Homes and people within the communities in which they operate across the country, to nominate a charity or group to receive a £1K donation as part of their 12 Days of Christmas campaign. Over 130 nominations were received. North Staffordshire Combined Healthcare NHS Trust Charity were selected to receive one of these £1K donations on Day 7 (1st January 2024).

Other Items of Business

The following items were received by the Committee:

Cycle of Business 2024/25 – Approved
Closedown Accounts Timetable – Received

On behalf of the Non-Executive, Russell Andrews
March 2024

REPORT TO PUBLIC TRUST BOARD   Enc 10

Date of Meeting:	11th April 2024
Title of Report:	People, Culture & Development Committee Summary
Presented by:	Janet Dawson, Chair of the People, Culture & Development Committee, and Trust Chair
Author:	Kerry Smith, Interim Chief People Officer
Executive Lead Name:	Kerry Smith, Interim Chief People Officer	**Approved by Exec**	☒

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☒

Executive Summary:
The attached assurance report describes the business and outputs from the meeting of the People Culture and Development Committee which took place on 3rd April 2024.

Seen at:	SLT ☐ Execs ☐ Not Applicable	Document Version No.	1.0

Committee Approval / Review	• Quality Committee ☐ • Finance & Resource Committee ☐ • Audit Committee ☐ • People, Culture & Development Committee ☒ • Charitable Funds Committee ☐
Strategic Priorities (please indicate)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☐ 2. **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 ☐ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☒ 2. 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 ☒ The PCDC current risks are identified as: There are no current legal implications.
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐

| | 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ |
| | 3. Share learning and best practice ☒ |

Resource Implications: Funding Source:	N/A – summary to Trust Board.
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 Committee plays a significant role in actions and assurance related to Diversity and Inclusion and the oversight of the Public Sector Equality Duty under the Equalities Act. This duty requires the Trust to: • Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations
ICS Alignment / Implications:	The Trust continues to lead on a number of system wide people programmes including leadership, Diversity and Inclusion and hosting of H&W initiatives. A 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:	Trust Board is asked to receive the People, Culture and Development Committee summary for assurance and information purposes.

Version	Name/group	Date issued
1.0	Trust Board	03.04.2024

**Trust Board Assurance Report from the People, Culture and Development
Committee meeting held on 3rd April 2024**

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.

In attendance: Janet Dawson (Chair), Russell Andrews, Jennie Koo, Dr Dennis Okolo, Kerry Smith, Rachael Birks, Sue Slater, Dr Sarah Lunt, Vicky Boswell, Nicky Griffiths, Joe McCrea, Lesley Faux, Jenny Harvey, Jo Copeland, Laura Ross, Kerri Mason, Surina Ainsworth (Staff Story), Clare Dockerty and Kerry Meehan (notes).

Formal apologies were noted from Ben Richards (Rachael Birks representing), Pauline Grant, Marie Barley and Kenny Laing.

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

Industrial Action / Pay Reviews
- The ongoing national pay and terms and conditions dispute for Medical Staff within the NHS continues to remains a challenging landscape and whilst all strike action to date has been managed well by the Trust, ongoing further action is a cause for concern. Whilst there is currently no further Junior Doctor strike action planned to date, as the pay dispute remains ongoing, further action remains highly likely.
- The recent pay deal for Consultant staff has been rejected, an improved offer has been made and the BMA are balloting their members on the deal, with an expected outcome anticipated around 4th April. To date there is no further planned strike action for Consultant staff.
- The Trust has been notified that salaried GPs are considering next steps around their respective pay deal and have indicated potential industrial action being a possibility with regards to their future contract negotiations for 2024/25.
- Pay review processes are underway via respective National Pay Review Bodies however, it is anticipated that there will be some challenges not just for Medial terms and conditions but also wider Agenda for Change staffing groups as indicated by a number of trade unions including, Unison, Unite and the RCN. Further updates will follow as negotiations progress.

Agency Spend and Pay cost controls
- Progress is being made to ensure compliance against the Trust's agency usage framework.
- Agency framework compliance is progressing well, however, significant challenges remain with regards to price cap compliance, in particular for Consultant Medical posts and Nursing agency for a specific, specialist area. Plans are currently in development to reduce agency usage.
- Moreover, as a result of the financial pressures across the Integrated Care System, a number of financial controls are currently being explored and considered by the Trust which impact workforce, including a heightened Vacancy/Establishment control process.

