NHS

Midlands Partnership

NHS Foundation Trust

A Keele University Teaching Trust

Annual Report and Accounts

2018-19

Midlands Partnership NHS Foundation Trust

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2018-19

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Performance Report

Overview

The overview offers a short summary to provide the user with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Midlands Partnership NHS Foundation Trust was formed on 1 June 2018 following a merger between South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke on Trent Partnership NHS Trust.

Midlands Partnership NHS Foundation Trust provides physical and mental health, learning disability and adult social care services across Staffordshire, Stoke-on-Trent and Shropshire. We provide a vast range of community services for adults and children and specialised services such as rheumatology and rehabilitation, which are delivered in venues ranging from health centres, GP practices, community hospitals and people's own homes.

The Trust also provides services on a wider regional or national basis including perinatal, eating disorder and forensic services. We deliver out of area sexual health services and our Inclusion service offers psychological and drug and alcohol services, in the community and in prisons, and has contracts across the country. We also provide genitourinary medicine services.

As an organisation we serve a population of 1.5 million, over a core geography of 2,400 square miles, and employ around 8,500 members of staff.

We have close links with local universities including Keele and Staffordshire.

Our turnover for the year was around £382 million.

For more information, log on to our website at https://www.mpft.nhs.uk/

Business Model and Strategy

Our mission

Our mission statement 'focusses on today and what we do' not on 'tomorrow and what we want to become'. It is focussed around the service user: '**Together we are making life better for our communities**'.

Our values

People

Whilst it was fed back that all of the values we engaged on were equally as important as each other the core value that resonated the most was 'putting our staff, service users, carers & communities at the centre of what we do'. We have simply captured this as '**Putting people at the heart of what we do**'.

Empowerment

Having the opportunity to make choices, take the initiative and make decisions was also highlighted as important. Not only to feel empowered to transform services, drive improvement but also empowered to improve care and wellbeing – this was also true of our service users and patients and the importance of being able to self-manage their own health and care. We have captured this in our value: '**Empowering people to improve care and wellbeing**'

Partnership

We all recognise the importance of partnership working and feedback clearly supported this. '**Delivering better health, better care in partnership**' sets out our ambition to build relationships for the future that will improve services, improve access to services, deliver better care co-ordination, reduce duplication and ensure that quality health care is maintained.

Our behaviours

Our behaviours set out what we expect of ourselves and each other, they bring our values to life and guide the way we behave and make our culture 'do-able' – we believe that by leading by example, being caring and compassionate, honest and trustworthy, respectful and listening to and engaging with our colleagues, service users and patients we can absolutely bring our values to life and in so doing help to define our responsibilities as employees of MPFT to improve the quality of care we provide as well as ensuring that MPFT is a great place to be.

Strategic Framework

Objectives

To provide high quality health & social care services

- Our CQC rating will not fall below an overall rating of 'Good' and the CQC will see evidence of outstanding practice in an increasing number of services
- We will engage in a comprehensive programme of research to enable practice to be built on the best available evidence
- People who use our services will be happy about the way they are treated and will have genuine opportunities to make an impact on service improvements
- Teams will be supported to make continuous quality improvement the norm
- We will learn from mistakes and take steps to reduce future errors

Building partnerships to benefit the health and wellbeing of our local population

- To be a key partner in the delivery of the STPs strategic objectives
- To be an active partner in Alliance Boards working together to achieve the vision for an ICS
- Working in partnership to deliver ICTs and STs
- Developing pathways across organisational boundaries to reduce hospital attendance / admission
- Establish strategic partnerships across core sectors and identify new partnership opportunities

To expand our service portfolio to enrich services

- Identify opportunities for business growth
- Identify opportunities to grow the business organically
- Identify opportunities for new business growth in defined areas
- Retain service contracts that are profitable

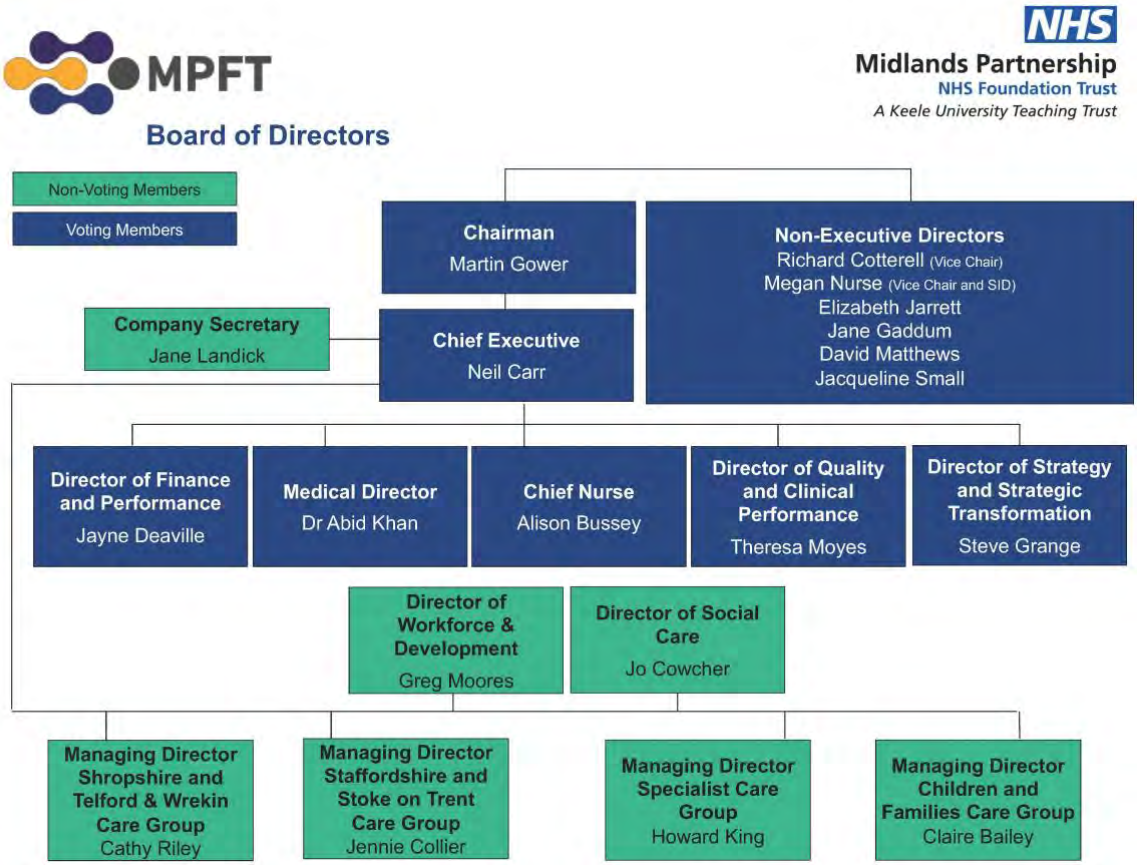
To make our Trust a fantastic place to work

- Staff engagement and empowerment
- Talent attraction and development
- Staff health and wellbeing
- Leadership and team working

To use our resources to maintain a sustainable, effective organisational offer

- Estates
- IM&T and Integrated Care Records
- Workforce
- Governance and processes
- Effective Financial management

Organisation Structure



Introduction from the Trust Chairman

Martin Gower

I am delighted to report a positive year for the Trust when we have had the opportunity to consolidate our newly formed organisation and start to see the benefits of coming together, including improved access to services, less duplication and confusion, and ultimately more effective and efficient services to manage increasing demand.

As a new organisation we know the importance of getting our culture right and we undertook a comprehensive engagement programme over many months to help shape what MPFT stands for, our mission, values and behaviours. We welcomed involvement and feedback from staff, service users, carers, governors and other stakeholders in this process which has ensured the creation of a strong framework which reflects the views and aspirations of all.

We continue to recognise the importance of engaging our staff and I was pleased to see an excellent response rate in the national staff survey. As a new organisation which had just gone through a period of significant change it was pleasing to see that colleagues were willing to take the time to share their thoughts, and overall we benchmarked well against other similar organisations. Although this was the first year MPFT had a set of National Staff Survey results, Optimise Limited, founders of Listening into Action, have been able to provide the Trust with feedback indicating leadership and culture is at +18 (+11 on a 32*32 scale) which is extremely positive for a Trust having gone through a recent merger.

Over the past year we have continued to be outward looking and ready to embrace new opportunities. Our Inclusion services continue to attract new business and to grow and improve existing contracts and we have also further extended our portfolio to include additional liaison and diversion services in Shropshire and Telford & Wrekin.

As Chairman I am well supported by both the Trust Board and the Council of Governors and am confident of the experience and effective skill mix of our Executive and Non Executive Directors. We have had new members on both the Trust Board and the Council of Governors bringing fresh ideas and new skills and I believe we are well placed to take our organisation forward.

On behalf of the Trust Board I would like to extend my thanks to all those involved in ensuring our organisation retains its focus on our service users and carers. We have extremely hardworking and committed people working at all levels of our organisation and we would not be able to provide the high quality, effective care that we do without the contribution of both clinical and corporate staff

Martin Gower
Chairman

… and from the Chief Executive

Neil Carr

I am proud to report on a successful year which has seen positive reports from external bodies, partners and our staff.

During 2018-19 we have become a new organisation with all the opportunities and challenges that brings. Despite considerable financial pressures we have maintained and developed services and importantly retained a clear focus on high quality care for our service users and supporting and encouraging our workforce.

Our external regulator, the Care Quality Commission re-visited two of our services during the year which had been rated as unsatisfactory and pronounced them as 'good' overall; our Home First service in Stoke-on-Trent was assessed as good for 'caring, effective and responsive'; and we are currently awaiting the report of a full inspection which was carried out in early April. We have also seen other external recognition of our services with more of our services achieving accreditation by the Royal College of Psychiatrists and awards to individuals and teams across the organisation.

The development of Midlands Partnership NHS Foundation Trust's mission, values and behaviours was a crucial element of our life as a new organisation. I am proud that service users, carers, staff and partners were part of this process and pleased that we have gone a long way towards embedding this approach throughout the Trust. Developing a culture is never an overnight process but I believe all staff have a knowledge and understanding of what we are trying to achieve and my leadership team is doing a great job of translating the theory into practice in all services.

In order to achieve the benefits we believed would come from the creation of our new organisation we have created four new Care Groups which have enabled teams to come together and work across geographies, services and professions. We have already seen integration in action, offering a better care experience to our service users. For example our track and triage team is working with colleagues at University Hospitals of North Midlands to offer one point of referral for all people that present at UHNM, including accident and emergency, acute medical unit and in-patient wards. The team is responsible for determining how people with complex needs are supported to access rehabilitation, enablement, care and support and they assess their long term needs.

Over the past year we have also ensured a real focus on maintaining and developing quality initiatives across the Trust. One exciting development is the creation of our new Quality Senates. The key purpose of Senates is to create space to think differently where colleagues can come together to design novel solutions to difficult or ethical problems. This is a real opportunity for clinicians, care professionals, service users and carers to play a significant part in delivering MPFT's mission, aims and objectives both creatively and with the best evidence.

Staff engagement has continued to be a priority and we have continued to employ Listening into Action, with staff encouraged to suggest large and small changes and to participate in 'big conversations' to identity what needs to be done and how to solve the knotty problems. Our staff survey results this year demonstrate that staff want to be involved and share their views with our Trust achieving the highest response rate for our

type of organisation. In a time of significant change it was also heartening to see we benchmarked well across all categories.

The people who use our services and those who care for them are at the heart of all we do and ensuring they have the perfect patient experience motivates all staff, from Board to ward. At Board level we continue to have patient stories at all of our meetings, and to ensure the learning from these is recognised and acted upon. Patient feedback at all levels informs service development and improvement and we are continually looking at how we can better engage with people who have lived experience of our services. I believe the passion and commitment of staff to provide excellent care was demonstrated recently when we suffered a significant fire at a mental health inpatient unit in Tamworth. Due to the quick action of staff, applying well planned and rehearsed procedures, no one was hurt in the incident. All service users received excellent care and were found alternative accommodation within a few hours.

This year we passed an important landmark when our Wellbeing and Recovery College welcomed its 1000th student. The college offers a fantastic range of recovery-focused education courses that are accessible to everyone in our local communities. Every course is jointly offered by someone with lived experience of mental health and a professional. Our successful Social Work Learning Academy is being rolled out across all our older adult and physical disability services, and I am really excited about our new partnership with Think Ahead, a charity that works with NHS and Local Authority community mental health services to strengthen the contribution of social work. We will be taking on 16 trainee social workers and developing a new role of Consultant Social Worker.

I believe our Trust is a partner of choice for a range of organisations and we continue to explore how working with others can enhance the services we offer. Our partnership with the Pakistan military has seen an exchange of skills and expertise including placements for Armed Forces of Pakistan psychiatric trainees; our Wellbeing Services in Tamworth provide consultations in local supermarkets and educate hairdressing trainees in how to signpost mental health support; our Arts for Health team are working with a number of organisations in Stoke-on-Trent to create a bookbenches trail; and a new Frailty Hub aims to provide a one stop shop for this group of patients.

I look forward to the coming year and to continued efforts to provide effective, timely services, where and how people need them. Across our health and social care communities there is much debate as to how we can achieve this through effective partnership working and strategically our organisation is a key element of developing a future-proof, sustainable health and social care system for local people. Nationally provider organisations and commissioners are being asked to collectively manage the resources available for NHS services for their local population through the Sustainability and Transformation Partnerships (STP) and we are committed to continuing to play our part in the successful delivery of these partnerships in both Staffordshire and Shropshire.

The coming year will be an exciting one and I am looking forward to the opportunity to deliver the best possible community health care, mental health, learning disability and social care services to benefit our local communities, staff and the partners we work with.

Neil Carr

Neil Carr OBE
Chief Executive

Highlights 2018-19

Creation of new Trust

Midlands Partnership NHS Foundation Trust was created on 1 June 2018 when the merger of two award-winning NHS Trusts was approved by regulators.

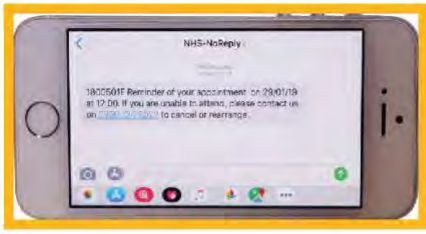
The merger of South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) and Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) created one of the country's largest integrated community health and social care organisations, bringing together around 8,500 staff and two nationally recognised healthcare providers. The intention behind creating this new organisation was to improve access to physical and mental health, learning disability and social care services for patients and service users across Staffordshire and Shropshire.

Neil Carr, Chief Executive of MPFT, said: "Research shows that if you have a long-term health condition you are more likely to suffer from poor mental health as well. By integrating physical and mental health, as well as social care, we can deliver a much more streamlined journey for our patients and achieve better outcomes. MPFT brings together the considerable expertise, exceptional care and excellent practice delivered by the teams at SSSFT and SSOTP for their patients and service users every day, to create one new organisation – truly we are 'better together'."

Launch of new mission, values and behaviours

Our mission, our values and our behaviours define our culture as a new organisation. We undertook a comprehensive engagement programme over many months to help shape what MPFT stands for and welcomed involvement and feedback from staff, service users, carers, governors and other stakeholders.

#WeAreMPFT



Text reminders reduce DNAs

New text reminders are being sent to people using our sexual health services, helping to reduce the numbers of patients who do not arrive for their appointments

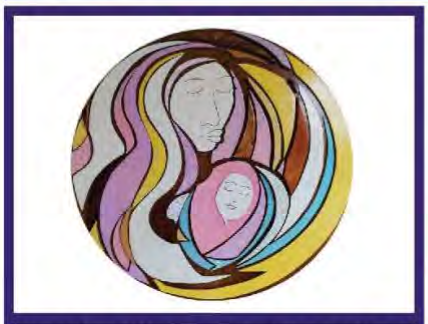
Hep C P2P service leads the way

A peer to peer service is raising awareness of Hepatitis C and supporting individuals from testing through to treatment.

All team members have experience of living with Hep C and reach out to the community via a mobile treatment unit.

Its not just about clinical care

The Personalisation & Social Inclusion Service helps people access valued roles, relationships, activities and facilities within their communities. For example a young man can now get out to the cinema with real, not virtual friends.



Quality initiative improves patient experience

Following a Rapid Process Improvement Workshop the team on the Brockington perinatal unit reduced the time it takes from someone being referred, to their arrival on the ward. From a few days, to less than 24 hours

Programme has a positive impact on children

Speech and Language Therapy has been recognised nationally by the Shine A Light Awards for innovative practice in reducing the word gap within Stoke on Trent. In partnership with Stoke Local Authority 8000 children a year are screened and supported in early language development.

Young people design own care plans

The CAMHS Intensive Outreach team support some of the hardest to reach. One young person used to throw hers away but using pink paper and colours helps her dyslexia so she "would put it on her wall ... to help herself stay well"

All the Trust's acute mental health wards have implemented SafeWards

Service users are involved in making sure the environment is therapeutic and peaceful. For example Trees of Hope offer comfort and inspiration.

Partnership proves award winning

REACH OUT offers intensive support in the community for people in secure services across the West Midlands. This enhances recovery and prevents readmission. Highly commended in HSJ Awards.

Stafford & Cannock Respiratory & Community Home Oxygen Team
Working closely with local GP practices, community intervention teams and health & wellbeing therapists this team supports physical and mental health needs. Hospital admissions reduced by 25% - real integrated care.

Tissue Viability team is award winning
The Tissue Viability team won a Nursing Times Award for their innovative approach to lower limb wound care. Patients are managed more quickly using best practice evidence resulting in their wounds healing faster and improving their quality of life.

Library friendship group accommodates all ages
The community managed library in Heath Hayes has introduced a friendship group to reduce isolation and encourage support networks. At a recent session two older gentlemen introduced a young boy to playing dominoes.

Wellbeing & Recovery College

Recovery College goes from strength to strength
All courses are co-devised and co-delivered by people with lived experience of mental illness and mental health professionals. From 100 students and 20 sessions at launch in Spring 2016, now have 1075 students and 100+ sessions.

#WeAreMPFT

ChatHealth launched
ChatHealth is a new text messaging service for 11-19 year olds in Stoke-on-Trent and Staffordshire. Young people can independently gain confidential support and advice from the Trust's School Nurses, and find out how to access local services.

A mile a day my way
The AHP multi-disciplinary team on the Hatherton Centre have introduced a 'mile a day my way' challenge to improve physical health and wellbeing. Fourteen service users completed 136 miles, with one managing a marathon 26 miles!

CPR for school pupils
One of our school nurses set up an initiative which enables secondary school pupils to learn lifesaving Cardio Pulmonary Resuscitation (CPR). Working in partnership with local schools, 2000 young people have now had training in this lifesaving skill.

Our Services

Staffordshire and Stoke-on-Trent

North Adult Physical Health

- Home First
- Social Care - Assessment Case Management, Review & Safeguarding (S75)
- Hospital Social Care Assessment Support
- Tissue Viability
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Asylum Team
- Podiatry
- AHP Referral Centre
- Specialist Falls
- Community Nursing
- Cancer and support therapies
- Palliative Care
- Chronic pain management
- Long term conditions – heart, respiratory and diabetes

South Adult Physical Health Services

- Intermediate Care
- Social Care - Assessment Case Management, Review and Safeguarding (S75)
- Hospital Social Care Assessment Support
- Hospital Discharge Teams
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Adult Podiatry
- Specialist Falls
- Community Nursing
- ·Community Rehabilitation (including Stone Rehabilitation)
- Palliative Care
- Chronic pain management
- Long term conditions – heart, respiratory and diabetes
- Dietetics

Specialist Services

- Physical Health Psychology
- Neuro-Psychology

Adult Mental Health

- IAPT (North and South Staffordshire)
- In-patients (adult acute, older adult, MOD, PICU)
- Dementia Memory Service
- Dudley Dementia Team
- Dementia Liaison Team
- Crisis Resolution/Home Treatment
- Mental Health Pathway Teams
- Mental Health Social Workers
- Adult Liaison Psychiatry
- Community Libraries

Haywood/Leek Hospitals

- Walk-in Centre (Haywood)
- Minor Injuries Unit (Leek Moorlands)
- Intermediate Care and Rehab Inpatient wards
- Specialist Rehab Medicine Ward / Outpatient Services
- Amputee Rehab & Limb Fitting
- Spasticity Management Service inc Botulinum and Intrathecal Baclofen
- Stroke Rehab Ward
- Community Stroke Team
- Rheumatology Day Care and outpatient services
- IMPACT Community Pain Team
- Specialist Physio and Occupational Therapy Services
- Musculoskeletal Interface Service
- Osteoporosis & Fracture Liaison Service

Shropshire, Telford and Wrekin

Adult Mental Health

- In-patients: adult, older adult, dementia
- IAPT (Telford and Shropshire)
- Admin. hubs
- Dementia Memory Service
- Community Mental Health Pathway Teams
- Crisis Resolution/Home Treatment
- Criminal Justice
- RAID

Children's Mental Health

- BeeU services

Specialist Services

Sexual Health

- Sexual Health and HIV (Telford)
- Sexual Health and HIV (Shropshire)
- Sexual Health and HIV (Stafford)
- Sexual Health and HIV (Stoke and North Staffordshire)
- Sexual Health and HIV (Leicester)

Forensic Services

- In-patients : Security Team (Stafford and Shropshire); Medium Secure (Stafford); Low Secure (Stafford and Shropshire)
- Reach Out and Community Forensics (Stafford and Shropshire)
- Personality Disorder Services (Stafford)
- MBT Treatment (Stafford)
- PIPE (Stafford)
- Youth Offender Health (Staffordshire)

Improving Access to Psychological Therapies (IAPT)

- Thurrock

Learning Disabilities

- Learning Disabilities (Community)
- Intensive Support Service
- Oak House
- Learning Disabilities Nursing

Inclusion Services

- Substance Misuse/Drug and Alcohol (Buckingham, Reading, Thurrock, Hampshire)
- Prisons (Buckingham, Isle of Wight, Yorkshire, Birmingham, Worcester, Oxfordshire, Staffordshire, Derbyshire)

Adult Physical Health

- Dental
- Diabetic Retinopathy
- Court Diversion

Other Specialist

- Eating Disorders – in-patients and community
- Speech and Language Therapy (Staffs)
- PAD Team (Staffordshire)

Children and Families

Children's Services (South Staffordshire)

- Dietetics
- Podiatry
- Audiology
- Community Paediatrics
- ·Sustain+
- CAMHS
- CAMHS (0-5)
- CAMHS Eating Disorders
- CAMHS Outreach
- CAMHS LD
- Perinatal (Community & Inpatient)

Children's Services (Stoke)

- Health Visiting (0-5)
- Breastfeeding
- School Readiness (Speech & Language)
- Public Health Advisory Service (School Nursing 5-19)

Children's Services (Stoke & Staffordshire)

- 0-19 Family Health & Wellbeing
- Physio
- Speech & Language Therapy
- Diabetes Nursing Team
- Community Complex Nursing
- Occupational Therapy
- School Aged Immunisation Service
- Special School Nursing

New and Significantly Revised Services

The Trust has a number of new or significantly revised services this year;

- Leicestershire – Integrated Sexual Health Services
- Staffordshire – Nursing Support for Special Schools
- NHS England Perinatal Funding
- Isle of Wight – Drug & Alcohol Services
- NHS England – 2019/21 Specialised Service Contracts
- Liaison & Diversion Services – Shropshire, Telford & Wrekin

MPFT 2018-19 Annual Activity and Selected KPIs

SSOTP / Physical Health	Pre-Merge Apr-May	Post-Merge Jun-Mar	Total
Hospital Daycase	568	3017	3585
Hospital Inpatient Spells	221	1236	1457
Hospital Outpatients Appointments	16405	81368	97773
Physical Health Contacts	256157	1345653	1601810
Walk in Centre / Minor Injuries Unit Attendances	11031	48584	59615

Percentage of patients on incomplete pathways waiting no more than 18 weeks from referral to treatment (RTT)	98.5%	97.9%	98.0%
Percentage of A&E Patients with a total time in the department of 4 hours or less	99.3%	99.2%	99.2%

SSSFT / Mental Health	Pre-Merge Apr-May	Post-Merge Jun-Mar	Total
Hospital Inpatient Spells	364	1822	2186
Mental Health Contacts	64554	312175	376729

The proportion of those on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 day	94.4%	96.5%	95.2%
The number of admissions to the Trust's acute wards that were gate kept by the crisis resolution home treatment team	100.0%	99.8%	99.9%

Key Issues and Risks

The Trust promotes a positive risk culture that encourages its employees to consistently use its risk management policies, Assurance Plan and Risk Register to identify and control risks which may adversely affect the Trust's operational ability to meet its principle objectives and where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level.

The Trust Board currently has four identified strategic risks that are monitored and reviewed by a lead Executive Director and the appropriate Trust Board committee. Additionally these strategic risks are also reviewed by the Trust Board and Audit Committee. These top 4 strategic risks, are those where the potential impact would be highest should controls not be in place. All four of the strategic risks are further detailed within the Trust Assurance Plan.

The four key strategic risks are detailed below

Principal Risk	Key Controls
The tightened economic environment has the potential to affect our ability to remain competitive when local economies require greater efficiencies	• Competitive tendering processes in place that are monitored through Business Development & Investment Sub-Committee
Reform and structural changes to the NHS create a changing system and political environment which creates the risk of not being able to effectively plan strategically with our partners over a longer period of time	• Engagement in national forums such as Chief Executives and CQC • Horizon scanning at Trust Board
Increase in local and national competition, including a significant change in commissioning processes and scoring affects our ability to pursue new contracts	• Co-ordinated robust approach to competitive tendering
Failure to maintain/ improve the morale of the Trust workforce. The risks include: • Increased sickness • Reduced productivity • Increased turnover • Challenges in recruiting	• Monthly HR Reports • Vacancy rates

Each year, as a minimum, the Trust Board of Directors undertakes a strategic risk review to ensure that those risk areas that have potential to cause the highest impact:

- are clearly identified
- have that key controls and positive sources of assurance sited
- have executive level ownership
- are regularly reviewed by the relevant Board committee

Going Concern Disclosure

After making enquiries the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

The Trust has well defined and embedded performance management processes starting with the Trust objectives (see page 9).

Each of the Executive Directors is responsible for a number of the Trust objectives within their portfolio. The objectives are monitored in detail at Trust Board Sub-Committee level and triangulated at the Trust Board.

Board level governance is fed by operational and quality governance processes within each of the four operational Care Groups:

- Staffordshire and Stoke on Trent Care Group
- Shropshire Telford & Wrekin Care Group
- Children and Families Care Group
- Specialist Services Care Group

Each Care Group has its own business plan that dovetails into the Trust Annual Plan. Performance against these plans is measured in a number of ways:

- Through regular progress updates at the Trust Board of Directors and/or its Sub Committees
- Bi-weekly Executive meetings and monthly Directors Delivery Forum meeting
- Establishment of programme/project management boards
- Monthly Care Group senior management meetings
- Performance Reviews against the identified Trust 'Must Do' areas, with monitoring and regular progress updates via our electronic performance system

The Trust uses a number of different processes for monitoring and acting on performance issues. Examples include; Care Group governance processes, reporting on mandated

indicators monthly at Finance and Performance Committee, routine service line reporting includes finance and operational performance information (trajectories, benchmarking) which is used to track current and future performance. Statistical Process Control charts are used to track the performance and highlight issues around patient safety data and complaints.

The Trust Performance Review process is an example of how the Trust brings together and triangulates a range of information to provide an overall picture of the performance of that Care Group. Whilst performance data is monitored on an ongoing basis, on a quarterly basis, this is supplemented by a series of face to face executive-led performance review sessions with each of the Care Groups.

Sessions are intended to monitor, support and challenge performance in each Care Group, against a wide range of information and measures set against the five Trust objectives. This includes the triangulation of quality, safety, financial, workforce and other key performance indicators.

Performance, Risk, uncertainty

Robust risk management is central to the effective running of the organisation and therefore it is the responsibility of all managers and staff throughout the Trust. The Risk Management Framework therefore lays out the Trust's systematic approaches to risk management, this includes the key strategic aim:

To integrate risk management into all business decision making, planning, performance reporting and delivery processes to support the Trust in achieving a rigorous basis for decision making.

The Trust Board is responsible for driving Midlands Partnership NHS Foundation Trust forward to achieve its organisational objectives. This risk management strategy and its guiding framework are intended to support the Trust Board in achieving this aim by identifying any potential risks that could threaten achievement of its objectives and ensuring robust processes are in place to manage or mitigate any gaps identified in assurance.

The risk register is derived from a number of sources and is a dynamic working log which covers all identified risks together with the agreed mitigating actions designed to minimise these risks. For reporting purposes the Trust's Risk Register is displayed in three tiers which include; Trust, Care Groups/corporate services, and team level risk registers. The tier system of reporting risk ensures that risks are monitored and managed at the appropriate level based on the level of risk and its organisational spread.

Key risks identified by the Trust Board, senior leaders, directorates and teams include areas of uncertainly and issues which may impact on the performance of the Trust including KPIs and regulatory frameworks such as the Single Oversight Framework.

High level risks are routinely monitored and challenged by senior leaders at Trust Management Team meetings. The Trust level risk register is presented to the Trust Board on a quarterly basis and is monitored by each of the Board committees at each of their meetings where they consider both current and future risks. Team level risk registers are monitored by service leads and they will feed through to Care Groups and corporate service

level risk registers. Care Groups and corporate services risk registers are monitored through their management and governance groups on a monthly basis.

Any important events since the end of the financial year affecting the foundation trust

There is nothing to report.

EU Exit Preparedness

The Trust has already undertaken work to understand the impact of an EU exit on the Trust business continuity and resilience perspective. There are seven key areas which have been assessed in relation to a no-deal EU exit, as detailed below:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

Each of these risks will be overseen by a senior lead from the Trust and monitored through the EU exit preparedness group, which had its first meeting on 21st January 2019 and will continue to meet as necessary to oversee the actions necessary to manage the identified risks, dependant on the emerging picture nationally, in corporation with the NHS England and Improvement.

Key Area	Actions
supply of medicines and vaccines; supply of medical devices and clinical consumables;	Trust approach to medicines was discussed at the Medicines Optimisation Committee on 26th October 2018. The current stock level is for 2 weeks supply and this will be maintained in preparation for EU Exit Communication to staff and patients that stockpiling is not necessary and to clinicians asking them not to write longer than normal prescriptions The Chief Pharmacist or nominated deputy will be a member of No Deal Brexit working group and attend any regional hospital and CCG Chief Pharmacist networks from January 2019 to help inform local plans
supply of non-clinical consumables, goods and services;	Multiple Task to finish groups, monthly reviews EPRR 6 month consumption data - forward orders where appropriate to ensure continuity

	There has been no impact on demand spikes currently. All suppliers have been requested to provide origin of products and lead times. At present, sufficient stock via NHSSC and key suppliers has been provisioned for MPFT
workforce;	Communicated with EU staff in December 2018 using the EU Settlement Scheme Employers toolkit produced by the Home Office (and promoted by NHS Employers) Through communications ensure EU staff are made to feel welcome and that they understand the positive contribution they make to the Trust. Monitor and address any negative attitudes that may start to occur as part of Brexit The Trust will meet the cost of the Settlement Scheme applications – indications are that this will be around £65.00 for each application
reciprocal healthcare;	The Trust already works to the Guidance on implementing the overseas visitor charging regulations. The Trust will ensure that any changes to reciprocal healthcare will be reflected in policy and briefings supporting any policy change will be rolled out as necessary
research and clinical trials; and	The Trust R&I department has written to all the clinical trial sponsors to request written evidence of the availability of IMP's in the event of a no deal EU exit. Confirmed position of all trails in place for March 2019
data sharing, processing and access	The annual Data Security and Protection Toolkit assessment (formally IG toolkit) is a self-audit of compliance with the 10 Data Security and will enable the Trust to identify and address any vulnerabilities in relation to no deal EU exit Analysis of data storage and processing has identified data warehousing which sit within the EU. IMT are liaising with the provider to explore transfer of data to UK

Environmental Impact

The Trust has a Board-approved Sustainable Development Management Plan and looks to minimise its impact on the environment through a number of measures such as;

- the use of a CHPQA quality assured Combined Heat and Power Plant at the Redwoods Centre in Shrewsbury which generates electricity and uses the heat from this process in hospital heating systems
- the use of zero emissions electric vehicles
- sorting and recycling of domestic waste

In addition, our estates rationalisation programme has already resulted in a reduction in the number of buildings we occupy and the running costs and energy usage associated with these. This programme is continuing to be rolled out and is focussing on increasing utilisation of both clinical and administrative buildings.

Other community initiatives

The Trust is keen to play its part in the life of the local community and particularly recognises the importance of promoting health and wellbeing messages and helping to reduce the stigma traditionally associated with mental ill health. For example, a diabetes bus took information out to local communities; we have contributed to items on local radio and in other local media outlets; Governor Members and the Membership Office have hosted events such as World Mental Health Day and Mental Health Awareness Week in local shopping centres and libraries.

As a major local employer we understand the responsibility, and benefit, of supporting young people with work experience and access to training. Our work experience website offers help and guidance to anyone hoping to spend time in any of the Trust's services and colleagues have supported local careers fairs and events. We are committed to offering a range of apprenticeships and development opportunities.

Students from schools across Staffordshire and Shropshire have once again had the opportunity to attend our popular Aspiring Doctors Programme and Aspiring Allied Health Professionals day. Open to students aged 14+ who are considering a career in medicine or any of the allied health professions, these programmes aim to inspire and inform the young people about careers in the NHS.

Colleagues across the Trust also contribute time and money to local and national charities through various fundraising activities.

Signed: Date: 24 May 2019
Jayne Deaville
Deputy Chief Executive

Accountability Report

Directors' Report:

The Directors of the Trust are:

Chairman:
Martin Gower

Non Executive Directors
Richard Cotterell
Jane Gaddum
Elizabeth Jarrett
David Matthews
Megan Nurse
Jacqueline Small

Chief Executive
Neil Carr

Executive Directors
Alison Bussey
Jayne Deaville
Steve Grange
Abid Khan
Theresa Moyes

Directors
Jo Cowcher
Greg Moores

More information about all the Directors can be found in the section on the NHS Foundation Trust Code of Governance from page 77. This includes details of other individuals who have been Directors at any point during the financial year.

It is the view of the Directors that this Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy. (C1.1)

A register of interests is maintained in relation to all Trust Board members. This is available on the Trust website or by application to the Company Secretary at Trust Headquarters.

The NHS foundation trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Better Payment Practice Code

The Trust's performance against the policy has remained consistent throughout 2018/19. The cumulative Public Sector Payment Policy (PSPP) for the financial year 2018/19 was 74.91% of invoices paid within 30 days.

The Trust paid £3k interest under the Late Payment of Commercial Debts (Interest) Act 1998.

NHS Improvement's Well Led Framework

Prior to the acquisition of Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) on 1st June 2018, the board undertook a comprehensive assessment of its Governance systems and processes, including a Trust Risk Appetite. This follows a self-assessment review against the Well Led Framework which was undertaken by both organisations and each then peer reviewed each other's assessment prior to acquisition. This supported the sharing of

good practice in advance of the merger, the opportunity for the findings of the review to be used to support the pre-merger due diligence work and enabled any gaps or risks to be identified and an action plan implemented to address them. The resultant action plan was incorporated into the Post Transaction Implementation Plan (PTIP) with a clear focus on improving the governance of quality. Following the merger, an updated assessment was undertaken based on the original self-assessments and action plan, which itself was monitored through the governance arrangements in place to monitor delivery of the PTIP). This evidence was also then submitted to the CQC as part of the Provider Information Return in advance of the CQC inspection visit in March and April 2019.

Enhanced quality governance reporting:

The Trust's Quality Accounts, which can be found at the end of this document, provide more detail on the Trust's approach to and governance of quality and how we assure ourselves that we continue to provide high quality services at the same time as identifying areas for improvement.

There are no material inconsistencies between the annual governance statement, annual and quarterly board statements required by the Compliance Framework; the quality report and the annual report or reports arising from Care Quality Commission planned and responsive reviews of the NHS foundation trust and any consequent action plans developed by the NHS foundation trust.

Patient care:

Being a foundation trust enables us to;

- Build on and improve positive relationships with service users, carers, staff, partners and local people and be more accountable to the communities we serve.
- Strengthen our internal processes and systems to meet the challenges of modern health services
- Develop locally based specialist services
- Respond better to market opportunities
- Continue to invest in capital developments

Information on the Trust's performance against key health targets and arrangements for monitoring improvements in quality of healthcare and progress towards targets can be found in the Single Oversight Framework section on page 108.

The Quality Accounts section of this document offers a review of the priorities for quality improvement for 2017-18 which were identified in last year's Quality Accounts. This can be found from page 19 of the Quality Accounts.

Pages 16-19 offer a broad overview of service developments and improvements during the year including any new or significantly revised services.

Improving Services Based on Feedback

Midlands Partnership NHS Foundation Trust (MPFT) is committed to ensuring service users have the best experience of care. Patient Experience and Involvement is an extremely important and valuable resource to the Trust. Our focus is to listen to our service users, their families and carers and act upon their feedback to learn lessons, improve and sustain change.

The Trust uses a range of methodologies to capture feedback from service users and carers:

- The Trust's real-time feedback system has shown satisfaction levels at an average of 94% during the year. The system is configured to align questions within the surveys to the Trust's values and behaviours as an illustration of the extent to which service users and carers believe that staff are adhering to the values in practice and provide valuable insight into the service user and carer experience, which is monitored on a quarterly basis through reports to the Care Groups' Quality Governance Sub-Committee and Trust's Quality Governance Committee and Trust Board.

- During the past year, the Trust Board has continued to hear directly from service users and carers through its programme of patient stories. These provide Board members with a valuable opportunity to gain further insights into the patient experience. Board members agree actions to be taken in response to the story heard and ensure that the learning from the stories is shared and disseminated widely. The patient story programme has been extended and stories are now heard at the Council of Governors, the Mental Health Legislation Committee and will be extended in the next financial year to the Care Group Sub-Committees.

- The Patient Advice and Liaison Service collect feedback, provides a source of information about Trust and external services and supports service users and carers in resolving any areas of concern and highlighting areas of excellent practice. This feedback is acted upon in a continual cycle of listening, responding and learning.

- Service user and carer forums. There are a number of regular locality involvement meetings across the organisation which provides an opportunity for service users and carers to provide feedback and to hear about service delivery changes.

- Involvement activities – a number of workshops take place throughout the year in which we capture people's experience of the services we provide and work alongside our experts by experience to co-produce improvement work.

Stakeholder relations

We believe that partnerships are our future, both for the way in which we deliver services and also in the way that we deliver the 'business'. We deploy a robust framework in order to assess our current and potential partners which protects our organisation and ensures we fully understand what kind of relationship we are getting into. All formal partnerships and potential partners are tested against a core set of values based qualities and these partnerships are then detailed legally in contracts and sub contracts.

