

**NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST
BOARD MEETING HELD IN PUBLIC
THURSDAY 12TH MARCH 2026, 10.00AM, BOARDROOM,
LAWTON HOUSE AND VIA MS TEAMS**

ITEM	TIMING	REF	TITLE	LEAD	ACTION	ENC
1	1000	P22/26	Welcome and Apologies for Absence – Eric Gardiner	Janet Dawson	Note	
2	1002	P23/26	Declarations of Interests – and changes to be notified	Janet Dawson	Note	
3	1003	P24/26	Minutes of the Previous Meeting held on 15th January 2026	Janet Dawson	Note	Enc. 1
4	1005	P25/26	<ul style="list-style-type: none"> • Action Monitoring Schedule • Matters arising not covered by the rest of the Agenda 	Janet Dawson	Note	Enc. 2
ADVISE						
5	1010	P26/26	Patient Story – Richards Story	Kenny Laing	Advise	Verbal
6	1025	P27/26	REACH Recognition Team Award – Corporate – Mental Health Law Team	Dr Buki Adeyemo	Advise	Verbal
7	1030	P28/26	Chief Executives Report	Dr Buki Adeyemo	Advise	Enc. 3
8	1040	P29/26	Chairs Report	Janet Dawson	Advise	Enc. 4
9	1045	P30/26	Questions from Members of the Public	Janet Dawson	Advise	Verbal
ALERT						
10-minute Break						

APPROVE						
10	1100	P31/26	Terrorism (Protection of Premises) Act 2025 (Martyn's Law) Appointment of Senior Individual (DSI) and Implementation Plan	Ben Richards	Approval	Enc. 5
11	1110	P32/26	Board Assurance Framework (BAF) Quarter 3 2025/26	Nicola Griffiths	Approval	Enc. 6
12	1115	P33/26	Board Approval for Policies	Nicola Griffiths	Approval	Enc. 7
ASSURE						
13	1120	P34/26	Improving Quality and Performance Report (IQPR) Month 10	Lisa Dodds	Assurance	Enc. 8
14	1125	P35/26	Finance Report Month 10	Lisa Dodds	Assurance	Enc. 9
15	1135	P36/26	Finance and Resource Committee Assurance Reports from the meetings held on the 5th February 2026 and the 5th March 2026	Russell Andrews	Assurance	Enc. 10a and 10b
16	1145	P37/26	Quality Committee Assurance Reports from the meetings held on 5 th February 2026 and the 5 th March 2026	Pauline Walsh	Assurance	Enc. 11a and 11b
17	1155	P38/26	Audit Committee Assurance Report from the meeting held on 28 th January 2026	Prem Gabbi	Assurance	Enc. 12
18	1200	P39/26	People, Culture and Development Committee Assurance Report from the Business Meeting held on 2 nd March 2026	Martin Evans	Assurance	Enc. 13

19	1210	P40/26	Charitable Funds Committee Assurance Report from the meeting held on 2 nd March 2026	Russell Andrews	Assurance	Enc. 14
20	1220	P41/26	Any Other Business	Janet Dawson	Note	Verbal
21	1225	P42/26	Meeting Self-Assessment	Janet Dawson	Discussion	Verbal
CONSENT ITEMS						
22	1230	P43/26	Board Members Declarations of Interest Register	Nicola Griffiths	Information	Enc. 15
23	1230	P44/26	Medium-Term Planning Final Submission 2026/27	Elizabeth Mellor	Information	Enc. 16
24	1230	P45/26	Trust Board Attendance Report	Janet Dawson	Information	Enc. 17

Date and Time of Next Meeting
14th May 2026 at 10.00am, Boardroom
Lawton House and via MS Teams

Appendix 1

7 Levels of Assurance

RAG rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes over a defined period of time ie 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, with agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

PUBLIC TRUST BOARD

**Minutes of the Public Section of the North Staffordshire Combined Healthcare NHS Trust
Board meeting held on Thursday 15th January 2026
At 10:00am in the Boardroom, Lawton House and via MS Teams**

Present		
Janet Dawson	JD	Chair
Russell Andrews	RA	Vice Chair / Non-Executive Director
Dr Buki Adeyemo	BA	Chief Executive Officer
Eric Gardiner	EG	Chief Finance Officer / Deputy Chief Executive
Kenny Laing	KL	Chief Nursing Officer / Deputy Chief Executive
Dr Dennis Okolo	DO	Chief Medical Officer
Ben Richards	BR	Chief Operating Officer
Elizabeth Mellor	EM	Chief Strategy Officer
Frieza Mahmood	FM	Chief People Officer
Pauline Walsh	PW	Non-Executive Director / Senior Independent Advisor (SID)
Jennie Koo	JK	Non-Executive Director
Martin Evans	ME	Non-Executive Director
Prem Gabbi	PG	Non-Executive Director
Dr Roger Banks	RB	Associate Non-Executive Director
Katie Laverty	KL	Associate Non-Executive Director
In Attendance		
Nicola Bullen	NB	NExT Director Programme
Nicola Griffiths	NG	Deputy Director of Governance / Board Secretary
Joe McCrea	JM	Associate Director of Communications
Jenny Harvey	JH	Staff Side Representative
Lisa Wilkinson	LW	Corporate Governance Manager (Minutes)
Public Attendance		
None		
REACH Individual Award		
Deb Boughey - Young Adult Pathways & SEND Lead and Interim Service Manager		
Patient Story		
Diverse Minds		

Meeting commenced at 10.00am

01/26	APOLOGIES FOR ABSENCE	
	Sherrine Khan - Senior Peer Support Worker	
02/26	DECLARATIONS OF INTEREST RELATING TO AGENDA	
	Janet Dawson noted that they had stepped down from her Non-Executive Director role at Derbyshire Community Health Services and had updated her declaration accordingly.	
	Noted	

<p>03/25</p>	<p>MINUTES OF THE LAST PUBLIC BOARD MEETING HELD ON – 13TH NOVEMBER 2025</p> <p>Agreed as a true and accurate record.</p> <p><i>Approved/Received</i></p>	
<p>04/26</p>	<p>ACTION MONITORING SCHEDULE FROM THE MEETING HELD ON 13TH NOVEMBER 2025</p> <p>153/25 – CHAIRS REPORT - Schools & Youth Engagement An action was agreed to explore opportunities to support Elevate with recruiting young people. 15.01.26 – Elizabeth Mellor has made contact with Sabrina (Participation Worker) to encourage engagement with Midlands Partnership University Foundation Trust (MPUFT), Staffordshire County Council (SCC) and Stoke-on-Trent City Council (SoTCC) Participation Lead and explore opportunities to work on widening participation across the ICS CYP Forums – COMPLETE</p> <p>156/25 – BOARD AND COMMITTEE DATES 2026/27 Following discussion, it was agreed that the January 2026 Remuneration Committee date be reviewed to ensure Non-Executive availability. 15.01.26 – Following a review of the cycle of business and agenda items for the meeting the decision was made to cancel the meeting.</p> <p>157/25 – POLICY REPORT It was agreed the report would be shared with the Board in January 2026. 15.01.26 – Agenda Item</p> <p>158/25 – RESEARCH AND DEVELOPMENT (R&D) ANNUAL REPORT The Board discussed the need for a clearer organisational research ambition, suggesting a future board session to define strategic priorities and ensure alignment between research, innovation, and service transformation. Nicola Griffiths to add to Board Development Programme 2026/27. Dr Dennis Okolo to lead future Board session. 15.01.26 – Added to Board Development Programme 2026/27.</p> <p>159/25 – IMPROVING QUALITY AND PERFORMANCE REPORT (IQPR) MONTH 6 Martin Evans discussed the need for deeper understanding of Performance Improvement Programmes (PIPs), suggesting a Private Board discussion to clarify the journey and effectiveness of PIPs, and highlighting the importance of connecting actions to outcomes. Nicola Griffiths to carry forward to a future Private Board session. Eric Gardiner to deliver agenda item. 15.01.26 – Following discussion agreed briefing to be delivered at Finance and Resource Committee by Eric Gardiner.</p> <p>161/25 – FINANCE AND RESOURCE COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 2ND OCTOBER AND 6TH NOVEMBER 2025 2025 Staffordshire Connect to Work Tender outcome acknowledged as positive but not outstanding; Committee agreed to aim for improvement and avoid complacency. 15.01.26 – Elizabeth Mellor to feedback to the team and ensure all learning is informing new business development opportunities.</p>	

	Received	
05/26	<p>PATIENT STORY – DIVERSE MINDS Kenny Laing, Chief Nursing Officer presented the patient story.</p> <p>Kenny Laing, Chief Nursing Officer, presented the patient story illustrating the experiences of neurodiverse individuals attending the Diverse Minds peer-support group, established in response to identified gaps in support within community and primary care services.</p> <p>The Board welcomed the story and noted its powerful impact. Members of the Board highlighted the benefits of a safe space where individuals felt understood, the importance of wider accessibility, and the strong value of peer-led models. Concerns were raised about long waiting times for assessment and diagnosis, the need for sustainable expansion, and ensuring facilitators receive adequate support.</p> <p>The Board recognised national challenges in neurodiversity pathways and acknowledged local pressures due to high demand and limited historic provision. Opportunities to scale the model, develop community facilitation, and align support with diagnostic services were discussed. [</p> <p>It was noted that both a full and short version of the film would be made available on the Trust Board Public webpage. The Board expressed strong support for the intervention and the positive practice demonstrated.</p> <p>Noted</p>	
06/26	<p>REACH RECOGNITION INDIVIDUAL AWARD – Deb Boughey - Young Adult Pathways & SEND Lead and Interim Service Manager</p> <p>Dr Buki Adeyemo, Chief Executive Officer introduced the award.</p> <p>Deb Boughey leads the development and delivery of safe, effective and efficient transition pathways for Children and Young People aged 14–25 moving from Children’s to Adult Mental Health Services across NSCHT.</p> <p>She works across Children and Adults Mental Health Services (CAMHS), Inpatient Services, Crisis and Home Treatment and Learning Disabilities teams, ensuring that care transitions are smooth, timely and person-centred.</p> <p>Deb exemplifies the Trust’s Proud to CARE values in everything she does. She ensures Children and Youn People (CYP) and their families feel supported during what can be a challenging transition, prioritising their emotional wellbeing and individual needs.</p> <p>Deb actively engages with clinicians, partner agencies and families, creating open and collaborative relationships that foster trust and she takes ownership of complex system-wide processes, ensuring statutory obligations are met and pathways deliver safe, high-quality care.</p> <p>Deb drives improvements that enhance outcomes for CYP, embedding best practice and national standards.</p> <p>Deb has recently at short notice stepped up into the Service Manager role to support our Autism Spectrum Disorder (ASD) and Attention Deficit</p>	

	<p>Hyperactivity Disorder (ADHD) services and her leadership has made a real difference, improving experiences and outcomes for our service users and staff.</p> <p>Deb has gone above and beyond her core role in several ways, delivering tangible outcomes that have made a real difference for Children and Young People (CYP), their families and the wider system:</p> <p>Deb highlighted the strong alignment between the Diverse Minds model and wider Trust initiatives and noted ongoing challenges with post-diagnostic support and “waiting well”, given the high number of people on waiting lists and current capacity constraints. Work is underway to improve efficiency within existing resources. Deb also outlined plans to introduce a post-diagnostic coffee drop-in for autistic individuals, which would complement the Diverse Minds group and demonstrate further positive practice within the Trust.</p> <p>The Board congratulated Deb on her award.</p> <p>Received</p>	
<p>07/26</p>	<p>CHIEF EXECUTIVES REPORT Dr Buki Adeyemo, Chief Executive Officer, updated the Board on activities since the last meeting and drew the Board’s attention to the following:</p> <p>Dr Buki Adeyemo, Chief Executive Officer highlighted current concerns regarding outer variable performance, noting this remained a significant issue requiring focused attention and further discussion later in the meeting.</p> <p>Dr Adeyemo reported on recent positive engagements, including Dr Becky’s attendance at Parliament and a visit to dementia services, both of which served as strong opportunities to showcase the Trust’s work. [</p> <p>Janet Dawson commended the range of activity highlighting particularly the innovation demonstrated across teams. Janet Dawson also congratulated Joe McCrea on representing the Trust at Parliament and reflected positively on a recent visit to the Mental Health Liaison Team, describing it as an example of impactful, team-led service improvement. Janet Dawson emphasised the value of change originating from those delivering frontline care rather than being imposed externally.</p> <p>Noted</p>	
<p>08/26</p>	<p>CHAIRS REPORT Janet Dawson, Chair presented the report.</p> <p>Janet Dawson presented the report and expressed thanks to staff who continued to work over the Christmas period and during recent adverse weather, noting that many frontline roles could not be performed from home.</p> <p>The Chair reminded staff that vaccinations remained available and encouraged uptake to protect themselves and patients.</p> <p>The Board was informed that the Pulse Survey was being promoted and staff were encouraged to share their views.</p>	

	<p>Kenny Laing confirmed that the Trust had met the NHS England stretch target for flu vaccination uptake and was currently the highest-performing Mental Health Trust in the Midlands and noted that although performance was strong, continued improvement would be expected.</p> <p>Noted</p>	
<p>09/26</p>	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>The Trust continues to encourage the use of Ask the Board Online as part of its ongoing commitment to openness, transparency and innovation.</p> <p>Question 1: Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder which, according to Beat, can present on its own or can co-occur with other conditions such as, but not limited to, autism and ADHD. We have heard that ARFID referrals to specialist eating disorder services were rejected due to the service not providing ARFID-related treatment. What is the correct pathway for individuals to receive support with and treatment for ARFID, whether or not the individual does or does not have another condition present? – Healthwatch, Stoke-on-Trent.</p> <p>Ben Richards clarified that ARFID was currently included within NICE guidance for eating disorders, although no national guidance existed specifically for children and young people. ARFID presentations vary significantly in severity and aspects of treatment are provided across a number of teams, including Specialist Eating Disorder Services, Community Paediatrics, Dietetics, Disability and Autism Services, and Children and Adult Mental Health Services (CAMHS).</p> <p>Ben Richards confirmed that there was no single national pathway, but the Trust maintained a no wrong door approach and ensured individuals were directed to the appropriate service following assessment and screening. Consultation models may be used when a young person is already under another team’s care to avoid unnecessary transfer. Ben Richards noted that a clear, singular pathway could not be provided as none existed nationally.</p> <p>Dr Buki Adeyemo emphasised the importance of continually reiterating and assuring delivery of the Trust’s no wrong door policy.</p> <p>ACTION: Ben Richards agreed to reach out to Healthwatch to seek feedback and assurance that the 'no wrong door' policy was being effectively implemented across services.</p> <p>Question 2: I've read the current advice about Mounjaro on the ICB website I understand that patients mustn't speak to their GP about the drug and that the patients will be assessed independently. How will this process work? Will GPs be asked to identify suitable patients and send their details to Combine Healthcare. Patients can access Mounjaro from online sources and therefore a two-tier system has developed, those who can pay get Mounjaro. I understand that a rationing process must operate within the NHS but someone must have authorised the release of this drug to private providers. Was this done by the MHRA? – Member of the Public</p> <p>Ben Richards noted that Mounjaro had been approved by NICE. Ordinarily, NICE-approved medicines must be implemented within three months (or 30 days in specific cases). However, due to the significant national cost and</p>	<p>BR</p>

	<p>volume implications, NHS England had issued a 12-year derogation for full NHS rollout.</p> <p>The Integrated Care Board (ICB) has followed NHS England national guidance. Locally, the model would use GP-led hubs run through Primary Care Networks (PCNs), which would identify and contact eligible patients directly over the next 12 months explaining why individuals are asked not to contact their GP proactively. The broader rollout is an ICB responsibility.</p> <p>Ben Richards confirmed that while the Trust was aware of the high-level process, responsibility for commissioning and implementing the pathway lay with the ICB, and the enquiry had been redirected appropriately. The regulator for the drug is the Medicines and Healthcare products Regulatory Agency (MHRA), and eligibility criteria are published on the ICB website.</p> <p>Noted</p>	
<p>10/26</p>	<p>ANNUAL SAFER STAFFING REPORT</p> <p>Kenny Laing, Chief Nursing Officer, presented the Annual Safer Staffing Report for approval.</p> <p>The report had previously been considered by the Quality Committee in October but was brought to Board later than planned due to scheduling issues. Kenny Laing outlined the two components of the report, a summary of 2024/25 safer staffing data, already monitored monthly through existing reporting and the annual review of inpatient establishments, undertaken in summer 2025, involving data analysis, acuity measurement and professional judgement discussions across all wards. This evidence-based review informs establishment recommendations for the 2026/27 financial year.</p> <p>Kenny Laing drew attention to three key recommendations:</p> <ul style="list-style-type: none"> - Increasing Ward 1 establishment by one healthcare support worker to reflect the planned relocation and increased bed base under the Chrysalis project; - A minor increase to the Edward Myers Unit, already addressed through a previously approved business case; and - Scoping a model for ring-fencing training posts during 2026/27. <p>Janet Dawson sought clarification on the timing of recommendations and their implementation. Kenny Laing confirmed that recommendations were derived from the previous year's review and applied to the following financial year, with operational staffing needs addressed in real-time to avoid gaps in care.</p> <p>Dr Dennis Okolo queried whether reductions in staffing could ever be recommended. Kenny Laing explained that this would only be appropriate where a ward's function changed to supporting less acutely unwell patients, which had not occurred.</p> <p>Members of the Board raised questions regarding links between occupancy, bank usage, bed reductions and establishment levels. Kenny Laing confirmed that the Trust's annual acuity-based review prevented misalignment, maintaining fill rates within an appropriate range (typically 95–105%).</p>	

	<p>Frieza Mahmmod highlighted the Trust’s broader work on risk management, workforce flexibility and development of a peri-pragmatic workforce model to ensure responsive deployment.</p> <p>Elizabeth Mellor asked about the future role of technology in care delivery. Kenny Laing emphasised that digital tools should complement, not replace, clinical care, and any technology (e.g., Oxehealth) must be robustly evaluated for impact on safety and experience. Frieza Mahmmod added that digital innovation was being explored to release clinical time and improve efficiency.</p> <p>Katie Laverty noted the technical nature of the paper and suggested clearer alignment between data, best practice and recommendations. Kenny Laing agreed this could be strengthened in future iterations.</p> <p>Approved / Received</p>	
<p>11/26</p>	<p>WARD 5 GARDEN BUSINESS CASE Elizabeth Mellor, Chief Strategy Officer presented the business case.</p> <p>The business case sought approval to use just over £100,000 of charitable funds, derived from a legacy donation, to refurbish the Ward 5 garden. The proposal had been co-designed with ward staff, people with lived experience, and relevant teams, with the intention of creating an improved therapeutic outdoor space for patients.</p> <p>Janet Dawson asked for assurance about future ward reorganisation and confirmed the proposed garden would remain appropriate regardless of planned estate changes. This was confirmed by Ben Richards and colleagues, who noted Ward 5 would continue to require a suitable garden space and that the current area was outdated and inaccessible.</p> <p>Concerns were raised by Pauline Walsh regarding the overall cost and potential overlap with future ward works. Eric Gardiner explained that the garden was structurally independent of the ward, that multiple quotes had been obtained, and that the higher costs reflected specialist surfacing and essential accessibility improvements. Current conditions prevent wheelchair access, and upgrading the space would significantly improve patient and staff wellbeing. Comparable improvements on Ward 7 had previously delivered strong positive impact.</p> <p>Board members expressed strong support, noting the garden’s importance for patients with long stays, the value of investing charitable funds in substantial, high-impact improvements, alignment with contemporary construction costs. improved therapeutic outcomes and opportunities for future innovation.</p> <p>Russell Andrews acknowledged the Charity Committee had scrutinised the cost, including opportunity costs of using a significant portion of the legacy donation. After reflection, the Committee agreed it was an appropriate and visible use of charitable funds.</p> <p>The Board highlighted the importance of co-design, ongoing maintenance, and ensuring the space remained therapeutic and well-used. Suggestions included involving staff, patients and volunteers in upkeep. Joe McCrea</p>	

	<p>noted that garden spaces had a positive impact on service user perceptions and should be reflected in virtual walkthroughs.</p> <p>Prem Gabbi asked about maintenance costs, which Eric Gardiner confirmed were minimal and fell under existing PFI arrangements.</p> <p>Approved / Received</p>	
11/26	<p>IMPROVING QUALITY AND PERFORMANCE REPORT (IQPR) MONTH 8</p> <p>Eric Gardiner, Chief Finance Officer / Deputy Chief Executive, presented the IQPR Month 8 report.</p> <p>Eric Gardiner reported strong overall performance with continued positive trends across several key indicators. Six “special cause improvement” variations were noted, including improvements in vacancy, turnover, sickness, care planning, complaints and risk assessments. A concern remained regarding appraisal recording, for which an action plan is in place.</p> <p>Ben Richards provided an update on out-of-area placements (OAPs). The number had risen to 17 at month-end, deteriorating further due to significant acute demand seen across the wider system. Challenges included delays caused by housing and supported living availability, weather-related disruption, and differing practices in neighbouring systems. Work continues to bring people back as soon as clinically appropriate, and system-wide escalation and engagement remains ongoing. Current figures were 26 reducing to 23 the following day.</p> <p>Martin Evans raised concern about the proportion of clinically ready for discharge bed days (around 15%), noting potential risks to capacity and patient flow. Ben Richards acknowledged the shared concern, highlighting ongoing work with local authorities and the financial constraints that may impact discharge funding as the year end approaches. National escalation routes are being utilised.</p> <p>Pauline Walsh confirmed that Quality Committee had requested a more detailed written update for its next meeting and emphasised the need to maintain focus on this area given the absence of quick solutions.</p> <p>Janet Dawson queried whether current vacancy and turnover targets remained appropriate in the current climate. Frieza Mahmood advised these would be reviewed at year-end, with new stretch but achievable targets proposed, aligned to service-specific baselines. These would progress through People, Culture and Development Committee governance</p> <p>Received</p>	
12/26	<p>FINANCE REPORT MONTH 8</p> <p>Eric Gardiner, Chief Finance Officer / Deputy Chief Executive, presented the report.</p> <p>Eric Gardiner confirmed that the Trust continued to demonstrate strong financial performance, with delivery of at least £1.75m surplus expected for the year. While some system-wide risks remained, these had reduced significantly compared to the start of the year, when the gap stood at</p>	

	<p>approximately 30%; the current system financial risk is estimated at £6–10m.</p> <p>Eric Gardiner noted that both the Trust and Midlands Partnership University Foundation Trust (MPFT) were on track to deliver a surplus. University Hospital of North Midlands (UHNM) continued to carry financial risk due to a range of operational pressures. Additional national funding of around £200k relating to industrial action recovery had been received, improving the Trust’s position further.</p> <p>Janet Dawson asked about confidence in the system’s ability to meet its overall financial control total and retain deficit-support funding. Eric Gardiner confirmed that support had been guaranteed and that NHS England appeared confident in the system’s ability to deliver. While £10m remained a material figure, Eric Gardiner advised that the position was achievable and the system was expected to come very close to target.</p> <p>Received</p>	
<p>13/26</p>	<p>FINANCE AND RESOURCE COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 4th DECEMBER 2025 AND 8TH JANUARY 2026 Russell Andrews, Non-Executive Director / Committee Chair, presented the reports and highlighted the following:</p> <p>4th December 2025 The report was taken as read</p> <p>8th January 2026 Russell Andrews noted that assurance levels discussed at the meeting had not been fully captured in the written report and confirmed that future reports would ensure these were recorded clearly.</p> <p>Orbis Programme (Alert Item) The Committee held an extended discussion on the Orbis digital programme. Russell Andrews clarified that the issue identified related to some project/programme management elements being retrofitted, rather than a lack of governance overall. The Committee agreed an assurance level of 2, recognising improvements in programme governance architecture but acknowledging continued concerns, especially given the highly innovative and first-of-type nature of the system.</p> <p>Members reflected on the challenge of providing assurance in an area where digital complexity exceeded committee expertise. This included discussion of:</p> <ul style="list-style-type: none"> - the potential value of independent digital assurance, - engagement of NHS England digital teams, now involved in providing scrutiny and support, - the need to balance innovation with risk appetite, and - ensuring visibility of project management rigour across all digital programmes. <p>Finance and Performance The Committee noted the strong financial position, an improving Integrated Care System (ICS) trend, and good progress on CIP delivery.</p>	

	<p>Service Line Reporting (SLR) Russell Andrews highlighted the positive development of Service Line Reporting, describing it as a valuable tool for understanding resource utilisation and service efficiency. SLR is already influencing recent business cases and expected to support further productivity work.</p> <p>Approval Russell Andrews specifically highlighted the Oliver McGowan Training Programme business case. The Committee was supportive but requested an additional review through Senior Leadership Team meeting (SLT) due to funding considerations, noting this was procedural and not due to any substantive concerns.</p> <p>Frieza Mahmood proposed seeking independent digital assurance to strengthen confidence in programme oversight.</p> <p>Elizabeth Mellor confirmed NHS England digital teams were now engaged and would provide structured scrutiny sessions, beginning with clinical safety.</p> <p>The Board discussed the need for clear oversight of project delivery, risk management and project-management capability across all digital programmes.</p> <p>Dr Dennis Okolo highlighted emerging benefits from the co-designed Orbis system, while noting challenges remain until a prototype was available. Dr Roger Banks queried assurance given the prototype stage; Elizabeth Mellor clarified interoperability and co-design with existing systems. Dr Buki Adeyemo emphasised national confidence in the programme and committed to ensuring Board-level assurance focuses on the right information.</p> <p>Received</p>	
<p>P14/26</p>	<p>QUALITY COMMITTEE ASSURANCE REPORT FROM MEETING HELD ON THE 4TH DECEMBER 2025 AND 8TH JANUARY 2026 Pauline Walsh, Non-Executive Director / Committee Chair, presented the reports.</p> <p>4th December 2025 and 8th January 2026 Pauline Walsh highlighted key issues considered by the Committee across both meetings, noting that system pressures featured prominently in the discussions and had been referenced earlier in the Board meeting. Further detailed discussion was scheduled for the next Committee meeting.</p> <p>Regulation 28 Prevention of Future Deaths (PFD) The Committee received an update on the Regulation 28 Prevention of Future Deaths (PFD) report, first noted in December. Dr Dennis Okolo updated the Board that the Trust's final response to the coroner was submitted on 13 January 2026, with an additional response sent to NHS England via the Integrated Care Board (ICB). An initial audit of practice changes following the PFD recommendations was positive, with further audits scheduled at 6, 12 and 18 months, and findings will return to the Committee.</p>	

	<p>Mental Health Liaison Service A query in the January report indicated the service had closed for two nights. Ben Richards clarified that this was inaccurate: staffing challenges had triggered the business continuity plan on two consecutive days, following correct escalation. All patients were seen and no incidents or complaints were recorded. A hot and cold debrief process was underway.</p> <p>Committee Governance Pauline Walsh confirmed that the Terms of Reference and Cycle of Business had been reviewed and were close to finalisation. Of five policies presented, three were approved; shortcomings in the sign-off process were identified and would be addressed to ensure full procedural compliance. [</p> <p><i>Received</i></p>	
<p>P15/26</p>	<p>PEOPLE, CULTURE AND DEVELOPMENT COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON THE 5TH JANUARY 2026 Martin Evans, Non-Executive Director / Committee Chair, presented the reports and highlighted the following:</p> <p>National Staff Survey: Early (embargoed) results indicated the Trust maintained a top-quartile position, with an improved response rate (65.41%, up from 64%).</p> <p>Staff Story A healthcare support worker presented concerns directly to the Committee. Martin Evans noted the strength of the organisational response, concerns were listened to, addressed appropriately, and handled collaboratively between the People Team and the Directorate. The individual now felt supported, and the case had highlighted challenges faced by internationally-educated staff regarding qualification recognition. Learning from this had been taken forward. Jennie Koo queried whether disparities in treatment could be tracked more formally through HR systems. Frieza Mahmood confirmed work was underway to improve proactive identification and support for internationally-educated staff, with changes planned to reduce reliance on self-disclosure. A priority cohort has already been identified.</p> <p>Workforce Martin Evans advised additional analysis would be undertaken to ensure Committee members could clearly articulate reasons for establishment levels and workforce plan variances. The Committee also reviewed workforce metrics, with several positive indicators aligning with those reported in the Integrated Quality and Performance Report (IQPR).</p> <p>Governance The Terms of Reference and Cycle of Business were approved, with attendance reduced and the agenda streamlined in line with the refreshed People Plan.</p> <p><i>Received</i></p>	
<p>P16/26</p>	<p>CHARITABLE FUNDS COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 1ST DECEMBER 2025 Russell Andrews, Non-Executive Director / Committee Chair, presented the report.</p>	

	<p>Russell Andrews noted that while the Corporate Trustee meeting was the formal governance body for charitable funds, the assurance report was presented to the Public Board for transparency.</p> <p>The Committee reviewed the charity's financial position and considered the Charity Development Plan, which Russell Andrews described as a strong and positive document. The Annual Report and Accounts had been approved and were scheduled for submission to the Corporate Trustee meeting.</p> <p>The Committee also discussed the Ward 5 Garden business case (covered separately on the Board agenda) and considered staff lottery options, which were not progressed pending further discussion with Corporate Trustees to ensure appropriate governance.</p> <p>Janet Dawson thanked Russell Andrews along with Elizabeth Mellor and Eric Gardiner for their leadership and the significant improvement in the charity's governance and activity, noting the positive transformation compared with previous years.</p> <p>Received</p>	
17/26	<p>SEVEN LEVELS OF ASSURANCE Circulated for information only.</p>	
18/26	<p>ANY OTHER BUSINESS There were no items of other business.</p> <p>Noted</p>	
19/26	<p>MEETING SELF ASSESSMENT</p> <p>The Board agreed that patient and staff voice had been clearly heard during the meeting and that members had appropriately challenged themselves and each other in line with the Trust's values.</p> <p>The Chair noted that the quality of discussion continued to strengthen, with the Board now holding open and transparent conversations in public on matters that might previously have been reserved for private session—an approach welcomed as positive and healthy for organisational culture.</p>	
20/26	<p>TRUST BOARD ATTENDANCE REPORT Circulated for information only.</p>	
	<p>DATE AND TIME OF NEXT MEETING Thursday 12th March 2026 at 10.00am Boardroom, Lawton House and via MS Teams</p>	

The meeting closed at 12:30pm

Signed: _____
Chair

Date:

Board Action Monitoring Schedule

Trust Board - Action monitoring schedule - (Public)						
<u>No.</u>	<u>Meeting Date</u>	<u>Minute No</u>	<u>Action Description</u>	<u>Responsible Officer</u>	<u>Target Date</u>	<u>Progress / Comment</u>
1	15th January 2026	09/26	QUESTIONS FROM MEMBERS OF THE PUBLIC Ben Richards agreed to reach out to Healthwatch to seek feedback and assurance that the 'no wrong door' policy was being effectively implemented across services	Ben Richards	12th March 2026	Action Complete. Contact has been made with Healthwatch who are also undertaking some planned public engagement sessions over the coming months. The COO has arranged to meet with the new manager for Healthwatch once these have been completed.

Chief Executive's Report to the Trust Board

March 2026

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

CQC report finds long waits for mental health care are leading people to become more ill

The CQCs Monitoring the Mental Health Act 2024/2025 report has outlined how increasing demand for services and higher thresholds for admission are leading to long waits for mental health care, with people becoming more ill as they wait for support.

Other key areas of concern identified in the report include:

- Out-of-area placements are on the rise, meaning people are being placed far from home for care – despite a national commitment to end this practice by March 2021.
- People living in deprived areas are 3.6 times more likely to be detained under the Mental Health Act when compared with people living in the least deprived areas.
- In 3 out of 4 services visited for the report, staff hadn't heard of the Patient and Carer Race Equality Framework (PCREF) - a framework required of all NHS mental health services to tackle racism. This is despite continuing concerns around racial inequality in mental health care, including black people being detained at 4 times the rate of white people.

[The full report is available via the CQC website.](#)

How does Combined Healthcare compare?

A recent self-assessment was carried out in some of Combined's core services; the assessment suggests a reasonable amount of awareness regarding PCREF related issues, training is indicated as a key priority. There is a PCREF involvement audit being progressed to assist inpatient teams in their understanding of CQC requirements in relation to PCREF. The Trust's Quality Assurance and Improvement Manager is overseeing this work with some preparation support being prepared for ward managers and their teams.

Adult acute inpatient occupied bed days (OBDs) have increased by 2.6% year on year, indicating continued pressure on inpatient capacity. More significantly, the use of inappropriate out-of-area (OOA) placements has risen sharply, increasing from 632 OBDs in 2024/25 to 7,180 OBDs in 2025/26*, a 1,036% increase. When local and OOA occupied bed days are considered together, this represents an overall year-on-year increase of 37.9%. This level of growth reflects constrained local capacity and a material operational risk for the Trust and financial risk for the system.

*As 2025/26 is not yet a complete financial year, activity from April 2025 to December 2025 has been extrapolated to provide a full year forecast position.

Mental health detentions – whilst the numbers are too small to confidently draw any conclusions, it appears that the ethnicity breakdown of people detained under the Mental Health Act broadly aligns with the Stoke-on-Trent population ethnicity breakdown.



Deprivation – contrary to the national picture, Combined’s data shows that the more deprived the area, the more people are seen, and that those from a more deprived area were seen quicker than those from a lesser deprived area in our services in Q3.

3.0 OUR TRUST

3.1



Combined Healthcare reaccredited as Veteran Aware

We are pleased to receive reaccreditation as a Veteran Aware NHS provider, by the Veteran Covenant Healthcare Alliance (VCHA) National Steering Group, reaffirming our long-standing commitment to providing high-quality, compassionate care for members of the Armed Forces community. Accreditation through the Veterans Covenant Healthcare Alliance (VCHA) is a mark of quality, signalling that organisations actively uphold the principles of the Armed Forces Covenant and are committed to continual improvement. To maintain Veteran Aware status, organisations must continue to meet core standards, including identifying and supporting patients with an Armed Forces background, appointing Armed Forces Champions, and working closely with military charities and local support networks. Re-accreditation reflects continuous quality improvement and is required to be undertaken every three years.

Combined Healthcare awarded Triangle of Care accreditation

A Trust-wide commitment to supporting carers has been formally recognised with a Triangle of Care Star 2 Award from Carers Trust, covering community services. The trust was awarded Star 1 in 2023, relating to inpatient and crisis teams.

Triangle of Care is a quality improvement scheme for health and social care providers that promotes safety, recovery and wellbeing by including and supporting unpaid carers. Originally developed by carers, the scheme is run by Carers Trust and recognises healthcare providers that have committed to continuous improvement according to six key ‘carers included’ standards.

Working in partnership with Stoke-on-Trent City Council and Staffordshire County Council, as well as North Staffs Carers and the Staffordshire Together for Carers over the last two years, the Trust has built on the existing support available for carers. This has included working on improvements to the support available, as well as evaluating communication with carers and looking at how to involve them further with the care and recovery of the patients that they support. It has also enabled the Trust to deliver strong, inclusive and compassionate mental health services with support from carers and service users.





3.2

Mental Health Nurses Day 2026: reflections from the Trust's newly qualified nurses

To mark Mental Health Nurses Day last month, we have been celebrating the voices and experiences of our newly qualified nurses (NQNs) and the journeys they have taken as they begin their careers in mental health nursing.

The transition from student to registered mental health nurse can be both rewarding and challenging. Our NQNs have shared honest reflections about their early experiences, the doubts they faced, and the confidence they have gained with time, support, and experience. You can find their reflections via the [news section of the Trust website](#).

Kenny Laing, Director of Nursing and Quality, also shared a message for Mental Health Nurses Day: "As a proud mental health nurse, I would like to acknowledge all our mental health nurses today. We play a unique role in caring for people in distress who are often at their most vulnerable. We have pioneered many of the innovations in mental health services and I am proud of the innovation which mental health nurses lead here at Combined Healthcare. Thank you all and happy Mental Health Nurses Day!"



3.3

Combined Healthcare allocates final round of grant money as part of NHS-wide community mental health transformation programme

Over the last three years, North Staffordshire Combined Healthcare NHS Trust has committed to working with the voluntary, community and social enterprise (VCSE) sector across Stoke-on-Trent and North Staffordshire in new and collaborative ways through the community mental health transformation programme. This is a place-based community mental health model which looks at how community services should modernise to offer whole-person, whole-population health approaches, aligned with guidance from NHS England and the NHS Long Term Plan. One of the most impactful examples of this community mental health transformation is the grant programme, which has demonstrated what's possible when supporting individuals with mental illness happens directly within their communities and close to home.

Across multiple grant rounds, facilitated by The Community Foundation for Staffordshire, the Trust has awarded over £500,000 in funding to VCSE organisations. Through five rounds of the grant programme, various recipients across the VCSE sector have supported approximately 1250 young people and adults to date.



The fifth and final grant round launched in May 2025 with an aim to provide accessible mental health and wellbeing support in local communities, delivered in a safe, youth friendly environment, with a primary focus on early intervention and prevention of mental health difficulties. Out of 29 total applications, 15 projects have now been awarded funding covering a diverse range of organisations and activities across North Staffordshire and Stoke-on-Trent, ranging from creative arts, boxing, and specialist bereavement support.

4.0 CONCLUSION

Once again, it has been a busy month at Combined, full of further examples of the initiatives and activities that continue to contribute to us being outstanding in all we do and how we do it.

Dr Buki Adeyemo
Chief Executive Officer



Chair's report March Board

Chrysalis Celebration

It was a real pleasure to attend the celebration of the end of the Chrysalis Project which has run for the last five years, providing transformed accommodation for patients and service users in bright, light and comfortable surroundings and creating an exceptional working environment for our staff. This project has been an excellent example of great partnership working between the contractor, Interclass and the Trust and I would like to reiterate the thanks of the Board to all those involved in making this transformational change to our inpatient services.

Board to Team Visits

We have a well organised schedule of board to team visits, and I know that we all enjoy the opportunity to meet with front line staff and hear about their successes and ambitions for their service. From my own perspective, I appreciate the opportunity to learn more about what services we provide and how we work in partnership with other organisations both within the NHS but also Local Authorities and the Voluntary Sector.

Since the beginning of January, I have had the pleasure of visiting the Bennett Centre twice. The first visit was to the Physical Health Psychology Service and hearing about the range of work they do both in North Staffordshire and across the wider System and into Shropshire where they support the spinal injuries unit at Oswestry. My second visit was only last week to the Mother and Baby Day Service which offers perinatal and postnatal support to parents seven days a week and works in conjunction with Stoke on Trent Council in the Family Hubs across the City. This vital works sets up families and children for the best possible outcomes. It was a particular pleasure to see mums and babies enjoying a play session in the nursery.

My third visit was to the Complex Care Team at Summers View to hear about the care and support given to patients moving from inpatient to community-based care allowing people the time and supportive environment in which to make this transition at their own pace.

The common factor across all these teams was strong local leadership, a supportive team ethos, the effective working across many disciplines, with each contributor valued within the team and a strong drive to educate each other and share knowledge. Also apparent were the strong working partnerships with other services within the Trust and external partners. Each service was able to articulate recent improvements they had made or were underway and we all encouraged the capture and sharing of good ideas and best practice. My thanks to all the teams visited for taking the time to share their thoughts with us and for all they do on a day-to-day basis.

Annual Staff Survey

Thank you to everyone who completed the Annual Staff Survey. It is so important that everyone can let us know what they think about being part of Combined and what we can do better so thank you for taking part.

Janet Dawson
Chair

Enclosure No: 5

TERRORISM (PROTECTION OF PREMISES) ACT 2025 (“MARTYN’S LAW”) - APPOINTMENT OF DESIGNATED SENIOR INDIVIDUAL (DSI) AND IMPLEMENTATION PLAN

Report provided for:				Report to:	Public Trust Board
Approve	<input checked="" type="checkbox"/>	Alert	<input type="checkbox"/>	Date of Meeting:	12 March 2026
Assure	<input type="checkbox"/>	Advise	<input type="checkbox"/>		

Presented by:	Ben Richards, Chief Operating Officer and Accountable Emergency Officer
Prepared by:	Ben Richards, Chief Operating Officer and Accountable Emergency Officer
Executive Lead:	Ben Richards, Chief Operating Officer and Accountable Emergency Officer

Aligned to Board Assurance Framework Risk:	Quality & Safety - There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand, increasing needs and a failure to evidence interventions with support recovery.
7 Levels of Assurance:	Level 3 - Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, with agreed measures to evidence improvement.
Approval / Review:	Quality Committee
Strategic Priorities:	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
Key Enablers:	Quality - We will provide the highest quality, safe and effective services
Sustainability:	Choose an item.
Resource Implications:	No
Diversity & Inclusion Implications:	This paper has neither a positive or negative impact on EDI.
ICS Alignment / Implications:	Martyn’s Law is a statutory requirement for all organisations across the ICS.

<p>Recommendation / Required Action:</p>	<p>Trust Board is asked to:</p> <ol style="list-style-type: none"> 1. Approve the appointment of Ben Richards, Chief Operating Officer as the Trust’s Designated Senior Individual under the Terrorism (Protection of Premises) Act 2025., complimenting their role as the Trusts designated Accountable Emergency Officer. 2. Approve the delegation from Trust Board to Quality Committee to endorse board compliance ahead of full implementation and to provide the assurance route for the Trust. 3. Note that progress towards implementation and that further guidance is still outstanding.
<p>Executive Summary:</p>	<p>The Terrorism (Protection of Premises) Act 2025 (“Martyn’s Law”) received Royal Assent on 3 April 2025 and introduces statutory requirements for organisations responsible for publicly accessible, qualifying premises and events. For enhanced duty premises/events the organisation must appoint a Designated Senior Individual (DSI)—a senior leader concerned with the management or control of the organisation—to ensure compliance with the Act’s requirements (including notification to the regulator, appropriate public protection procedures, and vulnerability-reducing measures).</p> <p>Hospitals and health-care sites are in scope where occupancy thresholds are met. The Government has indicated an implementation period of at least 24 months before the Act takes effect, to allow organisations to understand obligations and prepare appropriately (with the Security Industry Authority (SIA) to act as the regulator). Non-compliance may attract significant penalties, including fines up to £18m or 5% of revenue for enhanced duty premises, alongside potential restriction/closure notices and criminal sanctions.</p> <p>This paper seeks Board approval for the appointment of a Designated Senior Individual (DSI) and to agree the Trust’s implementation plan and assurance framework to comply with the Terrorism (Protection of Premises) Act 2025 for Trust premises/events meeting enhanced duty thresholds.</p> <p>Board is asked to approve the appointment of Ben Richards, Chief Operating Officer as the Trust’s Designated Senior Individual, complimenting their role as the Trusts designated Accountable Emergency Officer, approve the Trusts assurance route to be via Quality Committee and to note the progress made and actions planned.</p>

VERSION CONTROL:

Version	Report to	Date Reported
V1	Quality Committee	05.02.26
V1	Public Trust Board	05.03.26

Terrorism (Protection of Premises) Act 2025 (“Martyn’s Law”) - Appointment of Designated Senior Individual (DSI) and Implementation Plan

Executive Summary

The Terrorism (Protection of Premises) Act 2025 (“Martyn’s Law”) received Royal Assent on 3 April 2025 and introduces statutory requirements for organisations responsible for publicly accessible, qualifying premises and events. For enhanced duty premises/events the organisation must appoint a Designated Senior Individual (DSI)—a senior leader concerned with the management or control of the organisation—to ensure compliance with the Act’s requirements (including notification to the regulator, appropriate public protection procedures, and vulnerability-reducing measures).

Hospitals and health-care sites are in scope where occupancy thresholds are met. The Government has indicated an implementation period of at least 24 months before the Act takes effect, to allow organisations to understand obligations and prepare appropriately (with the Security Industry Authority (SIA) to act as the regulator). Non-compliance may attract significant penalties, including fines up to £18m or 5% of revenue for enhanced duty premises, alongside potential restriction/closure notices and criminal sanctions.

This paper seeks Board approval for the appointment of a Designated Senior Individual (DSI) and to agree the Trust’s implementation plan and assurance framework to comply with the Terrorism (Protection of Premises) Act 2025 for Trust premises/events meeting enhanced duty thresholds.

Board is asked to approve the appointment of Ben Richards, Chief Operating Officer as the Trust’s Designated Senior Individual, complimenting their role as the Trusts designated Accountable Emergency Officer, approve the Trusts assurance route to be via Quality Committee and to note the progress made and actions planned.

Background and Legislative Context

- The Act establishes a tiered regime: standard duty (≥ 200 individuals) and enhanced duty (≥ 800 individuals), covering a broad range of publicly accessible premises including hospitals.
- Standard duty requires appropriate public protection procedures (evacuation, invacuation/“move to safety”, lockdown, and communication) to reduce physical harm during an incident on/near premises.
- Enhanced duty additionally requires the assessment, implementation, and review of public protection measures to reduce vulnerability (e.g., access controls, CCTV, staff training, communications) and robust governance with a DSI appointed where the responsible person is not an individual.
- The Government factsheet confirms SIA as regulator, publication of statutory guidance, and an implementation period of at least 24 months before enforcement.

Applicability to the Trust

Based on occupancy patterns across our acute sites and large public events (e.g., public open days, vaccination centres, community engagement events), several locations are likely to meet or exceed the enhanced duty threshold.

Harplands Hospital is the only site where this may occur on a regular basis. Keele Practice does not meet the threshold, but the wider Keele site does, and this forms the responsibility of Keele University.

A detailed premises/event scoping assessment will confirm which sites/events fall into standard versus enhanced tiers and the Responsible Persons for each. Where individual events meet the threshold, arrangements will be put in place to appropriately assess and develop plans.

Role and Responsibilities of the Designated Senior Individual (DSI)

Per the Act and Home Office factsheets, the DSI must be:

- A senior leader “concerned in the management or control” of the organisation (e.g., Director, COO).
- Accountable for ensuring the organisation complies with requirements, engaging senior management, and overseeing implementation. Delegation of tasks is permitted, but overall responsibility cannot be delegated. Ultimate accountability remains with the Trust as the responsible organisation.

DSI responsibilities will include:

- Notification to the SIA for qualifying premises/events and updates when responsibilities change.
- Establishing and maintaining public protection procedures (evacuation, invacuation, lockdown, communication) suited to clinical environments and public interface. The Trust has much of this already in place due to our existing EPRR requirements, however we will continue to develop these as guidance develops.
- Leading vulnerability assessments and proportionate mitigation measures for enhanced duty sites/events (e.g., perimeter security, access control, visitor management, hostile vehicle mitigation, comms).
- Ensuring training, exercising, record-keeping, and audit are delivered and evidenced (aligned to forthcoming statutory guidance). This may, unfortunately further increase the training burden for staff and we will continue to develop our understanding of this as guidance develops.
- Coordinating with Estates, N&Q, EPRR, LRF Partners, Clinical Ops, HR/OD, Communications, and Information Governance.
- Providing assurance to Committee as required and managing responses to any SIA engagement, compliance notices, or investigations.

Assurance and Governance Framework

Governance

Board Sponsor: Chief Operating Officer / Accountable Emergency Officer

DSI: Chief Operating Officer / Accountable Emergency Officer

Reporting: Annually to Quality Committee, with delegated authority from Trust Board to Quality Committee to endorse board compliance ahead of full implementation (following further guidance from Central Government / SIA).

Operational Group: Emergency Planning Group, with representatives from Estates, N&Q, EPRR, Clinical Ops, HR/OD, Communications, and others as required

Controls and Assurance

Policy & Procedures: Already in place and assured via annual EPRR Core Standards Process (led by NHSE/ICB)

- HAZMAT CBRN plan
- BCMS policy
- EPRR Policy
- Evacuation and Shelter guidance
- Fire evacuation policy and procedures
- Incident Response Plan
- Lockdown action cards
- Lockdown policy
- Escalation action cards
- On-call managers procedure

Risk & Audit: Inclusion in Trust Risk Register

Training & Exercising: Tiered training (induction, role-specific, incident leadership); annual table-top and live exercises with partners as part of EPRR Exercise Programme.

Records & Evidence: Premises/event register; SIA notifications; training logs; exercise reports; mitigation plans; incident debriefs.

6. Implementation Plan & Timeline

Government indicates at least 24 months before commencement; the following actions are proposed to allow the Trust to be ready in advance of enforcement based on current understanding (subject to change as more detail becomes available):

Month 0–3:

- Board approval; DSI appointment
- Rapid scoping: confirm tiering (standard vs enhanced) per site/event; identify Responsible Persons.

Month 4-12:

- Draft and approve any additional required Public Protection Procedures and Site Annexes.
- Baseline vulnerability assessments; prioritised mitigation plan (physical, procedural, digital).
- Commence SIA notifications once regulator processes open (per guidance).

Month 12+:

- Additional training roll-out and first multi-agency table-top exercise.
- Procurement/installation of any additional priority mitigations
- Documented assurance report to Committee and readiness check.

7. Legal, Regulatory, and Policy Implications

- Compliance aligns with Martyn’s Law requirements (standard and enhanced duties) and prepares the Trust for SIA oversight and enforcement.
- Supports the Trust’s duties for public safety and complements EPRR frameworks and EPRR Core Standards.
- Ensures corporate accountability via the DSI appointment (senior leader, non-delegable responsibility for overall compliance).

8. Equality, Diversity & Inclusion (EDI) Impact

Procedures must consider accessibility for patients, visitors, and staff (including those with disabilities or language needs) during evacuation/invacuation/lockdown and communication.

Site Annexes will include reasonable adjustments (e.g., assisted evacuation routes, refuge points, accessible signage, multi-language comms).

9. Risks and Mitigations

Risk	Current Mitigation
Non-compliance leading to fines/closure	DSI accountability; robust plan; early audit; evidence management
Operational disruption/confusion during incidents	Clear procedures; training/exercises; site-specific annexes; comms plan, alignment with existing EPRR/BCP processes where feasible.
Ambiguity of “immediate vicinity”	Conservative planning assumptions; liaison with local partners; dynamic risk assessment [
Resource constraints	Phased investment; prioritisation based on risk/occupancy; capital planning
Reputational damage	Transparent Board reporting; proactive stakeholder engagement; readiness evidence

10. Recommendation

Trust Board is asked to:

Approve the appointment of Ben Richards, Chief Operating Officer as the Trust's Designated Senior Individual under the Terrorism (Protection of Premises) Act 2025, complimenting their role as the Trusts designated Accountable Emergency Officer.

Approve the delegation from Trust Board to Quality Committee to endorse board compliance ahead of full implementation and to provide the assurance route for the Trust.

Note that progress towards implementation and that further guidance is still outstanding.

Enclosure No: 6

Board Assurance Framework Quarter 3 Report

Report provided for:				Report to:	Public Trust Board
Approve	<input checked="" type="checkbox"/>	Alert	<input type="checkbox"/>	Date of Meeting:	12 March 2026
Assure	<input type="checkbox"/>	Advise	<input type="checkbox"/>		
Information	<input type="checkbox"/>				

Presented by:	Nicola Griffiths, Deputy Director of Governance/Board Secretary
Prepared by:	Jayne Mottram, Risk and Assurance Manager
Executive Lead:	Dr Buki Adeyemo, Chief Executive Officer

Aligned to Board Assurance Framework Risk:	This report details progress against all risks identified within the Board Assurance Framework.
7 Levels of Assurance:	This paper is for information only
Approval / Review:	BAF risks are approved by the relevant Committees and Trust Board.
Strategic Priorities:	Prevention – Risk 1 Access – Risk 2, Risk 3, & Risk 4 Growth – Risk 5 & Risk 6
Key Enablers:	The Trust key enablers are aligned to individual BAF risks.
Sustainability:	Share learning and best practice
Resource Implications:	Any staffing and/or funding implications, where applicable, are noted within the Board Assurance Framework.
Diversity & Inclusion Implications:	This paper supports wider EDI impacts in a positive matter.
ICS Alignment / Implications:	NSCHT continues to offer support to the development of the ICS BAF which informs the strategic priorities and risks for the System.

<p>Recommendation / Required Action:</p>	<p>The paper is the Board Assurance Framework (BAF) Qtr. 3 update for the Trust Board approval.</p>
<p>Executive Summary:</p>	<p>Summary of BAF related activities during Qtr. 3.</p> <ul style="list-style-type: none"> • In line with an audit recommendation and following a facilitated Board development session with MIAA in August 2025, a risk appetite tolerance upper and lower levels has been added to the dashboard for each risk linked to the tagged risk Theme/Risk Type. The risk tolerance range has been included which is based on the risk appetite level within each individual risk graph and a proposed risk appetite statement produced which is showing on the risk dashboard. • On the dashboard a Target Score is established at the Midpoint within the Defined Risk Tolerance. • Included high-level Trust and Operational risks with residual scores of 15+, along with a section highlighting key concerns. <p>Risk 1 - There is a risk that the Trust may be unable to fulfil the role in delivering the NHS 10 Year Plan due to ineffective strategic relationships with partner organisations. As a consequence we may fail to deliver integrated community and neighbourhood health services, limiting our ability to respond to population health needs.</p> <p>Reporting through to Finance & Resource Committee. Chief Officer Lead - Chief Strategy Officer (CSO). Residual score 16. BAF Updated in Qtr. 3 and approved by CSO resulting in no impact on residual score change.</p> <p>Risk 2 - There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand for our services, increasing needs of people who use our services and a failure to provide evidence interventions which support recovery. This is likely to result in patient harm and / or worsening health outcomes for the most vulnerable people in our communities and result in regulatory action being taken against the Trust.</p> <p>Reporting through to Quality Committee. Chief Officer Lead – Chief Medical Officer and Chief Nursing Officer. Residual score 15. BAF updated in Qtr. 3 and approved by CNO. Still outstanding approval by CMO, resulting in no impact on residual score change.</p>

Risk 3 - There is a risk that we will be unable to recruit, develop and retain an engaged, diverse and effective workforce which meets the needs of our local population and our people, due to the impact of financial challenges and external factors. As a consequence, we will not be able to support our people to continue to deliver outstanding, compassionate care.

Reporting through to People, Culture & Development Committee.

Chief Officer Lead – Chief People Officer.

Residual score 16.

BAF Updated in Qtr. 3 and approved by CPO **resulting in no impact on residual score change.**

In Qtr. 3, additional evidence and assurance is provided for all three mitigating actions in relation to NHSE and ICB assurance on the progress against the 2025/26 workforce plan, providing a high level of external assurance.

Highlighting the Raised Potential Areas of Concern

High level risk affecting BAF risk 3, includes risk 1856, as noted in the BAF Qtr. 3 document report.

Risk 4 - There is a risk of non-delivery of our financial plans and/or an impact on service quality due to the level of transformation required, with the consequence being an effect on clinical outcomes and/or the Trust's financial viability.

Reporting through to Quality Committee.

Chief Officer Lead – Chief Operating Officer.

BAF Updated in Qtr. 3 and approved by COO.

Residual Score 16, proposing score decrease at Quality Committee on the 5th February to a revised score of 12, reducing the likelihood from 4 (*Likely*) to 3 (*Possible*).

This was approved at the Risk Review Group on the 13.1.26 and Quality Committee.

Rational - Actions underway. Trust level risk 1997 score reduction approved by the Risk Review Group in December with F&R Committee approval awaiting in 8.1.26. Planning session for 26/27 in diaries and session completed in December with MIAA. Trust forecasting delivery of financial plan.

Risk 5 - There is a risk to the Trust's long term financial sustainability due to failure to deliver the recurrent savings programme, and higher than planned bank and agency expenditure. As a consequence, this could lead to a financial deficit, reduced liquidity, a lack of investment in service delivery and potentially impact the future viability of the Trust.

Reporting through to Finance & Resource Committee.

Chief Officer Lead – Chief Finance Officer.

	<p>Residual score 10. BAF updated in Qtr. 3 and approved by CFO resulting in no impact on residual score.</p> <p>Risk 6 - There is a risk that the Trust may not fully deliver the digital and data transformation ambitions due to financial constraints and variation in national and local practice. This could lead to concerns in delivering of existing digital maturity and security resulting in poor data quality, operation inefficiencies or compromised care.</p> <p>Reporting through to Finance & Resource Committee. Chief Officer Lead – Chief Strategy Officer.</p> <p>Residual score 16. BAF Updated in Qtr. 3 and approved by CSO resulting in no impact on residual score change.</p> <p>Highlighting the Raised Potential Areas of Concern</p> <p>High level risks affecting BAF risk 6, include risk 2031 and risk 2159, as noted in the BAF Qtr. 3 document report.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Work is underway to formalise the BAF 26/27, including Executive lead review.
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VERSION CONTROL:

Version	Report to	Date Reported
V1	Risk Review Group Meeting	13.1.26
V1	Finance & Resource Committee	5.2.26
V1	Quality Committee	5.2.26
V1	People, Culture & Development Committee	2.3.26



Board Assurance Framework 2025/26

Welcome to the Board Assurance Framework for North Staffordshire Combined Healthcare NHS Trust.

The Trust Board is responsible for ensuring that North Staffordshire Combined Healthcare NHS Trust consistently follows the principles of good governance applicable to NHS organisations. The Board does this through the development of systems and processes for financial and organisational control, clinical and information governance and risk management.

Our Board Assurance Framework identifies the procedures for risk management against our new key strategic objectives, encompassing the management of all types of risk to which the Trust may be exposed, our controls and the assurances we have in place. This includes the effective integration and management of clinical and non-clinical risk.

Those key risks, mapped against our current new three strategic priorities are set out in the following pages.



OVERARCHING TRUST RISK APPETITE STATEMENT:

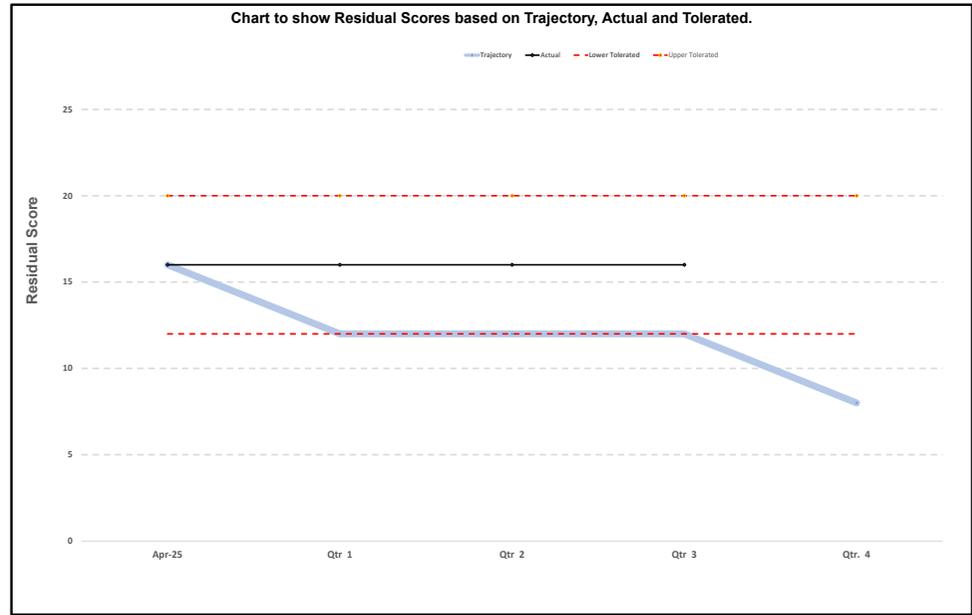
In pursuit of its strategic objective, the Trust Board is OPEN to improve outcomes and value for money through clinical innovation, transforming the way we provide services and working in partnership to deliver sustainable services for people we serve. This is offset by a CAUTIOUSNESS regarding patient safety issues or those that adversely impact the health and wellbeing of our staff and/or situations and decisions that may impinge on statutory and regulatory compliance.

- Strategic Priorities
- 1. PREVENTION - 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, time, and the place in which they access them.
 - 3. GROWTH - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce.