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

Staff Story
- The Committee received a staff story video relating to the experiences of a neuro-diverse staff member who had recently joined the Trust. The staff member had been supported via the Differently Abled Buddy scheme (DABS).
- The Combined Ability Network has also provided support, and based on the experience it was advised that whilst in the main their experience had been positive, further work is required around Access to Work assessments, and interview process around accessibility for Newly Qualified Nurses which will be explored further.

Just Restorative Learning Culture (JRLC) & Civility
- Work continues to embed the JRLC and civility transformation programme across the Trust via the Trust's Inclusion Council.
- A project plan has been developed and 8 work-streams identified including; Psychological Safety Organisational Development, Education, Policies, Processes/systems, Staff and Patient Safety, Communications and Data. The PCDC looks forward to receiving a comprehensive update regarding the programme at the next Committee.

Trust Inclusion and Belonging Strategic Plan 2024-2028
- Sitting within the "Combined People Plan" and replacing the previous Diversity and Inclusion Strategy 2019-2023, this strategic plan sets out the Trust's ambitions to maintain and strengthen our approach and associated outcomes to Inclusion and Belonging over the next 4 years. Progress will be monitored and PCDC.
- The recommended top 3 areas for focus and deliverables are:
  1. De-biasing our Trust recruitment processes, leading to greater representation and more inclusive talent management.
  2. Reducing health inequalities for our service users, leading to measurable reduction in gaps in access, experience and outcomes (suggest focus on access in year 1, experience year 2, outcomes year 3).
  3. High visibility around anti-discriminatory approach, leading to delivering the RACE Code and associated accreditation, as well as improvement in indicators around belief in equal opportunities, Trust advocacy, reduced experiences of discrimination and HB&A.

Hate Crime Reporting Initial Data
- This is a new report to implement the updated requirement to capture Hate Crime information within the Trust, via the incident reporting system.
- There are 5 categories of hate crime (disability, race, religion, sexual orientation, gender identity). Currently data is only collected regarding race and sexual orientation.
- From 1st April 2024 the new categories are available in Ulysses. The report also included data on violence and aggression incidents with a protected characteristics lens.

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.

Gender Pay Gap Report 2023
The Committee received a detailed report and the 2023 data informs the Trust that:
- We have an improved mean gender pay gap of 14% (down from 15.6% in 2017, and from a high of 17.7% in 2019 & 2020) which is broadly average for the NHS and is very much in line with our local partners.
- The Trust's median gender pay gap has improved at 2.1% (down from 4.5% in 2017) – this is much lower than our ICS partner Trusts.

- There is an improvement on our distribution of females through the salary quartiles, although it is noted that there remains an over representation of men in the highest quartile and underrepresentation in the lowest quartile.
- Of note, is our negative overall ethnicity pay gap with more work to do to analyse the data around this matter.
- Next steps will include data for gender, ethnicity and disability pay gaps for 2024 and consideration of actions across these 3 areas, taking an intersectional approach (more ethnic diverse and differently abled colleagues in lower bands).

Workforce Plan 2024-25 Service Development High Level Analysis
- An overview of the draft 2024-25 plan was shared with the Committee.
- The planning cycle has been complex and delayed, with altering deadlines proving problematic.
- The full final submission is to be made by May 2nd 2024. In addition to the forecasted workforce plan for 2024-25 a narrative that outlines the challenges is also required.
- Key workforce risks were noted along with an overall growth aspect of 22.1wte (0.30% workforce) is predicted for 2024-25.
- The future demand is expected to be mitigated by qualifying nursing degree students and apprenticeships, whilst improving retention. It was agreed that when the full report is finalised this needs to be sighted at Trust Board.

IQPR: Highlights
- M10 (January 2024) metrics were taken as read, with an update on improved M11 (February 2024) metrics also provided.
- In Month 11:
  - **Vacancy Rate** – has reduced to 11.6% from 12.2%
  - **Appraisal** – is above standard at 89% and up from 87%.
  - **Staff Turnover** has reduced to 12.9% from 14.2% against a standard of <10%.
  - **Agency spend** has remained at 5.8% against a target of 4%. The agency cap will decrease from 3.7 to 3.2% in 2024-25 which will present further challenges but no sanctions.
  - **Clinical supervision** for M11 has since increased to 85% which is on standard.
- There are no Performance Improvement Plans (PIPs) in place for organisational health and workforce.