An illustration of our key relationships;

- Local Authorities, including county and borough councils
- Clinical Commissioning Groups (CCGs)
- NHS Trust Development Agency

- NHS Improvement
- Care Quality Commission
- Third sector (social enterprise and community interest companies), voluntary and charitable organisations
- Healthwatch
- Health Overview and Scrutiny Committees
- Universities
- Local MPs
- Ministry of Defence
- Home Office and Prisons
- Other trusts, including NHS foundation trusts
- Independent sector
- NHS Vanguard partners

The Trust is working in partnership with stakeholders across the health and care economy to develop new models of care which will work independently but at the same time be inter-dependable and form a single approach to the delivery of enhanced primary and community care. The framework includes general practice, locality care hubs and multi-speciality community providers which work together to develop new pathways of integrated care that support local people.

We have a track record of working in partnership to develop and deliver services.

Our contract with the Ministry of Defence to provide inpatient mental health care for serving military personnel is now in its twelfth year. This service is delivered as part of a network with the Trust acting as the lead for the seven participating NHS organisations.

An innovative partnership has been established with the Armed Forces Institute of Mental Health Pakistan with Pakistani military doctors spending time in the Trust to gain additional skills in mental health and psychiatry. The Trust benefits from the knowledge and skills of the military doctors who bring a fresh perspective and also provide additional medical capacity to local mental health services.

Our track and triage team is working with colleagues at University Hospitals of North Midlands to offer one point of referral for all people that present at UHNM, including accident and emergency, acute medical unit and in-patient wards. The team is responsible for determining how people with complex needs are supported to access rehabilitation, enablement, care and support and they assess their long term needs.

A pilot Staying Well Hub has been established to support people living at home with frailty. A multi-disciplinary team including a geriatrician, clinical pharmacist, occupational therapist, mental health staff and voluntary and social sector support develops a care plan, co-produced with the patient, which is delivered around the GP practice or at a locality level. Early findings have seen recognition of previously undiagnosed health conditions; increased awareness of different roles; and service user and carer satisfaction.

Our Arts for Health team partners with a range of local people and organisations to deliver a wide ranging and very well received programme of arts activities which have a positive impact on the wellbeing of service users and carers. Some external funding comes from

grants such as the People's Postcode lottery; local businesses; councillor support; and general fundraising activities.

Formal Consultation

The Trust has not participated in any formal consultations in this financial year.

However, the Trust remains committed to ensuring all stakeholders are given the opportunity to be engaged in improving and developing services. Service users, carers, commissioners, representatives of partner and local third sector organisations regularly contribute to discussion and debate around future plans and feedback is welcomed and acted upon.

Improvements in patient/carer information

- We continue to use our website and associated microsites to provide information on our organisation and services. This is continually amended and updated in response to service changes and feedback.
- This year we have focussed on developing a number of methods in which to communicate with our service users and carers in terms of involvement opportunities and updates. This includes information on our "Getting Involved" microsite, developments to our Facebook group and development of an Involvement Newsletter with contributions from service users and carers.
- We have also developed new leaflets and other promotional material in relation to raising concerns and compliments and service user and carer involvement.
- The Involvement and Experience Team have developed their social media presence via Twitter and Facebook. A Facebook page has been developed for service user and carer involvement representatives and staff which will be used for advertising involvement opportunities, communication between involvement representatives and to provide updates on service user and carer experience activities.
- The Involvement and Experience Team have supported the Mother and Baby Unit in producing leaflets as part of the Always Events project around patient information on birth trauma, anxiety, contact information/signposting, depression and post-partum psychosis.
- The Involvement Team are also supporting Forensic Services in terms of advertising for peer support workers.
- A project in relation to mental health and persistent back and neck pain is under way which aims to develop a new information resource for patients with persistent neck and back pain to support their mental health. The project will also encourage representatives to help identify key messages about persistent pain and mental health that could inform training of healthcare professionals to support more person-centred care and encourage patients to talk about mental health aspects of living with persistent pain.

Service User and Carer Involvement and Payment Policy

An Involvement and Payment Policy was developed this year which sets out the standards for involving service user and carers within the services provided by Midlands Partnership NHS Foundation Trust.

Service User and Carer Involvement – "Involvement for Impact"

The Trust recognises that service users and carers are 'experts by experience', and therefore should be making a vital contribution to all aspects of the work undertaken within the services provided by the Trust. For effective involvement, people need to feel supported and for their contribution to be valued, respected and have an impact. By using service user, carer and family experiences, enthusiasm and ideas, this can bring a whole new point of view to the planning and delivery of those services. It is really important to us that the people who use our services have the opportunity to get involved in shaping those services and influencing the Trust's work.

A number of Impact Workshops have taken place this year:

- Service User and Carer Surveys - Review current survey process and survey styles and identify opportunities to improve response rates. The suggestions made during this workshop are being taken forward in the development of the new patient survey system.
- Service User and Carer Involvement in Quality Improvement Activities - Design a training package for service users and carers to take part in Quality Improvement Academy activities such as Rapid Process Improvement Workshops and Kaizen events etc. The training package is complete and will be delivered to cohorts of our service user and carer representatives.
- "Time to Talk" Event – Have your Say –the workshop was supported by the mental health pathways who presented to the service users and carers information about the pathways, with an opportunity for the attendees to ask any questions. The event was also attended by a therapy dog and his trainer who spoke to the group about their involvement with the Trust.
- Accessible Information - This is a series of workshops, of which 3 have taken place during this year to review our PALS, Membership and Involvement information to ensure this is accessible to all communities. Workshops have taken place in the LGBT+ and BAME communities and a hearing and dual sensory loss group with further workshops taking place in forensic services.

Service User and Carer Involvement Activities

In addition to the Impact Workshops, a number of other involvement activities and projects have taken place:

- Mystery Shoppers - Mystery Shoppers give real-time feedback, just after visiting a service, making a phone call or receiving a letter. A number of mystery shoppers have been recruited to the programme and will be providing feedback on their experiences.

- Triangle of Care - The ‘Triangle of Care’ is a working collaboration, or “therapeutic alliance” between the service user, professional and carer that promotes safety, supports recovery and sustains well-being. The Triangle of Care was initially developed to improve mental health acute services by adopting six principles. It is widely accepted that these key principles can be applied to all service areas. This year, carer assessment data was collated in relation to the Triangle of Care for inpatient wards as in previous audits, but also for community settings which have not been audited previously. The audit has highlighted a considerable improvement in awareness in carer engagement strategies and in demonstrating that the range of carer support available is gradually increasing across teams. Areas for improvement have been identified and action plans are being developed by the teams audited to address these.
- End of Life and Palliative Care Project - The overall aim of this project is to utilise user involvement to increase awareness of End of Life and Palliative Care and to ensure that staff are identifying service users who are at end of life earlier on to ensure that they have different options available to them and can make informed choices.
- Service User and Carer Involvement in Research - The Research and Innovation Department held their annual research event celebrating International Clinical Trials Day 2018 (a nationwide event sponsored by the National Institute for Health Research). The event allows the department to engage with service users and carers, clinicians and front-line staff as well as senior staff, visitors from partner organisations and members of the public.
- Always Events - Always Events® are aspects of the patient experience that are so important to patients, care partners, and service users that health care providers must aim to perform them consistently for every individual, every time. A pilot site was identified on Brockington Mother and Baby Unit. Work began on the unit to collect feedback which reflected many positives, particularly around the engagement with staff and supporting carers and relatives. The area of focus chosen is “information”. A raft of information has been produced relating to post-natal illnesses which is already being used by staff on the ward and given to service users on discharge.
- Independent Review of the Mental Health Act - The Trust made an application to take part in the Government’s Independent Review of the Mental Health Act and was one of only 8 Trust’s chosen across the country to host a series of focus groups. A number of focus groups took place; feedback from the groups was analysed and a number of themes and ideas for improvement came out of these sessions. The Trust was approached with an opportunity to hold follow-up focus groups to review the interim recommendations which took place during September.
- ‘Listen and Respond’ annual event held. This is an opportunity for service users, carers and any member of the public to provide their views on the services they receive or have received, whether this has been a positive or negative experience.
- Visions, Values and Behaviours, Website Development and Trust Aims – service user and carer representatives were involved in focus groups in order to input into the Trust’s visions, values and behaviours, website development and a focus group to write one of the Trust’s aims, “To care because you matter".

Care Group and Service Level Improvement Forums

In addition to the Impact Workshops, care group and service level involvement forums continued in addition to local improvement and involvement events, an example of which are shown below:

- A strategic collaborative has been set up to work with the clinical commissioning groups and primary care to develop a model of shared care, to ensure that people with a serious mental illness receive at minimum an annual physical health check. Experts by experience are involved in the strategic group and are part of a workshop to develop a preferred model.
- The development and delivery of training on personalised care planning has been co-produced and delivered with an expert by experience and governance lead.
- Service users and carers designed a display board of their invaluable involvement work in Learning Disability Services which was displayed at Trust Headquarters.
- A quality improvement event focusing on the Learning Disabilities' Team Intake Process (for screening and assessing referrals) took place. Two parents with their daughter spoke to the team about their experiences of the screening process and time to first appointment. They also reviewed the new processes developed during the week and fed back their views to the team.
- Service users from Learning Disability Services were involved in teaching medical students.
- Development of service user feedback videos - a series of three videos showing service user comments from a Gay and Bisexual Men's Group, Galaxy (LGBT youth group) and from Cobridge Clinic.
- Creation of new gender identity guide for professionals – identity guides were available for young people and one for parents/carers but not for professionals. This was developed due to the uptake of LGBT and training for professionals (specifically on trans awareness) that the Sexual Health Prevention Team provides.
- A young person's wellbeing event in October was held at Werrington Prison.
- An audit day was held where youth volunteers stormed the Child and Adolescent Mental Health Services and mental health bases and provided valuable feedback on how they think they should work; therapy rooms were decorated in The Bridge, Stafford.
- The first ever Christmas Party for young volunteers was held, which involved team-building games. This was a day to socialise but there was also some tremendous insight into young people's experiences of CAMHS and their experiences of struggling with their mental health at school.
- A youth-led training workshop on mental health for student nurses at Stafford University took place.
- The Patient Participation Group have begun to work with the Research Team at MPFT looking to set up a young person's research group with the aim being to carry out their own evaluation project on some of the Group's own work.
- The Patient Participation Group have been busy putting the final touches to the WHAM plan (Wellbeing and Health Action Map) and also starting to create a paramedic mental health awareness workshop.
- Several service users have been supporting the Learning Disability Services to shape a feedback questionnaire.

- The easy-read co-produced care plan project has been completed in Learning Disability Services
- One of the service user's "Shout Out" Film was showcased at Celebration Day demonstrating how good multi-agency working can have hugely beneficial impacts on people with learning disabilities' quality of life and their physical and mental health – this was also released on NHSI's website.
- Service users have taken part in research led supported by the Trust's Research and Development Team to investigate service users and carers' experiences of taking part in staff interviews. A co-produced focus group evaluated the project.
- Consultant teaching day at Stoke Clinical Education Centre Stoke on Trent to 4th year student doctors. A service user who communicates by signing attended this teaching day to show doctors how he communicates, attended with his support worker.

Patient Advice and Liaison Service (PALS)

We strive to put service users and carers at the centre of everything we do. The Trust welcomes the opportunity to learn from feedback received via PALS concerns, compliments and surveys which often results in service improvements.

We are an organisation that considers the learning from complaints a valuable opportunity to share good working practice and also improve standards of service delivery. To this end, information is presented to the Quality Governance Committee and Care Group Sub-Committees, where learning is reviewed. On an annual basis, a thematic review of the complaints, concerns and compliments functions of the Trust is undertaken, which includes examples of both service improvements and the learning that has taken place over the year and presented to Trust Board.

PALS provides information and support to service users, carers and families, aiming to resolve any concerns promptly and to ensure that, where appropriate, policies and working practices are amended so that the issues do not arise again.

During 2018/19, the Patient Advice and Liaison Service (PALS) received 1617 contacts:

The types of contacts received are detailed in Table 1.

Table 1

Contact Type	2018-19
Experience Feedback	12
PALS-Concern	1088
PALS-Feedback/Suggestion	16
PALS-Information Request	39
PALS-Compliment	462
Grand Total	1617

Examples of learning from PALS are as follows:

- Administration staff to use blank templates to compose new letters rather than editing existing letters to prevent letters being sent to incorrect addresses.

- `Learning event' with the individual staff members and team concerned to ensure that their interventions with service users and carers are appropriate and relevant to the identified issues.
- Staff reminders about the information governance and confidentiality processes.
- To reduce the timescales for investigations, all requests for investigations from Child Clinics are allocated to the urgent typing/action tray.
- There is a whole team administration action plan that is reviewed weekly to ensure that all administration processes are identified including timescales.
- Where faxes have to be used - the administration staff will ring the recipient on faxing the investigation request to ensure it has been received. As faxes are to be phased out; secure email addresses are being requested so that read receipts are available.
- All investigations requested are recorded on an investigations spreadsheet and there is an identified lead person for chasing results for all investigations (this should lead to any errors being picked up much sooner as they will chase the results).
- PALS concerns utilised as a case study to discuss with the wider team to improve customer service experience.
- Earlier cut off time to the in-patient gardens at night-time in order to address complaints regarding noise late at night.
- Development of a clearer system for recording of prescription requests to prevent repeat prescriptions not being available.
- When a clinician left the Trust, all parents were been sent a letter advising of the way forward.
- In conjunction with the Quality Lead at a local acute hospital, a system has been developed whereby a daily report is sent to the Learning Disability Team. This report gives information regarding patients who are admitted into hospital with a learning disability; the liaison nurses receive a copy of this report and the two nurses cover each hospital site in the event of annual leave or sickness.
- Waiting list issues escalated by service manager to senior manager; there is a recruitment strategy in place for the community mental health team.
- Recruitment of more staff to the pathway to address the long waits. Capacity is under review within the other pathway teams.
- Speech and language therapist to work centrally within Stafford so that there is more opportunity for support which will benefit the whole clinical experience and delivery.
- A meeting involving key stakeholders including pharmacy to review standard operating procedure for weekend and bank holiday medication alterations.
- All reception staff to seek medical advice if they have a service user or carer in distress whilst in the reception area.
- Recruitment of a second administrator to support with calls.
- Proforma tool is required for the booking centre to identify the need for catheter care.
- Remove information from the sexual health website page regarding availability. This is so service users are aware they can attend the clinic at any time during the day.
- Newcastle Home First obtained two office phones for patients and families only.
- For treatment options in terms of courses available to be explained by letter to service users using psychological services where possible.
- For alternative treatment options to be explored should a service user not wish to attend a psychological therapy course.

- Ward manager to discuss carer contact and importance of this within the ward team meeting and supervision in relation to advising carers of changes to mental health status of relatives.
- Improved communication with service users who are approaching discharge around graded exposure and increasing periods of leave to provide reassurance.
- Allocation of a key worker, if agreed appropriate to meet a young person's needs, should be considered and acted on in a timely manner. If it is decided this is not appropriate to meet the person's needs, this should be communicated clearly to the young person and their family and documented.
- Review, explore and discuss support for families throughout the period of care to ensure parents/families are supported.
- Care plans to detail the best/most appropriate means of communicating with carers.
- Trust policies and procedures have been made available within the team staff rooms, to ensure staff familiarise themselves with Trust procedures.
- Pressure ulcer information has been circulated through the community teams, which is now provided to service users and carers.
- Six monthly peer reviews have been completed by team leaders to ensure the nursing documentation is to Trust standards.
- Refresher training has been completed on the use of assessment tools.
- Staff have been asked to incident-report any skin changes to ensure wound changes are captured.
- Milkshakes are now available on the ward for patients.
- Hours of walk-in service increased. Waiting times are being closely monitored. On-line booking introduced and bookable appointments available.
- Patients can now access items from the fridge outside of kitchen times.
- Paediatric East teams are reviewing the standard response letters to referrals received. The current letters have insufficient referral information on them.
- Shropshire East Psychosis Team is developing a clearer process for recording prescription requests.
- A 'working group' is being managed by the Professional Leads and Deputy Chief Nurse. The main purpose of the group is to improve and streamline the Trust's current documentation paperwork as patients feel District Nurses would benefit from electronic notes and a reduction in paper work.
- The Lichfield district nursing team have now recruited a continence nurse within their team, to manage all continence assessments.
- The triage process will be reviewed and all relevant staff have been advised that they need to ensure that the waiting list is checked prior to service users being added, to ensure it is the correct list.
- The Home First Service have implemented daily quality assurance checks between the Control Centre and the team to ensure no visits are missed

PALS Concerns

1088 concerns were received. Communication (27% of total), appointments (21% of total), access to treatment/drugs (13% of the total) and values and behaviours (9% of the total) were the highest categories of concerns received. These are demonstrated in table 2.

962 concerns (88%) were received for community services, with 126 (12%) for in-patient services. 701 concerns were for physical health services, 266 for mental health services and 77 for adult social care services.

The highest numbers of concerns received were for the adult community mental health pathways (104), rheumatology services (103) and district nursing (89).

Table 2

Category	No. of PALS Concerns
Access to Treatment or Drugs	142
Admission And Discharges	47
Appointments	230
Clinical Treatment	36
Communications	291
End of Life Care	2
Facilities	21
Integrated Care	2
Other*	18
Patient Care	132
Prescribing	27
Privacy, Dignity & Wellbeing	14
Transport	3
Trust Admin/Policies/Procedures	14
Values and Behaviours	101
Waiting Times	8
Grand Total	**1088**

** "Other" consists of concerns received about aggression/assault/abuse, loss/damage of personal property etc)*

Compliments

462 compliments were received during this year. The Community Mental Health Pathways in Shropshire received the majority of compliments (10% of total) with in-patient services in Shropshire receiving 6% of total and in Stafford 6% of total. The following are some examples of the compliments that have been received during the year, in people's own words:

- "I felt I must write to express my admiration and thanks to the nurse we saw at the Continence Clinic. My mother has dementia, and had only just accepted that her continence is an issue. The nurse was compassionate, thorough and extremely patient and as a result of the sample she asked for, identified that there was a potential problem".
- "I'm so thankful that mum has you as her social worker; you take the time to understand and listen to how she is feeling. You have a really calming and compassionate manner, which not everyone has and it does help with all that is going on with mum at the moment. On a personal level, I am extremely grateful for the support you have also given to me. The last few months have rather difficult to say the least, but having you to guide me has helped no end, I feel like we're in safe hands".

- "I've lost count of the number of times the Pulmonary Rehabilitation Team have come to my rescue and once again I find myself saying thank you. Thank you for all of your support, advice and encouragement yet again. I really appreciate it".
- “I felt I had to write to say what a pleasure it has been to meet you and thank you for all your help, kindness and understanding of the situation with both my mom and myself. From the very first meeting with my mom, you were thoroughly professional and yet had empathy and compassion for her age, illness and indeed her desire to remain as independent as possible”.
- "This is a very short but sincere text to inform you that today I attended the Pain Clinic and during my time there I witnessed a slick, efficient, compassionate and crucially an effective service”.
- “First time being depressed and anxious, self-referred to service. Found first sessions emotional and difficult but stuck with the therapy and participated with homework. After 5 months and 14 sessions, I feel more positive and hopeful for the future. My therapist has been very patient with me and worked with me to achieve this outcome”.
- “I would like to say a few words about the excellent treatment I've received over the last few weeks at the Falls Clinic. Staff members have given me back my confidence and strength to enable me to get back on my feet again. I have enjoyed every minute with them using their professional skills, so I must say a big thank you to everyone. So a huge thank you to you and your excellent team, very much appreciated”.
- “It's very reassuring as a CCG to know that when we have such a vulnerable and complex young man in placement so far from home, that he is getting such expert input from the local Learning Disabilities’ Team and that we can rely on your support and professional input”.
- “My husband sadly passed away whilst I was in hospital and I never had the chance to say goodbye. I regularly sat in bed looking out the window crying thinking of him and how I was not there when he died. I am so grateful that every single staff member kept an eye on me and gave such kind and gentle words. They comforted me when I was upset and gave me a hug. I will always remember the faces of the staff but sadly can't remember names but I love every single one of them and will never forget what they did for me”.
- “Sitting in reception a lot of people come out of their appointment with the physiotherapist and comment and everyone is very positive. I think they really like her approach. The comments are usually that she is wonderful, marvellous, made such a big difference”.
- “I want to pass on my deep, heartfelt thanks for the outstanding care that you, and the team on the ward are not only providing to my mother, but every other patient there as well. Thank you".
- “Thought I would write to let you know how I'm getting on, a bit up and down at first, but now feeling really well. I think the penny has dropped, so to say. Thinking a lot clearer now. So I would like to thank you and all your team who came to see me in my hours of need. A big thank you. I mean this most sincerely”.
- “Following my appointment with you, this is a belated note to thank you for arranging a referral for me with a rheumatology consultant. I have been diagnosed with polymyalgia rheumatica; the new medication is already improving my condition”.
- “Great service at the Minor Injuries Unit today; my mum was seen and treated in an hour for a cut to her hand. The nurse practitioner was especially fantastic and we were pleased to have avoided using accident and emergency”.

- “I am contacting you to inform you of the outstanding care that I have received from the Crisis Mental Health Team; they rescued me from a very desperate place. I felt cared for and reassured by their professional, intuitive and steadfast care”.
- “We have always received a prompt and understanding response whenever we have contacted social services. There has always been an explanation as to our query and signposted as to our next step. We have an exceptional social worker. From the first moment we her she has been kind, understanding, supportive and efficient. We could not have asked for anything better. It has been lovely to have been able to trust a professional to do absolutely the right thing in supporting our situation”.
- “I am emailing to inform you that Specialist Midwife is one of the most engaging, passionate, and forthcoming healthcare professionals I have ever met. I am a student nurse and I therefore meet a great deal of people from various professions. Her demeanour, body language, and impeccable listening skills made our consultation honest, effective and certainly put me at ease about issues I was having with different contraceptives”.
- “I just wanted to express my thanks to you and all the staff on the ward for the care and kindness shown to my mum, and also the support given to dad and me. The last few months have been difficult and I don't think we would have got to the place we are now without the staff at Redwoods”.
- “I just wanted to say thank you for all the valuable help you have given me during our therapy sessions together over the months. Even though I am still not quite back to my usual self just yet, the techniques you have shown me really do make a big difference. Thanks in a large part to your encouragement, I have regained my love of art and I still intend to continue with my goals in this respect even if external factors have set me back a little bit for now. Once again, thanks for your fantastic support and I hope things work out well for you in the future”.
- “I visited the walk in centre - all the staff there were very friendly, kind and professional when diagnosing my problem, showing me the x-ray and explaining in detail about the break I had to my leg. A great credit to our NHS”.
- “Because of your team, my aunt is actually going home tomorrow to her own bungalow, she is over the moon and so am I; this is something we thought would never happen. Thank you does not convey enough, it means so much; you have given her life back to her. I wish you and all of your team all the best for the future. With the utmost gratitude”.
- “The level of kindness and empathy that we have ALL felt whilst visiting Dad has been amazing. The days of this journey have been, quite naturally, very challenging for us all but everybody has done their utmost to deliver even the hardest of news with compassionate understanding. As a result of your collective efforts, Dad's departure from this life has been made as comfortable and dignified as could have been humanly possible. Once again, please accept our AND HIS grateful thanks for everything that has been done for Dad, and on his behalf, during these difficult days”.
- “Sadly my mother passed away earlier this year, but during my mother’s end of life care made available for her at home, my mother and I were extremely grateful for the outstanding, professional, compassionate care provided by the NHS teams that made my mother’s end of life care more comfortable”.
- “I’m just messaging to say thank you for everything you've done for me. I'd just like to let you know that I decided to leave college and I now have a 20 hour job. My anxiety is

significantly less and I have a whole new outlook on life. I'm starting driving lessons this month, my skin's calming down and I'm so much happier and my usual self. My tablets are working and I am using the techniques you taught me and I feel like I needed to hit rock bottom to start all over again. I go to work every day with no trouble and I'm very happy. And a lot of that I have you to thank for. So thank you so very much. You helped me find myself again".

- "We would like to say a huge thank you to you all for looking after our sister whilst she's been in your care. What she did want to stress and ensure was recorded was that she was very impressed with how staff member has managed all of her calls over time, that she really appreciated her approach and support, that it had made a big difference to be communicating with someone so kind and helpful when the circumstances are so difficult. When the only choice seemed to be to take their own life working with this Community Mental Health Nurse has enabled them to realise this is not the right choice".

Celebrating Involvement

The Service User and Carer Involvement Celebration Day is an annual event to highlight involvement taking place across the Trust. Around 150 service users, carers, volunteers, staff and representatives from support organisations gathered in the marquee to share in the celebratory mood of Service User and Carer Celebration Day this year. The theme for the day was "Smashing Stigma" and was chaired by a Non-Executive Director and a co-chair with lived experience of children's mental health services. MPFT also took the opportunity to recognise the 70th birthday of the NHS by displaying 2 stands in the marquee tent demonstrating the changes over the last 70 years in mental health services with photographs from the previous mental health hospitals in Shrewsbury and in Staffordshire. An archivist from Staffordshire Record Office held an exhibition stand with some original documents and medical records from 1917.

Finally there was the presentation of the Service User and Carer Awards: The Service Improvement Award, The Contribution to Learning Award, The Personal Development Award, The Volunteering Award, a Joint Working Project in Involvement Award – for equal partnership working between staff, service users and/or carers and an Outstanding Achievement Award.

Complaint Report 2018/19

This is the formal complaints, concerns and compliments annual report for Midlands Partnership NHS Foundation Trust (MPFT) for the period 1 April 2018 to 31 March 2019. This annual report relates to legacy SSSFT and SSOTP activity and current MPFT.

1. **The Investigations Team:**

Following the amalgamation of SSSFT and SSOTP, a new Investigations Team was formulated. This team currently consists of 5 WTE Investigating Officers, 2 WTE administrators, a Family Liaison Officer and Head of Investigations. All processes for complaint monitoring have been aligned into one single process. From Quarter 3 of 2018-19 the team investigated all formal complaints in conjunction with expert Trust staff throughout MPFT. Previously, senior Operational Managers completed complaint investigations within their own service. The Investigating Officers provide an interface between the Trust and the Parliamentary and Health Service Ombudsman (PHSO) and other organisations regarding complaints. They also provide guidance, training and support to staff. Since the new Investigations Team has been formed there have been 4 cases brought to the Trust's attention by the PHSO all of which have been actioned.

The Investigations Team work closely with the Experience and Involvement Service to ensure complaints are dealt with at the appropriate level and joint, regular meetings are being developed to further this level of working.

The Investigations Team strives to put service users, carers and families at the centre of everything they do. This includes meeting Duty of Candour arrangements, involving service users and their families in the investigation process and sharing outcomes. The Duty of Candour process is defined as harm rated as moderate or above. The monitoring of Duty of Candour sits with the Investigations Team. It is still best practice for teams to offer a verbal apology prior to Duty of Candour. On behalf of the Trust, the team welcomes the opportunity to learn from feedback received via formal complaints, which often results in service improvements.

The Trust is an organisation which considers the learning from complaints to be a valuable opportunity to share good working practice and also to improve standards of service delivery. To this end, information is presented to the Trust Board's Quality Governance Committee, as part of the quarterly Integrated Management Report, where learning is reviewed. On an annual basis, a thematic review of the complaints, concerns and compliments functions of the Trust is undertaken, which includes examples of both service improvements and the learning that has taken place over the year.

MPFT received 176 complaints during 2018-19. This compares to the legacy organisations having received a combined number of 133 complaints in 2017-18. Due to capacity within the Investigations Team (staff sickness), three complaints received in October and November 2018 were not all acknowledged within three working days in accordance to the Health and Social Care complaints regulations: all complaints within other months within the time period 2018 -19 were acknowledged within 3 working days.

Complaint themes have remained consistent over the year, the highest proportion of complaints and concerns being in the categories of communication, patient care, values

and behaviours (staff), clinical treatment and access to treatment / drugs. There has been a gradual increase in the number of 'Access to Treatment and / or Drugs' complaints noted. On further analysis of complaints received, it is evident that in many of the complaints where communication is not the main cause, communication is frequently a factor and highlights the importance of maintaining a continuous focus on living the Trust's values, communicating with service users and carers in a timely and effective manner, ensuring that clear explanations are provided both verbally and in writing and are routinely recorded on the clinical information system. All learning is now collated and shared with Care Groups and any tangible actions are uploaded onto the Performance Plus system for the specific Care Group to take forward.

Table 1: Learning Outcomes / Action from Complaints:2018-2019 by Care Group

Care Group	Theme	Learning Outcome /Action
South Staffordshire	Communication	Governance around communication reviewed and added to service information protocols.
South Staffordshire	Communication	Service liaised with IM &T and reviewed systems to identify a failsafe system were in place to ensure any referrals deleted in error were identified and actioned.
South Staffordshire	Patient care	Diabetic footway pathway and management guidance was redistributed and discussed in team meetings and where applicable within individual supervision. Additional training and education for staff regarding foot care and management was provided.
South Staffordshire	Patient care	Service staff check individuals with suspected infections: Full physical observations and baseline comparison now undertaken. Service ensured that community sepsis screening tool was redistributed and discussed in team meetings and where applicable individual supervision and additional training was provided.
South Staffordshire	Communication	District Nursing Team to explore the preferred communication method of patients/ families and carers. District Nursing Team to review their process for how they ensure they best engage with carers and families who cannot be present at DN visits.
South Staffordshire	Patient care Clinical treatment	District Nursing Team have received training for wound identification and grading by Tissue Viability nurse, to ensure they are clear on wound identification and grading.
South Staffordshire	Patient care Clinical treatment	District Nursing team received additional training on the completion of pain assessments with patients; ensuring pain information was recorded. Team Leader revisited training with the nursing team on pain assessment and identified when this should be completed.
South Staffordshire	Communication	Group supervision occurred and a pathway devised to support individuals, families and carers through the CHC process. A feedback form was devised to inform future practice.
South Staffordshire	Clinical treatment	Staff training within the Non-Psychosis Pathway took place, to ensure all staff were able to explore appropriate treatment options to enable patients to make informed care decisions.
South Staffordshire	Patient care Communication	Social Care team ensure all patients who are responsible for self-funding are fully informed that they can be supported to source a placement for a fee. Staff from the Social Care Team now liaise with Brokerage where

		needed to ensure a person is eligible.
Corporate	Communication	Head of Investigations and Safeguarding Lead communicate to ensure opportunities to identify learning for the Trust are not missed.
North Staffordshire	Communication	Occupational Therapy and Physiotherapy now clearly communicate to patients/ families or carers who the nominated lead is within patient care and how to contact them.
North Staffordshire	Patient care	Mental Capacity Act care planning and risk assessment training for SLT and Assistant Practitioners who are not familiar / confident with these documents was provided.
North Staffordshire	Patient care	SLT tools on RIO were reviewed – whilst reviewing the relevance of existing tools and how they link to other risk assessments. Determined identified intervals for completion and review.
North Staffordshire	Patient care	Review occurred of the "Purple Bow" scheme and end of life care plan within community hospitals.
North Staffordshire	Integrated working	Early alerts now provided to senior managers at MPFT where payments issues occur – to ensure that senior managers have knowledge regarding complex / contentious cases, in part related to finance.
North Staffordshire	Communication Patient care	Complex case discussions at team meetings are now routine: Neighbourhood Managers ensured all Team Leaders now have a standing agenda item to discuss complex cases in team meetings.
Children and Families	Clinical treatment	All Brockington staff completed EBRACE Saving Lives, Improving Mothers Care training: with particular emphasis at looking at the use of "red flags" to help inform the risk assessment and care plan.
Shropshire	Patient care	Mental Health Act learning occurred with specific reference to MHA assessment and least restrictive practice.
Shropshire	Communication	Purpose of admission now agreed with the Community Teams / Pathways and inpatient services at the point of admission t hospital.
Shropshire	Patient care	Health staff received additional training on the Mental Capacity Act – specifically consent and capacity
Shropshire	Communication	Increased family involvement- Families and carers proactively invited to be involved in the care planning process (where consent given).
Shropshire	Patient care	All clinical care pathways and partner agencies formulate an agreed care plan that covers an entire 24 hour period. The care plan confirms each disciplines role alongside the intervention.

The Trust has a local target of complaint resolution within 25 working days, with the investigating officers being required to submit their findings within 15 days for quality assurance and sign off. The 25 working day deadline begins on the date on which the complainant confirms with the investigating officer the issues to be responded to and does not begin on the date of receipt of the complaint.

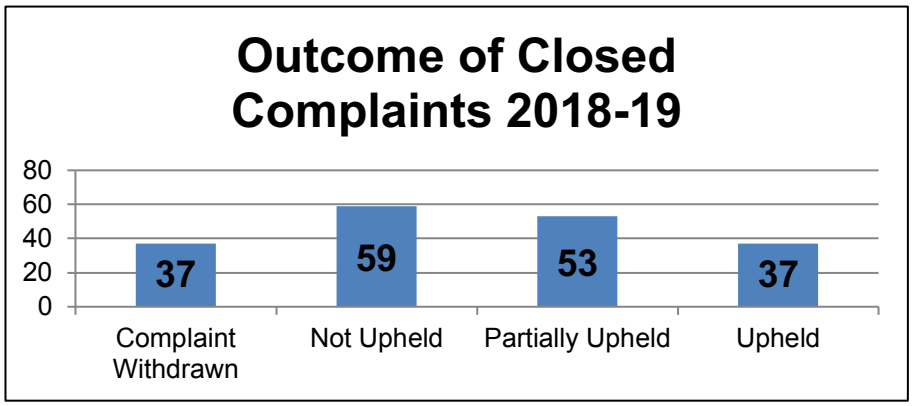
Complainants and organisations are required to agree upon an individual timescale, taking into account the complexity, the complainant's personal situation and approach to resolving complaints, on a case-by-case basis. Although it is acknowledged that complaints should be investigated in a timely manner, the emphasis is on outcome, being customer-focused and above all, "getting it right first time". Therefore, at times extensions

are negotiated with the complainant by the Investigating Team. The main reasons for extensions being requested were:

- Complex/multiagency complaints and/or a delay in other agency providing response. For example independent medical reviews requested from another Trust.
- Availability/sickness absence of staff involved in the complaint.
- Lack of response from the complainant to repeated contacts.

During 2018-19, 161 formal complaints have been closed.

Graph 1: Outcome of Complaints 2018-19



The South Care Group received the highest number of complaints during 2018-19: with Mental Health (Staffordshire) receiving the highest number of complaints during this reporting period: See Table 2.

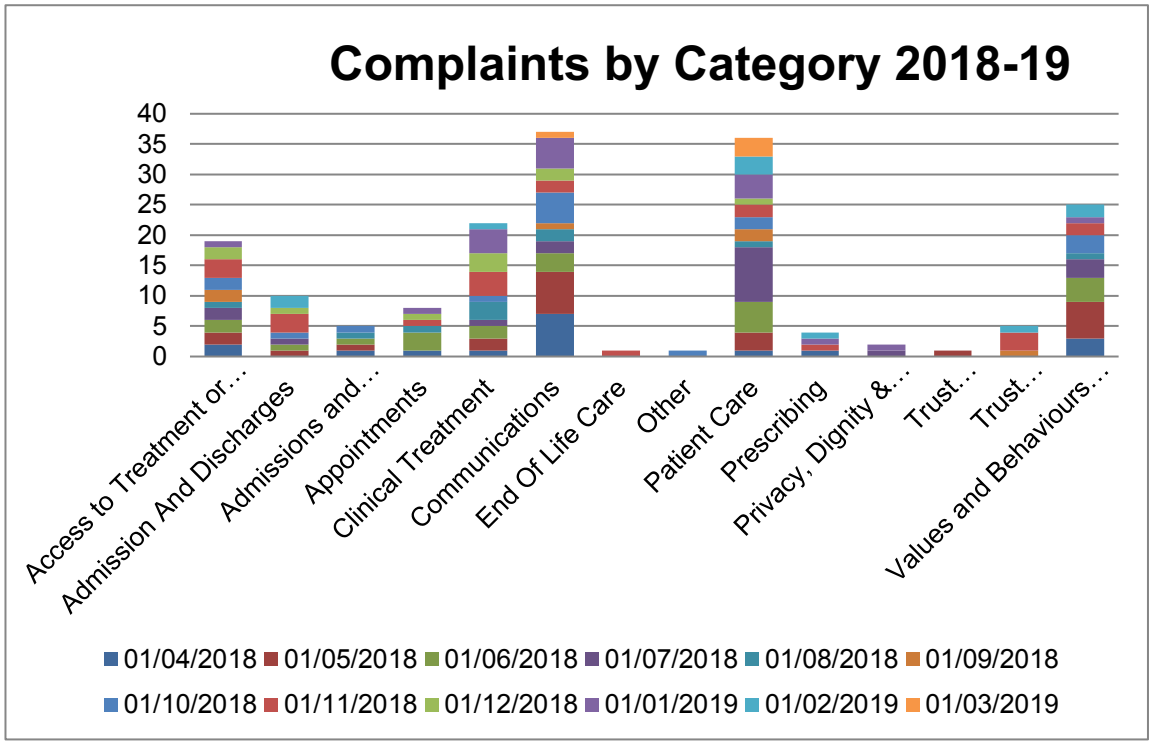
Complaints reporting for the Trust remains within the statistical control limits over the reporting period. A breakdown of complaints by service is seen in Table 3:

Table 2: Complaints Received by Care Group 2018/19:

Care Group	North Care Group	South Care Group	Specialist Care Group	Shropshire Care Group	Children's Care Group	Corporate	Other
Apr	2	9	1	5	0	0	0
May	9	7	2	3	2	0	0
Jun	7	7	2	5	0	1	0
Q1	18	23	5	13	2	1	0
Jul	4	7	2	2	4	0	0
Aug	3	4	0	2	1	1	1
Sept	0	6	0	0	0	0	0
Q2	7	17	2	4	5	1	1
Oct	2	7	2	3	1	1	0
Nov	5	8	1	4	4	0	0
Dec	1	5	0	3	1	0	1
Q3	8	20	3	10	6	1	1
Jan	4	6	1	1	0	1	0
Feb	1	4	0	4	0	0	0
Mar	1	1	0	4	0	0	0
Q4	6	11	1	9	0	1	0
Total	39	71	11	36	13	4	2

Quarterly reports have been provided to Care Groups to ensure consistent reporting and sharing of thematic learning across the Trust. Investigating Officers have been allocated to Care Groups and it is proposed that closer working between Investigating Officers and care Groups occurs in 2019-20. In line with our contractual obligations, reports and thematic learning is also shared with commissioners.