Risk No.	Strategic Priority	Title	Theme/Risk Type	Risk Description	Executive Lead	Gross Score	Residual Risk Score Qtr. 1	Residual Risk Score Qtr. 2	Residual Risk Score Qtr. 3	Risk Movement from Previous Qtr.	Risk Appetite Tolerance Level	Target Score Established At The Midpoint Within The Defined Risk Tolerance	Risk Appetite Level	Proposed Risk Appetite Statements	Target Achievement Date	Lead Committee
1	Prevention	Strategic Direction & Partnerships	Reputational	There is a risk that the Trust may be unable to fulfil the role in delivering the NHS 10 Year Plan due to ineffective strategic relationships with partner organisations. As a consequence we may fail to deliver integrated community and neighbourhood health services, limiting our ability to respond to population health needs.	Chief Strategy Officer	16	16	16	16	↔	12-20	15	OPEN	The Trust recognises that maintaining public confidence and stakeholder trust is critical to delivering high-quality healthcare services. However, we are prepared to accept an open level of reputational risk where the potential benefits to patient outcomes, service innovation, or strategic transformation outweigh the potential for adverse public perception. Our approach will be proactive and responsive, ensuring that reputational risks are identified early, assessed thoroughly, and managed effectively through clear communication, stakeholder involvement, and alignment with our values and strategic objectives.	31st March 2026	Finance & Resource
2	Access	Quality & Safety	Quality	There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand for our services, increasing needs of people who use our services and a failure to provide evidenced interventions which support recovery. This is likely to result in patient harm and/or worsening health outcomes for the most vulnerable people in our communities and result in regulatory action being taken against the Trust.	Chief Nursing Officer & Chief Medical Officer	15	15	15	15	↔	12-20	15	Open	We are open to taking managed risks in pursuit of improved clinical outcomes, innovation and service quality. We recognise that transformation and improvement may involve uncertainty, but we are committed to ensuring that such risks are carefully assessed, monitored, and aligned with our quality improvement goals. We will not compromise on safety, but we will support innovation that enhances care.	31st March 2026	Quality
3	Access	People	People	There is a risk that we will be unable to recruit, develop and retain an engaged, diverse and effective workforce which meets the needs of our local population and our people, due to the impact of financial challenges and external factors. As a consequence, we will not be able to support our people to continue to deliver outstanding, compassionate care.	Chief People Officer	16	16	16	16	↔	12-20	15	Open	We have an open appetite for people-related risks where they support workforce development, leadership innovation, and cultural transformation. We encourage new approaches to recruitment, retention, and staff wellbeing, recognising that some initiatives may carry uncertainty. We are committed to creating a supportive and inclusive environment and will invest in change that strengthens our workforce and organisational culture.	31st March 2026	People, Culture and Development
4	Access	Performance	Financial	There is a risk of non-delivery of our financial plans and/or an impact on service quality due to the level of transformation required, with the consequence being an effect on clinical outcomes and/or the Trust's financial viability.	Chief Operating Officer	16	16	16	12	↓	12-20	15	Open	We recognise the importance of Value for Money, and that price is not the overriding factor. We are open to accepting some financial risk as long as the appropriate controls are in place, and where the potential benefits for the population outweighs the inherent risks.	31st March 2026	Quality
5	Growth	Financial Sustainability	Financial	There is a risk to the Trust's long term financial sustainability due to failure to deliver the recurrent savings programme, and higher than planned bank and agency expenditure. As a consequence, this could lead to a financial deficit, reduced liquidity, a lack of investment in service delivery and potentially impact the future viability of the Trust.	Chief Finance Officer	15	10	10	10	↔	12-20	15	Open	We recognise the importance of Value for Money, and that price is not the overriding factor. We are open to accepting some financial risk as long as the appropriate controls are in place, and where the potential benefits for the population outweighs the inherent risks.	31st March 2026	Finance & Resource
6	Growth	Digital	Digital	There is a risk that the Trust may not fully deliver the digital and data transformation ambitions due to financial constraints and variation in national and local practice. This could lead to concerns in delivering of existing digital maturity and security resulting in poor data quality, operation inefficiencies or compromised care.	Chief Strategy Officer	16	16	16	16	↔	15-25	20	Seek	We recognise the transformative potential of digital technologies in enhancing patient care, operational efficiency, and workforce productivity. In alignment with our strategic objectives and commitment to innovation, the Trust has adopted a seek risk appetite for digital risk. We are prepared to accept a higher level of risk in digital initiatives where there is a clear alignment with strategic priorities and clinical improvement. We understand that risks must be assessed, and actively managed with robust governance, assurance, and cybersecurity controls in place. This appetite supports the Trust's ambition to be a leader in digital transformation within the NHS, while maintaining our duty of care, safeguarding patient data, and complying with regulatory and ethical standards.	31st March 2026	Finance & Resource

BAF Risk 1	There is a risk that the Trust may be unable to fulfil the role in delivering the NHS 10 Year Plan due to ineffective strategic relationships with partner organisations. As a consequence we may fail to deliver integrated community and neighbourhood health services, limiting our ability to respond to population health needs.			
Risk Context	The NHS 10 Year Plan is expected to be published in July. The plan is likely to require significant change and transformation to deliver the vision for integrated neighbourhood health services. Effective collaboration across system partners will be crucial to deliver this however the plan is being released at a time of significant change for both individual organisations and systems, as a consequence of restructuring within NHS England and Integrated Care Boards, ambitious efficiency targets for NHS providers and local government devolution. The Trust must ensure it continues to operate effectively within the partnership arena to identify and maximise opportunities to deliver services and outstanding care to the local population in a way that improves outcomes.			
SPAR	Accessible		Risk Appetite	Reputational - OPEN
Executive Lead	Chief Strategy Officer		Strategic Priority	Prevention
Committee	Finance & Resource Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16		Impact 4 x Likelihood 2 = 8
Arrows Indicate Score Movement	↔	↔	↔		31st March 2026
Quarter	Rationale for Score Change/ Score Remaining the Same.				
Qtr. 1	<p>The Trust Partnership Plan has been developed in draft and shared with Trust Board for discussions. Several actions within the plan have already commenced delivery including scoping activity to determine opportunities within the Primary Care Directorate to lead on pilots and initiatives that support the delivery of the Neighbourhood Health agenda.</p> <p>Proposing score change from 16 to 12 reducing the likelihood from 4 (Likely) to 3 (Possible).</p> <p>8.7.25 - Risk Review Group did not approve the score reduction, rationale - the detail may not be aligned to the 10 Year NHS Plan.</p>				
Qtr. 2	<p>The Trust is now actively engaged in system projects that align to the delivery of the 10 Year Plan, including Neighbourhood Health and the requirements are being mapped and addressed as part of the required response to the new NHSE Planning Framework. Evidence from Qtr. 2 that is provided in the mitigating action updates demonstrates strengthened partnership working, which reduces both likelihood and potential impact of the risk. In particular, the North Stoke Ageing Well project and the Youth Community Grants.</p> <p>Proposing score change from 16 to 12 reducing the likelihood from 4 (Likely) to 3 (Possible).</p> <p>7.10.25 - The Risk Review Group are in support of the score reduction.</p> <p>6.11.25 - Finance & Resource Committee has not approved the score reduction. Committee noted the Provider Collaborative (identified in gaps and challenges) is not currently progressing effectively and is of concern.</p>				
Qtr. 3	<p>No change in score.</p> <p>Whilst a range of positive activity is in progress to mitigate this risk, wider system change, uncertainty and factors outside the direct control of the Trust impede the ability to reduce the risk score at the present time. This includes the changes to ICBs and formation of new cluster arrangements for which full details and impact are still unknown.</p>				
Qtr. 4					



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 1 Analyse, understand and agree immediate actions required to commence delivery against the requirements of the NHS 10 Year Plan.	31st October 2025	On Target for Delivery	Qtr.1 Whilst awaiting publication of the 10 Year Plan, existing intelligence on the content of the plan and other information shared to date by NHSE e.g. Neighbourhood Health Guidance is being used to inform our approach and activities being undertaken in readiness including conversations within the Primary Care Directorate. The 10 Year Plan has been scheduled as part of the Senior Leadership Team Business (SLTB) and Senior Team Leadership Development (SLTD) Cycle of Business to support dissemination and engagement.	Qtr.1 The 10 Year Plan is unpublished so current planning is based on information shared to date rather than a complete picture. There is currently a fragmented approach to planning for and responding to the Neighbourhood Health agenda across the Integrated Care System, posing a risk of duplication and/or failure to deploy resource effectively	Qtr. 1 Engagement and contribution across relevant system meetings to ensure the Trust is aware of and engaged in all relevant activities, also providing constructive criticism and challenge where required.
		On Target for Delivery	Qtr. 2 10 Year Plan was published during Qtr. 2 and discussed in various forums. The new NHSE planning framework was also published during Qtr. 2 with a requirement for providers to submit a five year integrated delivery plan alongside a one year operational plan. The requirements have been discussed with SLT, F&R and Board. A core planning group has been mobilised to coordinate the development and delivery of planning requirements.	Qtr. 2 There is still varying understanding of the neighbourhood health agenda and a need to develop and embed this across Trust.	Qtr. 2 An SLTD session is scheduled for October with an expectation that key messages are cascaded. As part of strategic and operational planning broader staff engagement will also be facilitated with methodology still to be agreed.
		Risk to Delivery, Plan in Place	Qtr. 3 The medium term planning guidance released at the end of October provided further insight into the requirements and specifically the expectation that each 'Place' (local authority) has at least one Neighbourhood Mental Health Centre operational by 2029 with capital funding (but not revenue) available to support this. Internal discussions have commenced in respect of opportunities to align this with the procurement of a community crisis alternative and there is ongoing dialogue with the ICB and Stoke-on-Trent City Council. During Qtr. 3 the ICB also supported the Trust's proposal to lead on establishing the first children and young people's neighbourhood multi-disciplinary team in Bentilee, aligned to Moorcroft Medical Centre. Desktop review of data has now been completed to support the identification of a patient cohort and broader stakeholder engagement is planned for Qtr. 4.	Qtr. 3 There is still varying understanding of the neighbourhood health agenda and a need to develop and embed this across Trust.	Qtr. 3 This is being considered as part of the development of the 5 year strategic plan for the Trust with a key theme focused around workforce engagement and the mechanisms for delivering this on an ongoing basis. The concepts continue to develop through the SLTD programme with a further session planned in January and a focus in March on Primary Care development. Proposals have also been put forward around a Leadership Academy focused on neighbourhoods to support wider dissemination of the concept, direction of travel and opportunity to involve teams across the Trust in shaping this.
Action 2 To play an active role in the Provider Collaborative and delivery of 25/26 priorities which include a focus on piloting and delivering approaches that support a reduction in winter bed pressures at UHNM.	31st March 2026	On Target for Delivery	Qtr.1 Attendance and active participation in a Provider Collaborative workshop in May 25 with a follow-up clinically-led workshop scheduled for July 25. Early discussions around the potential to deliver a pilot through the Primary Care Directorate with options currently being developed including cross-directorate involvement to also consider role of secondary care.	Qtr.1 Potential challenge in terms of pace at a system level due to cancellation of Provider Collaborative Board meetings and a lack of clarity around leadership and specific deliverables.	Qtr. 1 Focused cross-directorate activity within the Trust to develop pilot opportunities to be discussed and progressed following the Provider Collaborative workshop in July. Focus on what the Trust can deliver within its sphere of control and influence and seeking to be proactive in developing opportunities for new partnership opportunities e.g. with local Primary Care Networks (PCNs).
		On Target for Delivery	Qtr. 2 The Trust participated in a system-wide bid to become an early implementer site for Neighbourhood Health pilots, focusing on the North Stoke Frally Project. Although the bid was unsuccessful, the Trust remains actively involved in shaping the model. The Primary Care Steering Group has been reconvened to support delivery of the neighbourhood health agenda, with pilot opportunities currently being scoped and engagement underway with other mental health trusts to learn from their Integrated Neighbourhood Team pilots.	Qtr. 2 Progress within the Provider Collaborative has been slower than anticipated due to factors outside of the control of the Trust. Existing system governance around Neighbourhood Health has been reviewed in Qtr. 2 with a number of meetings cancelled.	Qtr. 2 A new system governance and meeting structure for Neighbourhood Health has now been agreed with system meetings due to resume in October.
		Risk to Delivery, Plan in Place	Qtr. 3 The Trust continues to be an active contributor to a range of forums which are focused on the development of neighbourhood models including the ICS Neighbourhood Health Steering Group, Provider Collaborative Operational and Exec Forums and the North Stoke Ageing Well Pilot. All of this activity is informing the development of the 5 Year Strategic Plan that the Trust must submit in February 2026 as part of the national planning round. The Provider Collaborative Operational Forum and Provider Collaborative Executive Forum are becoming more established with support from the ICS Transformation Delivery Unit with routine highlight reporting of neighbourhood health initiatives. The CYP MDT pilot at Moorcroft has a reduction in demand for secondary care services as one of its key objectives.	Qtr. 3 Although coordination and oversight has been strengthened there are still challenges in a consistent understanding across system partners of the neighbourhood health agenda. The result is a lack of clarity over the longer term strategic direction and how, even at an early stage, neighbourhood pilots may need to evolve. There has also been a delay in the publication of further national guidance in relation to neighbourhood health. Management of Change processes across the ICB and MPFT have also had some impact on staff availability for key meetings.	Qtr. 3 Provider Collaborative Executive Forum have agreed the need for a focused discussion and plan in respect of developing and communicating a consistent understanding of the current neighbourhood health programme. Expectation that this is progressed in January with support from ICB Comms.
Action 3 To implement the Trust Partnership Plan 2025-2028 and specifically deliver against the embedded action plan.	31st March 2026	On Target for Delivery	Qtr.1 Partnership Plan developed in draft and shared with Board for discussion and feedback. Final draft scheduled for discussion at SLTD in September following which any amendments will be made prior to being approved at Finance and Resource Committee in October 25. Several of the actions within the plan align to the mitigation actions for this (Board Assurance Framework) BAF-risk and therefore delivery has already commenced.	Qtr.1 Partnership Plan still to be fully mobilised and implemented. Capacity to ensure sufficient levels of stakeholder management and effective communication in a rapidly changing partnership landscape may present a challenge along with willingness of partners to engage.	Qtr. 1 Timeline in place for full sign-off and implementation of Partnership Plan from October 25 with activity continuing prior to this as part of business as usual.
		On Target for Delivery	Qtr. 2 Progress made during Qtr. 2 on a number of strategic developments with partners that support the 'left shift' objectives of the 10 Year Plan. This includes community grants supporting 15 VCSE organisations to embed mental health support within youth provision, the out of area (OOA) recovery plan which has mobilised an effective partnership response to reduce adult OOA placements, productive conversations with recovery service providers around improved models of joint working, participation in the steering group driving the North Stoke Ageing Well project which is still progressing despite not being selected as an early implementer site for neighbourhood health.	Qtr. 2 SLTD session on partnership plan was rescheduled from September to October to align with a face-to-face meeting and wider planning discussion. This has delayed wider implementation but will commence from October with monitoring through Finance and Resource Committee.	Qtr. 2 SLTD session to take place in October following which the plan will be formalised and move into active implementation and monitoring.
		Risk to Delivery, Plan in Place	Qtr. 3 Positive progress against a number of the actions identified in the plan that are within the Trust's span of control including utilising primary care as an anchor to develop cross-directorate approaches to neighbourhood health with emerging pilots associated with delirium and children and young people. Active participation in the ICS VCSE Alliance has also continued and with Combined Healthcare leading the establishment of a CYP community of practice including VCSE organisations, Support Staffordshire, VAST, SCVYS, both local authorities and the ICB to explore how strengthened partnership arrangements can be used to promote more effective prevention and early intervention. Early plans are also developing in respect of adult provision aligned the Neighbourhood Mental Health Centre requirement.	Qtr. 3 As the partnership plan was produced prior to the publication of the 10 Year Plan and Medium-Term Planning Framework the strategic context for plan delivery has shifted and the significant level of change underway across the system e.g. ICB restructuring and local government reorganisation options presents a challenge to longer term strategic planning. There has also been a delay in planning and commencing the more formalised relationship management approach that is described in the plan.	Qtr. 3 A review and refresh of the partnership plan actions to ensure they remain appropriate in the current context undertaken in preparation for Qtr. 4 implementation.

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
Action 1	10 Year Plan scheduled as part of SLT(Business & Development) Cycle of Business.	Level 1	Six Monthly	N/A it is expected that the 10 Year Plan will be published during Q2	To be covered at SLTD on 7th October	SLTD session completed with further updates planned	
Action 2	Provider Collaborative and Neighbourhood Health agenda reporting via ICB Strategic Commissioning and Transformation Committee.	Level 2/3	Monthly	Yes updates delivered on Provider Collaborative workshop held in May	Yes updates continue through ICB governance	Yes updates continue through ICB governance	
Action 3	Quarterly reporting on progress against the Partnership Plan via Finance and Resource Committee	Level 2	Quarterly	Yes -draft partnership plan discussed at Board in advance of formal reporting through F&R	N/A - it has been agreed that reporting will progress through F&R following discussion at SLTD in September	Due to commence from January	

Trust and Operational Linked Risks with a Residual Score of 15+

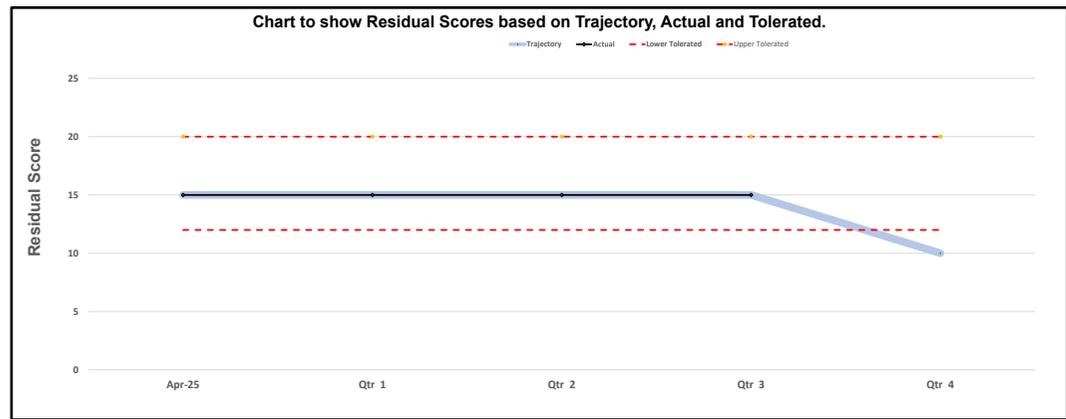
Linked 15+ Trust Risks	Linked 15+ Operational Risks
There are no Trust or Operational 15+ risks which are linked to BAF risk 1	

Thinking Points – Trust and Operational Risks with Residual Scores of 15+, Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern
	No concerns raised for Qtr. 3.

BAF Risk 2	There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand for our services, increasing needs of people who use our services and a failure to provide evidenced interventions which support recovery. This is likely to result in patient harm and / or worsening health outcomes for the most vulnerable people in our communities and result in regulatory action being taken against the Trust.			
Risk Context	Health Inequalities data demonstrates that people from more deprived communities and those with protective characteristics find this more challenging to access services and or have poorer experiences of care when they do access the care.			
SPAR	Accessible		Risk Appetite	Quality - OPEN
Executive Lead	Chief Medical Officer and Chief Nursing Officer		Strategic Priority	Access
Committee	Quality Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 3 = 15		Impact 5 x Likelihood 2 = 10
Arrows Indicate Score Movement	↔	↔	↔		31st March 2026
Quarter	Rationale for Score Change/ Score Remaining the Same.				
Qtr. 1	There is a need for wider engagement with communities and stakeholders to understand our local key areas of focus. PGRF programme of work is in its infancy currently.				
Qtr. 2	No change in score. Actions are still on target for completion but are still being worked through.				
Qtr. 3	No change in score. Actions are still on target for completion but are still being worked through.				
Qtr. 4					



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 1 The Trust will launch a 5 year Quality Plan in quarter 2. The plan will relay our intentions to ensure we are delivering inclusive care and treatment throughout our diverse communities.	31st January 2026	On Target for Delivery	Qtr.1 Consulted with staff and stakeholders and patient and carers representatives to co produce our Quality priorities.	Qtr.1 None to date.	Qtr. 1. None to date.
		On Target for Delivery	Qtr. 2 The draft plan is currently with the Chief Nursing Officer for comment, once approved a paper will be produced for Senior Leadership Team - estimated completion October 25.	Qtr. 2 None to date.	Qtr. 2 None to date.
		On Target for Delivery	Qtr. 3 Our Resident Doctor Representative has led the Trusts national response to NHS England 10 point action Plan. Actions completed within the timeframes. Ensuring improvements in the Resident Doctors experience which all actions have been fully implemented within the Trust. The Plan was presented to PCDC on the 10.11.25. The Trusts operational planning process is underway, with the intention of a full refresh of the Trusts 2023 - 2028 strategy, which will incorporate the Trusts Quality priorities and plan.	Qtr. 3	Qtr. 3
Action 2 To further embed Quality Assurance Framework with a key focus on more core services achieving CQC outstanding rating at the next Trust CQC well led inspection.	31st March 2026	On Target for Delivery	Qtr.1 Unannounced MH CQC visits to 2 inpatient wards with positive reports and unannounced CQC inspection to Crisis Care, awaiting draft report but no immediate patient safety identified.	Qtr.1	Qtr. 1.
		On Target for Delivery	Qtr. 2 Final Crisis Care CQC report gives an overall rating of Good. The Trust's self assessments against CQC standards is due to be reported to Quality Committee in Qtr. 3.	Qtr. 2 Service areas completing the self assessments in a timely manner.	Qtr. 2 Ongoing collaboration with service leads and updates regarding service challenges to be discussed at Quality Assurance Group.
		On Target for Delivery	Qtr. 3 The Trusts self assessment has been presented to Quality committee and core service improvement plans are being progressed. A self assessment against the CQC standards around PCREF is underway & will be reported to the Quality Assurance Group in February 2026.	Qtr. 3 To clearly demonstrate key areas of improvement within well performing core services to provide assurance around additional ability to achieve Outstanding in more core services should the CQC announce an inspection.	Qtr. 3 Action plans to be progressed to achieve outstanding in two (or more) of our well performing core services.
Action 3 For Health Inequalities data to be visible within the Trusts Governance structure in a manner which ensures the data is driving service level improvements around equitable access, experience and outcomes for people requiring our Trusts services and ensures the workforce are adequately equipped to deliver these improvements.	31st March 2026	On Target for Delivery	Qtr.1 PCREF Steering group Implemented. Refreshed EDI Plan received by Senior Leadership Team.	Qtr.1 Need to agree how the Health Inequalities data is going to be embedded within the Trusts Governance structure and accessible at service line level.	Qtr. 1. PCREF Steering group Term of Reference to be agreed at next meeting (27th June).
		On Target for Delivery	Qtr. 2 Terms of Reference reviewed at the PCREF steering group on the 27th June, comments have been actioned and due to go to the next PCREF meeting in Qtr. 3. Health Equity Framework has been produced.	Qtr. 2 To agree the main area of focus of the year relating to the Health Equity Framework. Embed EDI patient data into all relevant Quality Committee Reports.	Qtr. 2 Chief Medical Officer to take the Health Equity Framework through to Execs and Senior Leadership Team by the end of Qtr. 3 To mirror the principles taken forward in the reducing practice report - to be completed by Qtr. 3
		On Target for Delivery	Qtr. 3 The Trust have started to include ethnicity data within our Quality Committee reports.	Qtr. 3 This needs overlaying with local census data to truly understand whether there is unwanted variation.	Qtr. 3 The PCREF steering group have received data focused around restrictive practices, alongside ethnicity data relating to access to service. Further work is underway with a more detailed dashboard being presented to the next PECRF in 2026 (date is to be confirmed by the Performance Lead).

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
Action 1	Quality 5 Year Plan will be implemented by Qtr. 3.	Level 2	From Qtr. 3.	N/A	N/A	On target	
Action 2	Retain overall CQC outstanding rating with assurance reports and progress against self assessments being reported through Quality Committee	Level 2	Quarterly	Delivered	Delivered	Delivered	
Action 3	Health inequalities data is Integral to Trusts Performance and Quality Committee reporting.	Level 2	From Qtr. 4 - Report(s) will be quarterly	N/A	N/A	N/A	

Trust and Operational Linked Risks with a Residual Score of 15+

Linked 15+ Trust Risks	Linked 15+ Operational Risks
<p>Risk 1112 Quality Committee There is a risk that patients will continue use anchored & non anchored ligature points within the Trusts estates due to the nature of their illness and environments which contain anchored ligature points, as a result there is a potential consequence of death or serious harm.</p>	<p>Risk 2088 ASUC There is a risk that the Crisis Care Centre service will be unable to meet the population's needs due to an increase in referrals, leading to patients presenting in crisis and not being seen or assessed in accordance with agreed service response times, which could compromise their safety and care.</p>
<p>Risk 1957 Quality Committee There is a risk of reduced bed availability due to a reduction in beds (Project Chrysalis), increasing demand within the community and social care delays for discharges from local authorities [clinically ready for discharge]. This could result in patients waiting in the community for a bed or being admitted to an out of area bed [OOA placements].</p>	<p>Risk 2169 Community There is a risk of harm to patients and or the public due to the community mental health teams not having the systems, processes and resources to effectively identify and respond to patients with a deteriorating mental state who are difficult to engage resulting in death or serious injury</p>
<p>Risk 1880 Quality Committee There is a risk that the capacity of the current CYP ASD service cannot meet the increased demand for ASD assessments and as a consequence of this the service will have an unsustainable wait list leading to increased complaints and poor service user experience.</p>	
<p>Risk 1982 Quality Committee There is a risk of longer wait times for treatment across Stoke CAMHS Teams REFERRAL TO TREATMENT [RTT] due to increasing the number of initial assessments completed to achieve 4 week wait impacting on demand for treatment. As a consequence of this, Children and Young People will experience delays in accessing therapy.</p>	
<p>Risk 1609 Quality Committee There is a risk of the Stoke Community CAMHS Teams not achieving the 4 week wait target REFERRAL TO ASSESSMENT [RTA] due to an increase in demand for services as a consequence of this there will be increased waiting times for service users.</p>	
<p>Risk 1889 Quality Committee There is an increased risk of adverse sample results for Legionella at the Harplands on site, due to the hot water being recorded below the recommended 55 degrees (detailed in HTM 04-01 for Healthcare premises), as a consequence there is a potential for increased Legionella counts and patient safety maybe compromised due to exposure to bacteria within the water.</p>	
<p>Risk 1919 Quality Committee There is a risk that capacity of the current Adult ADHD Service cannot meet the demand of referrals being received as a consequence of this it could lead to an unsustainable wait list poor service user experience due to timeliness in accessing the service.</p>	

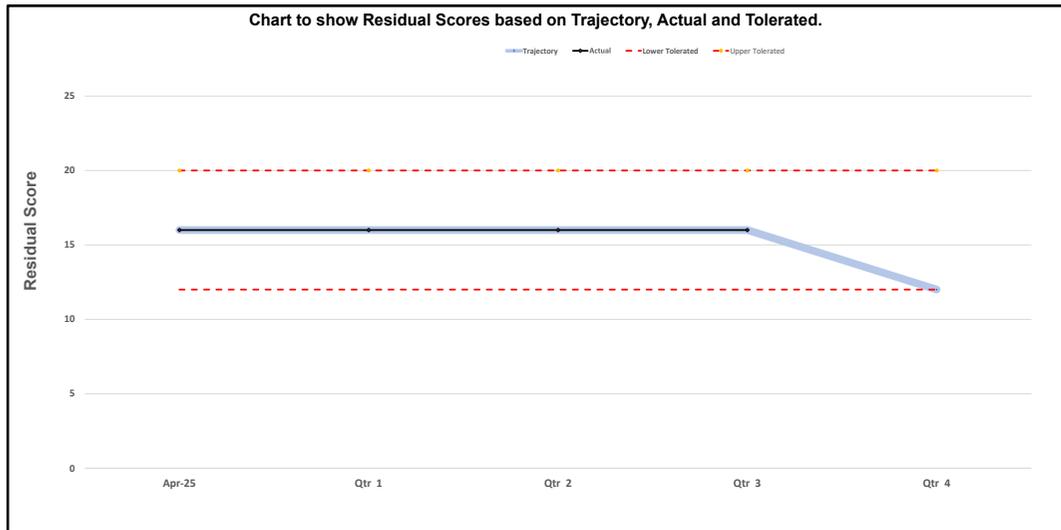
Thinking Points – Trust and Operational Risks with Residual Scores of 15+, Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern
	No concerns raised for Qtr. 3.

BAF Risk 3	There is a risk that we will be unable to recruit, develop and retain an engaged, diverse and effective workforce which meets the needs of our local population and our people, due to the impact of financial challenges and external factors. As a consequence, we will not be able to support our people to continue to deliver outstanding, compassionate care.			
Risk Context	There is a national workforce shortage for hard to fill roles in key specialist areas from a representative population as a result of the impact of fewer people entering formal training and an increase in retirement numbers due to the workforce population ageing. Workforce supply is also affected by the NHS struggling to compete in a competitive employment market. The impact of sustained operational pressures is also increasing burnout of the workforce and resulting in difficulty in accommodating release for training/development to support people aspirations which is exacerbated by the scale of the financial challenges we are facing. This has a negative effect on staff morale and our ability to deliver high quality care.			
SPAR	Safe		Risk Appetite	People - OPEN
Executive Lead	Chief People Officer		Strategic Priority	Access
Committee	People, Culture & Development Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 4 x Likelihood 4 = 16		Impact 4 x Likelihood 3 = 12			
Arrows Indicate Score Movement	↔	↔	↔		31st March 2026

Quarter	Rationale for Score Change/ Score Remaining the Same.
Qtr. 1	The score is remaining the same on the basis that there are a number of work programmes in development or early stages of implementation which will not have been fully delivered by the time of the review period. However plans are in place with sufficient confidence about the likelihood of these delivering in line with expectations.
Qtr. 2	The score is remaining the same because the projects are in the initial early stages, but are on target for delivery by March 26.
Qtr. 3	The score is remaining the same, this is on the basis of refreshing the People Plan in November 2025 and the reset of impact monitoring.
Qtr. 4	



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 1 Targeting substantive recruitment opportunities to our own trainees and bank workers to support internal talent management and progression - measured by placement feedback, succession plans and where possible recorded numbers of staff progressing to permanent roles. Reviewing our advertising campaigns and utilising a variety of different events and other mediums to engage with potential applicants.	31st March 2026	On Target for Delivery	Qtr.1 Offered bank staff and trainees permanent working opportunities as they arise.	Qtr.1 Challenges with some bank staff preferring the flexibility that temporary work offers in relation to working hours. Reduced pastoral and professional support due to the impact of operational pressures which means some workers who may not possess all the experience necessary are being discounted for roles.	Qtr. 1. Encourage flexibility on shift patterns for bank staff transferring to our substantive employment by reviewing working hours expectations and full employment benefits. review support structure in place for practice and professional development to include exposure/buddying opportunities.
		On Target for Delivery	Qtr. 2 The Trust have placed all of the newly qualified band 5 nurses (56 WTE), including those recruited above the establishment into substantive roles. A detailed update was provided at the PCDC business meeting on the 1.9.25, which provided an account of all of the Trusts widening participation activity over the last 12 months and reported on progress against the Trust's inclusion ambitions, which focus on delivery against local population demographics to demonstrate how the Trust are delivering against representative workforce ambitions. A Trust wide approach to diversifying our recruitment process was presented and approved at PCDC on the 1.9.25, with the intention of improving the representation of Global Majority candidates through the recruitment process.	Qtr. 2 The Trust do not currently have enough voices which represent the diverse needs of our community shaping our offer to address our current and emerging needs. Due to the financial scrutiny on pay spend and vacancy controls, the opportunity to explore different ways of doing things is becoming diminished, particularly due to consistent reduction in Trust's turnover levels.	Qtr. 2 Work is being undertaken to align our Widening Participation Approach with our Community Engagement Coordinator role and explore the role of Service User and Carer Council, and to identify new voices/groups from the community. The Trust has reviewed it's risk appetite and confirmed that it is OPEN to some workforce risk where this drives delivery of workforce, optimisation and transformation objectives. This month, on the 2.9.25, the Mutually Agreed Resignation Scheme (MARS) was open to staff to apply to leave their role in exchange for a voluntary severance payment, which will create organisational redesign opportunities that will support innovation.
		On Target for Delivery	Qtr. 3 The system has expressed an interest to facilitate the national High Potential Scheme which aims to develop pipeline to executive roles and supports with succession planning. KPIs for recruitment are consistently reported as 'green' and demonstrate an effective service for applicants. Work continues to review recruitment processes to ensure better representation, including listening events with bank staff to understand barriers.	Qtr. 3 Challenges to sponsorship may impact ability to transition bank staff to substantive roles, resulting in continued use of bank staff in the context of national requirement to reduce. Stagnated turnover has resulted in improved retention which has reduced the opportunity for additional recruitment.	Qtr. 3 Improved understanding of implications of nationally led sponsorship changes to ensure the Trust is able to advise. Expected to be completed by Qtr. 4. Exploring how the Trust can recognise and transition professional qualifications from another country to UK professional pathway. Expected to be completed by Qtr. 4.
Action 2 Focus on clinical supervision to support practice, health and wellbeing and professional development. Evidenced by LMS records and validated by the staff survey results. Review of skill mix to ensure safer staffing levels and support health and wellbeing. Monitored through safer staffing report, the stress risk assessment process and a reduction in reported sickness absence for Stress, Anxiety and Depression.	31st March 2026	On Target for Delivery	Qtr.1 Emphasised the importance of clinical supervision on screensavers and in executive exchange. Regular review and reporting on numbers/compliance in performance oversight meetings.	Qtr.1 Impact of sickness absence on effectiveness of clinical supervision and capacity to support reviews. Operational pressures also impacting on documentation to LMS.	Qtr. 1. Performance Improvement Plans in place for reducing sickness absence and prioritisation given to bank back fill for key risk areas.
		On Target for Delivery	Qtr. 2 New staff supervision policy is in situ and embedded in practice. Staff supervision survey has been delivered and a report is drafted with recommendations for future practice, this will be taken to PCDDC on the 3.11.25. Please note that the submission of this report was delayed and it was not presented to the PCDC on the 3.11.25. Stress policy currently under review and significant redevelopment which includes risk assessments, this is due be ratified in November 25. Health and Wellbeing offers are shared with Directorate Associate Directors (AD's) to support their performance improvement programmes for sickness absence. Current data from Staffs Support and Counselling Service is shared monthly with AD's to give an enhanced understanding of their Directorate needs.	Qtr. 2 Learning Management System (LMS) has issues which is effecting confidence in reporting of compliance figures. Sickness absence levels and clinical supervision compliance levels are remaining off track and are relatively static over the last quarter.	Qtr. 2 A Commitment has been provided by the Executive Team to the Chief People Officer to transition to Electronic Staff Records (ESR) as the single recording system. The effect of this will be greater oversight and management of issues relating to data integrity and compliance rates. Next steps in Qtr. 3, a paper and project plan developed to move from LMS to ESR. A final demonstration of ESR capabilities is due in September 25, and the Trust project group is determined to ensure scale, spread and ease of transfer, which will be operational by March 26. A detailed review has taken place of sickness absence of levels and cases over the last 12 months, alongside internal audit findings, which have formed the basis of a draft sickness improvement plan that will be shared with PCDC business meeting on the 3.11.25. Each Directorate area which is above target has a Performance improvement plan (PIP), which is being regularly monitored for progress in performance meetings.

Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 2 continued.	31st March 2026	On Target for Delivery	<p>Qtr. 3</p> <p>The People Plan has been refreshed to include a focus on performance metrics including clinical supervision, appraisals and specifically sickness reduction. A stakeholder workshop has been facilitated to understand the drivers and actions for mitigating sickness.</p> <p>Support has been sought to review the Occupational Health contract (March 26) and seek assurance that it meets the needs of the profile of staff.</p>	<p>Qtr. 3</p> <p>Currently reviewing the contract performance and KPIs to inform future scope of contract.</p> <p>Closure of the staff wellbeing hub may impact in the level of provision colleagues can access for their health and wellbeing and sickness absence prevention.</p> <p>National requirement to reduce sickness levels by 1% as part of 2026/27 planning processes means that trajectories needs to be developed.</p>	<p>Qtr. 3</p> <p>Partnering with system colleagues to collectively evaluate the current contract and therefore explore the contract for a potential future model (this may include across the Shropshire Telford Wrekin ICS). Expected to be completed by Qtr. 4.</p> <p>Enhanced comms and signposting to other support is in place. Expected to be completed by Qtr. 4.</p> <p>Workforce plans will triangulate with sickness improvement plans to describe a trajectory for improvement. Expected to be completed by Qtr. 4.</p>
Action 3 Development of a widening participation and access approach that is tailored to the needs of our local population, reduces barriers to entry and improving workforce representation.	31st March 2026	On Target for Delivery	<p>Qtr.1</p> <p>Draft widening participation and access strategy has been produced. The approach is building on existing strengths, previous successes and relationships with an aligned programme of activity identified within it.</p>	<p>Qtr.1</p> <p>Further analysis is required to ensure the focus and resources are targeted appropriately with clear outcome measures.</p>	<p>Qtr. 1.</p> <p>A deeper review of local demographic needs and partnership opportunities with other organisations in the system and outside of it particularly in the third sector are being actively reviewed.</p>
		On Target for Delivery	<p>Qtr. 2</p> <p>The Trust are currently aligning the draft strategy with community demographics, which will then inform objectives and outcome measures to review actions against progress.</p> <p>Currently, links are being developed into the local population to ensure voice and engagement to shape our Trust's participation agenda. This links to the programmed work being undertaken to align our Widening Participation approach with our Community Engagement Coordinator role and explore the role of Service User and Carer Council, and to identify new voices/groups from the community. The Strategy is planned to go to the next PCDC business meeting on the 3.11.25.</p>	<p>Qtr. 2</p> <p>Due to the financial scrutiny on pay spend and vacancy controls the opportunity to explore different ways of doing things is becoming diminished particularly due to consistent reduction in Trust's turnover levels.</p> <p>There is currently a lot of political and social debate and challenge regarding access to opportunities for particular communities being deemed to be at odds with other communities. Views or requirements are proving challenging to navigate and are at risk of impacting on moral and motivation for key staff and communities.</p>	<p>Qtr. 2</p> <p>The Trust has reviewed its risk appetite and confirmed that it is OPEN to some workforce risk where this drives delivery of workforce optimisation and transformation objectives. This month, on the 2.9.25 the Mutually Agreed Resignation Scheme (MARS) was open to staff to apply to leave their role in exchange for a voluntary severance payment, which will create organisational redesign opportunities that will support innovation.</p> <p>Further engagement work will take place internally and in the wider communities to open up discussion.</p>
		On Target for Delivery	<p>Qtr. 3</p> <p>Under the new people plan refresh, the recruitment pipeline aligned to representation from local communities is being reviewed to ensure pathways are accessible.</p> <p>Recruitment processes are reviewed to ensure improved representation from unheard groups.</p>	<p>Qtr. 3</p> <p>Limited opportunities for apprenticeship and entry roles given financial challenges and additional vacancy controls.</p>	<p>Qtr. 3</p> <p>Annual evaluation of recruitment practices and widening participation activities. Expected to be completed by Qtr. 4.</p> <p>Apprenticeship opportunities considered as part of finance control and recovery group. Expected to be completed by Qtr. 4.</p> <p>A reasonable apprenticeship target with monitoring to be determined. Expected to be completed by Qtr. 4.</p>

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
Action 1	Recruitment metrics and progress on resourcing strategy regularly presented to PCDC on a bi-monthly basis.	Level 2	Monthly	Delivered	Delivered - Excellent feedback given from the Chair on progress and the quality of the report	Delivered	
Action 2	Performance reviews conducted by the executive team with directorate leadership teams focusing on clinical supervision on a monthly basis. This is also reflected in the IQPR which is reviewed by Board on a monthly basis and shared with PCDC regularly.	Level 2	Monthly	Delivered	Delivered	Delivered	
Action 3	The widening participation and access strategy will be reviewed by PCDC and the SLT. The aligned outcome measures will also be incorporated into the reporting for SEAL and reviewed by PCDC	Level 2	Monthly	Delivered	Delivered	Delivered	
Action 1 - 3	NHSE and ICB assurance on progress on 25/26 workforce plan.	Level 3	Monthly	Delivered	Delivered	Delivered	

Trust and Operational Linked Risks with a Residual Score of 15+

Linked 15+ Trust Risks	Linked 15+ Operational Risks
<p>Risk 1856 People, Culture & Development Committee There is a threat to not achieving a small number of face to face statutory and mandatory training subjects, due to a combination of issues, safer staffing levels: impacting negatively on release to attend training and new mandated face to face subjects. The potential consequence is staff may not be up to date with legal requirements.</p>	<p>Risk 1836 Specialist There is a risk that the expenditure on bank locum medics will cause financial pressure on the Specialist Directorate budget due to medical vacancies including medical sickness, a consequence of which is the directorate will overspend against budget.</p>
<p>Risk 2161 Finance & Resource Committee There is a risk that the Trust will not have a payroll function due to the uncertainty of the future of CSU and as a consequence staff would not get paid.</p>	

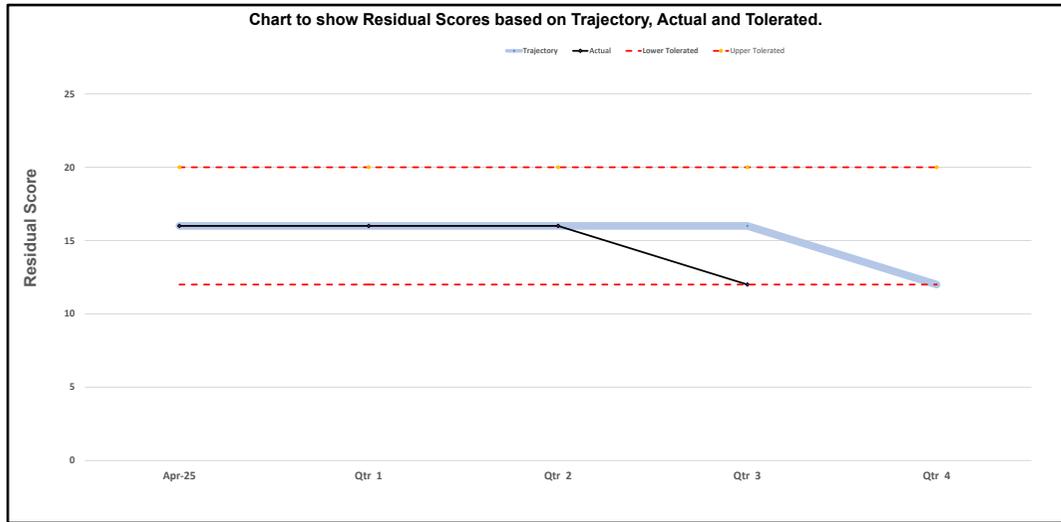
Thinking Points – Trust and Operational Risks with Residual Scores of 15+, Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern / Update
Risk 1856 - As above.	<p>There is a fragility in the resource provision for face to face Fire Safety trainer provision which is impacting on compliance. This has been escalated to Estates and Senior Leadership, and risk mitigations are being reviewed currently to address this concern.</p> <p>Oliver McGowen options for continued delivery are being supported through the Committees via options appraisal (business case approval route).</p>

BAF Risk 4	There is a risk of non-delivery of our financial plans and/or an impact on service quality due to the level of transformation required, with the consequence being an effect on clinical outcomes and/or the Trust's financial viability.			
Risk Context	The level of transformation required across operational services is ambitious when noting the requirement to meet the financial target of £7.36M during 25/26. The programmes of work are being developed to ensure alignment with strategic priorities, consideration of interdependencies, and effective risk management. This needs to be balanced with the Trust's target to deliver sustainable efficiencies while maintaining quality of care.			
SPAR	Safe		Risk Appetite	Financial - OPEN
Executive Lead	Chief Operating Officer		Strategic Priority	Access
Committee	Quality Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 4 = 16	Impact 4 x Likelihood 3 = 12		Impact 4 x Likelihood 3 = 12
Arrows Indicate Score Movement	↔	↔	↓		31st March 2026

Quarter	Rationale for Score Change/ Score Remaining the Same.
Qtr. 1	No change to residual score - actions underway. Forward lock - if all PIDs completed as per deadline then potential to reduce to 12 in Qtr. 2.
Qtr. 2	No score change in Qtr. 2. Achieved CIP of £4,677m with a gap of £1,040 remaining, review underway regarding implementation of the agreed CIP by finance and some non-recurrent mitigation in place. Further PIDS being approved in Qtr. 3 and planning session for 26/27 planned for end of Qtr. 3.
Qtr. 3	Proposing score reduction from 16 to 12, reducing the Likelihood from 4 (Likely) to 3 (Possible). Actions underway. Trust level risk 1997 score reduction approved by the Risk Review Group in December and F&R Committee approved on the 8.1.26. Planning session for 26/27 in diaries and session completed in December with MIAA. Trust forecasting delivery of financial plan. 13.1.26 - The Risk Review Group support the score reduction. 5.2.26 - Quality Committee support the score reduction.
Qtr. 4	



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 1 Achievement of service (clinical and corporate) and cross cutting CIP (Cost Improvement Programme) targets with recurrent savings delivery in year.	31st March 2026	On Target for Delivery	Qtr.1 Weekly CIP meetings to review/scrutinise progress, development of PIDS with a target of 23/6/25 for completion. C2m of schemes fully implemented and transacted within the ledger. Reporting no unidentified schemes to ICB via weekly monitoring.	Qtr.1 Opportunities for transformation in some areas noting the capital constraints. Challenge between available operational capacity to deliver clinical pressures vs transformational requirements. Awaiting feedback from NHSE on Corporate Savings Plan.	Qtr. 1. Weekly CIP meetings to review/scrutinise progress, support from TMO and subject experts to aid delivery. Additional work being undertaken within Specialist in relation to CIP. CIP process reviewed to ensure continued suitability for use.
		Risk to Delivery, Plan in Place	Qtr.2 Unidentified CIP in one operational directorate, unidentified CIP from some Corporate areas. Weekly CIP meetings continue to track progress as does reporting to and monitoring by Finance and Resources Committee.	Qtr. 2 Opportunities identified have not given full year effect or have not hit the projected target. Some CIP schemes require longer pieces of work noting the scale of transformation. Some schemes have required modification (or have been rejected) as a result of the QIA process.	Qtr. 2 Deficit currently identified within Specialist CIP target may be met by overperformance in bank reduction in AS&UC (Finance currently reviewing). No further update on Corporate Reductions and their impact on CIP (national expectation), noting MARS has only launched in September.
		On Target for Delivery	Qtr.3 Weekly CIP meetings in situ. CIP delivery gaps noted currently at £0.7 million (£0.4mil in plans and £0.3mil yet to be identified). F&R committee continue to review progress and session in diaries for 26/27 CIP planning. Mitigations however in place and Trust forecasting delivery of overall financial plan.	Qtr.3. Challenges with outlined Corporate CIP in particular corporate reductions, potentially limited transaction 25/26.	Qtr. 3. Corporate reductions remain a challenge and unclear of any identified amounts for 25/26 and this maybe (still TBC carry forward and carry forward amount) carried forward into 26/27. CIP deficits (£0.7M) remain across operational and corporate directorates, with ongoing weekly review and focus.
Action 2 Regular Quality Impact Monitoring (minimum quarterly) to ensure there is no negative impact on service quality as a result of cost improvement schemes.	31st March 2026	On Target for Delivery	Qtr.1 QIA (Quality Impact Assessment) process in situ and reviewed in weekly CIP meeting. Process reviewed by DCNO to ensure quality impacts are identified and mitigations in place if required.	Qtr.1 Further work required to support ongoing review within BAU once transaction completed.	Qtr. 1. DCNO exploring where any potential impact is already being monitored by another route (e.g. Trust Performance process) how this can be utilised to reduce duplication.
		On Target for Delivery	Qtr. 2 Refresh of the QIA process has been completed and is out for consultation. Deep dive review to take place at next CIP meeting. The Quarterly Update to Quality Committee has provided assurance as to existing schemes.	Qtr. 2 Review of QIA process underway so that there is clarity on the process once CIP transacted, however in general process is working well.	Qtr. 2 Deep dive will take place at the next CIP meeting: 15/9/25 to ensure BAU review is in situ.
		On Target for Delivery	Qtr. 3 Refreshed process is now in situ and being embedded across CIP.	Qtr. 3. Review of QIA completed and in situ, no current challenges noted.	Qtr. 3 Challenges around CIP plans being agreed at QIA, understanding of risk appetite/mitigations for wide scale transformation noting this years CIP target and next years.

Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 3 Maintaining/improving key performance indicators, and as required undertaking specific scrutiny on areas of transformation where these are of concern / significant interest.	31st March 2026	On Target for Delivery	Qtr.1 No specific issues identified within Performance data relating to any areas where transformation has occurred, nor any initial concerns raised through QIA monitoring.	Qtr.1 Some schemes have not been implemented or are early in implementation, this will require further monitoring as the year progresses.	Qtr. 1. Continue to monitor throughout future quarters.
		On Target for Delivery	Qtr. 2 No issues arising from a KPI perspective specifically relating to transformation, nor any initial concerns raised through QIA monitoring.	Qtr. 2 Some schemes have evolved/changed noting clinical input or QIA process.	Qtr. 2 Continue to monitor throughout the year.
		On Target for Delivery	Qtr. 3 No issues have been identified via performance data/QIA monitoring	Qtr. 3 Some CIP schemes have been reviewed and considered over an extended period of time to support risk mitigation/appetite.	Qtr. 3 No issues identified this financial year however as transformation continues there is the possibility of increased risk/reduced assurance.

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
Action 1	CIP Oversight Group: Weekly oversight group to review current proposals/PIDS, monthly paper to F&R Committee. Weekly enhanced reporting by all ICB partners to ICB and NHS England.	Level 2 & Level 3	Monthly	Delivered	Delivered - Risk to delivery noting the deficit outlined	Delivered - Risk to delivery noting the deficit outlined but mitigations in place	
Action 2	QIA Process: this will support initial oversight/scrutiny of any transformational plans. Work underway to support BAU review post implementation. Monthly paper to GC	Level 1	Monthly	Complete - no concerns created in relation to CIP	Complete - no concerns created in relation to CIP	Complete	
Action 3	Performance monitoring against key performance indicators/operational priorities	Level 3	Monthly	Complete - no concerns created in relation to CIP	Complete - no concerns created in relation to CIP	Complete-no risks identified against CIP	

Trust and Operational Linked Risks with a Residual Score of 15+

Linked 15+ Trust Risks	Linked 15+ Operational Risks
<p>Risk 1957 Quality Committee There is a risk of reduced bed availability due to a reduction in beds (Project Chrysalis), increasing demand within the community and social care delays for discharges from local authorities (clinically ready for discharge). This could result in patients waiting in the community for a bed or being admitted to an out of area bed [OOA placements].</p> <p>Risk 1880 Quality Committee There is a risk that the capacity of the current CYP ASD service cannot meet the increased demand for ASD assessments and as a consequence of this the service will have an unsustainable wait list leading to increased complaints and poor service user experience.</p> <p>Risk 1982 Quality Committee There is a risk of longer wait times for treatment across Stoke CAMHS Teams REFERRAL TO TREATMENT [RTT] due to increasing the number of initial assessments completed to achieve 4 week wait impacting on demand for treatment. As a consequence of this, Children and Young People will experience delays in accessing therapy.</p> <p>Risk 1609 Quality Committee There is a risk of the Stoke Community CAMHS Teams not achieving the 4 week wait target REFERRAL TO ASSESSMENT [RTA] due to an increase in demand for services as a consequence of this there will be increased waiting times for service users.</p> <p>Risk 1919 Quality Committee There is a risk that capacity of the current Adult ADHD Service cannot meet the demand of referrals being received as a consequence of this it could lead to an unsustainable wait list poor service user experience due to timeliness in accessing the service.</p>	<p>There are no Operational 15+ risks which are linked to BAF risk 4</p>

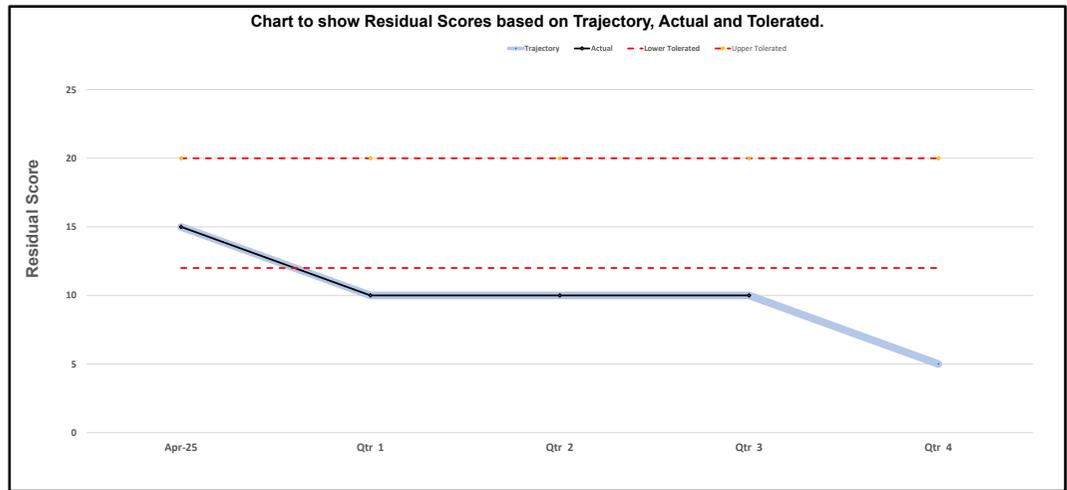
Thinking Points – Trust and Operational Risks with Residual Scores of 15+. Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern
	No concerns raised for Qtr. 3.

BAF Risk 5	There is a risk to the Trust's long term financial sustainability due to failure to deliver the recurrent savings programme, and higher than planned bank and agency expenditure. As a consequence, this could lead to a financial deficit, reduced liquidity, a lack of investment in service delivery and potentially impact the future viability of the Trust.			
Risk Context	Achieving financial balance is our statutory financial duty, for which the Trust has a very strong track record. 2025/26 is known to be a challenging financial year with less resource being available than required by the NHS. NSCHT is as well placed as other Trusts to deal with these challenges having planned for a challenging year and has set a recurrent CIP of 3.2 % (excluding TCP & P86) and a non-recurrent CIP of 1% to achieve financial balance.			
SPAR	Safe	Risk Appetite	Financial - OPEN	
Executive Lead	Chief Finance Officer	Strategic Priority	Growth	
Committee	Finance & Resource Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 5 x Likelihood 3 = 15	Impact 5 x Likelihood 2 = 10	Impact 5 x Likelihood 2 = 10	Impact 5 x Likelihood 2 = 10		Impact 5 x Likelihood 1 = 5
Arrows Indicate Score Movement	↓	↔	↔		31st March 2026

Quarter	Rationale for Score Change/ Score Remaining the Same.
Qtr. 1	Based on a review of Qtr. 1 financial position performing better than plan taking into account the pay underspend and slippage on developments. 8.7.25 - Risk Review Group approved the score reduction. 7.8.25 - Finance & Resource Committee approved the score reduction.
Qtr. 2	No score change in Qtr. 2. The Trust continue to perform better than plan, however there is still risks around CIP deliverability.
Qtr. 3	No score change in Qtr. 3. The Trust continue to perform better than plan.
Qtr. 4	



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
<p>Action 1 Weekly Financial Control and Recovery Group meetings are held to approve recruitment and establishment changes, as well as to review and oversee bank and agency usage in areas of concern.</p> <p>Additionally, monthly monitoring of the finance position and bank and agency usage is conducted to support effective planning and targeting.</p>	31st March 2026	On Target for Delivery	<p>Qtr.1 At M2 the Trust was £39k better than plan and is expected to be better than plan by the end of Q1.</p>	<p>Qtr.1 Agency is above target by £66k and bank is above target by £5k.</p>	<p>Qtr. 1 Initial M2 forecasts have been produced to be confirmed with the Directorates. Follow up review with FCRG to take place in M3 with action plans required if forecast to be away from plan.</p>
		On Target for Delivery	<p>Qtr. 2 At M5 (latest information) the Trust was £440K better than plan and is expected to be better than plan by the end of Qtr. 2.</p>	<p>Qtr. 2 At M5 - Agency costs have a negative variance of £118k compared to plan. At M5 - Bank also has a negative variance of £91k compared to plan.</p>	<p>Qtr. 2 Monthly medical task and finishing groups are starting to address agency locum expenditure. The M5 forecast currently suggests that the year end position will be a negative variance of £24K.</p> <p>There are fortnightly roster optimisation working group meetings to address roster inefficiencies, with the aim to reduce bank expenditure. This is in addition to recruiting 54 newly qualified nurses in October which will be over the budgeted establishment, the consequence of which will reduce the bank expenditure.</p>
		On Target for Delivery	<p>Qtr. 3 At M8 year to date (latest information) the Trust was £790k better than plan and is expected to be better than plan by the end of Qtr. 3.</p>	<p>Qtr. 3 At M8 year to date Agency costs have a negative variance of £97k compared to plan. The Trust is forecasting to recover this position by M12. At M8 year to date Bank also has a negative variance of £373k compared to plan. The Trust is not forecasting to recover this position, the Trust is expecting to be £0.5m worse than plan.</p>	<p>Qtr. 3 Monthly medical task and finishing groups are addressing agency locum expenditure. The Directorate have been addressing roster inefficiencies with the aim to reduce bank expenditure. This is in addition to recruiting 54 newly qualified nurses in October which were over the budgeted establishment, the consequence of which is reducing the bank expenditure but not to the required NHSE targeted levels.</p>

Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps in Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
<p>Action 2 Continue to work with System partners to identify capital funding allocations for the remainder of Project Chrysalis.</p> <p>Achieve formal confirmation of all capital funding for 25/26 by Q2.</p> <p>Work with PFI partners to confirm and challenge revenue consequences of Project Chrysalis by Q2.</p>	31st December 2025	Risk to Delivery, Plan in Place	<p>Qtr.1 Capital expenditure in line with plan. Project plan on schedule to complete in December 2025.</p>	<p>Qtr.1 All System capital allocations have not been confirmed which leave uncertainty around the funding source for Project Chrysalis. Revenue costs for Chrysalis have been provided by the PFI partners. Work is now in progress to confirm and challenge the costs.</p>	<p>Qtr. 1 Gain clarity from System partners in Q2 of the capital allocations and the Trust's share of the System allocation to fund Chrysalis. Confirm the revenue consequences with PFI Partners.</p>
		Risk to Delivery, Plan in Place	<p>Qtr. 2 Capital expenditure in line with plan with a slight underspend. Project plan on schedule to complete in December 2025. The Trust has submitted a bid for additional capital funding for Out of Area Mental Health, with the outcome expected by the end of September 2025.</p>	<p>Qtr. 2 All System capital allocations have not been confirmed, which leaves uncertainty around the funding source for Project Chrysalis. Revenue costs for Chrysalis have been provided by the PFI partners. Work is now in progress to confirm and challenge the costs.</p>	<p>Qtr. 2 Gain clarity from System partners in Qtr. 2 on the capital allocations and the Trust's share of the System allocation to fund Chrysalis. All system partners are refreshing forecasts as at M6 to inform a realistic position against capital allocations, which will enable the Trust to understand any risks. Confirm the revenue consequences with PFI Partners.</p>
		Risk to Delivery, Plan in Place	<p>Qtr. 3 Capital expenditure is still in line with plan. £1.8m Public Dividend Capital (PDC) notification received, Memorandum of Understanding (MOU) signed.</p>	<p>Qtr. 3 Revenue costs for Chrysalis have been provided by the PFI partners. Work is now in progress to confirm and challenge the costs. Due to site wide water temperature at Harplands there is a risk to the completion of the final stage of Chrysalis which could attract end of time fees. Fees TBC.</p>	<p>Qtr. 3 Confirm the revenue consequences with PFI Partners. PFI partners to confirm solution.</p>

Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps In Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 3 Continuation of the Trust wide CIP Oversight Group that includes scheme risk reviews, delivery status and escalation process. All schemes to have PIDS in place (fully developed) by the end of Q1 with month reporting to F&R Committee. All schemes to be implemented by Q3.	31st December 2025	Risk to Delivery, Plan in Place	Qtr.1 Weekly CIP oversight groups and weekly reporting to NHSE taking place with progress being made most weeks. Monthly reporting to F&R Committee commenced.	Qtr.1 Unlikely to have all CIP schemes fully developed by the end of Q1.	Qtr. 1 Recovery actions and mitigations for all 'opportunity' schemes by Q2.
		Risk to Delivery, Plan in Place	Qtr. 2 Weekly CIP oversight groups and weekly reporting to NHSE taking place with progress being made most weeks. Monthly reporting to F&R Committee commenced. Schemes have been identified for the Trust's total CIP value. In the process of arranging for MIAA to deliver a CIP workshop to identify CIP schemes for 2026/2027.	Qtr. 2 Progress has stalled and slowed during Qtr. 2, and implementation plans are not progressing as quickly as required. The delivery of the identified schemes is still to be validated.	Qtr. 2 Discussions take place at the weekly CIP oversight group, challenging the Directorates on the implementation and delivery of the schemes.
		Risk to Delivery, Plan in Place	Qtr. 3 MIAA are delivering a workshop 9.12.25 on CIP for 26/27 schemes. CIP at M8 is £0.2m behind plan which has seen a significant improvement over M7 and M8. The Trust is forecasting to achieve the 25/26 CIP target and is forecasting to exceed the full year effect CIP target. There are 4 schemes fully developed and 1 scheme in opportunity to complete this years CIP programme.	Qtr. 3 Continuing to work through the implementation of the final 5 schemes, challenge arises regarding realisation of savings.	Qtr. 3 Discussions take place at the weekly CIP oversight group, challenging the Directorates on the implementation and delivery of the schemes.

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
Relates to all above actions.	Monthly review of the financial position with oversight by the senior finance team, including the CFO .	Level 1	Monthly	Delivered	Delivered	Delivered	
Relates to all above actions.	Monthly reports to Senior Leadership Team, Finance and Resource Committee and Board.	Level 2	Monthly	Delivered	Delivered	Delivered	
Relates to all above actions.	Annual review of financial controls by internal audit in Q3. Annual external audit of accounts in Q1 of the following year	Level 3	Annually	Qtr. 1 - Delivered 24/25. 25/26 - Planned May 26.	N/A	Qtr. 3 Internal Audit and Qtr. 1 26/27 External Audit	Delivered

Trust and Operational Linked Risks with a Residual Score of 15+

Linked 15+ Trust Risks	Linked 15+ Operational Risks
Risk 2161 Finance & Resource Committee There is a risk that the Trust will not have a payroll function due to the uncertainty of the future of CSU and as a consequence staff would not get paid.	Risk 1836 Specialist There is a risk that the expenditure on bank locum medics will cause financial pressure on the Specialist Directorate budget due to medical vacancies including medical sickness, a consequence of which is the directorate will overspend against budget.

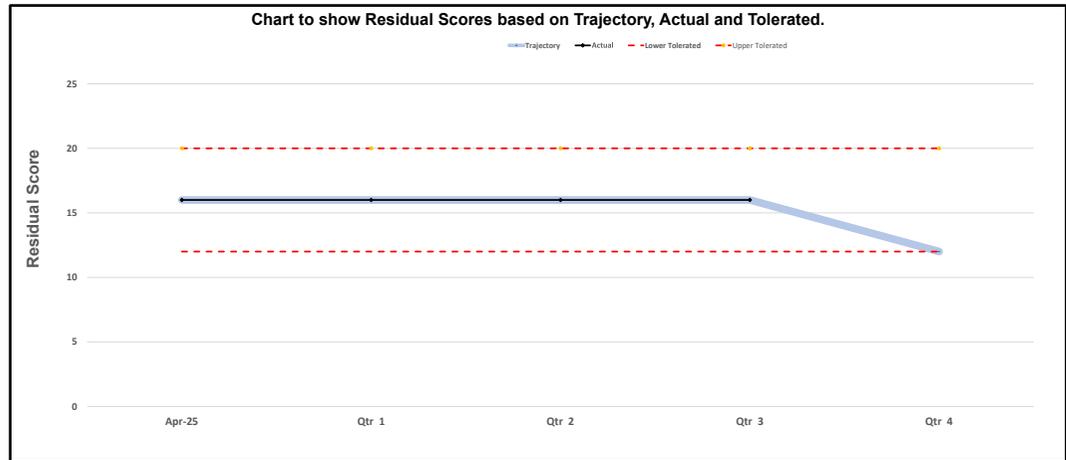
Thinking Points – Trust and Operational Risks with Residual Scores of 15+, Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern
	No concerns raised for Qtr. 3.