Workforce and Organisational Risks
- There are no new risks, score changes or closures to the risks identified for the People Committee.
- Whilst the risks are reviewed regularly, a deeper dive of some of the issues raised during the Committee meeting will be undertaken.
- Risk 1908 will be specifically reviewed with regard to Optima Health.
- The presented risks were approved.

Service User and Carer Council (SUCC) Report
- The Committee received the report that was taken as read. It confirmed the Trust's position in accordance with legislation to be published on both Government and Trust websites. The Trust's SUCC has been running effectively for many years, with the growing involvement in the organisation this has now prompted a review of the structures, systems and reporting processes in place which supports co-production and shared decision making for the coming financial year. The Chair queried the reporting cadence of this report, and noted that remuneration for volunteers requires further review and understanding.

Policy Approval
The following policies were approved for 3 years:
  - 3.25 Flexible Working and Employment Break Policy
  - 3.46 NSC Cover Arrangements

- 3.49 Agile/Homeworking Policy
- Fit & Proper Person Policy (this is a new policy, following recent changes in governance reporting arrangements and with previous submission to JNCC)
- The following policy was agreed for a 12 month extension:
  3.01 Disciplinary Policy (awaiting agreement from staff-side as this is a key policy, there is no fundamental issue of disagreement, however changes regarding the embedding and incorporating of Just Restorative Culture is now required)

Next meeting: Monday 3rd June 2024 at 9.30am Via MS Teams
Committee Chair: Janet Dawson, Chair of NSCH and Chair of the People, Culture & Development Committee.

REPORT END

Date of Meeting:	11th April 2024		
Title of Report:	Monthly Safer Staffing Report – February 2024		
Presented by:	Kenny Laing – Chief Nursing Officer		
Author:	Zoe Grant – Deputy Chief Nursing Officer		
Executive Lead Name:	Kenny Laing – Chief Nursing Officer	**Approved by Exec**	☒

Purpose of the report:							
Approval	☐	**Information**	☒	**Consider for Action**	☐	**Assurance**	☐

Executive Summary:

Purpose:
This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during February 2024, in line with the National Quality Board requirements.

Key Findings:

- During February 2024, an overall fill rate of 100.5% was achieved; this is an increase from 98.5% in January 2023.

- The fill rate for Registered Nurse (RN) shifts in February has improved decreased; from 77.5% in January 2023 to 76.1%.

- RN vacant posts in the inpatient wards remains similar to January which was 40.3wte vacant positions to 40.64wte in February.

- The HCSW vacancies during February 2024 were 11.3wte vacancies.

- The bed occupancy rate was high at 98.1% in February, it was 97.8% in January.

- The Trust has seen a reduction in the CHPPD national benchmark reported for December 2023, where we dropped into the third quartile (from the fourth – top quartile).

- 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 November 2023 and resulted in and a recommendation has been presented to the executive team to uplift ward 4's night cover establishment from 4 staff members to 5, due to consistent acuity needs during the night.

- 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.

Recommendations:

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

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)	1. **Growth** - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care ☒ 2. **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 ☐ 3. **Prevention** - To will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce. ☒		
BAF / Risk / legal implications: Risk Register Reference	1. We will provide the highest quality, safe and effective services ☒ 2. 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)		
Sustainability:	1. Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent ☐ 2. Build a network of climate and sustainability champions across Staffordshire and Stoke on Trent ☐ 3. Share learning and best practice ☒		
Resource Implications: Funding Source:	N/A N/A		
Diversity & Inclusion Implications: (Assessment of issues connected to the Equality Act 'protected characteristics' 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 information	
Version	Name/group	Date issued

1. Introduction:

This report details the ward daily staffing levels during the month of February 2024 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 February 2024 in line with the National Quality Board requirements.

3. Key Findings:

- During February 2024, an overall fill rate of 100.5% was achieved; this is an increase from 98.5% in January 2023.

- The fill rate for Registered Nurse (RN) shifts in February has improved decreased; from 77.5% in January 2023 to 76.1%.

- RN vacant posts in the inpatient wards remains similar to January which was 40.3wte vacant positions to 40.64wte in February.

- The HCSW vacancies during February 2024 were 11.3wte vacancies.