Graph X: Complaints by Category 2018-19



A more detailed table of complaints received by service can be seen below:-

Table 3: Complaints by Service 2018-2019

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar -19	Grand Total
0-25 Wellbeing-Shropshire											3		3
0-25 Wellbeing-Shropshire, Telford & Wrekin	2		1										3
Bentilee - Community Nursing		1											1
Brighton House Care	1				1								2
Brockington	1			1				1					3
Brocton House			1	1			1			1			4
Burntwood ILCT ASC		1											1
CAMHS - East				1			1	1					3
CAMHS - West (Incl Stafford)				1									1
Cannock Asc Assessment								1		1			2
Cannock ASC Review Team			1			1							2
Cannock ASC Safeguarding						1							1
Cannock ILCT - District Nursing	1							1					2
Chebsey House									1	1			2
Child Health Department									1				1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Grand Total
CIS South Staffs					1								1
CIS Stafford		1			1								2
City of Leicester, Leics and Rutland Team		1											1
Codsall/Perton and Bilbrook ILCT ASC		1											1
Community Children's Nursing - West		1											1
Community Complex Care Team				1									1
Community MH Triage Team East									2				2
Complex Assessment Team			1										1
County Hospital Assessment Team					1								1
CRHT Shropshire								1	1				2
CRHT South Staffordshire East	1												1
CRHT South Staffordshire West						1							1
CRHT Telford & Wrekin			1						1				2
District Nurse South										1			1
East Staffs Safeguarding & Reviews Team_g02616							1						1
Great Wyrley ILCT ASC	1												1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Grand Total
Haywood Hospital - Chatterley Ward		2									1		3
Haywood Hospital - Scotia Ward								1					1
Haywood Walk in Centre		1	1										2
Health Visiting Stafford		1											1
High Intensity Users - South								1			1		2
HMP Bullingdon			1										1
Holly Ward												1	1
Home First - Stafford_G03928						1							1
IAPT Telford & Wrekin					1		1	1		1			4
Inclusion Hampshire Oak Tree House		1											1
Inclusion IAPT Wirral							1						1
Investigation Team											1		1
Kinver Ward							1						1
LD Shrops - Community Inc. Health Act Team							1						1
Leek And Biddulph - Review Team										1			1
Leek And Biddulph - Social Care	1												1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar -19	Grand Total
Leek Minor Injuries Unit - General				1									1
Liaison Psychiatry Staffs East (Burton)	1												1
Lichfield ILCT ASC			1				1						2
Meir District Nursing				1				1					2
MICATS			1	1									2
Moorlands Rural - Social Care										1			1
Newcastle Central - District Nursing					1								1
Newcastle Central - Social Care			2				1						3
Newcastle North - Social Care		1					1						2
Newcastle South - District Nursing				1									1
Northern Dental Service				1									1
Nursing (Burntwood/Lichfield/Tamworth)								1					1
Out Of Hours - Stafford										1			1
Paediatric Physio West								1					1
Paediatrics -Comm Inc. LD -East (Staffs)					1								1
PALS							1						1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Grand Total
Personal Dental Service			1										1
Physical Health Psychology - Cannock												1	1
Physiotherapy / Msk Stafford / Cannock					1								1
Pine Ward	1		1				1						3
Podiatry Stoke			1										1
Psychological Therapies (Shrops)											1		1
RAID/MH Liaison - PRH	1		1										2
RAID/MH Liaison - RSH			1		1								2
Rheumatology - MSK					1			1					2
Rheumatology - Outpatients		1	1	1				1					4
Rheumatology Admin		1						1					2
Rising Brook ILCT - District Nursing	1												1
School Age Immunisation Team								1					1
Shelton And Surrounds Community Nursing		1											1
Shrops East MH Admin Hub-Community									1				1
Shrops East MH Community Interventions Pathway		1											1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Grand Total
Shrops East MH Psychosis Pathway		1											1
Shrops MH Intensive Life Skills East & West								1					1
Shrops West MH Community Interventions Pathway				1				1					2
Shrops West MH Dementia/Memory Pathway				1									1
Single Point Of Access (Burt/Litch/Tamw)	1		1										2
St Anthony's Leonard								1					1
St Peters Health Centre										1			1
Staffs East MH Community Interventions Pathway	1	3		2		1				1			8
Staffs East MH Dementia/Memory Service										1	1		2
Staffs MH Access Pathway East & West	1	1								1			3
Staffs MH Psychosis Pathway(EI) East & West									2				2
Staffs MH Social Inclusion East										1		1	2
Staffs MH Social Inclusion West								2			1		3
Staffs West MH Community Interventions Pathway	2	1								2	1		6
Staffs West MH Intensive Life Skills				1				1		2			4
Staffs West MH Psychosis Pathway						1							1

Service	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Grand Total
Stoke Hub Community Nursing												1	1
Track									1				1
Trentside ILCT ASC							1						1
Triage & Assessment - North		1	1										2
Tunstall And Surrounds Community Nursing										1			1
West A ILCT - District Nursing			2										2
West A ILCT ASC							1						1
West Wing				2				1					3
Wombourne/Kinver ILCT ASC							2						2
Yew - LSU				1									1
Grand Total	**17**	**23**	**21**	**19**	**10**	**6**	**16**	**22**	**10**	**18**	**10**	**4**	**176**

The Trust recognises that every complaint is an opportunity to learn and make improvements in the areas those service users, their families and carers say matter most to them. We understand that handling complaints effectively matters for people who use our services who deserve an explanation when things go wrong. They want to know that a meaningful change has been made to prevent something similar happening to anyone else.

It is always our aim to address and resolve complaints quickly and effectively. The Trust always seeks to apologise for any shortfalls in care and will always provide an apology irrespective of whether the complaint is upheld or not.

Good quality complaints handling is vital to ensuring continuous improvement in the quality and safety of care we provide. It is therefore essential that we listen to what service users, carers and families tell us about our services, particularly when they feel they have had a poor experience, or when things have gone wrong. It is essential as care providers that we recognise the humanity and individuality of the people raising concerns or complaints and respond to them with sensitivity, compassion and professionalism.

The Trust is committed to improving people's experiences by identifying mistakes, putting them right quickly, apologising, promoting a culture of openness and actively encouraging feedback and sharing of learning. This reflects the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

2. Complaints Management

Complaints are considered at a senior level in the Trust in recognition of their importance. The Chief Executive is the "Responsible Person" under the 2009 Regulations. The Director of Nursing/Chief Operating Officer has overall responsibility delegated from the Chief Executive under Clause 4 (2) of the Local Authority & National Health Service Complaints (England) Regulations 2009 for ensuring effective systems and processes are in place to deal with service user and carer feedback and for ensuring that feedback is shared and acted upon to continually improve the quality of care provided.

The Quality Governance Committee (QGC) receives quarterly complaints, concerns and compliments analysis including details of learning as a result of complaints and concerns.

All complaints are risk-rated and consideration is given to whether they should be treated as an incident or serious incident.

Making a complaint has been made as easy as possible with signposting on the Trust website, designed leaflets and posters and improved escalation by staff.

Publicity leaflets and posters are displayed throughout the Trust, together with appointment cards with details of how to make a formal complaint.

Statement as to disclosure to auditors

For each individual who is a director at the time that the report is approved, so far as the director is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware and the director has taken all the stops that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Income disclosures required by Section 43(2A) of the NHS Act 2006

The Trust has met the requirement of Section 43(2A) of the NHS Act 2006 requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Remuneration Report:

Senior managers' remuneration policy

With regard to the requirement to outline payments to those staff earning above the threshold of £150,000 this currently applies to the Chief Executive Officer.

Service contracts obligations

There is no obligation on the foundation trust which:

- is contained in all senior managers' service contracts;
- is contained in the service contracts of any one or more existing senior managers (not including any obligations in the preceding disclosure); and/or
- the foundation trust proposes would be contained in senior managers' service contracts to be entered into and which could give rise to, or impact on, remuneration payments or payments for loss of office but which is not disclosed elsewhere in the remuneration report.

The Fit and Proper Persons test is applied to executive, non-executive directors and non-voting members of the Trust Board. All members of the Board have declared their compliance with this and their contracts reflect the requirements of the test.

Policy on payment for loss of office

Agenda for Change terms and conditions regarding loss of office apply to all senior managers other than Executive Directors, who are entitled to six months' notice.

Where loss of office (dismissal) occurs, payments will be paid in accordance with the senior manager's contract, including notice and contractual redundancy pay (if applicable).

The circumstances of the loss of office and the senior manager's performance are not relevant to any exercise of discretion.

Summary of Remuneration Committee Role and annual statement from the Committee Chairs

Executive Director Remuneration and Nominations Committee

The Remuneration and Nominations Committee, established to consider the remuneration of Executive Directors and other staff not covered under Agenda for Change, comprises Non-Executive Directors and is chaired by Trust Chair. The main functions include:

- To advise the Trust Board of Directors about remuneration and terms of employment for the Chief Executive and Executive Directors and other members of staff not covered under Agenda for Change.
- To review the structure, size and executive composition of the Board of Directors, including development and succession planning.
- To identify nominations and recommend appointments to Executive Directors posts within the Trust
- To advise on pay awards for staff not covered by Agenda for Change

Key areas discussed by the Executive Director Remuneration and Nominations Committee *in support of the strategic objectives of the Trust and to ensure the Board attracts and retains high calibre personnel with the skills to deliver the organisation's objectives* were as follows:

- the basic remuneration and allowances of executive directors and non-voting Board members was reviewed in the context of the formation of Midlands Partnership NHS Foundation Trust, recognising the significantly increased size, turnover and complexity of the new organisation and changes to the portfolios of individuals with the RANC's remit. The review included consideration of national benchmarking data and guidance providing assurance to the Committee that their recommendations continued to demonstrate that the basic remuneration and allowances of Executive Directors and non-voting Board members was competitive and benchmarked against trusts of a similar size.
- the achievement of executive director objectives for 2017/18 was reviewed and the performance bonuses retrospectively applied for that financial year.

- a 5% performance bonus for 2018/19 was agreed for application to executive and non-voting Board members based on the following conditions
  - A full bonus to be paid to all Directors if the Trust ends 2018/19 in NHSI Segment 2, and without any Enforcement Notices from the CQC
  - 1.5% of bonus to be withheld if the Trust is placed into NHSI Segment 3
  - 3.5% of bonus to be withheld if the Trust receives a CQC Enforcement Notice
  - No bonus to be paid to any Director if the Trust is placed into Segment 4

- A 12.5% bonus for 2018/19 to be paid to the Chief Executive, subject to the same conditions as above.

- The RANC agreed to review the criteria used to evaluate the performance bonus on an annual basis.

- The Committee is supported in its work by Jane Landick, Company Secretary and Greg Moores, Director of Workforce and Development and for matters relating to the remuneration of the Director of Workforce and Development, by Alex Brett, Deputy Director of Workforce and Development.

- In line with national guidance, the Trust submitted to and received from NHS Improvement, approval of the Remuneration and Nominations Committee's recommendation and rationale to pay the CEO more than £150K. This recommendation was based on national benchmark information relating to relevant comparators.

Nominations: The RANC (ED) has not been called up to make any Executive Director appointments during 2018/19.

Remuneration and Nominations Committee (ED)	27/07/18	25/10/18	31/01/2019	28/02/2019
Martin Gower (Chairman)	✓	✓	✓	✓
Paul Bunting (Vice Chair)	✓	×	✓	✓
Ian Wilson (Senior Independent Director)	✓	×	✓	✓
Richard Cotterell (Non-Executive Director)	×	✓	×	✓
Megan Nurse (Non-Executive Director)	×	✓	✓	✓
David Matthews (Non-Executive Director)	✓	✓	✓	✓
Elizabeth Jarrett (Non-Executive Director)	✓	✓	✓	✓
Jane Gaddum (Associate Non-Executive Director)	×	×	✓	×

**Not in post*

Non-Executive Director Remuneration and Nominations Committee (B2.1)

The Remuneration and Nominations Committee, established to consider the remuneration of Non-Executive Directors, comprises Governor Members and is chaired by the Lead Governor/Deputy Chair of the Council of Governors.

The Remuneration and Nominations Committee (Non-Executive Director) is appointed and authorised by the Council of Governors, to set appropriate remuneration and terms of appointment for the Chair and Non-Executive Directors, and is guided by best practice and market trends. It may also be called upon to provide advice to the Council of Governors on other contractual issues relating to Non-Executive Director appointments in the Foundation Trust, such as remuneration, which includes all aspects of remuneration (including any allowances), provisions for other benefits, as well as arrangements for termination of appointment. The main functions include:

- To receive advice as necessary on overall remuneration and terms and conditions of appointment for Non-Executive Directors
- To set levels of remuneration and terms of appointment for Non Executives
- To advise the Board of appropriate remuneration strategies for Non-Executive Directors
- To monitor the performance of Non-Executive Directors through the Trust Chair
- To monitor the performance of the Trust Chair

Remuneration: The committee has not met during 2018/19 to review the Non-Executive Director remuneration, which therefore remains at the same level as 2017/18, when it was noted that the remuneration of the Chair and Non-Executive Directors was within the upper quartile based on national benchmarking data. The Committee is supported in its work by Jane Landick, Company Secretary and Greg Moores, Director of Workforce and Development.

Nominations: The Remuneration and Nominations Committee have a fundamental role to assist the Board of Directors with its oversight role by:

- Periodic review of the numbers, structure and composition (including the person specifications) of Non-Executive Directors, to reflect the expertise and experience required, and to make recommendations to the Council of Governors.
- Developing succession plans for Non-Executive Directors, taking into account the challenges and opportunities facing the trust
- Identifying and nominating candidates to fill Non-Executive Director posts
- Keeping the leadership requirements of the Trust under review, to ensure the continued ability to provide cost effective, high quality and appropriate health services.

The Non-Executive Director Remuneration and Nominations Committee met on three occasions during 2018/2019 for the purpose of appointing and/or re-appointing Non-Executive Directors to the Trust and for making an appointment to the role of Senior Independent Director. As a consequence of these meetings:

- In May 2018, the Council of Governors approved the Remuneration and Nominations Committee's recommendations regarding the appointment Elizabeth Jarrett as Non-Executive Director for a three year term of office from 1 June 2018 and Jane Gaddum as Associate Non-Executive Director for a 6 month term of office from 1 June 2018.

- In November 2018, the Council of Governors approved the Remuneration and Nominations Committee's recommendations to the appointment of Jacqueline Small and Jane Gaddum as Non-Executive Directors for three year terms of office from 1st December 2018 and the appointment of Megan Nurse as the Senior Independent Director for the remainder of her term of office.

Salaries and Allowances of Senior Managers

See table on page 59.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Midlands Partnership NHS FT in the financial year 2018/19 was £175k - £180k (2017/18, £170k - £175k). This was 6.40 times (2017/18, 6.43) the median remuneration of the workforce, which was £28,050 (2017/18, £26,565).

The movement is similar between the year on year multiples with no significant reason for the slight (0.03) drop in the multiple. This multiple has been calculated on the same basis as previous years and despite the acquisition of Staffordshire & Stoke on Trent Partnership Trust there has been no impact on the multiple, with no change to the highest paid director or any impact due to the pay awards.

In 2018/19, 1 (2017/18, 1) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £9,489 to £221,787 (2017/18 £10,804 - £211,785).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The performance related pay element is contingent on two conditions being met; delivery of the 2018/19 Financial Plan, and the Trust not receiving any formal Warning Notices from the Care Quality Commission. Provided these two conditions are met the element will be paid in full. Partial performance will not be recognised, ie if either the Financial Plan is not delivered and/or a Warning Notice is received from the CQC, no performance related element will be paid to any eligible Director.

In accordance with Department of Health guidance on Very Senior Manager remuneration all remuneration over £142,500 is referred to the Secretary of State for approval following benchmarking of national comparators.

(nb Median Remuneration Disclosure has been subject to audit).

Salaries and Allowances of Senior Managers

Name and title	2018-19							2017-18						
	Salary & Fees	Taxable Benefits	Annual Performance-Related Bonuses **	Long Term Performance Related Bonuses	Pension-related Benefits	Other	Total	Salary & Fees	Taxable Benefits	Annual Performance-Related Bonuses	Long Term Performance Related Bonuses	Pension-related Benefits	Other	Total
	(bands of £5,000)	(to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(bands of £5,000)	(to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)
	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
M Gower - Chairman, commenced 1st July 2014	55-60	0	0	0	0	0	55-60	55-60	0	0	0	0	0	55-60
S Nixon - Non Executive, left 31/3/18	0	0	0	0	0	0	0	15-20	0	0	0	0	0	15-20
I Wilson - Non Executive left 31/10/18	10-15	0	0	0	0	0	10-15	15-20	0	0	0	0	0	15-20
P Bunting - Non Executive, left 30/11/18	10-15	0	0	0	0	0	10-15	15-20	0	0	0	0	0	15-20
R Cotterell - Non Executive, commenced 26/5/16	15-20	0	0	0	0	0	15-20	15-20	0	0	0	0	0	15-20
M Nurse - Non Executive, commenced 13/6/16	15-20	0	0	0	0	0	15-20	15-20	0	0	0	0	0	15-20
D Matthews - Non Executive, commenced 1/09/16	20-25	0	0	0	0	0	20-25	20-25	0	0	0	0	0	20-25
J Gaddum - Non Executive, commenced 1/6/18	5-10	0	0	0	0	0	5-10	0	0	0	0	0	0	0
E Jarrett - Non Executive, commenced 1/6/18	10-15	0	0	0	0	0	10-15	0	0	0	0	0	0	0
J Small- Non Executive, commenced 1/12/18	5-10	0	0	0	0	0	5-10	0	0	0	0	0	0	0
N Carr – Chief Executive*****	175-180	5,900	0-5	0	0	0-5	190-195	120-125	4,300	10-15	0	0	0-5	140-145
J Deaville – Director of Finance & Performance ***	145-150	4,200	0-5	0	0	0	155-160	75-80	2,300	5-10	0	0	0	90-95
A Bussey - Chief Operating Officer, commenced 19/12/13	135-140	4,600	0-5	0	115-117.5	0	260-265	115-120	4,600	5-10	0	280-282.5	0	405-410
A Khan - Medical Director - Commenced 8/11/15*	220-225	0	0	0	0	0-5	225-230	210-215	0	0-5	0	0	15-20	230-235
S Grange - Director of Strategy & Strategic Transformation, commenced 1/4/10 ****	135-140	4,600	0-5	0	0	0	140-145	130-135	4,600	5-10	0	82.5-85	5-10	235-240
T Moyes - Director of Quality & Clinical Performance, commenced 1/7/10	120-125	0	0-5	0	0	0-5	130-135	105-110	0	5-10	0	302.5-305	0-5	420-425
G Moores - Director of Workforce & Development, commenced 9/8/10	115-120	2,100	0-5	0	0	0	120-125	95-100	2,100	5-10	0	0	0	105-110
J Cowcher - Director of Adult Social Care commenced 1/6/18	85-90	0	0	0	0	0	85-90	0	0	0	0	0	0	0
J Collier - Managing Director Staffordshire Care Group, commenced 2/1/19	25-30	0	0	0	482.5-485	0	505-510	0	0	0	0	0	0	0
K Murphy, Managing Director Children & Families Care Group, ceased 30/9/18	35-40	0	0	0	0	0	35-40	0	0	0	0	0	0	0
C Bailey - Acting Managing Director Children & Families Care Group, commenced 2/1/19	45-50	500	0	0	0	0	45-50	0	0	0	0	0	0	0
H King- Managing Director Specialist Care Group, commenced 1/6/19	90-95	2,000	0	0	0	0	90-95	0	0	0	0	0	0	0
C Riley- Managing Director Shropshire & Telford Care Group, commenced 1/6/18	75-80	0	0	0	572.5-575	0	650-655	0	0	0	0	0	0	0
R Graves - Director of Facilities & Estates, ceased to be classified as board attendee 1/4/18	0	0	0	0	0	0	0	100-105	0	5-10	0	50-52.5	0	155-160

Taxable Benefits' relates to motor vehicles
* Medical Director Salary & Fees is split £67k in relation to his Director Role and £159k in relation to his clinical duties within the organisation
** All Annual Performance Related Bonuses are deferred until the accounts have been completed and signed off
*** Director of Finance commenced November 2016 as Interim Director of Finance at Staffordshire & Stoke On Trent Partnership Trust (SSOTP) in addition to her substantive role within former SSSFT now MPFT. The remuneration for this role is reflected in these accounts and the balance is reflected within SSOTP's accounts.
**** Director of Strategy & Strategic Transformation commenced August 2016 as Programme Director - Enhanced Primary and Community Care Transformation, Staffordshire STP in addition to his substantive role within SSSFT. An additional payment of £20k per annum has been allocated to the additional role of Programme Director in support of system change and delivery of the Sustainability and Transformation Plan within Staffordshire.
***** Chief Executive commenced August 2017 as Interim Chief Executive at Staffordshire & Stoke On Trent Partnership Trust (SSOTP) in addition to his substantive role in the former SSSFT now MPFT. The remuneration for this role is reflected in these accounts and the balance is reflected within SSOTP's accounts

Pension Benefits

Pension Benefits															
	2018-19								2017-18						
Name and title	Normal Retirement Age	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2018 (to the nearest £1,000)	Real increase in Cash Equivalent Transfer Value (to the nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2019 (to the nearest £1,000)	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2017 (to the nearest £1,000)	Real increase in Cash Equivalent Transfer Value (to the nearest £1,000)	Cash Equivalent Transfer Value at 31 March 2018 (to the nearest £1,000)
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
J Deaville – Director of Finance & Performance	60	0	0	0	0	967	0	0	0	0	0	130-135	967	0	967
S Grange - Director of Commercial Development	60	0-2.5	0	35-40	85-90	540	68	624	2.5-5	2.5-5	35-40	85-90	455	80	540
T Moyes, Director of Quality & Clinical Performance	60	0	0	0	0	1319	0	0	12.5-15	37.5-40	55-60	170-175	955	354	1319
A Bussey, Chief Operating Officer	55	5-7.5	15-20	55-60	165-170	1003	219	1253	10-12.5	37.5-40	45-50	145-150	728	268	1003
J Collier - Managing Director Staffordshire Care Group		20-25	47.5-50	20-25	45-50	0	299	299	0	0	0	0	0	0	0
K Murphy, Managing Director Children & Families Care Group		0	82.5-85	25-30	195-200	773	0	0	0	0	0	0	0	0	0
C Bailey - Acting Managing Director Children & Families Care Group		0	0	0	0	0	0	0	0	0	0	0	0	0	0
H King- Managing Director Specialist Care Group		0	0	0	0	0	0	0	0	0	0	0	0	0	0
C Riley- Managing Director Shropshire & Telford Care Group		27.5-30	20-22.5	27.5-30	20-25	0	442	442	0	0	0	0	0	0	0
R Graves, Director of Facilities & Estates	67	0	0	0	0	0	0	660	2.5-5	0	45-50	0	589	66	660

Note: Non-Executive members do not receive pensionable remuneration. A Khan Medical Director employments are non-pensionable and N Carr is not in the Pension Scheme. J Deaville and G Moores left the pension scheme in 2017-18

Director and Governor Expenses

Name	Position	2018/19 Total
		£00
N Carr	Chief Exec	11
J Deaville	Exec	0
A Khan	Exec	2
T Moyes	Exec	59
A Bussey	Exec	1
S Grange	Exec	3
M Gower	Chair	70
P Bunting	Non Executive Director	0
I Wilson	Non Executive Director	26
E Nicholson	Non Executive Director	0
R Cotterill	Non Executive Director	17
R Hilton	Non Executive Director	0
D Matthews	Non Executive Director	21
J Gaddum	Non Executive Director	15
S Nixon	Non Executive Director	0
M Nurse	Non Executive Director	21
E Jarrett	Non Executive Director	10
R Bhakhri	Governor Member	12
L Owens	Governor Member	3
K Bailey	Governor Member	11
F Doran	Governor Member	5
A England	Governor Member	5
J Gill	Governor Member	2
P Jetson	Governor Member	13
M Harron	Governor Member	8
L Roberts	Governor Member	2
D Clements	Governor Member	6
J Smith	Governor Member	12
		335

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Signed: Jayne Deaville
Deputy Chief Executive

Date: 24 May 2019

Staff Report:

The Trust has around 8000 members of staff, based in our services across the country. We are committed to ensuring they are properly equipped and supported to carry out their roles effectively.

Average Number (WTE)

Note 5.3 Average number of employees (WTE basis)			A09CY01	A09CY01P	A09CY01O	A09PY01	A09PY01P	A09PY01O
		Expected sign	Total 2018/19 No.	Permanent 2018/19 No.	Other 2018/19 No.	Total 2017/18 No.	Permanent 2017/18 No.	Other 2017/18 No.
Medical and dental		+	**0**	184		**151**	127	24
Ambulance staff		+	**0**	0		**0**		
Administration and estates		+	**0**	1,766		**579**	548	31
Healthcare assistants and other support staff		+	**0**	1,455		**1,376**	1,234	142
Nursing, midwifery and health visiting staff		+	**0**	2,022		**957**	893	64
Nursing, midwifery and health visiting learners		+	**0**	22		**0**		
Scientific, therapeutic and technical staff		+	**0**	893		**439**	422	17
Healthcare science staff		+	**0**	2		**0**		
Social care staff		+	**0**	647		**60**	60	
Other		+	**0**	0		**0**		
Total average numbers		+	**0**	**6,990**	**0**	**3,562**	**3,284**	**278**

Staff in Post by Gender - headcount

Role	Female	Male	Grand Total
Board Level Director	3	3	6
Employee	6887	1240	8127
Grand Total	**6890**	**1243**	**8133**

Annual Sickness by Staff Group

Staff Group	Absence Rate %
Add Prof Scientific and Technic	3.51%
Additional Clinical Services	6.45%
Administrative and Clerical	4.07%
Allied Health Professionals	2.98%
Estates and Ancillary	5.94%
Healthcare Scientists	1.53%
Medical and Dental	2.97%
Nursing and Midwifery Registered	4.96%
Students	3.02%
Grand Total	**4.86%**

Note 4.2 Average number of employees (WTE basis)	**2018/19**	**2018/19**	**2018/19**
	Total Number	**Permanent Number**	**Other Number**
Medical and dental	**191**	184	7
Ambulance staff	**0**	0	0
Administration and estates	**1,792**	1,760	32
Healthcare assistants and other support staff	**1,676**	1,455	221
Nursing, midwifery and health visiting staff	**2,118**	2,019	99
Nursing, midwifery and health visiting learners	**22**	22	0
Scientific, therapeutic and technical staff	**959**	893	66
Healthcare science staff	**2**	2	0
Social care staff	**644**	644	0
Other	**0**	0	0
Total average numbers	**7,404**	**6,979**	**425**

	Total	**Permanently employed total**	**Other total**
	£000	**£000**	**£000**
Salaries and wages	**209,982**	209,982	0
Social security costs	**21,930**	21,930	0
Pension cost - defined contribution plans employer's contributions to NHS pensions	**28,271**	28,271	0
Apprenticeship Levy	**1,034**	1,034	0
Pension cost - other	**98**	98	0
Termination benefits	**0**	0	0
Temporary staff - external bank	**12,007**		12,007
TOTAL STAFF COSTS	**273,322**	**261,315**	**12,007**

Over the course of the year, the Trust has continued to apply the principles of the 'Two Ticks' scheme, offering a guaranteed interview to candidates with a disability that meet the essential criteria for any advertised post. The Trust has also, through its Managing Attendance Policy and close working with occupational health specialists, supported staff whose health poses a challenge to their work. The Trust has continued to make provisions for the access of training by staff with disabilities, for example provision of equipment and materials for staff with visual impairment.

Equality and Inclusion

The Trust has worked in partnership with local community groups and staff to maintain compliance with the equality agenda. The Trust has signed a commitment to meeting the 5 pledges of the Deaf Charter is working with local sensory loss community groups to identify actions where barriers in current services, access and information exist. Alongside this the Trust has undertaken a review of its Equality and Inclusion function and requirements, a strategy and equality objectives have been developed and currently being implemented. The Governance across the Trust including the Care Groups for equality and inclusion has been reviewed and currently being developed. The Trust has complied with the Gender Pay Reporting Regulations 2018 and this will be incorporated into the equality work programme.

The Objectives within the strategy will each have a compliance plan so that progress can be captured and monitored in a co-ordinated approach. This places the Trust in a stronger position to lead on the compliance of the equality agenda and develop initiatives that influence and accommodate the transformation of services across the health and social care economy in partnership with local service users, staff, members and Governors. The equality objectives support the Equality Delivery System2 (EDS2: an equality performance tool) and the Trust's quality and workforce priorities. The EDS2 Goal 2 has been assessed and graded and will be published in July 2019. The Trust has reviewed the current provision for Interpreting and Translation services to ensure they are fit for purpose: meet the Accessible Information Standard, efficient, provide a high quality service and are cost effective. To this extent the delivery of Inclusion workshops within the BME, LGBT+ and Sensory Loss/Disability communities have supported learning for inclusive engagement, communication, membership and involvement activities. The Trust has empowered and enabled a local Deaf Community Choir to perform the NHS Disability Summit in April 2019.

The Trust has delivered Listening into Action (LiA) events for staff looking at inclusion groups: Race, Disability, LGBT+ and Religion/belief and Spirituality. The feedback from staff at these events will inform further the Trust's WRES, WDES and wider Equality compliance programmes. The Trust has also committed to the Mindful Employer Charter, Disability Confident and Stonewall commitments. These will link with the Trust's Health and Wellbeing programme of work.

Partnership working across the health and social care economy has enabled the Trust to lead on the delivery on Health Awareness events for screening of cancer (bowel, prostate, breast and cervical) and long term conditions such as Diabetes (DESMOND) as well as the Abdominal Aortic Aneurysm service- which have all seen a decline in uptake across the BME and wider equality groups. This has enabled further inclusive engagement and

access to services such as screening at the local Mosque and community events across Stoke on Trent.

The Trust is keen to ensure that our services recognise and deliver culturally sensitive, inclusive, accessible and appropriate services which make a difference to individual lives and to ensure that the services provided do so without discrimination. We are committed to ensuring that our approach to our staff is the same as our approach to our service users: being open and transparent, focussed and based on our values. The Trust has continued to provide information to staff through its intranet, regular communications through an emailed global weekly update, an e-staff magazine (PEP Talk), video introductions and messages from senior staff, desktop messaging and social media.

Staff are consulted about changes through engagement events (eg on remodelling of services), Rapid Process Improvement Workshops (as part of the Trust's Lean Quality Improvement approach), Listening into Action (LiA) events and discussions on our intranet forum, as well as more formal consultation processes involving staff side organisations where Management of Change or TUPE may be involved.

Engaging and Involving Staff

The approach to staff engagement within Midlands Partnership Foundation Trust (MPFT) is one that ensures staff feel empowered, and listened to. The Trust uses many tools to support staff engagement such as Listening into Action, and Quality Improvement (LEAN) and in addition, an overarching Mission and set of Values and Behaviours.

All of the above will ensure that through the use of effective staff engagement, staff are supported to make simple changes they want to see in their own areas, and, in parallel, around divisional and Trust-wide changes that help tackle challenges staff face to improve care for patients and service users.

It is recognised that a common language is key to the delivery of effective staff engagement within MPFT to engage staff at all levels, and it is this, along with the above tools, which will be owned and led by the Trust's Senior Management Team. The Trust's approach to staff engagement will create a culture that has a positive impact on morale; creating a happy and stable workforce who feel able to provide high quality care for our patients and service users. In addition, that staff recommend the Trust as a place to work or a place for their loved ones to be treated. It is also important to the Trust that staff feel supported in their own wellbeing and look forward to coming to work.

There are six staff governors on the Trust's Council of Governors who represent the views of colleagues from the various professional groups. The Trust senior managers meet monthly with staff side representatives via the Joint Staff Partnership. These meetings include consultations on proposed changes that may affect staff. Outside of these meetings, managers ensure informal consultation and engagement takes place with staff over potential changes.

Supporting Health and Wellbeing

The health and wellbeing of our staff is fundamental to ensuring they are fit and able to provide care for others and the Trust is committed to ensuring it has the right mechanisms

in place to support staff when they have ill health, and to create the culture in which they are helped to stay healthy and well. This involves having the right management structures, work environment, policies or procedures, occupational health services, and opportunities to learn about health promotion.

The Trust is committed to preventing ill health and works hard to ensure that staff within the Trust recognise that their health and wellbeing is taken seriously.

Our core Occupational Health and Well Being Service is provided across the Trust's geography primarily by Team Prevent UK Ltd. Over the financial year 2018/19 over 4,600 referrals were made to this service through the form of Management/Self-Referrals, Health Surveillance requests, needle stick injuries and assessment of Work Health questionnaires. The service provides prompt access to a wide range of Occupational Health and Employee Well Being services including an Employee Assistance Programme (EAP), Counselling, Specialist Psychology and Physiotherapy. During the period there were 585 staff who accessed the Employee Assistance Programme, mainly for counselling support. 40 staff accessed the Specialist Psychology Service and there were 292 referrals for physiotherapy.

As a Trust we also work towards the delivery of the Health and Wellbeing CQUIN (Commissioning for Quality and Innovation) introduced by NHS England, and have designed a scheme with a number of indicators, focused on key priorities. For 2018/19, our focus has remained on reducing stress, musculoskeletal injury and staff feeling that the organisation takes positive action on health and well-being. During the year we have continued to work with members of our H&WB Enabler Group to engage with our staff around H&WB matters in ways such as newsletters, surveys and conversational events. Maintaining positive staff health and well-being was a key challenge during the year as we merged two organisations to become MPFT. The potential negative impact of merger and change on staff well-being and morale is well documented and therefore a key priority for 2018/19 was to clarify the financial position, harmonise processes and ensure the core organisational offer for employee health and well-being was renegotiated and communicated so that all staff and managers were aware of the new arrangements.

Additionally, new investment has been made to increase capacity for our specialist staff psychology and in-house physiotherapy services to make these available across the majority of the new organisation. Therefore, despite not fully achieving the CQUIN this year, we were moderately satisfied with our Staff Opinion Survey results that showed that 89% of staff feel the organisation definitely or to some extent takes positive action on health and well-being.

Valuing our staff is one of our core values and we work hard to work with managers and teams to help them function as effectively as possible, reinforcing the importance of creating a positive work environment. In addition it is important to celebrate and recognise staff commitment, dedication and achievement. Our Care and Compassion Awards have continued to recognise staff who show these characteristics in their daily working lives and our annual staff awards provide an opportunity to celebrate those teams and individuals who have made an exceptional contribution over the year. The value and recognition of our staff to help increase morale will continue to be an important part of the

way we do things within MPFT with the introduction of our new LOVE (Living Our Values Everyday) Awards due to be launched in June.

Health and Safety

Health and safety is important in the Trust and we always ensure it is part of everything we do.

Through the Health, Safety and Security Team, advice, guidance and support can be offered to all staff throughout the Trust. This includes topics such as Display Screen Equipment, Work Related Stress, Lone Working, First Aid and more.

Policies and standard operating procedures are written for staff to use to ensure they are compliant with regulations and to ensure their health, safety and wellbeing is maintained whilst they are at work.

Locally, teams completed self assessment tools which allow them to understand their own health and safety performance. Further assessments of premises are carried out by the Health, Safety and Security Team of which a report is created detailing what is required to maintain health, safety and wellbeing for staff.

The Trust uses an electronic incident reporting system to capture incidents and near misses. Once a form has been completed and submitted, information is sent to a number of relevant staff via an email notification. This means the right people are notified of the incident or near miss and this can be actioned appropriately. By proactively encouraging the reporting of incidents and near misses we receive a good response from teams and this open and transparent nature of reporting means we can learn lessons and help prevent these from occurring again in the future.

Data on health and safety incidents, near misses and team activity is reported through a number of channels within the Trust on a daily, weekly, monthly and quarterly basis to suit business needs and individual requirements. Reports are sent to the Trust's Health and Safety Committee and quarterly reports to the Quality Governance Committee.

The Trust seeks to ensure that a comprehensive counter fraud and anti-bribery culture exists throughout the organisation as detailed in the Trust Policy for Fraud and Corruption and through the work undertaken by the Local Counter Fraud Specialist (LCFS). All such policy and procedure is subject to review by the LCFS to ensure all documentations is maintained in accordance with Service Condition 24 (SC24) of the NHS Standard Contract 2017/19. Fraud information is available on the Trust intranet and is effectively signposted on the Trust website, including information about the Trust's approach to Freedom to Speak Up. Regular articles appear in staff newsletters highlighting this important issue. The LCFS actively promotes such policies at all induction events and other awareness events.

Effective speaking up arrangements protect patients and improve the experience of NHS workers. Ensuring that staff feel free to speak up about any concern they may have at work is really important. In fact, it is vital because it will help us to keep improving our services for all patients and the working environment for our staff.

Senior leaders and the entire Board at our Trust are committed to an open and honest culture and want to encourage staff to raise any concerns they might have at the earliest possible time. The Trust's Freedom to Speak Up Guardians ensure staff have easy and confidential access to help and support in raising any concerns. The Guardian's regularly report to the Trust Board on issues and themes raised with them.

Staff Survey Results

The NHS National Staff Survey is carried out annually between October and December with results being published in the following February, results of which, aim to inform local improvements in staff experience and well-being.

For the purposes of the Annual Report, it is worth noting that in 2017, the Staff Survey Coordination Centre undertook a review of the reporting outputs for the National NHS Staff Survey to establish what worked well and what needed improvement. There were a number of changes to the core survey in 2018; five questions were removed, two questions amended and eight questions added. The reports are now also presented via summary indicators (Key Findings replaced by 10 'themes' scored consistently on a 0-10pt scale, and positively scored so that a higher score will always indicate a better result).

Response rate

The Trust had a significantly above average response rate of 62%, equating to a total of 4861 staff. The average for Mental Health, Learning Disability and Community services nationally was 45% and out of a total of 31 Trusts of a similar type, MPFT achieved the highest response rate, and was noted to be one of the largest Mental Health, Learning Disability and Community Trusts nationally within its category. This achievement, despite recognised heavy workloads and demands of the job evidences a workforce that feels able to provide feedback.