BAF Risk 6	There is a risk that the Trust may not fully deliver the digital and data transformation ambitions due to financial constraints and variation in national and local practice. This could lead to concerns in delivering of existing digital maturity and security resulting in poor data quality, operation inefficiencies or compromised care.			
Risk Context	This risk is particularly significant in light of the 2025/26 NHS England priorities and operational planning guidance, which call for improved access, increased productivity, and system reform within existing financial constraints. The guidance highlights the critical role of digital maturity, data-driven decision-making, and cyber resilience in enabling integrated care and operational efficiency. Failure to address these digital infrastructure challenges may limit the Trust's ability to meet national expectations, innovate effectively, and maintain regulatory and reputational standing. Given the Trust's integral role within the wider Integrated Care System (ICS), mitigating this risk is essential not only for local service delivery but also for supporting system-wide digital ambitions. Due to the broad and complex nature of this risk, a multi-year approach will be required, underpinned by the phased delivery of the Trust's Digital Plan. It is also recognised that several influencing factors lie beyond the Trust's direct control, including national, regional, and system-level developments.			
SPAR	Safe	Risk Appetite	Digital - SEEK	
Executive Lead	Chief Strategy Officer	Strategic Priority	Growth	
Committee	Finance & Resource Committee			

Residual Risk Score					
Gross Score	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Target Score / Achievement Date
Impact 4 x Likelihood 4 = 16		Impact 4 x Likelihood 3 = 12			
Arrows Indicate Score Movement	↔	↔	↔		31st March 2026

Quarter	Rationale for Score Change/ Score Remaining the Same.
Qtr. 1	No score change. Initial actions initiated and actions will start to be completed in later quarters.
Qtr. 2	No score change. There remains a significant number of actions outstanding for completion in later quarters.
Qtr. 3	No score change. There remains a significant number of actions outstanding for completion in later quarters.
Qtr. 4	



Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps In Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 1 To address outdated digital infrastructure and low adoption of digital tools, the Trust will launch a digital transformation programme focused on upgrading legacy Electronic Patient Records (EPR) systems with modern, interoperable platforms and investing in technologies like virtual consultations and remote monitoring to enhance patient access and efficiency.	31st March 2026	Risk to Delivery, Plan in Place	Qtr. 1 During Quarter 1, the Trust advanced the digital transformation agenda through three key initiatives: the development of the Orbis EPR system commenced in partnership with Dedalus; a review of the wellbeing portal, Patient Aide and text messaging reminder services were undertaken as part of the digital cost improvement programme; and clinical leadership capacity was strengthened with the appointment of a Clinical Digital Lead, supporting the Chief Clinical Information Officer to ensure effective clinical engagement and governance.	Qtr. 1 While the digital transformation programme continues to progress, several challenges remain that impact delivery assurance. Funding constraints persist, limiting the Trust's ability to scale delivery capacity and accelerate progress across key digital initiatives. There are also ongoing gaps in specialist digital and clinical informatics expertise, which present risks to programme implementation, adoption, and long-term sustainability. Although recruitment of Agents of Change Experts (ACEs) is underway to address some of these gaps, broader clinical engagement remains critical to successful delivery. These issues are further compounded by operational pressures that constrain the availability of internal subject matter experts and frontline staff. To mitigate these risks, there is a clear need for strengthened programme assurance, prioritisation of resources, and targeted investment to support delivery and realise the intended benefits.	Qtr. 1 Given the current funding challenges the opportunity to invest further in digital is limited at this time and the focus needs to be on maintaining current services and looking for opportunities to deliver productivity improvements. To address current delivery and assurance gaps within existing resource constraints, the Trust is reprofiling digital workstreams to focus on high-impact, lower-resource initiatives; investigating opportunities to leverage internal expertise through time-limited secondments and rotational roles to strengthen capacity, and enhancing collaboration with system partners to share tools, knowledge, and best practices, thereby maximising value without additional financial investment.
		Risk to Delivery, Plan in Place	Qtr. 2 Building on the progress made in Qtr. 1, the Trust has continued to advance its digital transformation agenda. The implementation timeline for the Orbis EPR solution has been extended from November 2025 to Summer 2026, allowing additional time for product development and ensuring the solution is robust and fit for purpose. This adjustment reflects the complexity of the programme and the need to accommodate evolving requirements. Additionally the Trust has been successful in an application for funding from NHSE for the integration of PatientAide with the NHS Notify service to improve the flow of information to service users. The review of the Wellbeing Portal remains ongoing under the Digital Cost Improvement Programme (CIP), with a focus on assessing current usage and identifying opportunities to enhance productivity and quality outcomes for operational teams. Meanwhile, the productivity benefits associated with the text messaging reminder service are being progressed through the wider CIP programme, with operational management leads overseeing the integration of these improvements into service delivery.	Qtr. 2 The challenges outlined in Qtr. 1 remain largely unchanged, with funding limitations and resource constraints continuing to impact delivery assurance across the digital transformation programme. While the extension of the Orbis EPR implementation timeline provides an opportunity to address some of these risks, it also reflects the scale and complexity of the programme and the need for sustained investment. In addition, ongoing stability issues with the legacy Lorenzo EPR system have emerged as a significant concern, requiring increased resource allocation from both the Trust and Dedalus to maintain operational continuity and mitigate disruption. These issues place further pressure on internal teams and reinforce the need for strengthened technical support, clearer prioritisation, and enhanced programme governance to ensure delivery confidence and minimise risk to frontline services.	Qtr. 2 In response to ongoing delivery challenges and resource constraints, digital workstreams have been further prioritised to concentrate efforts on the Orbis EPR Programme, the Digital Cost Improvement Programme (CIP), and broader productivity opportunities in collaboration with operational teams. Additional focus has also been directed toward the resolution of stability issues affecting the Lorenzo EPR system, with dedicated problem management activities now underway. These targeted actions are being delivered alongside core business-as-usual operations, both within the Trust and through continued engagement with system partners. This approach aims to maximise available capacity, maintain service continuity, and ensure that critical digital initiatives remain on track despite limited investment flexibility.
		Risk to Delivery, Plan in Place	Qtr. 3 In Qtr. 3, the Trust has continued to drive forward its digital transformation agenda despite ongoing challenges. Preparatory work to integrate Patient Aide with NHS Notify is progressing well, with completion targeted for March 2026 to strengthen patient engagement and improve information flow. Building on the successful focus within the CYP service, work is advancing to expand the referral capability of the Wellbeing Portal, further enhancing access and user experience. Engagement with operational directorates and clinical teams remains strong, ensuring that digital developments are aligned with service needs and deliver measurable benefits.	Qtr. 3 While progress has been made, assurance remains limited in several areas. Ongoing resource constraints continue to restrict the Trust's ability to accelerate delivery and scale capacity across key digital initiatives. Gaps in specialist digital and clinical informatics expertise persist, despite the recruitment of Agents of Change Experts (ACEs) to strengthen engagement. Significant progress will be required in Qtr. 4 to support the successful implementation of Orbis. Assurance around the Orbis programme has been a concern and has necessitated a restructure of programme governance and processes. Stability issues with the legacy Lorenzo EPR system have reduced, with a noticeable decline in incidents; however, the system remains a risk until full migration is completed.	Qtr. 3 In Qtr. 3, the Trust has continued to focus on overcoming delivery challenges within existing resource constraints by prioritising high-impact initiatives including the migration from Halo to Lorenzo. Key efforts have been directed towards progressing the Orbis EPR Programme and the Digital Cost Improvement Programme, while maintaining core services and addressing risks associated with the Lorenzo system through targeted problem management.
Action 2 To improve data quality, reporting consistency, and clinical intelligence use, the Trust will implement a data quality and governance programme featuring automated validation tools, real-time analytics dashboards, and a Centralised Data Management Solution to support safe, data-driven care. This will be supported by a revised business intelligence strategy, mandatory training tailored to mental health pathways, increased clinical engagement, and key milestones such as the relaunch of the Business Intelligence (BI) portal, rollout of high-value dashboards, and completion of the Halo extract process.	31st March 2026	On Target for Delivery	Qtr. 1 During Quarter 1, the Business Intelligence (BI) Strategy was presented to SLT with a request to align it to the NHS 10 Year Plan and 2526 Trust Strategy. It will return to SLT in Quarter 2 as a final document with a 1 year Plan. The Trust has reviewed the content of the BI Portal, validated data and made changes to make the reports more user friendly to increase clinical engagement, with a view to relaunch the Portal in Q2 to empower users and advance self-serve reporting. Development of high value dashboards is progressing. 1. Procedure coding - dashboard has been developed to support the move to new coding procedure on Lorenzo EPR system with training provided to staff to support the change. 2. Inpatient care - reviewed current reporting effort and arranged engagement session with ACUC senior team in July to agree specification of new inpatient dashboard aligned to new operational planning priorities and Trust requirements. 3. Community care planning - 5 dashboards in development with aim to have them finalised by end of Q1. Daily bed report has been updated in June and exploring high frequency reporting in support of the management of crisis services. Engagement with operational directorates commenced with professional support provided to ACUC data lead.	Qtr. 1 While the BI Strategy aims have been agreed and automation of operational performance reports is progressing, some challenges remain that impact delivery assurance. Funding constraints persist, limiting the Trust's ability to flow all system data through the data warehouse that would enable the development of powerful reports integrating activity, workforce and quality data. This would support Trust efforts to identify opportunities for efficiency and productivity. There are also ongoing gaps in operational data and informatics expertise, which present risks to BI implementation and utilisation. To mitigate these risks, there is a need for prioritisation of resources, and targeted investment to support delivery and realise the intended benefits of the BI Strategy and Data Warehouse, and to further support operational directorates to develop informatics expertise through the establishment of a network of clinical service data leads/ power users.	Qtr. 1 To address current delivery and assurance gaps within existing resource constraints, the opportunity to implement the BI Strategy aims is limited, and the focus is on further developing self serve reporting and automation to support efficiency and opportunities to deliver productivity improvements. The Trust is prioritising the delivery of high-impact, lower-resource initiatives to deliver national planning priorities, productivity improvements and supporting operational services with their delivery challenges. This involves enhancing engagement and support with operational directorates to maintain good data quality and high levels of performance. Wider networks are to be created of data lead/ power users to focus on current data quality issues and increase knowledge of reports that can be used for validation. This links with the BI strategy aims of engaging and empowering staff across the Trust. The Trust will continue to enhance collaboration with system partners to share tools, knowledge, and best practices, thereby maximising value without additional financial investment.
		On Target for Delivery	Qtr. 2 The Trust BI strategy was reviewed and redrafted to more closely align with the Trust strategy and the newly released NHS long term plan. The new strategy was approved by SLT in July 25. 1. The procedure dashboard is in use and the Digital team have been rolling out training to inform staff of the change in process. 2. An inpatient dashboard is in development in Power BI to replace an existing SSRS dashboard, to be shared at the ACUC directorate meeting in Q3. 3. An inpatient co produced care planning dashboard is in place, and a community care planning dashboard was released in Q2, which includes activity for LD, CYP and Specialist directorate. 4. A general Trust activity dashboard is in development, to be iterated internally within the Performance team before being discussed in key areas. Current version was demonstrated at the Qtr. 2 medical away day in September, and was well received. 5. Dashboards that reflect national priorities that support the Oversight Framework are in development, with a view to releasing for consumption in Qtr. 3.	Qtr. 2 Funding constraints persist, limiting the Trust's ability to flow all system data through the data warehouse that would enable the development of powerful reports integrating activity, workforce and quality data. The ongoing ORBIS migration/integration is a potential barrier to progress, with a final end state in terms of data recording still being unclear. The cost of Power BI licenses prohibited the widespread rollout of Power BI, and funding for trust wide licensing was still in discussion. In Qtr. 1, an agreement was made with MPFT to share Power BI licenses, to be underpinned with an MOU. This will remove a key barrier to moving towards PBI becoming the primary reporting tool for the Trust.	Qtr. 2 Issues emerging from the ORBIS migration are being addressed through the project governance process, and escalating through the Trust risk management process where appropriate. The project completion date has been pushed back to mid 2026, which has mitigated some concerns around the workload being placed upon the Performance team. Engagement with services is intended to surface reporting needs, which will shape the general activity dashboards, with a view to signposting staff to self service reports, reducing the burden on the Performance team.
		On Target for Delivery	Qtr. 3 Following approval by the Senior Leadership Team in Qtr. 2, the BI Strategy is now moving into operational delivery. Work is underway to develop a one-year implementation plan, with initial priorities centred on improving data accessibility and enabling self-service reporting. Efforts to resolve technical dependencies are ongoing. Although funding constraints remain, a Memorandum of Understanding with MPFT for Power BI licensing has been agreed, and preparatory steps for a Trust-wide rollout have commenced. Engagement with operational directorates continues to strengthen clinical involvement in BI development.	Qtr. 3 Progress during Qtr. 3 has continued to be constrained, with many of the challenges identified in previous quarters still impacting delivery. Funding limitations remain, preventing full integration of system data into the data warehouse. The ORBIS migration and integration continues to be a key dependency, with uncertainty around the final data recording structure delaying alignment of reporting. Although discussions on Trust-wide Power BI licensing have progressed, implementation is yet to be completed, meaning widespread adoption of Power BI as the primary reporting tool is still pending.	Qtr. 3 Challenges related to the Orbis migration are being managed through the programme, and the revised go-live date of summer 2026 provides additional time to resolve outstanding issues. This extension has helped to alleviate some of the initial concerns regarding capacity pressures on the Performance Team. Work is ongoing to strengthen engagement with services to better understand reporting requirements and inform the development of activity dashboards. In parallel, efforts are focused on expanding the rollout of self-service dashboards to reduce dependency on the Performance Team.

Mitigation Actions	Target Date	Quarterly Progress RAG Rating	What's Going Well	What are the Current Challenges/ Gaps In Assurance	Action Plan To Address Current Challenges/Gaps/Timeline
Action 3 To strengthen resilience against cyber threats, the Trust will implement an enhanced cybersecurity programme featuring advanced technologies to proactively detect and prevent attacks. This will be supported by staff training, phishing simulations, and improved business continuity and disaster recovery capabilities through upgraded backups and cloud-based recovery solutions.	31st March 2026	On Target for Delivery	Qtr.1 As part of the 2024/2025 Data Security and Protection Toolkit requirements, the Trust has strengthened its cybersecurity posture through the deployment of advanced monitoring and intrusion detection at the network edge via the S&SHIS Security Operations Centre, completed a successful phishing simulation and maintained regular cyber and data protection communications, and conducted a disaster recovery test while actively contributing to the Trust's EPRR group to ensure digital resilience is embedded in service continuity planning.	Qtr.1 The Trust continues to face several challenges in fully assuring cybersecurity and digital resilience posture. Key gaps include limited internal resource capacity to sustain and scale security operations, reliance on external support for key functions, and delayed progress in implementing some advanced security tools due to funding constraints. Compelling digital priorities and the need to balance operational pressures with ongoing cyber preparedness have further stretched available resources. Additionally, while progress has been made in awareness and training, ensuring consistent engagement and coverage across all staff groups remains a challenge.	Qtr. 1. Given the current funding challenges the opportunity to invest further in data protection and cyber security is limited and the focus needs to be on maintaining current services and looking for opportunities to deliver productivity improvements. To address current assurance gaps without requiring additional funding, the Trust will maximise the value of existing cybersecurity tools and contractual services, enhance cross-functional collaboration by leveraging internal resources and appointing local cyber champions to drive awareness and resilience, and embed cyber risk and digital continuity planning into established governance structures to strengthen oversight and assurance within existing operational arrangements.
		Risk to Delivery, Plan in Place	Qtr. 2 The Trust continues to strengthen its cybersecurity and digital resilience posture. The Digital Team remains actively engaged with the EPRR group, supporting the integration of cyber preparedness into emergency planning. A regional NHS Cyber Exercise is currently being scheduled, with participation from EPRR representatives to test response capabilities and enhance system-wide coordination. In parallel, the Staffordshire ICS Cyber Security Strategy has been published, providing a strategic framework for collaborative action across the system. The Trust's own Cyber Security Plan is now in its final stages of review and is being prepared for submission to the Data Protection Steering Group, ensuring alignment with national standards and local priorities.	Qtr. 2 The Trust continues to face challenges in fully assuring its cybersecurity posture, particularly in meeting the evolving requirements of the new Cyber Assurance Framework aligned with the Data Security and Protection Toolkit (DSPT). While collaborative work is ongoing with system partners through the Staffordshire and Shropshire Health Informatics Service (SSHIS) Security Operations Centre, significant internal effort is still required to address the expanded scope of the 2024/25 DSPT. Resource limitations persist, and the complexity of the new framework has placed additional pressure on internal teams, highlighting the need for strengthened capacity and clearer prioritisation. Although progress is being made, a substantial volume of work remains to ensure full compliance and to deliver against the Trust's DSPT action plan within the required timeframe.	Qtr. 2 Following the submission of the 2024/25 DSPT in June and the completion of the MIAA audit, the Trust has developed a targeted action plan which has supported the attainment of the "Approaching Standard" rating for the DSPT from NHS England. The plan addresses all key objectives outlined in the Cyber Assurance Framework and reflects a structured approach to strengthening compliance and resilience. However, delivery risks remain due to ongoing capacity constraints and limited access to specialist expertise. While the action plan provides a clear roadmap, successful implementation will depend on sustained internal engagement, prioritisation of critical tasks, and continued collaboration with SSHIS to leverage shared resources and technical support.
		Risk to Delivery, Plan in Place	Qtr. 3 The Trust continues to strengthen its cybersecurity and digital resilience in line with the 2024/2025 Data Security and Protection Toolkit requirements. Progress has been achieved on key elements of the toolkit supported by the deployment of advanced monitoring and intrusion detection at the network edge through the S&SHIS Security Operations Centre. Regular cyber and data protection communications have been maintained, complemented by a successful phishing simulation and disaster recovery test, which have reinforced organisational preparedness. Engagement with the EPRR group remains strong, ensuring that cyber resilience is fully embedded within emergency planning arrangements.	Qtr. 3 The Trust continues to face significant challenges in fully assuring its cybersecurity and digital resilience posture. The complexity and expanded scope of the 2024/25 Data Security and Protection Toolkit (DSPT) requirements have substantially increased the workload, with a large volume of information still required to achieve compliance. Limitations within some of the Trust's existing systems and processes are also impacting progress; these are being actively reviewed and addressed by the Information Governance team. In addition, competing digital priorities and operational pressures continue to constrain resource allocation, reinforcing the need for enhanced capacity, clearer prioritisation, and sustained engagement across all staff groups.	Qtr. 3 To address the ongoing challenges linked to the Data Security and Protection Toolkit (DSPT) and wider cyber assurance requirements, the Trust has redeployed significant senior Information Governance and cyber resources to focus on delivering the DSPT action plan. This targeted approach is intended to accelerate progress on priority actions and strengthen compliance. Despite this, capacity constraints and limited access to specialist expertise remain a concern. The Trust continues to optimise existing tools and support from system partners through SSHIS to maintain momentum. It is recognised, as advised by NHS England, that achieving full compliance is a multi-year objective, requiring sustained prioritisation, strong internal engagement, and phased implementation to meet national standards.

Evidence and Assurance for Mitigating Actions

Action Reference	Evidence to Provide Assurance (Narrative)	Level of Assurance	Frequency of Assurance	Qtr.1 Delivered	Qtr.2 Delivered	Qtr.3 Delivered	Qtr.4 Delivered
All Actions	Digital update to Finance and Resource Committee.	Level 2	Quarterly	Delivered	Delivered	Delivered	
Action 2	Data Quality Audit - Finance and Resource Committee	Level 3	Quarterly	24/25 Report Delivered.	Delivered	Delivered	
Action 3	Data Protection and Security Tool Kit Audit - Finance and Resource Committee	Level 3	Annually	24/25 Report Delivered.	Action Plan due Q3	Action Plan due Q3	

Trust and Operational Linked Risks with a Residual Score of 15+

Linked 15+ Trust Risks	Linked 15+ Operational Risks
Risk 2031 Finance & Resource Committee There is a risk that ORBIS will not meet the Trust's requirements within the timeframe set by NHS England, as it is not aligned with the Trust's clinical pathways or capable of meeting the functionality outlined in the Digital Capabilities Framework (DCF). As a consequence, the program may fail to deliver the expected benefits or meet NHS England's required standards, preventing the Trust from improving its current "Digital What Good Looks Like" position.	Risk 2159 Community There is a risk of harm to patients and or the public due to the community mental health teams not having the systems, processes and resources to effectively identify and respond to patients with a deteriorating mental state who are difficult to engage resulting in death or serious injury.

Thinking Points – Trust and Operational Risks with Residual Scores of 15+. Highlighting Potential Areas of Concern Affecting This BAF Risk

Risk Number and Committee/Directorate	Highlight Concern
Risk 2031 Finance & Resource Committee	There are several areas of concern in achieving the BAF objective. A key risk is that ORBIS may not fully align with the Trust's clinical pathways or deliver the functionality specified within the Digital Capabilities Framework. This misalignment could hinder the realisation of anticipated benefits and compromise compliance with NHS England standards, ultimately restricting progress towards digital maturity and achieving the "What Good Looks Like" benchmark.
Risk 2159 Community	The risk of community mental health teams not having the systems in place to identify and respond to patients with a deteriorating mental state who are difficult to engage resulting in death or serious injury is one of the challenges of the Trust not delivering the digital and data improvements required to support operational service requirements.

Appendix Page

RAG Rating Key

RAG Rating Criteria Key	Rating
Complete With Assurance	BLUE
On Target For Delivery	GREEN
Risk To Delivery, Plan In Place	AMBER
Not Deliverable By Target Date	RED

Scoring Matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Rating	1	2	3	4	5
Negligible/ Insignificant	1	1	2	3	4	5
Minor	2	2	4	6	8	10
Moderate	3	3	6	9	12	15
Major	4	4	8	12	16	20
Catastrophic	5	5	10	15	20	25

Assurance Level

KEY	
Level 1	Self Assurance
Level 2	Internal Oversight
Level 3	External/Independent

Internal Audit Assurances	External Assurances
Level 1 Heatmaps (part of Quality Assurance) Quality Walk Arounds ISM/CSM Self Assessments Team Level audits LEVEL 2 Quality Assurance Visits PIPS Board to Ward visits Corporate Performance Report/Dashboard Internal Performance Reportable Issues Alert Practice Improvement & Lessons Learnt Report Being Open Report (complaints) Comprehensive Safety Report Strategy Implemented Plan Realised Clinical Audit Performance Scrutiny	Level 3 Internal Audit (linked to annual plan) National Patient Satisfaction Surveys (F & F Test) Healthwatch Reports Independent Reviews (e.g. Ombudsman Reports) External Visits/Inspection Reports MHSD Submissions HSJ Awards CQC Inspections External Audit (e.g. Annual Governance Statement / Statement of Financial Control) NHS Benchmarking Club Quality Account INSIGHT NHSI Oversight AQUA NHS Operating Framework (NOF) - Provides externally generated report on the performance of the Trust against 18 Mental Health Metrics Accreditation National Audits CQUINS NHS Oversight Segmentation level Clinical Audit, CQUINS.

Enclosure No: 7

BOARD APPROVAL OF POLICIES

Report provided for:				Report to:	Public Trust Board
Approve	<input checked="" type="checkbox"/>	Alert	<input type="checkbox"/>		
Assure	<input type="checkbox"/>	Advise	<input type="checkbox"/>	Date of Meeting:	12 March 2026

Presented by:	Nicola Griffiths, Deputy Director of Governance
Prepared by:	Lisa Wilkinson, Corporate Governance Manager
Executive Lead:	Dr Buki Adeyemo, Chief Executive Officer

Aligned to Board Assurance Framework Risk:	Quality & Safety - There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand, increasing needs and a failure to evidence interventions with support recovery.
7 Levels of Assurance:	Level 6 - Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Approval / Review:	Execs
Strategic Priorities:	Growth - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce
Key Enablers:	Quality - We will provide the highest quality, safe and effective services
Sustainability:	Share learning and best practice
Resource Implications:	No
Diversity & Inclusion Implications:	This paper has neither a positive or negative impact on EDI.
ICS Alignment / Implications:	N/A
Recommendation / Required Action:	Trust Board are asked to approve the approach suggested policies for Board approval.

Executive Summary:

NHS England and NHS Providers recommend Boards retain approval for:

- Governance documents (Standing Orders, SFIs, Scheme of Delegation).
- Policies with legal, financial, or reputational risk.
- Policies required by regulators (CQC, NHS England)

The NHS Code of Governance suggests that Boards must formally approve policies that underpin governance, statutory compliance and organisational integrity. These include:

- **Standing Orders, Standing Financial Instructions, and Scheme of Delegation.** These define decision-making authority, financial controls, and governance structure.
- **Standards of Business Conduct & Anti-Bribery.** Policies ensuring compliance with the Bribery Act 2010 and Nolan Principles.
- **Fit and Proper Persons Test (FPPT) Policy.** Required under CQC Regulation 5, covering Board member suitability checks.
- **Freedom of Information & Information Governance.** FOI Act and Data Protection compliance policies, including Records Management.
- **Health & Safety Policy.** Annual review and Board sign-off to meet statutory obligations.
- **Safeguarding Adults & Children Policy.** Required under Health and Social Care Act 2008 and CQC standards.
- **Emergency Preparedness, Resilience & Response (EPRR) Policy.** Board assurance against NHS England Core Standards.
- **Risk Management & Board Assurance Framework.** The BAF and associated risk policies must be approved and monitored by the Board.

Other Policies Often Ratified by Boards

- Standing Orders for Committees and Terms of Reference for Board Committees.
- Whistleblowing / Freedom to Speak Up Policy.
- Equality, Diversity & Inclusion Policy (linked to Public Sector Equality Duty).
- Clinical Governance Framework (assurance on quality and safety).

Currently NSCHT Board approves;

- Local Counter Fraud and Anti-Bribery Policy
- Standards of Business Conduct Policy
- Scheme of Delegation
- Listening and Responding PALS and Complaints Policy
- Risk Management Policy

- Emergency Preparedness, Resilience & Response (EPRR) Policy

Recommendation.

Suggested policies for Board approval:

Our proposed list aligns well with NHS governance expectations and focuses on the highest-risk, statutory areas.

- **Health and Safety Policy**
- **EPRR Policy**
- **Scheme of Delegation.**
- **Standing Orders**
- **Standing Financial Instructions**

This set covers the key governance and statutory obligations without overloading the Board with operational detail.

VERSION CONTROL:

Version	Report to	Date Reported
V1	Execs	22.12.25

Improving Quality and Performance Report (IQPR) M10 2025/26

Report provided for:				Report to:	Public Trust Board
Approve	<input type="checkbox"/>	Alert	<input type="checkbox"/>	Date of Meeting:	12 March 2026
Assure	<input checked="" type="checkbox"/>	Advise	<input type="checkbox"/>		
Information	<input type="checkbox"/>				

Presented by:	Lisa Dodds, Deputy Chief Finance Officer
Prepared by:	Victoria Boswell, Associate Director of Performance
Executive Lead:	Eric Gardiner, Chief Finance Officer

Aligned to Board Assurance Framework Risk:	Performance - There is a risk of non-delivery of our financial plans and/or an impact on service quality due to the level of transformation required.
7 Levels of Assurance:	Level 6 - Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Approval / Review:	Execs
Strategic Priorities:	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
Key Enablers:	Quality - We will provide the highest quality, safe and effective services
Sustainability:	Share learning and best practice
Resource Implications:	No
Diversity & Inclusion Implications:	This paper supports wider EDI impacts in a positive matter.
ICS Alignment / Implications:	The IQPR Board report is provided to the ICB as part of our contractual reporting requirements in 2025/26 and includes performance against national priorities in advance of the national publication through MHSDS.
Recommendation / Required Action:	Trust Board is asked to note the contents of the report.

Executive Summary:

This report includes key highlights and exceptions and long-term plan and national mental health priorities against operational planning forecasts.

There are two special cause variations (orange variation flags) – signifying concern.

- Sickness Absence
- Appraisal

There are seven special cause variations (blue variation flags) – signifying improvement.

- Referral to Treatment within 18 weeks
- CAMHS compliance within 18 week waits (Referral to Treatment)
- Care Plan Compliance
- Risk Assessment Compliance
- Vacancy Rate
- Staff Turnover
- Statutory and Mandatory Training

Highlights

- Referral to Assessment within 4 weeks remains above standard at 95.8% during M10.
- Referral to Treatment within 18 weeks has been sustained at 96.8% during M10. This performance is the highest since April 2023.
- CAMHS compliance within 18 week waits (Referral to Treatment) has increased to 94.9% in M10 from 93.8% in M09.
- MH Liaison services continue to perform well, with all response times exceeding the 95% standard during M10.
- Early Intervention Referral to Treatment within 2-week waits has improved to 100% compared to 84.6% in M09.
- 98% of patients received a follow up within 48 hours of discharge.
- 100% of patients received a follow up within 7 days of discharge.
- Talking Therapies for Anxiety and Depression has achieved the required standards for both reliable recovery and reliable improvement at 49.6% and 72.8% respectively during M10.
- Care Plan compliance achieved 96.2% and Risk Assessment compliance remains stable at 96.5% during M10.
- The average length of stay for adults is 32.5 days and for older adults 55.3 days in M10, both remaining well within the respective national average position.
- Emergency readmission rates within 30 days have sustained 0.9% performance during M10.
- There were no complaints exceeding the 40-day response target.
- Friends and Family Test recommended score is 89% in M10, above standard.
- Vacancy rates have improved to 2.9% in M10 compared to 3.3% in M09.

- Staff turnover has achieved standard at 7.4% during M10.
- Statutory and Mandatory Training M10 performance has remained the same as in M09 at 91%.
- DQMI performance is 98.5% in the latest published national data (October 2025), indicating sustained data quality assurance. This places the Trust as joint 2nd for NHS Trusts that submit the MHSDS as part of their DQMI.

Exceptions

- CAMHS RTA compliance within 4-weeks has achieved 94.8% during M10, with performance remaining close to standard.
- Sickness Absence is exceeding the <4.95% threshold at 6.08% during M10.
- Clinical Supervision has achieved 84% during M10, an improvement on 74% during M09.
- Appraisal compliance continues to decline to 82% during M10.

Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts M10 2025/26

M10 performance against the forecasts submitted to the ICB and NHSE for 2025/26. To note:

- **Out of Area Placements** - there were 19 reportable out of area placements at the end of M10, 15 due to the availability of adult acute beds and 4 PICU beds. Additionally, there were 3 local non-NHS bed placements, no longer included in national reporting.
- **Inpatient Stays**– this is a 3-month rolling measure of adult acute, older adult acute and psychiatric intensive care unit (PICU) occupied bed days (OBDs), discharges, and LoS. The average LoS for this metric has not met standard in M09 achieving 48 against the plan of 39.
- **Perinatal Access** – The perinatal access metric has met standard in M10, achieving 822 against the plan of 608.
- **CYP in contact** – This metric has met standard in M10 achieving 9,286 against the plan of 7,955.
- **Individual Placement Support (IPS) Access** – The Integrated Care Board (ICB) performance plan has been revised in M10 2025/26 to agree with the IPS fair share values. This metric has not met the revised standard achieving 851 against the plan of 873 but has been steadily improving.

The report is provided to the Quality Committee and the People, Culture and Development Committee in addition to the Finance & Resource Committee.

VERSION CONTROL:

Version	Report to	Date Reported
V1	Finance & Resource Committee	26.02.26
V1	Public Trust Board	05/03/26



DRAFT Improving Quality and Performance Report (IQPR)

Trust Report

Reporting Period: M10 (January 2026)



Contents

Core Indicators-Monthly and Balanced Scorecard
Operational Planning Forecasts and Performance
Core Indicators-13-month trend
Performance Improvement Plans (PIPs)
Core Indicators – SPC Trend

Using Statistical Process Control (SPC)

An SPC chart is a time series with three reference lines, the mean, upper and lower control limits. The limits help to understand variability of the data. We use them to distinguish between natural variation (common cause) in performance and unusual patterns (special cause) in data which are unlikely to have occurred due to change and may require further analysis. They can provide assurance on whether a target will reliably be achieved or whether the process is incapable of meeting the required standard without a change.

Variation Icons



Assurance Icons



There are two special cause variation (orange variation flags) – signifying concern.

1. **Sickness Absence**
2. **Appraisal**

There are seven special cause variations (blue variation flags) – signifying improvement.

1. **Referral to Treatment within 18 weeks**
2. **CAMHS compliance within 18 week waits (Referral to Treatment)**
3. **Care Plan Compliance**
4. **Risk Assessment Compliance**
5. **Vacancy Rate**
6. **Staff Turnover**
7. **Statutory and Mandatory Training**

There are five metrics with Performance Improvement Plans (PIPs) in place for:

1. **Referral to Assessment within 4 weeks – Community and Specialist Services directorates**
2. **Sickness Absence – Acute and Urgent Care, Primary Care and Specialist Services directorates**
3. **Clinical Supervision – Acute and Urgent Care directorate (paused until further notice)**
4. **Care Plan Compliance – Specialist directorate**
5. **Out of Area Placements – Acute and Urgent Care and Community directorates**

Key Performance Indicator Glossary

The KPI Glossary contains all current IQPR metrics to enable clear visibility of the measure definition, indicator calculation formulae, standard/ target and tolerance, and inclusions and exclusions for all metrics.

Contact performanceinformationteam@combined.nhs.uk to request a copy.

Balanced Scorecard

Access & Waiting Times			
	Metric	Standard	Performance
RAG Rated Standards	11 met, 1 unmet		
Highlights	Referral to Assessment within 4 weeks	95.0%	95.8%
	Referral to Treatment within 18 weeks	92.0%	96.8%
	CAMHS Compliance within 18 week waits (Referral to Treatment)	92.0%	94.9%
	MH Liaison 1 Hour Response (Emergency)	95.0%	95.9%
	MH Liaison 4 Hour Response (Urgent)	95.0%	95.3%
	MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	95.0%	96.9%
	Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	60.0%	100.0%
	48 Hour Follow Up	95.0%	98.0%
	7 Day Follow Up (All Patients)	95.0%	100.0%
	Talking Therapies for Anxiety and Depression: Reliable Recovery	48.0%	49.6%
Talking Therapies for Anxiety and Depression: Reliable Improvement	67.0%	72.8%	
Exceptions	CAMHS Compliance within 4 week waits (Referral to Assessment)	95.0%	94.8%

Community & Quality			
	Metric	Standard	Performance
RAG Rated Standards	2 met, 0 unmet		
Highlights	Care Plan Compliance	95.0%	96.2%
	Risk Assessment Compliance	95.0%	96.5%

Performance Improvement Plans (PIPs)			
Directorate	Metric	Standard	Performance
Specialist Services	Referral to Assessment within 4 weeks	95.0%	82.8%
	Sickness Absence (in-month)	<4.95%	6.65%
	Care Plan Compliance	95.0%	94.1%
Primary Care	Sickness Absence (in-month)	<4.95%	6.19%

Inpatient & Quality			
	Metric	Standard	Performance
RAG Rated Standards	3 met, 0 unmet		
Highlights	Average Length of Stay - Adult	40	32.5
	Average Length of Stay - Older Adult	90	55.3
	Emergency Readmissions rate (30 days)	<7.5%	0.9%

Organisational Health & Workforce			
	Metric	Standard	Performance
SPC Variations signifying concern	Sickness Absence	<4.95%	6.08%
	Appraisal	85.0%	82.0%
RAG Rated Standards	4 met, 3 unmet		
Highlights	Complaints Open Beyond Agreed Timescale	0	0
	Friends and Family Test - Recommended	80.0%	89.0%
	Vacancy Rate	<10%	2.9%
	Staff Turnover	<10%	7.4%
	Statutory & Mandatory Training	85.0%	91.0%
Exceptions	Sickness Absence	<4.95%	6.08%
	Clinical Supervision	85.0%	84.0%
	Appraisal	85.0%	82.0%

Performance Improvement Plans (PIPs)			
Directorate	Metric	Standard	Performance
ACUD	Sickness Absence (in-month)	<4.95%	8.24%
	Clinical Supervision	85.0%	80.0%
Community	Referral to Assessment within 4 weeks-CYP	95.0%	93.7%
	Referral to Assessment within 4 weeks-Adult	95.0%	93.9%
ACUD and Community	Number of inappropriate OOAs during month	2	20
	Number of inappropriate OOAs at EOM (national measure)	2	19

Core Indicators-Monthly

	Indicator	Target	Nov-25	Dec-25	Jan-26	Assurance	Variation
Access & Wait Times	Referral to Assessment within 4 weeks	95.0%	95.8%	95.7%	95.8%		
	Referral to Treatment within 18 weeks	92.0%	94.8%	97.1%	96.8%		
	CAMHS Compliance within 4 week waits (Referral to Assessment)	95.0%	96.1%	93.6%	94.8%		
	CAMHS Compliance within 18 week waits (Referral to Treatment)	92.0%	90.5%	93.8%	94.9%		
	MH Liaison 1 Hour Response (Emergency)	95.0%	89.3%	95.4%	95.9%		
	MH Liaison 4 Hour Response (Urgent)	95.0%	95.3%	95.2%	95.3%		
	MH Liaison 24 Hour Response (Urgent from General Hospital)	95.0%	99.6%	97.2%	96.9%		
	CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week	95.0%	N/A	100.0%	N/A		
	CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks	95.0%	N/A	98.0%	N/A		
	Early Intervention - A Maximum of 2 Week Waits for Referral to	60.0%	100.0%	84.6%	100.0%		
	48 Hour Follow Up	95.0%	93.0%	93.5%	98.0%		
	7 Day Follow Up (All Patients)	95.0%	97.7%	97.8%	100.0%		
	Talking Therapies for Anxiety and Depression: Reliable Recovery	48.0%	50.2%	50.2%	49.6%		
	Talking Therapies for Anxiety and Depression: Reliable	67.0%	72.4%	72.7%	72.8%		

Inpatient & Quality	Indicator	Target	Nov-25	Dec-25	Jan-26	Assurance	Variation
	Average Length of Stay - Adult	40	45.0	43.7	32.5		
	Adult Acute LoS-Over 60 days as a % of all discharges	No Target	17.6%	21.4%	16.1%		
	Average Length of Stay - Older Adult	90	58.5	60.1	55.3		
	Older Adult Acute LoS-Over 90 days as a % of all discharges	No Target	20.8%	26.7%	20.0%		
	Emergency Readmissions rate (30 days)	<7.5%	2.7%	0.9%	0.9%		
	Clinically Ready for Discharge (CRFD)	No Target	22.3%	21.3%	19.4%		

Community & Quality	Indicator	Target	Nov-25	Dec-25	Jan-26	Assurance	Variation
	Care Plan Compliance	95.0%	96.2%	96.1%	96.2%		
Risk Assessment Compliance	95.0%	96.3%	96.3%	96.5%			

Organisational Health	Indicator	Target	Nov-25	Dec-25	Jan-26	Assurance	Variation
	Complaints Open Beyond Agreed Timescale	0	0	0	0		
	Friends and Family Test - Recommended	80.0%	88.0%	81.0%	89.0%		
	Safe Staffing	95%-105%	106.1%	107.1%	109.6%		
	Vacancy Rate	<10%	3.0%	3.3%	2.9%		
	Staff Turnover	<10%	7.3%	7.4%	7.4%		
	Sickness Absence	<4.95%	6.11%	6.14%	6.08%		
	Clinical Supervision	85.0%	82.0%	74.0%	84.0%		
	Appraisal	85.0%	83.0%	83.0%	82.0%		
	Statutory & Mandatory Training	85.0%	90.0%	91.0%	91.0%		

Long Term Plan and National Mental Health Priorities: Operational Planning Forecasts 2025/26 (1 of 2)

Out of Area Placements		Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Active inappropriate adult acute mental health out of areas placements (OAPs)	End of RP	Plan	2	2	2	2	2	2	2	2	2	2	2	2	2
			Actual	15	11	19	11	19	9	7	17	17	21	19		
			Variance	-13	-9	-17	-9	-17	-7	-5	-15	-15	-19	-17		
			Kidsgrove Placements				5	3	3	10	7	2	11	3		

Inpatient Stays (people aged 18 and over from adult acute, older adult acute and PICU beds)		Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
2	Total bed days for discharges in the RP	3-month rolling	Plan	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	7,995	
			Actual	8,413	8,407	8,338	9,483	9,693	9,263	8,019	6,967	7,646	7,967	8,350				
			Variance	-418	-412	-343	-1,488	-1,698	-1,268	-24	1,028	349	28	-355				
			Nationally Published	8,423	8,405	8,340	9,505	9,695	9,265	8,020	6,965	7,645	7,965					
	Number of discharges in the RP		Plan	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205
			Actual	180	202	188	181	171	182	186	178	175	167	172				
			Variance	25	3	17	24	34	23	19	27	30	38	33				
			Nationally Published	181	200	190	180	170	180	185	180	175	165					
	Mean Length of stay for discharges in the RP		Plan	39	39	39	39	39	39	39	39	39	39	39	39	39	39	39
			Actual	47	42	44	53	57	51	43	39	44	48	49				
			Variance	-8	-3	-5	-14	-18	-12	-4	0	-5	-9	-10				
			Nationally Published	47	42	44	53	57	51	43	39	44	48					

*Out of Area Placements had been revised in M08 and retrospectively for 2025/26 to exclude placements to Cygnet Kidsgrove

Long Term Plan and National Mental Health Priorities: Operational Planning Forecasts 2025/26 (2 of 2)

Perinatal access		Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
1	Number of people accessing specialist community PMH and MMHS services in the RP	12-month rolling	Plan	608	608	608	608	608	608	608	608	608	608	608	608	608	608	
			Actual	760	682	701	722	746	747	770	803	812	795	822				
			Variance	152	74	93	114	138	139	162	195	204	187	214				
			Nationally Published	732	660	680	700	725	725	745	775	780	795					

CYP Access		Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
2	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	12-month rolling	Plan	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	7,955	
			Actual	8,861	8,515	8,489	8,605	8,706	8,713	8,897	9,073	9,163	9,164	9,286				
			Variance	906	560	534	650	751	758	942	1,118	1,208	1,209	1,331				
			Nationally Published	8,827	8,520	8,505	8,620	8,715	8,725	8,910	9,090	9,175	9,180					

Individual Placement Support Access		Plan Basis	Measure	Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
3	Number of referrals that accessed Individual Placement Support (IPS) in the reporting period	12-month rolling	ICB Original Plan	913	820	827	846	865	883	902	921	940	958	977	996	1,015		
			ICB Revised Plan	859	826	832	838	844	850	856	861	867	873	879	885	891		
			ICB Actual	801	784	776	782	750	773	800	811	832	853	851				
			Variance	-51	-42	-56	-56	-94	-77	-56	-50	-35	-20	-28				
			NSCHT Actual	380	389	388	382	364	365	377	372	380	395	392				
			MPFT Actual	421	395	388	400	386	408	423	439	452	458	459				
			ICB Nationally Published	803	785	780	790	760	780	815	820	835	860					
			NSCHT Nationally Published	379	390	390	380	365	365	375	370	380	395					

*Nationally published performance has been included where applicable.

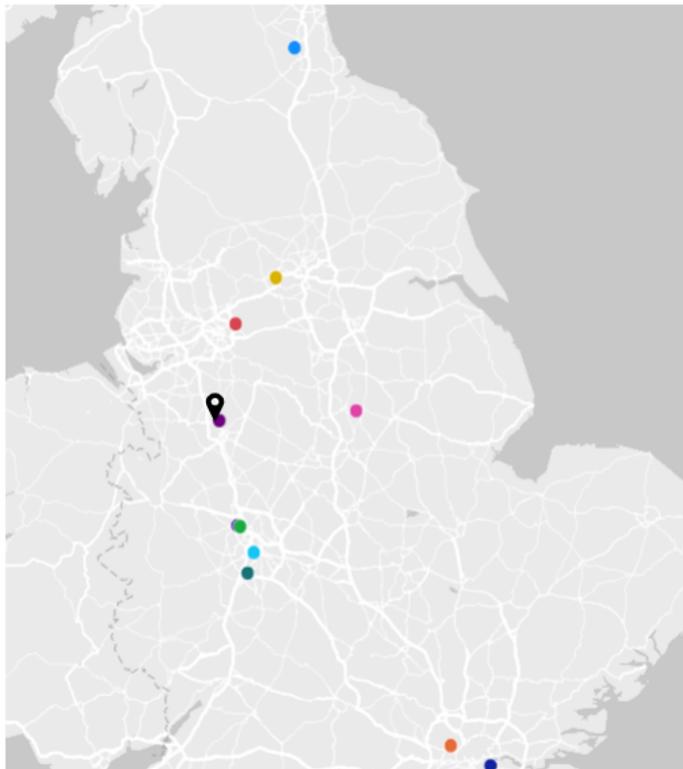
Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts 2025/26 (1 of 3)

- **Out of Area Placements (OOA)** – There were 19 reportable out of area placements at the end of M10 - 15 due to the availability of adult acute beds and 4 PICU beds. Additionally, there were 3 local non-NHS bed placements, no longer included in national reporting.

This reflects the pressure across the system and on the acute and urgent care directorate (ACUD). There is a low number of adult acute beds at the present time due to Project Chrysalis (94 beds). The current bed stock is the lowest since September 2020. There is added pressure due to the number of patients that are clinically ready for discharge (CRFD) but remain within our inpatient services. In M10 19.4% of occupied bed days (OBDs) relate to patients that are CRFD. The wards are operating to capacity, and the home treatment team has increased activity, caseload, and level of risk to avoid admissions.

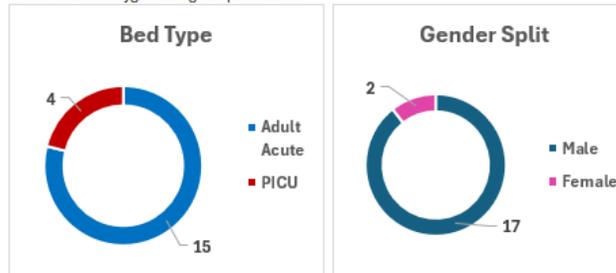
An OOA PIP was initiated in M04 for ACUD and Community Directorates.

- An OOA standing operating procedure (SOP) provides assurance regarding roles and responsibilities regarding the input and oversight that staff on the wards are providing to patients in OOA beds. ACUC staff attend weekly ward rounds for each OOA patient. In addition, the discharge pathway team remain in frequent contact with the placements throughout the week. Where community teams are involved, they too engage in the patients journey whilst OOA. The Trust only places patients in hospitals with care quality commission (CQC) rating good/outstanding and ensure the minimum distance from home.



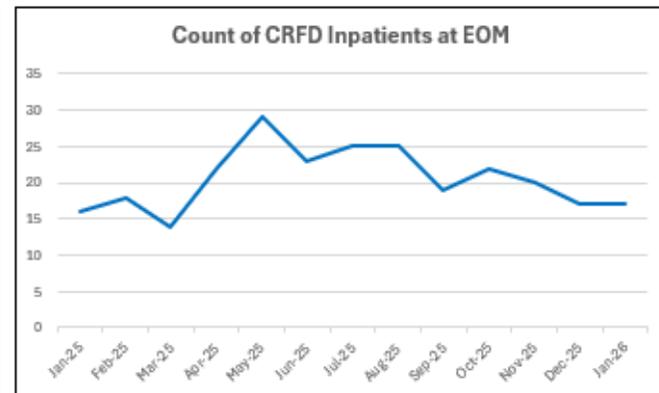
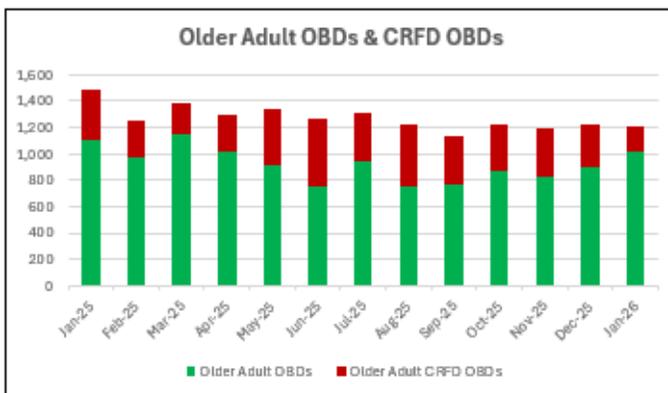
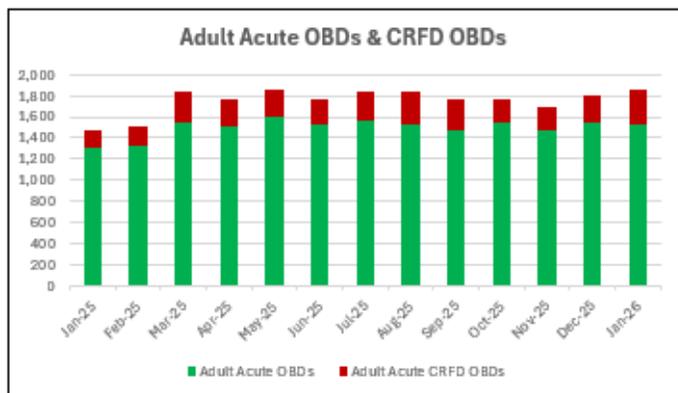
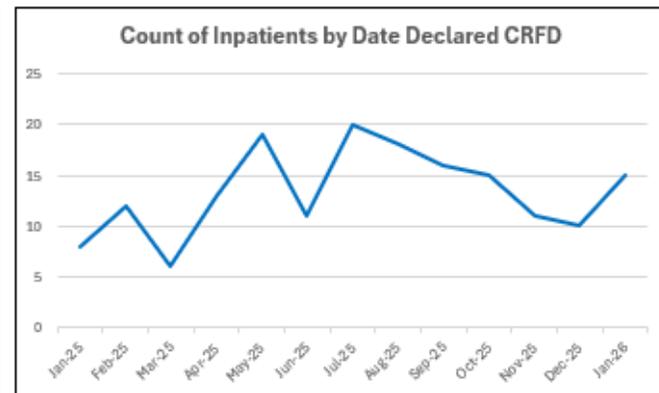
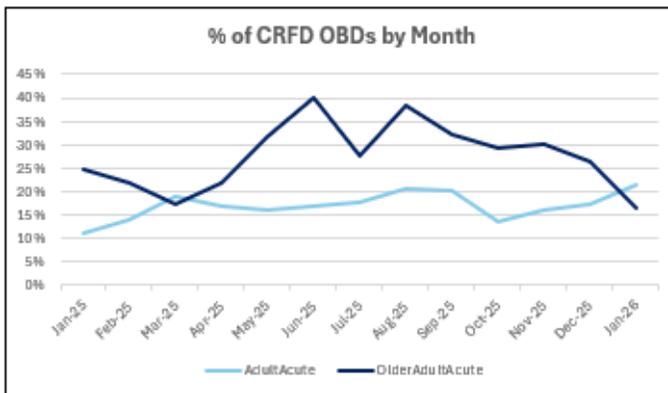
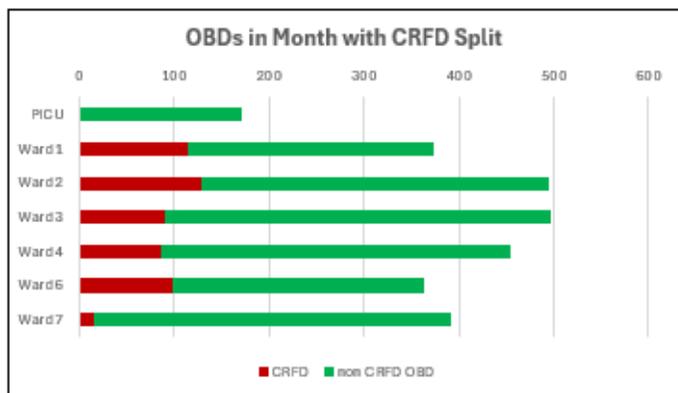
Key	Name of Hospital	Distance from Harlands (mi)	No. of Placements
●	Cygnnet Hospital Appletree	178	1
●	Cygnnet Hospital Blackheath	181	1
●	Cygnnet Hospital Harrow	156	1
●	Priory Woodbourne	42	6
●	Cygnnet Hospital Sherwood	61	3
●	Cygnnet Hospital Wolverhampton	33	1
●	Cygnnet Hospital Wyke	83	1
●	Cygnnet Kenney House	55	1
●	Priory Hospital Barnt Green	52	3
●	Priory Lakeside View	33	1
●	Cygnnet Hospital Kidsgrove	2	3
📍	Harlands Hospital		*Total: 19

*Total excludes Cygnnet Kidsgrove placements



Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts 2025/26 – Supporting Information: Clinically Ready for Discharge (CRFD)

One of the largest contributing factors to average length of stay (LoS), that is often out of our control, is patients who are clinically ready for discharge (CRFD). Stoke-on-Trent City Council have been collaborating with us to reduce the high number of Stoke CRFDs. This is a positive development; however, there remain market pressures due to the lack of availability of residential and nursing home placements in Stoke and access to funding to support care packages in the community and this has been escalated to the ICB.



Long Term Plan and National Mental Health Priorities: Performance against Operational Planning Forecasts 2025/26 (2 of 2)

- **Inpatient Stays** – added to the national operational priorities in financial year 2025/26 with the target of improving patient flow through mental health crisis and acute pathways, reducing average length of stay (LoS) in adult acute beds. This is a 3-month rolling measure of adult acute, older adult acute and psychiatric intensive care unit (PICU) occupied bed days (OBDs), discharges, and LoS. The average LoS for this metric has not met standard in M10 achieving 49 against the plan of 39.
- **Perinatal Access** – The perinatal access metric has met standard in M10, achieving 822 against the plan of 608.
- **CYP in contact** – This metric has met standard in M10 achieving 9,286 against the plan of 7,955.
- **Individual Placement Support (IPS) Access** – The Integrated Care Board (ICB) performance plan has been revised in M10 2025/26 to agree with the IPS fair share values. This metric has not met the revised standard achieving 851 against the plan of 873 but has been steadily improving. As performance is under plan, operational management reports have been created by the Performance team in NSCHT and MPFT to help drive improvement in activity. However, there are workforce issues and NHSE and the ICB are aware that the team is unlikely to meet this year's plan with the existing workforce available and prescribed caseload sizes.

Core Indicators – 13 Month Trend (1 of 2)

Name	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Referral to Assessment within 4 weeks	95.0%	90.0%	91.7%	93.1%	94.2%	94.7%	93.5%	93.3%	92.4%	94.5%	95.1%	95.8%	95.7%	95.8%
Referral to Treatment within 18 weeks	92.0%	95.4%	95.4%	95.6%	95.9%	96.1%	95.4%	95.9%	96.1%	96.3%	96.0%	94.8%	97.1%	96.8%
CAMHS Compliance within 4 week waits (Referral to Assessment)	95.0%	67.3%	76.2%	85.7%	91.1%	90.9%	92.0%	91.1%	78.2%	90.1%	93.3%	96.1%	93.6%	94.8%
CAMHS Compliance within 18 week waits (Referral to Treatment)	92.0%	90.9%	90.8%	86.6%	87.6%	91.8%	85.9%	92.8%	88.6%	94.0%	93.9%	90.5%	93.8%	94.9%
MH Liaison 1 Hour Response (Emergency)	95.0%	86.2%	92.3%	90.0%	95.7%	95.7%	95.0%	95.3%	95.8%	95.0%	97.2%	89.3%	95.4%	95.9%
MH Liaison 4 Hour Response (Urgent)	95.0%	96.1%	99.0%	94.0%	95.4%	97.6%	93.8%	96.0%	95.5%	97.6%	97.6%	95.3%	95.2%	95.3%
MH Liaison 24 Hour Response (Urgent from General Hospital Ward)	95.0%	98.1%	99.4%	98.2%	95.2%	95.9%	96.0%	96.4%	96.5%	96.2%	96.5%	99.6%	97.2%	96.9%
CYP: Eating Disorders - Referral to Assessment (Urgent) 1 Week	95.0%	N/A	N/A	72.7%	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A	N/A	100.0%	N/A
CYP: Eating Disorders - Referral to Assessment (Routine) 4 Weeks	95.0%	N/A	N/A	100.0%	N/A	N/A	97.3%	N/A	N/A	100.0%	N/A	N/A	98.0%	N/A
Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment	60.0%	91.0%	100.0%	92.0%	100.0%	100.0%	95.0%	94.7%	75.0%	90.9%	100.0%	100.0%	84.6%	100.0%
48 Hour Follow Up	95.0%	98.1%	94.0%	98.1%	90.9%	95.6%	96.4%	100.0%	100.0%	100.0%	97.8%	93.0%	93.5%	98.0%
7 Day Follow Up (All Patients)	95.0%	100.0%	98.1%	100.0%	94.5%	100.0%	96.4%	100.0%	100.0%	100.0%	97.8%	97.7%	97.8%	100.0%
Emergency Readmissions rate (30 days)	<7.5%	3.6%	5.0%	3.5%	3.5%	1.6%	2.6%	3.9%	0.8%	2.3%	1.6%	2.7%	0.9%	0.9%
Care Plan Compliance	95.0%	95.4%	94.9%	94.6%	94.6%	94.5%	95.0%	95.0%	95.6%	95.6%	95.7%	96.2%	96.1%	96.2%
Risk Assessment Compliance	95.0%	94.7%	94.4%	95.3%	95.2%	95.8%	96.0%	95.7%	96.2%	96.4%	96.6%	96.3%	96.3%	96.5%
Complaints Open Beyond Agreed Timescale	0	1	5	4	3	2	5	1	1	0	0	0	0	0
Friends and Family Test - Recommended	80.0%	85.0%	78.0%	100.0%	57.0%	72.0%	81.5%	86.4%	82.5%	87.6%	76.0%	88.0%	81.0%	89.0%
Safe Staffing	95%-105%	107.5%	101.2%	107.8%	106.7%	107.3%	107.4%	103.9%	103.8%	102.8%	102.5%	106.1%	107.1%	109.6%

Core Indicators – 13 Month Trend (2 of 2)

Name	Target	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Talking Therapies for Anxiety and Depression: Reliable Recovery	48.0%	48.2%	47.9%	51.6%	50.5%	50.2%	51.6%	53.7%	51.9%	49.4%	50.1%	50.2%	50.2%	49.6%
Talking Therapies for Anxiety and Depression: Reliable Improvement	67.0%	70.5%	70.1%	73.2%	74.1%	70.1%	73.9%	77.4%	73.2%	70.5%	72.6%	72.4%	72.7%	72.8%
Average Length of Stay - Adult	40	42.4	23.9	27.5	40.9	34.0	62.3	49.3	26.6	37.0	34.7	45.0	43.7	32.5
Adult Acute LoS-Over 60 days as a % of all discharges	No Target	19.0%	16.0%	14.0%	20.0%	20.7%	16.7%	22.2%	12.8%	23.7%	12.5%	17.6%	21.4%	16.1%
Average Length of Stay - Older Adult	90	56.6	73.0	58.9	41.2	80.9	70.2	55.7	55.3	46.4	47.2	58.5	60.1	55.3
Older Adult Acute LoS-Over 90 days as a % of all discharges	No Target	8.0%	40.0%	17.0%	10.0%	38.1%	21.1%	30.4%	18.2%	14.3%	15.8%	20.8%	26.7%	20.0%
Clinically Ready for Discharge (CRFD)	No Target	18.0%	17.8%	18.3%	19.2%	23.3%	27.2%	22.2%	28.5%	25.5%	20.6%	22.3%	21.3%	19.4%
Vacancy Rate	<10%	8.1%	8.1%	7.5%	8.3%	8.3%	8.2%	8.0%	7.6%	5.1%	3.3%	3.0%	3.3%	2.9%
Staff Turnover	<10%	9.5%	9.2%	9.5%	9.8%	9.7%	8.9%	8.9%	8.5%	8.1%	7.3%	7.3%	7.4%	7.4%
Sickness Absence	<4.95%	6.21%	6.32%	6.39%	6.39%	6.35%	6.33%	6.27%	6.25%	6.20%	6.11%	6.11%	6.14%	6.08%
Clinical Supervision	85.0%	85.0%	82.0%	79.0%	81.0%	83.0%	80.0%	79.0%	81.0%	81.0%	86.0%	82.0%	74.0%	84.0%
Appraisal	85.0%	85.0%	85.0%	86.0%	85.0%	84.0%	83.0%	81.0%	84.0%	78.0%	79.0%	83.0%	83.0%	82.0%
Statutory & Mandatory Training	85.0%	89.0%	89.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%	91.0%	90.0%	91.0%	91.0%
DQMI	95.0%	98.3%	98.3%	98.4%	98.6%	98.4%	98.5%	98.4%	98.5%	98.6%	98.5%	N/A	N/A	N/A

In M10 there are 32 metrics monitored; 21 have achieved the required standard and 4 have not achieved the required standard. 3 metrics have no target and are being monitored. 1 metric is being monitored. 2 metrics reported quarterly. 1 metric is provided by NHS England with the current month not yet published.

Performance Improvement Plans (PIPs)

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

The PIPs are monitored monthly through performance review meetings until the standard has been achieved for three consecutive months or otherwise agreed. This will ensure that the actions outlined by the associate directors are embedded and performance levels are sustained.