- The bed occupancy rate was high at 98.1% in February, it was 97.8% in January.

- The Trust has seen a reduction in the CHPPD national benchmark reported for December 2023, where we dropped into the third quartile (from the fourth – top quartile).

- 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 November 2023 and resulted in and a recommendation has been presented to the executive team to uplift ward 4's night cover establishment from 4 staff members to 5, due to consistent acuity needs during the night.

- 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 February
- 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.

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.

The first of the six monthly reviews for 2023 /24 took place throughout November 2023; the findings were reported to the executive team in February 2024.

5. Summary:

5.1. Trust Performance

During February 2024, the Trust achieved an overall staffing fill rate of 76.1% for Registered Nurses. This broken down to 75.79% during the day shifts and 76.60% during the night shift.

The overall staffing fill rate for HCSW staff was 118.8% which saw 110.55% fill rate during the day shifts and 129.82% fill rate during the night shifts.

Taking skill mix adjustments into account an overall fill-rate of 100.5% 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.
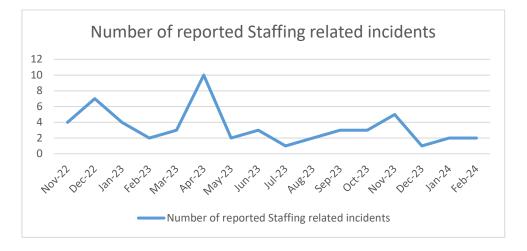
Benchmarking for CHPPD is available through the Model Hospital for Mental Health Trusts. NSCHT performs in the upper quartile and, when compared to similar organisations, is well above the national median for the number of CHPPD. The latest reported benchmark position is for December 2023, this showed that the Trust was in the third quartile of care hours per patient per day nationally (see Appendix 1), this is unusual for the Trust as we have consistently been in the top (fourth) quartile for over 18months. In February 2024 the Trusts locally reported average was 11.38 CHPPD, this is an increase from 10.91 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 two reported safer staffing related incident within the Inpatient wards during February 2024. They both occurred on the PICU, they were both linked to unexpected absence of a staff member and the ward working one staff member under their required hours. There was no incidents of harm reported.

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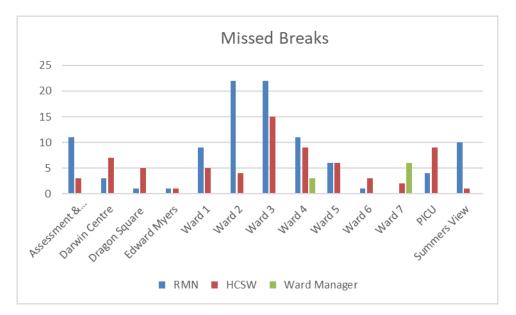
There were no reported PALs or complaints which could be related back to staffing issues or concerns.

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
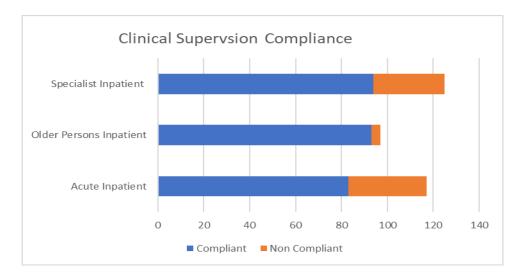
In order to maintain safe staffing levels the following actions were taken by Ward Managers during February 2024:

171 staff breaks were cancelled in February. Please see the breakdown of areas below:

5.7. Supervision Compliance:
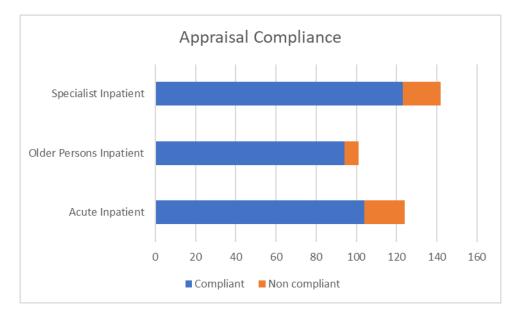
Supervision compliance throughout inpatient teams is generally good, however has seen a reduction during February 2024. Ward managers' report multiple opportunities for staff to seek individual or group supervision and continue to actively encourage staff to record their supervision activity in line with the Trust monitoring process via LMS. Access to Professional Nurse Advocacy continues to be promoted.