The Benchmarking Results

The following table sets out ranking order of theme results (by score result) for Midlands Partnership Foundation Trust

Theme	Our Score	Benchmarking Group	Result
Safe Environment – Violence	9.6	9.5	Above Average
Equality and Diversity	9.4	9.2	Above Average
Safe Environment – Bullying and Harassment	8.4	8.2	Above Average
Quality of Care	7.4	7.4	Average
Immediate Managers	7.2	7.2	Average
Staff Engagement	7	7	Average
Safety Culture	6.8	6.8	Average
Morale	6.3	6.2	Above Average
Health and Wellbeing	6.1	6.1	Average

Quality of Appraisals	5.8	5.5	Above Average

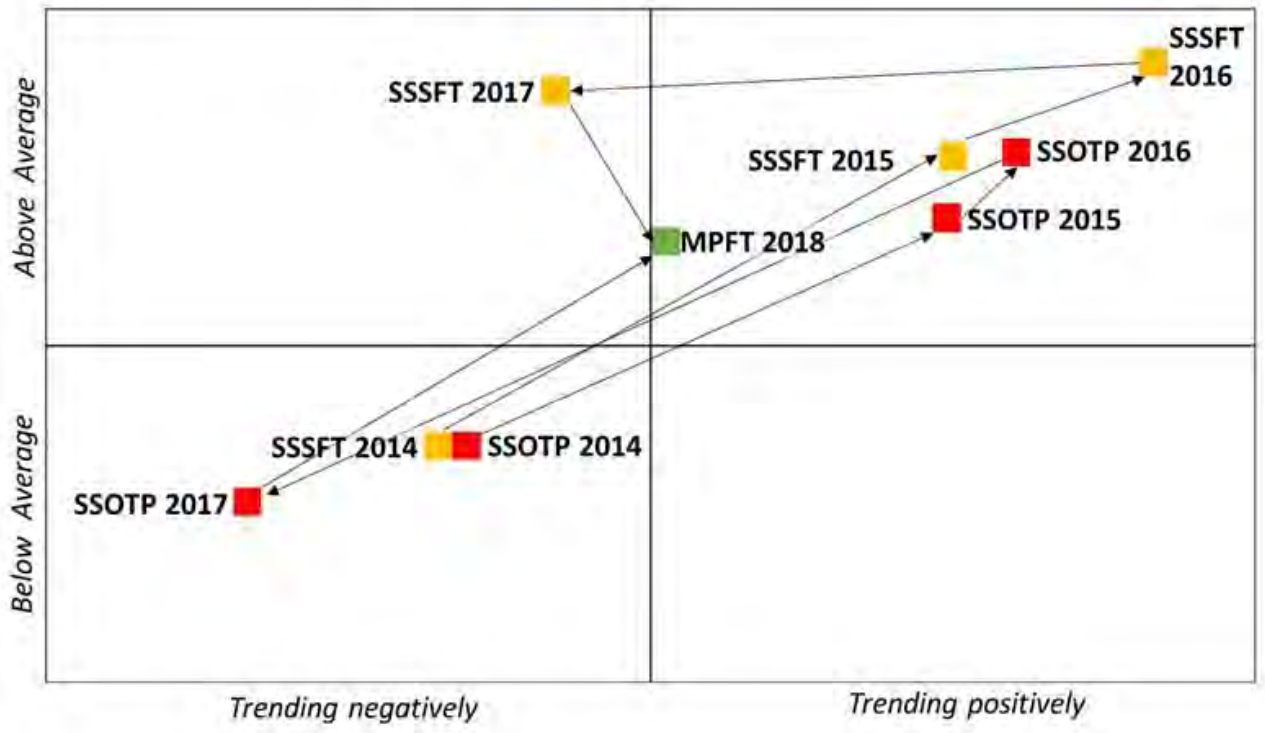
MPFT was one of only three Mental Health, Learning Disability and Community Trust to have ***0 themes below average.***

The range between the best and worst scores across the NHS (within the Trust's category) shows similar results across all Trust's, meaning this climate is recognised nationally.

The Trust has achieved (7) in relation to staff engagement, following organisational change on a significant level through the merger of two legacy organisations, this positive score shows strategic staff engagement given its challenges. The questions that make up the staff engagement theme such as enthusiasm of role, staff looking forward to coming to work, and recommending the organisation as a place to work and receive treatment are all above average for comparable Trusts of its type which is something, again, the Trust has to celebrate throughout 2019.

The Trust is reporting above average scores in relation to staff feeling safer from violence, lower levels of bullying and harassment, and equality and diversity amongst the workforce, which is positive in relation to the National picture and decline in the WRES and Bullying and Harassment theme.

Although this was the first year for MPFT to receive a set of National Staff Survey results, Optimise Limited, founders of Listening into Action, have been able to provide the Trust with scatter map position (with no trend comparison). On a performance scale, the combined Trust leadership and culture is at +18 (+11 on a 32*32 scale) which is extremely positive for a Trust having gone through a recent merger. The chart below also shows the trending data of both legacy organisations prior to the merger on the 1 June 2018.



Future priorities and targets

From analysis of the 2018 National Staff Survey, the following areas will become a focus of continuous improvement for 2019-2020.

Morale was a common theme across all NHS organisations and shows the current challenges. It will be vital for MPFT as it moves closer towards embedding a culture where staff feel involved in changes, and recommend the Trust as a place to work, including looking forward to going to work, and where thinking about leaving, leave for internal rotation due to positive leadership and talent management processes.

Quality of appraisals, although above average, a focus for 2019 will be to ensure staff feel their development (appraisal) conversation helps improve how they do their job, through agreeing clear objectives, feeling valued and appreciated and also that through meaningful appraisals, the Trust's values are discussed, challenged and embedded into all that it does.

Health and Wellbeing is a common theme across the NHS also due to CQUINN requirements and for MPFT there will be a focus on increasing the perception of staff feeling that the organisation takes a positive impact on health and wellbeing (presently at 30%), reduction in MSK / managed MSK, reduction in Work Related Stress, and a reduction in a view from staff where they feel pressurised themselves to come to work despite not feeling well enough.

Quality of Care, although average, is an important measurement within MPFT and here the Trust will look to further increase morale so that all staff feel they are able to provide the care that they aspire to and are satisfied with the care they are delivering. It is also important for the Trust to ensure that staff across all levels and roles understand how their role makes a difference to service users / patients.

Immediate Managers, although average, this is a theme in which Trust wants to further ensure staff feel supported by their line managers in relation to training, learning or development and that they feel included and part of decisions affecting their work before they are made.

Staff Engagement, being part of the Trust values around empowering our workforce, staff engagement will focus on staff feeling empowered to make the changes that they want to see within their services and that their feedback is listened to and acted upon. It is also important that MPFT has a workforce where staff look forward to going to work.

A trust wide Engagement Plan has been developed, and in addition to a range of Trust wide development and engagement programmes taking place at an organisational level, Care and Corporate Groups will be working alongside the Organisational Development and Leadership Team and Workforce Consultants to act on results within staff survey locality and RAG reports across MPFT. These locality and RAG reports are based on all individual questions from the core survey as per reporting standards from the Picker Institute, which allows for localised in depth analysis.

A focus for the Trust throughout 2019-2020 will be further understanding and reporting back on free text comments, with a view to engage staff in these across all Care and Corporate Groups. Themes' arising from free text comments the 2018 staff survey results show a dip in morale, workload / staffing pressures and lack of training opportunities and well as a need to further embed values and behaviours across the organisation. These will also be built into the Trust wide engagement plan, and individual OD Plans for hotspot areas.

The monitoring of such arrangements sit with the Workforce Committee and ultimately, Trust Board with improvement being measured through the yearly National Staff Survey, and the Listening into Action Pulse Check, undertaken each June, this survey also measures staff engagement and experience within MPFT.

The analysis undertaken will target hotspots and also areas of success so that good practice can be shared. Care and Corporate groups will be expected to act on survey results and build improvement plans into individual OD plans, and in addition, celebrate the great work already being undertaken within the Trust to continually improve communication.

Trade Union Facility Time disclosures

The data provided below is for 2017-18 and is split into the two legacy organisations. Data for 2018-19 is not yet available, the reporting deadline is end of July. This information will be placed on the Trust website.

Table 1

Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full time equivalent employee number
SSSFT	
	16.00
SSOTP	
	2.04

Table 2

Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
SSSFT	
0%	0
1-50%	16
51%-99%	0
100%	0

SSOTP	
0%	0
1-50%	0
51%-99%	0
100%	3

Table 3

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
SSSFT	
Provide the total cost of facility time	31,549.61
Provide the total pay bill	136,761,736.00
Provide the percentage of the total pay bill spent on facility time, calculated as:	0.02%
(total cost of facility time ÷ total pay bill) x 100	
SSOTP	
Provide the total cost of facility time	62045
Provide the total pay bill	142,144,000.000
Provide the percentage of the total pay bill spent on facility time, calculated as:	0.4%
(total cost of facility time ÷ total pay bill) x 100	

Table 4

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

SSSFT	
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	3.35%
SSOTP	
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0

Table 1: For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 Mar 2019	16
Of which:	
Number that have existed for less than one year at the time of reporting	4
Number that have existed for between one and two years at the time of reporting	7
Number that have existed for between two and three years at the time of reporting	2
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	3

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration between 01 Apr 2018 and 31 Mar 2019	1
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	1
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements.	6

Expenditure on Consultancy				
	2018/19	2017/18	2016/17	2015/16
	£000	£000	£000	£000
Total Costs	638	220	312	424

		Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Staff Exit Packages Agreed		**2018/19**	**2018/19**	**2018/19**
Exit package cost band (including any special payment element)				
<£10,000		0	0	**0**
£10,000 - £25,000		7	0	**7**
£25,001 - 50,000		8	0	**8**
£50,001 - £100,000		7	0	**7**
£100,001 - £150,000		0	0	**0**
£150,001 - £200,000		2	0	**2**
>£200,000		2	0	**2**
Total Number of exit packages by type		**26**	**0**	**26**
Total resource cost		1,818	0	1,818

NHS Foundation Trust Code of Governance

The role of the Board of Directors (A.1.1)

The Board manages the Trust by:

- setting the overall strategic direction of the Trust within the context of NHS priorities
- regularly monitoring our performance against objectives
- providing effective financial stewardship through value for money, financial control and financial planning
- ensuring that the Trust provides high quality, effective and patient-focused services through effective clinical governance
- ensuring high standards of corporate governance and personal conduct
- promoting effective dialogue between the Trust and the local communities we serve

Decisions delegated to management are as defined within the Scheme of Delegation which is available via the Trust website or by request from the Company Secretary.

The Council of Governors advises the Trust on how best to carry out its work to meet the needs of service users and the wider community. It has a number of statutory duties, including to appoint the Chairman and Non-Executive Directors, and to ratify the appointment of the Chief Executive. The Council of Governors also determines the remuneration of the Chairman and Non-Executive Directors, receives the Trust's Annual Report and Accounts and Auditor's report, and appoints the Trust's external auditor. In addition the Council of Governors is required to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors; approve significant transactions; approve an application by the Trust to enter into a merger, acquisition, separation or dissolution; decide whether the Trust's non-NHS work would significantly interfere with its principal purpose and to approve amendments to the Trust's constitution.

Board of Directors:

The Trust Board recognises its responsibility collectively and individually for all aspects of the leadership of the Trust and the duty placed upon it, to conduct its affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that we provide high quality, sustainable care.

Equally, it is important that the Trust's leaders equip and encourage people at all levels to deliver continuous improvement in local health and care systems and gain pride and joy from their work and that there are robust governance processes in place to give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.

The Board of Directors regularly reviews its own performance through a process of self-assessment and peer review. Throughout the year externally facilitated Board Development Sessions have taken place on a regular basis. There has also been a continued focus on ensuring all Board members maintain compliance with mandatory

training requirements and that new Non-Executive Directors appointed during the year benefitted from a comprehensive induction customised to their individual needs. (B6.1)

Board Development

During 2018/19, the Trust Board undertook Board Development workshops on 28th June 2018, 7th/8th August 2018, 7th/8th November 2018 and 19th February 2019.

During these workshops, the Board completed a "Strategic Stocktake" of existing opportunities against its long term strategy including a scanning of the horizon and opportunities over the next few years. This included new opportunities (acquisition growth through new tenders) and organic growth including contract renewal and partnership work within the STP footprints in line with national and local policy drivers and priorities.

Board development activities also focused in depth on the new organisation's strategic framework and key objectives which included conducting a strategic risk review and the impact on the Board's risk appetite. Work was also undertaken on creating the right environment to ensure that individuals and the Board team could develop and flourish and on the practicalities of board agenda planning and reporting.

In light of the acquisition of community services in Staffordshire and Shropshire the Board spent time reflecting on the extent to which post transaction, the Trust was assured that it had delivered its enhanced statutory duties and that across both its new and existing portfolio of services, benefits of integration were being realised.

As part of this work the Board also focused its Board development work on the Care Quality Commission's (CQC) Well Led Framework to ensure that the Board and the Trust was fully prepared for an anticipated CQC inspection towards the end of 2018/19. To this end, a detailed self-assessment was undertaken against the framework to identify any areas in the framework or extra areas outside the framework that required particular focus as part of the review with the outcomes being fed into the Board Development Programme for 2019/20.

Board members also undertake individual programmes or personal development on an annual basis which are agreed and monitored at appraisal. The outcomes of the Non-Executive Director appraisals are reported to the Council of Governors in line with their duty to hold Non-Executive Directors to account. Board members continue to lead sessions as part of the Trust's Leadership Development Programmes and participate in a rolling programme of "back to the floor" visits on a monthly basis along with Governor Members with the aim of imparting agreed key messages to staff and testing key areas of the Staff Opinion Survey findings.

Board Committees:

Midlands Partnership NHS Foundation Trust routinely undertakes an annual review of Board and committee governance. During 2018/19 this was undertaken by internal audit and the outcome of which confirmed reasonable assurance with respect to the post merger governance arrangements of the Trust.

Directors: (B1.1)

Annual performance appraisals are routinely undertaken for all Board members, summaries of which are made available to the Remuneration and Nomination Committees. With respect to Non-Executive Directors, the appraisal processes include an evaluation and assessment of the independence of all Non-Executive Board members.

Based on the expertise and experience listed above, the Foundation Trust is confident that the necessary range of knowledge and skills exists within the Board of Directors and that its balance, completeness and appropriateness to the requirements of the NHS Foundation Trust constitutes a high performing Board. (B1.4)

Non-Executive Directors (NEDs) are normally appointed for a term of three years. If any of the grounds for exclusion or disqualification set out in the Constitution as it may be amended from time to time apply to a NED, then the appointment may be terminated. A NED must immediately notify the Chairman and the Company Secretary if any event occurs which would or may disqualify them from or make them ineligible to continue in the role as a NED. In addition, a NED may be removed as a NED at a general meeting of the Council of Governors at which the removal is approved by three-quarters of its members. (additional requirement)

A register of interests is maintained in relation to all Trust Board members. This is available on the Trust website or by application to the Company Secretary at Trust Headquarters. (additional requirement)

Making Sure the Board Understands the Views of Governor Members and Members (E1.5)

Board members meet with Governor Members prior to each Council of Governors meeting and are encouraged to attend the meeting itself. The Chief Executive delivers a report including an environment scan of key local and national policy developments and issues at each Council of Governors meeting. Summary reports of Council of Governors meetings are received by the Board, and in turn Governor Members receive the minutes and agenda for Board meetings and are encouraged to attend the public section. The Board and Council of Governors hold joint sessions each year and continue to ensure an emphasis is placed on ensuring the involvement of the Council of Governors in developing, shaping and commenting on the Board's strategic vision and forward planning. A Non-Executive Director sits on each Governor Member Engagement Group and two Non-Executive Directors routinely attend the Governor Member Steering Group. (B5.6)

All Directors confirm that so far as they are aware, there is no relevant audit information of which the Trust auditor is unaware and they have taken all the steps required to make themselves aware of any such information and establish that the Trust auditor is aware of it.

The Trust has a policy agreed by the Audit Committee and the Trust Board for the engagement of External Auditors for Non Audit Work. This policy sets out what threats to audit independence theoretically exist and thus provides a definition of non-audit work which can be shared by the Trust and KPMG LLP. It then seeks to establish the approval processes and corporate reporting mechanisms that will be put in place for any audit work that KPMG is asked to perform.

Compliance with the NHS Foundation Trust Code of Governance

The Board of Directors and the Council of Governors are committed to the principles of good corporate governance as detailed in the NHS Foundation Trust Code of Governance. Following publication of the revised Code of Governance in December 2013 (updated January 2014), a detailed review of the compliance position was undertaken in preparation for the annual report submission and the evidence to support compliance against each provision is referenced throughout the annual report. The Trust is therefore able to declare compliance with the code provisions with the following exceptions:

Code Provision (D.2.2) The Remuneration should have delegated responsibility for setting remuneration for all Executive Directors, including pension rights and any compensation payments. The Committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of 'senior management' for this purpose should be determined by the Board but should normally include the first layer of management below Board level.

Explanation

The Remuneration (and Nominations) Committee has delegated responsibility for setting the remuneration for Board Members comprising Executive Directors and non-voting Board members. All other senior managers are paid on Agenda for Change pay scales and salaries are set according to the job matching and evaluation processes as applied to all Trust staff and they do not therefore fall within the remit of the RANC.

Code Provision (B.1.d) All directors should be able to exercise one full vote, with the chairperson having a second or casting vote on occasions where voting is tied.

Explanation

The Board currently comprises of six executive directors (including the Chief Executive, seven non-executive directors (including the Chair) and six non-voting Board members, whose contribution and expertise is considered essential and integral to the Board's core role but without the need to assign voting rights to these individuals.

Information on Board Members (B1.4)

Non Executive Directors

Martin Gower Chairman
Start date: July 2014

Current term of office end date: June 2020

Martin Gower, Chairman, joined the Trust in July 2014. He had previously spent 3 years as Chairman of Coventry and Warwickshire Partnership NHS Trust who provided Mental Health, Learning Disabilities and general Community Services. He joined the NHS as a Non-Executive Director in August 2009. Previously his career had been in the Media in the UK, Ireland and the USA. He was Managing Director of South West Wales Publications and West Country Publications, then members of the Daily Mail and General Trust plc and later worked in the same capacity for Mirror Group Ireland, based in Belfast and at The Coventry Telegraph. Immediately prior to his work in the Daily Mail Group he was President and CEO of United Syndicated Services in Los Angeles, California. He has also served on the boards of the Prince's Trust in Wales, Young Enterprise Northern Ireland and was Chairman of the Institute of Directors in Coventry and Warwickshire. In his role as Chair of an NHS organisation Martin is committed to ensuring the delivery of safe, high quality services and to developments that will not only better the patient experience but that will be able to sustain these services in the long term.

The Chairman's other significant commitments are recorded via the register of interests maintained in relation to the Trust Board.

(B.3.1)

Richard Cotterell Non-Executive Director
Start Date: 26 May 2016
Current term of office end date: 25 May 2022

Richard Cotterell has been a Managing Director at Caterpillar Inc. since 2009 where he is responsible for a global Division which designs and manufactures off highway diesel and gas engines. He first started out with Caterpillar Inc. in 1997 and has undertaken a number of global executive roles and prior to joining the company worked in Consultancy, Telecoms and Defence sectors. Richard holds a BSc in Business Studies and an MBA from Warwick University. Richard brings extensive operational, commercial and financial skills to the Board. Since joining the Trust Richard is the Chair of the Finance and Performance Committee and Significant Transactions Committee and attends the Business Development and Investment Committee, Remuneration & Nominations, Audit Committee and Trust Board. (a, b, c, d i)

Elizabeth Jarrett Non-Executive Director
Start date – 1 June 2018
Current term of office end date – 31 May 2021

Elizabeth has 35 years' experience in social care and health services, over 20 of which have been spent in Staffordshire/Stoke-on-Trent. Her public sector management roles covered service provision, regulation and inspection, joint commissioning, partnership

working and customer services, including complaints management, public information and user & carer engagement. Elizabeth worked as a Community Engagement lead on behalf of Healthwatch Staffordshire prior to her appointment as a Non-Executive Director with Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) in October 2015. At SSOTP, Elizabeth chaired the Workforce Matters Committee, was Vice-Chair of the Quality and Safety Committee and has championed Safeguarding and Equality & Diversity agendas.

Elizabeth is passionate about the active involvement of patients, users and carers in the planning, delivery and monitoring of services and brings significant experience in this area. Elizabeth also has a particular interest in the integration of health and social care services across different organisations, sectors and disciplines.

Elizabeth took up her post as non-executive director for MPFT from 1st June 2018. Elizabeth is the lead Non-Executive Director for Service User and Carer Involvement, a virtual Committee, and is a member of the Workforce and Development Committee, Business Development and Investment Committee, Quality Governance Committee, Remuneration and Nominations and Trust Board. She is the link NED for the Children & Families Care Group, including the UNICEF baby-friendly standards and the lead NED for Equality and Inclusion with respect to service users and carers. (e, c, f, d)

David Matthews Non-Executive Director
Start Date: 1 September 2016
Current term of office end date: 31 August 2022

A qualified CPFA accountant, David joined the Board from Dudley and Walsall Mental Health Partnership where since 2010 he had been a Non-Executive Director and chair of its Audit Committee. He lives in Walsall and has previously been an Executive Director at two Staffordshire based Housing Associations. (Director of Resources and Deputy Chief Executive) at Stafford and Rural Homes Ltd from 2005 to 2009 and Director of Finance and Company Secretary at Staffordshire Housing Association Ltd from 2002 to 2005). Prior to that he has held roles with Birmingham and Walsall Councils and the Black Country Development Corporation. He was also Chair of Caldmore Area Housing Association in Walsall for 9 years. David has personal experience of mental health services as a result of which he is committed to the provision of high quality services. David chairs the Trust Audit Committee and is a member of the Finance and Performance Committee, Service User and Carer Committee (virtual), Significant Transactions Committee, Remuneration and Nominations and Trust Board. (a, b, d,)

Megan Nurse Non-Executive Director
Start Date: 13 June 2016
Current term of office end date: 12 June 2022

Megan Nurse joined the Board from Calderstones Partnership NHS Foundation Trust where she has served as a Non Executive Director since May 2014. Calderstones provides specialist learning disability services across the North of England. Prior to this, Megan worked in Local Government and the Police Force within Greater Manchester. Megan was Assistant Chief Executive at Tameside Metropolitan Borough Council, where she led a multi-million transformation and change programme, alongside leading on

strategy, quality and performance across the authority. Her interest and expertise lie particularly in ensuring the quality of services and in driving improvement in the use of resources and delivery of better services to service users. Megan is the Senior Independent Director and Vice Chair with specific responsibility for Shropshire. Megan is the lead Non Executive Director for Freedom to Speak Up (F2SU) and Doctors with Concerns, and is a member of the Audit, Quality Governance and Workforce Development committees (a,d, e, f, i)

Jacqueline Small Non-Executive Director
Start date: 1 December 2018
Current term of office end date: 30 November 2021

Jacqueline Small has extensive experience of working within the NHS and local government where she has held a range senior management and executive level roles within Public Health.

Her career since 1984 includes nursing, midwifery, developing, commissioning, and implementing community-based health improvement and wellbeing services and campaigns, and programme and project management in London, Birmingham and Staffordshire.

Jacqueline trained as a Nurse and Midwife in Birmingham. She has a first degree in Social Policy, and an MSc in Health Promotion.

Jacqueline was appointed to the role of Non-Executive Director for MPFT from 1st December 2018. Jacqueline chairs Quality Governance Committee and is a member of Trust Board, Remuneration and Nominations Committee, Finance and Performance Committee, Workforce and Development Committee, Mental Health Legislation Committee, and Service User and Carer Committee (virtual). (f, d, b, e)

Directors who held office at some point during this financial year:

Paul Bunting Non-Executive Director
Start Date: December 2012
Term of office end date: December 2018
Paul arrived at the Trust in December 2012 with significant leadership experience in Chief Executive and Managing Director roles in the transport sector. Paul is currently Commercial and New Business Director at the Stagecoach Group and has recently completed six years working for the major French transport group, SNCF, in Paris, on a major European transport project.
Previously Paul was Chief Executive of National Express Ltd and Managing Director of the Midland Mainline rail franchise, operating high speed trains between South Yorkshire, the East Midlands and London.
At the Trust, Paul chairs the Quality Governance Committee and sits on the Business Development and Investment Committee, the Audit Committee and Remuneration Committee. Paul is also Vice Chair of the Trust. (a,b,c,d)

Dr Ian Wilson Non-Executive Director (Senior Independent Director)
Start Date: 1 November 2012
Term of office end date: 31 October 2018

Dr Ian Wilson was a General Medical Practitioner (GMP) in Stafford for nearly 40 years and a Clinical Endoscopist at Stafford Hospital for 25 years. During that time he was also Chairman/Secretary of the Local Medical Subcommittee and GMP representative on the Area Health Board & District Management Board before becoming a first wave fund holder. He was also Medical Advisor to the Royal Yachting Association Powerboat Division, the local Red Cross and the local Samaritans. Ian is also a Chairman of CASS (Carers Association of South Staffs) and has been a trustee of Katharine House Hospice. He passionately believes patients are entitled to the highest quality of care resources in the NHS can provide. He attends Board meetings, Finance and Performance committee, Audit, Workforce and Development, Quality Governance and, and is Chair of the Business Development and Investment Committee. Ian also attends Mental Health Act Legislation Committee, the Physical Health Forum, the Medicine Optimisation Committee & IMOP meetings as well as doing unit visits (a,b,c,d,e,f)

Executive Directors

Neil Carr OBE Chief Executive
Start date: May 2001
Chief Executive: 16 May 2007

Neil Carr joined the Trust at its inception in 2001 and has successfully led the Trust as CEO since 2007. A nurse by background with significant interest in strategic and transformational leadership and Mental Health strategy. Instrumental in delivering one of the first mental health foundation trusts and in 2007 led the first successful acquisition. A keen advocate of innovative partnerships and using foundation trust freedoms to be positively different, eg partnership with the MoD on national contracts for serving personnel and first national foundation trust network of provision. Neil was awarded the OBE for services to healthcare and holds an Honorary Doctorate for his contribution to leadership in health care. In April 2010 he was awarded a Fellowship of the Royal College of Nursing in recognition of an exceptional contribution to leadership. In July 2017 Neil commenced as Chief Executive at Staffordshire & Stoke On Trent Partnership Trust (SSOTP) in addition to his substantive role within SSSFT. The remuneration for this role is reflected in SSSFT accounts and the balance is reflected within SSOTP's accounts. (d, i)

Alison Bussey Chief Nurse/Director of Professional Leadership
Start date April 2014
Director of Nursing and Chief Operating officer
Start date: December 2013
Director of Specialist Services
Start date: June 2012 End Date: December 2013

Alison Bussey joined the Trust in June 2012. She started her career in the NHS as a Nurse having qualified as both an Adult and Mental Health Nurse. She has held a number of senior operational management positions, including Director of Nursing and Director of

Operations in Buckinghamshire. Her particular interests lie in quality improvement and staff engagement.(b, e, f)

Jayne Deaville Director of Finance and Performance and Deputy Chief Executive
Start date: March 2001

Jayne Deaville is the Executive Director of Finance & Performance/Deputy Chief Executive for Midlands Partnership NHS Foundation Trust. She has worked locally in Staffordshire in a number of NHS organisations for 29 years. She has experience across a broad range of services including, Ambulance, Acute, Mental Health and Community Sectors Jayne's particular interests are in the strategic leadership of the finance and performance function and organisational governance, ensuring that excellent services go hand in hand with excellent financial performance. Jayne's experience over the past 19 years has included the merger of 3 organisations into one, programme managing this merged organisation to Foundation Status in May 2006, playing an instrumental role in the acquisition of Shropshire Mental Health and Learning Disabilities Services in June 2007, developing the business case for the redesign of services in Shropshire, including project leadership of a new in-patient facility and the recent merger of Community and Mental Health Services across Staffordshire, bringing together two organisations. Jayne is a Fellow of the Chartered Institute of Management Accountants and holds a Master of Business Administration – Health Executive. (b,c,h,i)

Steve Grange Executive Director of Strategy, Commercial & Strategic Development and Programme Director: Enhanced Primary and Community Care STP Staffordshire
Start date: January 2005
Executive Director: 1 April 2010

Steve has held senior positions across many NHS sectors including the Department of Health, Strategic Health Authority, Modernisation Agency, Primary Care Trusts, Specialised Services, Acute Sector and in the USA with the US Veterans. Steve has a background in Specialised Clinical and IT Purchasing, Reforming Emergency Care, development of Strategic Clinical Networks and a wide experience of general acute management in community, primary, secondary and tertiary care. He lectures on Healthcare Strategy and Leadership at a number of Universities in the UK, he is a visiting professor of Wagner College New York.

Steve's particular interests revolve around system development and integrated care and the formulation of strategic partnerships. He is qualified in Business and Project Management at degree level. Steve has programme led one of the first Mental Health style Foundation Trusts, and a number of complex acquisitions. He has worked with the Military (MOD) and Veterans Agencies for many years, helping to align strategies and services to the UK and USA Military to Mental Health provision. Steve chairs the National NHS MOD Network and a number of military/NHS forums. More recently Steve leads a programme supporting the redesign and enhancement of new models of care, integrated care, primary care and general practice within the Staffordshire STP. Steve's personal passion revolves around martial arts and Chinese philosophy. Steve is a qualified martial arts instructor and martial arts author. He has been teaching for over 28 years. (c,i)

Dr Abid Khan Medical Director
Start Date: June 1993 (Medical Director from November 2015)

Dr Abid Khan is a Consultant Psychiatrist and the Clinical Lead for the Psychiatric Intensive Care Unit (PICU) here at Stafford. He has been involved in medical management for a number of years. He has past experience of being a Clinical Director of Mental Health Services for 13 years and held the office of Associate Medical Director and Deputy Medical Director before taking up his current role. In addition to the Medical Director role he also oversees the Caldicott Guardian role for the Trust. (c, f,i)

Therèsa Moyes Director of Quality and Clinical Performance
Start Date: September 2005
Executive Director: 1 March 2011

Therèsa's clinical background as a Consultant Clinical Psychologist over many years took her into leadership and management roles, championing changes to local services which resulted in her winning regional and national clinical governance, service transformation and leadership awards. Therèsa has also participated in national working groups influencing how we measure and improve quality and is currently on the CQC NHS coproduction group. As an accredited Healthcare Leadership Academy Facilitator, Therèsa provides 360 facilitation to all levels of staff, as well as coaching and mentoring to senior NHS colleagues. Outside of the NHS, Therèsa has previous experience of working as an independent management consultant, providing bespoke solutions to organisational change processes in FTSE 100 companies. Therèsa demonstrates commitment to all aspects of quality – learning from people's experiences of our services, improving safety and service effectiveness. She is the executive lead on the committees responsible for these areas, including the Quality Governance committee and works closely with other lead clinicians on the Board to ensure that quality comes first in the Trust. (a,b,f,i)

Greg Moores Director of Workforce and Development
Start date: April 2011

Previous Trust roles: Interim Head of Human Resources from August 2010 – April 2011, Greg also undertook a secondment from July 2014 – January 2015 as the Director of Specialist Services. Since October 2016 Greg has also held the role of Programme Director (Workforce) for the Staffordshire Sustainability and Transformation Partnership, leading a wide ranging and ambitious programme on behalf of the health and social care economy. Greg spent his early career in the private sector before holding Human Resources posts in both local government and the NHS. Greg holds a Master of Arts in Human Resource Management and is a Fellow of the Chartered Institute of Personnel and Development (CIPD). (b,c,d,e)

Jo Cowcher Director of Adult Social Care
Start Date: July 1995
Director of Adult Social Care: April 2017

Jo began her career as a Social Worker in a generic adult team before moving to a mental health team and remains a registered social worker to this day. From there Jo has

taken a number of leadership roles which have been focussed both on adult social care and integrated health and social care team. Jo has specific interests in mental health and older people and the impact that physical health has upon this, safeguarding and driving forward the quality of social work and social care practice. She is committed to keeping social care high on the agenda of the organisation.

Committees of the Board: (membership in brackets under individual Board members)

a. Audit Committee - responsible for ensuring that the Trust Board receives independent assurance

b. Finance and Performance Committee - creates a control and performance management environment for a high performance organisation

c. Business Development and Investment Committee - ensures strategy is integrated, contestable and cost effective

d. Remuneration and Terms of Employment Committee - Non-Executive Directors advise the Board on appropriate remuneration for Directors and staff awards and pay

e. Workforce Development Committee - ensures a culture of staff engagement and staff learning and development is advanced.

f. Quality Governance Committee - responsible for developing systems that ensure services are safe, sound and compliant

h. Remuneration and Nominations Committee (Committee of the Council of Governors)

i. Significant Transactions Committee - to improve and assure Quality (patient experience, clinical effectiveness, patient safety), Performance (National requirements, Local requirements of commissioners and regulators) and effective Resource management (workforce, finance, estate and information) throughout significant transactions.

Audit Committee	25/05/2018	16/07/2018	15/10/2018	17/12/2018	18/03/2019
Paul Bunting	✓	x	x		
Richard Cotterell	-	-	-	x	✓
Jane Gaddum	-	✓	x	✓	✓
David Matthews	✓	✓	✓	✓	✓
Megan Nurse	✓	x	✓	✓	✓
Neil Carr	✓Part meeting	x	x	x	x
Jayne Deaville	✓	✓	✓	✓	✓
Therèsa Moyes	x	✓	✓	✓	✓

(A1.2)

Summary of Audit Committee Role (C2.2) (C3.9)

The Audit Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Organisation's activities in support of the achievement of the Organisation's objectives. It achieves this by:

- ensuring that there is an effective internal audit function providing appropriate independent assurance to the Audit Committee, Chief Executive and Board
- reviewing the work and findings of the External Auditor
- reviewing the findings of other significant assurance functions, both internal and external to the organisation
- reviewing the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work
- requesting and reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control
- reviewing the Annual Report and Financial Statements before submission to the Board and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided

The Committee submits annual reports to the Board on the work that has been undertaken during the year, and undertakes a review of its effectiveness incorporating the views of the External and Internal Auditors.

KPMG LLP were appointed as the Trust's External Auditors following a competitive tender process on 4 January 2019, replacing PWC LLP. KPMG LLP have not undertaken any non-audit services

Trust Board Membership and Attendance	**25/04/2018 (SSSFT)**	**08/05/2018 (SSSFT) Extraordinary**	**22/05/2018 (SSSFT) Extraordinary**	**31/05/2018 (SSSFT)**	**06/2018**	**27/07/2018**	**27/07/2018**	**31/08/2018**	**27/09/2018**	**25/10/2018**	**29/11/2018**	**31/01/2019**	**28/02/2019**	**28/03/2019**
Martin Gower, Chairman	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓
Claire Bailey, Managing Director									X	✓	-	✓	✓	✓
Alison Bussey, Chief Nurse	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	X
Neil Carr, Chief Executive	✓	✓	✓	✓	-	✓	X	✓	X	✓	-	✓	✓	✓
Jennie Collier, Managing Director					-	✓	✓	X	✓	X	-	part	✓	X
Richard Cotterell, Non-Executive Director	✓	✓	✓	✓	-	X	✓	✓	✓	✓	-	✓	✓	✓
Paul Bunting, Non-Executive Director		X	✓	✓	-									
Sue Nixon, Non-Executive Director					-									
Jo Cowcher, Director of Social Care					-	✓	✓	X	✓	✓	-	X	✓	✓
Jayne Deaville, Director of Finance and Performance	✓	✓	✓	✓	-	✓	✓	✓	✓	X	-	part	✓	✓
Jane Gaddum, Non-Executive Director					-	✓	✓	✓	✓	X	-	✓	✓	✓
Steve Grange, Director of Strategy and Strategic Transformation	✓	✓	✓	✓	-	✓	✓	X	✓	✓	-	✓	✓	✓
Ian Wilson, Non-Executive Director	X	✓	✓	✓	-	✓	✓	✓	✓					
Elizabeth Jarrett, Non-Executive Director					-	✓	✓	✓	✓	✓	-	✓	✓	✓
Dr Abid Khan, Medical Director	✓	✓	✓	X	-	✓	X	✓	X	✓	-	✓	✓	✓
Howard King, Managing Director					-	✓	✓	✓	✓	✓	-	✓	X	✓
David Matthews, Non-Executive Director	✓	✓	✓		-	✓	✓	✓	✓	✓	-	✓	✓	✓
Greg Moores, Director of Workforce and Development	✓	✓	✓	✓	-	✓	X	X	✓	✓	-	✓	X	✓
Therèsa Moyes, Director of Quality and Clinical Performance	✓	X	✓	✓	-	✓	✓	✓	✓	✓[1]	-	✓	X	✓
Megan Nurse, Non-Executive Director	X	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓
Cathy Riley, Managing Director					-	X	✓	✓	✓	X	-	part	✓	✓
Jackie Small, Non-Executive Director										✓	-	✓	✓	✓

Workforce and Development Core Membership Attendance	23/05/18	18/07/18	19/09/18	21/11/18	16/01/19	20/03/19
Alison Bussey	✓	✓	✓	×	✓	✓
Jayne Deaville	×	×	×	×	×	×
Jaqueline Small	×	×	×	×	×	✓
Ian Wilson	✓	×	✓	×	×	×
Megan Nurse	✓	✓	✓	×	✓	✓
Elizabeth Jarrett	×	✓	×	✓	✓	✓

Quality Governance Committee	12/04/2018	10/05/2018	14/06/2018	12/07/2018	09/08/2018	12/09/2018	11/10/2018	08/11/2018	16/12/2018	10/01/2019	14/02/2019	14/03/2019
Jacqueline Small	No Meeting							✓	✓	✓	✓	✓
Elizabeth Jarrett					✓	×	✓	×	×	✓	✓	✓
Paul Bunting		✓	×	✓	D ✓	ü	û	ü				
Megan Nurse		✓	✓	✓	D ✓	û	ü	û	ü	ü	ü	ü
Therèsa Moyes		×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓
Alison Bussey		×	✓	✓	✓	✓	✓	✓	✓	✓	×	×
Jayne Deaville		✓	×	×	×	×	×	×	×	×	×	×

Finance & Performance Core Membership Attendance	13/04/2018	11/05/2018	08/06/2018	13/07/2018	15/08/2018	14/09/2018	12/10/2018	09/11/2018	14/12/2018	18/01/2019	15/02/2019	29/03/2019
Richard Cotterell	x	✓	✓	✓	✓	✓	x	✓	✓	✓	✓ Part meeting	✓
David Matthews	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ian Wilson	x	✓	✓	x	✓	✓	✓					
Jacqueline Small									✓	✓	✓	✓
Alison Bussey	✓	x	✓	x	x	✓	✓	x	✓	✓	x	x
Jayne Deaville	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
Therèsa Moyes	✓	x	✓	✓	✓	✓	✓	x	✓	✓	✓	✓

Significant Transactions Committee	11/04/18	20/04/18	17/05/18	19/07/18	16/10/19	11/04/19
Richard Cotterell	✓	✓	✓	✓	✓	✓
Neil Carr	×	×	×	×	×	×
Martin Gower	✓	×	×	✓	×	×
Abid Khan	×	×	×	×	×	×
Alison Bussey	✓	×	×	×	×	✓
Jayne Deaville	✓	×	×	✓	✓	✓
Steve Grange	✓	✓	✓	×	✓	✓
Therèsa Moyes	✓	✓	×	×	✓	✓
Megan Nurse	×	✓	×	✓	✓	×

Nb:There were no meetings of this committee between November and March.