PIPs currently in place:

Metric	Directorate	Status
Referral to Assessment within 4 weeks	Specialist Services	<p>The Specialist Directorate voluntarily implemented a PIP in M06 (2024/25) for 4-week referral to assessment as performance has been below the required standard since April 2024. The original aim was for the standard to be achieved by August 2025 this has been extended to January 2026 and is currently November 2026.</p> <p>Trajectory adjustments were set in M06 (Sept-Jan 2024/25). Reset in M11 (Feb-Jun 2025/26). Reset in M04 (Aug-Jan 2025/26). Reset in M10 (Jan-Nov 2026/27).</p> <p>Performance is 82.8% during M10 which is not meeting the required standard.</p> <p>Updated actions and trajectories have been provided in M10.</p>
	Community-CYP	<p>A PIP was requested in M01 (2024/25). The original aim was for the standard to be achieved in March 2026 this has been revised to September 2025 and is currently April 2026.</p> <p>CYP performance is 93.7% during M10 which is exceeding the trajectory but has not met the required standard.</p> <p>Trajectory adjustments: Set in M01 (Apr-Apr 2024/25). Reset in M02 (May-Sep 2025/26). Reset in M04 2025/26 figures changed from 95% to 85%). Reset in M05 (Aug-Apr 2026).</p> <p>Updated actions have been provided in M10.</p>
	Community-Adult	<p>A PIP was requested in M01 (2024/25). The original aim was for the standard to be met by May 2025 this was revised to August 2025 and currently January 2026.</p> <p>Adult performance is 93.9% during M10 which is not meeting the trajectory or required standard.</p> <p>Trajectory adjustments: Set M10 2024/25 (May-Aug 2025). Reset in M06 (Sep-Jan 2025/26).</p> <p>Updated actions have been provided in M10.</p>

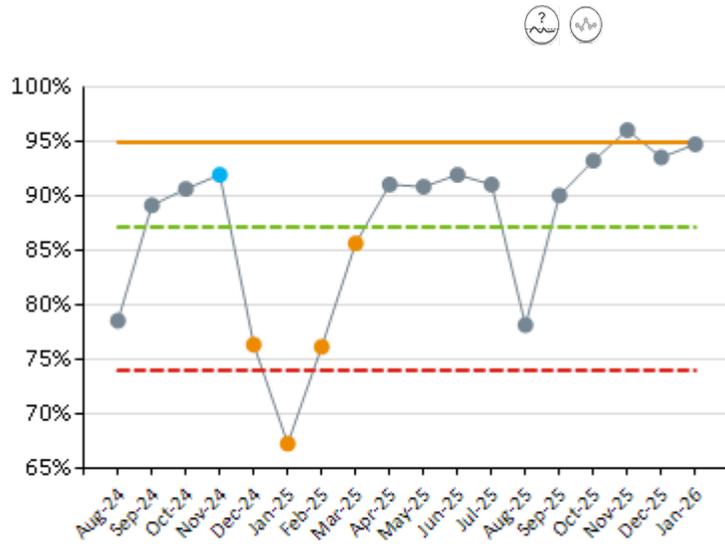
Metric	Directorate	Status
Sickness Absence (In-month)	Acute & Urgent Care	<p>A PIP was requested in M05 (2024/25), and actions were provided in M07. The trajectories were set in November 2024 and revised in January and March 2025 to return the sickness absence rate to the 4-year average position of 6.9% by end of March 2026, which exceeds the <4.95% required standard.</p> <p>Provisional sickness absence 12-month rolling period during M10 is 7.66% and 8.24% in-month. The in-month trajectory of 7.00% is not being met. The 6.88% 4-year average is not being met. The Trust standard of <4.95% is not being met. The 12-month required standard is not being met.</p>
	Primary Care	<p>A PIP was requested in M10 (2024/25). The PIP trajectory was updated in M01 to bring sickness rate back to the 4-year average position of 4.4% which is within the <4.95% required standard. Trajectories have been set in M02 covering the period April 2025 to March 2026. The Primary Care directorate aims for the standard to be met in December 2025.</p> <p>Provisional sickness absence 12-month rolling period during M10 is 6.42% and 6.19% in-month. The in-month trajectory of 4.95% is not being met. The 4.35% 4-year average is not being met. The Trust standard of <4.95% is not being met. The 12-month required standard is not being met.</p>
	Specialist Services	<p>A PIP was requested in M03 (2024/25). The trajectories were set in February 2025 to return the sickness absence rate to the 4-year average position of 5.97% by end of March 2026, which exceeds the <4.95% required standard.</p> <p>Provisional sickness absence 12-month rolling period during M10 is 6.94% and 6.65% in-month. The in-month trajectory of 6.30% is not being met. The 5.97% 4-year average is not being met. The Trust standard of <4.95% is not being met. The 12-month required standard is not being met.</p> <p>Updated actions for M10 have been provided.</p>
Clinical Supervision	Acute & Urgent Care	<p>A PIP was issued in M12 (2024/25). The original aim was for the standard to be met in May 2025 this has been extended to November 2025.</p> <p>The PIP has been paused from M08 due to data quality issues within the LMS system.</p>
Care Plan Compliance	Specialist Services	<p>A PIP was issued in M01 (2025/26). The original aim was for the standard to be met by October 2025 this has been extended to January 2026.</p> <p>Performance during M10 is at 94.1% which is not meeting the planned trajectory or required standard.</p>

Metric	Directorate	Status
		<p>Trajectory adjustments: Set in M01 (Apr-Jun 2025/26). Reset in M03 (Apr-May 2025/26). Reset in M04 (Sept-Jan 2025/26).</p> <p>Updated actions have been provided in M10.</p>
<p>Out of Area Placement (OOAs)</p>	<p>Acute and Urgent Care and Community</p>	<p>A PIP was requested in M04 (2025/26).</p> <p>Performance during M10 is measured by the number of inappropriate OOAs during month and the number of inappropriate OOAs at EOM (national measure) which were 20 and 19 respectively.</p> <p>Updated actions have been provided in M10.</p>

Core Indicators – SPC Trend (Exceptions in Month)

ACCESS AND WAIT TIMES

CAMHS Compliance within 4 week waits (Referral to Assessment) (Trust Measure)



13 Month Trend

67.3%	76.2%	85.7%	91.1%	90.9%	92.0%	91.1%	78.2%	90.1%	93.3%	96.1%	93.6%	94.8%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Performance is at **94.8% in M10**. The variation is showing common cause.

Current performance: Community-93.7%, Specialist Services-N/A, Acute and Urgent Care-95.2%.

A PIP is in place for Community directorate.

Inpatient and Quality

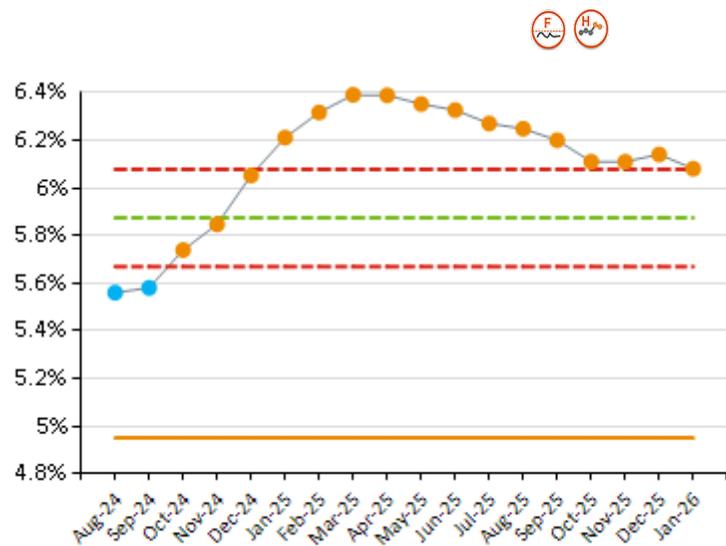
There are no exceptions to report during M10.

Community and Quality

There are no exceptions to report during M10.

ORGANISATIONAL HEALTH AND WORKFORCE

Sickness Absence (Trust Measure)



13 Month Trend

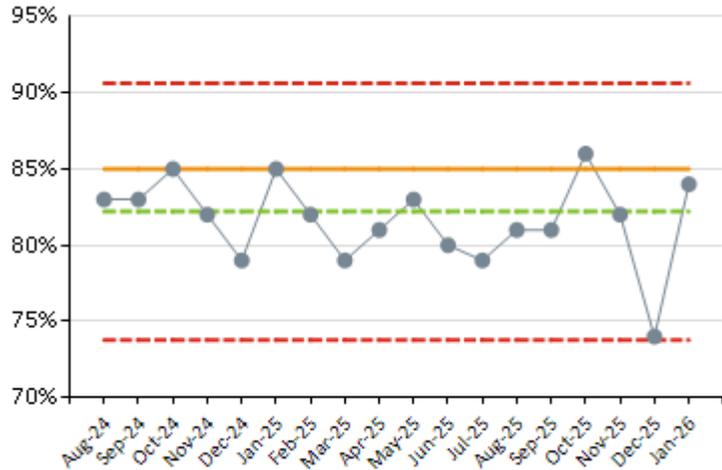
6.21%	6.32%	6.39%	6.39%	6.35%	6.33%	6.27%	6.25%	6.20%	6.11%	6.11%	6.14%	6.08%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Performance is at **6.08% in M10**. The variation is showing concern.

Current performance: Community-5.84%, Specialist Services-6.94%, Acute and Urgent Care-7.66%, Primary Care-6.42%, Corporate-2.96%.

A PIP is in place for Acute and Urgent Care, Primary Care and Specialist Services directorates.

Clinical Supervision (Trust Measure)



13 Month Trend

85.0%	82.0%	79.0%	81.0%	83.0%	80.0%	79.0%	81.0%	81.0%	86.0%	82.0%	74.0%	84.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

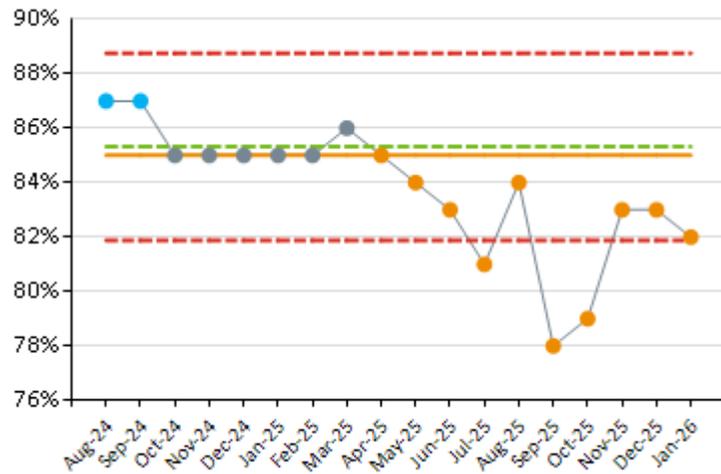
Performance is at **84.0% in M10**. The variation is showing common cause.

Current performance: Community-87.0%, Specialist Services-89.0%, Acute and Urgent Care-80.0%, Primary Care-81.0%, Corporate-66.0%.

Reports identifying non-compliance rates and names of those non-compliant and their line managers are sent to the associate directors and line managers fortnightly for action. The LMS Clinical Supervision Record has been updated and is fully functional. Staff are now required to access their account and identify 'yes' on the record which will update their record and reset their compliance to be completed in 2 months. Clinical supervision action plan is in development following survey report – this will include education on the importance of Clinical Supervision, guidance and training for supervisors and supervisees, socialisation on the Clinical Supervision Policy. Task and Finish Group to commence February 2026.

A PIP is in place for Acute and Urgent Care which has been paused due to current data quality reporting issues within LMS system.

Appraisal (Trust Measure)



13 Month Trend

85.0%	85.0%	86.0%	85.0%	84.0%	83.0%	81.0%	84.0%	78.0%	79.0%	83.0%	83.0%	82.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

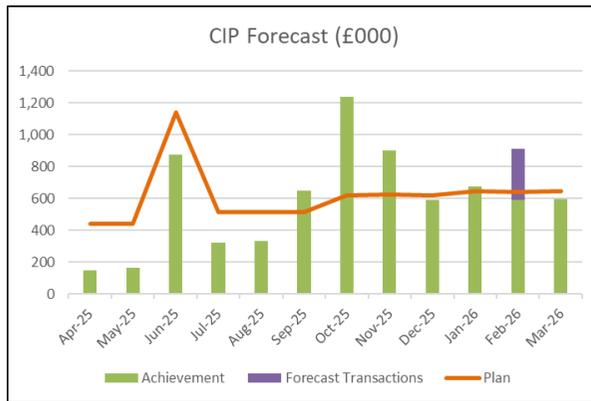
Performance is at **82.0% in M10**. The variation is showing concern.

Current performance: Community-88.0%, Specialist Services-85.0%, Acute and Urgent Care-79.0%, Primary Care-75.0%, Corporate-78.0%.

Reports identifying non-compliance rates and the names of those non-compliant and their line managers are sent to the associate directors and line managers fortnightly for action. Guidance advising managers on action to undertake to address appraisal inaccuracies on LMS has been in place since September, which has resulted in an improving picture. These measures are expected to continue to improve compliance.

Financial Performance

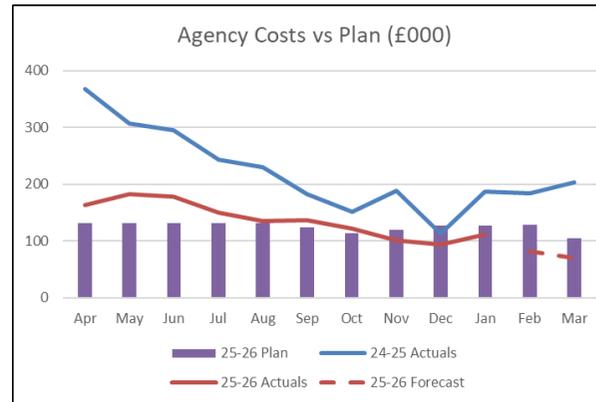
CIP Delivery v Plan



The CIP graph shows forecast against a £7.4m plan.

The Trust is forecasting full achievement of the plan, with current achievement (transacted) £7.1m and opportunities identified £0.3m.

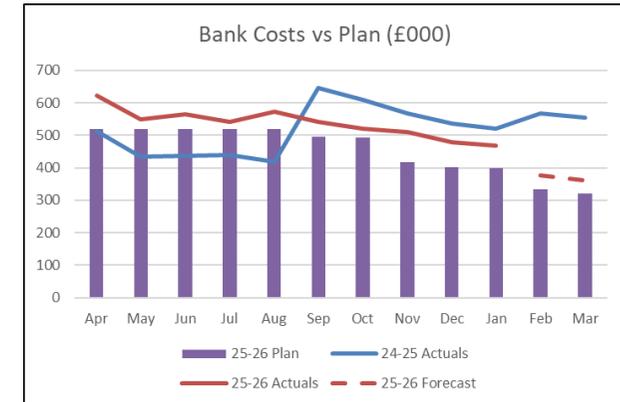
Agency Cost v Plan (40% reduction)



The agency graph shows forecast against a £1.5m plan.

The Trust is forecasting total agency costs of £1.5m, with £1.0m Community, £0.3m Primary Care and £0.2m Specialist.

Bank Cost v Plan (10% reduction)



The bank graph shows forecast against a £5.4m plan.

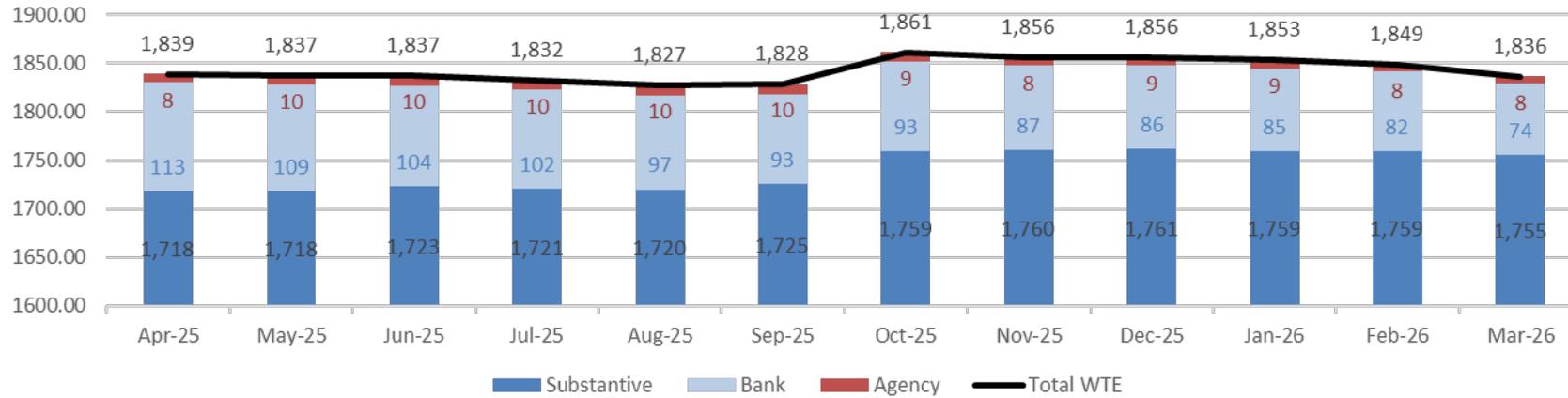
The Trust is forecasting total bank costs of £6.1m, with £3.0m Acute, £2.2m Specialist, £0.5m Community and £0.3m Corporate.

Workforce Plan (1 of 3)

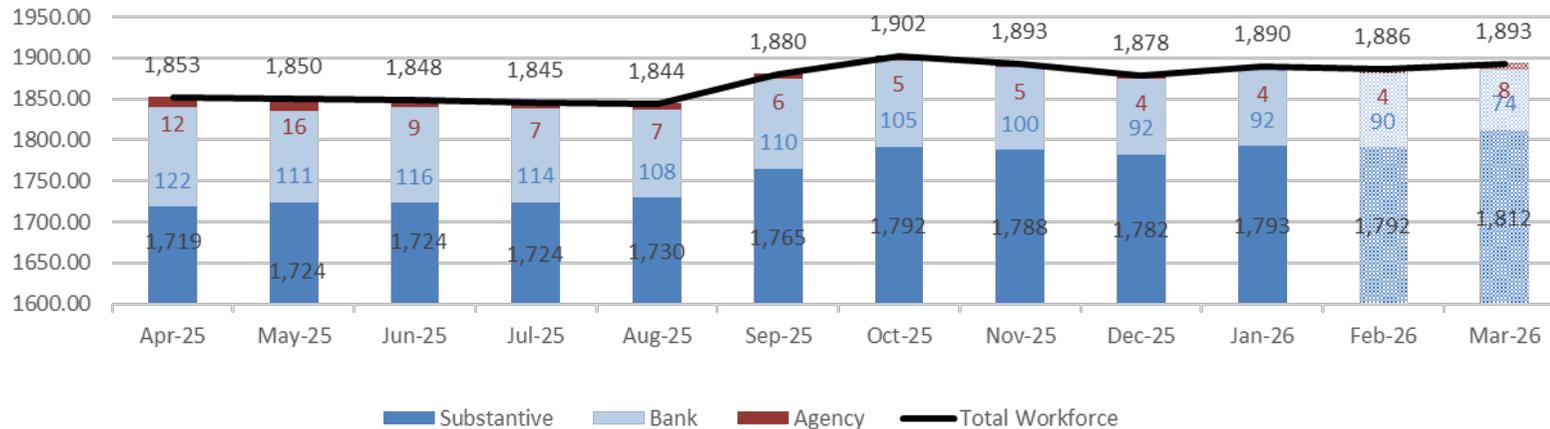
Jan-26 NSCHT	WTE				Spend				WTE TO PLAN	£ TO PLAN
	Plan	Actual	Variance From Plan		Plan	Actual	Variance From Plan			
	WTE	WTE	WTE	%	£'000	£'000	£'000	%		
Total	1,853.2	1,889.8	+36.6	+2.0%	£90,962.0	90,240.0	-£722	-0.8%	▲	▼
Substantive	1,759.4	1,793.1	+33.7	+1.9%	£84,920.0	£83,498.0	-£1,422	-1.7%	▲	▼
Medical and Dental	58.3	59.6	+1.2	+2.1%	£8,937.0	£9,260.0	+£323	+3.6%	▲	▲
Registered nursing, midwifery and health visiting staff	578.9	566.6	-12.4	-2.1%	£25,996.0	£26,642.0	+£646	+2.5%	▼	▲
Registered scientific, therapeutic and technical staff	304.5	303.6	-0.9	-0.3%	£17,688.0	£16,726.0	-£962	-5.4%	▼	▼
Support to clinical staff	472.9	518.9	+45.9	+9.7%	£16,550.0	£15,676.0	-£874	-5.3%	▲	▼
Total NHS infrastructure support	341.3	341.1	-0.2	-0.0%	£15,749.0	£15,194.0	-£555	-3.5%	▼	▼
Any other staff	3.4	3.4	-0.0	-0.1%	£0.0	£0.0	£0		▼	▼
Bank	85.2	92.4	+7.3	+8.5%	£4,751.0	£5,368.0	+£617	+13.0%	▲	▲
Medical and Dental	3.0	3.5	+0.5	+17.4%	£1,207.0	£953.0	-£254	-21.0%	▲	▼
Registered nursing, midwifery and health visiting staff	15.3	25.4	+10.1	+65.7%	£3,330.0	£1,303.0	-£2,027	-60.9%	▲	▼
Registered scientific, therapeutic and technical staff	1.3	1.8	+0.6	+45.3%	£2.0	£191.0	+£189	+9450.0%	▲	▲
Support to clinical staff	64.6	59.1	-5.5	-8.5%	£158.0	£2,737.0	+£2,579	+1632.3%	▼	▲
Total NHS infrastructure support	1.0	2.6	+1.6	+160.0%	£54.0	£184.0	+£130	+240.7%	▲	▲
Any other staff	0.0	0.0	0.0		£0.0	£0.0	£0		▼	▼
Agency	8.6	4.2	-4.4	-51.4%	£1,291.00	£1,374.00	+£83	+6.4%	▼	▲
Medical and Dental	5.2	4.2	-1.0	-19.9%	£1,189.00	£1,240.0	+£51	+4.3%	▼	▲
Registered nursing, midwifery and health visiting staff	3.4	0.0	-3.4	-100.0%	£102.00	£110.0	+£8	+7.8%	▼	▲
Registered scientific, therapeutic and technical staff	0.0	0.0	0.0		£0.00	£4.0	+£4		▼	▲
Support to clinical staff	0.0	0.0	0.0		£0.00	£20.0	+£20		▼	▲
Total NHS infrastructure support	0.0	0.0	0.0		£0.00	£0.0	£0		▼	▼
Any other staff	0.0	0.0	0.0		£0.00	£0.0	£0		▼	▼

Workforce Plan (2 of 3)

2025-26 Workforce Plan (wte)



2025-26 Actual/Forecasted (wte)

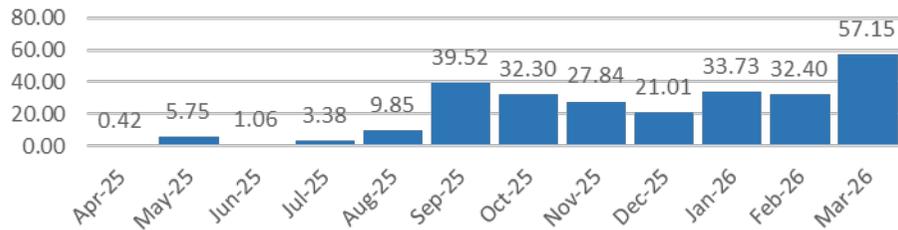


The Workforce Plan that was submitted in comparison to the actual or forecasted position for the same period.

The forecasted position is based on information that is available from ESR, TRACT and Optima, E-rostering and in line with the submission requirements. Our GP surgeries have been excluded.

Workforce Plan (3 of 3)

Actual/Forecasted Substantive Variation from Plan



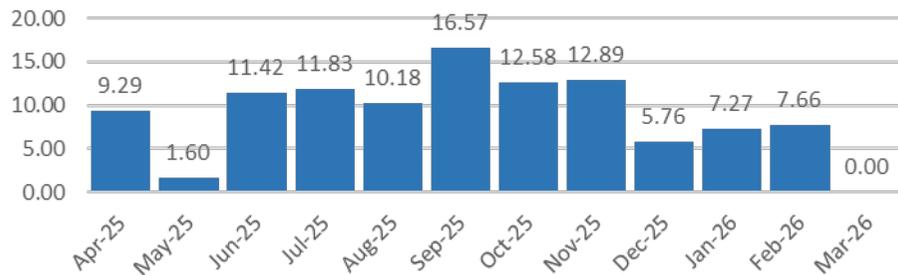
As at Month 10 (M10), the Trust is reporting a variance of 37 WTE above the total workforce plan. This comprises 33.7 WTE of substantive staffing above plan and 2.9 WTE of temporary staffing above plan.

The primary drivers of temporary staffing in M10 continue to be high acuity and vacancies.

Based on current trends, the forecasted position is expected to remain above plan, with the exception of agency usage.

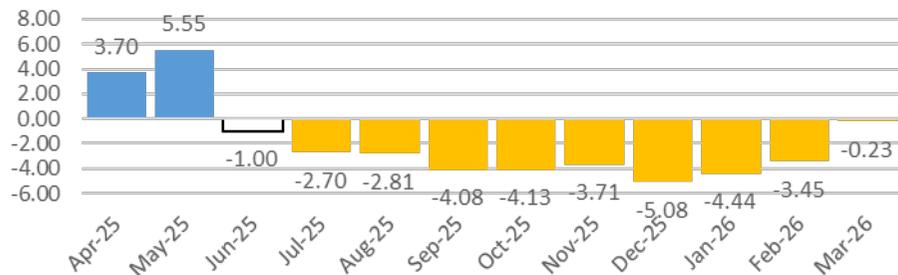
It should be noted that the forecasted substantive position for March reflects the H2 submission made in August 2025, whereas the February forecast is derived from the most up-to-date information available within the People and Nursing systems.

Actual/Forecasted Bank Variation from Plan



Temporary staffing remains a significant variable within the forecasting process. The temporary staffing forecast presented here is based on current utilisation levels and includes a mitigation relating to the over-establishment of Band 5 Registered Nurses (approximately 25 WTE).

Actual/Forecasted Agency Variation from Plan



Performance Improvement Plans (PIPs)

Performance Improvement Plan: Referral to Assessment within 4 weeks – CYP (Trust indicator)

Community directorate



A PIP was issued in M01 (2024/25).

M10 performance is 93.7% and is exceeding the planned trajectory but is not meeting the required standard.

The original aim was for the standard to be met in March 2026 this was revised to September 2025 and is currently April 2026.

Trajectory adjustments: Set in M01 (Apr-Apr 2024/25). Reset in M02 (May-Sept 2025/26). M04 (2025/26 figures changed from 95% to 85%). Reset in M05 (Aug-Sep 2026).

Updated actions have been provided for M09.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	29.2%	56.8%	60.2%	77.2%	79.4%	81.4%	75.6%	67.9%	71.9%	88.4%	97.3%	86.1%	93.7%
Trajectory	95.0%	56.8%	70.0%	80.0%	70.0%	80.0%	85.0%	90.0%	70.0%	75.0%	78.0%	80.0%	83.0%

Actions:

- Tunstall CAMHS 8am-8pm pilot. The extended hours pilot (8am-8pm, Monday-Friday) for Tunstall CAMHS remains scheduled to begin January 2026 for an initial 6-month period. Staff engagement sessions have been completed, with strong interest and positive feedback regarding the new hours. **M10 progress update:** *Pilot preparations progressing as planned. An assistant psychologist has been allocated to lead the evaluation, and DNA rates are being closely monitored as part of the pilot metrics.*
- Effective management of absences. Ongoing adherence to the supporting attendance at work Policy continues across teams. Monthly HR sickness reports are being reviewed by service managers to ensure timely action and oversight. **M10 progress update:** *In-month sickness continues to be robustly monitored.*
- Timely recording of contacts on Lorenzo. Team leads are reviewing unset appointments weekly and taking appropriate actions. Summary reports of findings and actions are shared with the service manager for oversight and assurance. **M10 progress update:** *Scrutiny processes remain in place and are contributing to continued improvements in recording accuracy.*
- Waiting Time Management. Weekly review meetings with the service manager and team leads have been initiated to focus on waiting time performance. This action follows a recent decline in proactive management and associated performance dips. **M10 progress update:** *Meetings are ongoing which supports timely intervention. CYP RTA performance is the second highest on record in M10, slightly under standard at 93.7%*

Performance Improvement Plan: Supporting Information - Waiting and Waited Times CYP

Community directorate

Dec-25

RTA Waited

Directorate	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
Community	427	17	4	7	455	93.8%

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
North Staffs CAMHS	22	1	0	0	23	95.7%
North Stoke CAMHS	29	4	2	1	36	80.6%
South Stoke CAMHS	17	2	0	1	20	85.0%
CAMHS Total	68	7	2	2	79	86.1%

RTA Waiting

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
North Staffs CAMHS	7	0	0	0	7	100.0%
North Stoke CAMHS	0	1	2	0	3	0.0%
South Stoke CAMHS	3	0	0	0	3	100.0%
CAMHS Total	10	1	2	0	13	76.9%

Jan-26

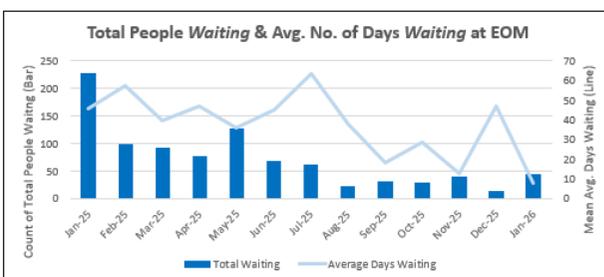
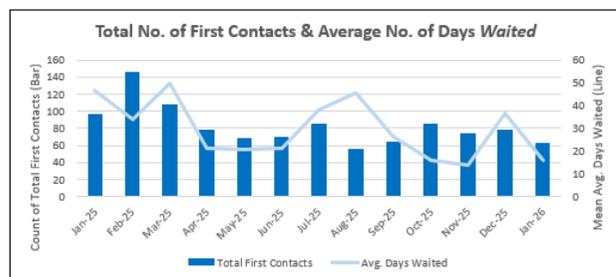
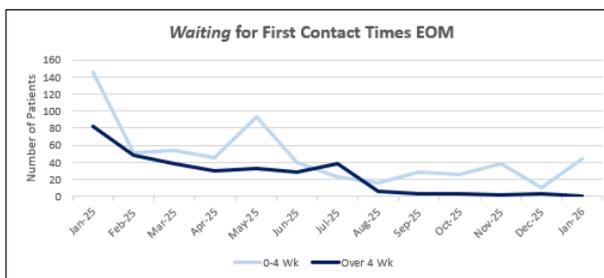
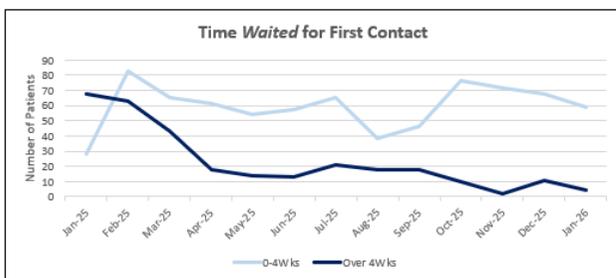
RTA Waited

Directorate	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
Community	433	19	3	4	459	94.3%

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
North Staffs CAMHS	27	0	0	0	27	100.0%
North Stoke CAMHS	13	2	1	0	16	81.3%
South Stoke CAMHS	19	1	0	0	20	95.0%
CAMHS Total	59	3	1	0	63	93.7%

RTA Waiting

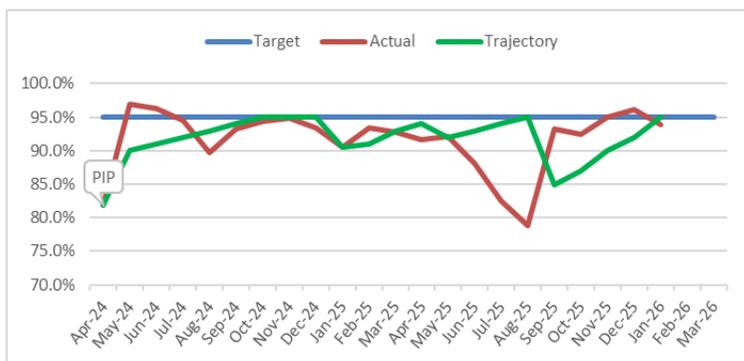
Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
North Staffs CAMHS	16	0	0	0	16	100.0%
North Stoke CAMHS	16	0	0	0	16	100.0%
South Stoke CAMHS	12	1	0	0	13	92.3%
CAMHS Total	44	1	0	0	45	97.8%



- The Community directorates RTA performance demonstrates an increase of 0.5% when comparing M09 to M10, RTA performance against standard is slightly below target at 0.7%.
- Core CAMHS CMHTs referral to assessment (RTA) performance has improved in M10 and is 1.3% below standard.

Performance Improvement Plan: Referral to Assessment within 4 weeks – Adult CMHTs (Trust indicator)

Community directorate



A PIP was issued in M01 (2024/25).

M10 performance is 93.9% which is not meeting the planned trajectory or required standard.

The aim was for the standard to be met in May 2025; this has been revised to August 2025 and currently January 2026.

Trajectory adjustments: Set M10 2024/25 (May-Aug 2025). Reset in M06 (Sep-Jan 2025/26).

Updated actions have been provided for M10.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	90.5%	93.5%	92.7%	91.6%	92.1%	88.2%	82.5%	78.8%	93.2%	92.5%	95.0%	96.1%	93.9%
Trajectory	90.5%	91.0%	93.0%	94.0%	92.0%	93.0%	94.0%	95.0%	85.0%	87.0%	90.0%	92.0%	95.0%

Actions:

- Demand and Capacity Across CMHTs. The senior service manager will be liaising with the performance team to undertake a full demand and capacity review across all CMHT's to ensure recourses are deployed effectively in line with variation in local need. **M10 update:** meeting scheduled for end of February 2026.
- Effective management of absences. Team leader absences continue to place operational pressure across several teams. Clinical leads and deputy team leads are providing interim support, with absence management continuing in line with policy. Team leads are working closely with service managers to ensure equitable allocation of work across senior colleagues who are in post. **M10 progress update:** *Ashcombe team leader allocated to Sutherland for 2 days per week from week commencing 16 February 2026.*
- Lymebrook Caseload Review. **M10 new action:** Senior service managers, service manager and quality improvement lead nurse (QILN) will maintain a daily presence to review waitlist allocations, single assessment framework (SAF) waitlists and individual caseload distribution.
- Review of CMHTs structures and resource management. M09 progress update: Sutherland Centre-the single assessment framework (SFA) waitlist remains at approximately 12 weeks having been stable for the last few months. Clinical lead actively allocating cases and ensuring patient contact every 2 weeks. Lymebrook-SAF waiting remains at approximately 22 weeks. A caseload review is underway. Newly quality nurses (NQN) are expected to support demand when they commence in January 2025. **M10 progress update:** *Action now embedded and can be closed as business as usual.*
- Timely on boarding of NQNs to enable new starters to support with demand and assessment capacity. M09 progress update: All NQN's now allocated team leads to work with individuals regarding start dates and team induction. NQNs are due to join the Sutherland Centre and Lymebrook from January 2025. **M10 progress update:** *Action can be closed as complete.*
- Deep dive into did not attend (DNA's) and Standard Operating Procedure (SOP) adherence. Directorate continues to work with the performance team to monitor DNAs, supported by standardised reporting. M09 progress update: Weekly DNA reviews embedded in line with SOP. **M10 progress update:** *Action now embedded and can be closed as business as usual.*

Performance Improvement Plan: Supporting Information - Waiting and Waited Times – Adult CMHTs Community directorate

Dec-25

RTA Waited

Directorate	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
Community	427	17	4	7	455	93.8%

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
City CMHT - Greenfields	19	1	0	0	20	95.0%
City CMHT - Sutherland	43	2	0	1	46	93.5%
County CMHT Moorlands	21	0	1	0	22	95.5%
County CMHT Newcastle	39	0	0	0	39	100.0%
CMHT Total	122	3	1	1	127	96.1%

RTA Waiting

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
City CMHT - Greenfields	6	0	0	0	6	100.0%
City CMHT - Sutherland	4	0	0	0	4	100.0%
County CMHT Moorlands	1	0	0	0	1	100.0%
County CMHT Newcastle	2	2	0	0	4	50.0%
CMHT Total	13	2	0	0	15	86.7%

Jan-26

RTA Waited

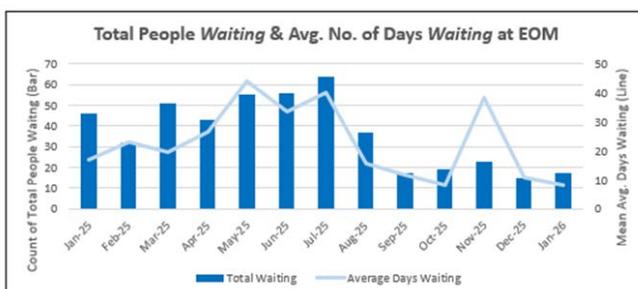
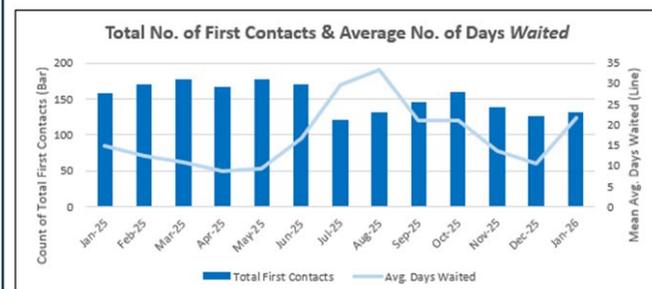
Directorate	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
Community	433	19	3	4	459	94.3%

Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
City CMHT - Greenfields	23	0	1	0	24	95.8%
City CMHT - Sutherland	34	0	0	2	36	94.4%
County CMHT Moorlands	25	1	0	1	27	92.6%
County CMHT Newcastle	41	3	0	0	44	93.2%
CMHT Total	123	4	1	3	131	93.9%

RTA Waiting

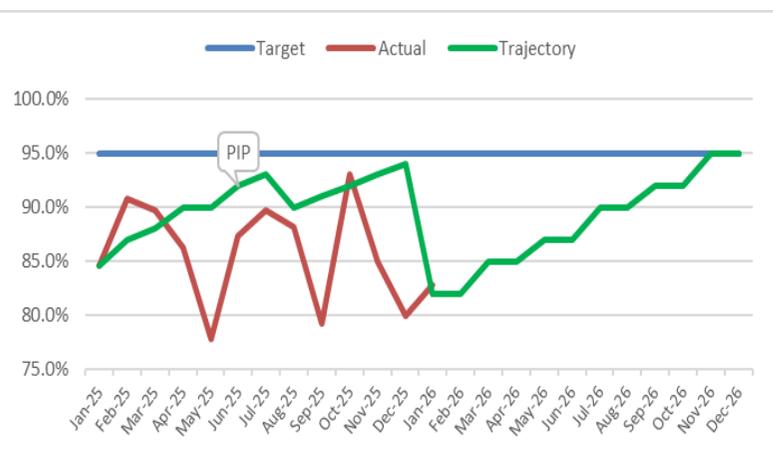
Service	0-4Wks	5-18Wks	19-52Wks	52+Wks	Total	4Wk %
City CMHT - Greenfields	3	0	0	0	3	100.0%
City CMHT - Sutherland	8	1	0	0	9	88.9%
County CMHT Moorlands	0	0	0	0	0	
County CMHT Newcastle	5	0	0	0	5	100.0%
CMHT Total	16	1	0	0	17	94.1%

- Adult CMHT services are a main driver for the directorates referral to assessment (RTA) performance, making up 28.5% of the total RTAs completed in M10.
- RTA performance for Adult CMHTs has fallen slightly below standard in M10, achieving 93.9% against a target of 95%.



Performance Improvement Plan: Referral to Assessment within 4 Weeks (Trust indicator)

Specialist Services directorate



A voluntary PIP was issued in M06 (2024/25).

M10 performance is 82.8%. Performance is meeting the planned trajectory but is not meeting the required standard.

The original aim was for the standard to be achieved by August 2025 this has been extended to January 2026 and is currently November 2026.

Trajectory adjustments: Set M06 (Sep-Jan 2024/25). Reset in M11 (Feb-Jun 2025/26). Reset in M04 (Jul-Jan 2025/26). Reset in M10 (Jan-Nov 2026/27).

Updated actions have been provided in M10.

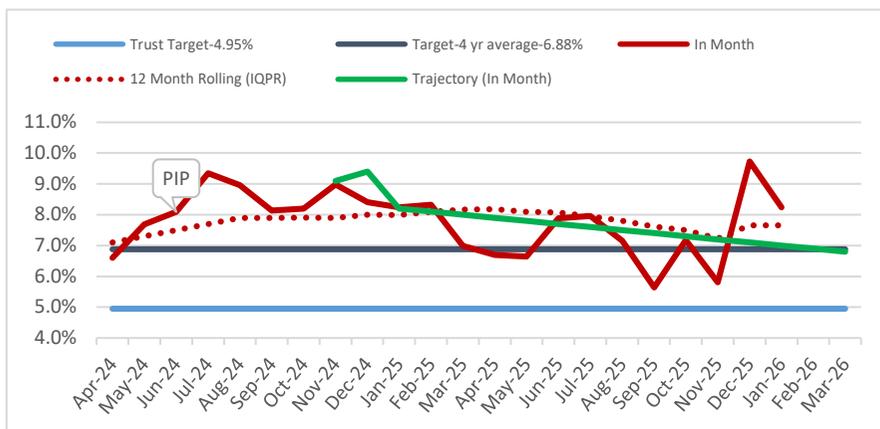
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	84.6%	90.8%	89.7%	86.3%	77.8%	87.3%	89.7%	88.2%	79.2%	93.0%	85.0%	80.0%	82.8%
Trajectory	84.6%	87.0%	88.0%	90.0%	90.0%	92.0%	93.0%	90.0%	91.0%	92.0%	93.0%	94.0%	82.0%

Actions:

- Weekly referral to assessment (RTA) review to be relaunched with new lead. **M10 progress update:** Weekly RTA meetings and performance clinics well established. Process is now in place and considered business as usual (BAU). Ongoing issues remain, primarily related to capacity and factors outside the directorate's control (e.g. patients transferred from other services).
- M10 Progress Update:** Implementation of shadow reporting to separate ASD and ADHD contacts would help reduce breaches out of the directorates control is currently being considered.

Performance Improvement Plan: Sickness Absence (Trust indicator)

Acute and Urgent Care directorate



A PIP was issued in M03 (2024/25).

Provisional sickness absence 12-month rolling period during M10 is 7.66% and 8.24% in-month. The in-month trajectory of 7.00% is not being met. The 6.88% 4-year average is not being met. The Trust standard of <4.95% is not being met. The 12-month required standard is not being met.

The aim is for the 4-year average to be met by March 2026. The focus for this PIP is on the in-month sickness position and trajectory to return to the 4-year average.

Due to a late data submission, associate directors have not had an opportunity to review the data and update their actions since M08.

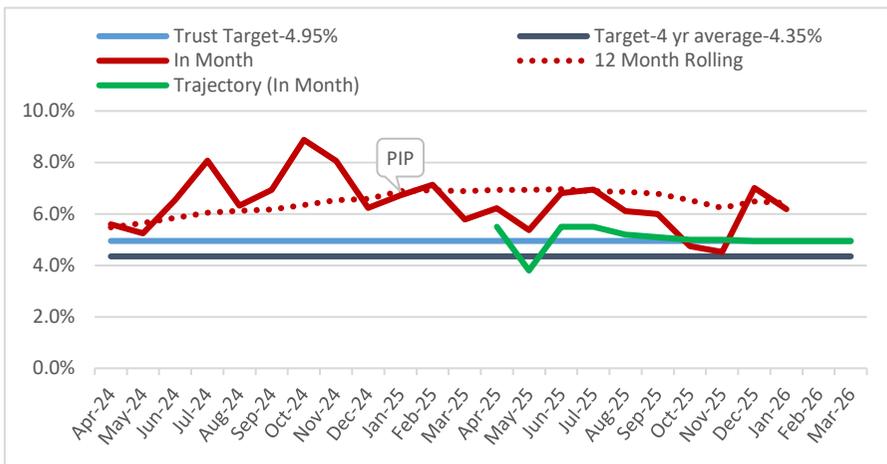
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Trust Target-4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
Target-4 yr average-6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%	6.88%
In Month	8.24%	8.32%	6.99%	6.69%	6.64%	7.89%	7.96%	7.15%	5.64%	7.18%	5.81%	9.73%	8.24%
12 Month Rolling (IQPR)	7.99%	8.09%	8.17%	8.18%	8.09%	8.07%	7.95%	7.80%	7.61%	7.50%	7.23%	7.66%	7.66%
Trajectory (In Month)	8.20%	8.10%	8.00%	7.90%	7.80%	7.70%	7.60%	7.50%	7.40%	7.30%	7.20%	7.10%	7.00%

Actions:

- **Workforce clinics:** Matrons and Service Managers continue attending clinics to monitor sickness absence. Reviews occur from team to Directorate level. **M10 progress update:** *action completed now business as usual.*
- **Leadership Development Programme:** Programme now delivered as face-to-face HR surgeries. Well attended by various leaders, with positive feedback. **M10 progress update:** *To continue with this provision with ongoing evaluation.*
- **Wellbeing Champions:** Reviewing current numbers and continuing to promote roles across all teams. **M10 progress update:** *To monitor and review as part of the Health, Safety and Wellbeing Group.*
- **Staff Survey Plan:** 2025/26 implementation plan in progress. **M10 progress update:** *All Service lines have identified their three focus areas which are updated monthly. Actions are aligned to the People Promise and responses from the 2025 staff survey are being collated in order to update the plan.*
- Targeted support - Psychological and musculoskeletal (MSK) programmes. **M10 progress update:** *A pilot of psychological and MSK support programme is planned across the directorate. The psychological support programme is scheduled to commence on ward 3. MSK clinics remain pending.*
- **Vacancy and turnover reduction:** Recruitment and retention plan delivering results. **M10 progress update:** *Ongoing improvement across the directorate with vacancy rate below target for seventh consecutive month, with turnover below target for eighth consecutive month.*

Performance Improvement Plan: Sickness Absence (Trust indicator)

Primary Care directorate



A PIP was issued in M10 (2024/25).

Provisional M10 performance is 6.19% in-month and 6.42% within a 12-month rolling period. The focus for this PIP is on the in-month sickness position and trajectory to return to the 4-year average.

The in-month trajectory of 4.95% is not being met. The 4.35% 4-year average is not being met. The Trust standard of <4.95% is not being met. The 12-month required standard is not being met.

Due to a late data submission, associate directors have not had an opportunity to review the data and update their actions since M08.

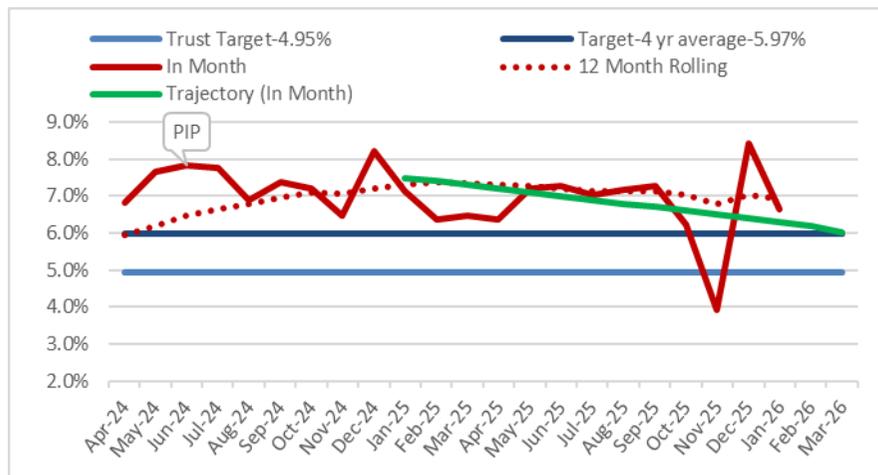
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Trust Target-4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
Target-4 yr average-4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%
In Month	6.72%	7.14%	5.79%	6.22%	5.37%	6.81%	6.95%	6.11%	6.00%	4.75%	4.52%	7.01%	6.19%
12 Month Rolling	6.88%	6.92%	6.89%	6.94%	6.93%	6.96%	6.89%	6.86%	6.78%	6.53%	6.24%	6.49%	6.42%
Trajectory (In Month)				5.50%	3.80%	5.50%	5.50%	5.20%	5.10%	5.00%	5.00%	4.95%	4.95%

Actions:

- Staff survey review with identified actions from this focussing on specific team with highest levels of variance in comparison to trust averages. This is to work with teams to identify key trends from the survey and actions to support the team. **M10 progress update:** *Actions from the staff survey / people plan work continues to be implemented within talking therapies stoke, focused on the key people promise theme, 'we are safe and healthy.' improving wellness at work, wellbeing and prevention of staff being absent due to anxiety, stress and depression. People business partner (PBP) carried out deep dive analysis of primary care with highest frequent short term sickness absences and open ended / continuous sickness absence - This has confirmed talking therapies (TT) and GP practices as key priority areas and identified interventions, such as OH referrals, in line with supporting attendance at work policy.*
- Supporting attendance at work clinics held with all line managers. **M10 progress update:** *Associate director continues to work closely with the People business partner (PBP), both continue to attend the clinics; and the service manager has been added too for oversight and leadership. Supporting attendance at work LMS training compliance has been reviewed, and an action assigned to managers to complete this due to low uptake. PBP arranged for sickness episodes and open-ended continuous sickness absence reports to be sent to associate director (AD) monthly to give oversight and to support with holding managers to account at the clinics. PBP drafted a communication (including resources on CAT) regarding wellness at work, wellbeing prevention and sickness absence management outlining managers responsibilities and this will inform a draft agenda for the clinics.*

Performance Improvement Plan: Sickness Absence (Trust indicator)

Specialist Services directorate



A PIP was issued in M03 (2024/25). The focus for this PIP is on the in-month sickness position and trajectory to return to the 4-year average.

Provisional sickness absence 12-month rolling period during M10 is 6.94% and 6.65% in-month. The in-month trajectory of 6.30% is not being met. The 5.97% 4-year average is not being met. The Trust standard of <4.95% standard is not being met. The 12-month required standard is not being met.

The current PIP trajectory aims for performance to be at 5.97% by March 2026. The updated trajectory brings the sickness rate back to the 4-year average position of 5.97%, which is higher than the <4.95% required standard. This shows volatility in the in-month position for the directorate.

Updated actions have been provided in M10.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Trust Target-4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%	4.95%
Target-4 yr average-5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%	5.97%
In Month	7.13%	6.37%	6.48%	6.38%	7.21%	7.26%	7.03%	7.17%	7.29%	6.24%	3.92%	8.42%	6.65%
12 Month Rolling	7.30%	7.37%	7.33%	7.30%	7.26%	7.22%	7.15%	7.15%	7.14%	7.02%	6.79%	7.03%	6.94%
Trajectory (In Month)	7.50%	7.40%	7.30%	7.20%	7.10%	7.00%	6.90%	6.80%	6.70%	6.60%	6.50%	6.40%	6.30%

Actions:

- Trust People Plan highlights sickness as a targeted objective.
- Redesign of directorate performance meetings will bring all teams in scope and will have sickness as a topic for discussion.

M10 Progress Update: directorate sickness surgeries for 2026 are now booked and will be chaired by the associate director with support from the people team. The agreed format was confirmed at the directorate away day in January.

All long-term sickness cases have been jointly reviewed by the people team and directorate senior leaders during the away day. The review highlighted repeat periods in stage 2, which will be challenged during the upcoming sickness surgeries.

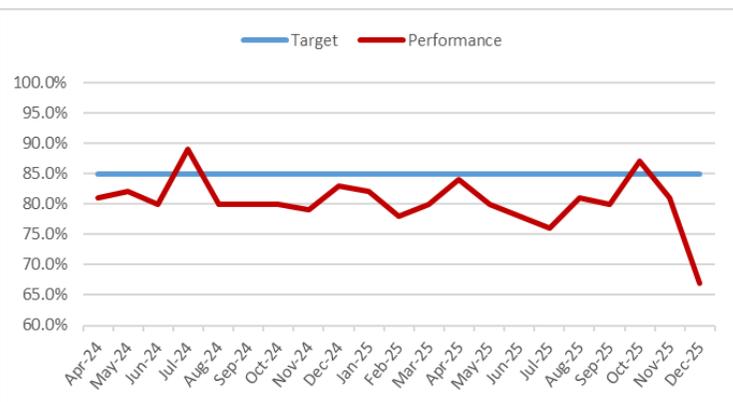
The directorate senior leaders have completed a team-level stress risk assessment with support from the health and safety advisor. This will be cascaded across all teams over the next three months to identify and assess common themes.

Monthly review of long-term cases and any new sickness triggers continue with team/ward managers and the people advisor.

Staff survey results will be reviewed during M11 to inform and support the directorates workforce planning.

Performance Improvement Plan: Clinical Supervision (Trust indicator)

Acute and Urgent Care directorate



A PIP was issued in M12 (2024/25).

M09 performance is 67.0%, which is not meeting the required standard.

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Performance	83.0%	82.0%	78.0%	80.0%	84.0%	80.0%	78.0%	76.0%	81.0%	80.0%	87.0%	81.0%	67.0%
Trajectory				80.0%	82.0%	79.0%	80.0%	81.0%	82.0%	83.0%	84.0%	85.0%	

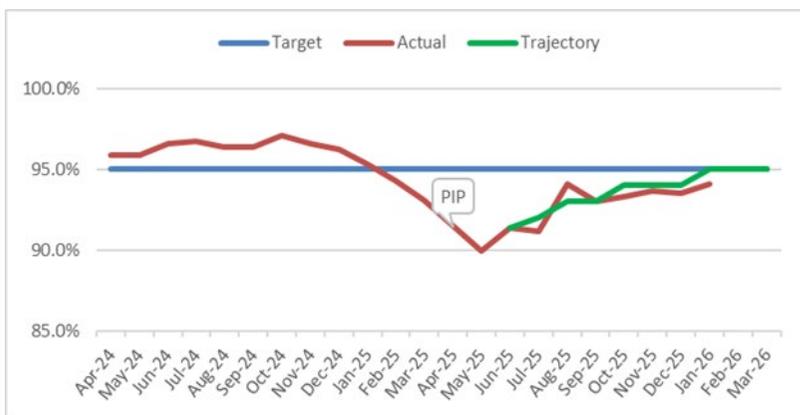
PIP paused until further notice due to LMS system data quality issues

PIP paused due to system issues with LMS summarised below:

- Triangulated feedback has highlighted ongoing data quality issues with the current LMS used to record clinical supervision
- These issues are compounded by the fact that the LMS provider is no longer investing in the application, with continued use requiring the Trust to subscribe to an alternative service at additional cost.
- In recognition of the national direction to transition to a new workforce system (replacing ESR), and the need to maintain a compliant ESR baseline in the interim, the executive team has supported the use of ESR as the primary solution for recording clinical supervision.
- Engagement with the national ESR national team has commenced, alongside the establishment of a local task and finish group to lead this work.
- Initial EST reports are currently being extracted to understand the scale of change required to implement and utilise the clinical supervision module effectively.
- Early indications suggest this will require the enablement of manager self-service, representing a significant change in how ESR is used across the Trust.
- This work will also need to align with other planned ESR developments, including training functionality and potential payroll links.
- An options appraisal outlining the proposed implementation approach will be developed in Q4 2025/26 and brought forward for approval.
- In the interim, mitigating actions are in place, including the production of manual reports from the current LMS and validation of data with managers, supported by the people operations team and people business partners.

Performance Improvement Plan: Care Plan Compliance (Trust indicator)

Specialist Services directorate



A PIP was issued in M01 (2025/26).

Performance in M10 is 94.1% and is not meeting the planned trajectory or required standard

The original aim was for the standard to be achieved by October 2025 this has been revised to January 2026.

Trajectory adjustments: Set in M01 (Apr-Jun 2025/26). Reset in M03 (Apr-May 2025). Reset in M04 (Sep-Jan 2025/26).

Updated actions have been provided in M10.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	95.3%	94.3%	93.1%	91.5%	90.0%	91.4%	91.2%	94.1%	93.0%	93.3%	93.7%	93.5%	94.1%
Trajectory						91.4%	92.0%	93.0%	93.0%	94.0%	94.0%	94.0%	95.0%

Actions:

- LD services-promote wider engagement and prioritise attendance at performance clinics.
- Neuropsychiatry & Psychology-review triage process in light of care plan changes; potential to triage patients differently. Additional support planned for transition to new care planning pathway.

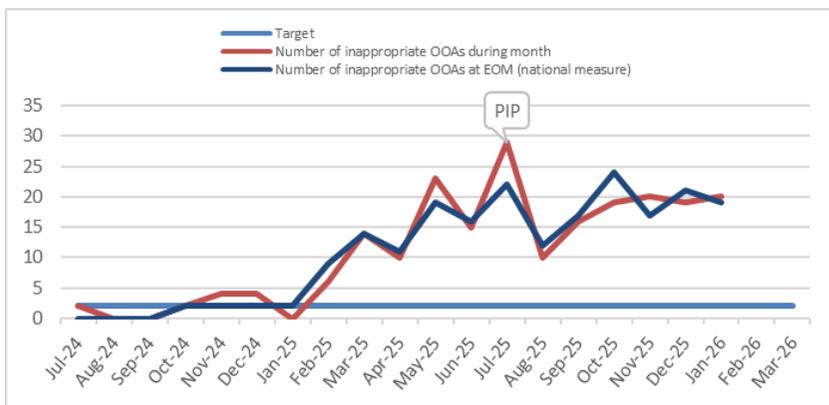
M10 progress update:

An in-scope service review will be completed in M11 to identify services that don't require "care plans" so they can be excluded from reporting going forward.

Medics will be supported to ensure clinical notes made during dictation are documented in the plan/next steps rather than requiring a separate letter. The CD will undertake 1:1 sessions with medics and secretaries to ensure full understanding of the revised processes and requirements

Performance Improvement Plan: Out of Area Placement (National indicator)

Acute and Urgent Care and Community directorates



A PIP was issued in M04 (2025/26).

M10 performance is number of inappropriate OOAs during month is 20, number of inappropriate OOAs at EOM (national measure) is 19.

Updated actions have been provided in M10 for Community.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Target	2	2	2	2	2	2	2	2	2	2	2	2	2
Number of inappropriate OOAs during month	0	6	14	10	23	15	29	10	16	19	20	19	20
Number of inappropriate OOAs at EOM (national measure)	2	9	14	11	19	16	22	12	17	24	17	21	19

Optimising bed management and improving patient flow to reduce Out of Area Placements (OOA)

AUCD M10 progress update:

AUCD continue to deliver on all agreed actions and maintain a rigorous review of the data to understand and evaluate current bed demand.

- CRFD for Acute Adults has increased to 12 across the month
- Length of Stay (LoS) remains below the national average.
- Reduced in bed stock is a key factor in ongoing evaluations, alongside rising demand at front-door services.

AUCD Ongoing Actions:

- Daily monitoring of OOA provision by AUCD
- Patients reviewed in daily 12:30 bed flow meetings.
- Weekly oversight meetings with ICB, CMHT's and local authorities
- AUCD attend all ward reviews for patients without a CMHT involvement; CMHT attends for their patients
- CMHT attend ward reviews for their patients
- OOA/CRFD Oversight Group established, and all actions cross-directorate are overseen and reviewed.

AUCD actions:

- **Length of Stay** – maintain average length of stay (LoS) for new adult acute admissions at the lower end of our current range (20–30 days) compared to the national average of 40 days. **M10 progress update:** *Average LoS remains below national target. LoS for OOA placements is also monitored and remains below national average. LoS for those discharged in month also appears to be reducing month on month*
- **CRHTT** – assess Crisis Resolution Home Treatment Team’s ability to ensure clinically appropriate gatekeeping and determine if additional demand can be absorbed to reduce avoidable admissions and support care closer to home. **M10 progress update:** *Review completed. The team cannot take on additional capacity as they are required to manage the routine work that needs to be sitting outside of CRHTT (appropriate place not yet determined) This action is underway between CRHTT and CMHT’s and Primary Care*
- **Care pathways for admission** – strengthen cross-directorate collaboration to review and streamline admission pathways for new and existing patients. This approach aims to improve efficiency, reduce delays, and ensure timely access to the right care in the right setting. **M10 progress update:** *Progressing by Nursing & Quality – no updates as of yet*
- **Weekly multi-agency meetings** – ensure meetings with Rehabilitation Services, the Integrated Care Board (ICB), and Local Authority remain focused and productive, supporting effective decision-making on bed flow, CRFD status, and system pressures. Aim for timely escalation and coordinated action across the pathway. **M10 progress update:** *meetings continue to be effective with broader representation, including housing and other external stakeholders.*
- **Establish review panel** – create and OOA placement review panel to complement weekly acute bed management meetings. **M10 progress update: action completed.** *OOA & CRFD Deliver Group feeds into the strategic OOA Oversight meeting which feeds into the Strategic Transformation Board and Quality Committee.*
- **Comprehensive reporting:** compile and submit a detailed report on OOA progress, challenges, and key metrics to Trust Executives and the Quality Committee. **M10 progress update: Action complete** *AUCD will continue to provide monthly detailed reports internally and an appropriate overview to the ICB to demonstrate recovery.*
- **Risk Management** : ensure risks linked to OOA placements and bed pressures are recorded on the Trust Risk Register for visibility and timely mitigation. **M10 progress update:** completed.

Risk 1957 score = 16 (OOA placement).

Risk 2126 score = 12 (CRFD).