Registered Nurse & Health Care Support Worker compliance for February:

5.8.   Appraisal Compliance:

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

Registered Nurse & Health Care Support Worker compliance for February:

There were no teams reporting an impact on mandatory training.

5.9.   Other incidents of note:
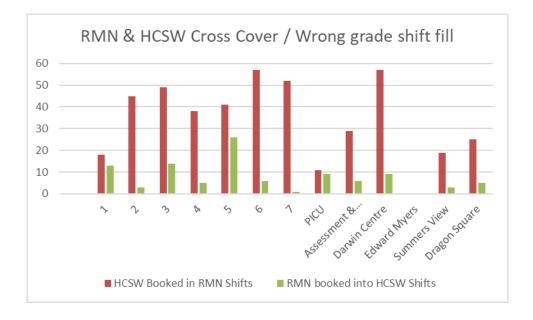
There were three outbreak's reported during February 24, two were COVID outbreaks in Ward's 3 & 5 and there was an influenza outbreak in ward 7. The majority of cases were patient linked cases, with a small impact on staff and staffing.

5.10.   Mitigating Actions:

Ward Managers and members of the multi-disciplinary team have clinically supported day shifts to ensure safe patient care. 441 Registered Nurse shifts were covered by HCSW's where Registered Nurse temporary staffing was unavailable.

Registered Nurse staff covered 100 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 February was in ward 3 (62 Shifts) and ward 7 (60 shifts):

RMN & HCSW Cross Cover / Wrong grade shift fill

Legend: ■ HCSW Booked in RMN Shifts ■ RMN booked into HCSW 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.

The safer staffing fill rate has remained stable over the previous months, the Safer Staffing huddles remain stepped back to twice weekly throughout February 24. 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.

The safe care tool enables the ward managers to make more informed decisions about staffing shortfalls by comparing ward acuity levels with staffing numbers. Compliance regarding completion of the safe care has improved, making this an easier process.

Following the 6 monthly safer staffing reviews in January 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. Additional reviews have taken place throughout November 2023, with recommendations reported via the Trusts Senior Leadership Team in February 2024.
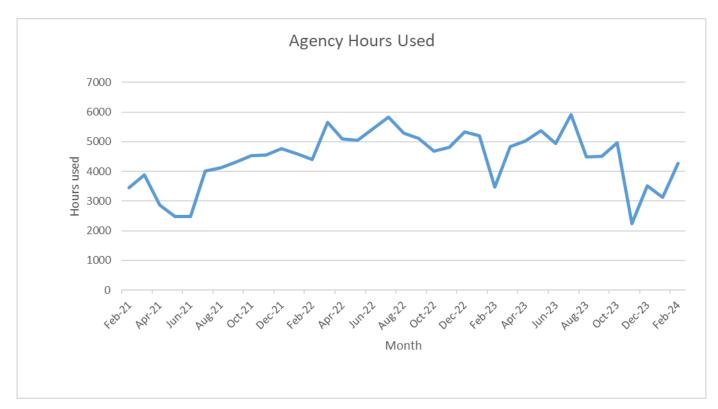
5.11. Bank and Agency Usage

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 increased slightly in February despite the influx of newly registered nurses in October 2023.

This is demonstrated in the two graphs below:

Graph 1 - Agency usage within inpatient areas February 2021 – February 2024:
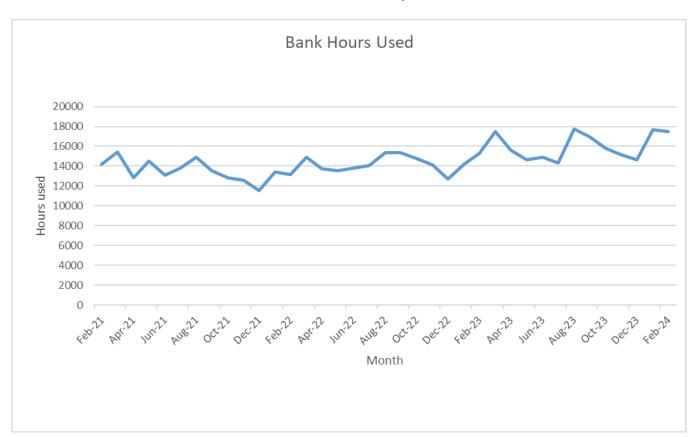
The agency hours utilised in February were 4267.15hrs