Business Development and Investment Committee	23/04/18	29/05/18	25/06/18	23/07/18	22/10/18	26/11/18	28/01/19	25/03/19
Paul Bunting	x	x	✓	✓	x	x	N/A	N/A
Richard Cotterell	✓	✓	✓	✓	x	✓	✓	✓
Ian Wilson	✓	✓	✓	✓	✓	N/A	N/A	N/A
Jane Gaddum	N/A	N/A	N/A	N/A	N/A	✓	✓	✓
Elizabeth Jarret	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓
Alison Bussey	x	x	x	x	x	x	x	x
Jayne Deaville	✓	✓	✓	✓	✓	x	x	✓
Steve Grange	✓	✓	✓	✓	✓	✓	✓	✓
Abid Khan	x	x	x	x	x	x	x	x
Dr De (attended for Dr Khan)								
Dr Gul (attended for Dr Khan)	✓							
Dr Arora (attending for Dr Khan					✓	✓	✓	✓

Trust Board Member Attendance at Council of Governors	**23/05/2018**	**20/06/2019**	**12/09/2018**	**12/12/2018**	**27/02/2019**
Martin Gower	✓	✓	✓	✓	✓
Paul Bunting	✓	*	*	*	*
Richard Cotterell	✓	✗	✗	✗	✓
Jane Gaddum	*	✓	✗	✗	✓
Elizabeth Jarrett	*	✓	✗	✗	✓
David Matthews	✓	✓	✓	✓	✓
Sue Nixon	✗	*	*	*	*
Megan Nurse	✓	✓	✓	✓	✓
Jacqueline Small	*	*	*	✓	✓
Ian Wilson	✓	✗	✗	*	*
Neil Carr	✓	✓	✓	✓	✓
Alison Bussey	✗	✗	✗	✗	✗
Jayne Deaville	✓	✗	✗	✓	✗
Steve Grange	✓	✗	✓	✓	✓
Abid Khan	✗	✗	✓	✓	✓
Theresa Moyes	✓	✗	✗	✗	✗
Jane Landick	✓	✓	✓	✓	✓

Council of Governors

Governor Member	Constituency	Sub Division	Term of Office (if elected)	End date	23/05/2018	20/06/2018	12/09/2018	28/11/2018	12/12/2018	28/02/2019
Karl Bailey	Public/Service User/Carer	Shropshire, Telford and Wrekin	1	09/2019	×	✓	✓	✓	✓	✓
Ravi Bhakhri	Public/Service User/Carer	Staffordshire	3	09/2018	✓	✓	✓	✓	✓	×
Jack Barber	Public/Service User/Carer	Staffordshire	3	09/2021	*	*	*	✓	✓	✓
Frances Carlin	Public/Service User/Carer	Staffordshire	3	09/2018	×	×	✓	*	*	*
David Clements	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2020	✓	✓	*	*	*	*
Peter Cross	Public/Service User/Carer	Staffordshire	3	09/2019	✓	✓	✓	✓	✓	✓
Fiona Doran	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2018	✓	✓	✓	✓	✓	✓
Gareth Ecclestone	Public/Service User/Carer	Staffordshire	3	09/2018	×	✓	✓	×	✓	×
Dave Gill	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2018	×	×	×	*	*	*
Mohammad Haroon	Public/Service User/Carer	Staffordshire	3	09/2019	✓	✓	✓	✓	✓	✓
Kenneth Jackson	Public/Service User/Carer	Staffordshire	3	09/2018	×	×	*	*	*	*
Peter Jetson	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2019	✓	✓	✓	✓	✓	✓
Ian McComiskie	Public/Service User/Carer	Staffordshire	3	09/2020	✓	×	✓	✓	✓	×
Simon Meadows	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2021	*	*	*	×	×	×
John Millham	Public/Service User/Carer	Staffordshire	3	09/2021	*	*	*	✓	✓	✓
Steve Morris	Public/Service User/Carer	Staffordshire	3	09/2018	✓	×	×	*	*	*
Helen Smart	Public/Service User/Carer	Staffordshire	3	09/2020	×	×	✓	×	×	×
Janet Smith	Public/Service User/Carer	Regional/National	3	09/2020	✓	✓	✓	✓	✓	✓
Paul Stanley	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2019	✓	✓	×	×	×	✓
Kathryn Taylor	Public/Service User/Carer	Staffordshire	3	09/2018	✓	×	×	*	*	*
Pauline Pearsall	Public/Service User/Carer	Staffordshire	3	09/2021	*	*	*	✓	×	✓
Lesley Roberts	Public/Service User/Carer	Staffordshire	3	09/2021	*	*	*	✓	✓	✓
Nicholas Iles	Public/Service User/Carer	Shropshire, Telford and Wrekin	3	09/2021	*	*	*	✓	✓	×
Helen Allen	Staff	Nursing	3	09/2019	✓	×	✓	✓	✓	✓
Rubina Anjum	Staff	Medical	3	09/2019	✓	✓	×	✓	×	×
Nicola Sherwood	Staff	Non-clinical support	3	09/2020	✓	✓	✓	×	✓	✓
Sharon Edwards	Staff	Allied Health Professionals	3	09/2021	*	*	*	✓	✓	✓
David Banks	Staff	Clinical Support	3	09/2020	×	×	×	×	×	×
Jenni Hodson	Staff	Social Care	3	09/2019	×	×	×	×	×	×

Frances Virden	Staff	Allied Health Professionals	3	09/2018	×	×	×	*	*	*
Gillian Burnett	Partner	Staffordshire County Council	n/a	n/a	×	×	*	*	*	*
Johnny McMahon	Partner	Staffordshire County Council	n/a	n/a	*	*	✓	×	✓	*
Bernard Peters	Partner	Staffordshire County Council	n/a	n/a	*	*	*	*	*	✓
Naomi Pay	Partner	Age UK	n/a	n/a	×	*	*	*	*	*
Arnold England	Partner	Telford and Wrekin County Council	n/a	n/a	✓	✓	×	✓	×	✓
Simon Jones	Partner	Shropshire County Council	n/a	n/a	✓	✓	✓	✓	✓	×
Lilian Owens	Partner	Telford and Wrekin Voluntary Sector Forum	n/a	n/a	✓	✓	✓	✓	✓	✓
Mac Cock	Partner	Carers UK (South Staffordshire)	n/a	n/a	×	*	*	*	*	*

Membership Report

This my second contribution to the Annual Report as Lead Governor and is the first for the new Trust, last year I commented that we had a busy year ahead and this has certainly been the case. The Regulators' approval of the creation of the new trust has seen a massive increase in the number of members and staff along with the services provided to an increased population.

We now have new NED's and Governors which reflects this and I am pleased to be able to report that the new teams are working well together. The Governors, who are all volunteers, have risen to the challenge of absorbing the increase in services provided to patients and service users across the Trusts areas of responsibility by attending training events, site visits and meetings arranged and supported by the Corporate Admin Hub & Membership Office.

MPFT functions through the dedication, support and professionalism of the whole team; the Staff, the Board, the NED's and of course the Governors.

Simon Jones, Lead Governor (A5.3)

Contact us: (E.1.4)

The Membership Office
Freepost RLUS_GBES_KBYL
Trust Headquarters
Corporation Street
Stafford
ST16 3SR

Telephone: 01785 783068 or 01785 783069 or 01785 783080
Email: membership@sssft.nhs.uk
Website: membership.sssft.nhs.uk

Deputy Company Secretary/Membership Manager – Jenny Smit
Membership Co-ordinator – Phoebe Wickens
Membership Co-ordinator – Sandra Davis
Membership Co-ordinator – Vacant post

Membership

To be eligible for membership of the public, service user and carer constituency, an individual needs to be aged 11 or over and live within Staffordshire, Shropshire, Telford/Wrekin; or in other parts of England and Wales. (additional requirement)

The staff constituency is divided into six classes: medical, nursing, allied health professionals, clinical support staff, non-clinical support staff and social care staff.

For the purposes of membership the constituency boundaries are Staffordshire, Shropshire, Telford/Wrekin; England and Wales as boundaries of the Regional/National Constituency. (additional requirement)

Number of members and in each constituency (additional requirement)

Constituency	**Number of members**
Staffordshire	10901
Shropshire, Telford and Wrekin	3053
Regional/National	2303
Total Public/Service User/Carer	**16257**
Staff	9091
Total	**25348**

Membership Strategy (additional requirement)

The purpose of this Strategy is to demonstrate how the Trust plans to retain its membership base, but more importantly to plan and evidence meaningful engagement with its members.

The Trust values the contribution of its membership and focuses on qualitative rather than quantitative membership levels and engagement. Our membership strategy outlines the various ways the Trust ensures we have a coherent and consistent approach to implementing the vision and objectives of the Trust and to how we maintain good governance of the organisation.

We aim to develop an active, progressive and developmental Membership base, which is representative of our geography and population. The strategy outlines a strong emphasis on using communication and engagement tools to deliver this objective with the support of our existing members, Governors, service users and carers.

The Strategy will be supported by a detailed implementation plan, a live document which is regularly updated. The implementation of the strategy is closely monitored and supported by the Membership Steering Group, reporting where appropriate to the Council of Governors.

The membership strategy aims to:

- Ensure that membership is representative of the community it serves and that all staff groups are given equal opportunity to become involved. This is supported by a governor working group focussing on membership recruitment.
- Enable varying levels of participation according to the needs and wishes of individual members.

- Ensure that there is a consistent approach to the development of the membership, ensuring active engagement with the current membership and the recruitment of new members and to also ensure that the membership is of sufficient size to deliver credible elections to the Council of Governors.

The membership strategy is a public document available on the Trust's website and by printed copy via the membership office. The strategy outlines the involvement of members, service users (via the involvement strategy) and the local community. (E.1.1)

The Trust has made progress in growing the membership and making this more representative of the communities we serve. The Board is confident that progress has been made in delivering the membership strategy and with regards to the effectiveness of members' engagement.(E.1.6 E1.5)

The Council of Governors comprises 32 Governors led by the Foundation Trust Chairman. The Deputy Chair and Lead Governor of the Council of Governors is Cllr Simon Jones, Partner Governor representing Shropshire County Council.

Constituency Meetings

The Council of Governors, with Trust support, run a series of public constituency meetings each year. These meetings are open and chaired by a Governor Member. They are advertised widely and key speakers are provided by the Trust, if so required. This programme of meetings allows Governor Members to engage with their constituents in an open environment. Feedback is taken from each meeting and acted upon as appropriate. These meetings take place across the Trust's geography in order to engage the public and members to whom the Trust is accountable. Examples of the themes for these meetings include Dementia; our local health economy – where are we now; Children's Services and Mental Health awareness. These meetings allow Governors to canvas the opinions of the Trust's members and the public on a whole range of matters including the Trust's forward plan, objectives, priorities and strategy. Community engagement workshops also allow governors to canvas the opinions of members in areas such as service user and carer involvement. These can be communicated back to the Trust Board by Governors through the Strategic Engagement Group, the Community engagement group or directly to the Board of Directors. (B.5.6)

Governors attending and/or participating in Trust events such as Board meetings, events, committees or engagement groups as agreed or invited by the Trust, and whose expenses are not paid by another organisation, are entitled to claim expenses including mileage or public transport costs, car parking, subsistence allowance and carer's allowance. The current rates payable are outlined in the Policy for the Reimbursement of Expenses of Governors and Members.

A register of interests is maintained in relation to all Governor Members on the Council of Governors. This is available from the Trust website or by application to the Company Secretary.

About the Council of Governors

The Council of Governors works in partnership with the Trust Board to ensure that the needs of the local communities are met.

The Council of Governors represents the views of the Trust's membership and the wider public; they seek assurance from the Board and in turn hold the Board of Directors to account through the Non-Executive Directors.

Whilst the Council of Governors meets 5 times per year, Governor led (and chaired) engagement groups deliver the duties, as follows;

Strategic Direction Group

The Trust's Strategic Direction Group continues to provide Governor Members an opportunity for engagement and influence on the strategic direction of the Trust. The group aims:

- to support the Trust Board's decisions to be commercially competent in strategic direction
- to be engaged and provide an external strategic focus on the direction of travel of the organisation
- to evaluate and provide mitigates to the risks associated with the above.

Over the past year there has been a focus on the future direction of the Trust and through this group Governors have been involved, informed and engaged and have had the opportunity to comment, influence and gain assurance with regards to future plans.

Membership Steering Group

The Membership Steering Group has a range of responsibilities including advising on Governor Development and Training, Governor engagement, ensuring effective joint working with the Board of Directors and effective Council of Governors' meetings, contributing to and approving Council of Governors meeting agendas and monitoring delivery of the Membership Strategy and implementation plan as well as other key tasks.

Performance and Assurance Group

The Performance and Assurance Group continues to seek assurance on key performance areas, where the Trust provides Governors with assurance regarding the Trust's performance.

The group plays an integral part in the Annual Quality Accounts process by commenting on how the Trust is performing against the essential standards of quality and safety as set out in the current CQC registration regulations.

Governor Training and Development

In addition to the Governors having access to training offered by the Trust for trust staff, the Trust provide an extended training and development plan designed specifically for Governors.

During 2018 and 2019 training has been offered to Governors. Three development days were held covering key areas including Quality Accounts, Quality Assurance Visits, Constitution/Assurance/.Accountability/Board Governance, Customer Service and PALs, Involvement and Experience, Finance and Performance, Quality Improvement, Strategic

Direction. Each managing director also presented to Governors ensuring an understanding of the care groups and the structure of Midlands Partnership NHS Foundation Trust,

In addition, the Council of Governors are offered external training and development by attending network meetings and the GovernWell programme facilitated/provided by NHS Providers.

Holding the Board to account

The Trust endeavour to create and offer many opportunities to support and allow Governors the opportunity to hold the Board, to account through the Non-Executive Directors.

Examples include:

- Appraising the performance of the Chairman and Non-Executive Directors
- Receiving the Trust's Annual Report and accounts
- Gaining assurance and considering performance reports from the Board of Directors
- Receiving regular briefings from the Chief Executive at Council of Governors meetings
- Attending Board meetings and reviewing Board papers and minutes
- Listening to the views of service users, carers and the general public, and escalating when appropriate
- Regular attendance at engagement groups and the Council of Governors meetings by the Board of Directors
- A Non-Executive Director is assigned to each Governor engagement group
- Shadowing programme of Non-Executive Directors for Governors
- Public Board meetings
- Service ambassadors
- Joint Non-Executive Director and Governor visits to services
- Board attendance at constituency meetings
- Interview style questions between a Governor and a Non-Executive Director at Council of Governors meetings.
- Governors also take part in a number of initiatives that enable the Trust to monitor and ensure the quality of services that it provides.
- Examples include:
- Quality Assurance visits to teams, wards and services across the Trust Participation in Patient Led Assessment of the Care Environment (PLACE) inspections
- Joint Trust Board and Council of Governors meetings are held annually. This year the meeting was held prior to the Council of Governors meeting in June 2017. This was an interactive session between the Board of Directors and the Council of Governors.
- Both executive directors and non-executive directors are invited to and regularly attend the Council of Governors meetings.
- Non-Executive Director membership of Governor Engagement Groups, with invitations extended to Executive Directors

Elections to Council of Governors 2018

Constituency	Date	Seats	No. of Candidates	No. of Eligible Voters	Turnout
Staffordshire	13/08/2018	6	19	11680	5.9%
Shropshire, Telford and Wrekin	13/08/2018	5	6	3347	9.7%
Staff (Allied Health Professionals)	13/08/2018	1	1	n/a	n/a

NHS FT Code of Governance disclosures

South Staffordshire and Shropshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Part of schedule A (see above)	**Relating to**	***Code of Governance* reference**	**Summary of requirement**	**Page**
2: Disclose	Board and Council of Governors	A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	77
2: Disclose	Board, Nomination Committee(s), Audit Committee, Remuneration Committee	audi	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. ***Part of this requirement is also contained within paragraph 7.25 as part of the directors' report.***	81 88 56
2: Disclose	Council of Governors	A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	95
Additional requirement of FT ARM	Council of Governors	n/a	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	94 95

2: Disclose	Board	B.1.1	The board of directors should identify in the annual report each non- executive director it considers to be independent, with reasons where necessary.	57

2: Disclose	Board	B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	81
Additional requirement of FT ARM	Board	n/a	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	79
2: Disclose	Nominations Committee(s)	B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	54
Additional requirement of FT ARM	Nominations Committee(s)	n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	n/a
2: Disclose	Chair / Council of Governors	B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	81
2: Disclose	Council of Governors	B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	99
Additional requirement of FT ARM	Council of Governors	n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance	n/a

			of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	
2: Disclose	Board	B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	78
2: Disclose	Board	B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	78
2: Disclose	Board	C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 7.92.	25
2: Disclose	Board	C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	88
2: Disclose	Audit Committee / control environment	C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	88
2: Disclose	Audit Committee / Council of Governors	C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the	n/a

			council of governors has taken a different position.	
2: Disclose	Audit Committee	C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	88
2: Disclose	Board / Remuneration Committee	D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	n/a
2: Disclose	Board	E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	79 99
2: Disclose	Board / Membership	E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	99
2: Disclose	Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	97
Additional requirement of FT ARM	Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership;	97

			• information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	
Additional requirement of FT ARM (based on FReM Require-ment)	Board / Council of Governors	n/a	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report. See also ARM paragraph 2.22 as directors' report requirement.	79
Comply or explain	Remuneration Committee	D 2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	54

Single Oversight Framework:

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Midlands Partnership Healthcare NHS FT has been placed in segment 3 and there are no enforcement actions being taken by NHS Improvement (Monitor). This segmentation information is the trust's position as at 31st March 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2018/19 Scores				2017/18 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital sevice capacity	4	4	4	4	1	1	1	1
	Liquidity	1	1	1	1	1	1	1	1
Financial Efficiency	I&E margin	3	4	4	4	1	1	1	1
Financial controls	Distance from finanical plan	3	4	4	4	1	1	1	1
	Agency spend	3	3	4	3	2	2	2	2
Overall scoring		3	3	3	3	1	1	1	1

Statement of Chief Executive's Responsibilities as Accounting Officer of Midlands Partnership NHS Foundation Trust:

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Midlands Partnership NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Midlands Partnership NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trusts performance, business model and strategy and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed: Jayne Deaville
Deputy Chief Executive Date: 24 May 2019

Midlands Partnership NHS Foundation Trust Annual Governance Statement:

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

The purpose of the system of internal control
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Midlands Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Midlands Partnership NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
Leadership arrangements for risk management are clearly documented in the Risk Management strategy, and further supported by Trust Business Plan objectives and individual job descriptions. Leadership starts with the Chief Executive having overall responsibility, and delegation to named Executive Directors and Group Managing Directors. The leadership is further embedded by ownership at a local level by managers taking responsibility for risk identification, assessment and analysis. In addition, the risk management system provides a holistic approach to risk, and terms of reference clearly outline the responsibilities of the overarching committee for risk management and other supporting risk committees and groups.

All new members of staff are required to attend a mandatory induction that covers key elements of risk management. This is further supplemented by local induction. The organisation provides mandatory and statutory training that all staff must attend, and in addition to this, specific training appropriate to individuals' responsibilities as detailed within the Risk Management Strategy, is also provided. All training courses are available to all staff, and managers are encouraged to support further risk management training for all. There are many ways that the organisation seeks to learn from good practice and this includes incident reporting procedures, complaints and pro-active risk assessment. This information is filtered to frontline staff via the intranet, social media, group reports and staff newsletters.

The risk and control framework
The Risk Management Strategy clearly defines leadership, structure and the risk management process and is closely linked to the performance management system in operation within the Trust. Risks within the organisation are identified in many ways using many different methods. Once identified each risk is assessed and evaluated using the Australian / New Zealand 5 x 5 matrix (likelihood x impact, where 1 is low and 5 high). This method is the recognised NHS Risk Management Standard. The risk management process ensures that the practice is an ongoing exercise with a rolling programme of risk identification, assessment and analysis. Each Care Group and Directorate maintains its own risk register and any risk identified with a risk-rating factor of 15 or over is included in the Trust Risk Register, which is monitored by the Trust Board.

The key risks grappled with during the 2018/19 financial year have included the management of the financial position of the trust and in particular the cost improvement programme, evidencing that services achieve and maintain all fundamental standards to a minimum level of "good" across all domains and the recruitment and retention of sufficient numbers of clinical, technical and managerial staff owing to national workforce supply issues and skill shortages. These have all been effectively managed throughout the year.

During the year, board members have participated in a robust programme of board development, which has demonstrated a strong commitment to maintaining an engaged and effective unitary board.

Prior to the acquisition of Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) on 1 June 2018, the Board undertook a comprehensive assessment of its Governance systems and processes, including the Trust Risk Appetite. Minor adjustments were made to accommodate the revised portfolio of services. These arrangements continue to be applied by the Trust Board with the risk appetite indicating how much, or little the Trust wishes to commit in terms of risk when reviewing service changes or investment. The trusts governance arrangements will continue to be reviewed regularly.

Risk management is embedded within the organisation. An open culture aids the confident use of the incident reporting procedures throughout the organisation without stifling innovation. The Trust is conscious that this culture needs to be owned and supported by staff and has therefore introduced many opportunities for staff to be trained not only in the mandatory and statutory areas but also risk management, including how to undertake risk assessments and how to report incidents. The Trust has a performance management system that measures performance monthly against Trust Business Plan objectives, which ensures that the risk management process is ongoing and embedded. Along with regular Trust wide and Group reports on Incidents, Complaints and Claims, the Trust also produces a comprehensive quarterly Risk Management report.
The Trust continually seeks to improve its Assurance Framework, refine its Principal Objectives, and further develop the Assurance Plan in order to assess the potential risks that threaten the achievement of the organisational objectives, the existing control measures in place, where assurances are gained and any gaps in the same. The Trust has maintained its assurance plan, which has been subject to regular review to support the 2018/19 Business Plan objectives, now including those of the acquired organisation

SSOTP. Assurance for 2018/19 can further be drawn from regular performance reporting, review of the risk register and specific Board and Committee reporting on key issues and assurances, which provides assurance to the Chief Executive to enable sign off of the Annual Governance Statement. The organisation is involved with a multitude of partners including Clinical Commissioning Groups, Social Services, Education, Police, Prisons and the voluntary sector. The Trust Executive, Group Managing Directors and operational Heads of Services work closely with the above partners, to provide a local integrated service to our public and stakeholders.

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

Valuing staff is one of the Trust's core values and the trust works hard to engage and involve staff at all levels. The trust's workforce strategy enforces the approach to provide assurance that staffing levels, with the right skill mix provide the care hours needed to provide safe and effective services. This is reported regularly to the Workforce Development committee and in summary to the trust board, in line with the Developing Workforce Safeguards' recommendations.

The foundation trust has published an up to date register of interests for decision making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS" guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place that takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The foundation trust has undertaken work to understand the impact of an EU exit on the Trust business continuity and resilience perspective. There are seven key areas that have been assessed in relation to a no-deal EU exit, as detailed below:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

Each of these risks will be assessed and monitored by the EU exit preparedness group, who will oversee the actions necessary to manage the identified risks, dependant on the emerging picture nationally.

Review of economy, efficiency and effectiveness of the use of resources
The trust has a dynamic process for setting business objectives across the whole organisation which is documented and reviewed on an ongoing basis in order to drive forward improvements in clinical and non-clinical services. The Trust engages with its partners both individually and on a grouped basis. In particular the Trust makes full use of its Membership Council to influence and drive service improvements. All objectives are quantifiable and measurable and are regularly reviewed via the performance management arrangements embedded within the organisation. The Performance Plus System and dashboards in use in the Trust more simply enable key performance indicators, targets, business and improvement objectives to be effectively monitored, enabling all Groups and Directorates to take forward required actions and to deposit evidence that work has been delivered. These are subsequently used to provide evidence to third parties where required but also to the Board so that they have assurance with evidence. The systems support the internal performance reviews where Groups and Directorates are held to account for those areas that they are expected to deliver on. During the year the Trust proactively used internal audit in an advisory capacity to look at the following three areas:

1. Research Innovation and Development;
2. Clinical Audit;
3. Data Security & Protection Toolkit;

The Trust has a dynamic strategy to communicate effectively with its staff, service users and carers and partners. The sharing of this information drives forward the delivery of business objectives and ensures action is taken on feedback from any quarter. The Trust has worked hard to communicate with all its population including hard to reach groups. The Membership Council has played a significant role in the sharing and dissemination of such information.

The Trust has an embedded performance management, monitoring and improvement system. All performance areas based around the Care Quality Commission's domains are evidenced and centrally collected. Risks to any area are entered onto risk registers and actions plans to resolve issues developed, managed and monitored for delivery through the Performance Plus system. The Audit Committee has reviewed these systems and approved them as being appropriate and sufficient for purpose.

During the last year the Trust further embedded Service Line Management which is used to ensure that services operate within the income available to them and will inform management of areas that require cost improvement. The inclusion of the patient experience and quality assessments continue to deliver a more rounded approach to service quality, delivery and improvement. The Trust has strong evidence of delivery against cash releasing improvement plans (CRIP) and the Finance and Performance Committee regularly reviews the delivery of all finance plans and pays particular attention to the delivery of recurrent CRIP. This enables demonstrable sustainability and regular improvements in economy and efficiency.

Continual evaluation is an embedded function of service delivery in both clinical and non-clinical areas, where services are regularly reviewed and benchmarked to provide evidence of improvements. The trust continues to use the Virginia Mason System of LEAN, known locally as QI (Quality Improvement) which seeks to identify areas that require improvement and provides tools to address these areas. All executive directors and a significant number of key managers and leaders are now fully trained and active in this methodology. We have 27 fully certified leaders with a further 23 in training and over a thousand staff who have received core training and been involved in QI projects. Several areas have been subject to review resulting in quality improvement at no increased cost and 100% efficiency metrics are at their targeted levels. 94% of improvements made during Rapid Process Improvement Workshops have been sustained at their 12 months review. Service users and carers are involved in all the lean processes being implemented in clinical areas as equal partners in improving services.

Information governance

The Trust uses the Data Security and Protection Toolkit to identify and manage information risks and reports all incidents regularly to the Trust Board. The trust achieved a score of 95%, which has been assessed as "satisfactory" in the year-end assessment against the Data Security and Protection Toolkit submission.

Data Security risks are managed as part of a comprehensive framework of risk management concerning IM&T and Information Governance within the Trust. Risks are managed through use of a risk register. Action plans are developed where necessary. Specific issues are also raised through the Information Governance Group. This group reports to the Finance and Performance Committee, which in turn reports to the Trust Board. Assurance is also provided through a comprehensive programme of internal and external audit which provides assurance on the effectiveness of security controls. Data security risks are further managed through close working with the Health Informatics Service and regular Information Security reviews.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Quality is central to the delivery of our Trust strategy and through the hard work and commitment of our staff we continue to deliver safe, effective and high quality services whilst at the same time targeting priority areas for improvement. Quality of service is monitored through our clinical senate / Group structure through to the Board committee tasked with ensuring Quality Governance. Directors have taken steps to satisfy themselves that the content of the quality report is consistent with internal and external sources of information including feedback from commissioners, Health Scrutiny committees and Healthwatch, the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints regulations 2009, the Community Mental Health Survey, the National NHS Staff Survey 2018, CQC's regular

feedback processes, and the Head of Internal Audit annual opinion over the Trust's control environment. External audit have issued an unqualified limited assurance report in respect of the content of the Quality Report and on both the mandated indicators.

Trust policies are available on the website and all staff are encouraged to participate in consultation around new and updated policies through regular updates on the intranet. Newly approved policies are published through a network of policy leads and also in the monthly briefing issued to staff. Engaging staff is at the heart of this organisation's culture – they facilitate and empower rather than control or restrict and they treat others with appreciation and respect showing commitment to development and improvement. Learning and development opportunities are available for all staff, at all stages of their learning journey. A comprehensive menu of formal and self-directed and innovative approaches are offered to equip individuals with the knowledge and skills they need to lead and manage effectively. The Trust celebrates achievement through the annual staff awards ceremony launched to recognise and celebrate individuals and teams who have made an exceptional contribution to patient care. The Trust aims to keep staff informed about finance and performance issues, what's on, opportunities and examples of good practice, by a range of briefings and newsletters produced regularly in a number of ways. The Trust has an extensive website and an intranet which reaches all staff. The well-being of staff is of key importance and as part of its commitment to providing comprehensive support services as an Exemplar Employer, the Trust has a Staff Health and Wellbeing service. The Trust had an over arching engagement strategy in place for the year, which sets out how it engages with partners and staff, and an involvement strategy which sets out how it involves service users and carers. The staff opinion survey is carried out each year across the NHS and is designed to collect the views of staff about how they feel about their job, their personal development and the organisation they work for. Their views are used nationally and locally to help provide better care for patients and improve the working lives of those providing the care. The Trust has also improved processes for engaging with staff by continuing with the Listening into Action methodology.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and Quality Governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Positive opinions in respect of the work undertaken in 2018/19 by internal audit have been issued where either substantial or reasonable assurance opinions have been issued. During the year the following internal audits have received substantial assurance; Tendering & Business Development; Charitable Funds; Post Transaction Integration Plan;

Trust Assurance Plan; Telephony Systems and Payroll. Reasonable Assurance has been assigned to the following internal audits; Cost Improvement Programme Phase 1; Cost Improvement Programme Phase 2 Governance Arrangements; IT Key Financial Controls; Accounts Payable; Cash Management; Accounts Receivable; Asset Management; Adult Social Care Contract Management Governance Arrangements; Freedom to Speak Up; Governance Review.

Areas where only partial assurance could be provided are; Consultant Job Planning; General Ledger; Cost Improvement Programme Phase 2 Financial Delivery and Adult Social Care Contract Management Service Delivery. These audits have been prioritised to ensure that actions are taken quickly and robustly.

The Trust also undertook work to follow up previous Staffordshire and Stoke on Trent Partnership Trust Internal Audit recommendations made pre acquisition where poor progress was identified and again these will be followed up quickly and robustly. Positively good progress had been found when work was undertaken to follow up on previous SSOTP CQC Improvement Plan Validation Review made pre acquisition.

The Trust regularly reviews the interface and terms of reference of each of the board committees that support internal control. The last review was concluded during the first quarter of the 2018/19 financial year and recommended changes were in place thereafter.

Significant Issues
On 1 June 2018 South Staffordshire and Shropshire Healthcare NHS Foundation Trust successfully acquired Staffordshire & Stoke on Trent Partnership Trust and formed Midlands Partnership NHS Foundation Trust.

Conclusion
No significant internal control issues have been identified.

Signed:

Jayne Deaville
Deputy Chief Executive Date: 24 May 2019

Financial Report

Financial performance 2018/19

The Trust was authorised as an NHS foundation trust on 1st May 2006. The financial review below covers the organisations achievements during the twelth financial period as a NHS Foundation Trust. The review finally highlights key service and financial issues across the year as a whole, before taking a forward look into 2019/20.

NHS Improvement's Single Oversight Framework

This provides the framework for overseeing the trusts and foundation trusts and identifies potential support needs. The framework looks at five themes quality of care, finance use of resources, operational performance, strategic change and leadership and improvement capability (well-led). The five measures are scored from 1 to 4 where '1' reflects the strongest performance. The trust scored a 3 and therefore is able to operate – and plan to operate – flexibly so long as those elements of the single oversight framework are adhered to. The Trusts outturn position shows a £1.5m deficit. This is below the £4.2m surplus control total set by NHS Improvement and includes a non-recurrent Provider Sustainability Fund (PSF) income bonus of £1.96m.

In terms of long term borrowing – ie, for capital investment purposes, the Trust has received a loan of £30m from the Foundation Trust Financing Facility for the Redwoods Centre capital scheme. £15m of this was drawn down in 2011/12, with the balance being drawn down in 2013/14. Upon the acquisition of Staffordshire and Stoke on Trent Partnership Trust loans transferred to the trust totalled £40.1m of which £13.3m is revenue support and £26.8m is a revolving working capital facility.

Capital investment of £1.2m was funded through internally generated resources in 2018/19.

The Trust's cash position during 2018/19 increased from £64.1m to £83.6m. The increase in the cash position is due to slippage in capital investment the trust was intending to make in year when the plan was set.

Operational review, 2018/19

During the year the Trust continues implementing the LEAN approach to our systems and processes with the objective of creating value for the users and carers of health services. The Trust delivered its Cost Improvement Programme Targets in the year reducing costs by £9.3m but has recognised that future reductions will require strategic change.

The Trust has been working on a number of significant projects that will impact in future years:

- Taking account of the overall National and Local financial position the Trust updated its future financial plans.
- The changes to NHS commissioning as GP clusters developed has required the Trust to focus on providing services that are valued both by service users and carers and commissioners. The Trust has gained contracts but has also been unsuccessful with some tenders across the country.

During 2018/19 the Trust acquired Staffordshire and Stoke On Trent Partnership Trust (SSOTP) on the 1st June 2018 and is responsible for publication of the audited part year accounts and annual report for the two months at the beginning of 2018/19.

2019/20 - Forward Look

As mentioned above the Trust financial plans continue to take account of the overall NHS financial outlook and in particular of that in the local health economy. This requires us to both make greater operational efficiencies and disinvest from some elements of service.

The Trust will be continuing use of the LEAN approach to develop future service and workforce plans that meet the requirements of the planned reductions in income from commissioners.

The Trust is refreshing its estates strategy to ensure that the estate is fit for purpose and offers a high quality environment. Phase one of the "Inpatient and Community Estates Modernisation Project" (ICEMP) (and formerly known as "Right Service, Right Place") was completed in 2015/16 with a new hub being opened at the end of 2016/17. This continues into 2019/20 with further individual cases to be approved in 2019/20 which will commit resources over a 5 year programme.

The organisation will also continue to seek market opportunities in terms of expanding its service and contract portfolio. The Trust will continue to respond to Tenders in areas where it has clinical expertise.

STATEMENT OF COMPREHENSIVE INCOME		
	2018/19	**2017/18**
	£'000	**£'000**
Operating income from patient care activities	**359,811**	182,351
Other operating income	**22,228**	24,215
Operating expenses of continuing operations	**-396,902**	-196,291
Operating Surplus/(Deficit)	**-14,863**	10,275
Finance Costs		
Finance income	**461**	153
Finance Costs – Financial Liabilities	**-3,750**	-990
PDC Dividends Payable	**-23**	-875
Net Finance Costs	**-3,312**	-1,712
Gains/(losses) on disposal of assets	**196**	-51
Gains/(losses) from transfer by absorption	**12,734**	0
Surplus/(deficit) for the year	**-5,245**	8,512
Other Comprehensive (Expenses)/Income		
Will not be reclassified to Income and Expenditure:		
Revaluations	**-11,239**	-314
Remeasurements of net defined benefit pension scheme liability/asset	**-217**	200
Other reserve movements	**40**	0
Total Comprehensive Income/(Expenses) for the Period	**-16,661**	8,398

STATEMENT OF FINANCIAL POSITION			
	31st March 2019		**31st March 2018**
	£'000		**£'000**
Non Current Assets			
Property, plant & equipment	**121,773**		69,442
Intangibles	**684**		92
Trade & other receivables	**766**		1,095
Other Assets	**902**		1,123
Total Non Current Assets	**124,125**		71,752
Current Assets			
Inventories	**486**		257
Trade & other receivables	**43,675**		26,110
Non-current assets for sale and assets in disposal groups	**788**		0
Cash and cash equivalents	**83,654**		64,193
Total Current Assets	**128,603**		90,560
Current Liabilities			
Trade & other payables	**-55,095**		-28,009
Borrowings	**-2,467**		-1,332
Provisions	**-18,050**		-7,255
Other liabilities	**-5,753**		-8,978
Total Current Liabilities	**-81,365**		-45,574
Total Assets less Current Liabilities	**171,363**		116,738
Non-Current Liabilities			
Provisions	**-545**		-228
Borrowings	**-93,378**		-22,674
Other liabilities	**0**		0
Total Non-Current Liabilities	**-93,923**		-22,902
Total Assets Employed	**77,440**		93,836

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE YEAR ENDED 31st MARCH 2019

	Public Dividend Capital	Revaluation Reserve	Income & Expenditure Reserve	Pension Reserve	Total Tax Payers Equity
	£'000	£'000	£'000	£'000	£'000
Taxpayers equity at 1st April 2017	**75,956**	**12,496**	**-3,249**	**235**	**85,438**
Surplus for the year	0	0	8,512	0	**8,512**
Transfer to retained earnings on disposal of assets	0	-2853	2,853	0	**0**
Revaluations – Property, Plant & Equipment	0	-314	0	0	**-314**
Remeasurements of defined net benefit pension scheme liability/asset	0	0	0	200	**200**
Taxpayers Equity at 31st March 2018 / 1st April 2018	**75,956**	**9,329**	**8,116**	**435**	**93,836**
Surplus/(Deficit) for the year	0	0	-5,245	0	**-5,245**
Transfers by absorption: transfers between reserves	982	22910	-23,892	0	**0**
Revaluations – Property, Plant & Equipment	0	-11,239	0	0	**-11,239**
Remeasurements of defined net pension scheme liability/asset	0	0	0	-217	**-217**
Public diviendend capital received	265	0	0	0	**265**
Other reserve movements	0	0	40	0	**40**
Taxpayers Equity at 31st March 2019	**77,203**	**21,000**	**-20,981**	**218**	**77,440**

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31st March 2019			
	2018/19		**2017/18**
	£'000		**£'000**
Cash Flows from Operating Activities			
Operating surplus/(deficit) from continuing operations	**-14,863**		10,275
Non Cash Income and Expense:			
Depreciation and amortisation	**5,202**		2,333
Impairments	**16,478**		0
On SoFP Pension liability – employer contributions paid less net charge to the SOCI	**4**		32
(Increase)/Decrease in trade and other receivables	**-1,438**		-6,300
(Increase)/Decrease in inventories	**205**		-36
(Decrease) in trade and other payables	**885**		2984
(Decrease) in other liabilities	**-3,351**		3087
Increase/(Decrease) in provisions	**7629**		896
Other movements in operating cash flows	**163**		-32
Net cash Generated from/(Used in) Operations	**10,914**		13,240
Cash Flows from Investing Activities			
Interest received	**461**		153
Purchase of property, plant and equipment	**-1,055**		-1,487
Sale of property, plant and equipment	**1,220**		3,360
Net Cash Generated from/(Used in) Investing Activities	**626**		2,026
Cash Flows from Financing Activities			
Loans repaid to the Independent Trust Financing Facility	**-1,332**		-1,332
Capital element of PFI	**-726**		0
Interest paid	**-2,133**		-960
Other interest	**-3**		0
Interest element of PFI	**-1,613**		0
PDC Dividend Received	**265**		0
PDC Dividends paid	**-863**		-582
Net Cash Generated from/(Used in) Financing Activities	**-6,405**		-2,874
Increase/(Decrease) in Cash and Cash Equivalents	**5,135**		12,392
Cash and Cash Equivalents at 1st April 2017/8	**64,193**		51,801
Cash and Cash Equivalents treansferred by absorption	**14,326**		0
Cash and Cash Equivalents at 31st March 2018/9	**83,654**		64,193

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Independent auditor's report

to the Council of Governors of Midlands Partnership NHS Foundation Trust

. REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Midlands Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of the Trust's income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: Financial statements as a whole	£6.8m 1.8% of total forecast operating income

Risks of material misstatement	
Risks	Valuation of land and buildings
	NHS Income
	Accrued expenditure recognition
	Merger by acquisition of Staffordshire and Stoke-on-Trent Partnership NHS Trust

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below, the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

	The risk	Our response
Valuation of Land and Building Assets (£118.4m) *Refer to page 11 (Audit Committee Report), page 7 (accounting policy) and page 20 (financial disclosures)*	**Subjective Valuation** Following the merger by acquisition of Staffordshire and Stoke-on-Trent partnership on 1 June 2018, Midlands Partnership NHS FT has recognised a transfer by absorption of land and buildings totalling £82.7m. Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgement involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation, such as the condition of the asset. The Trust's accounting policy requires an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). The Trust last had a full valuation at 31 March 2017. The valuation of assets transferred to the Trust in year was undertaken by an external expert engaged by the Trust, using construction indices and so accurate records of the transferred estate are required. Valuations are inherently judgmental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount **Accounting Treatment** There is a risk that valuation gains and impairment losses are not recognised in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19.	Our procedures included: — **Review of opening balances:** We reviewed the work performed by the predecessor auditor of Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSoTP) in respect of the land and building assets transferred to the Trust; — **Assessing valuer's credentials:** We critically assessed the competence, capability, objectivity and independence of the Trust's external valuer engaged to perform the valuation of former assets of SSoTP at 31 March 2019, and indices applied to existing assets. We considered the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the Department of Health and Social Care Group Accounting Manual; — **Methodology choice:** We assessed the appropriateness of the valuation bases and assumptions. We reviewed the requirements of the Department of Health Group Accounting Manual and consulted our own technical experts. We reviewed impairments to land and buildings and the assumptions on which they were based; — **Benchmarking assumptions:** We assessed other assumptions in the valuation model such as cost indices and location factors sense-checked the overall valuation compared to our own expectations. We compared the cost indices used by the valuer to the report issued by Gerald Eve on behalf of the National Audit Office for the purposes of NHS auditors; — **Test of detail:** We considered the accuracy of the estates base data provided to the valuer for the purposes of the valuation by comparison to the underlying asset records held by the Trust; and — **Accounting analysis:** We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements and determined whether they had complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19. **Our findings** — We found the valuation of land and buildings and the accounting treatment of valuation gains and impairment losses to be balanced.