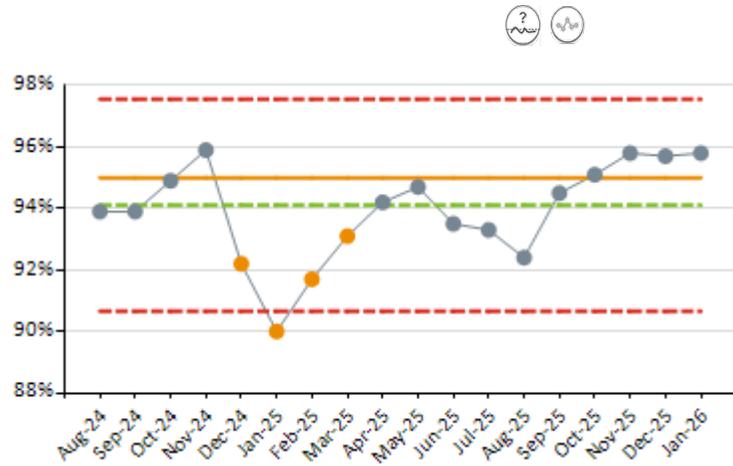
Community actions:

- Senior service manager to liaise with performance to review demand and capacity across all CMHT's to ensure resources are appropriately allocated to meet differing demands within each CMHTS. **M10 progress update:** *meeting scheduled for end of February.*
- Ongoing management of absences in line with policy. Team leader absences continue to present operational challenges, with clinical leads and deputy team leads providing cover. Team leads to work with service managers to ensure equitable allocation of work across senior team colleagues. **M10 progress update:** *Team lead from Ashcombe allocated to support Sutherland for two days per week to support from week commencing 16 February.*
- Review of all individual caseloads at Lymebrook. **M10 new action:** *Senior service manager, service manager and quality improvement lead nurse (QILN) to maintain daily presence at Lymebrook to review waitlist allocations, SAF waitlists and individual caseloads.*
- Review of adherence to the triage and Initial Assessment pathway at Sutherland Centre. M09 progress update: The triage process continues to have a positive impact, with referrals being reviewed daily, with good attendance from a range of disciplines. The team continue to strengthen GP relationships to improve the quality of referrals. This continues to support improved compliance with the four-week wait target. **M10 progress update:** *Action to be closed as now business as usual.*
- Review current team structures and resource management across all CMHT's. M09 progress update: Sutherland Centre-The single assessment framework (SFA) waitlist at the Sutherland Centre remains at approximately 12 weeks having been stable for the last few months. Patients are being seen within 18 weeks from referral to treatment (RTT). The clinical lead is actively reallocating work across the team to manage demand, and fortnightly patient contact is being made. Lymebrook-SAF waitlist is approximately 22 weeks. The clinical lead is reallocating work and reviewing caseloads. Additional newly qualified nurses allocated to LBC will be expected to support demand. **M10 progress update:** *Action to be closed as now business as usual.*
- Timely on boarding of newly qualified nurses to enable new starters to support with demand and assessment capacity. M09 progress update: All NQN's allocated team leads for induction and start dates. NQNs scheduled to join from January 2025. **M10 progress update:** *Action to be closed as complete. .*
- Deep dive into Did Not Attend (DNA's) and adherence to DNA Standard Operating Procedure (SOP). DNA reviews continue weekly in line with SOP. **M10 progress update:** *Action to be closed as now business as usual.*

Core Indicators – SPC Trend (Achieved in Month)

Core Indicators – SPC Trend (Access and Waiting Times)

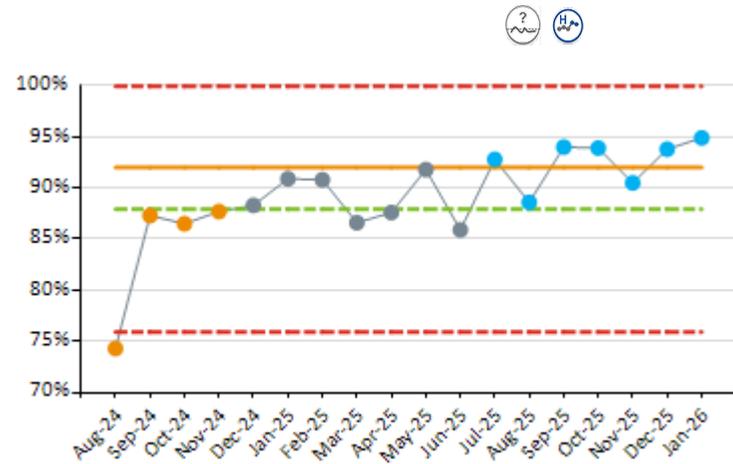
Referral to Assessment within 4 weeks (Trust Measure)



13 Month Trend

90.0%	91.7%	93.1%	94.2%	94.7%	93.5%	93.3%	92.4%	94.5%	95.1%	95.8%	95.7%	95.8%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

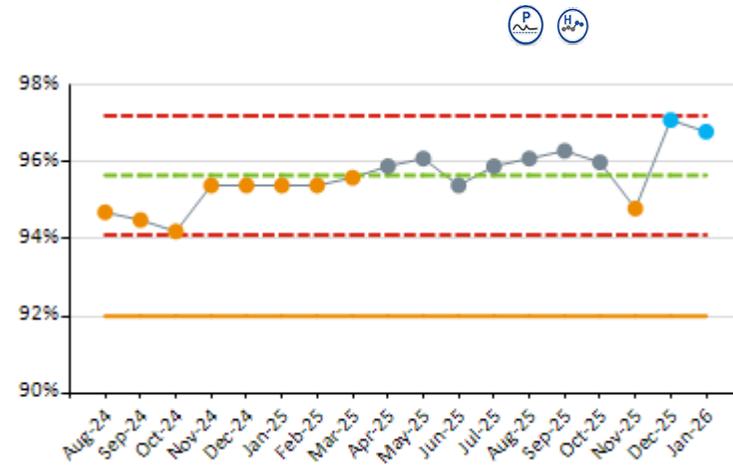
CAMHS Compliance within 18 week waits (Referral to Treatment) (Trust Measure)



13 Month Trend

90.9%	90.8%	86.6%	87.6%	91.8%	85.9%	92.8%	88.6%	94.0%	93.9%	90.5%	93.8%	94.9%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

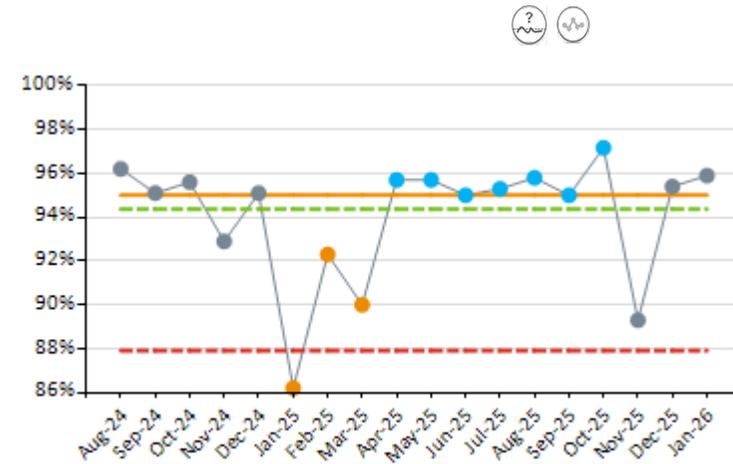
Referral to Treatment within 18 weeks (Trust Measure)



13 Month Trend

95.4%	95.4%	95.6%	95.9%	96.1%	95.4%	95.9%	96.1%	96.3%	96.0%	94.8%	97.1%	96.8%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

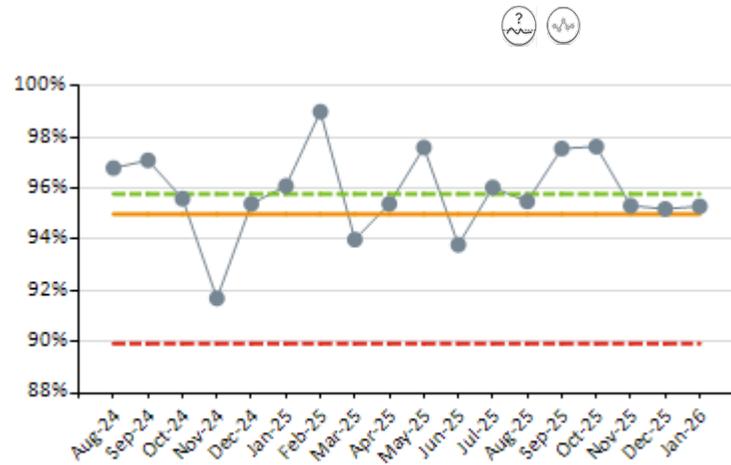
MH Liaison 1 Hour Response (Emergency) (Trust Measure)



13 Month Trend

86.2%	92.3%	90.0%	95.7%	95.7%	95.0%	95.3%	95.8%	95.0%	97.2%	89.3%	95.4%	95.9%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

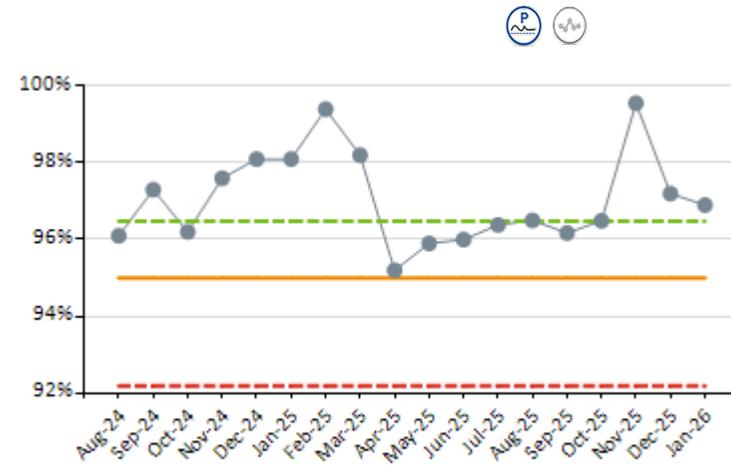
MH Liaison 4 Hour Response (Urgent) (Trust Measure)



13 Month Trend

96.1%	99.0%	94.0%	95.4%	97.6%	93.8%	96.0%	95.5%	97.6%	97.6%	95.3%	95.2%	95.3%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

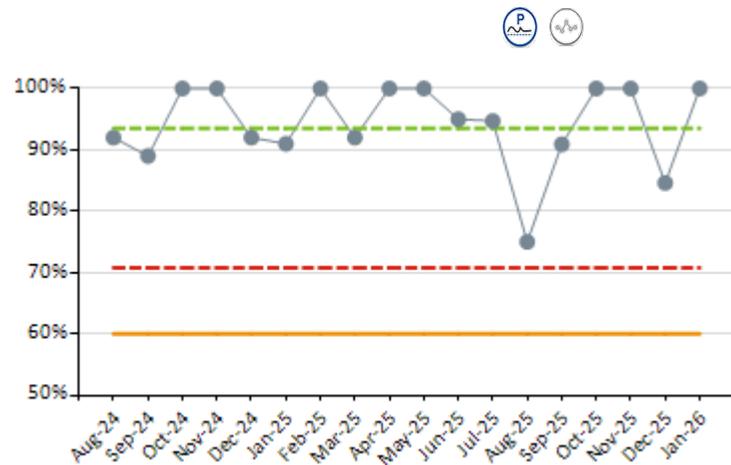
MH Liaison 24 Hour Response (Urgent from General Hospital Ward) (Trust Measure)



13 Month Trend

98.1%	99.4%	98.2%	95.2%	95.9%	96.0%	96.4%	96.5%	96.2%	96.5%	99.6%	97.2%	96.9%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

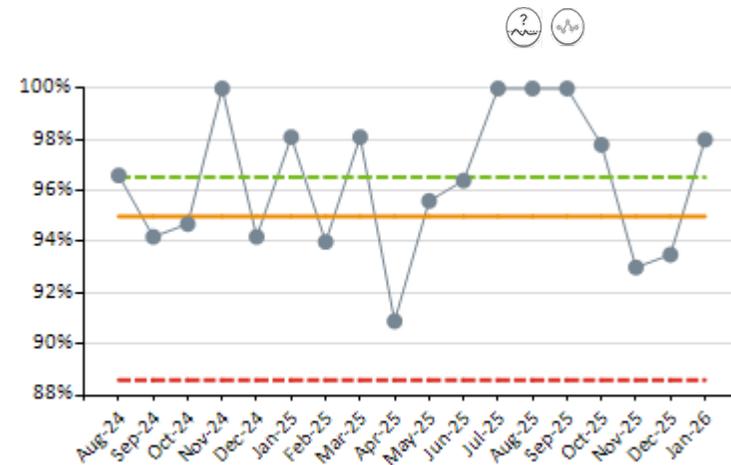
Early Intervention - A Maximum of 2 Week Waits for Referral to Treatment (National Measure)



13 Month Trend

91.0%	100.0%	92.0%	100.0%	100.0%	95.0%	94.7%	75.0%	90.9%	100.0%	100.0%	84.6%	100.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

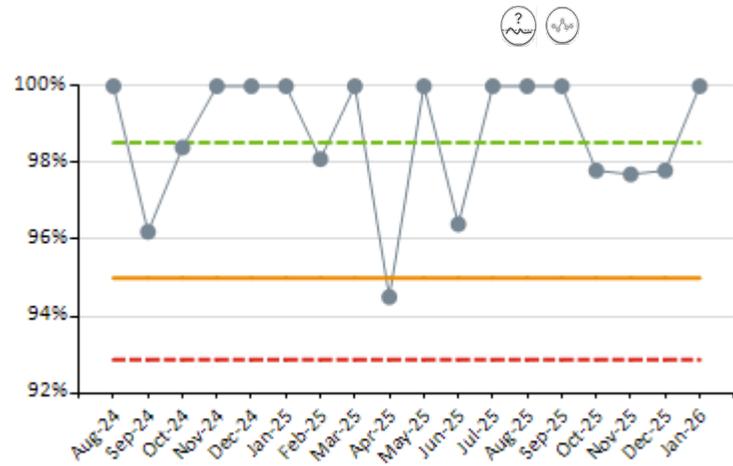
48 Hour Follow Up (Trust Measure)



13 Month Trend

98.1%	94.0%	98.1%	90.9%	95.6%	96.4%	100.0%	100.0%	100.0%	97.8%	93.0%	93.5%	98.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

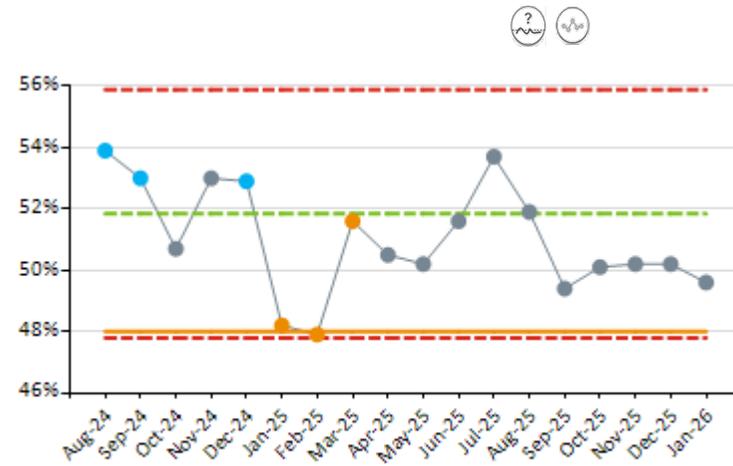
7 Day Follow Up (All Patients) (Trust Measure)



13 Month Trend

100.0%	98.1%	100.0%	94.5%	100.0%	96.4%	100.0%	100.0%	100.0%	97.8%	97.7%	97.8%	100.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

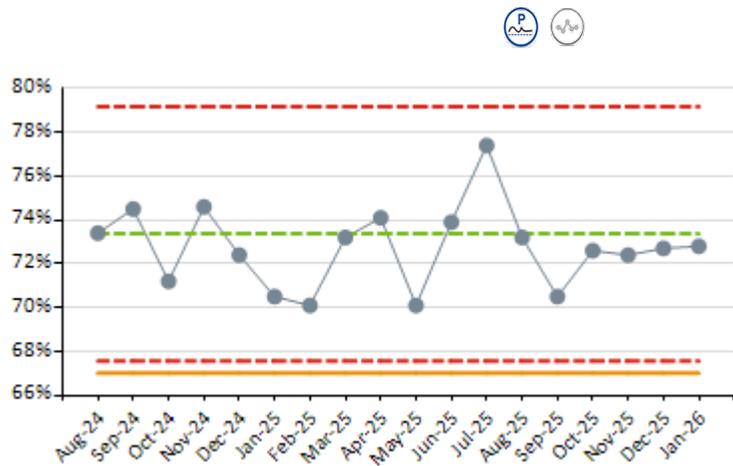
Talking Therapies for Anxiety and Depression: Reliable Recovery (National Measure)



13 Month Trend

48.2%	47.9%	51.6%	50.5%	50.2%	51.6%	53.7%	51.9%	49.4%	50.1%	50.2%	50.2%	49.6%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Talking Therapies for Anxiety and Depression: Reliable Improvement (National Measure)

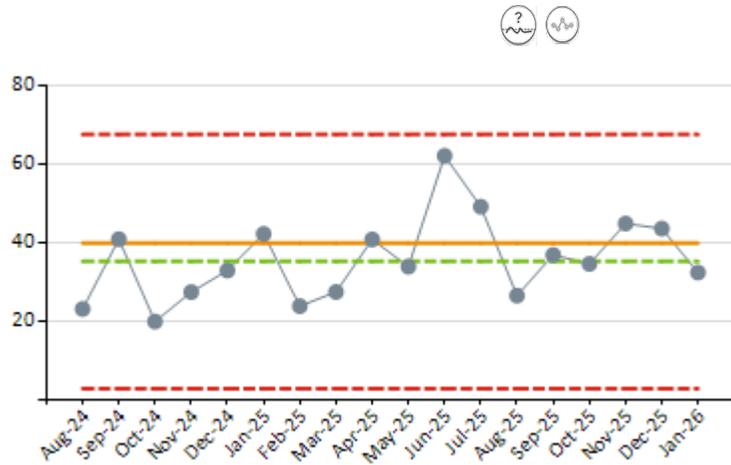


13 Month Trend

70.5%	70.1%	73.2%	74.1%	70.1%	73.9%	77.4%	73.2%	70.5%	72.6%	72.4%	72.7%	72.8%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Core Indicators – SPC Trend (Inpatient and Quality)

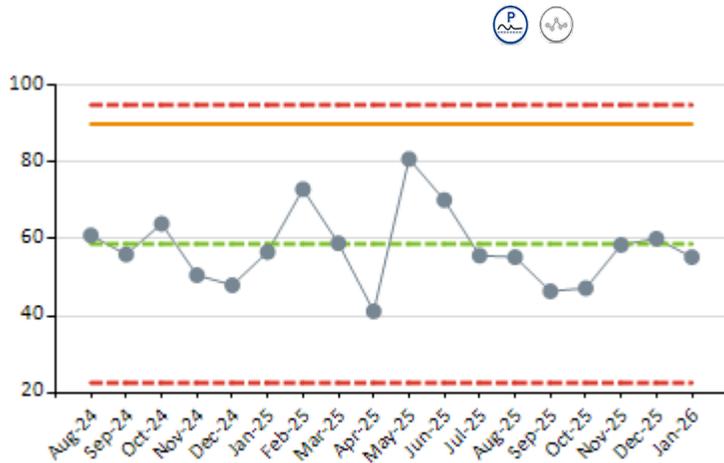
Average Length of Stay - Adult (National Measure)



13 Month Trend

42.4	23.9	27.5	40.9	34.0	62.3	49.3	26.6	37.0	34.7	45.0	43.7	32.5
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

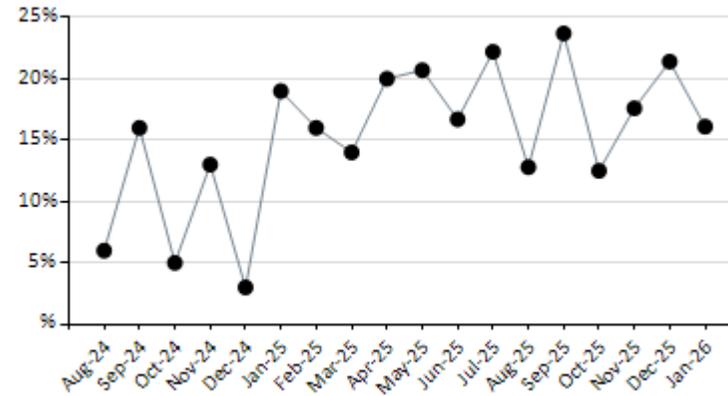
Average Length of Stay - Older Adult (National Measure)



13 Month Trend

56.6	73.0	58.9	41.2	80.9	70.2	55.7	55.3	46.4	47.2	58.5	60.1	55.3
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

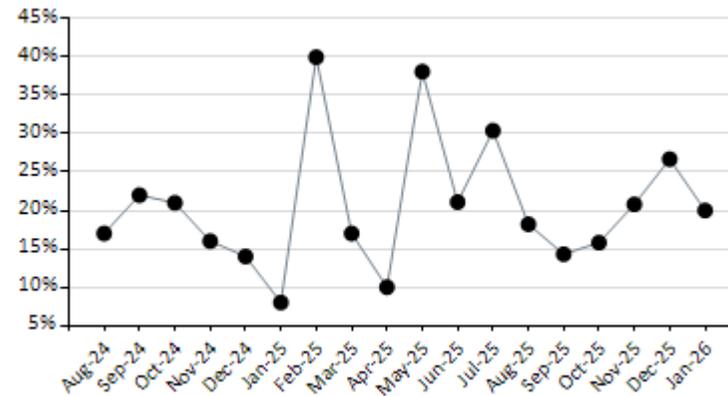
Adult Acute LoS-Over 60 days as a % of all discharges (National Measure)



13 Month Trend

19.0%	16.0%	14.0%	20.0%	20.7%	16.7%	22.2%	12.8%	23.7%	12.5%	17.6%	21.4%	16.1%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

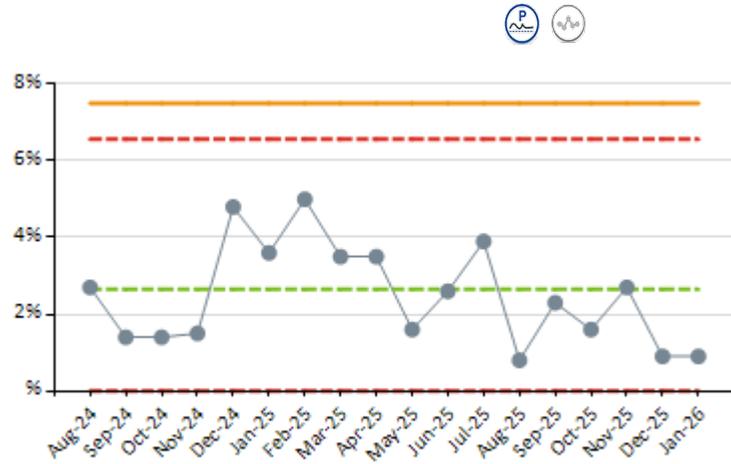
Older Adult Acute LoS-Over 90 days as a % of all discharges (National Measure)



13 Month Trend

8.0%	40.0%	17.0%	10.0%	38.1%	21.1%	30.4%	18.2%	14.3%	15.8%	20.8%	26.7%	20.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

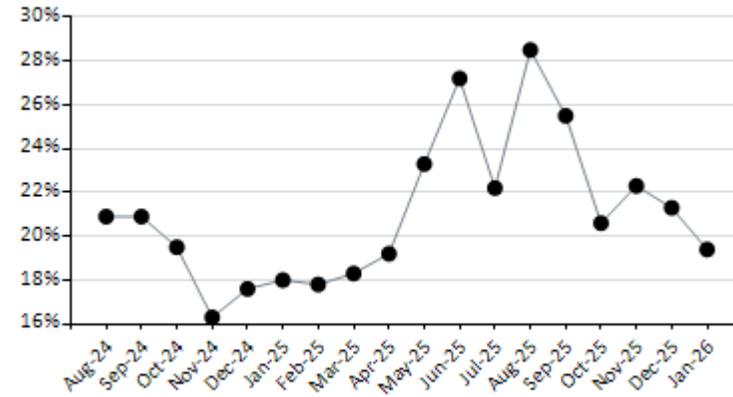
Emergency Readmissions rate (30 days) (Trust Measure)



13 Month Trend

3.6%	5.0%	3.5%	3.5%	1.6%	2.6%	3.9%	0.8%	2.3%	1.6%	2.7%	0.9%	0.9%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Clinically Ready for Discharge (CRFD) (Trust Measure)

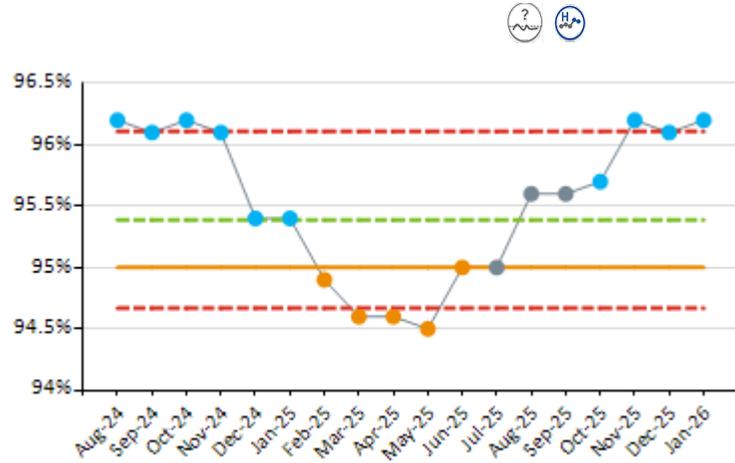


13 Month Trend

18.0%	17.8%	18.3%	19.2%	23.3%	27.2%	22.2%	28.5%	25.5%	20.6%	22.3%	21.3%	19.4%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Core Indicators – SPC Trend (Community and Quality)

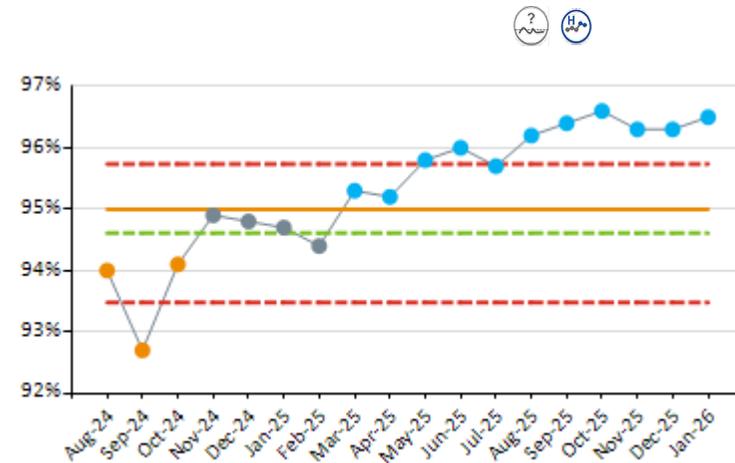
Care Plan Compliance (Trust Measure)



13 Month Trend

95.4%	94.9%	94.6%	94.6%	94.5%	95.0%	95.0%	95.6%	95.6%	95.7%	96.2%	96.1%	96.2%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Risk Assessment Compliance (Trust Measure)

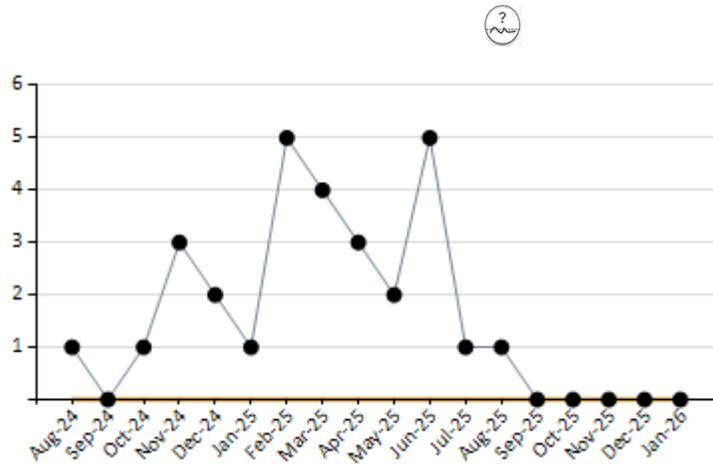


13 Month Trend

94.7%	94.4%	95.3%	95.2%	95.8%	96.0%	95.7%	96.2%	96.4%	96.6%	96.3%	96.3%	96.5%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Core Indicators – SPC Trend (Organisational Health)

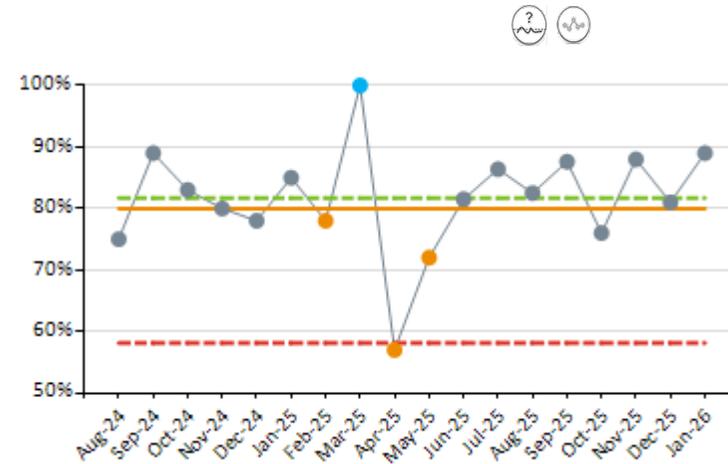
Complaints Open Beyond Agreed Timescale (Trust Measure)



13 Month Trend

1	5	4	3	2	5	1	1	0	0	0	0	0
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

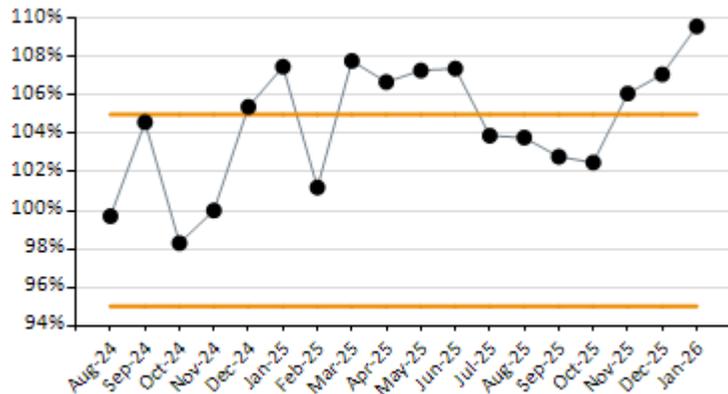
Friends and Family Test - Recommended (Trust Measure)



13 Month Trend

85.0%	78.0%	100.0%	57.0%	72.0%	81.5%	86.4%	82.5%	87.6%	76.0%	88.0%	81.0%	89.0%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Safe Staffing (National Measure)

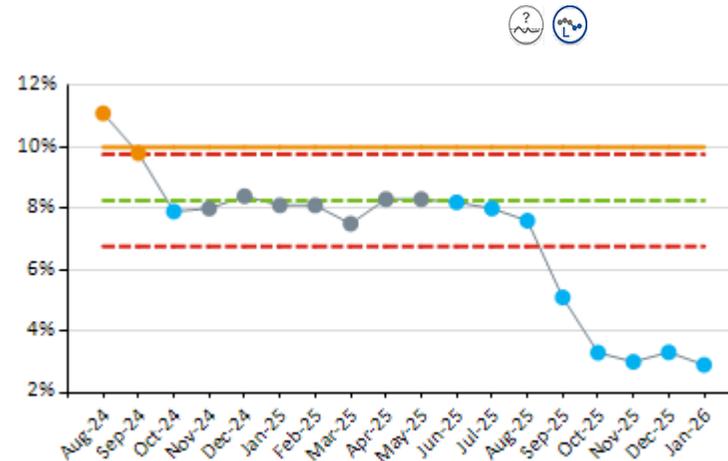


The safer staffing fill rate was 109.6% which is over the 105% threshold. This is due 5 wards reporting high acuity and staffing above the 105% threshold,

13 Month Trend

107.5%	101.2%	107.8%	106.7%	107.3%	107.4%	103.9%	103.8%	102.8%	102.5%	106.1%	107.1%	109.6%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

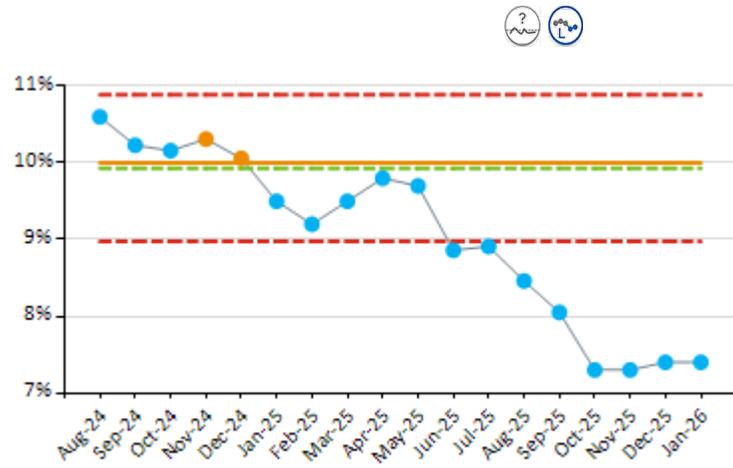
Vacancy Rate (Trust Measure)



13 Month Trend

8.1%	8.1%	7.5%	8.3%	8.3%	8.2%	8.0%	7.6%	5.1%	3.3%	3.0%	3.3%	2.9%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

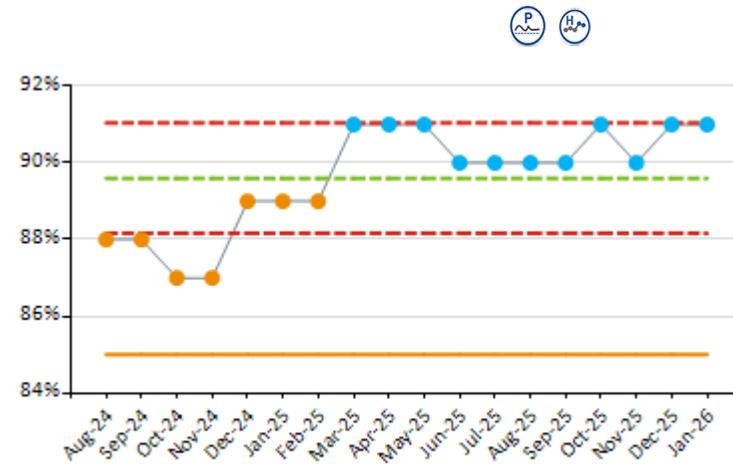
Staff Turnover (Trust Measure)



13 Month Trend

9.5%	9.2%	9.5%	9.8%	9.7%	8.9%	8.9%	8.5%	8.1%	7.3%	7.3%	7.4%	7.4%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Statutory & Mandatory Training (Trust Measure)



13 Month Trend

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

Enclosure No: 9

FINANCE POSITION MONTH 10

Report provided for:				
Approve	<input type="checkbox"/>	Alert	<input type="checkbox"/>	Report to: Public Trust Board
Assure	<input checked="" type="checkbox"/>	Advise	<input type="checkbox"/>	
Information	<input type="checkbox"/>			
Report provided for:				Date of Meeting: 12 March 2026

Presented by:	Lisa Dodds, Deputy Chief Finance Officer
Prepared by:	Michelle Wild – Financial Controller Rachel Heath – Project Accountant Michelle Geddes – Assistant Chief Finance Officer
Executive Lead:	Eric Gardiner – Chief Finance Officer

Aligned to Board Assurance Framework Risk:	Financial Sustainability - There is a risk to the Trust's long term financial sustainability due to failure to deliver the recurrent savings programme, and higher than planned bank and agency expenditure
7 Levels of Assurance:	Level 7 - Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes over a defined period of time i.e. 3 months
Approval / Review:	SLT
Strategic Priorities:	Growth - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce
Key Enablers:	Sustainability - We will increase our efficiency and effectiveness through sustainable development
Sustainability:	Share learning and best practice
Resource Implications:	No
Diversity & Inclusion Implications:	This paper has neither a positive or negative impact on EDI.
ICS Alignment / Implications:	Part of the aggregate ICS reported financial position.

<p>Recommendation / Required Action:</p>	<p>Receive the Month 10 position noting:</p> <ul style="list-style-type: none"> • The year-to-date surplus of £942k against a planned deficit of £144k, giving a favourable variance of £1,086k. • The underlying financial position (ULP) of £955k deficit. • Agency expenditure of £1,373k against a plan of £1,291k, resulting in an adverse variance of £82k. The Trust is forecasting an adverse variance against planned agency spend of £22k. • Bank expenditure of £5,368k against a plan of £4,751k, giving an adverse variance of £617k. The Trust is forecasting an adverse variance against planned bank spend of £652k. • The Trust is forecasting full achievement of the Trust £7.4m CIP target, with a total of £7.1m fully achieved / transacted, and £0.3m opportunities identified. • The Trust has spent £3,397k on capital, which is £781k behind plan. • The cash position of the Trust on 31st January with a balance of £31.4m.
<p>Executive Summary:</p>	<p>The Adjusted Financial Performance in month is a surplus of £329k against a planned surplus of £72k giving a favourable variance of £257k. The year to date position is a surplus of £942k against a planned deficit of £144k giving a favourable variance of £1,086k. The Trust is forecasting a surplus of £1,750k at year end.</p> <p>The Trust is reporting an underlying financial position (ULP) of £955k deficit and the ULP will form the start point of the 2026/27 medium-term plan.</p> <p>The Trust has a recurrent CIP target of £6.0m, a non-recurrent target of £1.4m. At Month 10 the Trust is reporting delivery of £5.898k CIP against a target of £6,078k, an adverse variance of £180k. CIP schemes have been identified for the full target with 96% being implemented and 4% are opportunities.</p> <p>In month agency expenditure was £111k against a plan of £110k representing an adverse variance of £1k against the 40% agency expenditure reduction from 2024/25.</p> <p>In month bank expenditure was £468k against a plan of £351k representing an unfavourable variance of £117k against the 10% bank expenditure reduction from 2024/25.</p> <p>The Trust's capital expenditure year to date was £3,397k against a plan of £4,178k giving a favourable variance of £781k. The Trust is forecasting to overspend by £265k against plan due to backlog maintenance and NHS Notify.</p>

	<p>In month, 95.6% based on the number of invoices and 98.9% based on the value of invoices received by the Trust were paid within 30 days against the Better Payment Practice Code target of 95%.</p> <p>The cash position of the Trust on 31st January is £31.4m.</p>
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VERSION CONTROL:

Version	Report to	Date Reported
1	SLT	16/02/2026
1	Finance & Resource Committee	23/02/2026
1	Public Trust board	05/03/2026



PUBLIC TRUST BOARD – 12th March 2026

Finance Position Month 10



This report summarises the Trust's financial position as of 31st January 2026.

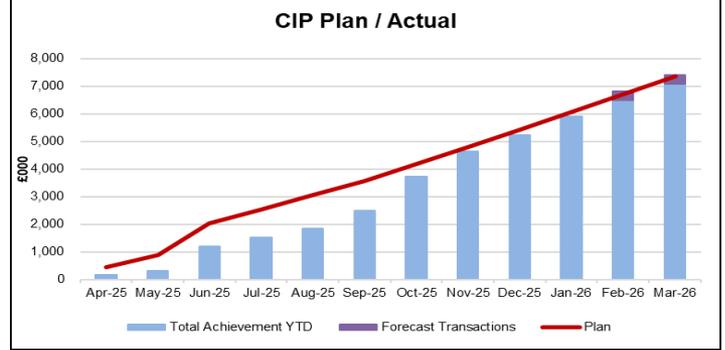
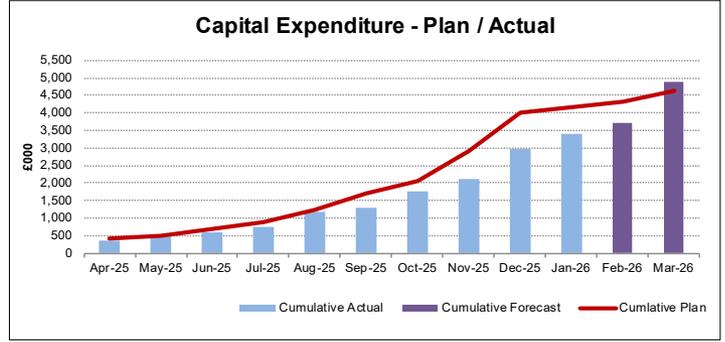
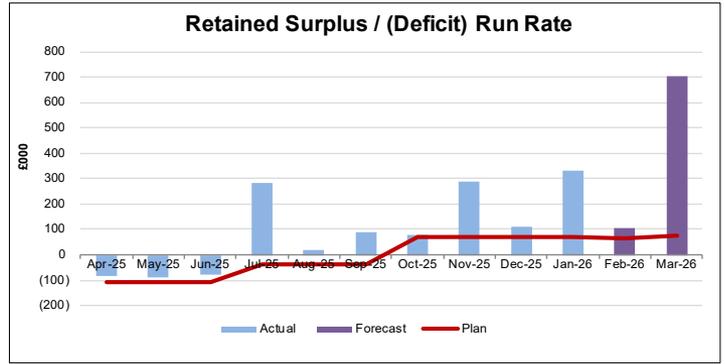
Key financial performance metrics are included for the following:

- Income & expenditure position.
- Forecast.
- Underlying position.
- Agency expenditure.
- Bank expenditure.
- CIP delivery.
- Capital Expenditure.
- Statement of Financial Position.
- Better Payment Practice Code.



Financial Overview as at 31st January 2026

Key Metrics							
£000	M8	M9	M10	YTD	Average	Forecast	RAG
Variance to Plan							
In month financial position	217	39	257	1,086	109		
YTD financial position	790	829	1,086	1,086	109	1,750	Green
Run Rates (Actuals)							
Income	15,228	15,232	15,117	149,220	14,922	179,561	Yellow
Pay	(9,146)	(9,159)	(8,968)	(90,586)	(9,059)	(108,927)	Green
Non-pay	(7,022)	(5,675)	(5,520)	(56,246)	(5,625)	(66,820)	Yellow
Finance & Other Non Operating	(271)	(247)	(256)	(2,541)	(254)	(3,074)	Yellow
Agency (Actuals)							
	(101)	(94)	(111)	(1,373)	(137)	(1,526)	Green
Agency Variance To Plan							
Medical Agency	7	16	(1)	(82)	(8)	(22)	Red
Nurse Agency	0	14	(14)	(51)	(5)	6	Green
Other Agency	7	2	8	(8)	(1)	(4)	Red
Non Clinical Agency	0	0	5	(24)	(2)	(24)	Red
Bank (Actuals)							
	(510)	(478)	(468)	(5,368)	(537)	(6,105)	Green
Bank Variance To Plan							
Medical Bank	(158)	(127)	(117)	(617)	(62)	(652)	Red
Nurse Bank	(16)	(1)	5	254	25	223	Green
Other Clinical Bank	104	114	113	2,027	203	2,335	Green
Non Clinical Bank	(230)	(226)	(225)	(2,768)	(277)	(3,063)	Red
Non Clinical Bank	(16)	(15)	(9)	(130)	(13)	(147)	Red
CIP (Variance)	279	(31)	28	(180)	(18)	42	Green
Cash balance	36,257	34,564	31,414	31,414	33,121	34,971	Green
Capital expenditure (Variance)	526	683	(846)	780	78	(265)	Red
BPPC							
Number	95.4%	95.9%	95.6%	94.9%	94.9%		Yellow
Value	99.0%	99.3%	98.9%	97.9%	97.8%		Green



RAG	Description
Red	Above plan / budget (more than 5%).
Yellow	Above plan / budget (within 5%).
Green	Within plan / budget.

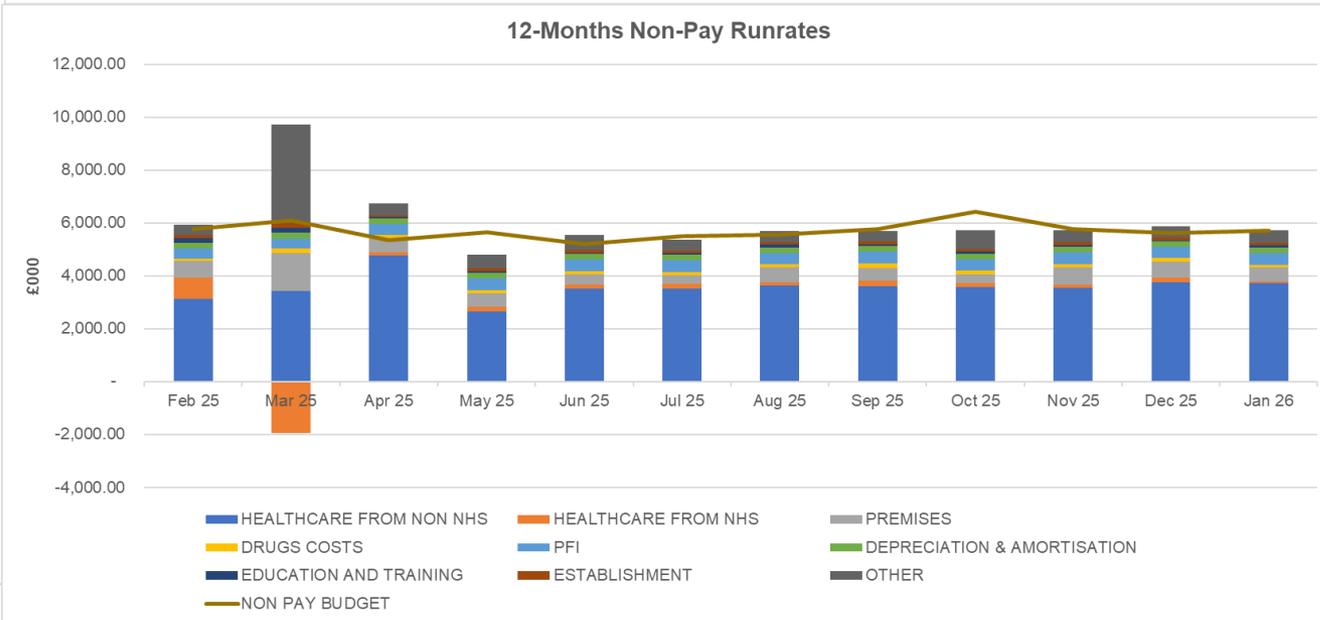
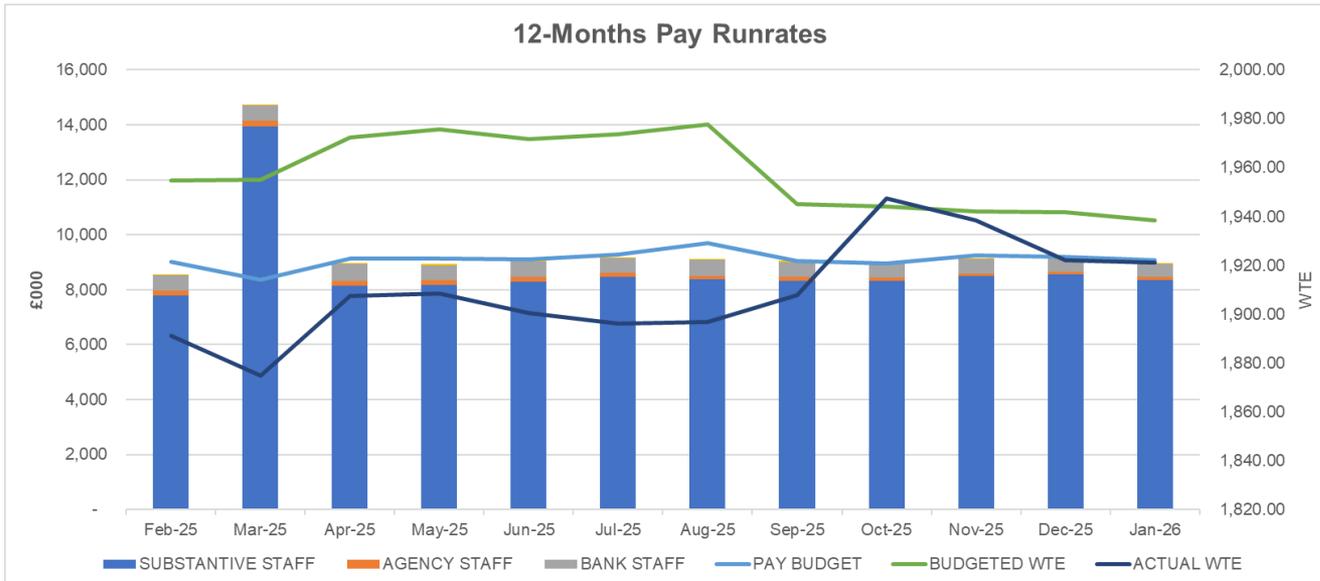


High Level Analysis	Annual Plan	In Month Budget	In Month Actuals	Variance	Year to Date Budget	Year to Date Actuals	Variance	Forecast Budget	Forecast Actuals	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income from Patient Care Activities	160,534	13,553	13,594	41	135,383	133,973	(1,411)	162,480	161,322	(1,158)
Income from Other Operating Activities	15,692	1,379	1,523	143	14,771	15,247	476	17,551	18,239	688
Income	176,226	14,932	15,117	184	150,154	149,220	(934)	180,031	179,561	(470)
Pay Costs	(105,754)	(9,064)	(8,968)	95	(91,877)	(90,586)	1,290	(110,215)	(108,927)	1,288
Non Pay Costs	(66,956)	(5,515)	(5,520)	(5)	(55,540)	(56,246)	(706)	(66,370)	(66,820)	(450)
Operating Expenditure	(172,710)	(14,578)	(14,488)	90	(147,417)	(146,832)	584	(176,585)	(175,747)	838
EBITDA	3,516	354	628	274	2,738	2,387	(350)	3,446	3,814	369
Finance & Other Non Operating Costs	(3,040)	(247)	(256)	(9)	(2,476)	(2,541)	(66)	(2,970)	(3,074)	(104)
Retained Surplus / (Deficit)	476	107	373	266	262	(154)	(416)	476	740	264
Add Back Impairments	0	0	0	0	0	1,531	1,531	0	1,531	1,531
Surplus/(deficit) before impairments	476	107	373	266	262	1,377	1,115	476	2,272	1,796
Technical Adjustments	(476)	(35)	(43)	(8)	(406)	(435)	(29)	(476)	(521)	(45)
Adjusted Financial Performance	0	72	329	257	(144)	942	1,086	0	1,750	1,750

Note: The Adjusted Financial Performance removes the impact of donated asset additions and depreciation and impairments and adjusts for the impact of the PFI revenue costs under IFRS16 compared to on a UK GAAP basis. EBITDA is Earnings Before Interest, Taxes, Depreciation, and Amortisation. It is a non-GAAP metric that provides a measure of core business profitability.

- In month surplus of £329k against a planned surplus of £72k giving a favourable variance of £257k.
- Year to date position is a surplus of £942k against a planned deficit of £144k giving a favourable variance of £1,086k. The main driver of the year to date favourable variance is vacancy slippage particularly in the Community, Education and Estates teams being offset with non pay adverse variances because of unmet CIP and high patient transport costs.
- The Trust is forecasting to deliver a £1,750k surplus at year end.
- Income year to date is under performing due to lower than planned patient placement income (£1,304k - offset with decreased non pay expenditure) and service development slippage, partly offset by increased education and training income.
- Pay year to date is favourable due to vacancy slippage particularly in the Community, Education and Estates teams.
- Non-pay year to date has an adverse variance due to impairments totalling £1,531k, unmet CIP of £180k, high premises costs and high patient transport costs (£421k year to date) due to a significant increase in out of area patients, partly offset by an underspend on patient placements (£1,304k - offset with decreased patient placements income).
- Finance and other non-operating costs have an adverse variance of £66k year to date due to reduced bank interest following the reduction in the interest rate from 7th August and a further reduction from 18th December.





Mitigations	Best £000	Base £000	Worse £000
Unmitigated Forecast Surplus / (Deficit)	1,367	1,367	1,367
Modifications to staffing projections	0	0	(183)
HR Provision	(31)	(215)	(364)
Non-Pay Cost Adjustments	(12)	(361)	(417)
Estates Reviews and Assessments	260	260	(37)
Release of balance sheet flexibilities	786	393	0
Recovery of bad debt	536	122	0
PFI Exit Expenditure	(90)	(90)	(260)
Income Provision	116	116	0
Industrial Action	158	158	158
Mitigated Surplus / (Deficit)	3,089	1,750	263

- The Trust is forecasting a surplus at year end which includes HR provisions, recovery of bad debt, industrial action income and release of balance sheet flexibilities.
- The best-case forecast indicates the Trust could deliver a potential surplus of £3,089k. This includes no further workforce growth beyond the M10 position, the release of further balance sheet opportunities and recovery of bad debt with the Local Authorities.
- The worse-case forecast indicates the Trust would be in a deficit of £263k. This includes lower staff turnover rates, increased PFI Exit expenditure and HR provisions.



Finance Position

Underlying Position (ULP)

Heading	Income £000	Employee Expenses £000	Operating expenses £000	Non Operating Items £000	Adjusted Position £000
2025/26 Forecast	179,561	(108,926)	(69,229)	344	1,750
Forecast non-recurring efficiencies	(200)	(828)	(359)	0	(1,387)
Forecast deficit support funding	0	0	0	0	0
FYE of forecast recurring efficiencies - cash releasing	0	304	109	0	412
FYE of forecast recurring efficiencies - non-cash releasing	0	0	0	0	0
FYE of forecast investments	0	0	0	0	0
Gains and losses and donations	0	0	9	114	123
Non-Recurring Redundancy costs	0	0	0	0	0
Non-Recurring Cost of Change (Excluding redundancy)	0	0	0	0	0
Full year effect of service developments	378	(378)	(111)	0	(111)
Non-recurrent investments	(886)	766	120	0	0
Non Recurrent Income, Bad Debt Reduction and Provision Release	(627)	0	(1,115)	0	(1,742)
2025/26 Underlying Position	178,226	(109,062)	(70,577)	458	(955)

- The underlying financial position (ULP) represents the true, sustainable, recurring financial position of the Trust after removing non-recurrent items.
- The Trust's current break-even forecast includes several non-recurrent and timing-based items:
 - Non recurrent Income, bad debt reduction and provisions release
 - Delayed recruitment
 - Non recurrent efficiencies
 - Full year effect of recurring efficiencies
 - Disposal loss
 - Full year effect of service developments.
- The Trust is reporting an **underlying financial position (ULP) of £955k** deficit after adjusting for the items noted above. This represents a slight worsening compared with M09 reflecting recurrent efficiencies in M10.
- The ULP will form the start point of the 2026/27 medium-term plan.



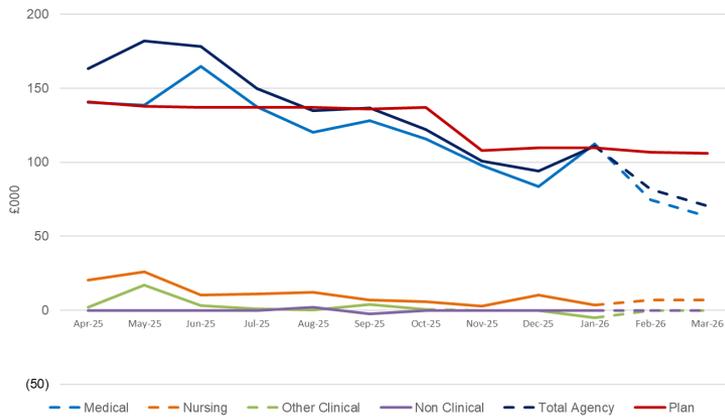
Finance Position

Agency Expenditure

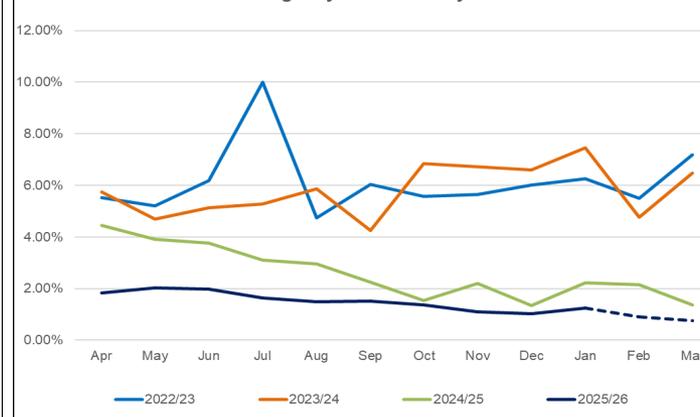
Agency Expenditure	Actual											Forecast			Total
	Apr-25 £000	May-25 £000	Jun-25 £000	Jul-25 £000	Aug-25 £000	Sep-25 £000	Oct-25 £000	Nov-25 £000	Dec-25 £000	Jan-26 £000	YTD £000	Feb-26 £000	Mar-26 £000		
Medical	(141)	(139)	(165)	(138)	(120)	(128)	(116)	(98)	(84)	(112)	(1,240)	(75)	(64)	(1,378)	
Community	(96)	(95)	(112)	(105)	(81)	(87)	(99)	(77)	(74)	(93)	(918)	(63)	(61)	(1,042)	
Specialist Care	(17)	(19)	(26)	(20)	(22)	(1)	0	0	0	0	(105)	0	0	(105)	
Primary Care	(28)	(24)	(27)	(12)	(18)	(36)	(17)	(21)	(10)	(19)	(212)	(12)	(3)	(227)	
Central Services	0	0	0	0	0	(5)	0	0	0	0	(5)	0	0	(5)	
Nursing	(20)	(26)	(10)	(11)	(12)	(7)	(6)	(3)	(10)	(4)	(110)	(7)	(7)	(124)	
Acute Services & Urgent Care	(2)	(10)	(3)	(5)	(6)	0	(0)	(0)	(3)	(3)	(34)	0	0	(34)	
Quality & Nursing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Primary Care	(5)	1	(5)	(4)	(5)	(4)	(4)	(2)	(2)	(0)	(29)	(3)	(3)	(34)	
Community	0	0	0	0	(0)	0	0	0	0	0	(0)	0	0	(0)	
Specialist Care	(13)	(17)	(2)	(3)	(1)	(3)	(2)	(1)	(5)	(0)	(48)	(4)	(4)	(56)	
Central Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Clinical	(2)	(17)	(3)	(1)	(0)	(4)	(0)	0	0	5	(24)	0	0	(24)	
Acute Services & Urgent Care	(1)	(0)	0	0	(0)	(1)	0	0	0	0	(3)	0	0	(3)	
Quality & Nursing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Specialist Care	(1)	(12)	(8)	(1)	0	(3)	(0)	0	0	0	(26)	0	0	(26)	
Primary Care	0	(5)	5	0	0	0	0	0	0	5	5	0	0	5	
Non Clinical	0	0	0	0	(2)	2	0	0	0	0	0	0	0	0	
Quality & Nursing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
People & OD	0	0	0	0	(2)	2	0	0	0	0	0	0	0	0	
Specialist Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Agency	(163)	(182)	(178)	(150)	(135)	(137)	(122)	(101)	(94)	(111)	(1,373)	(82)	(71)	(1,526)	
Agency as a % of Pay	1.82%	2.04%	1.97%	1.63%	1.48%	1.51%	1.36%	1.10%	1.03%	1.24%	1.52%	0.90%	0.77%	1.40%	
Plan	(141)	(138)	(137)	(137)	(137)	(136)	(137)	(108)	(110)	(110)	(1,291)	(107)	(106)	(1,504)	
Variance to Plan (Overspend) / Underspend	(22)	(44)	(41)	(13)	2	(1)	15	7	16	(1)	(82)	25	35	(22)	
Agency Variance as a % of Plan	15.74%	31.84%	30.17%	9.37%	(1.45%)	0.60%	(10.82%)	(6.64%)	(14.39%)	1.01%	6.39%	(23.61%)	(33.43%)	1.4%	

- Planned agency expenditure for 2025/26 is £1,504k this represents a mandated 40% reduction of 2024/25 expenditure levels.
- In month expenditure is £111k against planned expenditure of £110k representing an adverse variance of £1k.
- Year to date expenditure is £1,373k against planned expenditure of £1,291k representing an adverse variance of £82k.
- Forecast agency expenditure is slightly above plan at £1,526k giving an adverse variance of £22k against planned expenditure of £1,504.
- Year to date nursing (qualified and unqualified) and locum spend are the main drivers of the adverse variance.
- Locum utilisation continues to represent the principal driver of agency expenditure year-to-date and within the forecast outturn. However, expenditure is now demonstrating a downward trajectory as the Directorate's measures to reduce reliance on agency staffing take effect.