Agency Hours Used

Graph 2 - Bank usage within inpatient areas February 2021 – February 2024:

The Bank hours utilised in February were 17479.38hrs

Bank Hours Used
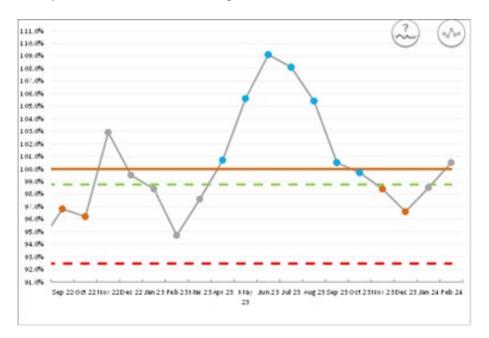
5.12. Overall Fill Rate

The overall staffing fill rate during February 2024 was 100.5%.

The SPC chart provides an overview of the total fill rate for the past 18 months. During this period staffing fill rates have remained within the area of common cause variation.
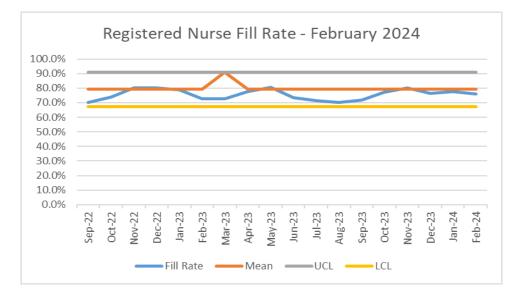
The Trust continues to take the required actions to mitigate any shortfalls in fill rate and this position is summarised above.

Overall Fill-Rate September2022 – February 2024:

5.13. Total Registered Nurse Fill-Rate

The total Registered Nurse fill rate was 76.1%; the graph below shows the fill rate from September 2022 - February 2024:

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 are working with the Performance Information Team to review a number of Community Team metrics including caseload size, vacancy level, absence rate, temporary staffing usage. These metrics (Appendix 4) will continue to be formally reported via the Trusts monthly safer staffing report and will eventually be 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 February 2024. 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.

7.1. Registered Nurse and HCSW Retention

During February 2024, 6 Registered Nurse (5.16wte) left the Trust, two of these were from Inpatient setting. These were voluntary resignation; a mix between relocation, promotion and retirement.

3 HCSW's (2.8wte) left the Trust during February 2024 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 staffing updates from Ward Managers, Quality Improvement Nurses (Matrons) and the E-Rostering and Temporary Staffing Team as appropriate.

The Quality Improvement Nurse / Matron cover within the Acute and Older Persons wards is currently unstable, with one band 8a Quality Lead Nurse / Matron covering all three roles within the Acute and Urgent Care Directorate currently, support is being offered by the senior service Manager also.

Despite capacity issues within the team throughout January and February, 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 were presented through to the Trusts Senior Leadership Team and progress against recommendations and actions is monitored via the Quality assurance Group.

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

Additionally, there are currently two Professional Nurse Educator's (PNE's) in post on a temporary basis; one within the Acute Inpatient wards and the other within the Older Persons wards. The role is a nationally recognised role designed to ensure there is dedicated day to day support to Nurses and HCSW's, offering expert advice and clinical supervision, as well as being a role model who champions professional competencies, values and attitudes for new and existing staff.

8. **To Conclude:**

There has been a slight decrease in the Registered Nurse fill rate in February when compared to January, however the overall fill rate has increased to 100.5%.

Prior to the previous 4 months the occupancy levels within the wards averaged around 85%, there has been a sustained increase to this for the last 4 months, with occupancy being 98.1% in February 2024.

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 February 2024 was 40.64wte.

The HCSW vacancy position was 1.83wte vacancies for the inpatient wards in February 2024.