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2. Key audit matters: our assessment of risks of material misstatement (cntd.)

	The risk	Our response
NHS Income and non-NHS income (£382.0m) *Refer to page 10 (Audit Committee Report), page 10 (accounting policy) and page 25 (financial disclosures)*	**Subjective Estimate** Of the Trust's reported total income, £270.6 million (70%) came from commissioners (Clinical Commissioning Groups (CCGs) and NHS England). Income is contracted based on expected levels of activity and standard tariff prices for procedures. The actual income recognised in the year is based on the actual levels of activity completed during the year. Other performance based income is received from NHS Improvement (via local CCGs). This results in estimates being required at the year end. Income from NHS England and CCGs is captured through the Agreement of Balances exercises performed at months 6, 9 and 12 to confirm amounts received and owed. Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes Of the other £22.1 million of operating income, the Trust reported income of £2.5 million from non-NHS bodies. The achievement of financial targets resulted in the Trust receiving nil Provider Sustainability Fund (PSF) income against its planned allocation as the this was contingent on the Trust delivering against its financial plan. The Trust did, however, receive a general distribution of PSF of £1.96 million at the year end.	Our procedures included: — **Tests of details**: We tested key controls in relation to NHS contracts by investigating a sample of contract variations and sought explanations from management. For all contracts we confirmed that signed contracts were in place; — **Tests of details:** We assessed the outcome of the agreement of balances exercise with other NHS bodies. Where there were mismatches over £300,000 we identified the reasons and challenged the Trusts assessment of the level of income they were entitled to receive; — **Tests of details:** We agreed a sample of the NHS income recorded in the financial statements to the signed contracts in place with key commissioners; — **Tests of details:** We agreed a sample of invoices to confirm they had been issued in line with the contracts signed with the Trust's key commissioners; — **Tests of details:** We tested a sample of income items to year-end bank statements to support the work undertaken on the completeness of income balances recorded in the financial statements and confirmed that income has been recorded in the correct accounting period; — **Tests of details:** We confirmed that the approach to impairing non-NHS receivables was in line with the Trust's accounting policies, and that the Trust's judgement for the level of provision is appropriate; — **Non NHS Income:** We tested material other income balances by agreeing a sample of income transactions through to supporting documentation: and — **Test of details:** We assessed the Trust's reporting and accounting for PSF income and agreed amounts to correspondence from NHSI. **Our findings:** We found the resulting estimates relating to the recognition of NHS income and non-NHS income to be balanced.

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2. Key audit matters: our assessment of risks of material misstatement (cntd.)

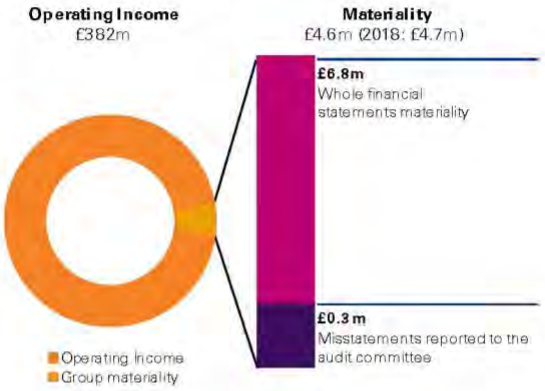
	The risk	Our response
Accrued expenditure recognition Trade and other payables (£25.4 million); Accruals (£23.9 million) Provisions (£18.6 million); *page 31(financial disclosures)*	**Effects of irregularities** As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk that the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures. This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions.	Our procedures included: — **Test of details:** We performed detailed sample testing over accruals balances to ensure that the expenditure had been accounted for in the correct period; — **Controls testing:** We considered the extent to which budgetary controls had been in operation throughout the year and had been found to operate effectively; — **Test of details:** We assessed the incentives on the Trust to achieve a particular year end outturn position; — **Test of details**: We assessed expenditure recognised around 31 March 2019 to ensure that it had been recognised in the correct period; — **Test of detail:** We considered the completeness of provisions based on our cumulative knowledge of the Trust, its accounting policies and enquiries with Directors; — **Test of details:** We performed a year-on-year comparison of accruals to evaluate the completeness of the accruals balance, as well as agreeing a sample to supporting documentation; and — **Test of details**: We inspected confirmations of balances provided by the Department of Health as part of the Agreement of Balances exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of Commissioners or other providers. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure with Commissioners or other Providers. **Our findings** — We found the resulting estimates made by the Trust in relation to trade payables, accruals and provisions to be balanced.
Transfer of absorption of Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) on 1 June 2018 *Refer to page 12Audit Committee Report), and page 37 (financial disclosures)*	**Completeness of balances** Where a Trust takes over the functions of previous NHS organisations, related assets and liabilities transfer to the new body and are accounted for using the transfer by absorption rules set out in the DHSC Group Accounting Manual. The Trust is required to recognise the assets and liabilities received at book value as at the date of transfer.	Our procedures includes: — **Test of details**: We agreed the transferred balances to the audited financial statements of the demised NHS Trust; — **Test of details:** We reviewed the Trust's disclosures in respect of the transfer by absorption for consistency with the requirements of the DHSC Group Accounting Manual; — **Enquiries of predecessor auditors:** We made the required inquiries of the demised Trust's auditors to obtain assurance on the accuracy and completeness of balances recognised by the Trust at the transfer date. **Our findings** — We identified no exceptions to the completeness of accuracy of transferred balances following our review of the work of the predecessor auditor.

3. Our application of materiality and an overview of the scope of our audit

Materiality for the financial statements as a whole was set at £6.8 million determined with reference to a benchmark of operating income (of which it represents approximately 1.8%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.3 million, in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Stafford.



4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.1.2 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 110, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of their services to another public sector entity.

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6. Respective responsibilities

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

KPMG

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out below together with the findings from the work we carried out on each area.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Midlands Partnership NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Andrew Bostock
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
One Snow Hill
Snowhill Queensway
Birmingham
B4 6GH

30 May 2019

KPMG

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

QUALITY ACCOUNTS 2018/19

MPFT

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PART 1

mpft.nhs.uk

About our Quality Accounts 2018/19

Our Quality Account is our annual report to the public about the quality of healthcare services we deliver and is an opportunity for the Trust to offer its approach to quality up for scrutiny, debate and reflection by the public.

Each year our Quality Accounts are both retrospective and forward looking. We look back at the year just passed and present a summary of our key quality improvement achievements and challenges. We look forward and set out our quality priorities for the year ahead, ensuring that we maintain a balanced focus on the three key domains of quality:

- **Patient Safety**
- **Clinical Effectiveness**
- **Patient Experience**

Our quality priorities are chosen following a process of review of current services, consultation with our key stakeholders and most importantly through listening to the feedback from our service users and carers.

Some of the content of the Quality Accounts is mandated by NHS Improvement and /or by The NHS (Quality Accounts) Amendment Regulations 2012, however other parts are determined locally and shaped through the feedback we receive.

The Quality Accounts are split into three main parts:

Part 1

Provides a statement summarising the Trust's view of the quality of health services provided or sub-contracted during 2018/19.

Part 2

Provides a review of performance against the priorities for improvement as identified in our 2017/18 Quality Accounts

Sets out our quality priorities for this year (2019/20)

Provides a series of prescribed statements of assurance from the Trust Board

Provides a report on performance against a set of core indicators using data made available by the NHS Digital Indicator Portal.

Part 3

This section is used to present an overview of the quality of care delivered by the Trust against a number of local indicators as well as performance against relevant indicators set out in NHS Improvement Single Oversight Framework (2017).

Statement on Quality from our Chief Executive

Welcome to our 2018/19 Quality Accounts, which offers us a chance to reflect on a year of change and of new beginnings.

Midlands Partnership NHS Foundation Trust officially launched on 1st June 2018, bringing together mental health, learning disability, specialist children's services and wider regional and national specialist services with community physical health services.

These Quality Accounts will provide an update on the progress we have made as a new organisation against our key quality priorities for 2018/19 as well as share with you a wealth of information about our quality journey throughout this year of change.

Some of our key achievements over the last twelve months have been:

- We participated in the NHS staff survey for the first time as Midlands Partnership NHS Foundation Trust. Our Trust response rate was the highest in the country for trusts providing community services with 62% of colleagues taking time to give their views. The survey results showed that we scored better than average across five of the key themes and average in the remaining five, which is excellent for a newly integrated trust with staff who have experienced major change.
- During February and March of 2019 the CQC undertook an inspection of our core services, this was followed by a number of focus group sessions at the beginning of April 2019 and our CQC well led visit during 8th – 10th April. Although we await the outcome of this inspection, the CQC inspectors told us how impressed they have been with the level of enthusiasm demonstrated by everyone they met.
- Integrated care is a priority for the Trust and we are moving at pace to realign our services and support integrated care at a locality level across Staffordshire and Stoke-on-Trent.
- Our Freedom to Speak up Team was shortlisted in the 'Creating a Supportive Staff Culture' category at the 2018 HSJ Awards.
- The innovative partnership between two Trusts' and a private healthcare provider, which aims to bring patients who are currently in secure care outside of the West Midlands closer to home, was "highly commended" at the 2018 HSJ Awards. So congratulations to the forensic services for their participation in this Reach Out project.
- Our Tissue Viability Service and Community Nurses were victorious at the 2018 Nursing Times Awards in the Innovation in Chronic Wound Management category. The award recognises the work the service has carried out to improve timely, accurate assessment and diagnosis of lower limb wounds, which has resulted in patients wounds healing quicker.
- The Trust's focus on quality improvements has been profiled in the CQC national report "Quality improvement in hospital trusts – sharing learning from trusts on a journey of QI ".

I would like to thank our staff for their continued hard work, resilience and commitment during this significant time of change. We have continued to deliver consistent high quality care, despite increased demand and financial pressures across many of our services.

As this first year as Midlands Partnership NHS Foundation Trust draws to a close, and a new financial year begins I could not be more proud of everything we have achieved together as a new organisation. This report I hope will give give you a flavour of these achievements as well set out our ambitions for the year ahead.

Thank you for taking the time to read this report.

Neil Carr, Chief Executive

mpft.nhs.uk

About our Trust

Our Trust Services

Midlands Partnership NHS Foundation Trust (MPFT) was formed on 1st June 2018 and is an integrated organisation that provides physical and mental health, learning disabilities and adult social care services. These services were previously provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke on Trent Partnership NHS Trust. We believe there a number of benefits to being integrated, these include:

- Improved access to services
- A joined-up service around the service user and their family reducing confusion, duplication and enabling better co-ordination of care
- Improved information sharing between professionals
- Greater opportunities to support staff recruitment and retention
- Successful delivery of the Sustainability and Transformation Partnerships in Staffordshire and Stoke-on-Trent; Shropshire and Telford & Wrekin.

As an organisation we serve a population of 1.5 million, over a core geography of 2,400 square miles, and employ around 8,500 members of staff. The majority of our services are delivered in Staffordshire, Stoke-on-Trent, Shropshire, and Telford & Wrekin, but through Inclusion, part of our specialist care group, we cover much of England.To ensure that our services retain a local focus or critical mass, they are organised into four care groups; each with a managing director, clinical and care director and head of operations:

- Children & Families
- Specialist
- Shropshire and Telford & Wrekin
- Staffordshire and Stoke-on-Trent

Our Trust Strategy

Our mission, values and behaviours

The Trust's strategy revolves around our mission that 'together we are making life better for our communities' and our core values and behaviours which are centred on a culture of high-quality, sustainable care. This is supported by our strategic framework which sets out our strategic aims and objectives as a new organisation.

Our strategic framework

Our strategic framework is underpinned by a number of supporting strategies aligned to each objective; this includes a strategy for quality, finance, estates, IM&T, workforce & development and commercial services.

Our Quality Framework

Our Quality Framework enables us to translate the Trust's strategic aim "to deliver high quality health & social care services" into a framework of priorities. Our framework is not simply concerned with regulatory and contract compliance, but is about building on strategic quality priorities identified by the Trust Board in June 2018, The Framework aims to make our Trust services and our staff stand out and play a part in leading excellence in our service sector. Our five key priorities for delivering our strategic quality objective are:

- People who use our services will be happy about the way they are treated and will have genuine opportunities to make an impact on service improvements
- Teams will be supported to make continuous quality improvements the norm
- We will learn from mistakes and take steps to reduce future errors
- Our CQC rating will not fall below an overall rating of 'Good' and the CQC will see evidence of outstanding practice in an increasing number of services
- We will engage in a comprehensive programme of research to enable practice to be built on the best available evidence

Service User and Carer Involvement and Experience

Experience and feedback

People's experiences of our services are important to us as they provide us with key measures of quality. We employ a range of tools to help us understand people's experiences so that our teams can use feedback to make local changes quickly. Some of the methods we currently employ include:

- **Surveys** - some surveys have been developed locally either with a particular service or for a piece of focused improvement work. Some are prescribed and the Trust must use them, such as the 'Friends and Family Test' and the national 'Community Mental Health Survey'.

- **Mystery shoppers** – sometimes people who use our services are asked to be 'mystery shoppers' to help us gain real insights into what the whole experience of receiving care from MPFT is like.

- **Focus groups** – these are set up by the Trust for specific purposes when, for example, services are planning changes or to support research into better care. They are also sometimes set up by external organisations such as the CQC or Healthwatch to provide us with independent feedback.

- **Forums** – service user and carer forums where the service user and carer voice is heard, and speakers are invited to share information about services and feedback is reviewed.

- **Community meetings** – regular community meetings take place in in-patient areas including forensic services. Peer support workers facilitate these meetings for service users and carers to raise issues that are addressed directly by the ward teams.

- **Concerns and Compliments** – people contact the Patient Advice and Liaison Service to request support or information, to raise any concerns they may have and to praise the staff that have cared for them. We review all these contacts to see if there are any emerging themes anywhere in the Trust that we need to learn from.

- **Patient Stories** – people who use our services are sometimes asked to share the story of their journey at the Trust Board of Directors, the Council of Governors and Mental Health Legislation Committee.

However, although many of these lead to real impact in local services, we also want to ensure we can use people's experiences and ideas in shaping our services to create wider sustainable impact, through our service user and carer involvement services.

Involvement for Impact

Service user and carer involvement is key to developing and delivering responsive services. The Trust recognises that service users and carers are 'experts by experience', and therefore make a vital contribution to all aspects of the work undertaken within the services provided by the Trust. For effective involvement, people need to feel supported and for their contribution to be valued, respected and have an impact. It is really important to us that the people who use our services have the opportunity to get involved in shaping those services and influencing the Trust's work.

The Trust is committed to delivering involvement activities that create greater impact across its services. We have adopted and adapted work undertaken at a national level by the National Service User Network (NSUN) and National Involvement Partnership (NIP) to provide a meaningful framework for involving

people with lived experience in influencing services. The 4Pi National Involvement Standards, developed with mental health service users and carers has universal relevance. The framework supports organisations and individuals to work in partnership and make involvement work well for everyone. The Trust has adopted the 4Pi standards to enable us to evaluate the impact of our involvement activity

- **PRINCIPLES:** How we relate to each other
- **PURPOSE:** Why we are involving people
- **PRESENCE:** Are the right people involved in the right places
- **PROCESS:** How people are involved and how do people feel about the involvement process
- **IMPACT:** What differences does the involvement make and how can we tell that we have made a difference.

Involvement Activity 2018/19

During the year a number of key involvement activities have taken place, these include:

- Involvement for Impact Workshop – "NHS Improvement Experience of Care Week – Patient Surveys"
- Involvement for Impact Workshop – "Service User and Carer Involvement in Quality Improvement Activities"
- Involvement for Impact workshop – "Time to Talk Event – Have your Say"
- Involvement for Impact Workshop – "Is Our Information Accessible?"
- Always Events – pilot on the Mother and Baby Unit
- Service User and Carer Celebration Day
- Patient Stories at Trust Board, the Council of Governors and the Mental Health Legislation Committee
- Better Together – Visions, Values and Behaviours and Website Development
- Patient Experience Network National Awards
- 'Listen and Respond' annual event
- Mental Health and Persistent Back and Neck Pain Co-Produced Project
- Mystery Shopper Project
- Service user and carer involvement in recruitment and interview panels
- Co-produced and co-delivered training on autism and carer awareness
- Independent Review of the Mental Health Act Focus Groups

Freedom to Speak up

Our staff at Midlands Partnership NHS Foundation Trust (MPFT) are encouraged to speak up about their concerns whether they are about patient safety, quality of service, or behaviours of colleagues and in the first instance we encourage them to do this through their management structures. Where going through a management structure may not be appropriate, staff also have access to their professional leads, staff side representatives, peers, senior leaders, clinical tutors and Freedom to Speak Up Guardians.

MPFT have two dedicated Freedom to Speak Up Guardians. Staff who approach the Freedom to Speak Up Guardian very often do so when they have already spoken up but have not had feedback about how their concern is being addressed, or where they have concerns about colleagues behaviours. When feedback about a concern raised with a manager has not been received, the Freedom to Speak Up Guardian (with the permission of the member of staff) will then explore how the concern is being addressed and ensure that this progress is fed back to the member of staff.

MPFT have an online reporting system where all staff are able to report concerns around patient safety and quality.

The Freedom to Speak Up Guardians support leaders to cultivate a climate with their teams of enabling staff to feel free to speak up. The Freedom to Speak Up Guardians are also supported by a network of Champions whose role it is to promote a positive speaking up culture within their area of work, and to support staff to speak up to their managers or to the Freedom to Speak Up Guardian.

On commencement with the Trust, new staff receive an interactive handbook. This handbook is utilised as part of induction for new starters, as well as acting as a resource for existing staff. Within the handbook a page is dedicated to Freedom to Speak Up. Staff hear a message directly from the Chief Executive, encouraging staff to speak up even if they are unsure about their concern. Staff also receive a dedicated leaflet which explains how staff can speak up and provides contact details of the Freedom to Speak Up Guardians. Managers and leaders are also asked to ensure that there are posters available for staff to view on staff notice boards and other staff areas.

Duty of Candour

Our Trust believes that communicating honestly and openly with services users and their families when things go wrong is a vital component in dealing effectively with, and learning from errors and mistakes. Even before the Health and Social Care Act Statutory Duty of Candour came into force in November 2014 we expected our staff, through their professional and ethical duties, to be open with services users and their carers when things had gone wrong and/or harm had been caused.

Following the Mid Staffs enquiry, Sir Robert Francis defined Duty of Candour as *"The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made*."

We expect all staff to report any patient safety incident or near-miss immediately through our electronic reporting system Safeguard. When such an incident has resulted in moderate harm or greater, then staff apply the Statutory Duty of Candour as follows:

- *Notify the service user / carer within 10 working days of the incident being reported*
- *Contact the service user / carer to provide all the facts known about the incident and a way that they can understand*
- *Speak to the service user / carer in a place and at a time when they are best able to understand and retain information*
- *Offering a personalised apology*
- *Ensure that the service user / carer knows who to contact to raise further questions or concerns*
- *Agree and carry out any further investigation which may need to take place*
- *Fully record the details of the apology / discussion in the service users records*
- *Followed up with a written notification*

In addition to the statutory requirements for Duty of Candour the Trust has employed a dedicated Family Liaison Officer. The Family Liaison Officers role is to engage with patient and families following moderate or above harm / or death whilst receiving Trust services. The Family Liaison Officer offers a range of support functions to relatives including:

- Talking through the incident and ensuring questions raised by families are included within the investigation process
- Offering initial bereavement support and advice and signposting to relevant bereavement services
- Explaining the Coroners inquest process and supporting families through this difficult time
- Explaining processes for raising concerns, including PALS and complaints.
- Offering where appropriate families the opportunity to share their experiences and the opportunity to work in partnership on service improvement initiatives

Quality Improvement (QI)

The Trust has a Quality Improvement programme, which has been in place for six years. This gives everyone in the organisation a consistent approach and structure to improving our practices and services. The programme delivers a suite of resources for staff, service users and carers including:

- training for all staff in our QI methodology (that of the Virginia Mason Production System, a world-wide recognised method for improving healthcare)
- training and support for team leaders and clinicians to become leaders in QI, so enabling their teams to practice QI within their own services and to take part in QI projects
- specialist QI training for senior leaders in the organisations so they may sponsor and support long-term, wide ranging QI programmes

Against this programme described above, we have achieved the following to date:

- **552** staff trained in First Steps in QI
- **85** leaders trained in Leading QI
- **33** senior leaders trained as Certified Leaders in QI, with another 30 in training in 2019/20

Staff continue to embrace the ethos of the QI framework, 'In Pursuit of the Perfect Patient Experience'. They are practicing aspects of quality improvement which enhance their working environment, improve safety, reduce time spent on wasteful activities, increase service user focused time, and eliminate variation so that all service users and carers receive the right care, in the right way, at the right time.

More staff are practicing 'Daily Lean Leadership' across the organisation, which provides teams with a focus, direction and a method of management for daily work. Many teams now have 'huddle boards' in place, and you will see teams huddling at these boards every day. They contain all the information the team needs to discuss improvement activities; both the challenges and their ideas. There is a clear focus on improvement, planning and problem-solving; and the boards display all the teams' QI work, ideas for future projects and feedback from service users, carers and partners. We currently have 44 boards in use, with many more in development as teams share this good practice across their Care Groups. The District Nursing Specialist Practice students have also launched Huddle Boards within all 17 District Nursing teams.

The QI programme not only delivers training, but also QI events. These can be weeklong events, taking a few months to prepare (called Rapid Process Improvement Workshops (RPIWs)) or shorter two or three day events (called 'kaizen events').

So far the Trust has completed:

- **71** RPIW and kaizen events
- **54** Leading QI projects

The outcomes of each QI event vary, but commonly they include improvements to:

- Time saved
- Reduction in the number of processes where quality is not perfect
- Improved working environment and increased safety
- Reduced motion and set-up time for staff
- Efficiency gains in time and cost
- Improved patient experience
- Improved customer satisfaction
- Improved staff engagement
- Production of standard work for teams to reduce variation

Recent RPIWs have taken place in the following teams:

Norbury Ward

The team wanted to improve the process from making a decision to commence constant observations to when the care plan and risk assessment are updated after discontinuation of constant observations. Following the RPIW, the team reduced the time taken to update care plans following changes to observations by 87% and improved the recording of the purpose of observations by 100%.

Stafford Sexual Health Team

The team reviewed the processes surrounding referrals for HIV services, wanting to ensure the service is patient focussed. Following the RPIW, the team reduced the team from preparing for clinic until the service users leave the appointment from 51 days to 21 days. They also eliminated the need for non-complex cases to be routinely seen by a consultant, ensured 100% of service users received an annual health check and medication review, and reallocated £14,000 of surplus stock.

Holly Ward

The ward wanted to use the RPIW to ensure that when people are admitted to the ward there is a robust and consistent approach to undertaking initial assessments and a formulation meeting within one week. Following the RPIW, the time from a patient's admission to a detailed care plan following a multi-disciplinary meeting being produced has reduced from 25 days to 8 days, and the proportion of patients who do not have an initial formulation meeting booked within one week has reduced from 84% to 0%.

Sign up to Safety

In June 2014 NHS England launched "Sign up to safety". This campaign was designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This ambition is bigger than any individual or organisation, and achieving it requires us all to unite behind this common purpose. We need to give patients confidence that we are doing all we can to ensure that the care they receive will be safe and effective at all times.

The five Sign up to Safety pledges

Organisations and individuals who sign up to the campaign commit to setting out actions they will undertake in response to five key pledges. As a Trust we have committed to the following actions:

1) PUT SAFETY FIRST

Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally:

- *We will work towards reducing harm by 30% across our services each year*

2) CONTINUALLY LEARN

Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are:

- *We will use systematic continuous improvement methodology to help us learn and adapt our efforts to improve safety.*
- We will ensure that every improvement project incorporates the voice of the patient/service user

3) HONESTY

Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong:

- *We will share with our service users, families and the public our progress on reducing harm.*
- *We will publish publicly our key safety data on a monthly basis*

4) COLLABORATE

Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use:

- *We will support learning and sharing from improvement work across our organisation, and beyond our organisation, through internal events and through the academic health science network*

5) SUPPORT

Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress:

- *We will ensure that every team in the organisation has space to reflect, listen and learn about the quality and safety of the service being offered*

Staff Survey Results

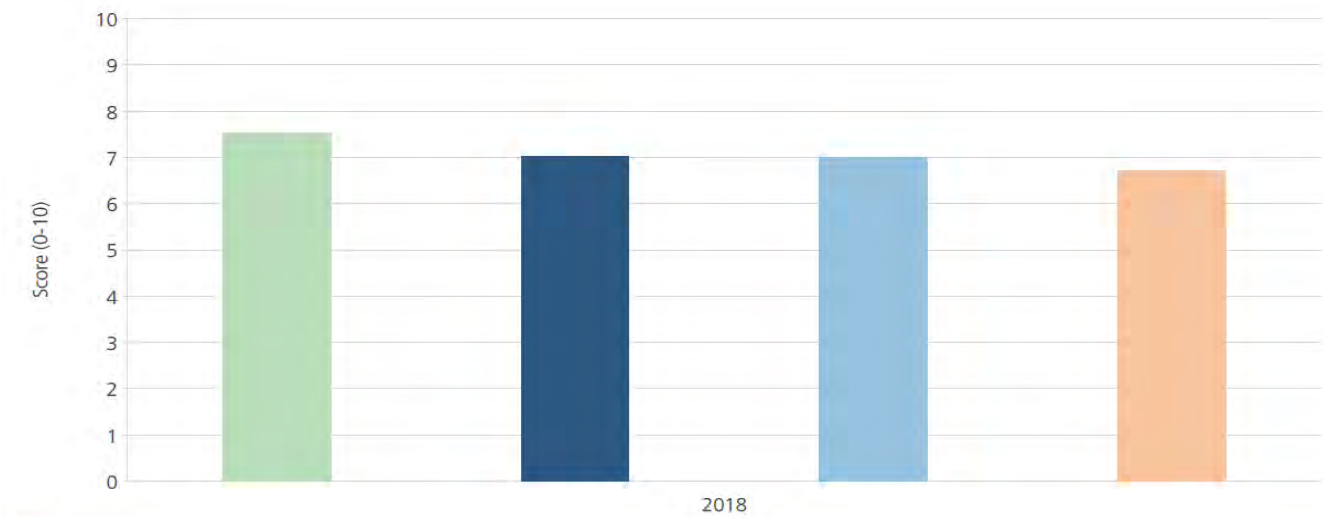
In 2018 all our staff were invited to take part again in the Staff survey. 4861 staff responded representing 62% of the workforce. The annual survey covers a significant number of key areas including:

- Percentage of staff who feel engaged
- Percentage of staff who witness and report incidents and near misses
- Percentage of staff contributing towards improvements at work

Key Trust results, benchmarked against the national average for combined mental health, learning disability and community Trusts are as follows:

Staff Engagement

Staff engagement themes results



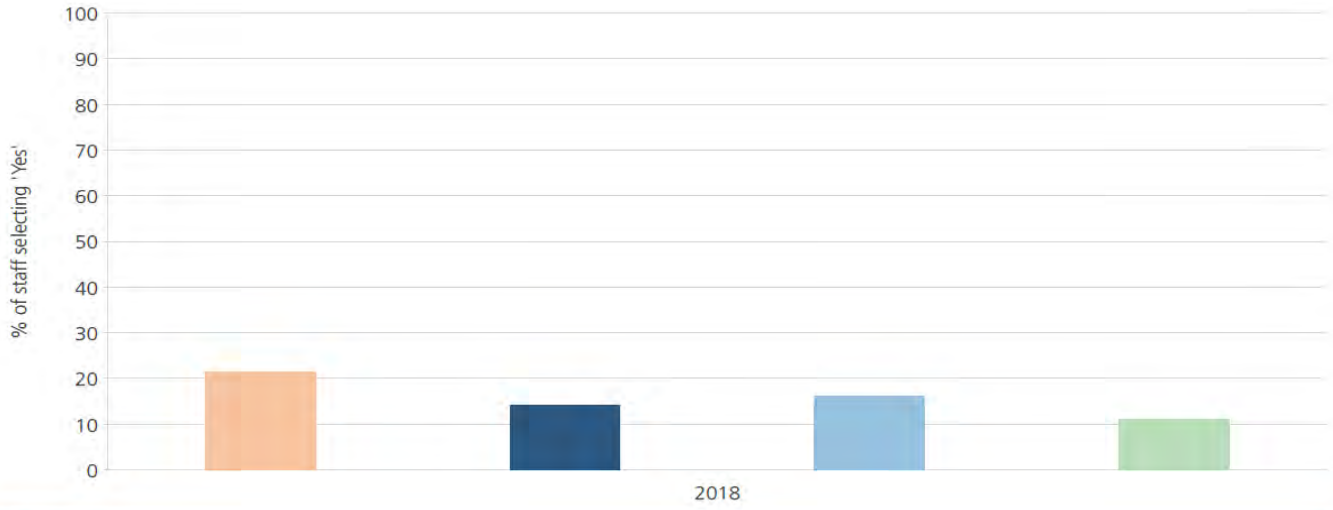
	2018
Best	7.5
Your org	7.0
Average	7.0
Worst	6.7
Responses	4,832

Despite having undergone a merger in the period just preceding the survey, the Trust rating was in line with the average for combined mental health, learning disability and community trusts.

Witnessing and reporting incidents and near misses

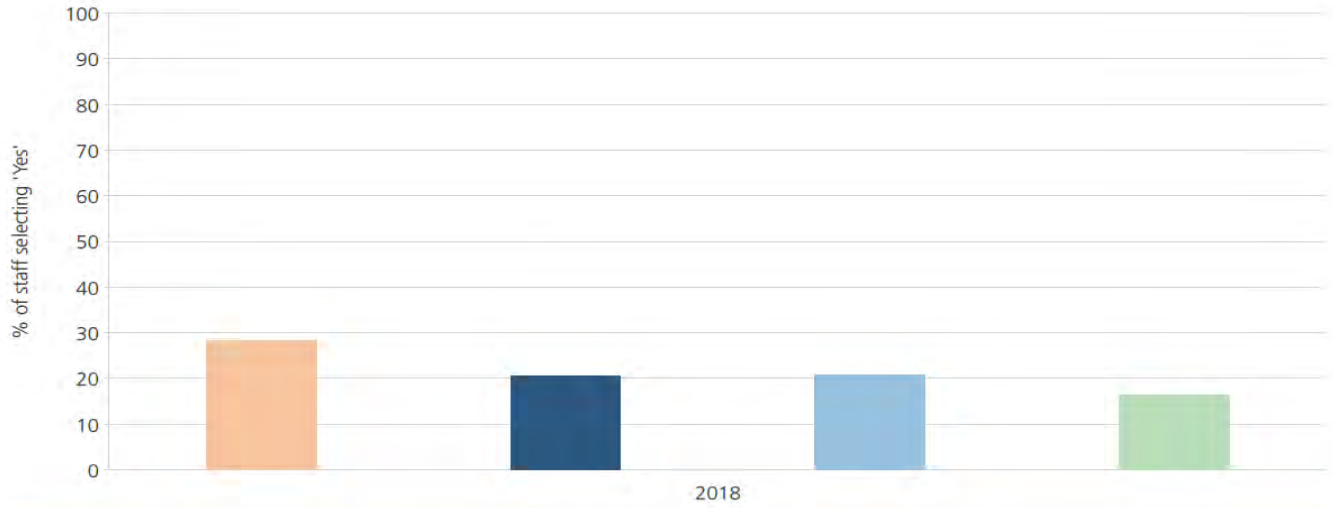
The Trust actively encourages staff to report all incidents and near misses. This enables team and ward leaders to respond quickly to address any risks.

Question 16a – In the last month have you seen any errors, near misses, or incidents that could have hurt staff?



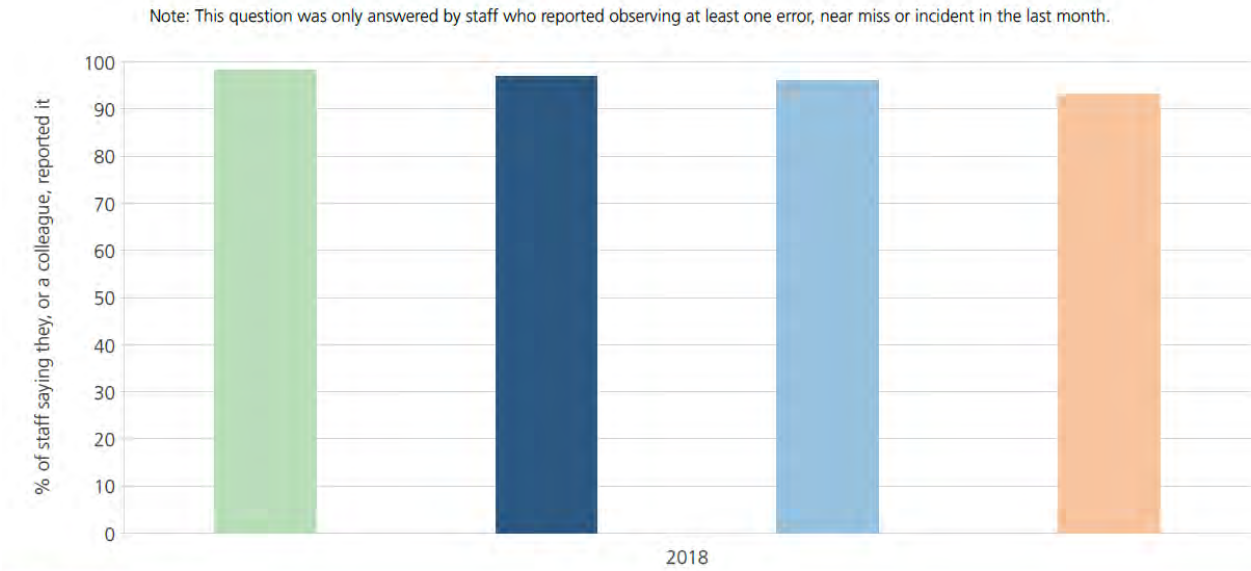
Worst	21.5%
Your org	14.2%
Average	16.2%
Best	11.1%
Responses	4,705

Question 16b – In the last month have you seen any errors, near misses, or incidents that could have hurt patients/ service users?



Worst	28.3%
Your org	20.5%
Average	20.8%
Best	16.4%
Responses	4,709

Question 16c – The last time you saw an error, near miss or incident that could have hurt staff or patients/service users, did you or a colleague report it?

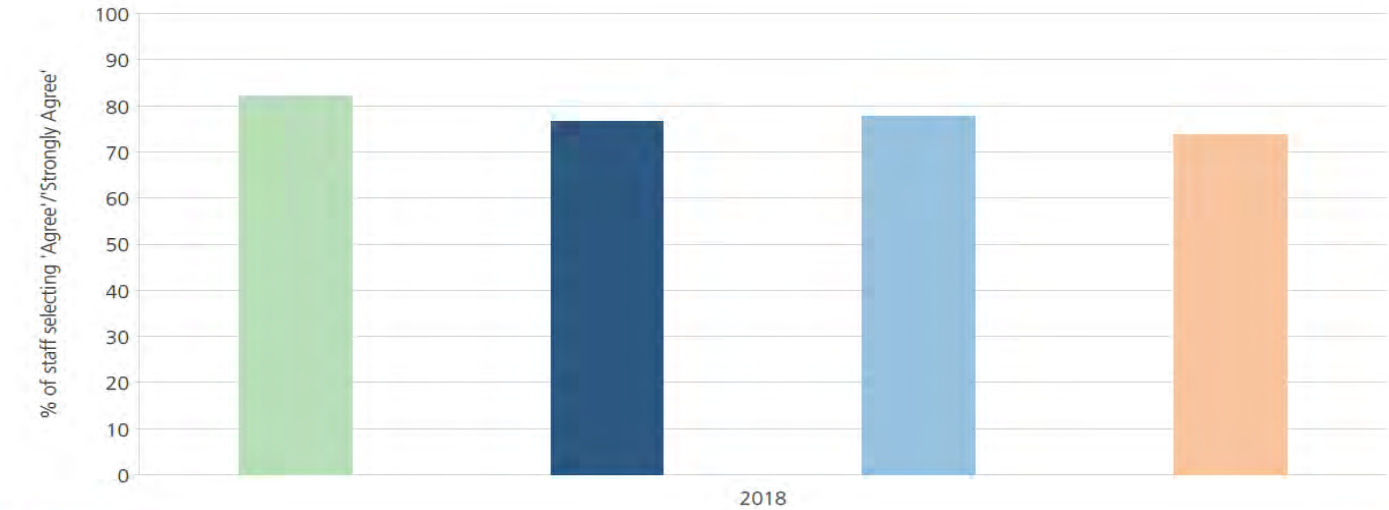


	2018
Best	98.2%
Your org	97.0%
Average	96.1%
Worst	93.3%
Responses	1,101

The results show that the Trust is slightly better than average than the benchmark for the number of staff who both witness and report incidents or near misses.