Agency Expenditure by Staff Group



Agency as a % of Pay

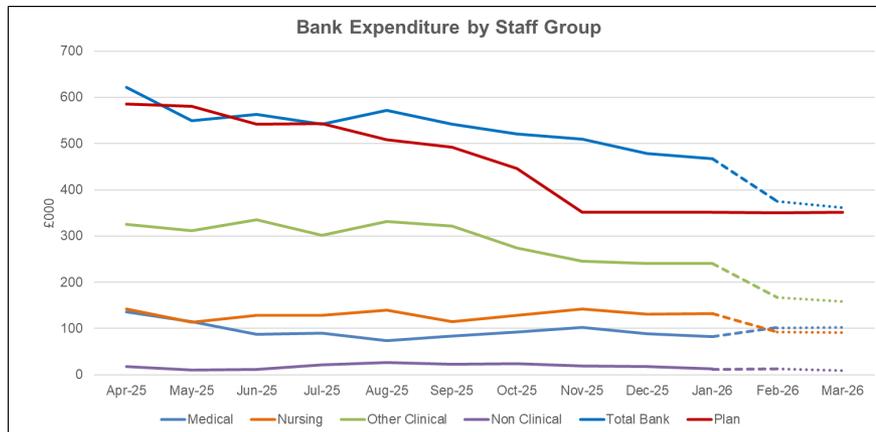


Finance Position

Bank Expenditure

Bank Expenditure	Actual											YTD £000	Forecast		Total
	Apr-25 £000	May-25 £000	Jun-25 £000	Jul-25 £000	Aug-25 £000	Sep-25 £000	Oct-25 £000	Nov-25 £000	Dec-25 £000	Jan-26 £000	Feb-26 £000		Mar-26 £000		
Medical	(136)	(115)	(88)	(90)	(74)	(84)	(93)	(103)	(88)	(82)	(953)	(102)	(103)	(1,158)	
Acute Services & Urgent Care	(18)	(24)	(24)	(23)	(23)	(17)	(26)	(26)	(18)	(17)	(214)	(26)	(26)	(267)	
Community	(64)	(38)	(29)	(17)	(31)	(28)	(31)	(32)	(28)	(8)	(307)	(27)	(27)	(360)	
Specialist Care	(54)	(54)	(35)	(50)	(12)	(39)	(35)	(44)	(42)	(43)	(408)	(48)	(48)	(504)	
Medical & Clinical Effectiveness	0	0	0	0	0	0	0	0	0	(15)	(15)	(1)	(1)	(18)	
Central Services	0	0	0	0	(9)	0	0	0	0	0	(9)	0	0	(9)	
Nursing	(142)	(114)	(129)	(129)	(140)	(115)	(129)	(142)	(132)	(133)	(1,303)	(92)	(91)	(1,487)	
Acute Services & Urgent Care	(101)	(88)	(82)	(72)	(81)	(70)	(88)	(89)	(86)	(90)	(847)	(68)	(68)	(984)	
Community	(4)	(4)	(14)	(8)	(9)	(9)	(13)	(13)	(10)	(5)	(90)	(0)	(0)	(90)	
Quality & Nursing	(1)	0	0	(0)	(1)	(0)	0	0	0	(0)	(3)	0	0	(3)	
People & OD	(2)	(3)	(0)	(3)	(2)	(1)	(2)	(4)	(4)	(2)	(23)	(2)	(1)	(26)	
Primary Care	(1)	(2)	(2)	(3)	(1)	(1)	(1)	(1)	(1)	(2)	(15)	(1)	(1)	(17)	
Specialist Care	(32)	(16)	(31)	(43)	(41)	(33)	(24)	(35)	(29)	(34)	(320)	(20)	(20)	(361)	
Central Services	0	0	0	0	(5)	0	0	0	0	0	(5)	0	0	(5)	
Other Clinical	(325)	(311)	(335)	(301)	(332)	(321)	(275)	(246)	(241)	(240)	(2,928)	(167)	(158)	(3,253)	
Acute Services & Urgent Care	(200)	(186)	(174)	(169)	(175)	(171)	(156)	(153)	(138)	(101)	(1,624)	(82)	(72)	(1,777)	
Community	0	0	(0)	(0)	(0)	(0)	(2)	(1)	0	0	(4)	0	0	(4)	
Quality & Nursing	0	(0)	0	0	(0)	0	0	0	0	0	(0)	0	0	(0)	
MACE	(5)	(3)	(4)	(3)	(7)	(5)	(2)	(3)	(7)	(6)	(44)	(3)	(3)	(50)	
Operations	(3)	(3)	(3)	(2)	(4)	(3)	(4)	(4)	(2)	(2)	(30)	(3)	(3)	(37)	
People & OD	(6)	(3)	(2)	(3)	(5)	(8)	(3)	(1)	(2)	(4)	(38)	(4)	(4)	(46)	
Specialist Care	(111)	(114)	(151)	(123)	(129)	(134)	(107)	(84)	(91)	(127)	(1,170)	(76)	(76)	(1,322)	
Primary Care	(1)	(1)	(1)	(1)	(0)	(1)	(2)	(0)	0	0	(7)	0	0	(7)	
Central Services	0	0	0	0	(12)	0	0	0	0	0	(12)	0	0	(12)	
Non Clinical	(18)	(10)	(12)	(22)	(27)	(22)	(24)	(19)	(18)	(12)	(184)	(13)	(10)	(207)	
Acute Services & Urgent Care	(1)	(0)	(0)	(1)	(0)	(1)	(2)	(1)	(2)	(1)	(10)	(0)	(0)	(10)	
MACE	(0)	(0)	(1)	(0)	(1)	(1)	(1)	(1)	(1)	(1)	(5)	(1)	(1)	(6)	
Quality & Nursing	(5)	(3)	(3)	(3)	(4)	(4)	(4)	(4)	(5)	(2)	(36)	(4)	(4)	(43)	
People & OD	(8)	(3)	(7)	(15)	(19)	(13)	(10)	(10)	(5)	(4)	(93)	(6)	(2)	(101)	
Primary Care	(2)	(2)	(0)	(2)	(2)	(3)	(1)	(3)	(3)	(3)	(20)	(2)	(2)	(23)	
Central Services	0	0	0	0	(1)	0	0	0	0	0	(1)	0	0	(1)	
Specialist Care	(1)	(1)	(1)	(0)	(1)	(1)	(7)	(1)	(3)	(1)	(19)	(2)	(2)	(22)	
Total Bank	(622)	(550)	(564)	(542)	(572)	(542)	(520)	(510)	(478)	(468)	(5,368)	(376)	(361)	(6,105)	
Bank as a % of Pay	6.93%	6.16%	6.22%	5.90%	6.27%	5.99%	5.79%	5.57%	5.22%	5.21%	5.93%	4.12%	3.92%	5.60%	
Plan	(585)	(581)	(542)	(543)	(508)	(492)	(446)	(352)	(351)	(351)	(4,751)	(350)	(352)	(5,453)	
Variance to Plan (Overspend) / Underspend	(37)	31	(22)	1	(64)	(50)	(74)	(158)	(127)	(117)	(617)	(26)	(9)	(652)	
Bank Variance as a % of Plan	6.24%	(5.36%)	4.02%	(0.13%)	12.61%	10.25%	16.67%	44.82%	36.23%	33.21%	12.98%	7.32%	2.66%	12.0%	

- Planned bank expenditure for 2025/26 is £5,453k this represents a mandated 10% reduction of 2024/25 expenditure levels.
- In month expenditure is £468k against planned expenditure of £351k representing an adverse variance of £117k.
- Year to date expenditure is £5,368k against planned expenditure of £4,751k representing an adverse variance of £617k.
- Forecast bank expenditure is £6,105k, £652k above plan.
- 75% of expenditure to date relates to nursing (qualified and unqualified) representing an adverse variance to plan of £545k.
- 18% of expenditure to date relates to medical staffing with a favourable variance to plan of £254k.
- The remaining adverse variance to plan is due to therapeutic staff to date totalling £189k, Infrastructure Support £130k and AHPs £7k.

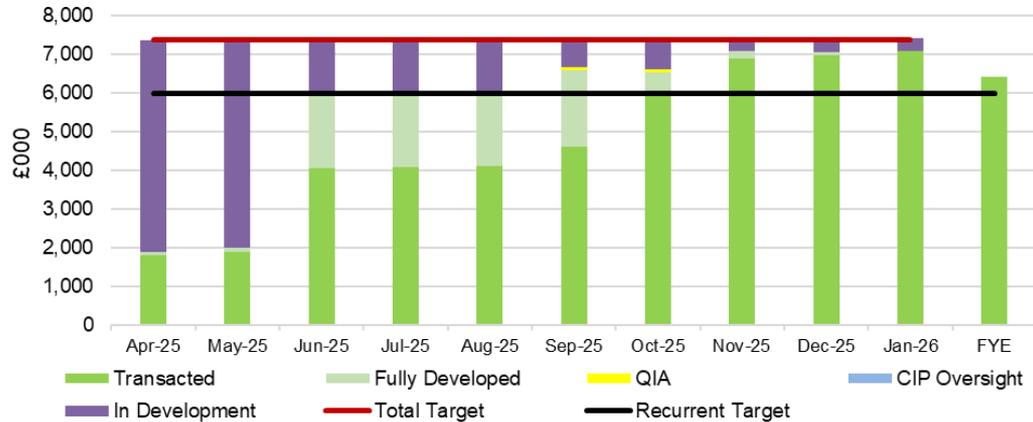


2025/26 Efficiency Identified Schemes	Target £000	YTD 2025/26			Total Forecast			Of which is Recurrent			Recurrent Full Year Effect		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Clinical													
Acute	360	285	250	(36)	360	308	(52)	360	308	(52)	360	366	6
Community	2,045	1,622	2,404	782	2,045	2,859	814	2,045	2,059	14	2,045	2,215	169
Specialist	644	511	376	(135)	644	464	(180)	644	464	(180)	644	563	(82)
Primary Care	19	15	50	34	19	60	40	19	60	40	19	60	40
Clinical Total	3,069	2,434	3,080	646	3,069	3,691	622	3,069	2,891	(178)	3,069	3,203	134
Corporate													
CEO	42	33	14	(19)	42	17	(25)	42	4	(38)	42	4	(38)
Q&N	300	238	72	(166)	300	95	(204)	300	95	(204)	300	163	(137)
S&D	364	288	87	(201)	364	113	(250)	364	70	(293)	364	82	(282)
Finance	93	74	36	(38)	93	45	(48)	93	45	(48)	93	60	(33)
Performance	32	26	0	(26)	32	0	(32)	32	0	(32)	32	0	(32)
Estates	56	44	10	(35)	56	11	(45)	56	4	(52)	56	6	(50)
MACE	104	83	2	(81)	104	2	(102)	104	2	(102)	104	2	(102)
Operational	1	1	1	(0)	1	1	(0)	1	1	(0)	1	1	(0)
People	174	138	11	(128)	174	13	(162)	174	13	(162)	174	14	(160)
Corporate Total	1,166	925	230	(694)	1,166	297	(869)	1,166	234	(932)	1,166	331	(835)
Trustwide	1,532	1,389	1,254	(135)	1,532	1,821	289	167	1,297	1,130	167	1,300	1,133
Productivity	1,600	1,330	1,333	3	1,600	1,600	0	1,600	1,600	0	1,600	1,600	0
Total Trust CIP	7,367	6,078	5,898	(180)	7,367	7,409	42	6,002	6,022	20	6,002	6,434	432

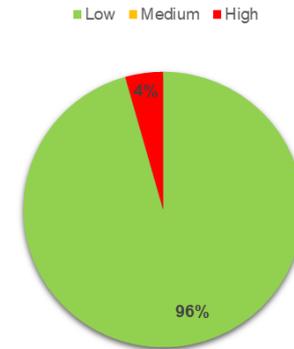
- The efficiency target is £7.4m (reflecting 5.4% of the Trust total cost base excluding TCP & Complex Care) and includes £1.6m recurrent productivity target.
- Of the £7.4m target, £6.0m is recurrent and £1.4m non-recurrent.
- At Month 10 the Trust is forecasting full achievement of the Trust £7.4m CIP target, with a total of £7.1m fully achieved / transacted and £0.3m opportunities identified.



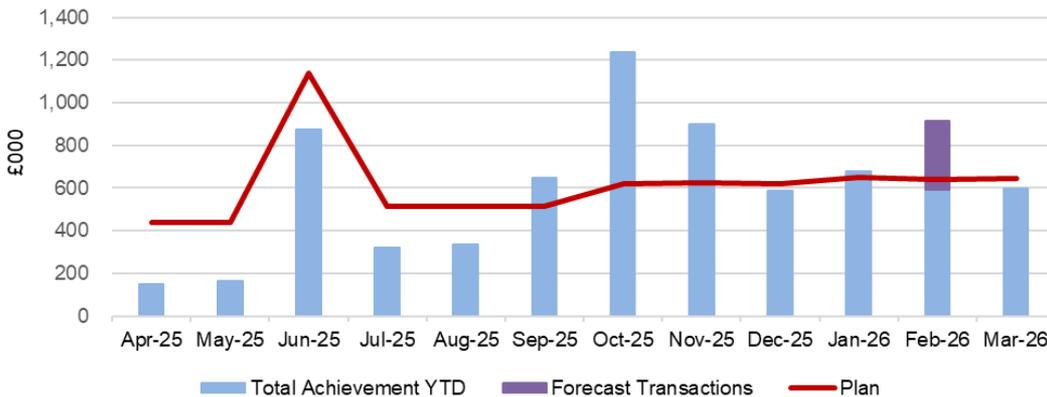
Progression in achieving CIP Target



Current Risk Profile of achieving £7.4m Target



CIP Forecast



- Top graph shows the Trust progress in achieving the total £7.4m target and full year effect recurrent £6.0m target.
- Bottom graph shows the total monthly phasing of the £7.4m target against the amount that has been achieved year to date and forecast.
- Pie chart shows currently 4% of schemes are considered high risk and 96% low risk.

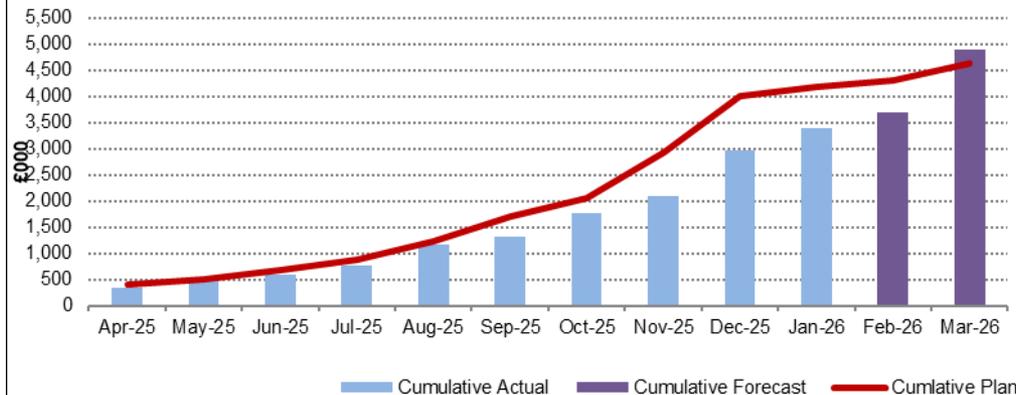
Finance Position

Capital Expenditure

Capital Expenditure	Annual Plan £000	Year to Date Against Plan			Forecast Outturn Against Plan			Forecast Outturn Against Budget		
		Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000	Capital Budget £000	Forecast £000	Variance £000
Operational Schemes	786	543	147	(396)	786	321	(465)	786	321	(465)
IFRS16 Leases	199	198	14	(184)	199	188	(11)	199	188	(11)
Medical Equipment	30	30	17	(13)	30	17	(13)	30	17	(13)
Estates Fleet	120	120	116	(4)	120	116	(4)	120	116	(4)
Energy Efficiency	75	75	0	(75)	75	0	(75)	75	0	(75)
Capital freedom & flexibilities	362	120	0	(120)	362	0	(362)	362	0	(362)
Digital	429	422	530	108	429	536	107	429	536	107
IT Digital Replacement	239	239	496	257	239	496	257	239	496	257
Capitalised Salaries - IT Device Replacement	40	33	34	1	40	40	0	40	40	0
Digital Innovations	50	50	0	(50)	50	0	(50)	50	0	(50)
Digital Infrastructure	100	100	0	(100)	100	0	(100)	100	0	(100)
Strategic Schemes	1,943	1,943	132	(1,811)	1,943	132	(1,811)	143	132	(11)
Dormitory Conversion Trust funded	1,943	1,943	132	(1,811)	1,943	132	(1,811)	143	132	(11)
Contingency/Reactive Schemes	0	0	22	22	0	71	71	0	71	71
PICU Air conditioning	0	0	0	0	0	29	29	0	29	29
Ashcombe Restructure	0	0	0	0	0	20	20	0	20	20
Crisis Centre Doors	0	0	22	22	0	22	22	0	22	22
Contingency	0	0	0	0	0	0	0	0	0	0
Total Trust Funded Capital Expenditure	3,158	2,908	831	(2,077)	3,158	1,061	(2,097)	1,358	1,061	(297)
NHS Notify	0	0	0	0	0	227	227	227	227	0
Backlog Maintenance	470	470	388	(82)	470	928	458	1,260	928	(332)
Frontline Digitisation Programme PDC Funded	1,000	800	500	(300)	1,000	1,000	0	1,000	1,000	0
Dormitory Conversion PDC Funded	0	0	1,800	1,800	0	1,800	1,800	1,800	1,800	0
Total Gross Capital Expenditure	4,628	4,178	3,520	(658)	4,628	5,016	388	5,645	5,016	(629)
Capital disposals - Hope Street Heating System	0	0	(123)	(123)	0	(123)	(123)	0	(123)	(123)
Total Charge against Capital Resource Limit	4,628	4,178	3,397	(781)	4,628	4,893	265	5,645	4,893	(752)

- The Trust's annual capital plan is £4,628k. The Trust has secured additional PDC funding of £227k for the NHS Notify scheme and £790k estates safety funding increasing the capital budget to £5,645k.
- The total charge to the Trust's Capital Resource Limit at Month 10 is £3,397k, £781k below plan. This includes £123k relating to the disposal of the Hope Street heating system.
- The favourable variance is due delays in the frontline digitisation scheme, delays in leases renewals, and backlog maintenance.
- Forecast expenditure is £752k below budget mainly due to forecast underspends on backlog maintenance and freedom and flexibilities funding.

Capital Expenditure - Plan / Actual



SOFP	M8 £000	M9 £000	M10 £000
Non-Current Assets			
Property, Plant and Equipment - PFI	19,544	19,727	19,686
Property, Plant and Equipment	16,144	16,229	17,156
Right of Use Assets	2,729	2,684	2,648
Intangible Assets	1,491	1,448	1,405
NCA Trade and Other Receivables	561	555	549
Total Non-Current Assets	40,469	40,644	41,445
Current Assets			
Inventories	92	88	100
Trade and Other Receivables	6,602	6,137	7,385
Cash and Cash Equivalents	36,257	35,312	31,415
Total Current Assets	42,951	41,537	38,900
Current Liabilities			
Trade and Other Payables	(26,427)	(23,472)	(21,564)
Provisions	(1,966)	(1,966)	(1,966)
Borrowings	(3,072)	(3,072)	(3,072)
Total Current Liabilities	(31,465)	(28,510)	(26,602)
Net Current Assets / (Liabilities)	11,485	13,027	12,298
Total Assets less Current Liabilities	51,954	53,671	53,743
Non Current Liabilities			
Provisions	(1,042)	(1,025)	(850)
Borrowings	(15,758)	(15,541)	(15,415)
Total Non-Current Liabilities	(16,800)	(16,565)	(16,265)
Total Assets Employed	35,154	37,105	37,478
Financed by Taxpayers' Equity			
Public Dividend Capital	23,983	25,783	25,783
Retained Earnings reserve	4,125	4,355	4,728
Revaluation Reserve	7,045	6,967	6,967
Total Taxpayers' Equity	35,154	37,105	37,478

Current receivables are £7,385k of which:

- £1,527k is based on accruals (not yet invoiced).
- £5,193k is trade receivables; based on invoices raised and awaiting payment of invoice (£1,447k 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.

Current Liabilities are £26,602k of which:

- Trade and Other payables remain high at £21,564k because of deferred income, patient placement invoices and accruals.

Liquidity ratio:

- A good liquidity ratio should be above 1.0.
- The Trust current ratio is 1.5 showing the Trust can cover its current debt obligation.



Better Payment Practice Code	In Month			YTD Total		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total
Number of Invoices						
Total Paid	29	849	878	294	9,415	9,709
Total Paid within Target	29	810	839	288	8,923	9,211
% Number of Invoices Paid	100%	95%	96%	98%	95%	95%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	5%	0%	1%	3%	(0%)	(0%)
Value of Invoices						
Total Value Paid (£000s)	601	10,915	11,516	6,159	82,854	89,013
Total Value Paid within Target (£000s)	601	10,787	11,388	5,773	81,401	87,174
% Value of Invoices Paid	100%	99%	99%	94%	98%	98%
% Target	95%	95%	95%	95%	95%	95%
RAG Rating (Variance to Target)	5%	4%	4%	(1%)	3%	3%

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 10, the Trust has achieved the 95% target on both the value of invoices paid at 99% and the number of invoices paid at 96% paid within 30 days.
- Year to date the Trust has achieved the 95% target on the value of invoices paid at 98% but is currently slightly below target on the number of invoiced paid within 30 days at 94.9%. With prompt payment of invoices for the remainder of the year, the Trust will be able to achieve the target of 95%.
- The Finance team will continue to monitor and target those areas that are not promptly authorising invoices.



Trust Board are asked to receive the M10 position noting:

- The year-to-date surplus of £942k against a planned deficit of £144k, giving a favourable variance of £1,086k.
- The underlying financial position (ULP) of £955k deficit.
- Agency expenditure of £1,373k against a plan of £1,291k, resulting in an adverse variance of £82k. The Trust is forecasting an adverse variance against planned agency spend of £22k.
- Bank expenditure of £5,368k against a plan of £4,751k, giving an adverse variance of £617k. The Trust is forecasting an adverse variance against planned bank spend of £652k.
- The Trust is forecasting full achievement of the Trust £7.4m CIP target, with a total of £7.1m fully achieved / transacted, and £0.3m opportunities identified.
- The Trust has spent £3,397k on capital, which is £781k behind plan.
- The cash position of the Trust on 31st January with a balance of £31.4m.



**Trust Board Assurance Report
From the Finance & Resource Committee Meeting
Held on 5th February 2026**

Introduction:

This assurance report to the Trust Board is produced following the latest Finance & Resource 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 Finance & Resource Committee performance indicators and the Finance & Resource Committee Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Advise, Assure and Approve. Each category provides assurance on the quality of service and activity delivered under the Finance & Resource Committee's remit and programmes of work.

ALERT:

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

Heading:**ADVISE:**

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

Heading:**Orbis Update**

The Committee received an update from the Orbis Board on progress with embedding clinical safety into the system. Ongoing functionality issues were highlighted, along with the challenging delivery timescales, which have resulted in some milestones being delayed. It was also noted that another acute NHS organisation implementing Orbis has significantly postponed its go-live date.

There is uncertainty whether the Trust will go live with Orbis in the current timescales.

The Committee discussed whether the report was intended to provide assurance or purely for information. It was confirmed that the report was for assurance; however, members noted that they were not assured.

Level of assurance 3 agreed.

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Finance & Resource Committee's remit and programmes of work.

Heading:**IQPR M9**

Committee received the report. Overall positive performance with challenges remaining with high numbers of out of area placements. Discussions took place on the challenges on out of area and the deviations within the County.

Level of assurance 6 agreed.

Finance Position M9

Key messages highlighted included a small year-to-date surplus which is better than plan. Agency costs were in line with plan in month; however, bank costs were above the required target in month. CIP delivery is slightly behind plan noting that the Trust is forecasting full achievement of the £7.4m, 95% of which has been transacted to month 9. Capital expenditure is slightly lower than planned year-to-date, forecast to be on plan.

Level of assurance 6 was challenged and agreed to increase to level 7.

ICS Finance Update M9

At month 9 the System reported a year-to-date deficit of £15.0m, £1.1m favourable to plan. The net risk is £7.0m.

No level of assurance provided. Paper for information.

National Cost Collection 2024/25 post submission report

The report provided Committee with the outcome of the National Cost Collection submission for 2024/25 giving the Trust an overall cost index of 91. Discussion took place on the target position on the index. The Committee noted that this report, alongside the EVO and SLR, provides assurance and highlights areas where further improvements can be made.

Level of assurance 6 agreed.

Cost Improvement Programme

Key messages highlighted included progress made during January and planning for 2026/27 CIP delivery.

Level of assurance 6 agreed.

Estates Update

Committee received the report with highlights on backlog maintenance and Estates Safety capital schemes. Updates were given on Project Chrysalis and site wide water quality. EMU expansion plans are progressing.

Level of assurance 4 agreed.

Business Opportunities

Committee received the report detailing that the Trust had been unsuccessful with the Connect to Work tender. Bid development training for the team has been sourced.

Level of assurance 6 agreed.

Sustainability Q3 Assurance Report

The Committee received the report. The Committee agreed that a formal progress report would be presented to the Board at the midpoint of the Green Plan delivery period.

Level of assurance 5 agreed.

Transformation Management Office Q3 Assurance Report

The Committee received the report. Discussion took place on the criteria for accepting or rejecting a project.

Level of assurance 6 agreed.

Register of Sealed Documents

There was one sealed document received during 2025.

Level of assurance 7 agreed.

Digital Update

The Committee received the report, which highlighted the team's work on strategic alignment, the delivery of the Digital Plan, the Digital Transformation programme, and the EPR migration for Substance Misuse.

Level of assurance 3 agreed.

Committee Effectiveness

Committee members and attendees completed the Committee Effectiveness of the last 12 months via Mentimeter.

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Heading:

Risk Register Deep Dive

There were no new risks, no score changes and no risks for closure for approval. One risk has the achievement date amended.

Discussions took place on whether Committee were content with the Orbis risk.

Level of assurance 7 agreed.

Board Assurance Framework Q3

There were no score changes to the three BAF risks that fall under F&R's remit.

Level of assurance 6 agreed.

Affina OD Team Journey Business Case

Committee discussed the impact the training was having and the progress being made by the team leads going through the journey. Revenue business case to deliver the Affina Team development journey was approved.

Level of assurance 3 agreed.

Terms of Reference

A few updates were noted. Terms of reference were approved for 12 months.

Level of assurance 7 agreed.

Cycle of Business

Cycle of business was approved for 12 months.

Level of assurance 7 agreed.

Policy Report

Registration Authority (RA) Operational Policy and Process Guidance was approved for 3 years.

Level of assurance 3 agreed.

Next Steps (including timeframes):

The next Finance & Resource Committee meeting will be held on: 5th March 2026 at 10am via MS Teams.

Committee Chair: Russell Andrews, Chair of the Finance & Resource Committee.

REPORT END



**Trust Board Assurance Report
From the Finance & Resource Committee Meeting
Held on 5th March 2026**

Introduction:

This assurance report to the Trust Board is produced following the latest Finance & Resource 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 Finance & Resource Committee performance indicators and the Finance & Resource Committee Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Advise, Assure and Approve. Each category provides assurance on the quality of service and activity delivered under the Finance & Resource Committee's remit and programmes of work.

ALERT:

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

Heading:

ADVISE:

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

Heading:

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Finance & Resource Committee's remit and programmes of work.

Heading:

Orbis Update

The Committee received a comprehensive update on the Orbis digital programme, noting the delay to the go-live date, the engagement of senior clinicians, and emerging contractual and reputational risks associated with Dedalus. Members held detailed discussions and raised significant challenge, emphasising the need for a dual-track approach that balances immediate delivery of the programme with development of a longer-term digital strategy.

Level of assurance 3 agreed.



IQPR M10

Committee received the report. Overall positive performance across most indicators with challenges remaining regarding clinical ready for discharge and out-of-area placements. Discussions took place on directorate performance and ownership.

Level of assurance 6 agreed.

Finance Position M10

Key messages highlighted included a year-to-date surplus which is better than plan. Agency costs were in line with plan in month; however, bank costs were above the required target in month. CIP delivery is slightly behind plan noting that the Trust is forecasting full achievement of the £7.4m, 96% of which has been transacted to month 9. Capital expenditure is lower than planned year-to-date, forecast to be on plan.

Level of assurance 7 was agreed.

ICS Finance Update M10

At month 10 the System reported a year-to-date deficit of £8.4m, £3.2m favourable to plan. The net risk is £7.3m.

No level of assurance provided. Paper for information.

Budget Setting

Committee received the budget setting paper highlighting the budget setting principles and assumptions.

Level of assurance 7 was agreed.

Cost Improvement Programme

Key messages highlighted included progress made at Month 10 and plans in place for 2026/27 CIP delivery including weekly NHS Reporting requirement.

Level of assurance 6 agreed.

Estates Update

Committee received the report with highlights on backlog maintenance and Estates Safety capital schemes. Updates were given on Project Chrysalis and site wide water quality including potential impact to EMU expansion plan.

Level of assurance 4 agreed.

Business Development Opportunities

Committee received the report detailing 3 potential business development opportunities for the Trust and noted that a bid previously submitted has been unsuccessful.

Level of assurance 5 agreed.

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Heading:

Risk Register

There was one newly identified risk, one risk score update change with proposed risk owner amendment, one proposed risk change from Operational to Trust level and no risks submitted for closure approval.

The new risk concerning uncontrollable mobile data charges was approved. The revised risk scores relating to GP practices and cyber-attacks were also approved. Additionally, the target achievement date for one risk was amended.

Paper for information – no assurance level.

Next Steps (including timeframes):

The next Finance & Resource Committee meeting will be held on: 2nd April 2026 at 10am via MS Teams.

Committee Chair: Russell Andrews, Chair of the Finance & Resource Committee.

REPORT END

Trust Board Assurance Report from the Quality Committee meeting held on 5 February 2026

Introduction:

This assurance report to the Trust Board is produced following the latest Quality Committee. The meeting was held face to face and was quorate. Governance of the Committee focuses on achievements against Trust vision, strategic objectives, Trust performance against key Quality performance indicators and the Quality Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Assure, Advise and Approve. Each category provides assurance on the quality of service and activity delivered under the Quality Committee's remit and programmes of work.

ALERT:

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

System Update

The Chief Operating Officer reported Urgent and emergency care remains in a challenging position with an increase in Flu and Covid cases and challenging ambulance waits.

The Deputy Director of MACE and Medicines updated regarding a delay in accessing Methohexital drug which did impact on ECT clinics. Also, Paliperidone medication was recalled, the Trust did manage to replace via procurement perspective, but there could be a longer-term impact which we will maintain oversight on.

ADVISE:

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

CQC Update

Nothing specific to report to this February's committee.

IQPR

It was noted that there are 21 reportable Out of area patients – 18 Acute and 3 admitted into PICU Beds, to be discussed in the specific agenda item. Noted that in most areas there has been a steady level of progress which is positive and whilst appraisal and clinical supervision are identified as area of concerns mitigation regarding the LMS system was acknowledge. Level 6 assurance confirmed by the committee

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Quality Committee's remit and programmes of work.

Community Deep Dive:

The Community Directorate presented the programme of work undertaken in response to the learning associated with the reviews into the care and treatment of Valdo Calocane at Nottinghamshire Healthcare NHS Foundation Trust. The presentation described progress made so far, including strengthening processes for case review of patients with Severe Mental Illness (SMI) in CMHT's, enhancing the Trust's Intensive Outreach Team (IOT), with the recruitment of an occupational therapist being recruited, digital solutions being developed to support identification of patients who present with specific risk factors (based on the MAST tool) and ensuring that the IOT maintains a small and focussed caseload to enable intensive and responsive work to support this cohort of patients.

Discussed the short-term next steps

- 3 pathways – SMI (incl. IOT) due to go to the Clinical Effectiveness Group (CEG) this financial year for approval
- MDT meetings have been standardised to support risk identification and IOT integral to the CMHTs
- Risk assessment / safety planning focused development for clinical staff

Long-term plan

- Dedicated Assertive Outreach Team
- System wide tracking system to identify patients who are not engaging
- Experts by experience within the IOT background / space

The committee concluded that there was significant processes and practices being undertaken which reduces risk and that the areas discussed above would continue to enhance this in future.

Out of Area Placements

The Deputy Chief Operating Officer gave a presentation regarding the current status of patients receiving care in Out Of Area Beds.

Key issues & areas of focus

- Reduction in beds – project chrysalis
- Increase in demand for crisis care services
- Impact of patients Clinically Ready for Discharge
- LOS
- Pathway development
- CRHT function
- Deteriorating patient
- System working – e.g. UHNM

Actions underway

- Specific reviews of pathways which are impacting in increased use of beds
- Focus on improving bed flow
- Demand and capacity review of Crisis care functions (incl. Alternative crisis provision)
- Optimising the rehab pathway
- Live data feed – dashboard in development

Safer Staffing

Overall fill rate –107.1% level 7 assurance confirmed.

Clinical Audit Progress Report

Received and an assurance level of report debated and amended from 3 to 4.

CIP related QIA report

Received and level 7 assurance confirmed.

Quality Assurance Group Report

Received and level 6 assurance confirmed.

Committee Effectiveness

The Committee participated in the annual survey during the meeting.

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Deep Dive Risk Register

Achievement date changes noted. Risk 1880 and 1919 to be considered with regards to the new BAF development / update 2026/27. No new risks or score changes. Level 6 assurance confirmed.

Policy Report

5 policies – all approved;

1. 1.83 Safer Staffing Policy
2. 5.46 Mortality Surveillance Policy
3. R05 Management of Locked doors, access and egress policy
4. 5.45 Control of Substances Hazardous to Health (COSHH) policy
5. 5.42 Display Screen Equipment

Level 3 assurance confirmed due to ongoing work on governance process and policies still to be reviewed.

Board Assurance Framework

Q3 BAF was presented with a score change approval for Risk 4 – Residual score reduction to 12. Level 6 assurance confirmed.

Next Steps (including timeframes):

The next Quality Committee meeting will be held on: 5 March 2026 at 2pm via MS Teams.

Committee Chair: Pauline Walsh, Chair of the Quality Committee.

REPORT END

Trust Board Assurance Report from the Quality Committee meeting held on 5 March 2026

Introduction:

This assurance report to the Trust Board is produced following the latest Quality Committee. The meeting was held virtually on MS Teams and was quorate. Governance of the Committee focuses on achievements against Trust vision, strategic objectives, Trust performance against key Quality performance indicators and the Quality Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Assure, Advise and Approve. Each category provides assurance on the quality of service and activity delivered under the Quality Committee's remit and programmes of work.

ALERT:

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

System Update

System demand remains a challenge; particularly with system flow and ambulance waits.

OOA placements

Remain a high priority, ongoing work and focus to reduce the OOA beds. There are currently 33 patients in OOA beds, 3 CRFD and discharge plans for a further 3 patients.

ADVISE:

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

CQC Update

Update regarding our CQC engagement team and Operational lead. There was a positive meeting with the Trust in February. We are actively planning informal engagement visits to Trust services with the CQC team to commence from April 2026.

IQPR

Discussion held around the 3 key areas of challenge – Sickness, appraisal and CYP 4 week wait. There was also a wider acknowledgement of the overall positive picture around performance across the Trust.

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Quality Committee's remit and programmes of work.

Darwin ~Centre - Deep Dive:

The deep dive presentation generated positive discussion and highlighted the following areas of improvement and focus;

- Improved environment and security measures
- Reduced use of seclusion and long-term segregation
- Improved staff support & supervision
- Expanded and enhanced clinical model in Darwin & enhanced MDT
- Confident in achieving national accreditation.

The deep dive offered an overview of patient safety incidents and improved management of these, demonstrating a reduction in restrictive practice.

All reports below were presented to the Committee and assurance levels confirmed with the exception of

- **Safeguarding Report** – The Chair questioned whether Level 7 assurance was appropriate, given the training compliance shortfall for Level 3 Safeguarding Children’s Training below target (81% vs 85%). The discussion focused on the principle that an assurance should reflect actual delivery and compliance, not just the existence of systems or plans. Even where issues are understood and mitigations are in place, known gaps (such as training below target) should be visible in the assurance level. It was acknowledged that:
 - Additional training capacity had been put in place.
 - Improvement was expected by the end of the financial year.
 - However, at the point of reporting, the standard had not yet been met.

The Chief Nursing Officer agreed with the Chair’s challenge and confirmed that, given the non-compliance with Safeguarding training, a Level 6 assurance would be more accurate.

- **PSIRF Report** - The Committee discussed the PSIRF report and agreed that, while learning identification and review processes are strengthening, there is insufficient evidence of consistent Trust-wide dissemination and implementation of learning. The assurance level was therefore reduced from Level 6 to Level 5 to reflect that this remains work in progress.
- **Clinical Effectiveness Report** - The Committee agreed that the report should be treated as an assurance paper, not an approval paper. The assurance level should reflect confidence in oversight and governance, rather than end-outcomes. There was consensus that Level 5 understated the position, given the evidence of structured oversight and escalation leading to an agreed uplift to Level 6.

Safer Staffing – January 2026

Learning From Experience Q3 report

Mortality Surveillance Q3 Report

Mental Health Act Compliance Action Plan Q3

Infection, Prevention and Control Q3 report

Prevention of Future Deaths Assurance

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Risk Register

There were no new risks, no score changes and no closures.

Policy Report

Extensions approved for

- Commercial Studies
- Intellectual property Policies.

The reviewed Policy and Procedure for the Dissemination, Implementation and Monitoring of NICE Guidance, National Confidential and High-Level Inquiries was approved.

Next Steps (including timeframes):

The next Quality Committee meeting will be held on: 2 April 2026 at 2pm via MS Teams.

Committee Chair: Pauline Walsh, Chair of the Quality Committee.

REPORT END

Trust Board Assurance Report from the Audit Committee meeting held on Wednesday 28th January 2026

Introduction:

This assurance report to the Trust Board is produced following the latest Audit 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 performance indicators and the Committee Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Assure, Advise and Approve. Each category provides assurance on the quality of service and activity delivered under the Audit Committee's remit and programmes of work.

ALERT:

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

Heading:

- No items

ADVISE:

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

Heading:

- [Accounting Standards Changes & Accounting Estimates \(Finance\)](#) – no significant changes from prior years [6]
- [Agreement of Annual Accounts Process Timetable \(Finance\)](#) – draft timetable for year-end [6]
- [Internal Audit Progress Report \(MIAA\)](#) - On track to complete programme of work for this year. [6]

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Audit Committee's remit and programmes of work.

Heading:

- [Key Financial Controls Internal Audit Report \(MIAA\)](#) – Good system of controls with only 3 medium and 3 low level recommendations. Many of which have been already actioned. [6]
- [Internal Audit Review of Effectiveness \(Finance\)](#) – High level of effectiveness assessed for MIAA. [6]
- [Counter Fraud Progress Reports \(MIAA\)](#) - Good debate in Committee as regards the Trust approach to fraud investigations and the interplay between Just Culture review and Disciplinary action. **Russell Andrews to refer conversation to next PCDC.**[6]
- [Risk Deep Dive Trust and Operational Risks 15+ \(Governance\)](#) – review of risks

- [Fol Q1 / Q2 Report \(Governance\)](#) – increase in level of requests
- [Board Assurance Framework \(Governance\)](#)
- [Business of other Committee – Finance & Resource Committee](#) – First report from F&R Committee providing assurance and insight into how the F&R Committee discharges its responsibilities relating to assurance and risks. Good discussion and learning around linking back to BAF risks. **Thanks to Russell Andrews.** [6]
- [Clinical Coding Audit \(Digital\)](#) – External audit by 3rd party. High level of assurance from the report taken by Committee. [6 to 7]

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Heading:

- [Register of Board Members Declared Interests \(Governance\)](#) – **Approved.** Discussion held around how the Committee can approve the report. Agreed only based on the evidence presented to Committee and agreed it is the responsibility of individuals and line managers. Suggestion that only full Board Members be required to complete not other attendees of the Board meeting. [6]
- [Q3 Finance Report \(Finance\)](#) - **Approved.** Chairs Action taken in between Committee meetings re; bad debt write-off ratified by the Committee. Discussion held re: patient related damage to car and Moorcroft banking arrangements - further assurance given on both items by CFO. [6]
- [Policy Report \(Governance\)](#) – **Approved** [6]
- [Terms of Reference \(Governance\)](#) – **Approved** - noting minor change needed to reference Global Internal Audit Standards 2025 [7]
- [Cycle of Business \(Governance\)](#) - **Approved** - noting an action to review the 25/26 CoB against 26/27 CoB for any items outstanding from previous year that need to be carried over. [7 to 6]
- [External Quality Assessment \(EQA\) Approach \(MIAA\)](#) - **Approved**

Next Steps (including timeframes):

The next Audit Committee meeting will be held on: 8th May 2026 at 10:00am Via MS Teams.

Committee Chair: Prem Gabbi, Chair of the Audit Committee.

REPORT END

Trust Board Assurance Report from the People, Culture and Development Committee Business meeting held on 2nd March 2026

Introduction:

This assurance report is produced following the latest PCDC, which was held on Microsoft Teams and was quorate. The Committee agreed that they had received level 6 assurance – evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Assure, Advise and Approve. Each category provides assurance on the quality of service and activity delivered under PCDC's remit and programmes of work.

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

Staff story - The Committee welcomed and heard from a Ward Manager who is also a Health & Wellbeing Ambassador. The story focused on how the Ward Manager has embedded health and wellbeing within the team and she talked through a number of the initiatives that the team now has in place. She was able to quantify the positive impact of this work through reduced levels of sickness absence, reduced turnover, staff willing to come in and work on days off thereby reducing bank and agency usage etc.

The Committee reflected on the value of measuring and understanding the impact of this leadership approach and it was agreed that the role and impact of the team manager should be explored in more detail at a future PCDC focused session.

Support around the need to identify a rest room for the team was picked up by the committee and encouragement to access Trust charity funding was offered to mitigate the team having to self-fund some of their initiatives.

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

Equality Impact Assessment (EIA) – Whilst considering the renewal of the FTSU policy the Committee had an in-depth discussion regarding the current effectiveness and value of EIAs. The committee observed that EIAs consistently state “**no impact**”, which raises concern about whether the assessments are being meaningfully applied. Despite workforce data and FTSU reports showing that certain staff groups—including disabled staff, minority ethnic colleagues and LGBTQ+ staff—are less likely to access FTSU, this is not reflected within the EIA. It was agreed that further work is required to ensure that the EIA considers the assessment of the wider impact of the implementation of the policy and not just the wording of the policy and to consider how dynamic the assessment needs to be. The FTSU was not approved, and it was agreed to use this policy to develop the quality of the EIA.

Chief People Officer Horizon Scan

- Advised the Committee on key updates within national, regional and local context. The Committee discussed in depth the performance with the Occupational Health contract, with escalations raised with the provider to ensure the service reflects the challenges of the Trust in managing and preventing sickness absence.
- ICS Staff Wellbeing Hub - The Committee acknowledged and recognised the work of the Hub, before closing on the 28th February 2026, and assurance was provided that the revised provision will be monitored to ensure colleagues can access the necessary support in the absence of the Hub.
- Affina - An outline of the outcome measures for the Affina OD programme was provided. The committee requested further detail of metrics to be provided alongside an operational delivery plan to ensure confidence of delivery of the cultural transformation programme.

ASSURE: This section provides assurance of the quality of service and activity delivered under the PCDC's remit and programmes of work.

The Committee received assurance via detailed reports on the following areas:

- Month 10 Workforce Summary Update including Sickness Improvement and People Plan updates. The committee confirmed support in exploring a more progressive, evidenced based, early intervention focused sickness policy.
- Guardian of Safe Working Hours Quarter 3 Report
- Being Open Quarter 3 Report
- Inclusion and Belonging Annual Report 2025
- Communications Operations Plan Quarter 3 Report

The Committee welcome continued updates on these priorities as work progresses.

APPROVE: This section provides an update of items which were discussed and approved by the Committee.

The Committee approved the following:

- 2024/25 Pay Gaps Reports (Gender, Ethnicity and Disability). The committee agreed that on the whole the reports were positive but that there was a need for a clear plan to be put in place to reduce the gaps that had been identified.
- Policies:
 - Foster Friendly Policy
 - Fit and Proper Person Policy
 - Armed Forces Reserves / Cadet Policy
- Risks:
 - Risk 1856 approved the change in title to focus on the specific mandatory training challenges.
 - Risk 1699, 1948 and 2055 achievement date revised to reflect the longevity and ongoing actions to mitigate the risk.
 - Risk 900 – Committee requested for more detailed short and medium term milestones with clear actions to be included.
- BAF: Risk 3 – The committee had a healthy, challenging discussion around the level of risk score, currently 16 and whether this was too high. A further review of evidence and rational to be carried out and considered at the next meeting.

Next Steps (including timeframes):

The next PCDC focus meeting will be held on: 30th March 2026.

Committee Chair: Martin Evans, Chair of the People, Culture & Development Committee

REPORT END

Trust Board Assurance Report from the Charitable Funds Committee meeting held on 2 March 2026

Introduction:

This assurance report to the Trust Board is produced following the latest Charitable Funds Committee. The meeting was completed using Microsoft Teams and was quorate. Governance of the Committee focuses on achievements against Trust vision, strategic objectives and the Charitable Funds Committee Objectives.

Purpose of the Report (Executive Summary):

The report provides an update on the four categories of Alert, Assure, Advise and Approve. Each category provides assurance on the quality of service and activity delivered under the Charitable Fund Committee's remit and programmes of work.

ALERT:

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

No items to report.

ADVISE:

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

Resource Utilisation: A paper was presented summarising the resource utilised in support of charity development over the 12 months from 1 December 2024 to 30 November 2025. A more comprehensive report will be presented to Charitable Funds Committee in June 2026 aligned with the end of the two-year development and testing phase for the charity. This will consider a range of options for the Trust Charity including recommendations for the future.

ASSURE:

This section provides assurance of the quality of service and activity delivered under the Charitable Funds Committee's remit and programmes of work.

Finance: The quarterly finance report included a reported fund balance of £346k as of January, with £51k income and £22k expenditure, including bank interest, donations and the first instalment of the Greener Communities Fund grant. The Committee was also asked to receive and note the 25/26 annual accounts timetable, similar to previous years with final approval by Trustees in January 2027.

Charity Development: The quarterly update report presented to Committee provided assurance on the range of activities being taken forward to deliver growth, including grant applications, increased staff engagement, and fundraising events. It was noted that the outcome of the NHS Charities Together Workforce Wellbeing Grant is expected by the end of March 2026.

Risk Quarterly Report: The report was presented noting no new or high-level risks, no score changes and no actions from the Risk Review Group. The Chair confirmed the committee's assurance noting further updates due in June aligned to the financial sustainability risk.

Committee Effectiveness: It was agreed that the committee effectiveness survey would be shared via email for completion.

Terms of Reference: The committee reviewed a revised Terms of Reference. As several points required further clarification, particularly around financial authority levels, the committee agreed to defer approval until the next meeting.

APPROVE:

This section provides an update of items which were discussed and approved by the Committee.

Ward 4 Tovertafel (Magic Table): Ward 4 presented a request for £11k to purchase a Tovertafel which supports cognitive stimulation and dexterity. It was shared that Ward 6 purchased a Tovertafel several years ago utilising charitable funds and the positive impacts of this were noted including feedback from NHSE and CQC. The request was approved by Committee, and it was confirmed that feedback and impact monitoring would be undertaken.

NHS Charities Together Membership Renewal: The committee agreed to renew the NHS Charities Together membership for a further 12 months at the reduced 2026/27 fee of £795, recognising the significant benefits achieved during the past year. These included access to national grant programmes, resulting in one successful £25k award and eligibility for a pending £50k bid, as well as valuable learning, networking and sector-wide support. With the refreshed national membership offer aligning well to the charity's future ambitions, continued membership was endorsed as representing good value and supporting ongoing opportunities for growth and impact.

Next Steps (including timeframes):

The next Charitable Funds Committee meeting will be held on: 1 June 2026 at 2pm Via MS Teams.

Committee Chair: Martin Evans, covering for Chair of the Charitable Funds Committee.

REPORT END

Enclosure No: 15

Register of Board Members Declarations

Report provided for:				Report to:	Public Trust Board
Approve	<input type="checkbox"/>	Alert	<input type="checkbox"/>	Date of Meeting:	12 March 2026
Assure	<input type="checkbox"/>	Advise	<input type="checkbox"/>		
Information	<input checked="" type="checkbox"/>				

Presented by:	Nicola Griffiths, Deputy Director of Governance
Prepared by:	Lisa Wilkinson, Corporate Governance Manager
Executive Lead:	Dr Buki Adeyemo, Chief Executive Officer

Aligned to Board Assurance Framework Risk:	Quality & Safety - There is a risk that the Trust fails to deliver timely, safe and effective care for people who use our services, due to increasing demand, increasing needs and a failure to evidence interventions with support recovery.
7 Levels of Assurance:	Level 6 - Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Approval / Review:	Audit Committee
Strategic Priorities:	Prevention - We will commit to investing in providing high-quality preventative services that reduce the need for secondary care
Key Enablers:	People - We will attract, develop and retain the best people
Sustainability:	Share learning and best practice
Resource Implications:	No
Diversity & Inclusion Implications:	This paper has neither a positive or negative impact on EDI.
ICS Alignment / Implications:	N/A
Recommendation / Required Action:	The Board are asked to receive the register for information prior to upload to the Public Website.

Executive Summary:

Guidance issued by NHS England in February 2017 regarding NHS Conflicts of Interest outline the definition for a 'conflict of interest' and this may be Actual or Potential. Interests can arise in a number of different contexts and fall into the following 5 categories;

Financial interest	Non-financial professional interests	Non-financial personal interests	Indirect interests	Loyalty Interests
Direct financial benefit from the consequences of a decision	Non-financial professional benefit	Personal benefit	Close association with someone who has an interest	Strong relationships (not formal) with colleagues across the NHS which can influence decision making.

For the avoidance of doubt, the following are regarded as relevant and material interests:

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

The following shall not be treated as a material interest:

- the holding of shares not exceeding 1% of the total shares in use held in any company whose shares are listed on any public exchange; or
- the holding of shares not exceeding a value of £5,000 held in any company whose shares are listed on any public exchange

Conflicts can occur because of interests held by a close family member, business partner, close friend or associate. If officers are aware of material interests (or could be reasonably expected to know about these) then these should be declared. In this context, a close family member is defined as:

- spouse or civil partner
- any other person with whom the individual cohabits

- children or stepchildren
- spouse/partners' children or stepchildren
- parents
- grandparents
- siblings

The paper is a register of all Board members declarations for 2026.

VERSION CONTROL:

Version	Report to	Date Reported
V1	Audit Committee	22/01/2026
V2	Private Trust Board	30/01/2026
V3	Public Trust Board	27/02/2026

Register of Interests of Board Members for North Staffordshire Combined Healthcare – 2026/27

Name	Role	Date Interest Declared	Nil to Declare	Interest Type	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Janet Dawson	Chair	13/01/26		Financial Interest	Senior Independent Director at the Scott Bader Company Limited. Remunerated Board role	1 st January 2024	Present	No conflict arising	Yes	Yes
				Non-Financial Professional Interest	Vice Chair Derbyshire Community Health Services FT Trust. Remunerated Board role	10 th November 2021	31 st December 2025	No conflict arising		
				Non- Financial Professional Interest	Advisor to the Remuneration Committee of Fredric Robinson Limited. Remunerated advisory role.	2021	Present	No conflict arising		
				Non-Financial Professional Interest	Honorary Treasurer Sandon with Burston PCC. Volunteer.	1 st January 2012	Present	No conflict arising		
Russell Andrews	Vice Chair / Non-Executive Director	14/01/26		Financial Interest	Enable2 CIC - Executive Director and Chair.	1 st April 2019	Present	No conflict arising	Yes	Yes
				Financial Interest	Diocese of Leicester Educational Trust - Director and Chair	21 st April 2016	Present	No conflict arising		
				Financial Interest	Leicester Diocesan Board of Education - Director and Chair	6 th March 2013	Present	No conflict arising		
				Financial Interest	Embrace Multi-Academy Trust - Director	11 th July 2012	Present	No conflict arising		

Name	Role	Date Interest Declared	Nil to Declare	Interest Type	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Russell Andrews	Vice Chair / Non-Executive Director	14/01/26		Financial Interest	One In A Million (Enterprises) Ltd - Director	4 th July 2024	Present	No conflict arising		Yes
				Financial Interest	One In A Million (Sports) – Education Executive – Remunerated	1 st May 2024	Present	No conflict arising		
Dr Buki Adeyemo	Chief Executive Officer	09/01/26		Non-Financial Professional Interest	Board of Governors University of Wolverhampton	2017	Present	No conflict arising	Yes	Yes
				Non-Financial Professional Interest	CQC Reviewer	2017	Present	No conflict arising		
				Non-Financial Professional Interest	Mental Health Network, NHS Confederation, Chair representative	June 2025	Present	No conflict arising		
Kenny Laing	Deputy Chief Executive Officer / Chief Nursing Officer	20/01/26		Non-Financial Professional Interest	Vice Chair & Council Member and Director of the National Mental Health and Learning Disability Nurse Directors Forum – Company Director. The National Mental Health & Learning Disability Nurse Directors Forum is a Limited Company by Guarantee. Details can be found here http://mhforum.org.uk/our-mission	March 2025	Present	No conflict arising	Yes	Yes
Prem Gabbi	Non-Executive Director	12/01/26		Non-Financial Personal Interest	Victoria Academies Trust Non-Executive Director - Volunteer	December 2018	Present	No conflict arising	Yes	Yes
Frieza Mahmood	Chief People Officer	15/01/26		Non-Financial Professional Interest	Washwood Heath Multi Academy Trust	April 2021	Present	No conflict arising	Yes	Yes
				Non-Financial Professional Interest	Healthcare People Management Association (HPMA)	April 2021	Present	No conflict arising		

Name	Role	Date Interest Declared	Nil to Declare	Interest Type	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Ben Richards	Chief Operating Officer	29/12/25		Financial Interest	Fairman Social Care Ltd Director	December 2019	Present	No conflict arising	Yes	Yes
				Non-Financial Professional Interest	Stoke on Trent College Vice Chair of Corporation Governor	February 2024	Present	No conflict arising		
				Non-Financial Professional Interest	The Open University Professional Doctorate Researcher - Member of Senate	September 2023	Present	No conflict arising		
				Non-Financial Professional Interest	Royal College of Physicians of Edinburgh - Lay Advisor	December 2025	Present	No conflict arising		
				Non-Financial Professional Interest	Chartered Management Institute Chartered Companion and Chartered Manager	January 2017	Present	No conflict arising		
				Non-Financial Professional Interest	Institute of Leadership Fellow	March 2017	Present	No conflict arising		
				Non-Financial Professional Interest	Royal Society of Public Health Fellow	February 2021	Present	No conflict arising		
				Non-Financial Professional Interest	Royal College of Physicians Associate Member – Faculty of Forensic and Legal Medicine	November 2025	Present	No conflict arising		
				Non-Financial Professional Interest	Institute of Health and Social Care Management - Member	August 2020	Present	No conflict arising		
				Non-Financial Professional Interest	Institute of Directors - Member	July 2022	Present	No conflict arising		
				Non-Financial Professional Interest	CQC Executive Reviewer	November 2023	Present			
Elizabeth Mellor	Chief Strategy Officer	12/01/26	Nil						Yes	Yes

Name	Role	Date Interest Declared	Nil to Declare	Interest Type	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Dr Dennis Okolo	Chief Medical Officer	20/01/26		Financial Interest	Tzakt services Limited - Director	2020	Present	No conflict arising	Yes	Yes
				Non-Financial Professional Interest	Royal College examiner	2022	Present	No conflict arising		
				Non-Financial Professional Interest	Recordati – drug company sponsored CPD events - Attendee (Ad hoc)	2023	Present	No conflict arising		
				Financial and Non-Financial Professional Interest	GMC – Medical Supervisor (Ad hoc)	2023	Present	No conflict arising		
				Non-Financial Professional Interest	Keele University – Hospital Dean / Honorary Senior Clinical Lecturer	2015	Present	No conflict arising		
				Non-Financial Professional Interest	CQC Reviewer – Exec Reviewer	2024	Present	No conflict arising		
Pauline Walsh	Senior Independent / Non-Executive Director	15/01/25		Non- Financial Professional Interest	Emeritus Professor Keele University - Ongoing affiliation with Keele University following retirement from full time role. Provide some teaching and mentorship for senior staff	1st January 2024	Present	No current conflict noted however in the event of a conflict this would be declared within 28 days	Yes	Yes
Katie Laverty	Associate Non-Executive Director	21/01/26		Non- Financial Professional Interest	Remunerated - Director of Student Support and Success and Executive Committee member at Keele University	1st August 2008	Present	No current conflict noted however in the event of a conflict this would be declared within 28 days	Yes	Yes
Dr Roger Banks	Associate Non-Executive Director	02/01/26		Non-Financial Professional Interests	Member of Board of Trustees and Director of the Association for Psychodynamic Practice and Counselling in Organisation Settings. Appointed 5th May 2023.	19th August 2024	Present	This is a non-remunerated appointment. APPCIOS is a charity. There are currently no transactions with the Trust.	Yes	Yes
Eric Gardiner	Deputy Chief Executive Officer / Chief Finance Officer	02/01/26		Indirect Interest	Wife works for Greater Manchester Integrated Care Board	1st April 2025	Present	No conflict arising	Yes	Yes

Name	Role	Date Interest Declared	Nil to Declare	Interest Type	Interest Description	Start date	End date	Action taken to mitigate risk of conflict of interest	Line Manager approval received	Add to website yes/no
Martin Evans	Non-Executive Director	13/01/26		Non-financial professional interests	Robert Jones & Agnus Hunt NHS Trust – Non-Executive Director	May 2022	Present	No conflict arising	Yes	Yes
				Financial Interest	MJE Associates - Director	April 2020	Present	No conflict arising		
				Financial Interest	Via MJE Associates, Senior Advisor for PPL Management Consultancy - National Neighbourhood Health Integration Programme National Coach – supporting Coventry Place	September 2025	Present	No conflict arising		
Jennifer (Jennie) Koo	Non-Executive Director	21/12/25		Non-Financial Personal Interest	Women in Banking and Finance Ltd. Director	14th April 2020	Present	Not for Profit Social Enterprise Membership based organisation. There is no direct personal or professional benefit Volunteer role which requires a paid membership (self-funded). No conflict with NHS NED responsibilities.	Yes	Yes
				Non-Financial Personal Interest	Only a Pavement Away - Charity Trustee with duty of care and responsibility for financial performance	April 2021	Present	Charity supporting homeless and ex veterans into work in hospitality. Volunteer role with no remuneration or benefits No conflict with NHS NED responsibilities		

Enclosure No: 16

Final Medium Term Planning Submission

Report provided for:			
Approve	<input type="checkbox"/>	Alert	<input type="checkbox"/>
Assure	<input type="checkbox"/>	Advise	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>		

Report to:	Public Trust Board
Date of Meeting:	12 March 2026

Presented by:	Liz Mellor, Chief Strategy Officer
Prepared by:	Laura Smith, Deputy Chief Strategy Officer
Executive Lead:	Liz Mellor, Chief Strategy Officer

Aligned to Board Assurance Framework Risk:	Strategic Direction & Partnerships - There is a risk that the Trust may be unable to fulfil the role in delivering the NHS 10 year plan due to ineffective strategic relationships with partner organisations.
7 Levels of Assurance:	Level 6 - Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes.
Approval / Review:	Execs
Strategic Priorities:	Growth - We will continue to grow high-quality, integrated services delivered by an innovative and sustainable workforce
Key Enablers:	Sustainability - We will increase our efficiency and effectiveness through sustainable development
Sustainability:	Reduce the environmental impact of health and social care in Staffordshire and Stoke on Trent
Resource Implications:	No
Diversity & Inclusion Implications:	This paper has neither a positive or negative impact on EDI.
ICS Alignment / Implications:	The final planning submission has been developed in collaboration with system partners. Whilst there is no longer a single planning submission for the system, finance, performance, workforce and strategic leads have worked with relevant ICB functions to ensure alignment and triangulation as far as possible.

Recommendation / Required Action:	Public Trust Board to note for information the final medium term planning submission that was approved at Private Trust Board on 12 February 2026.
Executive Summary:	<p>NHS England’s Planning Framework (2026/27–2030/31), published in August 2025, introduced a rolling five-year planning horizon to support delivery of the Ten-Year Health Plan. This marks a shift from short-term cycles to integrated medium-term plans aligning finance, workforce, activity, and quality.</p> <p>An internal planning working group has been established and meeting weekly since October 2025 to ensure a fully integrated and aligned approach to planning. Membership is comprised of relevant senior leads across Strategy, Finance, Operations, Workforce and Performance.</p> <p>The new planning framework mandated a first planning submission in December 2025 and final planning submission in February 2026 incorporating:</p> <ul style="list-style-type: none"> • 3-year finance plan (4 year for capital) • 3-year workforce plan • 3-year activity and performance plan • 5-year integrated delivery plan (narrative document) • An integrated medium term plan template incorporating 18 board assurance statements with maturity ratings. <p>The planning submission sets out a compliant, system-aligned and evidence-based trajectory for the Trust, developed using the best available information and triangulated across activity, workforce, finance and quality. It has been shaped collaboratively with system partners and informed by robust population health intelligence, engagement with communities and lived experience.</p> <p>The submission was discussed and approved at Private Trust Board on 12 February 2026. To date no formal feedback has been received from NHSE. It is understood that organisations with compliant, robust and aligned plans will be reviewed by NHSE regional teams and moved into close-down from mid-March. Organisations requiring further improvement will progress through an escalation process, making revisions as required before plan acceptance by the end of March.</p>

VERSION CONTROL:

Version	Report to	Date Reported
V1	Public Trust Board	05.03.26



North Staffordshire Combined Healthcare NHS Trust Integrated Delivery Plan 2026 - 2031

Executive Summary

This Integrated Delivery Plan sets out how North Staffordshire Combined Healthcare NHS Trust will deliver safe, high quality and financially sustainable services over the period 2026–2031, in the context of continued growth in mental health demand and significant national and system change. It provides a clear, evidence based response to the priorities set out in the NHS Medium Term Planning Framework, the emerging NHS 10 Year Health Plan, and the Staffordshire and Stoke-on-Trent Integrated Care Board Strategic Commissioning Intentions, while remaining firmly grounded in the Trust’s vision to support people to stay well, recover earlier and live fulfilling lives within their communities.

The plan builds from a position of strength. The Trust has a sustained track record of delivery, including consecutive years of financial balance, strong performance under the National Oversight Framework, delivery of productivity requirements, and continued improvement in quality, experience and co-production. This provides a solid platform from which to respond to rising demand, increasing complexity and persistent inequalities, while accelerating delivery of the three system shifts: from treatment to prevention, from hospital to community, and from analogue to digital.

Strategic direction and alignment

The Integrated Delivery Plan translates national and system priorities into a coherent, locally deliverable programme. It aligns the Trust’s strategic priorities directly to national policy direction and local commissioning intentions, ensuring that service transformation is clinically led, evidence based and focused on outcomes. Throughout the plan, there is a clear emphasis on prevention and early intervention, neighbourhood-based models of care, digital enablement, and addressing unwarranted variation and health inequalities.

The plan has been shaped by population health intelligence, engagement with communities, service users, carers and partners, and independent insight from the Centre for Mental Health. This has reinforced and accelerated the shift already underway in service design and delivery, moving towards needs-led, integrated and recovery-focused approaches rather than fragmented, diagnosis-led models.