Ward Managers, Service Manager and Quality Improvement Nurse (Matron) 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 continued to be utilised in the 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 – December 23

Appendix 2 February 2024 Safer Staffing:

Ward	RMN Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	CARE STAFF Day Clinically Required	Day Actual	Night Clinically Required	Night Actual	Registered Nurse Day Fill Rate (%)	Night Fill Rate (%)	Care Staff Day Fill Rate (%)	Night Fill Rate (%)	Total Nursing Staffing Overall RN %	Overall Care Staff	Overall Staffing	Total Hours Per Day	Patients	CHPPD
Assessment & Treatment	747.5	604	640.2	296.1	1517.25	1080	643.8	921.3	80.80%	46.25%	71.18%	143.10%	64.9%	92.6%	81.8%	2901.40	58	50.02
Darwin Centre	1434.75	1081.5	965.7	688.2	2514	2537.5	2264.4	2395	75.38%	71.26%	100.93%	105.77%	73.7%	103.2%	93.4%	6702.20	359	18.67
Edward Myers	739.25	701.25	321.9	323.9	739.5	652.25	643.8	610.5	94.86%	100.62%	88.20%	94.83%	96.6%	91.3%	93.6%	2287.90	227	10.08
Summers View	802.5	541.5	310.7833333	322.5	802.5	960.766667	621.5666667	621.5666667	67.48%	103.77%	119.72%	100.00%	77.6%	111.1%	96.4%	2446.33	288	8.49
PICU	1070.733333	946.75	632.7	635.5	1470.5	1258.25	1287.6	1267.95	88.42%	100.44%	85.57%	98.47%	92.9%	91.6%	92.1%	4108.45	166	24.75
Ward 1	1221.25	1162.333333	643.8	557.9	1050.75	1406.41667	643.8	1438.55	95.18%	86.66%	133.85%	223.45%	92.2%	167.9%	128.3%	4565.20	492	9.28
Ward 2	1397.75	871.75	643.8	422.9	1459.916667	1826.23333	632.7	1213.45	62.37%	65.69%	125.09%	191.79%	63.4%	145.3%	104.8%	4334.33	552	7.85
Ward 3	1251.25	836.75	632.7	489.4	926	1074.75	848.4	1284.35	66.87%	77.35%	116.06%	151.38%	70.4%	133.0%	100.7%	3685.25	448	8.23
Ward 4	1457	1058.983333	321.9	337.3	1278	1533	1167.2	1363.3	72.68%	104.78%	119.95%	116.80%	78.5%	118.4%	101.6%	4292.58	428	10.03
Ward 5	1116	1026.5	643.8	397.7	1149.25	1332.91667	963.7	1497.966667	91.98%	61.77%	115.98%	155.44%	80.9%	134.0%	109.9%	4255.08	305	13.95
Ward 6	1094	736.75	643.8	345.6	1401.25	1855.5	965.7	1464.75	67.34%	53.68%	132.42%	151.68%	62.3%	140.3%	107.3%	4402.60	356	12.37
Ward 7	1232.216667	711.75	321.9	333	1081.366667	1496.21667	954.6	1029	57.76%	103.45%	138.36%	107.79%	67.2%	124.0%	99.4%	3569.97	501	7.13
Totals	13564.20	10279.82	6722.98	5150.00	15390.28	17013.80	11637.27	15107.68	75.79%	76.60%	110.55%	129.82%	76.1%	118.8%	100.5%	47551.30	4180.00	11.38

Appendix 3

Ward	Total Nursing Staffing			Total Hours Per Day	Patients	CHPPD	Bed Occupancy	Safe Staffing maintained by:	RN Vacancies	HCSW Vacancies
	Overall RN %	Overall Care Staff %	Overall Staffing							
Assessment & Treatment	64.9%	92.6%	81.8%	2901.40	58	50.02	100.0%	• Nurses working unplanned hours. • Wider MDT support. • Altered skill mix • Temporary & agency staff cover	3.76 ↓	2.16 ↑
Darwin Centre	73.7%	103.2%	93.4%	6702.20	359	18.67	112.5%		12.22 ↔	1.57 ↑
Edward Myers Unit	96.6%	91.3%	93.6%	2287.90	227	10.08	65.2%		2.16 ↑	1.00 ↔
Summers View	77.6%	111.1%	96.4%	2446.33	288	8.49	99.3%		3.00 ↔	1.24 ↔
PICU	92.9%	91.6%	92.1%	4108.45	166	24.75	96.0%		1.76 ↔	(1.76) ↑
Ward 1	92.2%	167.9%	128.3%	4565.20	492	9.28	121.2%		3.91 ↔	(1.41) ↔
Ward 2	63.4%	145.3%	104.8%	4334.33	552	7.85	105.7%		1.94 ↔	0.46 ↑
Ward 3	70.4%	133.0%	100.7%	3685.25	448	8.23	96.6%		2.02 ↑	(3.47) ↑
Ward 4	78.5%	118.4%	101.6%	4292.58	428	10.03	98.4%		2.55 ↔	2.61 ↔
Ward 5	80.9%	134.0%	109.9%	4255.08	305	13.95	105.2%		1.00 ↔	1.88 ↔
Ward 6	62.3%	140.3%	107.3%	4402.60	356	12.37	81.8%		2.79 ↔	(0.69) ↑
Ward 7	67.2%	124.0%	99.4%	3569.97	501	7.13	96.0%		2.53 ↔	(0.84) ↑
Totals	76.1%	118.8%	100.5%	47551.30	4180.00	11.38	98.1%		40.64 ↓	1.83 ↑