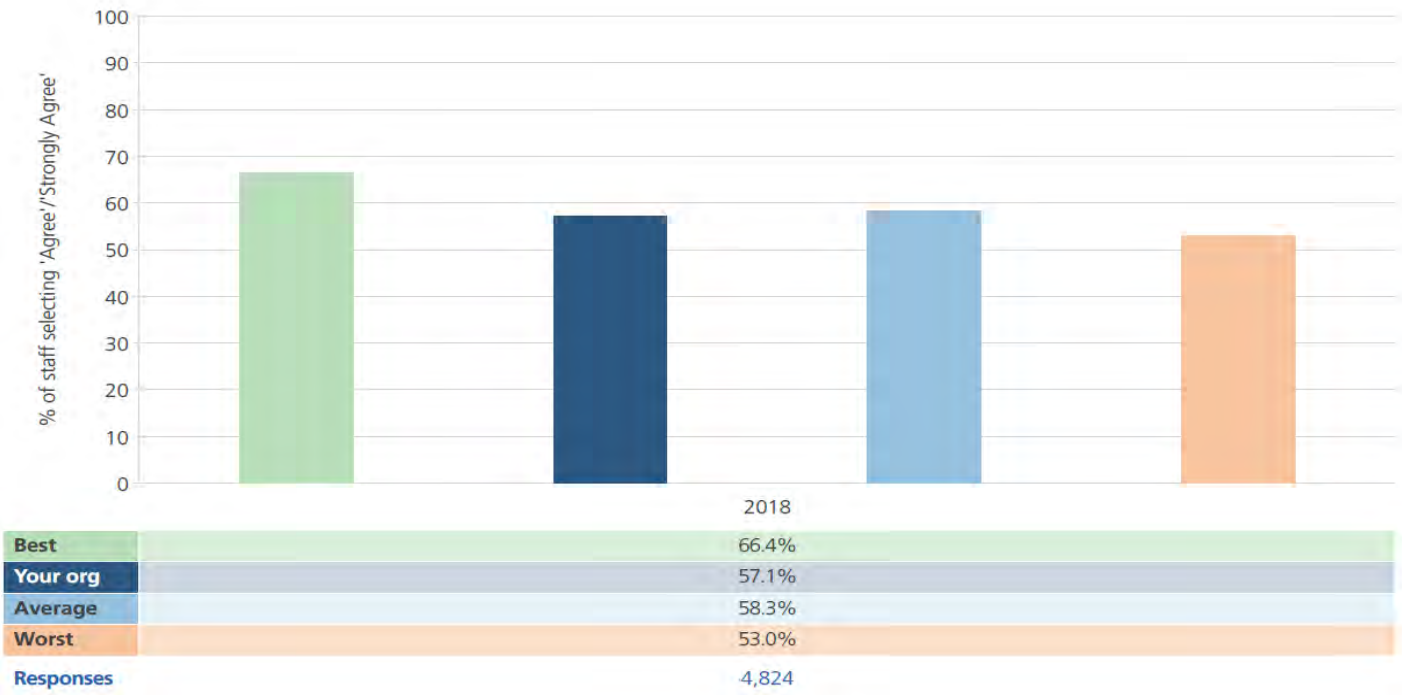
Percentage of staff contributing towards improvements at work

Question 4b – I am able to make suggestions to improve the work of my team/department.



	2018
Best	82.1%
Your org	76.5%
Average	77.6%
Worst	73.7%
Responses	4,836

Question 4d – I am able to make improvements happen in my area of work



The results show that the Trust is performing slightly below the average for organisations of a similar type. Some of the work towards us achieving this improvement is described in the Quality Improvement section in Part 1 of this document.

Trust response to these results

The Trust's aim is to be the best; and to work towards becoming 'outstanding'. The staff survey results are probably the most comprehensive feedback the Trust will get as an organisation and therefore will remain a huge focus for our organisational development agenda going forward as a new organisation.

Our Engagement Plan approach focus for 2019 is outlined below:

- **'Outstanding'** engagement and communications
- Continue to embed a joint engagement approach of **We said, We Did**
- Continuous **Engagement Plans**, which will continue to embed an everyday staff survey approach
- Consistent engagement with all staff around the staff survey
- Speed – staff survey kept on agenda – continuous feedback
- Results shared and cascaded promptly, shared with Care Groups and Directorates within a month to service leads
- Inclusive process – staff to continue to feel more included in planning improvements, and more recognition by leadership
- Measurable impact – connecting staff voice with action taken and improvement at a local level
- Focus and build on areas of success as well as areas of improvement
- Maximising relationships with Managing Directors and Workforce Consultants to align all of the above

The following contains the headlines of the actions that we have committed to undertake as an outcome of the staff survey:

- Continue with the Trust's Listening Into Action approach and embed this into the merged Trust as part of work around culture, not just organisational wide but at team level
- Disseminate the survey reports to locality leads, through care group and directorate management teams with the requirement for care groups and directorates to develop their own engagement plans and input into the Trust's wider engagement plan for staff survey results
- Staff engagement sessions planned for 2019-2020 for staff to meet and engage with senior leaders (three months plus post appointment)
- Workforce and Development will provide, where required, support to managers to act on the results of the staff survey
- Our refreshed Leadership and Talent Management approach will be further embedded within the organisation
- Targeted support will be provided for teams who are feeling challenged or undergoing change towards new ways of working
- Further embed the Trust's enhanced staff survey approach into its vision, values and behaviours work, Trust Induction and other engagement forums
- Implement a refreshed approach for staff recognition within MPFT to support the value and recognition of staff and ultimately quality of care provided
- Local managers to report back progress against their staff survey engagement plan on a quarterly basis and this progress will be reported though continuous staff survey communications to demonstrate to all staff that their feedback is taken seriously and results in change (August 2019)

CQC Ratings

The CQC is currently inspecting Midlands Partnership NHS Foundation Trust for the first time and we anticipate that the report will be available in June, with our new ratings. Therefore the previous rating awarded to South Staffordshire and Shropshire Healthcare NHS Foundation Trust in 2016 remains. At that time, the Trust was rated as good overall, and good against each of the questions Safe, Effective, Caring, Responsive and Well-led. One core service was rated as outstanding (Community based mental health services for older people). The remaining 10 core services were rated as good overall.

All actions associated with the inspection were addressed in 2016. The CQC will assess how well improvements have been sustained as part of our current inspection.

Care Quality Commission — The independent regulator of health and social care in England

Overall Good		
Read overall summary	Safe	Good
	Effective	Good
	Caring	Good
	Responsive	Good
	Well-led	Good

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PART 2
Priorities for Improvement 2018/19

In this section of the report we review the priorities for quality improvement that we identified in last year's Quality Accounts. The three quality priorities we set are all important to the safe and effective delivery of care and are aligned to our Commissioning for Quality and Innovation (CQUIN) schemes. The priorities were chosen following a process of reviewing our current services, consulting with our key stakeholders and listening to the views of our service users and carers.

As the new Trust formed on 1st June 2018 we have looked back in detail at the three key priorities identified in South Staffordshire & Shropshire Healthcare NHS Trust 2017/18 accounts, as well as summarising those priorities identified in the former Staffordshire & Stoke on Trent Partnership Trust 2017/18 accounts.

Priority 1- Reducing restrictive practices within adult low and medium secure services inpatients

Why did we chose this area?

The overall aim of this improvement goal was to develop an ethos in which people with mental health problems are able to fully participate in formulating plans for their well-being, risk management and care in a collaborative manner. As a consequence more positive and collaborative service cultures develop, reducing the need for restrictive interventions.

What were we aiming for?

The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.

Our measures of success were?

We would like to see a reduction in the number of restrictive practices.

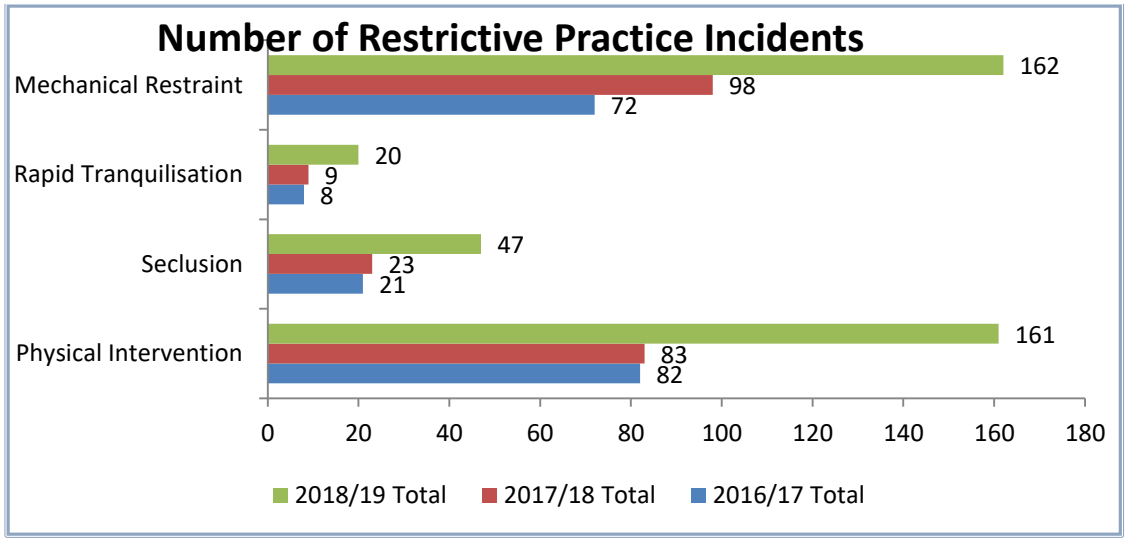
Progress during 2018/19:

- We have developed and launched Mandatory Least Restrictive Practice Training with Annual Refreshers. The training package was developed in conjunction with patients as well as experts by experience who were former patients within secure services. 64% of eligible staff have attended the revised training programme during the last 12 months with all staff providing positive feedback. The remainder of the staff are allocated training places over the coming months.
- We have shared best practice with Partners in the West Midlands as part of the New Care Model, and are continuing to engage in the national conversation being led by NHS Improvement and the Restraint Reduction Network.
- Corporately, the Trust has re-established an over-arching Strategic Least Restrictive Practice Group
- During the last year, the Trust has revised the Restrictive Practice Policy which has had a positive impact on the number of incidents reported.
- The Least Restrictive Practice Forums in Stafford and Shrewsbury are attended by service user representatives from all wards. The forums have a solution

focussed approach to challenging cultures and supporting positive and proportionate changes in practice.

- We have introduced mobile telephones into both the medium secure and low secure environments.
- We have rolled-out of the 'Safe-wards' model across all of the wards. This internationally recognised and utilised model has proven positive in reducing conflict and containment. The introduction has been found to reduce incidents and develop individual coping mechanisms to prevent incidents of violence.
- As part of the 'Safe-wards' roll out, wards have begun implementing Discharge Message Boards. These boards have been co-produced by service users and staff and display messages from discharged service users to offer encouragement and motivation to others.
- 'You Said – We Did' Boards have had a positive impact on understanding patients views around restrictive practices and is supportive of our ambitions to reduce restrictive practices. An example of this would be the introduction of intranet access across wards.

Number of Restrictive Practice Incidents from 2016-17 to 2018-19:



The number of restrictive practices incidents have increased compared to last year. This is mainly attributable to the following five areas;

- We have revised our Restrictive Practices Policy and as part of the implementation have focused on encouraging staff to record all use of Physical Interventions onto the Patient Incident Reporting System.
- The wards now have their own De-escalation Management and Intervention (DMI) Link Workers who provide expertise to clinical teams around restrictive practices and encourage the reporting of episodes of Restrictive Practice.
- There has been a noticeable increase in the number of external escorts to acute hospitals, predominately for individual patients with physical related illness and long term condition management who were required to have restrictive measures in place.

- The Ministry of Justice now direct the use of mechanical restraint since the mandatory implementation of a risk assessment process. This means despite the increase in the number of mechanical restraint incidents, the Trust is demonstrating compliance with best practice.
- There has been an increase in the acuity of some of our patients.
- We have increased the number of beds on Newport Medium Secure Unit, from a 6 to 8 bedded unit.

Next Steps:

- Following the launch of a new national incident reporting requirement, the Trust is set to make changes to its incident reporting system. These changes will be capturing more detail and specific information related to restrictive interventions and will further enhance our ability to learn and improve practices.
- Recently, we have joined the re-launched Positive and Safe Champions Network which enables various providers to come together to share best practice and learning, whilst developing solutions to challenges posed by delivering least restrictive practices in a secure environment.

Priority 2- Effective communication between Trust clinicians and primary care clinicians for patients with severe mental illness

Why did we chose this area?

With over 490,000 people with severe mental illness registered with a GP, it is important to ensure a stronger emphasis on collaboration and communication between primary and secondary care. This is necessary given that in the longer term and certainly following discharge from secondary care, people with severe mental illness should be supported to manage their health within primary care.

Appropriate sharing and exchanging of information between practitioners about diagnosed physical and mental health conditions is essential for safe practice. The rationale for this CQUIN is to ensure essential information needed for safe and effective care of patients, who are also seen by secondary care mental health services, is communicated to primary care professionals.

What were we aiming for?

That 90% of patients have either an up to date care programme approach (CPA) care plan or a comprehensive discharge summary shared with their GP.

Our measures of success were?

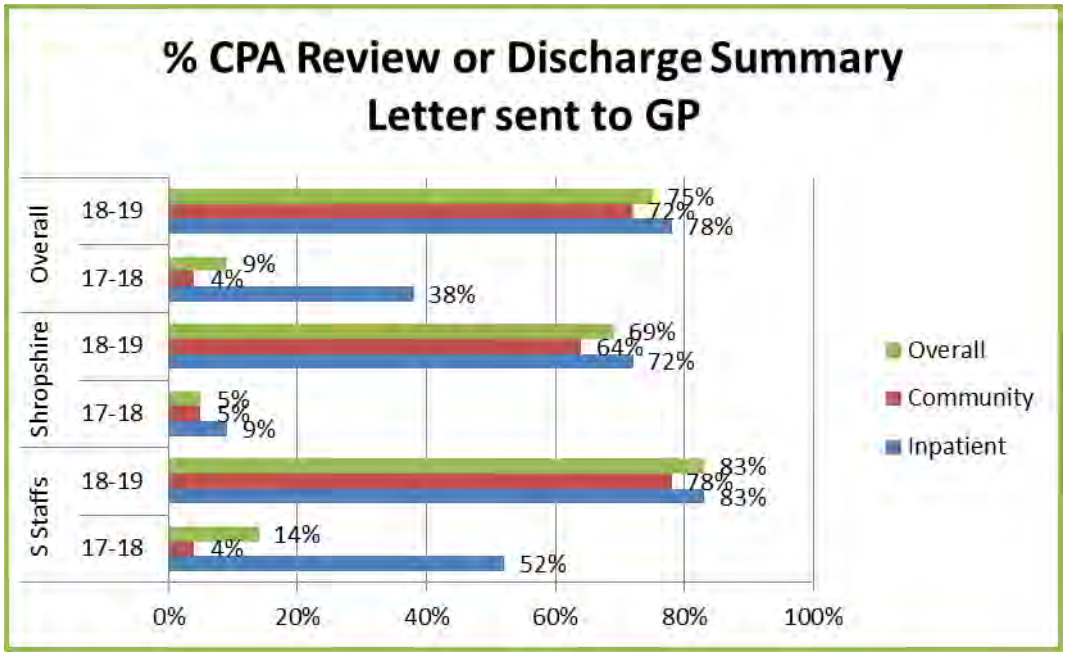
- Alignment of GP and Trust registers for people with severe mental illness.
- Implementation of shared care protocols between the Trust and primary care providers regarding physical health checks for people with severe mental illness.
- An audit of CPA review / discharge letters to ensure they are sent to GPs in a timely way and contain key information regarding diagnosis, prescribing and cardio metabolic risk factor monitoring.

Progress during 2018/19:

- Locally we revised the CQUIN during 2018 to detail a new way of working across our local economy (as detailed below). As part of this new arrangement, we now measure and report on through the shared evaluation of the joint review model rather than the CQUIN % performance in its entirety.
    - We have initiated the formation of a Strategic Collaborative with partners to include Experts by Experience, Staffordshire Clinical Commissioning Group and Primary Care colleagues, to design a local approach to align registers and develop robust shared care protocols regarding physical health checks for people with severe mental illness.
    - Jointly, we held a Reducing Mortality in Patients with Severe Mental Illness Workshop with our local Clinical Commissioning Group involving GPs, Commissioners, Clinicians from the Trust and Primary Care, Leaders, and Expert's by Experience.
    - Five task and finish groups are set up to meet the overall objectives of the Strategic Collaborative Plan which include representatives from the Strategic Collaborative membership, experts by experience and experts within their fields of expertise. These are Model Specification; Clinical; Reconciliation of Practice Based Registers and People Open to us; Evaluation and Innovation and Lifestyle and Prevention.
    - In collaboration we have piloted new way of working between Trust clinicians and GPs with regard to completing annual physical health checks and subsequently agreed a new specification and pathway to pilot the delivery across Staffordshire.

"A proper workshop, healthy conflict, patient participation, solutions and good sense of humour. All above, the feeling that we are about to make a big impact in reducing the mortality gap" #improvingphysicalandmentalhealth

Our audit results are?



The Trust has made significant improvements from the previous year's results as illustrated in the graph above. Overall, whilst we did not achieve our target that 90% of patients had either an up to date care programme approach (CPA) care plan or a comprehensive discharge summary shared with their GP, the described adapted local initiatives have made positive collaborative progress in respect of improving the patient safety, patient satisfaction and clinical effectiveness across primary and secondary care providers and this is planned to continue during 2019-20 and beyond

Next Steps:

- In partnership, we will continue to progress and work collaboratively with partners to improve the shared care for patients with severe mental illness to reduce the mortality gap.
- We will evaluate the new model and specification and continue to strive for excellence.
- Our aim is to publish a poster or article nationally around our Strategic Collaborative journey.
- During the year we will repeat the audit of people who have had a CPA review or were discharged to evaluate the effectiveness of the new shared care model.
- We will aim to achieve 90% by April 2020

Priority 3- Healthy food for NHS patients, visitors and staff

Why did we chose this area?

Public Health England's report "Sugar reduction – The evidence for action" published in October 2015 outlined the clear evidence behind focussing on improving the quality of food on offer across the country. Almost 25% of adults in England are obese, with significant numbers also being overweight. Treating obesity and its consequences alone currently costs the NHS £5.1bn every year. Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy tending to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences. It is important for the NHS to start leading the way on tackling some of these issues, starting with the food and drink that is provided and promoted in hospitals.

What were we aiming for?

That:

- 80% of drink lines stocked must be sugar free.
- 80% of confectionery and sweets do not exceed 250 Kcal.
- At least 75% of pre-packed sandwiches and other savoury pre-packed meals available contain 400Kcal or less per serving and do not exceed 5.0g saturated fat per 100g.

Our measures of success were?

- An independent audit of all food outlet sources on Trust premises to demonstrate that all achievements have been met.

Progress during 2018/19:

- We have commissioned an external auditor to complete an independent review of all food outlet sites across the Trust to evidence robust compliance (Food for Life, Soil Association).
- We have maintained the four changes that were required in the 2016/17 CQUIN deliverables.
- We worked in partnership with charity managed outlets to further promote the healthy eating agenda.
- Fruit is now located adjacent to the checkouts in food and drink outlets.
- The Trust has removed all non-compliant cardboard food and drink branding displays.
- The Trust has achieved the aims in the Quality Account during 2018/19 and is fully compliant with the Healthy Food CQUIN for 2017-19. At the time of writing this report, Commissioners have yet to confirm this achievement.

Next Steps:

- During 2019-2020, alternative healthy meal options will be introduced at Haywood Hospital and we are considering the introduction the ability for staff to order healthy options for collection, if they work outside of café opening hours.
- We will ensure our Nutrition and Hydration Strategy encapsulates the ethos of the CQUIN so that we continue to sustain and further improve the healthy eating agenda across the Trust. We will share lessons so that other initiatives improve the health and wellbeing of patients, visitors and staff.

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Summary of Former Staffordshire & Stoke of Trent Partnership NHS Trust 2018/19 Priorities for Improvement

Most of the priorities identified by Staffordshire & Stoke of Trent Partnership NHS Trust in their 2017/18 Quality Accounts have been reported on elsewhere within this document. There are however two priorities, as presented below, that do not feature elsewhere in these accounts that we have provided a summary of achievement for:

Priority Area	What were we aiming for?
Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.

Progress Update 2018/19

The Trust has demonstrated a significant improvement in the number of wound assessments completed.

In 2017/18, we were performing at 16% and since then there has been a significant increase to 91% in 2018/19.

Our Community Teams have improved and sustained a good standard of documentation with the majority of teams achieving over 96% compliance.

Progress Update:
We have commenced an enhanced Four Day Tissue Viability Training Programme to include wound assessment. All new community nurses are required to attend as part of their induction programme and following this complete a wound care competency. Training and competency compliance is monitored by the Trust Wound Care Steering Group.

The improved completion of wound assessments has positively shortened the time in which patients now receive compression therapy which is significant in supporting healing.

Next Steps:
We will revise the wound care assessment form making it available on the patient electronic record system. This will reduce the time it takes for our Community Nurses to document their assessments.

Our Tissue Viability Nurses will complete a 6 month audit to monitor wound care assessment compliance to ensure sustainability. This audit will be presented to our Wound Care Steering Group.

Priority Area	What were we aiming for?
Personalised care and support planning	To improve the lives of patients with one or more Long Term Condition (LTC) by receiving specific support related to their LTC to improve the patient's confidence and autonomy to self-manage their LTC.

Progress Update 2018/19

Our specialised long term condition (LTC) teams have held meetings to review performance and share learning to improve the quality of conversations being held with patients and carers.

Training has been provided to ensure clinical staff are competent in holding these care and support planning discussions with patients and carers. During 2017/18 – 95% of staff were trained and deemed competent.

Throughout the year, we have monitored progress closely and this has indicated that we have significantly improved our ability to hold care and support planning conversations with our patients and carers.

This is evidenced by demonstrable improvements in the self-care score's for all of the patients and carers identified in the CQUIN cohort.

The Trust has gone beyond the CQUIN cohort and has implemented this quality initiative to all patients who have one or more LTC.

Currently, the Trust is in process of determining 2018/19 CQUIN achievement with Commissioners.

Priorities for Improvement 2019/20

Our three improvement priorities for 2019/20 were chosen following a review of our current services, consulting with our key stakeholders and reviewing feedback from our service users.

The three key priorities for improvement identified are:

- 72 hour follow up for people discharged from inpatient mental health wards
- Six month review for all discharged stroke patients
- To improve patient experience / feedback response rates across all services

In addition to linking our priorities to the three domains of quality; patient safety, clinical effectiveness and service user experience, we have also chosen to align our priorities to the Commissioning for Quality and Innovation (CQUIN) scheme as agreed with our commissioners.

Progress against these improvement initiatives will be monitored routinely and in partnership with our commissioners. The Trust Board will receive a quarterly report on progress and achievement and this will be published on the Trust website under the Board Meeting Papers Section. This progress report is a component of a Trust Wide Assurance Report which not only provides an update on these three priority indicators but on all quality and clinical performance; alongside Trust finance, business, medical, human resources and operational performance.

Key to the achievement of these quality priorities is the capability and capacity of clinical staff. Through leadership from our operational directors and clinical leads we will ensure that clinical staff are provided with the right information, training and clinical supervision to put these initiatives into practice.

The details of our three key priorities for improvement are:

Quality Domain	Priority Area	Why have we chosen this area?	What are we aiming to achieve?	Our measures of success
Safety	72 hour follow up for people discharged from inpatient mental health wards	72 hour follow up is a key part of the national work to support the suicide prevention agenda. The National Confidential Inquiry into suicide and safety in mental health (2018) found that the highest number of deaths occurred on day 3 post discharge	That our service users have timely and well planned discharge That follow up post discharge occurs within 72 hours	That more than 80% of service users discharged from our inpatient mental health wards are followed up within 72 hours of discharge. This will be monitored through our regular key performance indicator reporting to the Trust Board

Quality Domain	Priority Area	Why have we chosen this area?	What are we aiming to achieve?	Our measures of success
Clinical Effectiveness	Six month review for all discharged stroke patients	Improved stroke rehabilitation is a key pillar of the stroke improvement landscape and is also one of the key commitment areas within the NHS Long Term Plan The six month reviews also provide an opportunity for enhanced personalisation of care through identification of further support needs e.g through social prescribing	To ensure that people who have had a stroke receive appropriate review and follow up To encourage people to focus on their life after a stroke and help them to achieve their goals	That at least 55% of eligible stroke survivors receive a six month follow up within 4-8 months of their stroke

Quality Domain	Priority Area	Why have we chosen this area?	What are we aiming to achieve?	Our measures of success
Patient Experience	To improve patient experience / feedback response rates across all services	Gathering patient experience is key to understanding whether the services we provide are meeting people's needs and are of a high quality. Currently our patient feedback response rates vary across Trust services and we need look at the ways we ask for feedback to maximise opportunities to help us to learn and improve.	To have reviewed our feedback methodologies and ensure that we offer a range of options for gathering experience and providing feedback To review and update our current feedback systems	That we will have improved our overall feedback response rate by 20%

Statements of Assurance from the Board

Review of Services

During 2018/19 the Midlands Partnership NHS Foundation Trust provided and /or subcontracted 173 relevant health services.

The Midlands Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in 173 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by Midlands Partnership NHS Foundation Trust for 2018/19.

Clinical Audit / Confidential Enquiries

During 2018/19 14 national clinical audits and 2 national confidential enquiries covered relevant health services that Midlands Partnership NHS Foundation Trust provides.

During that period Midlands Partnership NHS Foundation Trust participated in 93% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Midlands Partnership NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:

National Audit
• National Diabetic Foot Care Audit (NDFA)
• The Falls and Fragility Fracture Audit Programme (FLS-DB) Clinical audit
• Sentinel Stroke National Audit Programme (SSNAP)
• In-Patient Falls Audit
• National Audit of Intermediate Care (NAIC)
• National Early Inflammatory Arthritis Audit
• National Clinical Audit of Anxiety and Depression (Core Audit)
• National Clinical Audit of Anxiety and Depression – Psychological Therapies (Spotlight)
• National Audit of Care at the End of Life
• National Audit of Psychosis – (EIP spotlight audit)
• POMH-UK Topic 16b: Rapid Tranquillisation
• POMH-UK Topic 18a: Use of clozapine
• POMH-UK Topic 6d: Assessment of the side effects of depot antipsychotics
• POMH-UK Topic 7f: Monitoring of patients prescribed lithium
National Confidential Enquiries
• National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
• Long Term Ventilation in Children up to 25

The national clinical audits and national confidential enquiries that Midlands Partnership NHS Foundation Trust participated in during 2018/19 are as follows:

National Audit
• National Diabetic Foot Care Audit (NDFA)
• The Falls and Fragility Fracture Audit Programme (FLS-DB) Clinical audit
• Sentinel Stroke National Audit Programme (SSNAP)
• In-Patient Falls Audit
• National Early Inflammatory Arthritis Audit
• National Clinical Audit of Anxiety and Depression – (Core Audit)
• National Clinical Audit of Anxiety and Depression – Psychological Therapies (Spotlight)
• National Audit of Care at the End of Life
• National Audit of Psychosis – (EIP spotlight audit)
• POMH-UK Topic 16b: Rapid Tranquillisation
• POMH-UK Topic 18a: Use of clozapine
• POMH-UK Topic 6d: Assessment of the side effects of depot antipsychotics
• POMH-UK Topic 7f: Monitoring of patients prescribed lithium
National Confidential Enquiries
• National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
• Long Term Ventilation in Children up to 25

The national clinical audits and national confidential enquiries that Midlands Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	
Audit Title	**% cases submitted**
National Diabetic Foot Care Audit (NDFA)	**100%** *176/176 eligible cases*
The Falls and Fragility Audit Programme (FLS-DB) clinical audit	**100%** 1423/1423 eligible cases
Sentinel Stroke National Audit programme (SSNAP)	**100%** *755/755 eligible cases*
In-Patient Falls Audit	**N/A** *(No cases met inclusion criteria for 18/19)*
National Early Inflammatory Arthritis Audit	**100%** *489/489 eligible cases*

National Clinical Audit of Anxiety and Depression (Core Audit)	**59%** *59/100 eligible cases*
National Clinical Audit of Anxiety and Depression – Psychological Therapies (Spotlight)	**100%** *58/58 eligible cases*
National Audit of Care at the End of Life	**100%** *12/12 eligible cases*
National Audit of Psychosis – (EIP spotlight audit)	**100%** *82/82 eligible cases*
POMH-UK Topic 16b: Rapid Tranquillisation	**100%** *11/11 eligible teams*
POMH-UK Topic 18a: Use of clozapine	**61%** *14/23 eligible team/consultants*
POMH-UK Topic 6d: Assessment of the side effects of depot antipsychotics	**97%** *402/414 eligible cases*
POMH-UK Topic 7f: Monitoring of patients prescribed lithium	**100%** *46/46 eligible cases*
National Confidential Enquiries	
Enquiry Title	% cases submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	**100%**
Long Term Ventilation in children up to 25	**100%** 37/37 eligible cases

The reports of 6 national clinical audits were reviewed by the provider in 2018/19 and Midlands Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Improve feedback to staff about performance

- Share audit reports for learning and celebration through local and Trust groups

Reorganise work flow / practice

- Submit Business Case for Fracture Liaison Service in Stafford
- Develop Fracture Liaison Service (FLS) pathways with elderly care to refer inpatients

Improve documentation to standardise processes and ensure best practice

- Agree a local standard process for how National Diabetic Foot Ulcer (NDFA) data is entered onto the national database.
- Generic care plan template created for clinical teams to utilise when patients are prescribed high dose antipsychotics

Improve communication with other agencies

- Clarify podiatry referral process with commissioners to ensure that expected pathways are followed.

Enhance Training and support for staff

- Training of front line staff and raising awareness and need for inputting on NDFA.
- Communication to be sent to clinicians responsible for prescribing regarding best practice for prescribing high dose and combined antipsychotics
- Both Early Intervention teams now have a trained practitioner available to offer Cognitive Behavioural Therapy.

- Supervision arrangements are in place following the appointment of a consultant clinical psychologist.
- All Early Intervention teams practitioners in South Staffordshire are trained in Behavioural Family Therapy with further training planned for Shropshire.
- Training of staff and engagement within stroke rehabilitation to ensure understanding of Sentinel Stroke National Audit Programme (SSNAP) and consistency of data collated and submitted.

The reports of 62 local clinical audits were reviewed by the provider in 2018/19 and Midlands Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Improve feedback to staff about performance

- Share audit reports for learning and celebration through local and Trust groups.
- Wards can now access live information on their performance against the CQUIN and other physical health monitoring requirements.
- Shared learning across teams where behavioural therapy is being delivered effectively.
- Safeguarding team will ensure that safeguarding supervision is offered in all cases which will be monitored / reviewed monthly.

Reorganise work flow/ practice

- Protected time has been made available in the Health Advising rota to do chlamydia follow-up contact tracing via telephone and/or text.
- Epilepsy Care Pathway to be reviewed to better reflect the needs of the service user group and the service specification.
- Propose/develop a “drop off” service for patients requiring a ‘test of cure’ (TOC), providing an alternative to needing to book appointments and reducing DNA’s.
- Develop and implement a systematic approach to arranging CPA reviews, including the completion of physical health checks and sending the required correspondence (in support of CQUIN 3b).
- All wards to have an up to date list of authorised signatories for staff who can order medicines available on the ward. Dispensary Manager to produce a sheet that will be sent annually.

Improved patient literature/ access to information

- Easy Read leaflets for service users with epilepsy to be sourced or developed.
- Team Leaders to make sure melatonin information is readily available at clinics for clinicians to disseminate to patients and/or parents/carers.
- Increase number of insulin self-administrations through; roll out self-care plan; devise a patient leaflet; devise an animation of self-administration tutorial.

Improve documentation to standardise processes and ensure best practice

- Obesity care plan template to be developed and agreed for use within the service, to be used by key workers to formulate and individualise weight management care plans with patients.
- Guidelines on the management of gonorrhoea to be published on the shared drive, accessible by all staff.
- Profession specific care records guidance (Allied Health Professionals, Dental, Health Visiting and Nursing) has been updated and circulated to teams.
- Training and support will be provided to prescribers in relation to compliance with the Prescription Forms and Security Policy.

- New standard operating procedure for purchasing of new equipment is in development that includes detail around advice and support available from the Infection Control Team.
- Standardised handover tool to be agreed and rolled out across teams.
- Implement a new continence basic assessment form, including details of carer involvement, measurements and treatment plan.

Improve communication with other agencies

- Develop and implement standard processes for the production of discharge letters in inpatients to enhance communication with GPs.
- Devise a template for immediate communication to the GP for dissemination and use by paediatricians.
- Disseminate the referral criteria to referrers to the Infant Feeding Team, as an aid when completing Tongue Tie referrals.

Enhance training and support for staff

- Specific support will be provided to teams where required to deliver improvements in tobacco and alcohol, screening and interventions.
- Care planning workshops are being planned and are to be rolled out by the Clinical Education Team.
- Post incident support is included in the Trust's 'Restrictive Practices Strategy'. This will be included within the De-escalation Management Intervention (DMI) training and promoted through the DMI website.
- Allied Health Professional staff to attend the Recovery college confidentiality training, and invite Mental Health Act Department to deliver Advanced Directive training for teams.
- Infection Control Team to host on a study day in relation to sharps and sharps management.

Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Midlands Partnership NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 2219.

Commissioning for Quality and Innovation

A proportion of Midlands Partnership NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Midlands Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at: https://www.mpft.nhs.uk/about-us/quality/cquins

The monetary total for income in 2018/19 conditional upon achieving quality improvement and innovation goals was £3m and the monetary total for the associated payment in 2017/18 was £1.6m.

Registration with the Care Quality Commission

Midlands Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered. Midlands Partnership NHS Foundation Trust has the following conditions on registration: the registered provider must ensure that the regulated activity of personal care is managed by an individual who is registered as a manager in respect of that activity at or from all locations. The Care Quality Commission has not taken enforcement action against Midlands Partnership NHS Foundation Trust during 2018/19.

Midlands Partnership NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas 2018/19; Local System Review of health and social care in Staffordshire during 22nd-26th October 2018, Local System Review of health and social care in Stoke on Trent (progress report) during 21st-22nd November 2018. The reviews identified key areas for improvement for the Staffordshire health and social care system and for the Stoke on Trent health and social care system and Midlands Partnership NHS Foundation Trust has made progress by 31st March 2019 in taking such action as a system partner. The reports are available at
https://www.cqc.org.uk/sites/default/files/20181214_local_system_review_staffordshire.pdf
https://www.cqc.org.uk/sites/default/files/20181221_stoke_LSR.pdf

Quality of Data

Midlands Partnership NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.8% for admitted patient care;
- 100% for out-patient care.

Which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care;
- 100% for out-patient care.

'Midlands Partnership Foundation Trust successfully completed the Data Security and Protection toolkit submission for 2018-19. The Trust was compliant in all areas with the exception of Mandatory Training and completion of a recent Psuedonimysation Audit, 'NHS digital' has accepted the action plans to remedy these outstanding metrics

Midlands Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Learning from Deaths

During 2018/19 380 of Midlands Partnership NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 92 in the first quarter (former South Staffordshire & Shropshire Healthcare NHS Foundation Trust) ;
- 106 in the second quarter;
- 82 in the third quarter;
- 100 in the fourth quarter.

By 31st March 2019, 150 case record reviews and 192 investigations have been carried out in relation to 341 of the deaths included in the paragraph above.

In 7 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 95 in the first quarter;
- 109 in the second quarter;
- 82 in the third quarter;
- 56 in the fourth quarter

0 representing 0% of patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter;

These numbers have been estimated using the outcome from the Root Cause analysis review for unexpected deaths and the outcome of the mortality review for death by natural cause.

Summary of Learning From case record reviews and investigations conducted in relation to the deaths identified

Service Area	Learning
Mental Health Services	• The importance of carrying mental health physical annual reviews within the required time-frame • An emerging theme has been identified regarding diagnostic over-shadowing when service users with mental health conditions access physical health services • The importance of conducting medication reviews as part of annual physical health reviews • Did Not Attend Policy to be adhered to at all times to ensure involvement and engagement is maximised • The importance of clinical teams / wards obtaining GP summaries as soon after referral / admission as possible

	• The importance of timely entries on the clinical electronic record system • The importance of reviewing observation and engagement levels following periods of self-harming
Inclusion Services	• The importance of recording the actual units of alcohol consumption: to have a standard method of reporting alcohol use • Where a Safeguarding need has been identified, follow-up actions need to be clearly documented • Service users presenting as high risk need to have wrap around services involved in reviews and agree a joint contingency plan • Positive learning identified whereby Inclusion workers have supported service users to attend physical health appointments
Prison Services	• Access to information regarding annual physical health reviews to inform prescribing and ongoing interventions • The need to signpost/referral to relevant agencies where bereavement issues have been identified • Positive learning identified regarding joint working between primary care prison staff and mental health workers.
Community (Physical Health)/ Community Hospitals	• The importance of assessing clinical risk at the point of referral for social care assessment • It has been noted on a number of occasions that palliative care requirements and frailty have not been identified by partner agencies referring for social care only elements of Home First • Positive learning identified from a number of joint worked cases between local acute hospital and community hospital
Learning Disability Services	• The need to review the role of Community Learning Disability Nurses with regard to carry out physical health assessments • There have been a number of cases reviewed by Trust Mortality Review Panel where a late diagnosis on cancer has been made • The Trust Mortality Review Panel has noted a number of deaths that have not been considered for a full LeDeR despite having complex health needs
Forensic Services	• Care Planning and risk assessment to reflect the physical health needs

Description of the actions taken in 2018/19 as a consequence of the learning and the impact of these actions

Action Taken	Impact of Action
The establishment of a multi partner strategic collaborative to reduce mortality for those with psychosis	Improved understanding of those individuals who require an annual physical health assessment New model of joint working agreed so that going forward service users will have a combined physical health review and mental health review, coordinated by a primary care nurse and a mental health practitioner
Delivery of physical health reviews in line with the national CQUIN requirements	Increase in the number of individuals who have participated in an annual physical health review and a greater understanding of their physical health and lifestyle needs
Review and implementation of the Trust Did Not Attend Policy	Greater clarity for staff regarding follow up arrangements after a service user does not attend More assertive follow up for those service users who do not attend but are considered to be at significant risk
The recruitment of a Family Liaison	Improved the liaison with families following a death Bereavement support offered to families and signposting to specialist

Officer to work with families following a death	support agencies Increased involvement of families in Serious Incident investigations Richness of learning for clinical staff viewed from the family perspective
Sharing of internal mortality review reports with LeDeR to enhance multi-agency learning	Learning has fed into local LeDeR learning bulletins and has also been fed into national themes via LeDeR local area contacts
Focus on physical health checks in forensic services	More staff trained in taking bloods and performing ECG which give more availability and choice for service users (e.g. if a service user prefers a male we are better able to accommodate this) The self-referral process to the clinic has allowed service users greater access to health promotion opportunities - they can come and get support and advice out of choice and when they feel ready Feedback from service users is that they feel that the interventions offered in the clinic means they feel that their physical health is being given priority and the appointment based system allows for greater structure The development of a multi-profession physical health team that includes, Nursing staff, Dietetics and Sports Instructors is allowing for a more holistic approach to health and well-being

0 case record reviews and 40 investigations completed after 31st March 2018 which related to deaths which took place before the start of the reporting period.
0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the outcome from the Root Cause analysis review for unexpected deaths and the outcome of the mortality review for death by natural cause.