What the plan will deliver

Over the next five years, the Trust will:

- Work to embed prevention across the life course, with a particular focus on children and young people. This includes strengthened early intervention and tertiary prevention within CAMHS, expanded Mental Health Support Teams and whole school-based prevention, system-wide multi-disciplinary team (MDT) responses for children and young people in complex situations. An adult focus is provided through continued expansion of Talking Therapies, Individual Placement Support, mental health in primary care and physical health prevention.
- Accelerate the shift from hospital to community, with neighbourhood health as a defining organising principle. This includes the development and scaling of neighbourhood multidisciplinary teams, embedding mental health expertise within integrated neighbourhood teams, strengthening crisis alternatives to hospital, reducing inappropriate out-of-area placements, and further improving discharge, step-down and community rehabilitation pathways. The Trust will play a leading role in the development of Neighbourhood Mental Health Centres and Mental Health Emergency Departments, working closely with system partners.

- Deliver a sustained analogue-to-digital transition, anchored by the upgrade of the Trust's electronic patient record to ORBIS U in 2026/27. This will enable safer, more productive and more integrated care, supported by a single digital front door through the NHS App, expanded digital self-service and self-help, and digitisation of priority pathways such as neurodevelopmental services and the Mental Health Act pathway. Digital inclusion will remain a core principle throughout.

Across all three shifts, the Trust will continue to embed lived experience and co-production as standard practice, expand peer roles across inpatient and community services, and evolve the Wellbeing College as a key preventative and recovery resource within local communities.

Immediate improvement priorities

The plan is explicit about the Trust's short-term priorities, recognising current operational pressures and regulatory expectations. In the first two years, particular focus will be placed on:

- Improving flow and access, including reducing inappropriate adult acute out-of-area placements in line with an agreed phased system trajectory.
- Addressing long waits for children and young people, particularly within neurodevelopmental pathways, through pathway redesign, productivity improvements, targeted digitisation and strengthened data quality.
- Maintaining grip on financial sustainability and productivity, including delivery of cost improvement and workforce productivity schemes.
- Ensuring safe and effective implementation of the EPR transition, with strong adoption, data quality and clinical workflow alignment.

These priorities are underpinned by clear governance, strengthened operational oversight and close working with the ICB and system partners.

Delivery confidence and constitutional standards

The Trust recognises the scale of challenge in sustaining delivery of constitutional and access standards within a demand-led environment. The plan therefore adopts a phased and realistic approach, with clear trajectories, sensitivity analysis and mitigation in place. While some risks, particularly in relation to children and young people longest waits and inpatient flow, remain material in the short term, they are well understood and actively managed.

Delivery confidence is supported by the Trust's strong track record, mature governance arrangements, disciplined financial and workforce controls, and a clinically led transformation framework that integrates quality, productivity and equality considerations from the outset. The Trust is confident that, working with partners, it can deliver sustained performance and improvement against constitutional standards over the medium term, while maintaining safety, experience and financial balance.

Conclusion

This Integrated Delivery Plan sets out a credible and deliverable route for the next five years. It balances ambition with realism, and transformation with operational grip. While recognising that further national reform and system change will continue to shape the context in which the Trust operates, the direction of travel is clear. Through strong partnerships, inclusive leadership and a relentless focus on outcomes, the Trust is well positioned to deliver high-quality, equitable and sustainable mental health, learning disability autism, substance misuse and primary care services for the population it serves.

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1. Introduction and Context

The NHS continues to operate in an environment of increasing demand and complexity. Mental health need is rising, complexity is increasing, and health inequalities remain embedded within some of our communities. At the same time, national and system policy is clear that the future of care must be preventative, community-based, personalised and delivered closer to home. This creates both challenge and opportunity and demands that, with our partners, we transform together and at pace.

Mental health is now rightly recognised as fundamental to population wellbeing, economic resilience and social justice. We welcome the continued national focus on patient rights, choice, and reducing inequalities, alongside the reform of the Mental Health Act and the growing emphasis on trauma-informed, recovery-focused and inclusive care.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) is committed to supporting people to stay well, recover earlier and live fulfilling lives within their communities. We are proud of how, as a Trust, we continue to evolve, demonstrating our commitment to be Outstanding in all we do and how we do it, living out our Proud to CARE values and quality priorities.



Our success in balancing quality, innovation, productivity and financial sustainability is evidenced through the National Oversight Framework and our current ranking as the number one non-acute Trust. Our Trust Annual Report 2024/25 highlights many of the areas that have contributed to this overall performance including:

- Delivering a 26th year of financial balance.
- Becoming the first NHS Trust to be awarded Silver Status by the One NHS Finance, Engagement Value Outcome Framework.
- Improved care planning in co-production with services users and carers extending approaches across community and inpatient care.
- Reduced Did Not Attend rates within Community Mental Health Teams (CMHTs).
- Reduced response times to referrals for Autism Spectrum Disorder (ASD) assessment.
- Improved the transition for young people leaving CAMHS and accessing adult services.
- Delivered further historical capital investment to eradicate dormitory accommodation and shared bathroom facilities at Harplands Hospital.

These achievements demonstrate the impact of the collective efforts of our staff through a relentless commitment to delivering high quality, safe and co-produced services. As we approach the end of 25/26, we begin to reflect on the last 12 months where we have achieved, or are in the process of delivering:

- A 27th year of financial balance.
- Full delivery of cost improvement programme schemes.
- A productivity efficiency target of 3% fully achieved by month 9.

- A significant upgrade to our electronic patient record (EPR), transitioning from Lorenzo to ORBIS U as first of type in the UK.
- Extending digital access for our patients by introducing an auto-enrolment/opt-out approach to our Patient Engagement Portal (Patient Aide).
- Securing additional funding from NHS England to deliver further integration of Patient Aide with the NHS App and specifically NHS Notify, ensuring a more streamlined approach to communication including letters, appointments and test results.
- A new Business Intelligence Portal enabling managers, clinicians and staff to access reports to support clinical decision making and performance.
- Growing our lived experience workforce from community into inpatient settings, aligned to our co-produced Culture of Care programme which was shortlisted as a finalist in the Nursing in Mental Health category of the Nursing Times awards.
- Expanding our All-Age Neurodevelopmental service line to include children's ADHD supporting better understanding and visibility of demand that can be used to shape service provision going forward.
- Further expansion of Mental Health Support Teams (MHST) and Individual Placement and Support (IPS).
- NHS 111 and 24/7 crisis text services fully embedded within our all-age crisis care offer.
- Successful system leadership and delivery of the Transforming Care Programme (TCP) and the mental health rehabilitation pathway. Staffordshire and Stoke-on-Trent (SSOT) TCP is identified as the third best performing in the country and the best performing in the Midlands. This is alongside a continued downward trajectory of adults in out of area level 2 rehabilitation settings from a peak of 89 in 2021 to 33 in December 2025.
- Innovation through our Primary Care Directorate including establishing 'Diverse Minds' groups within the community focusing on enhancing inclusion, education and support for people experiencing mental health challenges and neurodiversity.
- Several significant capital schemes, funded through new capital freedoms that will further enhance quality and access including a significant upgrade to our Learning Disability Assessment and Treatment Unit and an expansion of the Edward Myers Unit inpatient detox service, reflecting high levels of demand locally and nationally.

Despite these successes, our services do not exist in isolation, and we recognise and bear witness to the challenges that our communities across North Staffordshire and Stoke-on-Trent continue to experience as demand for our services continues to grow.

Overall, Trust referrals have increased by 12% when comparing 2025/26¹ to 2024/25 and direct contacts by 11.9%. Referral comparisons by age group show an increase across children and young people (12.9%), adult (14.2%) and older adult (5.9%).

- Core CMHTS have received a consistent number of referrals year on year, including CAMHS (-0.5%), Adult CMHTs (0.3%) and Older Adult CMHTs (-0.8%). This highlights that the increased demand is occurring outside of these services. For example, children and young people (CYP) ADHD referrals have recently been moved into our all-age neurodevelopmental service line but if we were to include these referrals with Core CAMHS referrals, as they were previously, this would demonstrate a 12.8% year on year increase.
- Single point of Access and Crisis Resolution and Home Treatment have seen a 17% increase in the number of referrals received year on year.
- Mental Health Liaison Team have seen a 13.6% increase in the number of referrals received year on year.

¹ Within the above comparisons as we do not yet have a complete 2025/26 FY, Apr-2025 to Dec-2025 has been extrapolated into a full year position.

- Demand for the Autism Assessment service remains high with a total of 3,144 referrals being received in 2025/26 compared to 2,796 in 2024/25. This represents a 12.4% increase in demand.
- MHST have seen a 43.7% increase in the number of referrals received year on year.

Direct contact comparisons by age group show an increase in CYP (7.9%), Adult (15.9%) and Older Adult (3%).

- Core CAMHS CMHTs (2.3%), Adult CMHTs (10.1%) and Older Adult CMHTs (5.3%) have all seen an increase in the number of direct contacts year on year. If CYP ADHD direct contacts are included with Core CAMHS CMHTs direct contacts (as they were previously subsumed within this service in 2024/25), then this would demonstrate a 4.9% year on year increase.
- Single point of Access and Crisis Resolution and Home Treatment services have seen a 26.2% increase in the number of direct contacts year on year.
- Mental Health Liaison Team have seen a 35.1% increase in the number of direct contacts year on year.
- Autism Assessment service has seen a 7.4% increase in the number of direct contacts year on year.
- MHST have seen a 28.4% increase in the number of direct contacts year on year.

Reflecting the significant demand in crisis care services, adult acute inpatient occupied bed days has also increased by 5.1% year on year, which has had a direct impact in the number of inappropriate out of area bed days.

This data reinforces nationally observed trends and aligns with the priorities set out in the Medium - Term Planning Framework and the Staffordshire and Stoke-on-Trent Integrated Care Board (SSOT ICB) Strategic Commissioning Intentions. It provides a clear indication of where transformational activity should be focused, aligned to new strategic commissioning conversations, to ensure we can respond to demand as effectively as possible and, where feasible, reduce it.

The Return to Constitutional Standards and Left-Shift capital programme will act as a key enabler in this context, particularly considering increasing demand for crisis services and mental health liaison. This includes the evolving role of neighbourhood mental health centres and mental health emergency departments. In addition, digital approaches that support productivity opportunities across the neurodevelopmental service line remain a key priority and is a focus of the system capital plan.

Both the adult community and inpatient mental health transformation programmes have been a catalyst for driving quality and innovation, redesigning services and pathways, utilising digital technologies and innovating to respond to unmet need, with person-centred co-produced care planning at the centre. Eradicating dormitories through Project Chrysalis has also transformed the environment within which adult inpatient care is delivered, however an unavoidable consequence of this has been a reduction in overall bed capacity.

Older Adults beds per 100,000 population remains higher than average (49 compared to 44) although occupancy rates are the same as national average at 88%. Admissions are twice the national average (347 per 100,000 compared to 152) but average length of stay is almost half of the average (48 days compared to 91). Emergency readmission rates are also much lower than average at 2% compared to 5%.

Conversely our overall adult acute beds per 100,000 population remains low in comparison to the national average (16 compared to 23). Our admission rate is higher than average (276 admissions per 100,000 compared to 204 and 98% occupancy compared to 93%). Admissions under the Mental Health

Act are in the highest quartile nationally. Length of stay for adult acute beds remains low (20 days compared to 41 average) and our emergency readmission rate is comparable to the national average.

When SSOT ICB published its three-year strategic plan to localise and realign care in July 2024, NSCHT had a long-standing position of not utilising out-of-area beds. However, over the last 12 months a combination of factors including increasing local need and a reduced bed base has resulted in regular and fluctuating use of out of area beds for adult acute patients. This has been observed across SSOT including in South Staffordshire where the bed base has remained stable.

Despite the tireless efforts of our staff, working with partners across the Integrated Care System (ICS) to progress patients who are clinically ready for discharge, prevent escalation and manage crises safely in community settings, there is still more to do. Further progress is needed to realise the vision of shifting care away from hospital provision towards integrated community and neighbourhood services, strengthened primary care mental health, crisis alternatives, and step-down support.

Our Population

Staffordshire and Stoke-on-Trent cover an area of approximately 1,048 square miles and are home to around 1.1 million people. Based on the most recent mid-year population estimates, Stoke-on-Trent accounts for roughly 260,000 of this population, with a further 224,000 residents in North Staffordshire (127,700 in Newcastle Under Lyme and 96,600 in Staffordshire Moorlands).

Stoke-on-Trent and North Staffordshire encompass both urban and rural communities, with significant variation in affluence and deprivation. Notably, around 19% of residents live in the most deprived 20% of areas nationally, with most of this population concentrated in Stoke-on-Trent. The city is recognised as one of the most deprived local authority areas in England, which is associated with poorer health outcomes and reduced life expectancy. Life expectancy varies significantly across the area, with gaps of up to two decades between the most and least deprived neighbourhoods.

Stoke-on-Trent is the most ethnically diverse area in North Staffordshire, though still less diverse than England overall. Whilst surrounding North Staffordshire districts are much more ethnically homogeneous, both North Staffordshire and Stoke-on-Trent have seen gradual increases in diversity over the last decade.

Through the Trust's Health Equity Framework, which enables the systematic monitoring and evaluation of interventions to reduce health inequalities, quarterly reports provide a summary of key areas of concern. These reports reflect aspects of the Trust's response to the differential access, experience, and outcomes in mental health services highlighted in the available literature and the best available evidence, including the NHS England (NHSE) Advancing Mental Health Equalities Strategy.

The framework recognises that further improvement is required to achieve consistently high levels of ethnicity recording across community services, to ensure the most accurate understanding of need and impact. However, this has not detracted from proactive work led by clinicians who have identified patterns of differential access that are not representative of the communities we serve. Notable examples include targeted, co-produced initiatives within physical health psychology services and community mental health teams, developed in partnership with local communities. One such project, focused on improving relationships and engagement with local Muslim communities, is now being progressed through the NHS England Applied Population Health Programme.

In inpatient settings, where ethnicity recording is more routinely embedded, analysis indicates that admission rates are broadly aligned with local census demographics, although there is a slight overrepresentation of global majority groups, which is also reflected in the use of restrictive interventions.

Similar patterns are observed across Staffordshire and Stoke-on-Trent, with levels of overrepresentation generally lower than national comparators.

The implementation of the Patient and Carer Race Equality Framework (PCREF) provides the mechanism for a coordinated, Trust-wide approach to identifying and addressing inequalities, ensuring that existing examples of positive practice are consistently embedded and sustained across services.

Across Staffordshire and Stoke-on-Trent, an estimated 19% of adults aged 18–64 have a mental health condition. Stoke-on-Trent also reports a high prevalence of disability related to long-term physical and mental health conditions. Locally, mental ill-health is identified as the leading cause of disability. Depression rates in Stoke-on-Trent (18.6%) exceed the national average (13.3%), and suicide rates are higher than the national norm.

We see every day and ever increasingly how social determinants such as poverty, unemployment, housing instability, social isolation, and poor physical health interact with mental health needs, increasing demand for our services. Life expectancy and healthy life expectancy are lower than national averages, particularly in more deprived neighbourhoods, highlighting the influence of wider determinants on mental wellbeing.

We continue to shape our services to ensure that needs are met in a way which ensures and promotes equity. For example, the proportion of patients with a serious mental illness who had all six recommended health checks is significantly higher in North Staffordshire and Stoke-on-Trent compared to the England average. Contrary to national trends our Trust-level data also evidences that the more deprived the area, the more people are seen and that those from a deprived area are seen quicker than those from less deprived areas.

Despite lower overall life expectancy, we are faced with an ageing population which will inform how we plan and deliver services for older adults. While the population of children and young people (0-19) is projected to increase modestly more children and young people are presenting to services with increasing levels of distress and complexity. A recent NHSE equity audit of CYP mental health services across Staffordshire and Stoke-on-Trent demonstrated that access to services is not consistently aligned with need, despite high engagement once services are accessed. Inequalities are most evident before or at the point of access. Specific groups highlighted as experiencing inequity include:

- Children aged 5–10 and young people aged 17–18
- Males, particularly in early childhood and late adolescence
- CYP from Mixed and Other, Asian, and some White Other ethnic backgrounds
- CYP in both the most deprived and least deprived communities

Noting that this audit covered the entire SSOT population, the Trust will continue to use its bespoke Health Equity Framework to assess the extent to which these findings reflect the local population and to develop appropriate responses, supported by robust impact assessment.

Both Staffordshire and Stoke-on-Trent have higher rates of children with Special Educational Needs and Disabilities (SEND), including speech, language, and communication needs, social, emotional, and mental health needs, learning difficulties, and autism.

Local projections suggest tens of thousands of adults in Staffordshire may have a learning disability and/or autism, with the autistic adult population expected to increase by around 9–10% by 2040. The number of people with moderate or severe learning disabilities is also rising, especially among older age groups.

The majority of those aged 14 and above on the learning disability register receive annual health checks, exceeding the national average and demonstrating proactive local assessment. Nationally we know that autistic individuals often experience poorer mental health outcomes, high rates of co-occurring conditions, and increased risk of adverse outcomes, including suicide, highlighting the need for accessible, adapted services.

Collectively, these demographic and health factors point to a complex, multi-layered needs profile for our population including:

- High and increasing prevalence of mental health conditions across all age groups.
- Growing demand for children and young people’s mental health services.
- Increasing numbers of autistic adults alongside stable numbers of adults with learning disabilities.
- Strong associations between deprivation and poor mental health outcomes, with marked local variation.
- Service access inequalities shaped by social, cultural, and environmental factors.

This context underscores the importance of integrated, equitable, and tailored pathways focused on prevention, early support, and co-produced services across mental health, learning disability, and autism. We are clear that our service planning must reflect the specific needs of our local population in North Staffordshire and Stoke-on-Trent, responding to current trajectories but ensuring that through targeted approaches that address health inequalities and improve outcomes we succeed in changing some of the current trajectories.

How have the views of our communities, patients and partners shaped our medium-term plan?

A series of in-person and online public involvement sessions were held from November 2024 - March 2025 to support the ‘Transforming adult mental health inpatient services in Staffordshire and Stoke-on-Trent Strategy, 2024/27’. This included a public engagement online survey to gather feedback and views on all aspects of mental health services. Key themes that emerged include:

Figure 1: Themes from Public Engagement



Our communities want mental health services that are earlier, more joined-up, compassionate and personalised. People told us they often access support too late, face long waits, fragmented pathways and limited out-of-hours options, which can escalate distress and lead to avoidable hospital admission.

Lived experience highlighted that care must move away from a “one size fits all” approach towards person-centred, trauma-informed support, with better communication, continuity and trust at every stage.

Communities and carers emphasised the need for stronger involvement of families, clearer crisis alternatives to A&E, and improved inpatient experiences that feel therapeutic, respectful and safe. There was a strong call for greater inclusion and reasonable adjustments, particularly for neurodivergent people, older adults, carers and those with protected characteristics, alongside better staff understanding and empathy. The voluntary and community sector was consistently valued as a key partner in prevention and recovery, but people want it more fully integrated into formal pathways.

These messages have been reinforced by activities undertaken later in 2025 by the Centre for Mental Health as part of an independent review commissioned by the ICS to help Staffordshire and Stoke-on-Trent develop a clear, shared vision for the future of our mental health, learning disability and neurodivergence services. Clear themes emerging from this review include:

- Moving from diagnosis-led to needs-led support
- Prevention and early intervention as the core model
- Neighbourhood and community-based care
- Crisis care that is consistent, inclusive and effective
- Transitions as a strategic priority
- Tackling inequality and unwarranted variation
- Valuing the Voluntary, Community and Social Enterprise (VCSE) sector as a core partner
- Embedding lived experience and co-production
- Workforce, culture and capability
- Using data to drive improvement and equity

The Trust welcomes the Centre for Mental Health report and recognises it as a robust, independent and evidence-based assessment of the mental health, learning disability and neurodivergence system across Staffordshire and Stoke-on-Trent. The report strongly reflects what we hear from people with lived experience, carers, staff and partners: that while there are many strengths and innovations locally, the scale and complexity of need now require a fundamental shift in how services are designed, accessed and delivered.

Taken together, this comprehensive insight into population need, inequality, service access, and lived experience provides a robust and evidence-based foundation for our 5-year Integrated Delivery Plan. It has already shaped key priorities for service transformation, commissioning conversations, and pathway redesign, and will continue to inform how we plan, deliver, and evaluate services over the life of the plan.

By embedding this intelligence within our strategic and operational decision-making, and through the continued use of our Health Equity Framework, PCREF, and co-production with communities and partners, we are committed to delivering services that are responsive to local need, reduce unwarranted variation, and improve outcomes for all. This approach ensures that our ongoing service delivery remains dynamic, equitable, and aligned to both current population need and anticipated future demand across Staffordshire and Stoke-on-Trent.

2. Delivery Approach

As we set out our five-year delivery plan, we recognise that this is a period of significant and ongoing change across the NHS. National reorganisation, including the abolition of NHSE, the development of a new target operating model for the Department of Health and Social Care and the continued evolution of commissioning and provider roles means the context within which we plan will continue to evolve.

New national operating models, strengthened financial and productivity expectations, and emerging frameworks, system archetypes and future commissioning guidance will continue to shape how services are planned and delivered. As neighbourhood health models mature, further learning, evaluation and guidance will inevitably refine how we work, particularly as 24/7 neighbourhood mental health centres become more established and the role of mental health emergency centres becomes clearer in the context of our current service offer. Our plan must therefore remain dynamic, capable of adapting as new evidence, standards and expectations are issued, while maintaining progress against our long-term ambitions.

Throughout this period of change, the direction of travel set by the Medium-Term Planning Framework provides greater stability through multi-year planning, clearer operating rules and a strengthened national focus on prevention, digital-first care and neighbourhood delivery.

We will use this greater stability to deepen our partnerships with local authorities, the voluntary and community sector, and fellow NHS providers, ensuring that service transformation is delivered collaboratively and consistently. We will do this in a way which aligns with SSOT ICB strategic commissioning intentions focused on:

- **Shift from Treatment to Prevention** – emphasising early intervention, lifestyle support, and proactive care.
- **Outcome-Based Commissioning** – focusing on measurable health outcomes, patient experience, and equity.
- **Digital Transformation** – adoption of digital tools such as NHS App, Virtual Wards, and Shared Care Records.
- **Tackling Health Inequalities** – targeted interventions for underserved populations using population health data.
- **Integrated Neighbourhood Models** – multi-professional teams delivering place-based care.
- **Financial Sustainability & Efficiency** – rebalancing investment from acute to community care and embedding productivity metrics

This clarity supports our ambition to position the Trust to meet the expectations of the new NHS Advanced Foundation Trust (AFT) model, a future national standard of provider excellence that will give high-performing organisations greater financial freedom, regulatory autonomy and potential eligibility to operate as Integrated Health Organisations. With AFT assessments commencing from 1 April 2026 and all providers expected to reach AFT status by 2035, we will focus on assuring the capability, governance strength and performance maturity required to operate successfully in this new landscape.

Above all, we will continue to co-produce with our communities, ensuring that as models evolve, they do so in a way that is meaningful, inclusive and aligned to the needs and aspirations of local people. While the detail of how we deliver may adapt over time, the direction of travel is clear, and we remain committed to strengthening mental health provision, improving outcomes and delivering high-quality, person-centred care across all our neighbourhoods.

Aligning strategic priorities

Our current Trust Strategy (2023-2028) sets out three strategic priorities:

Figure 2: Trust Strategic Priorities



These priorities have guided our organisational approach and shaped the design and delivery of transformative activity stemming from both national and local drivers. Our strategic priorities have clear alignment with the three shifts set out in Fit for the Future. Although a strategy refresh is planned for 26/27, any revision of strategic priorities will ensure this alignment is maintained.

Figure 3: 10 Year Health Plan 3 Shifts



From the perspective of mental health, the three shifts have the potential to build on changes that began many years ago in this area of health care and to bring about significant further change. We know that prevention works at multiple levels, from whole population universal approaches to improving mental wellbeing to targeted prevention for those facing risks, and 'secondary' prevention among those who have experienced mental distress and face a risk of relapse.

Mental health services have travelled further than most parts of the NHS in the shift from hospital to community. Nationally around 90% of mental health care is provided in community settings and this is reflected in our own services delivered across 27 different sites in North Staffordshire and Stoke-on-Trent. Despite this, hospital care still accounts for around half of NHS spending on specialist mental health services and we have acknowledged the escalating demand observed in our local communities resulting in higher numbers of inpatient admissions.

The Trust Strategy was published in the same year as the Stoke-on-Trent Mental Health and Wellbeing Strategic Framework and Staffordshire's Good Mental Health Strategy. Recognising the changes that have occurred since this strategy was published, in 2025 partners in Staffordshire and Stoke-on-Trent, supported by the Centre for Mental Health have commenced activity to develop a clear, shared vision for the future of our mental health, learning disability and neurodivergence services.

This activity has included:

- A review of data and documentation from the system: including relevant Joint Strategic Needs Assessments (JSNAs) and strategies from the local authorities and the ICS.
- Interviews with system leaders and stakeholders from across Stoke on Trent and Staffordshire, including NSCHT, Midlands Partnership University NHS Foundation Trust (MPFT), Staffordshire County Council, Stoke on Trent City Council, VCSE, learning disability and neurodivergent specialists, carers, children and young people, Staffordshire Police, educational support (SEND) and acute mental health care.
- A carers' workshop with 15 participants, a professional workshop with 18 attendees, and conversations with around 60 children and young people and carers at a PEGIS (Parent Engagement Group in Stoke) in the park day.
- An Open Space event held in September 2025 with 54 participants (and a follow-up online session with another 20).
- Research carried out or reviewed by Centre for Mental Health into the national context and wider best practice.

At the time of writing this plan the work is still ongoing, but the result so far is clear evidence that incremental change will not meet the scale or complexity of mental health, learning disability and neurodivergence need across Staffordshire and Stoke-on-Trent. The Trust's 5-year delivery plan must therefore signal a decisive shift in how care is designed, accessed and delivered, aligned to ICB priorities and NHS planning guidance. This includes:

- **Embedding needs-led models of care**, ensuring diagnosis informs support but is not a prerequisite, and that no one is excluded from mental health services due to neurodivergence or learning disability.
- **Continuing to prioritise prevention and early intervention**, investing upstream across early years, schools, families and communities, and aligning fully to the national shift from treatment to prevention across the life course.
- **Accelerate neighbourhood mental health models**, strengthening integration with primary care, VCSE, education, housing and employment, and scaling community interventions that prevent crisis and admission.
- **Ensuring the delivery of consistent, inclusive, all-age crisis pathways** with appropriate community-based crisis alternatives, ensuring crisis care works across mental health, learning disability and neurodivergence.
- **Prioritise 16–25 and transition-focused models**, strengthening continuity across pathways, ensuring lived experience and peer support is embedded in transition design.
- **A commitment to reducing geographical inequity**, aligning service availability across footprints and using population need to guide future configuration.
- **Further strengthening and embedding relationships with the VCSE as core partners**, supporting longer-term commissioning where possible, and embedding VCSE delivery within formal pathways and governance as appropriate.
- **Ensure co-production is standard practice**, continuing to expand and professionalise peer support roles, and ensure lived experience shapes strategy, delivery and evaluation.

- **Invest in workforce development aligned to future models**, using multidisciplinary and non-traditional roles to support sustainability and quality.
- **Deliver further improvement to data integration, using intelligence to drive equity and outcomes**, measuring success by lived experience and impact, not activity alone.

There is significant work in progress across the system which provides the foundations for delivering the change required. The Trust remains committed to strengthening integrated approaches and partnership working, continuing to evolve governance arrangements through the Provider Collaborative, the Mental Health, Learning Disability and Autism (MHLDA) Portfolio, and neighbourhood-level structures. Integral to this will be the continued evolution and strengthening of existing partnership across NSCHT and MPFT at both a strategic and operational level.

As ICB clustering arrangements progress and new organisational structures take shape, alongside ongoing local government reorganisation, we recognise the complexity and multi-layered nature of current system governance. Despite this, there is a shared commitment to constructive dialogue, collaborative approaches, and maintaining alignment with national objectives and ICB commissioning intentions.

Through this plan, the Trust commits to delivering equitable, community-based, needs-led mental health, learning disability and neurodivergence services, working as a key anchor organisation within a fully integrated system. In section 4 we provide further detail on activities underway and the plans in development within the Trust to ensure we meet the challenges we face.

Role of the SSOT Provider Collaborative

The Provider Collaborative will be pivotal in ensuring a joined-up, system-wide response as we collectively work towards a set of shared priorities, even as the detailed delivery plans continue to be shaped.

In 2025/26, the Provider Collaborative comprising University Hospitals of North Midlands (UHNM), MPFT and NSCHT focused on three shared priority areas:

- **Hospital avoidance** – developing schemes and pathway changes to reduce hospital admissions and emergency department attendances.
- **Corporate efficiencies** – identifying opportunities to deliver efficiencies beyond individual organisational footprints.
- **Neighbourhood teams** – supporting the development and rollout of integrated neighbourhood teams.

Throughout 2025/26, the provider organisations worked collaboratively across these priorities while also reflecting on the future approach to partnership working. The Trusts have been active and constructive partners in wider system development discussions, contributing to the evolution of health and care delivery from cluster level through to neighbourhoods.

All three Trusts remain fully committed to the ten-year plan and the delivery of the three shifts. Where these priorities can be most effectively delivered through strengthened partnership working, developing deeper strategic collaboration between the Trusts will be a key focus for 2026/27. Where delivery extends beyond the Provider Collaborative, the Collaborative will organise itself to act as an active and positive partner in supporting system-wide success aligned to the ICB Strategic Commissioning Plan.

Based on learning from 2025/26, the following priorities have been agreed for the Provider Collaborative in 2026/27:

- **Hospital to Community** - A strengthened strategic partnership between MPFT and UHNM will support the continued shift of care from hospital to community settings.
- **Corporate Services Transformation** - A system-wide corporate transformation programme led by NSCHT on behalf of system partners. This will prioritise corporate services where there is clear benefit from either a cluster-based or single system operating model (SSOT) approach.
- **Neighbourhood Teams** - The Collaborative will remain a positive and enabling partner in the continued rollout of neighbourhood teams, building on the progress achieved in 2025/26. This work will be closely aligned with whole-system development led by the Strategic Commissioner, particularly as system approaches to neighbourhoods and localities continue to mature.

The three Trusts recognise that the successful delivery of these priorities is underpinned by a strong and empowered Primary Care sector. Primary Care is already a member of the Staffordshire and Stoke-on-Trent wide collaborative, and strengthening its role at place, locality and neighbourhood level is essential to delivering the three system shifts successfully.

The Trusts will work in close partnership with the ICB to support this critical next step.

As part of reviewing the development of the Provider Collaborative to date, governance arrangements have been refreshed to better support delivery of the agreed priorities. This review has been characterised by strong collective engagement from Chief Executives and executive teams across all partner organisations.

The Collaborative Board will now operate as a strategic board of partner organisations. It will continue to be chaired by one of the Trust Chairs within the system and attended by all system Chief Executives. The Board will focus on:

- Assurance of in-year delivery against agreed priorities
- Setting collective strategic direction
- Receiving and approving proposals for the development of strategic partnerships required to deliver improved outcomes for the Staffordshire and Stoke-on-Trent population

The Board will be supported by an Executive Committee with broad representation from partner organisations. This committee will be responsible for developing and progressing the agreed priorities, recognising the breadth of collaboration required, including shared clinical pathways, workforce transformation, financial flows and digital-first delivery models.

Approach to neighbourhood health

Across Staffordshire and Stoke-on-Trent, partners are jointly implementing a neighbourhood health approach that shifts care closer to communities, moving from hospital-based to community-based support, from reactive treatment to prevention, and from fragmented services to integrated, place-based models.

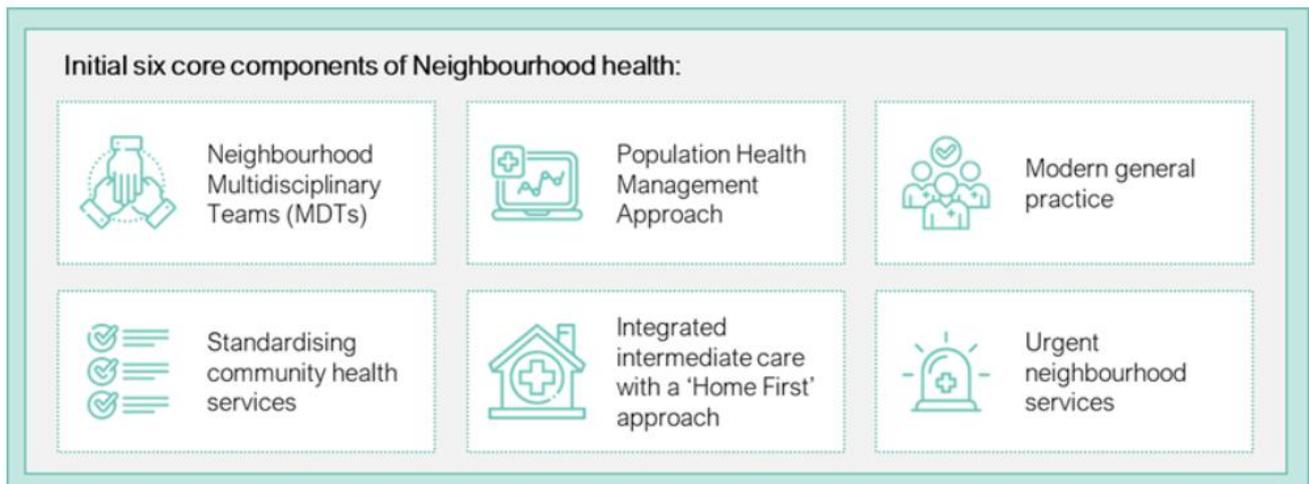
The system is progressing towards outcome-based commissioning and greater standardisation of community services. Neighbourhood Health plans are being developed collaboratively with Health and Wellbeing Boards and local authorities. Community voices are being embedded through established engagement forums, voluntary and community sector partnerships, and lived-experience input, ensuring neighbourhood models are shaped by local strengths, assets and inequalities.

Delivery is being enabled through a coordinated set of system enablers, including shared population health intelligence, digital and data-sharing infrastructure, workforce and organisational development, estates planning and aligned commissioning.

Over the next five years, NSCHT will continue to work closely with the ICB, local authorities, primary care, VCSE organisations, and residents to deliver a neighbourhood model focused on prevention and rooted in the strengths of local communities.

This system-wide approach is being driven by the Neighbourhood Health and Care Strategic Group and underpinned by a shared leadership compact that commits partners to system-first decision making, collaborative delivery and joint accountability for outcomes. The six core components of neighbourhood health have provided a framework for progress so far, with further national guidance awaited.

Figure 4: Six Core Components of Neighbourhood Health



Early implementation is focused on priority cohorts identified through population health analysis, including people living with frailty, children and young people with complex needs, and individuals experiencing multiple disadvantage, with pilots and early implementer sites progressing in several neighbourhoods. Through these pilots' partners are co-designing integrated models of care that reflect local circumstances, simplify pathways, strengthen community assets and deliver earlier intervention.

Partners across Stoke-on-Trent are developing a shared understanding of Place, localities and neighbourhoods, using flexible but aligned population footprints to support joined-up planning and delivery. These shared geographies will enable consistent profiling, prioritisation and resource allocation while retaining the flexibility to respond to local needs.

Delivery will be supported by pooled and aligned resources across neighbourhood health, population health, neighbourhood renewal and Changing Futures funding, coordinated through joint commissioning and existing governance structures.

NSCHT is actively shaping and delivering neighbourhood approaches across the city. We are a key partner in the North Stoke pilot focused on targeted frailty identification and proactive support. In addition, our Primary Care Directorate is leading the development of the system's first multi-disciplinary neighbourhood team for children and young people in Bentilee. This reflects our commitment to prevention-focused, integrated neighbourhood models and our leadership role for children and young people's health and wellbeing.

As neighbourhood approaches develop, we remain mindful of the interdependencies across the wider system, including neighbourhood health centres, neighbourhood mental health centres, family hubs and community lounges. We are committed to planning and delivering in a coordinated way so that these elements reinforce one another and contribute to a coherent, integrated offer for residents.

Our phased roll-out will be carefully managed to avoid unintentionally widening health inequalities. We will balance investment across neighbourhoods to ensure that strengthening integrated physical and mental health support in one area does not disadvantage others. To support this, neighbourhood profiling, grounded in robust public health intelligence, high-quality data and community insight, will guide decision-making and prioritisation. This evidence-based approach will help us focus on local strengths, assets and inequalities, particularly in areas facing the greatest health and wellbeing challenges.

The Trust and its partners will continue to prioritise meaningful community voice by working through established mechanisms such as community lounges, Age Friendly City initiatives, wellbeing surveys and local strengthening communities and Pride in Place approaches. This will ensure that neighbourhood development remains rooted in lived experience without creating unnecessary additional engagement forums.

Across all six neighbourhood health components, NSCHT's five-year priorities are focused on shifting care upstream, integrating MHLDA expertise into neighbourhoods, and working as part of a single system to improve outcomes and reduce inequalities. A high – level mapping of the Trust's priority areas of focus against the six components of neighbourhood health is as follows:



Table 1: NSCHT Approach to Six Core Components of Neighbourhood Health

Neighbourhood Health Component	System Focus	NSCHT Five-Year Priorities	What Will Change
Population Health Management (PHM)	Use shared intelligence to target prevention, reduce inequalities and prioritise cohorts at neighbourhood level	<ul style="list-style-type: none"> • Embed PHM insights into service planning and transformation. • Target mental health, LD, autism and CYP interventions to priority cohorts (frailty, multiple disadvantage, complex needs). • Align Trust priorities with neighbourhood profiles and inequalities data. 	<ul style="list-style-type: none"> • Services increasingly designed around identified neighbourhood cohorts. • Earlier, targeted intervention rather than reactive care. • Clear contribution of MHLDA expertise to system PHM decisions.
Neighbourhood MDTs / Integrated Neighbourhood Teams (INTs)	Deliver coordinated, multidisciplinary care around neighbourhoods, not organisations	<ul style="list-style-type: none"> • Embed MHLDA expertise into MDTs. • Promote psychologically informed, recovery-focused MDT practice. • Support scalable MDT models adaptable to neighbourhood context. 	<ul style="list-style-type: none"> • Mental health expertise available earlier in pathways. • Improved continuity and shared care planning. • Further connectivity and ease of navigation across community, crisis and inpatient services.
Urgent Neighbourhood Services	Prevent avoidable admissions and support timely discharge through neighbourhood-based responses	<ul style="list-style-type: none"> • Align crisis and urgent mental health services including neighbourhood mental health centres and mental health emergency departments to neighbourhood urgent care pathways. • Strengthen interface with urgent care, virtual wards and intermediate care. • Reduce avoidable escalation into inpatient care. 	<ul style="list-style-type: none"> • Timely and coordinated crisis responses delivered closer to home through trusted local partnerships and pathways. • Fewer repeat urgent presentations. • Greater clarity and consistency in transitions following crisis or discharge.
Workforce	Develop a flexible workforce able to work across boundaries and neighbourhood models	<ul style="list-style-type: none"> • Align workforce and OD plans to neighbourhood delivery. • Further expand lived-experience and peer roles. • Continue to strengthen and embed capability in trauma-informed and integrated working. 	<ul style="list-style-type: none"> • Staff working across organisational boundaries as standard. • Sustained and improving job satisfaction through clearer purpose and collaboration. • Sustainable shift from acute to community care delivery.
Digital	Enable neighbourhood working through shared	<ul style="list-style-type: none"> • Prioritise interoperability and shared care records 	<ul style="list-style-type: none"> • MDTs able to make faster, better-informed decisions.

	records, data and digital tools	<ul style="list-style-type: none"> • Enable MDTs with real-time information and shared care plans. • Increased use digital tools to support prevention and self-management. 	<ul style="list-style-type: none"> • Reduced duplication and manual workarounds. • Improved access and engagement for service users.
Estates	Use estate strategically to support neighbourhood delivery and access	<ul style="list-style-type: none"> • Align Trust estate with neighbourhood health & mental health centres to maximise opportunities for efficient and integrated working aligned to guidance. • Through aligned estates support co-location and multi-agency working where appropriate. • Ensure MHLDA services are visible and accessible in neighbourhood infrastructure. 	<ul style="list-style-type: none"> • Care delivered closer to where people live. • Improved collaboration through shared spaces. • Estates support integration rather than organisational silos.

3. Quality Ambition

Quality sits at the heart of the Trust’s five-year delivery plan and underpins our ambition to be Outstanding in all we do and how we do it. We define quality through the consistent delivery of services that are safe, personalised, accessible and recovery-focused, developed and delivered in partnership with service users, carers, staff and system partners.

Building on our sustained Outstanding CQC rating and strong track record of improvement, this delivery plan focuses on maintaining excellence while addressing emerging pressures, inequalities and rising demand. Our approach recognises that high quality, positive experience and value for money through optimal productivity are mutually reinforcing and must be delivered together.

We have set out our Co-production and Involvement Plan 2024–2027 to demonstrate our commitment to embedding co-production, lived experience, and recovery-focused practice across everything we do. Our ambition is for service users, carers, and communities to be equal partners in the design, delivery, and governance of our services. We aim to create a culture rooted in strength-based, person-centred care, with flattened hierarchies that genuinely value lived experience. This includes developing clear pathways for involvement and employment, from frontline roles through to board-level influence, and ensuring our approach reflects the diversity of the communities we serve.

Over the next five years, we will build on our existing strengths, such as the Wellbeing College, peer workforce development, and strong community partnerships, while recognising that further progress is needed to increase consistency, scale, and impact. We will expand co-produced services, strengthen peer roles across community and inpatient settings, and develop sustainable infrastructure to support involvement. Quality delivery will be driven through an integrated framework that brings together:

Figure 5: NSCHT Quality Themes



Co-production and Lived Experience

- Service users, carers and people with lived experience are partners in designing, delivering and evaluating care.
- Co-production will be embedded from strategy to service delivery, supported by peer roles now embedded within community and inpatient settings, the Service User and Carer Council, Youth Council (ELEVATE), Wellbeing College, patient safety partners and a range of other forums.
- Quality priorities will continue to be shaped through annual engagement events and real-time feedback. This includes the Trust's annual stakeholder engagement event that takes place in March each year.

Continuous Quality Improvement

- Quality improvement is an everyday discipline, not a standalone programme and there will be a greater focus on scaling and embedding successful team-level QI initiatives to ensure that 'bottom-up' and 'top-down' approaches are successfully integrated in a way that empowers and promotes ownership at all levels.
- The Trust will continue to embed continuous quality improvement capability at all levels, aligning improvement activity with operational delivery, workforce development and system priorities.
- Improvement will focus on effectiveness and what matters most to service users and staff, using data, experience and evidence to drive change.

Safety, Culture and Compassion

- A strong safety culture will be maintained through learning-led patient safety systems, trauma-informed care and psychological safety for staff.
- The Culture of Care Programme will remain central to inpatient transformation, ensuring wards are therapeutic, equitable and recovery-focused places to receive care and to work. Co-production will remain central to this approach with community meetings on each ward acting as the driving force in shaping change.
- Leadership behaviours will continue to emphasise compassion, inclusion and accountability.

Partnership and System Working

- Quality will be delivered collaboratively with system partners, local authorities, voluntary and community sector organisations and universities.
- The Trust will play an active role in ICS quality improvement, prevention and population health agendas.

Evidence, Innovation and Learning

- Research, clinical audit, accreditation and innovation will continue to inform best practice and improvement.
- Digital and data quality maturity will be strengthened to support decision-making, transparency and improvement at all levels.

We will continue to evolve the themes and underpinning detail of our quality framework as we work collaboratively with our patients, staff and partners. The framework will also need to adapt in line with the innovations and developments set out in the Medium-Term Planning Framework. This will include the new National Quality Board quality strategy, the Modern Service Framework for Serious Mental Illness and the new National Care Delivery Standards.

We are committed to measuring success through robust quality improvement approaches and regular review, ensuring that co-production leads to meaningful improvements in experience, outcomes, and recovery for the people who use our services. In accordance with the new measures and frameworks indicated above, success over the five-year period of this plan will be evidenced through:

- Sustained regulatory assurance and accreditation.
- Improved access, experience and outcomes for service users and carers.
- Reduced inequalities and unwarranted variation.
- High levels of staff engagement, wellbeing and capability.
- A demonstrable culture of continuous improvement and learning.

4. Delivery and Transformation Framework

As we look forward over the next five years, it is important to recognise that whilst significant transformation is required, we are building from a strong base with many projects, programmes and business as usual activities in place that are already contributing to the delivery of the three shifts. Clinical leadership is embedded and at the forefront of these activities with contribution at every level, from Chief Medical Officer and Chief Nursing Officer through to operational directorate Clinical Directors and clinical leads within individual teams and service lines.



These programmes of work will continue to evolve as part of the development and delivery of this plan. Whilst not an exhaustive list, we can highlight the following as being key programmes of activity, many of which reflect the themes developed with Trust Board during early engagement on the Medium-Term Planning Framework in August 2025. The activities have also been mapped against the ICB 5-year strategic commissioning intentions to ensure alignment and delivery against system strategic priorities.

Treatment to Prevention

The 10 Year Health Plan is clear that we need to shift from an NHS that focuses on treating patients to one that improves the lives of the population by preventing ill health or slowing the exacerbation of ill health.

In shaping our plan with Trust Board we have been clear that true prevention requires a generational approach and commitment to prioritising the needs and experience of children and young people, working in true partnership to deliver effective services from pre-birth through our Parent and Baby Service, all the way through to transition to adult services for those young people who may require ongoing support.

Over the next five years we will continue to build on our current approach which seeks to integrate prevention into every part of the care pathway. Key CYP initiatives developed during 25/26 which will continue to evolve as part of this delivery plan include:

Tertiary prevention through enhanced support - The Trust will continue to evolve the co-produced Enhanced Support model at the Darwin Centre. This provides both an improved therapeutic environment and enhanced staff capability, enabling a wider range of needs and fluctuations in acuity to be managed effectively within a general adolescent setting and reducing the need for escalation.

Delivering system-wide responses for CYP in complex situations - Building on a successful £3.8m investment from the West Midlands CAMHS Provider Collaborative, the Trust will lead the development and implementation of a new system MDT model and pathway to better meet the needs of children and young people in complex situations. This programme will focus on coordinated intervention to prevent crisis, repeated assessment, inpatient admissions and/or multiple social care placements resulting in poor long-term outcomes.

Optimising CAMHS pathways to support access, productivity and prevention - Significant activity has already been undertaken to reconfigure CAMHS pathways to improve access, outcomes and flow,

including the development of social pathways, piloting extended 8am–8pm working, and extrapolation of ASD and ADHD from core CAMHS to a dedicated neurodevelopmental service line. These changes are designed to ensure children and young people receive the right support at the right time, reducing the risk of escalation. This work will continue to evolve over the duration of the medium-term plan.

Expanding school-based and community prevention models - The Trust will continue to expand MHSTs and innovate through Whole School Coordinator roles, providing greater strategic capacity to co-produce preventative approaches with education partners. The Co-creating Healthy Futures: Schools and Health Framework is an example of this and will be embedded, with a focus on widespread adoption over the five-year period.

Leading system collaboration with the voluntary and community sector - The Trust has demonstrated system leadership in convening a CYP community of practice, strengthening relationships with VCSE providers and ensuring a coordinated approach with VCSE infrastructure organisations, local authorities and the ICB. This builds on the Trust allocation of £270,000 in CYP community grants to local VCSE partners. Continued evolution of the community of practice will seek to strengthen relationships, identify opportunities and align activity across national and local programmes including Youth Strategy, the Local Youth Transformation Pilot, Family Hubs, Families First and Best Start in Life.

Embedding lived experience and youth voice in prevention - The Trust will continue to reinvigorate and support the Youth Council (ELEVATE), led jointly with VCSE partners, ensuring that the voices of children and young people shape preventative services, pathway design and system priorities.

Beyond CYP, the Trust will evolve a range of initiatives focused on prevention across adulthood, including:

Preventative support for adults and people with long-term conditions - Including the expansion of Talking Therapies, particularly for people with long-term physical health conditions, supporting earlier intervention and improved self-management.

Improving physical health prevention including for people with mental illness - The Trust will continue to optimise physical health checks and vaccination programmes (including for the wider population) through its Primary Care Directorate, supporting earlier identification and prevention of physical health inequalities experienced by people with mental illness.

Contributing to system-wide prevention priorities - The Trust will act as a key partner in system developments aligned to obesity prevention and associated psychological support, ensuring mental health expertise is embedded within wider population health approaches.

Addressing wider determinants of health through partnership working - The Trust will build on innovative partnerships with system partners and the VCSE, including initiatives such as Keep Warm Keep Well, using shared data to identify people who may benefit from support related to fuel poverty and associated health risks.

Reduce ill-health related inactivity, through access to IPS - The Trust will utilise new investment to deliver expanded IPS provision and ensure the development of effective pathways with the Connect to Work Programme.

Supporting neurodivergent people through community-based prevention - The Trust will seek to expand on positive initiatives such as our Diverse Minds groups which offer open-access,

community-based support for people with autism and/or ADHD. This model provides peer support, shared learning and practical strategies to manage anxiety and wellbeing, supporting prevention and reducing reliance on specialist services.

Embedding Lived Experience to Support Prevention and Recovery - The Trust will further embed lived experience across inpatient and community services, strengthening recovery, wellbeing and self-management. Aligned to our Culture of Care programme people with lived experience are now embedded within ward teams, co-delivering trauma-informed and therapeutic interventions that promote recovery and support individuals to develop wellbeing strategies that extend beyond discharge. We will continue to develop this approach, underpinned by the ongoing evolution of the Trust's Wellbeing College, which will continue to adapt its open-access workshops and activities in community settings to reflect local need, enabling people to build resilience, maintain wellbeing and reduce the risk of future crisis or re-admission.

Together, these initiatives demonstrate a comprehensive and system-aligned approach to shifting from treatment to prevention. By embedding prevention across pathways, strengthening partnerships and addressing wider determinants of health, the Trust will reduce avoidable escalation, improve outcomes and support long-term sustainability, fully aligned with national expectations and local commissioning priorities.

Hospital to Community

For NSCHT, the neighbourhood health approach will be a defining driver of priorities and delivery over the next five years. The Trust will play a key role in designing and delivering integrated neighbourhood models, with an all-age focus across mental health, learning disability, autism, substance misuse and primary care. This will require a continued shift towards proactive, preventive and community-based care, with specialist expertise embedded earlier in neighbourhood pathways through MDTs, advice and guidance, and closer working with primary care, social care and the voluntary sector. NSCHT will prioritise reducing avoidable escalation into crisis and hospital care, improving continuity and experience, and addressing inequalities identified through neighbourhood-level population health data.

The neighbourhood agenda will also shape how the Trust develops its workforce, digital capability and partnerships. NSCHT will align its workforce and organisational development plans to support new ways of working across organisational boundaries, including the expansion of integrated and psychologically informed neighbourhood teams. The Trust will contribute to and benefit from system-wide digital and data initiatives that enable shared care planning, risk stratification and real-time decision-making at neighbourhood level.

Over the five-year period, it is anticipated that NSCHT's delivery plan will increasingly be shaped by joint commissioning intentions, shared outcomes and place-based governance, ensuring that Trust priorities are aligned with neighbourhood health plans and that resources are used collectively to deliver better outcomes for local populations.

The Trust's approach builds on existing strengths and pilots, while scaling evidence-based models and strengthening pathways where pressure and variation remain.

Key areas of activity include:

Leading neighbourhood multidisciplinary team models - The Primary Care Directorate will continue to lead the first pilot of a neighbourhood MDT for children and young people, underpinned by a population health management approach. This model is co-produced with system partners and

integrated with wider neighbourhood initiatives in Bentilee, including Pride of Place, to support early intervention, prevention and coordinated care close to home.

Extending MDT approaches to support older adults and frailty pathways - Building on early learning, the Primary Care Directorate has commenced exploration of additional MDT-led areas of focus, including delirium. This work will draw on the expertise and clinical leadership of older adult psychiatry to support timely community intervention, reduce hospital admissions and improve transitions of care.

Aligning community older adult services to neighbourhood pilots - Community older adult services have been engaged in developing the North Stoke Ageing Well Pilot and will continue to ensure close service alignment as the Integrated Neighbourhood Team model develops, supporting proactive, coordinated care.

Strengthening intensive and assertive community mental health care - Following a period of intensive review and development in 2025/26, the Trust will maintain oversight and continue to evolve its approach to intensive and assertive community mental health care. This includes embedding new digital tools to improve operational oversight and aligning practice with emerging national guidance, including the Modern Service Framework for Serious Mental Illness.

Reducing inappropriate out-of-area placements through a Trust-wide programme - A cross-directorate programme of activity has been established to deliver a robust and sustained reduction in inappropriate out-of-area placements. This recognises the complexity of the issue and focuses on effective partnership working, strengthened discharge pathways, improved care management approaches, and systematic review of pathways with a strong emphasis on de-escalation and crisis prevention. This will be supported by improved acute bed availability at the conclusion of Project Chrysalis with a new ward planned to open at Harplands Hospital in 27/28.

Strengthening crisis pathways and developing community alternatives - The Trust will continue to strengthen crisis pathways through targeted service developments, including the use of new digital technologies to improve productivity and flow. In parallel, the Trust will commission a VCSE led community crisis alternative, working in an integrated way with Trust crisis services. This will play a critical role in establishing a Neighbourhood Mental Health Centre in Stoke-on-Trent, supported by associated system capital investment.

Responding to co-occurring mental health and substance use needs - The Trust has instigated a collaborative piece of work across system partners to shape a programme of activity addressing the ongoing challenges associated with co-occurring needs. Trust deep dives and system evidence highlight high levels of short-duration (less than 24 and 72 hours) and potentially preventable admissions. This programme will focus on improving pathway integration, reducing re-presentations and ensuring effective delivery of the Co-occurring Mental Health and Substance Use Framework. It also includes expanding the capacity of the Edward Myers Unit inpatient detox service to ensure timely access to this service for those that need it.

Embedding reasonable adjustments to support inclusive community care - A Trust-wide programme of activity on Reasonable Adjustments is underway and following detailed scoping during 25/26 will deliver a Trust-wide rollout of a locally adapted Green Light Toolkit in 2026/27 to inform future service development. The programme also includes a digital focus, ensuring that the Trust's electronic patient record upgrade supports successful embedding of the Reasonable Adjustments Digital Flag. The programme is designed to improve awareness, knowledge and consistent practice across services,

supporting effective reasonable adjustments for both service users and staff, thereby enabling more effective, inclusive and community-based care.

Improving community responses for neurology and neuropsychiatry pathways - Through neuropsychiatry and neuropsychology services, the Trust has identified opportunities to improve and standardise neurology pathways at system level, supporting hospital avoidance. We will work in collaboration with the ICB and system partners to develop improved community-based models of care.

Sustaining and expanding progress in complex and forensic pathway - The Trust will continue to build on the success of TCP and the Complex Care service which has delivered a sustained reduction in out-of-area rehabilitation placements. This will be further enhanced in 2026/27 through mobilisation of additional investment from the Reach Out Provider Collaborative, strengthening the interface between forensic and community services to support effective step-down and community rehabilitation.

Reviewing specialist pathways to maximise community delivery - A significant programme of pathway review will be undertaken within the Specialist Directorate for children, young people and adults. This will focus on maximising productivity, managing demand and capacity, and exploring opportunities to extend successful adult models, including the potential expansion of Intensive Support Team approaches to young adults with a learning disability. This includes significant investment in the physical environment and clinical model of our Assessment and Treatment Unit.

Together, these areas of activity will be shaped through our Transformation Framework to ensure a coherent, phased and deliverable programme that supports the hospital-to-community shift. They demonstrate how the Trust will work with partners to redesign pathways, strengthen neighbourhood models and invest in community-based alternatives, ensuring alignment with national expectations and local commissioning priorities while maintaining quality, safety and financial sustainability.

Analogue to digital

Over the next five years, the Trust will deliver a significant and sustained shift from analogue to digital ways of working, enabling improved productivity, access, experience and safety across services. Digital transformation will act as a key enabler of the Trust's wider strategic priorities, supporting the delivery of prevention-focused, community-based and integrated models of care. Our approach is phased, clinically led and inclusive, ensuring that digital innovation supports, not replaces, personalised care, and that no one is excluded as services increasingly adopt digital-first approaches.

Key areas of activity include:

Establishing a modern digital core through EPR transformation - The Trust is delivering a major upgrade to its electronic patient record, transitioning from Lorenzo to ORBIS U, with go-live planned for 2026/27. This will provide a stable and modern digital foundation, enable the wider adoption and embedding of digital solutions to support productivity, safety and clinical decision-making. This includes scaling tools already in use within parts of the Trust, such as AI-enabled capabilities including ambient voice technology, once proven and clinically assured.

Progressing towards a single patient record and digital front door - The Trust will continue to expand digital engagement through the NHS App, building on the successful implementation of the Patient Engagement Portal (Patient Aide). The recent introduction of an 'opt-out' approach will support maximum uptake, and secured NHS England funding is enabling integration with NHS Notify, supporting more consistent, timely and accessible communication with service users.

Expanding digital self-service and self-help capability - The Trust will continue to develop digital self-service and self-help tools, most notably the Combined Wellbeing Portal. This provides

open-access advice, signposting and support, alongside the ability for people to self-refer into both children and adult services, supporting earlier access and reducing reliance on traditional referral routes.

Digitising priority pathways to improve access and productivity - Through digital elements of the Return to Constitutional Standards and Left Shift capital programme, the Trust will work as part of a system approach to further digitise the neurodevelopmental pathway, supporting productivity improvements, increased assessment capacity and reduced waiting times. In parallel, digitisation of the Mental Health Act pathway will be progressed, building on pilot activity already undertaken by the Trust to improve oversight, timeliness and compliance.

Scaling digital innovation while addressing digital inclusion - Building on successful early adoption within the Primary Care Directorate, particularly the use of Patches, an AI-enabled consultation and triage tool, the Trust will use learning from these implementations to inform wider rollout of digital solutions. This will include a strong focus on digital inclusion, ensuring appropriate support for service users and staff, and maintaining alternative access routes so that digital-first approaches do not create barriers to care.

Together, these initiatives provide a robust and deliverable programme to achieve the analogue to digital shift, ensuring that digital capability is embedded across pathways in a way that supports quality, productivity and equity. Further detail on the Trust's digital priorities, phasing and delivery framework is set out later in this report.

Transformation Framework

The Trust has established a structured, clinically led approach to transformation to support the delivery of its 5-Year Integrated Delivery Plan and to meet the expectations set out in the Medium-Term Planning Framework. The purpose of this approach is to enable the Trust to deliver the requirements of the 10 Year Health Plan while maintaining quality, improving productivity and delivering sustainable cost improvement through long-term, resilient change.

This approach provides a single, coherent framework through which transformational activity is identified, prioritised, sequenced and overseen. It ensures that transformation is not delivered in isolation or through disconnected initiatives, but as part of a coordinated, medium-term programme aligned to population need, clinical strategy, quality and effectiveness, workforce planning, digital enablement and financial sustainability.

The framework will support in providing assurance that as plans develop they continue to be evidence-based, deliverable and phased realistically, with strong clinical leadership, robust quality and equality impact assessment, and a data-driven continuous improvement approach embedded throughout.

This structured approach to transformation delivers several key benefits in the context of medium-term planning and assurance:

- Clear line of sight from strategy to delivery, ensuring that the 5-Year Plan is translated into prioritised, manageable and sequenced programmes of change.
- Ensuring clear coherence by bringing together related initiatives into four coherent portfolios providing effective oversight of interdependencies.
- Stronger clinical and data-led decision-making, ensuring transformation is evidence-based, outcomes-focused and responsive to population need.
- Increased delivery confidence, by embedding productivity, efficiency and quality impact considerations early in the design of change.

- Greater organisational resilience, supporting sustainable change that improves quality, workforce experience and financial balance over the medium term.

Figure 6: Transformation Portfolios



The approach has been designed to ensure that our quality framework and quality priorities are embedded across transformation portfolios. The portfolios are independent and whilst activity and priorities are not isolated to a single portfolio, the mapping below highlights which portfolio (indicated by colour) will be the primary driver of ensuring transformation meets the quality priority. This may be subject to change as priorities and programmes of work evolve.

Table 2: Transformation Portfolio and Quality Priority Alignment

Area of Focus	Pink	Purple	Green	Blue
Prevention & Early Intervention Aim: Reduce avoidable harm and deterioration, supporting people to stay well for longer.				
Reducing suicide and self-harm through system-wide prevention and learning.	X			
Strengthening crisis prevention and early access, including 24/7 crisis pathways and digital access options.		X		
Supporting physical health, wellbeing and employment outcomes for people with serious mental illness.	X			
Improving staff health, wellbeing and safety as a core enabler of high-quality care			X	

Area of Focus				
Access, Experience & Equity				
Aim: Ensure timely, equitable access to high-quality care and consistently positive experiences.				
Improving waiting times and flow across pathways, particularly in community mental health, CAMHS and neurodiversity services.		X		
Enhancing experience while waiting, including proactive communication, support and signposting.		X		
Strengthening involvement of families and carers in care planning and delivery.	X			
Expanding digital access while ensuring inclusion and accessibility for all communities.				X
Implementing PCREF to address disparities in access, experience and outcomes.	X			
Safe, Therapeutic & Recovery Focused Care				
Aim: Deliver consistently safe care that promotes recovery, dignity and independence.				
Sustaining excellent performance in patient safety, safeguarding and infection prevention.		X		
Continued reduction of restrictive practices through trauma-informed, relational care.		X		
Embedding personalised, co-produced care planning and outcome-based approaches across all services.		X		
Maintaining and extending national accreditations and assurance programmes to support clinical excellence.		X		
Workforce, Culture & Capability				
Aim: Be one of the best places to work in the NHS, enabling staff to deliver outstanding care				
Recruitment, retention and development of a skilled, diverse and compassionate workforce.			X	
Expansion and integration of lived-experience roles and peer support.			X	
Addressing staff survey themes including discrimination, civility, workload and psychological safety.			X	
Building leadership and improvement capability at every level of the organisation.			X	
Learning, Improvement and Sustainability				
Aim: Embed learning and improvement while delivering high-value, sustainable services.				
Strengthening learning from patient safety incidents under the Patient Safety Incident Response Framework.	X			
Using data, audit, research and feedback to drive improvement and demonstrate impact.	X			
Delivering value-based care through innovation and service redesign.		X		
Progressing environmental sustainability and carbon reduction as part of quality and value.				X

Activity to develop the portfolios is progressing. Each portfolio has Executive leadership from two Chief Officers to ensure senior oversight through a balanced approach, integrating clinical, operational, financial and strategic leadership. The Trust's Transformation Management Office has aligned its resource to support this portfolio structure. Initial activity is focused on developing and agreeing the detailed deliverables and phasing for each portfolio. This includes aligning and prioritising existing programmes as required, and ensuring effective engagement and co-production with our communities, service users, staff and partners. The phasing and deliverables for each portfolio will be triangulated at

each stage of development and approved by the Trust's Senior Leadership Team. A brief outline of the areas of focus and objectives of each portfolio is as follows:

1. Understanding and meeting the needs of our communities:

The Centre for Mental Health independent review described the Staffordshire and Stoke-on-Trent MHLDA system as “data rich but intelligence poor.” The Trust recognises that while there is access and good utilisation of a wide range of high-quality data, there is further opportunity to strengthen how data, insight and lived experience are systematically triangulated. Improving this capability is essential to developing a more holistic understanding of patient and population need and experience, informing the design of new models of care and robustly testing their impact once implemented.