KEY
↑ Improved since previous month
↓ Deteriorated since previous month
↔ No change

APPENDIX 4

Community Safer Staffing Report M11 2023/24

Community Safer Staffing Report M11 2023/24

This is a new report that sets out the impact of demand and capacity on core community 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

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

The vacancies for Core CAMHS have reduced slightly from 6.1 WTE in January to 6.1 WTE in February. The number of patients on the Core CAMHS caseload has been gradually increasing all year and remains high at 1813 open referrals at the end of February.

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

North Stoke CAMHS

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

North Stoke CAMHS vacancy rate has reduced from 2.0 WTE in January to 0.8 WTE in February.

Their caseload numbers follows the trend of all Core CAMHS.

South Stoke CAMHS

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

South Stoke CAMHS vacancy rate has increased from 2.8 WTE in January to 3.8 WTE in February.

Their caseload numbers follows the trend of all Core CAMHS.

North Staffs CAMHS

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

North Staffs CAMHS vacancy rate remained the same at 1.6.

Their caseload numbers follows the trend of all Core CAMHS.

Adult CMHT

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

No significant changes have been seen in February. Vacancies remain at 26 WTE and the number of open referrals on the CMHT caseload at the end of month was 3569.

City CMHT - Greenfields

Patient Facing* Workforce

Legend: Contracted, Vacancy, Actual

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

Bank & Agency WTE

Legend: Bank, Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Legend: Referrals, Discharges, EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

There have been a significant number of vacancies all year in Greenfields, with a slight decrease from 8.2 WTE in January to 7.6 WTE in February.

Their caseload has increase slightly to 815 at the end of February.

City CMHT - Sutherland

Patient Facing* Workforce

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

Bank & Agency WTE

Count of Bank & Agency WTE in month.

Referrals & Caseload

Count of referrals in, discharges & caseload as at end of month.

There has been no change to the number of vacancies in February.

The number on caseload continues to drop due to a high number of discharges.

COUNTY CMHT Newcastle

Patient Facing* Workforce

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

Bank & Agency WTE

Count of Bank & Agency WTE in month.

Referrals & Caseload

Count of referrals in, discharges & caseload as at end of month.

Moorlands have had a further reduction in the number of vacancies from 8.3 WTE in January to 8.8 in February.

The number on caseload continues to decrease with the pattern of more discharges than new referrals.

Keele
UNIVERSITY
TEACHING TRUST

NHS
North Staffordshire
Combined Healthcare
NHS Trust

COUNTY CMHT Moorlands

Patient Facing* Workforce

Contracted   Vacancy   Actual

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

Bank & Agency WTE

Bank   Agency

Count of Bank & Agency WTE in month.

Referrals & Caseload

Referrals   Discharges   EOM Caseload

Count of referrals in, discharges & caseload as at end of month.

Moorlands have had a further reduction in the number of vacancies from 1.3 WTE in January to 0.8 in February.

The number of referrals and number of people on their caseload remains steady.

Older Adult CMHT

Patient Facing* Workforce

Bank & Agency WTE

Referrals & Caseload

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

Count of Bank & Agency WTE in month.

Count of referrals in, discharges & caseload as at end of month.

No significant changes have been seen in February. The number of open referrals on the CMHT caseload at the end of month was 513.

NOAP City CMHT

Patient Facing* Workforce

Bank & Agency WTE

Referrals & Caseload

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

Count of Bank & Agency WTE in month.

Count of referrals in, discharges & caseload as at end of month.

Vacancy number remain the same at 0.4 WTE.

The number of open referrals on caseload remains steady.