This portfolio is therefore focused on ensuring that the Trust's services are consistently shaped by a clear, evidence-based understanding of population need, and that they are responsive to inequalities and underserved communities. It will deliver a more systematic and mature approach to population health management, drawing on linked datasets including Pathfinder and One Health and Care, JSNA insight, place-based intelligence, and qualitative insight from co-production and engagement with communities, service users and partners.

Through this work, the portfolio will support the delivery of equitable access, reasonable adjustments and culturally appropriate care, ensuring that prevention, early intervention and suicide prevention are embedded across pathways not delivered as standalone initiatives. The Trust will work closely with the ICB, local authorities, education partners, VCSE organisations and communities to address the wider determinants of mental health, strengthening our collective ability to design, deliver and evidence services that improve outcomes, reduce inequalities and align resources to where need and impact are greatest.

Over the next five years, this portfolio will ensure the Trust adopts a population-health-led, equity-focused approach to service design and delivery, prioritising:

Figure 7: Population Health Priorities



2. Transforming models of care and care pathways

This portfolio is focused on delivering clinically led transformation of care models and pathways to improve quality, outcomes and flow across the system. It supports the continued shift towards community-based, preventative and recovery-focused care, reducing reliance on inpatient provision and inappropriate out-of-area placements where clinically appropriate.

The portfolio will ensure that service transformation is evidence-based, phased and deliverable, with estates, workforce and digital implications considered from the outset. Transformation activity will be aligned closely with the Hospital to Community shift set out above, with a strong emphasis on aligning and integrating existing workstreams to a clear, coherent strategic direction shaped by neighbourhood health.

Key strands of activity within this portfolio include:

- Neighbourhood approaches to children and young people’s MDTs
- Embedding mental health expertise within integrated neighbourhood teams
- Development and delivery of Neighbourhood Mental Health Centres
- Mental Health Emergency Departments
- Comprehensive specialist directorate pathway reviews

An indication of the key activities and outcomes this portfolio will deliver over the next five years is outlined below. It is recognised that there is significant detail to work through, and that delivery will continue to evolve as further national guidance is issued in several areas. This shift will also need to be supported by the ongoing evolution of commissioning arrangements, aligned to investment priorities and appropriate financial and contracting mechanisms, to ensure models are sustainable and system-aligned.

Table 3: Transforming Models of Care – 5 Year Overview

2026/27 – Establish the Foundations (Alignment, pilots and readiness)	2027/28 – Embed and Standardise (Consistency and shared ways of working)
<ul style="list-style-type: none"> • Neighbourhood footprints agreed at system level with consideration of how this is embedded in Trust planning. • Priority cohorts for CYP MDT confirmed using population health intelligence. • Mental health and LD expertise embedded in early neighbourhood MDT/INT pilots. • Community crisis alternative launched with crisis and urgent mental health pathways reviewed against with urgent neighbourhood services and emerging models. • Development of Mental Health ED model aligned to UHNM UEC ED expansion scheme planning. • Workforce mapping and OD support focused on neighbourhood working • Information governance arrangements confirmed in respect of MDTs and access to shared care records. • Trust estate mapped against potential sites for neighbourhood (mental) health centres. 	<ul style="list-style-type: none"> • PHM routinely used to target service improvement and transformation. • Neighbourhood MDT models standardised, with psychologically informed practice embedded. • Community crisis alternative alignment with emerging model for Stoke Neighbourhood Mental Health Centre. • Initial co-location and multi-agency estate use piloted. • Reduced avoidable escalation into crisis and inpatient settings • Joint training and agreed roles across emerging MDTs and neighbourhood teams. • Digital shared care planning embedded into MDT working. • Continued evolution of Mental Health ED model as capital work commences.

2028/29 – Scale and Integrate (Expansion and system integration)	2029/30 – Optimise and Shift (Left-shift and optimisation)
<ul style="list-style-type: none"> • MDTs operating at scale across priority neighbourhoods. • Mental health expertise embedded earlier in care pathways. • Crisis and neighbourhood urgent care functioning as a single system response via Stoke Neighbourhood Mental Health Centre with consideration of expansion across other priority neighbourhoods. • Mental Health ED at Royal Stoke operationalised. • Growing flexibility in workforce models supporting integrated neighbourhood delivery. • Improved integrated data and dashboards (real time where possible) supporting proactive intervention. • Estate strategy aligned to support the next phase of planning and roll-out of neighbourhood-based care delivery. 	<ul style="list-style-type: none"> • Demonstrable reduction in unwarranted variation and repeat crisis use. • Activity and resource progressively shifted from inpatient to community settings. • Workforce aligned to neighbourhood models as the default way of working. • Predictive analytics support prevention and early intervention. • Rationalised estate supports multidisciplinary neighbourhood delivery.
2030/31 – Sustain and Transform (Maturity and sustainability)	
<ul style="list-style-type: none"> • Neighbourhood health embedded as business-as-usual. • MDTs deliver measurable improvements in outcomes and inequalities. • Integrated crisis, urgent and community care prevents avoidable admissions. • Stable, skilled workforce operating confidently across organisational boundaries. • Digitally enabled, preventive care pathways fully established. • Trust estate demonstrates strong alignment with neighbourhood health system with plans in place for the next five years. <p>Outcome by 2031: A maturing neighbourhood health system in which NSCHT can evidence delivery of specialist MHLDA and Primary Care services closer to home, in partnership with communities and system partners, reducing inequalities, improving outcomes and sustaining high-quality care.</p>	

3. Workforce optimisation

Over the next five years, the Trust’s workforce strategy will enable the delivery of high-quality, sustainable services across community, inpatient, specialist and neighbourhood settings, supporting the NHS’s long-term shifts towards prevention, community-based care, digital enablement and integrated working. Building on the Combined People Plan, the Trust will align workforce planning, organisational development and skills investment to future models of care, ensuring the right capacity, capability and culture are in place to meet rising demand, reduce inequalities and maintain outstanding quality.

The Trust’s strategic workforce vision is to build a compassionate, skilled and agile workforce that can deliver high-quality care aligned to the three system shifts. Our ambition is to strengthen multidisciplinary teams, expand roles that enhance productivity, such as advanced clinical practitioners, peer support workers and digital enablers whilst embedding new ways of working that reduce unwarranted variation.

By investing in leadership, digital capability and staff wellbeing, the Trust will ensure that the workforce is sustainable, flexible and able to respond to increasing complexity and demand. Productivity improvements will be supported through consistent adoption of evidence-based care pathways, smarter rostering, role optimisation and the use of data to drive continuous improvement.

This portfolio is therefore focused on ensuring the Trust has a sustainable, productive and supported workforce aligned to its future models of care. It will deliver improved workforce planning through an evolving approach to demand and capacity modelling including job planning, caseload management and the optimisation of rostering and deployment. It will focus on improving data and system integration, enabling consistent insight, performance monitoring and decision-making in respect of workforce across the Trust.

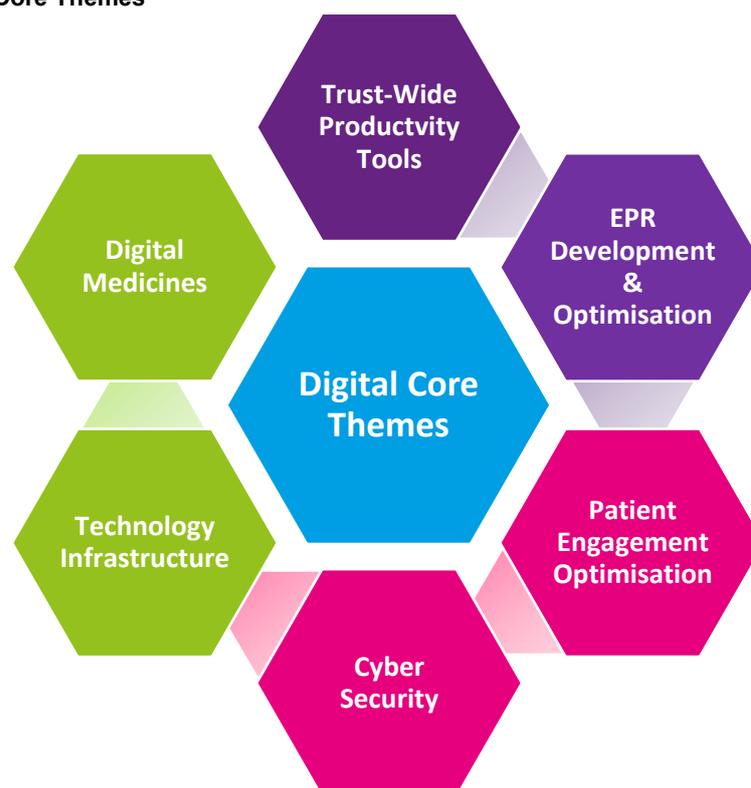
The portfolio will also consider further development of the clinical talent pipeline, clinical career progression and leadership capability required to deliver transformation at scale. By embedding productivity and wellbeing considerations into workforce planning, this portfolio will contribute to improved staff experience, reduced reliance on temporary staffing and increased delivery confidence over the medium term.

4. Collaborative, sustainable and digitised transformation

This portfolio provides the enabling foundation and wraparound support for transformation, ensuring that change is supported by effective digital, partnership, engagement and sustainability approaches. The portfolio will ensure meaningful engagement and co-production with patients, staff and partners, and alignment with the Trust's People Plan, Digital Plan, Partnership Plan, Green Plan and wider system priorities. By supporting the shift from analogue to digital and from treatment to prevention, this portfolio will help ensure that transformation is scalable, sustainable and resilient.

To enable delivery of the Trust's five-year operational plan, a programme of targeted digital developments will be implemented. These initiatives are designed to enhance quality of care, strengthen productivity, and support alignment with the NHS Frontline Productivity Programme and the NHS 10-Year Plan *Fit for the Future*. The activities will be structured across six core themes:

Figure 8: NSCHT Digital Core Themes



Trust-Wide Productivity Tools: The deployment of trust-wide digital productivity tools will provide the foundation for achieving the operational efficiencies required over the planning period. Key technologies, including AI-enabled transcription, workflow automation, real-time operational dashboards and integrated communication solutions, will reduce unwarranted variation, improve workforce sustainability, and optimise patient flow across services.

EPR Development and Optimisation: Enhancing and optimising the Trust’s EPR remains central to delivering safe, coordinated, and efficient care at scale. Priorities include improved clinical documentation, enhanced risk-based clinical decision support, development of digital clinical pathways, and deeper integration with partner systems. Strengthening system stability, usability and alignment to clinical workflows will reduce administrative burden and support improved clinical safety through accurate and complete records.

Patient Engagement Optimisation: Improving digital engagement with patients and service users will support the Trust’s ambition to deliver more preventative, accessible, and personalised services. Expanding NHS App integration, enabling two-way digital communication, enhancing self-service tools, and delivering targeted digital inclusion initiatives will empower individuals to take a more active and informed role in their care.

Cyber Security: A strengthened cyber security posture is essential for safeguarding patient safety, ensuring operational resilience, and enabling wider digital transformation. Delivering the NHS Cyber Security Charter requirements, adopting zero-trust principles, enhancing endpoint protection, and improving supply chain assurance will reduce cyber risk and ensure compliance with evolving national standards.

Technology Infrastructure: Investment in modern, scalable, and resilient technology infrastructure will underpin all digital transformation activities within the five-year plan. Key priorities include continued network modernisation, accelerated cloud adoption, increased device availability, and deployment of tools and technology to support increased collaboration across the Trust and wider system. These improvements will enable staff to work flexibly, securely, and efficiently across all health and care settings.

Digital Medicines: The modernisation of medicines management through digital solutions will drive improvements in safety, accuracy, and efficiency. Building on the successful implementation of the Electronic Prescribing and Medicines Administration (EPMA) system for inpatient services, the Trust will progress the rollout of the Electronic Prescription Service (EPS) across secondary care community services to support safer and more streamlined prescribing.

The Trust’s ambition is to work fully in accordance with the requirements and direction set out in the NHS 10-Year Health Plan and the NHS Medium-Term Planning Framework, delivering ambitious and transformational digital change over the coming five years through the following phased approach:

Table 4: Digital Plan Phasing

Digital Plan Phasing	
<p>Years 1–2: Building strong foundations with a focus on stability, standardisation and early productivity gains.</p>	<p>The Trust will prioritise stabilising and optimising core digital platforms, including the EPR, infrastructure and cyber security, while deploying trust-wide productivity tools such as AI transcription, workflow automation and operational dashboards. Digital patient engagement will be expanded through NHS App integration and two-way communications, alongside optimisation of EPMA and preparation for full EPS rollout.</p>

<p>Years 3–4: Scaling and transformation with a focus on service transformation, integration and workforce sustainability.</p>	<p>The Trust will scale digital productivity and automation across clinical and corporate services, deploying digital clinical pathways and strengthening EPR integration with system partners. Patient self-service and personalised digital engagement will be expanded, supported by mature zero-trust cyber security, accelerated cloud adoption and implementation of EPS across secondary care community services.</p>
<p>Year 5 and Beyond: Optimise and innovate with a focus on continuous improvement, population health and future readiness.</p>	<p>The Trust will optimise digital capabilities through predictive analytics and operating an interoperable and intelligence-enabled EPR supported by a modern, scalable infrastructure. An integrated digital front door embedded cyber security and end-to-end digital medicines management will be key in facilitating continuous improvement and support future service models.</p>

Whilst this plan sets out an aspirational view of the digital capabilities and outcomes the Trust seeks to achieve these ambitions are not yet fully reflected within the accompanying numerical planning submission. This reflects the current uncertainty regarding the scale, timing and phasing of national investment to support the analogue-to-digital transition, pending further clarity from the Government’s commitments within the 10-Year Plan, the Comprehensive Spending Review and the Autumn Budget. As this national funding context becomes clearer, the Trust will refine and phase its ambitions to ensure deliverability, affordability and alignment with confirmed investment.

Estates as an Integrated Enabler of Service Transformation

The Trust recognises that its estate is a fundamental enabler of the delivery of new models of care and is fully integrated into the Trust’s approach to medium-term planning and service transformation. In line with the Medium - Term Planning Framework, estates considerations are embedded within the development of clinical strategy, workforce plans, digital enablement and financial planning, ensuring that service transformation is deliverable, affordable and sustainable over the five-year planning period.

Estates planning is aligned to the Trust’s Medium Term Planning Framework, providing a structured approach to assessing estate capacity, condition, utilisation and fitness for purpose in support of planned service change. This ensures that proposals for new or transformed models of care are underpinned by a clear understanding of estate implications, including capital and revenue requirements, backlog maintenance, environmental sustainability and operational risk.

The Trust’s estates strategy supports national expectations for mental health providers to modernise legacy estates, improve the quality and safety of inpatient environments, and enable a shift towards community-based, place-focused and preventative models of care. Over the five-year period, the estate will continue to support and enhance wherever possible:

- Delivery of care closer to home through appropriate community and outpatient settings.
- Flexible and adaptable environments that support changing clinical pathways and workforce models.
- Therapeutic, safe and inclusive environments that promote recovery, patient experience and staff wellbeing.
- Opportunities for integration and co-location with system partners where this supports pathway redesign and improved outcomes.

Estates priorities will be developed alongside demand and capacity modelling, population need and clinical strategy, ensuring alignment with system-level plans and ICS term priorities. The Trust will continue to ensure that estates investment decisions are evidence-based, prioritised through robust governance arrangements, and aligned with available capital and revenue envelopes in line with NHSE planning guidance and productivity opportunities. It is noted that during the lifetime of this five year plan the Harplands PFI contract will have a break clause which the Trust intends to action. The associated process and implications of this will need to be considered at every stage of planning.

Through this integrated approach, the Trust provides assurance that its estate will actively support the delivery of new models of care, contribute to financial and operational sustainability, and meet the expectations placed on mental health trusts within the Medium - Term Planning Framework.



5. Performance and Productivity

The Medium -Term Planning Framework sets out clear expectations for mental health that ICBs and providers will be expected to meet. This includes:

- Continued expansion of MHSTs in schools and colleges ahead of the ask for full national coverage by 2029.
- Developing a plan for delivering their local approach to establishing mental health emergency departments co-located with or close to at least half of Type 1 emergency departments by 2029.
- Using ring-fenced funding to support the delivery of effective courses of treatment within NHS Talking Therapies.
- Reducing ill-health related inactivity through access to IPS for people with severe mental illness.
- Reducing inappropriate out-of-area placements and locked rehabilitation inpatient services.
- Reducing longest waits for children and young people's community mental health services by improving productivity and reducing local inequalities and unwarranted variation in access.
- Identify and act on productivity opportunities including, in children and young people's community mental health services, increasing the number of direct and indirect contacts per whole time equivalent hours worked.
- Reducing the average length of stay in adult acute mental health beds.

NSCHT has submitted associated performance metrics for 2026/27 including monthly trajectories as outlined in Table 5 below. Quarterly trajectories are then provided for 27/28 and 28/29. Areas of note for these trajectories are as follows:

Inappropriate adult acute out of area placements - The challenges experienced by the Trust in relation to increased numbers of OAPs has been well documented with routine scrutiny of OAP numbers and activity to reduce this built into performance monitoring and transformational planning. A phased reduction has been agreed in conjunction with the ICB aiming to reduce to 14 by March 2027, 8 by March 2028 and 0 by March 2029.

Length of stay - As identified in the NHSE Productivity Opportunities Pack, the Trust demonstrates positive performance in respect of length of stay, being classified within the lowest opportunity group. In discussion with the ICB a realistic and appropriate trajectory has been agreed for each year of the 3-year plan.

Number of children and young people with mental health waits over 104 weeks - This is a new metric with the first national guidance published in December 2025. The metric mirrors the full stop clock for new waiting times by looking at referral spell level and presence of:

- Contact
- Baseline outcome
- Intervention SNOMED code or Co-produced Care Plan

Work has been completed to examine Trust data and apply the methodology proposed by NHSE to enable calculation of this metric and quantify the level of activity required to reduce this to zero by March 2027.

The Trust November 25 position shows that we have 816 CYP patients that are waiting over 104 weeks for the full stop clock, consistent with the nationally reported data.

We have provided a trajectory within the medium-term plan that advises we will meet the ICB target of having 0 CYP waiting over 104 weeks for a full stop clock by the end of March 2027.

The baseline number relates predominantly to referral spells for patients waiting solely for an Autism assessment. The national target seeks to exclude all patients that are waiting solely for Gender, Autism, and Neurodevelopment services by excluding mental health referrals that have related primary reason for referrals. If a referral spell (patient pathway) has a mental health referral alongside a referral to Gender, Autism, and Neurodevelopment services, then the referral spell will be included within this metric.

Due to data quality issues with population of the primary reason for referral within mental health teams that triage and onward refer patients to autism services, we have a number of referral spells which relate solely to Autism pathways but are being included within the national metric. We will be progressing a programme of work across 26/27 to deliver the required improvements.

As an organisation that seeks constant improvement and embeds learning we would be open to any additional support that would be available to aid us in reporting within MHSDS to align with the national expectations in relation to this standard.

Access to MHSTs in schools and colleges - Through discussion with the ICB and DfE regarding the distribution of new MHSTs across Staffordshire and Stoke on Trent, it has been agreed that NSCHT will establish 1 additional team in 27/28 and 2 further teams in 28/29. Building on the additional team established in Wave 12, the plan is to achieve 1% year on year growth of the CYP Access figure which will be directly incorporated within the MHST access plans.

The Trust would be open to accelerating its implementation of MHSTs to support the wider national ambition in relation to MHSTs, however our understanding is that training capacity and availability within Higher Education Institutions is the limiting factor in this regard.

CYP Access - The Trust has a 45% share of the ICB target (17,446) in 27/28. The final plan forecasts the level of activity to meet the Long-Term Plan ambition, and an additional 1% increase aligned to MHST expansion referenced above.

Perinatal Access - The proposed activity is an alignment with NHSEs request to maintain access as at the August 2025 baseline of 1,280. As in previous years, this target is divided equally across MPFT and NSCHT.

IPS Access - NHSE has set out the ambitions for the next 3 years and reissued activity targets on 9th December. The revised IPS Access ICB plan figures are achievable. Targets and performance are discussed regularly within the IPS Steering Group, and the team continue to develop and improve data quality against the IPS Grow reporting tool supported by the IPS Grow team.

Table 5: Medium Term Plan and National mental Health Priorities: 26/27 Planning Forecasts

Metric	Metric Detail	2025/26 Actual	2025/26 Actual	2025/26 Plan	2026/27 Plan											
		Aug-25	Nov-25	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Inappropriate adult acute mental health out of area placements (OAPs)	Active inappropriate adult acute mental health OAPs at the end of the reporting period.	12	17	2	17	17	17	16	16	16	15	15	15	14	14	14
Inpatient Stays (people aged 18 and over from Adult Acute, and PICU beds)	Total bed days for discharges in the reporting period (3-month rolling)	5,435	4,046		5,430	5,430	5,425	5,420	5,415	5,410	5,405	5,400	5,395	5,390	5,385	5,380
	Number of discharges in the reporting period (3-month rolling)	120	104		120	120	120	120	120	120	120	120	120	120	120	120
	Mean Length of stay for discharges in the reporting period (3-month rolling)	45.3	38.9		45.3	45.3	45.2	45.2	45.1	45.1	45.0	45.0	45.0	44.9	44.9	44.8
Inpatient Stays (people aged 18 and over from Older Adult acute beds)	Total bed days for discharges in the reporting period (3-month rolling)	3,830	3,600		3,825	3,822	3,819	3,816	3,813	3,810	3,807	3,804	3,801	3,798	3,795	3,791
	Number of discharges in the reporting period (3-month rolling)	65	71		65	65	65	65	65	65	65	65	65	65	65	65
	Mean Length of stay for discharges in the reporting period (3-month rolling)	58.9	50.7		58.8	58.8	58.8	58.7	58.7	58.6	58.6	58.5	58.5	58.4	58.4	58.3
CYP Access	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact (12-month rolling)	8,725	9,175	7,955	7,785	7,791	7,797	7,803	7,809	7,815	7,821	7,827	7,833	7,839	7,845	7,851
CYP Waits Over 104 Weeks	Children and Young People with community mental health related waits - over 104 weeks (12-month rolling)	707	816		624	636	664	595	514	446	373	306	228	147	66	0
MHST Access	Access to Mental Health Support Teams Mental Teams in schools and colleges. (12-month rolling)	686	875		698	704	710	716	722	728	734	740	746	752	758	764
Perinatal access	Number of people accessing specialist community PMH and MMHS services in the reporting period (12-month rolling)	725	780	608	640	640	640	640	640	640	640	640	640	640	640	640
Individual Placement Support Access	Number of referrals that accessed Individual Placement Support (IPS) in the reporting period (12-month rolling)	780	831	891	790	800	810	830	850	870	900	930	960	1,002	1,054	1,118

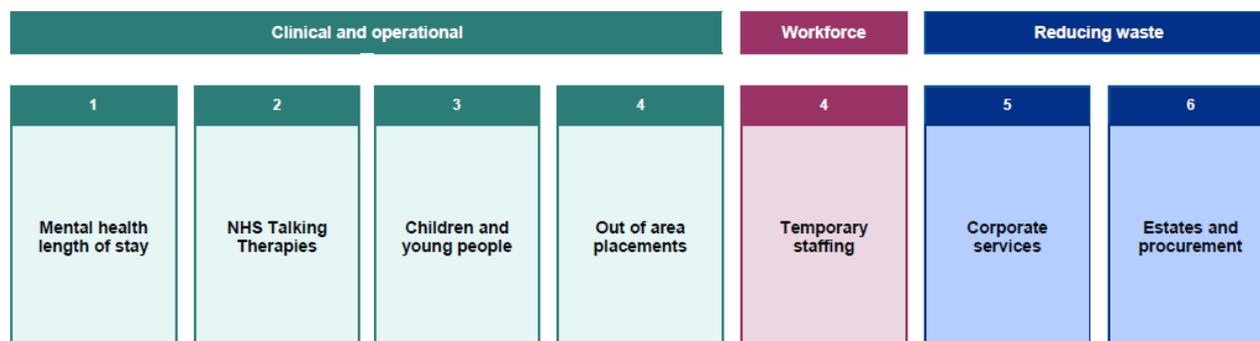
Table 6: Medium Term Plan and National Mental Health Priorities: 27/28 and 28/29 Planning Forecasts

Metric	30/06/2027	30/09/2027	31/12/2027	31/03/2028	30/06/2028	30/09/2028	31/12/2028	31/03/2029
Number of active inappropriate adult acute out of areas placements (OAPs)	12	11	10	8	6	4	2	0
Sum of total bed days across all Adult Acute and PICU mental health beds	16,100	16,059	16,019	15,978	15,938	15,898	15,858	15,818
Total number of discharges from Adult Acute and PICU mental health beds	360	360	360	360	360	360	360	360
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds	44.72	44.61	44.50	44.38	44.27	44.16	44.05	43.94
Sum of total bed days across all Older Adult Acute mental health beds	11,345	11,316	11,288	11,259	11,231	11,203	11,174	11,146
Total number of discharges from Older Adult Acute MH beds	195	195	195	195	195	195	195	195
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds	58.18	58.03	57.89	57.74	57.59	57.45	57.30	57.16
Access to Mental Health Support Teams Mental Teams in schools and colleges	783	803	822	842	861	881	901	921
Number of CYP (017) accessing (1+ contact) mental health services	7,870	7,890	7,909	7,929	7,948	7,968	7,988	8,008
Number of patients accessing Individual Placement Support services	1,128	1,148	1,178	1,232	1,237	1,247	1,262	1,293
Number of women accessing Specialist Community Perinatal Mental Health Services	640	640	640	640	640	640	640	640

Productivity

The Productivity Improvement Pack issued by NHSE has been fully considered in the development of plans, with a review of opportunities against each of the following domains.

Figure 9: NHSE Productivity Pack Domains



Except for corporate services and non-clinical estates, the Trust is positioned within the lowest opportunity group across all productivity domains. This demonstrates strong relative performance against national benchmarks and provides assurance that current service models, workforce deployment, and clinical productivity are operating close to expected efficiency levels. This position reinforces the Trust's approach to planning and delivery, which recognises that improvements in quality, patient experience and productivity are interdependent and must be delivered concurrently to achieve sustainable value for money.

In line with national expectations on reducing unwarranted variation and improving overhead efficiency, the Trust's finance and workforce plans set out a trajectory to reduce corporate services costs. Delivery will be achieved through a combination of internal restructuring, tighter span of control, and maximising system-level opportunities for collaboration and shared services, consistent with the priorities agreed through the SSOT Provider Collaborative.

The Trust's transformational framework includes a targeted set of productivity schemes aligned to NHSE workforce and digital productivity metrics. Key initiatives include the deployment of digital solutions within the Crisis Care Centre to support improved flow, reduced duplication and more efficient use of clinical time, alongside enhanced utilisation of the Trust's data warehouse. This will enable more robust job planning, improved e-rostering compliance, and better alignment between workforce capacity and demand, supporting improvements in clinical contact time and further reductions in the use of temporary staffing.

The framework also supports a systematic and data-led review of care pathways and service models, using activity, outcome and cost metrics to identify opportunities to reduce variation, improve throughput and optimise skill mix. This approach is consistent with NHSE expectations for continuous productivity improvement within community and specialist mental health services and builds on our utilisation of service line reporting, national cost collection data and experience of implementing EVO.

Delivery of these improvements is further enabled through the MHLDA system capital submission and the planned utilisation of Return to Constitutional Standards and Left Shift capital allocations. These investments will support the digitisation of the Mental Health Act pathway building on pilot activity led by the Trust, along with targeted digital innovation within the neurodevelopmental pathway. In particular, the automation of defined pathway components will improve patient experience, increase assessment throughput, and reduce waiting times, supporting progress against constitutional standards while delivering measurable productivity gains.

6. Workforce Plan

The Trust's workforce plan and numerical forecasts have been developed through a triangulated process combining activity modelling, service transformation plans and financial parameters from the Medium-Term Planning Framework. Directorates produced workforce assumptions which described innovations and service transformation aligned with the 10 Year Health Plan, alongside ensuring consideration of required growth in priority areas, reductions in agency spend and shifts toward community and prevention focused models. This has resulted in a workforce plan that is robust, affordable and aligned with both local strategy and national frameworks. The workforce changes within the Medium-Term Workforce Plan are summarised in Table 7, below.

The Trust's People, Culture and Development Committee were provided with a focused session on the workforce plan in February 2026. Whilst the Committee received a high level of assurance on the process for developing the plan, it was noted that opportunities to strengthen transformation and intentions around national priorities, such as neighbourhood teams, were to be developed in future approach to workforce planning.

The Medium-Term workforce plan delivers against key lines of enquiry; including data quality and movement in workforce is satisfactory to national expectations. Service developments and business cases have been included in the workforce plan, alongside known organisational change programmes which may include a focus on corporate reduction and collaboration on shared services.

The key assumptions in the development of the workforce plan are outlined below:

Finance and Establishment - Budgeted establishment is the initial factor taken into consideration since all decisions around Staffing WTE must be conducted with the limits of the funded WTE.

Recent/Contemporary trends in Vacancies - Details of vacancies/overfill for the last 24 months, as provided to NHSE via Provider Workforce Return (PWR), are taken into consideration to facilitate more realistic scenarios and expectations.

Temporary Staff Utilisation - Similar to vacancies, utilising contemporary reporting of Temporary Staff utilisation, via PWR, helps supports the reductions of temporary staffing. This data helps identify areas of high use, direction of travel and assists in informing the amount and rate at which improvements are achievable.

Previous Planned and Actual WTE - Consideration of previous workforce plans provide an indication of recurring and/or anticipated demand and what, in previous years, was planned as an effective response. This information, coupled with corresponding 'Actual' WTE, provides insight into whether these responses have been both achievable and effective (i.e. has additional Temporary Staffing been required beyond that previously planned).

National Directives - Several direct and indirect instructions are factored into the workforce plans.

- **Reductions in Bank Staff Spend:** -10% to -15% Bank reduction year on year.
- **Eliminate Agency Use:** 30% reduction in year one (26/27) with 0 WTE by 29/30.
- **Reduction of Infrastructure Support roles**
- **2% Efficiency/Productivity:** including expectations that workforce will decrease overall.
- **Sickness Absence:** sickness absence target of 4.1% by 2029.

Aligned to the Medium-Term workforce plan, the Trust has refreshed its People Plan with an aim of focusing on delivery of the key assumptions and to strengthen the workforce planning approach to inform transformation.

Table 7: High Level Summary of Medium-Term Workforce Plan

		Mar-26			Movement		Mar-27			Movement		Mar-28			Movement		Mar-29		
		Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap
		Overall	Registered Nursing & Midwifery	575.4	611.0	+35.6	+15.1	+12.7	590.5	623.8	+33.2	0.0	-2.3	590.5	621.5	+30.9	-2.0	-16.9	588.5
	Registered S,T&T	441.1	306.9	-134.2	0.0	+2.5	441.1	309.3	-131.7	+2.4	+0.2	443.5	309.5	-134.0	-10.4	-1.7	433.1	307.8	-125.2
	Support to Clinical Staff	415.8	560.8	+145.0	+4.6	-2.9	420.4	557.9	+137.5	+1.0	-3.0	421.4	554.9	+133.5	-2.0	-5.6	419.4	549.3	+129.9
	Qualified Ambulance Staff	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0
	NHS Infrastructure Support	363.2	347.6	-15.5	0.0	-3.4	363.2	344.3	-18.9	-0.2	-3.4	363.0	340.8	-22.1	-3.8	-3.4	359.2	337.4	-21.7
	Medical & Dental	86.6	67.3	-19.3	0.0	+1.9	86.6	69.2	-17.4	0.0	-1.5	86.6	67.7	-18.9	-0.1	-1.0	86.5	66.7	-19.8
	Any Others	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2
	Total	1,885.6	1,898.0	+12.4	+19.7	+10.9	1,905.3	1,908.9	+3.6	+3.2	-10.1	1,908.5	1,898.8	-9.7	-18.3	-28.6	1,890.2	1,870.2	-20.0

		Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap	Estab	S.i.P	Establishment	Staff In Post	Gap		
		Substantive	Registered Nursing & Midwifery	575.4	585.4	+9.9	+15.1	+15.3	590.5	600.7	+10.1	0.0	0.0	590.5	600.7	+10.1	-2.0	-14.8	588.5	585.9	-2.7
			Registered S,T&T	441.1	306.2	-134.9	0.0	+2.7	441.1	308.8	-132.2	+2.4	+0.7	443.5	309.5	-134.0	-10.4	-1.7	433.1	307.8	-125.2
	Support to Clinical Staff	415.8	503.9	+88.1	+4.6	+3.7	420.4	507.6	+87.2	+1.0	+2.0	421.4	509.6	+88.2	-2.0	-1.1	419.4	508.5	+89.1		
	Qualified Ambulance Staff	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0	0.0	0.0	0.0	1.0	+1.0		
	NHS Infrastructure Support	363.2	347.6	-15.5	0.0	-3.4	363.2	344.3	-18.9	-0.2	-3.4	363.0	340.8	-22.1	-3.8	-3.4	359.2	337.4	-21.7		
	Medical & Dental	86.6	61.8	-24.8	0.0	+4.9	86.6	66.7	-19.9	0.0	0.0	86.6	66.7	-19.9	-0.1	0.0	86.5	66.7	-19.8		
	Any Others	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2	0.0	0.0	3.6	3.4	-0.2		
	Total	1,885.6	1,809.3	-76.3	+19.7	+23.1	1,905.3	1,832.4	-72.9	+3.2	-0.8	1,908.5	1,831.6	-76.8	-18.3	-21.0	1,890.2	1,810.7	-79.5		

		Mar-26	Movement	Mar-27	Movement	Mar-28	Movement	Mar-29
		Staff In Post		Staff In Post		Staff In Post		Staff In Post
		Bank	Registered Nursing & Midwifery	25.7	-2.6	23.1	-2.3	20.8
	Registered S,T&T	0.7	-0.2	0.5	-0.5	0.0	0.0	0.0
	Support to Clinical Staff	56.9	-6.6	50.3	-5.0	45.3	-4.5	40.8
	Qualified Ambulance Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	NHS Infrastructure Support	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medical & Dental	1.2	-0.1	1.1	-0.1	1.0	-1.0	0.0
	Any Others	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	84.4	-9.5	75.0	-7.9	67.0	-7.6	59.5

		Mar-26	Movement	Mar-27	Movement	Mar-28	Movement	Mar-29
		Staff In Post		Staff In Post		Staff In Post		Staff In Post
		Agency	Medical & Dental	4.3	-2.8	1.5	-1.4	0.1
	Total	4.3	-2.8	1.5	-1.4	0.1	-0.1	0.0

National directives create a strategic challenge, requiring reduced substantive and bank workforce costs while maintaining the flexibility needed to meet evolving service demands. A refreshed strategic workforce planning approach will deliver service-level plans focused on optimal skill-mix and productivity improvements, enabling colleagues to work at the top of their professional licence and ensuring a sustainable workforce model aligned with national expectations.

Through delivering the Medium-Term workforce plan and the People Plan, the high-level deliverables for workforce include:

Table 8: Workforce Plan Phasing

Workforce Plan Phasing	
Years 1–2: Stabilising	Refreshed approach to workforce planning that will enable a stronger focus on transformation. This will be delivered through enabling a more productive workforce through better utilisation of workforce systems and managing sickness absence.
Years 3–4: Transformation	Service level workforce plans are operational and enable teams operating across organisational boundaries.
Year 5 and Beyond: Sustainability	High levels of staff engagement reflect an inclusive culture which drives agency to drive local improvements and service redesign to positively impact populations.

7. Financial Plan

This Integrated Delivery Plan sets out the Trust's financial approach over the five-year planning period, supporting delivery of strategic priorities while maintaining financial balance and long-term sustainability. The financial plan is aligned to the ICS strategy, the NHS Long Term Plan, and national planning guidance, and integrates operational, workforce, and capital plans into a single, coherent financial framework.

The overarching financial ambition is to deliver high-quality, safe services whilst delivering a financial surplus, transitioning from an underlying deficit to a recurrently balanced and sustainable financial position over the medium term. This delivers a progressive improvement in the Trust's underlying financial position, reducing the £1m exit deficit in 2025/26 and achieving breakeven by the end of 2027/28. The Trust will deliver a financial surplus in 2025/26 continuing the strong financial performance of the organisation.

The five-year financial plan presents a phased and credible trajectory that balances affordability with investment in priority services and transformation. The plan reflects consistent assumptions with the ICB on funding for growth, demand pressures and capital availability. Pay and non-pay inflation assumptions are consistent with the national planning guidance.

Table 9: Finance Plan Phasing

Finance Plan Phasing	
Years 1–2:	Focused on maintaining financial control and reducing reliance on non-recurrent mitigations. Cost pressures are actively managed while protecting delivery of core operational standards.
Years 3–4:	A shift toward recurrent efficiency, productivity improvements, and service transformation. Non-recurrent measures are systematically replaced with sustainable solutions, and the recurrent financial position improves year on year.
Year 5 and Beyond:	The system achieves a recurrently balanced position, with financial flexibility to invest in prevention, service redesign, and population health management.

Across the five years, capital investment is prioritised to support service transformation, digital enablement, and estate sustainability, with affordability assessed against the long-term revenue position.

Financial Trajectory

Revenue

The Trust is submitting a fully compliant revenue plan that delivers a small surplus in each of the three financial years covered by the plan.

To achieve this financial position, the plan incorporates £6.4m of recurrent efficiencies and £1.4m of non-recurrent efficiencies, including a 2% productivity improvement.

The revenue plan is compliant with both bank and agency expenditure targets, ensuring effective workforce cost control. Throughout 2025/26, the Trust achieved significant reductions in agency expenditure. Maintaining this position into 2026/27 will support the Trust in meeting its agency target. Agency locums remain the largest cost, but plans are being implemented to recruit permanently to these roles building on the recruitment success of 2025/26, which will help achieve the 2027/28 and 2028/29

targets. In 2025/26, the Trust over-recruited newly qualified nurses, which is planned to reduce bank expenditure in future years. Additionally, the Trust is reviewing roster effectiveness to drive efficiency, alongside the implementation of Enhanced Therapeutic Observation and Care (ETOC) and Culture of Care initiatives and involvement with the national review of the safer staffing MHOST tool.

Table 10: Bank & Agency Plan

£000	2025/26 FOT M9	2026/27 Target	2027/28 Target	2028/29 Target
Agency	1,505	1,053	677	301
Bank	6,181	5,044	4,666	4,316

In addition, all income assumptions within the plan have been agreed and align with the ICB financial framework, providing assurance that the plan is robust and system aligned. Growth and MHIS funding are not included in the plan, and these are yet to be allocated by the ICB.

The Trust does not anticipate any major service developments during this period. However, an additional adult acute ward is planned to open in 2027/28, which will result in increased costs. The expansion of the inpatient substance misuse unit by six beds is also scheduled for 2027/28 and is expected to be self-financing due to income generation.

Table 11: Revenue Plan

Revenue Plan	2026/27	2027/28	2028/29
	Plan	Plan	Plan
	£000	£000	£000
Operating Income From Patient Care			
NHSE	66	66	66
ICB	154,629	157,465	160,408
Other Income From Patient Care Activities	12,455	12,427	10,103
Total Income From Patient Care Activities	167,150	169,958	170,577
Other Operating Income	16,049	16,049	16,049
Total Income	183,199	186,007	186,626
Employee Expenses			
Substantive	(104,687)	(104,860)	(103,664)
Bank	(5,044)	(4,666)	(4,316)
Agency	(1,053)	(677)	(301)
Other	(365)	(365)	(365)
Total Employee Expenses	(111,149)	(110,568)	(108,646)
Operating Expenses			
Purchase of Healthcare	(48,916)	(51,816)	(53,731)
Non-Executive Directors	(193)	(193)	(193)
Drugs, Supplies and Services	(1,965)	(1,937)	(2,018)
Consultancy	(211)	(210)	(219)
Property Costs	(6,757)	(6,479)	(6,438)
External Audit Fees	(198)	(198)	(198)
Clinical Negligence	(490)	(490)	(490)
Education	(880)	(869)	(905)
Private Finance Initiative	(5,520)	(5,602)	(5,381)
Other	(2,947)	(2,911)	(3,018)
Total Operating Expenses	(68,077)	(70,705)	(72,591)
EBITDA	3,973	4,734	5,389
Depreciation and Amortisation	(2,712)	(2,962)	(2,970)
Net Finance Costs	(495)	(495)	(495)
Retained Surplus / (Deficit)	766	1,277	1,924
Technical Adjustments	(612)	(1,019)	(1,763)
Adjusted Financial Performance	154	258	161

Capital

The Trust is submitting a compliant capital plan.

This includes the proposed development of a Neighbourhood Mental Health Centre in Stoke-on-Trent, funded through the Constitutional Standard and Left Shift Mental Health allocations. The scheme is at an early stage, with further work underway to develop the proposal. It is anticipated that this scheme will be delivered with the voluntary sector and therefore the capital investment is not included in the Trust's capital plan.

Mental Health Emergency Department, funded through the Constitutional Standard and Left Shift Mental Health allocations will be co-located on the UHNM Royal Stoke site and will be delivered with UHNM and therefore the capital investment is not included in the Trust's capital plan.

The Estates Safety Plan is compliant with the confirmed funding allocation for years 1 and 2.

Freedoms and Flexibilities capital has been included based on the currently approved allocation, together with the anticipated future allocation, reflecting the forecast 2025/26 surplus outturn.

Table 12: Capital Plan

Capital Plan	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	2026/27	2027/28	2028/29	2029/30	2030/31	Year 1-5
	£000	£000	£000	£000	£000	£000
Strategic Schemes						
Neighbourhood MH Centre		0				0
Mental Health Emergency Department						0
Assessment & Treatment Unit Refurb	1,936					1,936
Substance Misuse Inpatients Expansion	1,034					1,034
Other		250				250
Backlog Maintenance	147	102	250	350	1,066	1,915
Operational Schemes	1,117	1,494	529	650	269	4,059
Operational Digital Schemes	615	950	771	583	1,281	4,202
IFRS16 Leases	200	670	200	200	200	1,470
Total Capital Spend	5,049	3,466	1,750	1,783	2,816	14,866
Funded by:						
External PDC - Estates Safety	(147)	(102)	(102)	(102)	(1,102)	(1,555)
External PDC - Return to Constitutional Standards		0				0
Freedom & Flexibilities	(3,362)	(1,750)				(5,112)
Provider CRL	(1,540)	(1,614)	(1,648)	(1,681)	(1,715)	(8,198)
Total Capital Funding Source	(5,049)	(3,466)	(1,750)	(1,783)	(2,817)	(14,865)
Forecast CRL (underspend) / overspend	0	0	0	0	(0)	1

Efficiency

The five-year plan includes a robust and deliverable efficiency programme, including productivity, forming a core component of the route to financial sustainability. Efficiency plans are recurrent wherever possible and are balanced across cost reduction, productivity improvement, and service transformation. Key areas of focus include:

- Workforce productivity and skill-mix optimisation.
- Pathway redesign and reduced unwarranted variation.
- Digital transformation and automation.
- Estate rationalisation and improved utilisation.
- Corporate reductions.

Efficiency schemes are supported by detailed implementation plans, with named owners, delivery milestones, and quantified financial benefits. Progress is monitored through Cost Improvement Programme (CIP) Oversight Group and monthly reporting to Finance & Resources Committee, with early escalation of risks and mitigating actions where delivery is challenged. The recurrent CIP target is set at 3.6%, and the non-recurrent CIP target is set at 1% for each of the three years covered by the Medium-Term Financial Plan.

For 2026/27, the plan includes £6.4m (4.6%) of recurrent efficiencies and £1.4m (1%) of non-recurrent efficiencies, including a 2% increase in activity, which effectively adds a further 1% efficiency requirement, resulting in a total efficiency target of 5.6% and £7.8m. At present, 63% (£4.9m) of the identified efficiency schemes are assessed as high risk. The Trust is actively developing and refining these schemes through its weekly CIP Oversight Group, with a strong focus on strengthening delivery plans and reducing overall risk.

Figure 10: CIP scheme development status

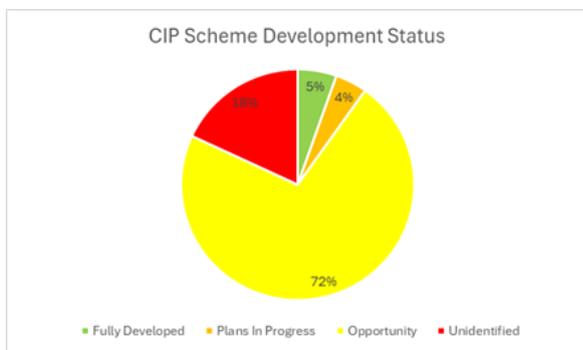


Figure 11: CIP scheme risk status

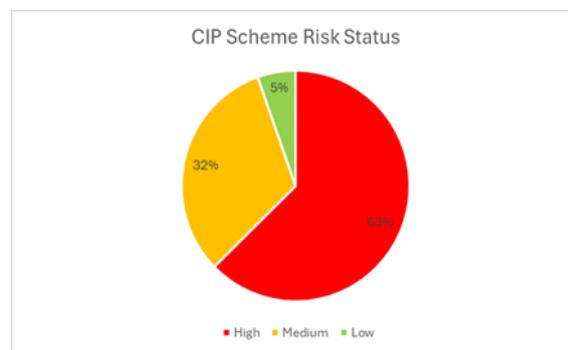


Table 13: CIP Scheme Themes

Themes	2026/27		2027/28		2028/29	
	Total £000	FYE £000	Total £000	FYE £000	Total £000	FYE £000
FYE of 25/26 schemes	419	419				
2% Productivity	1,299	1,299				
Corporate Reductions	1,200	1,200				
Cost avoidance	700	700				
Pathway Reviews & Skill Mixes	591	591				
Temporary Staffing	420	420				
Digital	181	181				
Estates Utilisation	100	100				
Income Generation	19	19				
Cash Management	719	-				
Vacancy freeze	720	-				
<i>Unidentified</i>	1,406	1,406	7,769	6,331	7,508	6,159
Total	7,775	6,335	7,769	6,331	7,508	6,159

Long-term Financial Sustainability

Long-term financial sustainability is embedded throughout the Integrated Delivery Plan. The plan addresses structural cost pressures and demand growth through a combination of prevention, early intervention, and a shift toward community-based and integrated models of care.

Key sustainability features include:

- Elimination of underlying deficits and avoidance of recurrent reliance on non-recurrent mitigations.
- Investment in prevention and population health management to moderate demand growth.
- Alignment of workforce, estate, and digital strategies to support affordable service models.
- Capital investment that delivers long-term revenue efficiencies and improved productivity.

These actions support a sustainable cost base that remains affordable beyond the five-year planning horizon.

Risk Management

The plan recognises key financial risks over the five-year period, including inflationary pressures, workforce costs, activity growth, and capital affordability. Risks are quantified where possible and supported by defined mitigation actions and contingencies.

Risk management arrangements include:

- Non-recurrent risk allowance within the financial plan
- Ongoing sensitivity analysis
- Agreed escalation routes and corrective actions
- Use of reserves and system-level risk-sharing where appropriate

This approach ensures that the Trust can maintain financial balance under a range of plausible scenarios.

The plan includes a non-recurrent transformation reserve, aligned to the principles of the NHS 10-Year Plan and its focus on prevention, productivity, and service transformation. This reserve will provide targeted, one-off investment to support system-wide transformation, enabling the redesign of care pathways, adoption of digital solutions, workforce innovation, and productivity improvements.

The funding will be used to accelerate changes that deliver sustainable efficiencies, improve patient outcomes, and support the shift towards more integrated, community-based and preventative models of care. By investing non-recurrently, the Trust can pump-prime initiatives that generate long-term recurrent benefits while maintaining financial sustainability.

The sensitivity analysis conducted demonstrates that the Medium-Term Financial Plan is highly sensitive to relatively small changes in operational and workforce assumptions. In particular, the plan is heavily reliant on full delivery of CIP and sustained control of workforce vacancy levels. Under a combined downside scenario, the Trust's financial position deteriorates significantly across all three years of the plan, highlighting the scale of financial risk should these assumptions not be achieved.

Table 14: Sensitivity Analysis

CIP Delivery	2026/27		2027/28		2028/29	
	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000
100%	0	154	0	257	0	161
90%	(777)	(623)	(777)	(520)	(751)	(590)
80%	(1,555)	(1,401)	(1,554)	(1,297)	(1,502)	(1,341)
70%	(2,332)	(2,178)	(2,330)	(2,073)	(2,252)	(2,091)

Vacancy Rate	2026/27		2027/28		2028/29	
	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000
-3%	(3,209)	(3,055)	(3,189)	(2,932)	(3,132)	(2,970)
-2%	(2,139)	(1,985)	(2,126)	(1,869)	(2,088)	(1,926)
-1%	(1,070)	(916)	(1,063)	(806)	(1,044)	(882)
0%	0	154	0	257	0	162
1%	1,070	1,224	1,063	1,320	1,044	1,206
2%	2,139	2,293	2,126	2,383	2,088	2,250
3%	3,209	3,363	3,189	3,446	3,132	3,294

Agency Usage	2026/27		2027/28		2028/29	
	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000
0%	0	154	0	257	0	162
10%	(105)	49	(68)	189	(30)	132
20%	(211)	(57)	(135)	122	(60)	102
30%	(316)	(162)	(203)	54	(90)	72

Bank Usage	2026/27		2027/28		2028/29	
	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000	Impact £000	Bottom Line Impact £000
0%	0	154	0	257	0	162
10%	(504)	(350)	(467)	(210)	(432)	(270)
20%	(1,009)	(855)	(933)	(676)	(863)	(701)
30%	(1,513)	(1,359)	(1,400)	(1,143)	(1,295)	(1,133)

A 10% shortfall in CIP delivery in 2026/27 would move the Trust from a small surplus of £0.2m to a deficit of £0.6m. A 20% shortfall would increase the deficit to £1.4m, and a 30% shortfall to £2.2m. This demonstrates that even modest under-delivery of schemes would materially undermine the Trust's financial position and would require rapid mitigation through cost control or alternative savings.

The sensitivity on workforce vacancy rates shows that the Medium-Term Financial Plan is also exposed to recruitment and retention challenges. Higher than planned vacancy levels reduce productivity, increase agency and bank usage, and delay the realisation of workforce-related savings. As vacancy levels rise above plan, the Trust's bottom line deteriorates materially across all three years of the Medium-Term Financial Plan, reinforcing the importance of maintaining tight establishment control and accelerating recruitment to substantive posts.

To mitigate the risks highlighted above, the Trust has several embedded systems and controls to ensure these scenarios do not occur. These include:

- Weekly Vacancy Control Panel chaired by the Chief Medical Officer, all vacancies and changes to any employment contract must be approved by the panel. Panel members include senior operational staff, nursing, finance and workforce colleagues.
- All agency posts are signed off by Chief Officers; there is zero non-clinical agency usage in the Trust and all clinical agency bookings are done with framework providers.
- The Vacancy Control Panel also monitors bank and overtime usage, challenging high usage and this is also reviewed at our monthly Performance meetings with the directorates.
- Bank usage is currently being reviewed as there is scope to reduce it further based on the current levels of staff in post – the highest it has ever been in the Trust.
- Weekly CIP Oversight meeting chaired by the Chief Operating Officer with all directorates represented, ensuring that plans are delivered on time and mitigations developed where required.
- Monthly Workforce reports presented to our Senior Leadership Team and various Board sub-committees, showing performance against the plan with accompanying analysis.
- All risks are reported through the Trust's governance mechanism monthly to ensure the Board is kept fully informed of key risks and challenges.

All the above helps to ensure the Trust monitors current performance against the plan and can respond to risks quickly helping to ensure the plan can be delivered each year.

The five-year Integrated Delivery Plan demonstrates a clear, credible, and deliverable approach to financial planning. It provides assurance that the system has applied strong financial rigour in decision-making and has a robust plan to achieve and maintain long-term financial sustainability while continuing to improve outcomes for patients and populations.

8. Governance and Risk

Delivery of the Five-Year Integrated Delivery Plan will be overseen through the Trust's single, coherent governance framework that integrates strategic oversight, performance management and operational delivery across quality, finance, workforce and activity. This approach ensures that the Trust Board and its Committees maintain a clear and continuous line of sight from strategic ambition through to delivery and outcomes, consistent with the expectations set out in the Medium-Term Planning Framework.

The Trust Board retains collective accountability for delivery of the plan and will receive regular, structured updates on progress, performance and risk. These updates will provide a balanced and triangulated view of quality, operational, workforce and financial performance, enabling the Board to provide effective challenge, take timely decisions and maintain assurance that delivery remains on track.

Delegated oversight of delivery sits primarily with the Finance & Resources Committee, which has responsibility for monitoring performance against finance, activity and transformation plans. The Committee's membership includes the Chairs of the Quality Committee and the People, Culture and Development Committee, ensuring routine and systematic triangulation. This integrated committee structure supports a whole-organisation view of delivery, reduces the risk of siloed decision-making and ensures that lines of enquiry, deep-dives and any resulting actions can be addressed sufficiently within the most appropriate forum.

Performance against the key metrics of the five-year plan is monitored through the Trust's established Integrated Quality and Performance Report (IQPR), which is received monthly by the Finance and Resource Committee. Planning metrics and delivery milestones are embedded within the IQPR alongside quality, workforce and productivity indicators, enabling the Committee to assess progress against plan trajectories, identify emerging variances and take early corrective action where required. Workforce metrics and performance against the workforce plan is also routinely reported through the People, Culture and Development Committee.

The Finance & Resource Committee will receive monthly updates on the delivery of the three-year financial plan and four-year capital plan, including forecast outturn, efficiency delivery, productivity measures and financial risks. Clear accountability arrangements link financial performance directly to operational and workforce delivery, ensuring that decisions on service models, workforce deployment and transformation are informed by a comprehensive understanding of their financial and quality impact.

The Committee also maintains oversight of the Trust Partnership Plan and Board Assurance Framework (BAF) risks relating to finance, strategy, partnerships and digital transformation. This further strengthens triangulation between delivery of the five-year plan, system dependencies and the Trust's principal strategic risks, and provides a clear escalation route to the Trust Board where risk exposure exceeds agreed tolerance levels.

Assurance from the Finance and Resource Committee is provided to the Trust Board through regular reporting and escalation, ensuring that key issues affecting delivery of the plan are visible at Board level and addressed in a timely and coordinated way.

Delivery of the Trust's quality priorities within the five-year plan is assured through strong Board oversight via the Quality Committee, supported by integrated performance and quality reporting. This includes oversight of patient safety, clinical effectiveness, patient experience and progress against constitutional standards.

Clear accountability is maintained at directorate and service level, with quality and performance responsibilities embedded within operational governance arrangements including monthly directorate

performance meetings. This ensures that quality improvement remains integral to delivery of the plan and that any unintended impacts of productivity or transformation programmes are identified and mitigated.

Risk Management and System Assurance

The Trust has a mature, organisation-wide risk management framework that is embedded across strategic Trust and operational levels and provides a strong foundation for the delivery of the 5-year Integrated Delivery Plan. Risk management is integral to the Trust’s governance, quality and performance processes, with clear alignment between strategic objectives, the Board Assurance Framework (BAF) and the Trust, directorate and team risk registers. Risks are proactively identified, assessed and managed using a consistent methodology, supported by a defined risk appetite agreed by the Trust Board. This ensures that risks associated with transformation and long-term planning, are systematically identified, escalated and monitored in line with existing processes, rather than through parallel or standalone arrangements.

The Trust’s approach will ensure clear accountability and effective oversight of risks associated with this delivery plan through established governance routes. Strategic BAF risks are reviewed on a quarterly basis and high-scoring Trust/Directorate level risks are reviewed monthly by the Senior Leadership Team and relevant Board Committees, with assurance provided to the Trust Board via the BAF and formal reporting cycles. The use of an electronic risk management system enables real-time monitoring and-escalation, ensuring that emerging risks linked to delivery, capacity, workforce, finance and quality and any other risk which threatens the Trust from achieving its objectives, are identified early and responded to proportionately. This integrated approach, supported by a positive reporting culture, regular audit and external assurance, provides further assurance that risks arising from the 5-year Integrated Delivery Plan will be effectively managed within the Trust’s existing, robust risk management framework.

High Level Risk Analysis

The Trust’s Integrated Delivery Plan for 2026–2031 has been developed within a challenging and evolving national and system context, characterised by sustained growth in mental health demand, workforce pressures, financial constraint and the need to accelerate delivery of the three system shifts set out in the Medium-Term Planning Framework. The Trust recognises several material risks to delivery over the planning period and as outlined above, has embedded mitigation and assurance arrangements within its governance, financial and operational frameworks. A high-level assessment of these risks is outlined in Table 14 below utilising a 1-5 scale for likelihood as follows:

Likelihood				
Rare	Unlikely	Possible	Likely	Almost Certain
1	2	3	4	5

Table 15: High-Level Risk Assessment

Risk	Description	Likelihood	Financial Impact	Non-Financial Impact	Internal Mitigations
Demand Vs Capacity	Sustained growth in mental health demand, particularly in crisis, CYP and neurodevelopmental pathways, risks outpacing the pace of transformation and impacting access and flow.	4	Demand-led cost growth; pressure on CIP delivery; increased escalation and high-cost care.	Access standard breaches; poorer patient and carer experience; increased clinical risk and staff burnout.	Prioritise highest-pressure pathways; strengthen front-door triage and demand management; embed population health intelligence; Board-level oversight of access and escalation.
Inpatient Flow & Out-of-Area Placements	High bed occupancy and reduced bed base increase the risk of continued inappropriate adult acute out-of-area placements	4	High marginal costs from OAPs.	Patient harm and poorer experience; reputational and regulatory risk; reduced confidence in hospital-to-community shift.	Daily OAP controls; strengthened discharge and step-down pathways; focus on flow and length of stay; management of high-utilisation cohorts. Additional bed capacity upon completion of Project Chrysalis.
Workforce & Productivity	Inability to sustain workforce assumptions around vacancy control, agency reduction and productivity could destabilise services.	3	Increased bank and agency spend; productivity slippage impacting financial plan.	Reduced continuity and quality of care; increased sickness absence; morale and retention risks.	Vacancy Control Panel; Chief Officer agency sign-off; role and skill-mix optimisation; job planning and caseload management.
Financial Sustainability (CIP)	Under-delivery of recurrent cost improvement and productivity schemes would undermine the medium-term financial plan.	3	Deficit risk from even modest CIP slippage; increased reliance on non-recurrent mitigations.	Risk of reactive cost controls impacting quality and staff experience.	Strong CIP governance; executive and clinical ownership; enhanced benefits tracking; early escalation and contingency planning.
Inequalities & Long Waits (CYP / ND)	Extreme waits and inequitable access, particularly in CYP and neurodevelopmental pathways,	3	Inefficient use of capacity; increased downstream crisis and inpatient costs.	Significant patient and family harm; escalation into crisis	Pathway redesign to increase throughput including digitisation through left shift capital funds; clearer

	pose reputational and regulatory risk.			care; regulatory and reputational risk.	separation of mental health and autism pathways; standardised triage; improved communication and experience while waiting.
Digital Transition & Benefits Realisation	EPR transition (ORBIS U) and scaling of digital tools (Patient Aide opt-out, NHS App/Notify, AI/ambient voice) may not deliver benefits at planned pace if adoption, data quality and workflows are misaligned.	4	Benefits-realisation risk on productivity; transitional costs.	Temporary service disruption; user experience variability; cyber exposure during change.	Robust go-live readiness and cutover; mandated adoption in SOPs; clinical workflow optimisation; data quality at source (including RA flag); phased AI scaling post-assurance; strengthened cyber controls.
System Dependency	Pace of neighbourhood and left-shift delivery projects is dependent on system readiness and evolving national guidance. This includes delivery dependencies on system capital and partner timelines for Neighbourhood Mental Health Centre and MHED, and Left Shift digital investments.	3	Delay in non-Trust capital schemes defers benefits, prolongs high-cost activity (e.g., OAPs) and slows shift of resource to community.	Fragmented pathways; slower improvement in outcomes and experience.	Clear distinction between Trust-controlled delivery and system dependencies; piloting and scaling with clear success criteria; strong internal governance.

The Trust recognises these as inherent delivery risks within a complex and demand-led environment. They are well understood and actively managed through established governance, financial discipline and workforce controls. The Trust's strong track record of delivery, financial discipline and quality improvement provides assurance that it can respond to emerging risks at pace, while maintaining alignment with system priorities and national expectations. Continued system collaboration will be critical in managing demand-led risk and supporting the successful delivery of the plan over the five-year period.