0 representing 0% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Reporting Against Core Indicators

The NHS (Quality Accounts) Amendment Regulation 2012 sets out a core set of quality indicators, which Trusts are required to report against in their Quality Accounts. The inclusion of these mandated indicators enables the Trust to provide data that is benchmarked against the national average performance of other mental health trusts. We have reviewed these indicators and are pleased to provide you with our position against all relevant indicators for the last two reporting periods (years).

**Please note that the CPA 7 day follow up and delayed transfer of care figures for quarter 4 2017/18 differ from those published in our 2017/18 Quality Accounts. This is due to a refresh in data published by the NHS Digital Indicator portal*

CPA 7 day follow-up

The data made available to the Trust by the NHS Digital Indicator Portal with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period. The data presented in line with the standard national definition which can be found within the Standard Definitions section of this report on page 60.

2017/18				
Timeframe	**Bench-mark**	**Total number of patients on CPA discharged from psychiatric inpatient care**	**Number of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care**	**Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care**
1st Apr 2017 – 30th Jun 2017	Trust	336	331	98.5%
	England	16,372	15,824	96.7%
	Highest reporting Trust	124	124	100%
	Lowest reporting Trust	7	5	71.4%
1st Jul 2017 – 30th Sept 2017	Trust	321	310	96.6%
	England	16,347	15,814	96.7%
	Highest reporting Trust	141	141	100%
	Lowest reporting Trust	8	7	87.5%
1st Oct 2017 – 31st Dec 2017	Trust	378	362	95.8%
	England	16,790	16,017	95.4%
	Highest reporting Trust	141	141	100%
	Lowest reporting Trust	351	243	69.2%
1st Jan 2018 – 31st Mar 2018	Trust	408	396	97.1%
	England	19,795	16,040	95.5%
	Highest reporting Trust	1,154	1,006	87.2%
	Lowest reporting Trust	5	5	100%

2018/19				
Timeframe	Bench-mark	Total number of patients on CPA discharged from psychiatric inpatient care	Number of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care	Proportion of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care
1st Apr 2018 – 30th Jun 2018	Trust	415	396	95.4%
	England	17,329	16,594	95.8%
	Highest reporting Trust	1,104	1,200	92.0%
	Lowest reporting Trust	5	5	100%
1st Jul 2018 – 30th Sept 2018	Trust	400	382	95.5%
	England	17,080	16350	95.7%
	Highest reporting Trust	1,272	1,149	95.7%
	Lowest reporting Trust	5	5	100%
1st Oct 2018 – 31st Dec 2018	Trust	379	363	95.8%
	England	16,104		
	Highest reporting Trust		16,860	95.5%
	Lowest reporting Trust	1,282	1,146	89.4%
1st Jan 2019 – 31st Mar 2019	Trust	368	359	97.6%
	England	*	*	*
	Highest reporting Trust	*	*	*
	Lowest reporting Trust	*	*	*

**National benchmarking data for the period 1st January 2019 to 31st March 2019 is yet to be released by the NHS Digital Indicator Portal.*

Midlands Partnership NHS Foundation Trust considers that this data is as described for the following reasons.

- Our staff understand the clinical evidence underpinning this target and are committed to maintaining a high level of compliance
- We have well established mechanisms in place for monitoring and validating data quality relating to CPA.

Midlands Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Continuing to raise awareness with clinical staff regarding their responsibility for providing 7 day follow-up
- Conducting clinical audits to identify areas that require targeted improvement.

Admission to Acute Wards via Crisis Resolution Home Treatment

The data made available to the Trust by the NHS Digital Indicator Portal with regard to the percentage of admissions to acute wards for which Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period. The data presented is in line with the standard national definition which can be found within the Standard Definitions section of this report on page 60.

Timeframe	Bench-mark	Proportion of admissions to acute wards that were gate kept by the CRHT teams
1st Apr 2017 – 30th Jun 2017	Trust	100%
	England	98.7%
	Highest reporting Trust	100%
	Lowest reporting Trust	88.9%
1st Jul 2017 – 30th Sept 2017	Trust	99.2%
	England	98.6%
	Highest reporting Trust	100%
	Lowest reporting Trust	94%
1st Oct 2017 – 31st Dec 2017	Trust	100%
	England	98.5%
	Highest reporting Trust	100%
	Lowest reporting Trust	84.3%
1st Jan 2018 – 31st Mar 2018	Trust	100%
	England	98.7%
	Highest reporting Trust	100%
	Lowest reporting Trust	88.7%
1st Apr 2018 – 30th Jun 2018	Trust	100%
	England	98.1%
	Highest reporting Trust	100%
	Lowest reporting Trust	85.1%
1st Jul 2018 – 30th Sept 2018	Trust	100%
	England	98.4%
	Highest reporting Trust	100%
	Lowest reporting Trust	81.1%
1st Oct 2018 – 31st Dec 2018	Trust	99.6%
	England	97.8%
	Highest reporting Trust	100%
	Lowest reporting Trust	78.8%
1st Jan 2019 – 31st Mar 2019	Trust	100%
	England	*
	Highest reporting Trust	*
	Lowest reporting Trust	*

**National benchmarking data for the period 1st January 2019 to 31st March 2019 is yet to be released by the NHS Digital Indicator Portal.*

Midlands Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- Our staff understand the clinical evidence underpinning this target and are committed to maintaining a high level of compliance

Midlands Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:-

- Continuing to reinforce to clinical staff the importance of gatekeeping admissions to hospital

Readmission to Hospital within 28 Days of Discharge

The percentage of patients aged 16 and over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period *(please note there were no admissions of patients aged 0-15 during the reporting period)*

Please note that this data in not made available to the NHS Digital Indicator Portal as it is not a requirement for mental health trusts. The data to support this indicator has been taken from RiO the Trust clinical electronic record system. Therefore no national benchmarking data is available.

Timeframe	Bench-mark	% of patients aged 16 and over readmitted to hospital within 28 days of discharge
1st Apr 2017 – 30th Jun 2017	Trust	11.1%
1st Jul 2017– 30th Sept 2017	Trust	6.5%
1st Oct 2017 – 31st Dec 2017	Trust	10.4%
1st Jan 2018 – 31st Mar 2018	Trust	12.7%
1st Apr 2018 – 30th Jun 2018	Trust	9.0%
1st Jul 2018– 30th Sept 2018	Trust	13.0%
1st Oct 2018 – 31st Dec 2018	Trust	11.5%
1st Jan 2019 – 31st Mar 2019	Trust	10.1%

Midlands Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- We have well established mechanisms for following up people who are discharged from inpatient services and for monitoring and validating data quality relating to 28 day readmission rates

Midlands Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by

- Continuing to reinforce to clinical staff the importance of timely and appropriate follow up
- Continuing to monitor and validate data in line with Standard Operating Procedures

Patient Experience of Community Mental Health Services

The data made available to the Trust by the Care Quality Commission with regard to the Trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

To determine our performance against this indicator we have referred to the section score (mean score) for the Health and Social Care Workers section of the CQC Community Mental Health Survey. This section is made up of three areas as follows:

- **Listening**: for the person or people seen most recently **listening carefully to them**
- **Time**: being given **enough time** to discuss their needs and treatment
- **Understanding:** for the person or people seen most recently understanding how their mental health needs affect other areas of their life

Performance	Experience of Care	
	2017 Survey	**2018 Survey**
Midlands Partnership NHS Foundation Trust	**8.1**	**7.0**
Lowest Reporting Trust Score	**6.4**	**5.6**
Highest Reporting Trust Score	**8.2**	**7.5**
Responses to the survey are converted into scores on a scale of 0-10. A score of 10 represents the best possible score. *CQC reports our Trust scores are "Better" compared with other Trusts for this section.*		

**Data source: Care Quality Commission Community Mental Health Survey's 2017 and 2018*

Midlands Partnership NHS Foundation Trust considers that this data is as described for the following reasons.

- That the Trust continues to drive engagement and responsiveness to individual service users' needs
- That the data has been compiled and validated by the Picker Institute

Midlands Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by

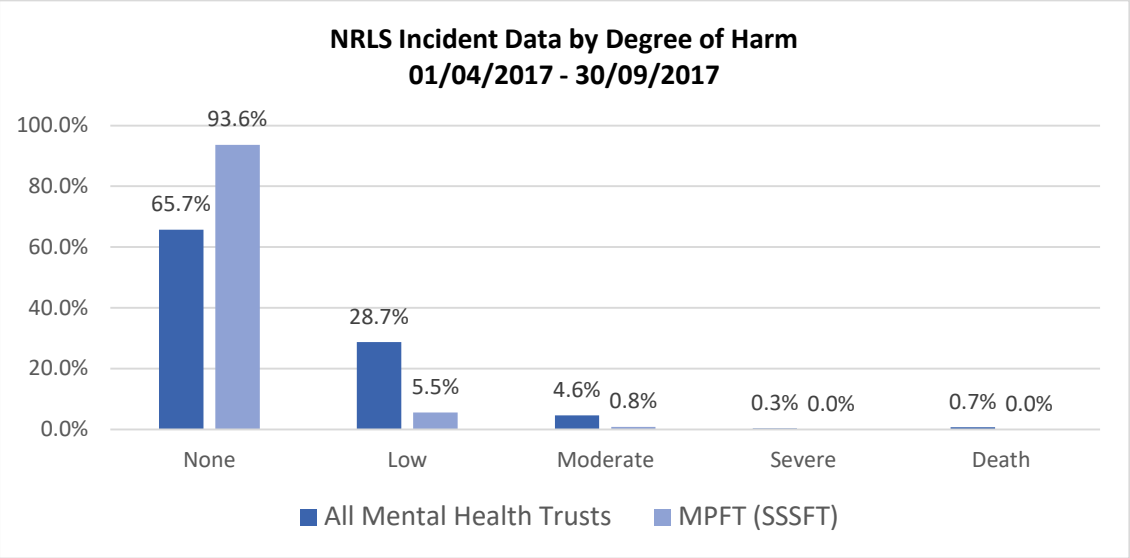
- Sharing the outcomes of the 2018 Patient Survey across the Trust
- Comparing the scores with our real-time service users experience measures
- Identifying local actions to be taken
- Monitoring progress through our care group governance forums

Patient Safety Incidents

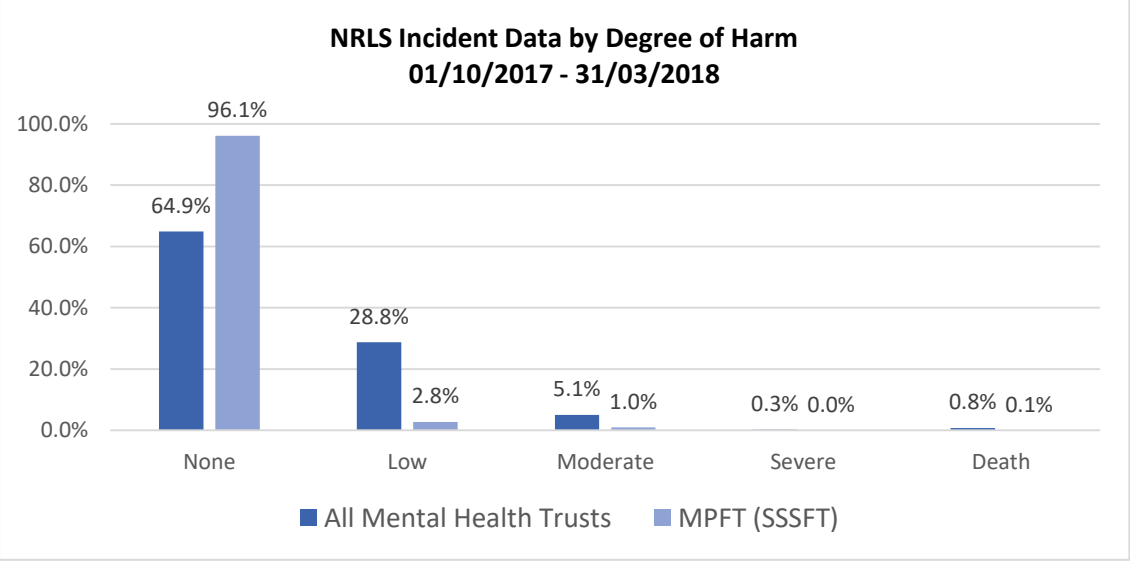
The data made available to the Trust by NHS Improvement with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. The data presented is in line with the standard national definition which can be found within the Standard Definitions section of this report on page 60.

We are unable to provide national benchmarking data for this indicator for the full two year data period, as the latest National Reporting and Learning Service Patient Safety Incident Report release (by NHS Improvement) was for the period 01/04/2018 – 30/09/2018. On 1 June 2018 South Staffordshire and Shropshire Healthcare NHS Foundation Trust (RRE; mental health cluster) acquired Staffordshire and Stoke on Trent NHS Trust (R1E; community cluster) and changed to Midlands Partnership NHS Foundation Trust. The Midlands Partnership NHS Foundation Trust has been placed within the Community Trust cluster for the latest incident report release and comparisons. We have provided a full two year comparison of Trust data for Community and Mental Health Clusters. Total number of incidents by degree of harm is not published by NHS Improvement therefore the data included within the accounts is Trust data only.

Mental Health Cluster NRLS Reporitng 1st April 2017 – 31st March 2018

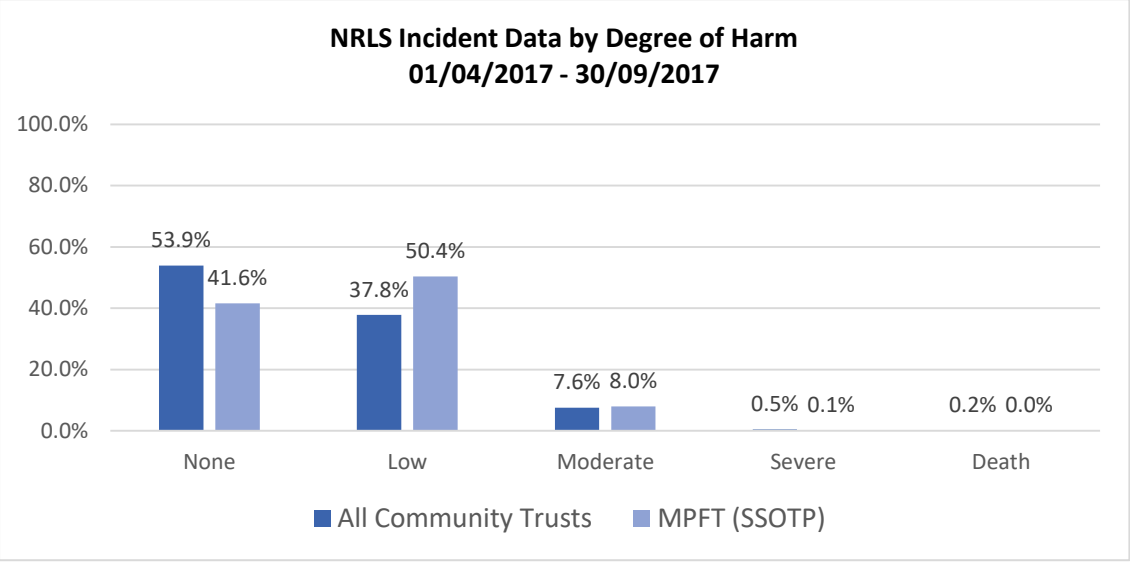


Trust Total reported incidents by degree of harm Mental Health 01/04/2017 – 30/09/2017				
None	Low	Moderate	Severe	Death
2109	124	19	0	1

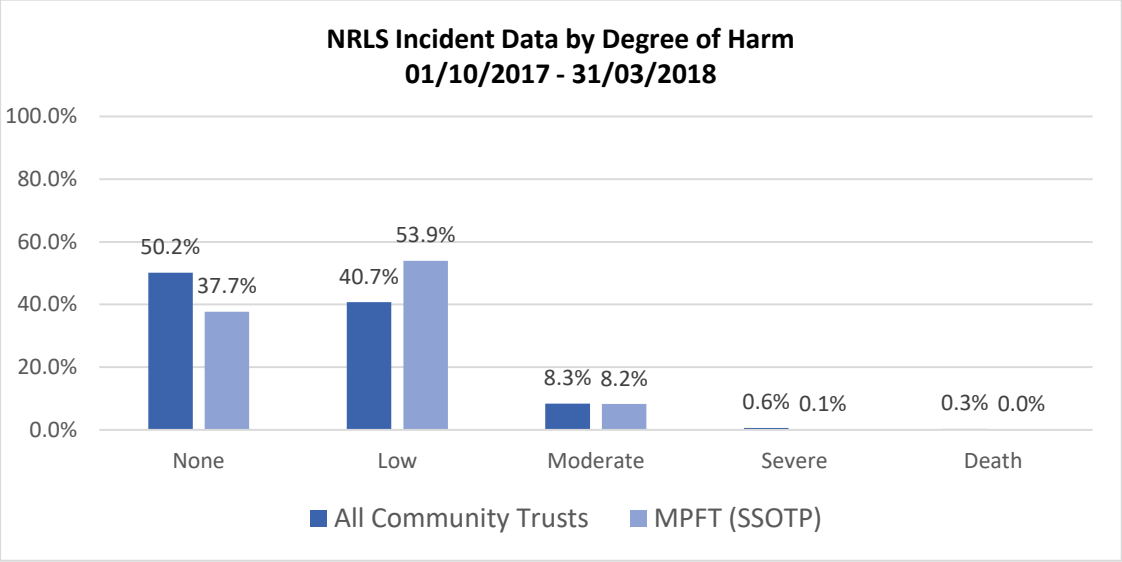


Trust Total reported incidents by degree of harm Mental Health 01/10/2017 – 31/03/2018				
None	Low	Moderate	Severe	Death
1737	51	18	0	2

Community Health Cluster NRLS Reporitng 1st April 2017 – 31st March 2018

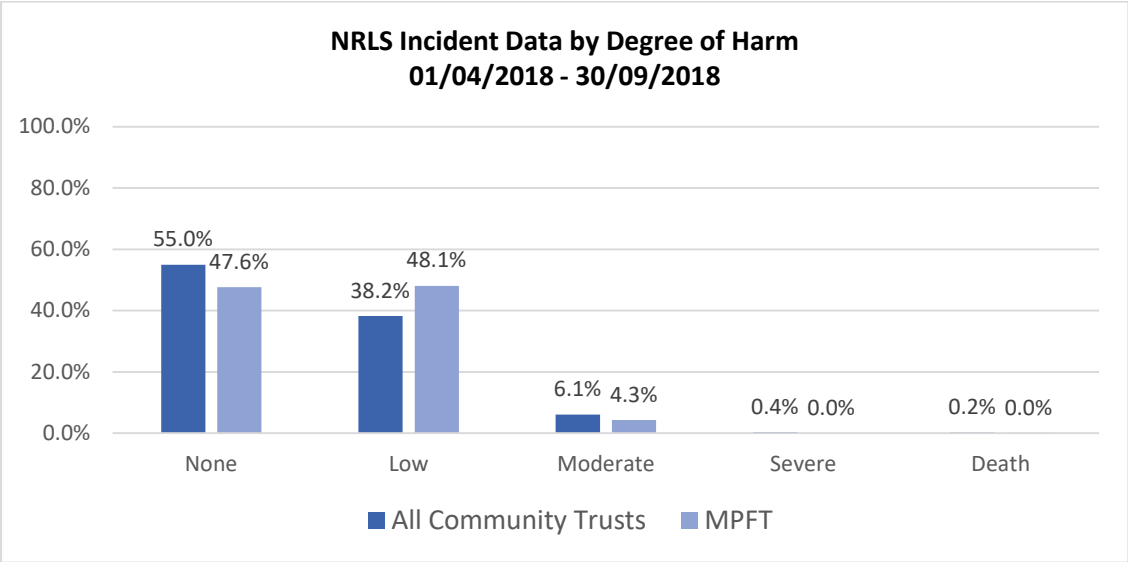


Trust Total reported incidents by degree of harm Community Health 01/04/2017 – 30/09/2017				
None	Low	Moderate	Severe	Death
2791	3384	534	6	2



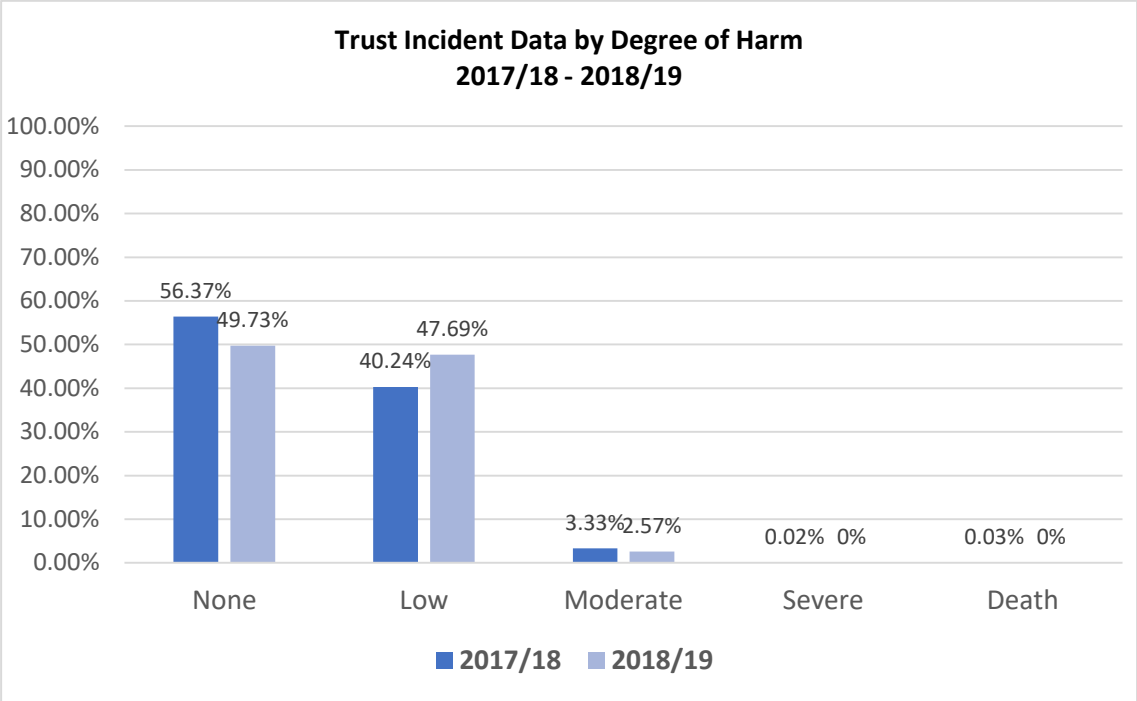
Trust Total reported incidents by degree of harm Community Health 01/10/2017 – 31/03/2018				
None	Low	Moderate	Severe	Death
2844	4064	619	9	2

Midlands Partnership NHS Foundation Trust Community Cluster NRLS Reporitng 1st April 2018 – 30th September 2018



Trust Total reported incidents by degree of harm Community Health Cluster 01/04/2018 – 30/09/2018				
None	Low	Moderate	Severe	Death
4673	4724	420	0	4

Trust Incident Data reported patient safety incident by degree of harm



Trust Total Reported Incidents by degree of harm 2017/18 – 2018/19					
	None	Low	Moderate	Severe	Death
2017/18	7255	5179	429	3	4
2018/19	6799	6520	352	0	0

Trust Total Reported Incidents by % Degree of Harm 2017/18 – 2018/19					
	None	Low	Moderate	Severe	Death
2017/18	56.37%	40.24%	3.33%	0.02%	0.03%
2018/19	49.73%	47.69%	2.57%	0%	0%

Midlands Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- Robust risk management is central to the effective running of our organisation and therefore all managers and staff throughout the Trust take responsibility for the reporting of and learning from incidents

Midlands Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by

- Continuing to improve our processes for reporting and learning from incidents whilst ensuring that we continue to examine incident trends and clusters taking action to minimise future risk.

Our Local Quality Indicators 2019/20

In part 3 of this Quality Accounts report we provide an overview of the quality of care provided by Midlands Partnership NHS Foundation Trust during 2018/19 against a range of local quality indicators. These indicators have been agreed by the Trust Board of Directors following a period of consultation with key stakeholders. The indicator set for each year spans the three domains of quality; patient safety, clinical effectiveness and experience and suggestions for priorities are drawn from a number of sources, including; Commissioning for Quality and Innovation (CQUIN) goals, feedback themes from real-time service user experience, recommendations from national reviews, quality improvement areas identified from our internal thematic reviews, Trust's review of its quality performance, for example incident data and complaints and stakeholder feedback, both external and from internal engagement forums.

Out local quality indicators that we intend to report upon for 2019/20 are set out below. As well as new goals we will also be as taking forward our improvement priorities from 2018/19.

Patient Safety	
Indicator	**Rationale for Inclusion**
Three high impact actions to prevent hospital falls (community Hospitals)	Taking the three key actions below as part os a comprehensive multidisciplinary falls intervention will result in fewer falls, bringing length of stay improvements and reduced treatment costs
Reducing harm from medication incidents	We did not meet our proposed pledge to reduce harm from medication incidents during 2018/19 and therefore will continue to focus on this key quality area and report back in our 2019/20 accounts.
Reducing restrictive practices within adult low and medium secure services	This was one of our improvement priorities for 2018/19 and we want to continue to monitor and report progress against this key quality area
Clinical Effectiveness Measures	
Indicator	**Rationale for Inclusion**
Improving staff health and wellbeing	We did not make our desired improvement goal last year and therefore we want to continue our focus on this key quality priority
Effective communication between MPFT clinicians and primary care clinicians for patients with severe mental illness	This was one of our improvement priorities for 2018/19 and we want to continue to monitor and report progress against this key quality area
Healthy weight for adult secure mental health services	Providing healthy service environments and healthy lifestyle choices has a positive impact on wellbeing and weight management. There is also a consequential cost saving for health and social care systems if obesity rates are addressed.
Service User / Carer Experience	
Indicator	**Rationale for Inclusion**
Recovery college for medium and low secure patients	Although we have made progress with this initiative we have an ambition to further improve participation in recovery college courses and therefore will report back on this in our 2019/20 accounts.
Healthy food for NHS patients, visitors and staff	This was one of our improvement priorities for 2018/19 and we want to continue to monitor and report progress against this key quality area
Engaging meaningfully and compassionately with bereaved families and carers in relation to all stages of responding to a death	We have invested in this area through the recruitment of our Family Liaison Officer but we realise there is still improvement work to be done we therefore want to continue to monitor the progress in this important area

Our Local Quality Indicators 2018/19

This section of the report provides details of our performance against our local indicator set. The indicators were chosen following a period of consultation with our key stakeholders and subsequent agreement by our Trust Board. Comparison is made between 2017/18 performance and 2018/19 performance and is Trust comparison as national benchmarking data is not available. Please note the data to support compliance with these local indicators is taken from Trust clinical electronic record systems and incident reporting system.

Patient Safety Measures

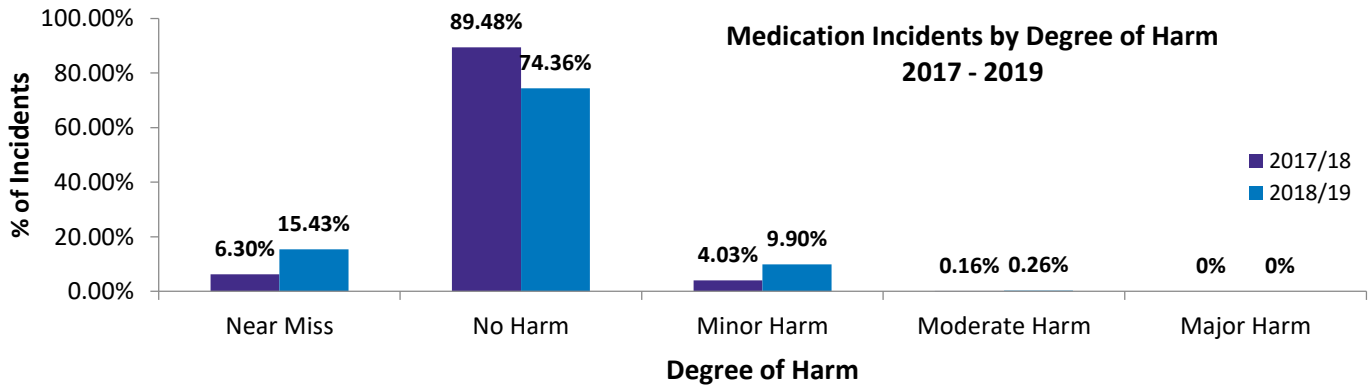
Quality Indicator	Rationale	Data Source	Target Met
Preventing ill health by risky behaviours – total number of unique admitted patients with a tobacco screen	This was one of our improvement priorities for 2017/18 and a CQUIN scheme for 2017-2019. We wanted to continue to monitor and report progress against this key quality area	Rio – Trust Clinical Electronic Record system Quarter 4 results	

Performance 2017/18	Performance 2018/19
89% (Mental Health Inpatient Wards) **100%** (Community Hospitals)	**98%** (Mental Health Inpatient Wards) **100%** (Community Hospitals)

We are pleased that our community hospitals have maintained their excellent performance and that our mental health wards have further improved their performance by 9%

Quality Indicator	Rationale	Data Source	Target Met
Reducing harm from medication incidents	This is one of our key Sign up to Safety pledges	Safeguard – Trust incident reporting system	

Performance 2017/18 | Performance 2018/19



Our Risk Management Team has been working across clinical services to promote the importance of reporting near miss events. This allows us to identify themes and take action to reduce the risk of near miss incidents becoming incidents that cause harm. We have not met our ambition to reduce incidents that cause harm and although it is positive to see that there were no major harm incidents, and that incident that cause moderate and minor harm are low, we need to continue our focus on this pledge and report back next year on progress

Quality Indicator	Rationale	Data Source	Target Met
Uptake of the flu vaccine by front line staff	This was a CQUIN indicator for 2017/19. Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months. Influenza is a highly transmissible infection and patients found in hospital are much more vulnerable to severe effects. Uptake of the flu vaccine is therefore important to reduce transmission of the virus to vulnerable patient groups	IMMFORM – Public Health data base for flu vaccination data	

Performance 2017/18	Performance 2018/19
70.8% (Former South Staffordshire & Shropshire Healthcare NHS Foundation Trust) 70.2% (Former Staffordshire & Stoke on Trent Partnership Trust) *The national CQUIN target for 2017/18 was 70%*	76.3% (Compliance for Midlands Partnership NHS Foundation Trust) *The national CQUIN target for 2018/19 was 75%*

Clinical Effectiveness Measures

Quality Indicator	Rationale	Data Source	Target Met
Improving staff health and wellbeing	This was one of our improvement priorities for 2017/18 and we wanted to continue to monitor and report progress against this key quality area	NHS Staff Survey 2018	

Performance 2017/18	Performance 2018/19

NHS Staff Survey Question	2017 Results	2018 Results
Does your organisation take positive action on health and well-being	35% (definitely)	30% (definitely)
In the last 12 months have you experienced musculoskeletal problems as a result of work activities	20%	21%
During the last 12 months have you felt unwell as a result of work related stress	38%	38%

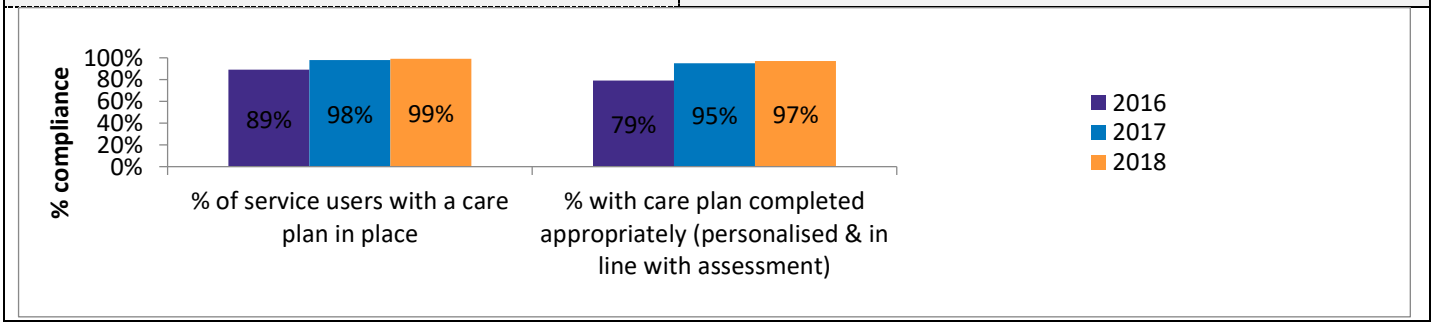
Given the organisational context, specifically in relation to merger and the impact that this has had on how staff are feeling about change, and also considering research evidence regarding the negative impact of mergers. We need to continue to monitor staff experience around these areas and we will report back on this in our next quality accounts

Quality Indicator	Rationale	Data Source	Target Met
Standardisation of falls assessment tools across all inpatient areas	During 2017/18 a thematic review was undertaken regarding the assessment and management of falls across the former SSSFT. The review recommended that the Trust needs to develop and implement a standardised approach to assessing the risk of falls	RiO – Trust electronic record system	

Performance 2017/18	Performance 2018/19
20%	100%
The thematic review undertaken in the former South Staffordshire & Shropshire Healthcare NHS Foundation Trust identified that a number of falls assessment and checklists were being used across older peoples inpatient areas. The review found that in some areas a checklist was being completed and in others a checklist and FRASE risk assessment were used. The appropriate tools were only in use in 20% of inpatient areas.	All inpatient areas now complete a falls checklist risk assessment for service users aged 65 and over

Quality Indicator	Rationale	Data Source	Target Met
Multi-disciplinary care plans for all service users open to learning disability services	Care planning was an area for improvement in learning disability services identified during our comprehensive CQC inspection in 2016. Initially the focus for improvement was on improving the quality of care plans within each professional group. Having achieved this our focus is now on implementing a single multi-disciplinary care plan.	Clinical audit	

Performance 2016-17	Performance 2018



Service User Experience Measures

Quality Indicator	Rationale	Data Source	Target Met
Recovery college for medium and low secure patients	This was one of our improvement priorities for 2017/18 and we want to continue to monitor and report progress against this key quality area	CQUIN data submission	

Performance 2017/18	Performance 2018/19

Enrolment and participation by quarter	Service users eligible*	Participation		Enrolment	
2017-2018	Number*	Number	Percentage	Number	Percentage
Q4	75*	32	42.7%	40	53.3%
2018-2019	Number*	Number	Percentage	Number	Percentage
Q4	82	37	45.1%	54	65.9%

*** Protocol for Multi Disciplinary Team rating of service user eligibility introduced for Q3 2017-18**

There has been a gradual increase in the number of service users participating in recovery college courses across medium and low secure services. We do however want to continue to focus on this key quality improvement area and report back progress in our next quality accounts

Quality Indicator	Rationale	Data Source	Target Met
Increasing our patient experience response rate in mental health services	The Trust's current patient experience response rate in mental health services is low and therefore we are unable to use this feedback as a reliable temperature gauge of patient experience. We will focus on improving our methodologies for gathering patient feedback during 2018/19	Trust mental health patient experience system responses	

Performance 2017/18	Performance 2018/19
3679 surveys completed	4743 survey completed

There was a 29% increase in survey returns during 2018/19. This is a positive step towards us being able to improve services based on the views of our services users. We recognise though that surveys are not everyone's preferred route for providing feedback and we are therefore going to be looking at feedback mechanisms as one of our key quality priorities for 2019/20

Quality Indicator	Rationale	Data Source	Target Met
Engaging meaningfully and compassionately with bereaved families and carers in relation to all stages of responding to a death	This was a key recommendation from the National Guidance on Learning from Deaths released by the National Quality Board in March 2017. This was a local indicator for us in 2017/ 18 and we want to continue to monitor of progress in this important area	National Quality Board – Learning from Deaths guidelines	

Performance 2018/19

In response to the publication of the National Quality Board guidance the Trust has implemented a number of improvements to engage more meaningfully with families following a death. these changes include:

- The recruitment of a Family Liaison Officer
- Producing an information leaflet that offers advice and signposting on bereavement services and more specialist counselling.
- Working with bereaved families to identify improved approaches to engaging families when service users do not give consent
- Changing the letters we write to families to make them more personal

Performance Against Mandated National Measures

We are committed to delivering all relevant national priorities and targets. Our performance against the access targets and outcome measures as set out in Appendices 1 and 3 of the Single Oversight Framework are detailed below, this excludes those indicators that we have reported elsewhere within this set of accounts:

National Targets & Regulatory Requirements	Threshold	2017/18	2018/19
Early Intervention in Psychosis (EIP). People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral. Ⓐ	50%	44%	89.5%
Improving access to psychological therapies (IAPT): a) Proportion of people completing treatment who move to recovery (from IAPT dataset) b) Waiting time to begin treatment (from IAPT minimum dataset) i) Within 6 weeks of referral ii) Within 18 weeks of referral	50% 75% 95%	52% 86% 98%	53% 88% 99%
Admissions to adult facilities of patients under 16 years old	N/A	0	0
Inappropriate out-of-area placements for adult mental health services Ⓐ	Overall reduction per year until 2021	94 days	176 days
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient wards b) Early intervention in psychosis services c) Community mental health services (people on care programme approach)	 90% 90% 65%	 80% 70% 35%	 98% 80% 78%

ANNEX 1

Statements from Commissioners, Local Healthwatch and Scrutiny Committees

Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality Account 2018/2019.

The quality assurance framework that Commissioners use reviews information on quality, safety, patient experience, outcomes and performance, in line with national and local contractual requirements. The CCG Quality representatives meet with the Trust on a monthly basis to seek assurance on the quality of services provided. The CCGs work closely with the Trust and undertake continuous dialogue as issues arise and conduct quality visits to clinical areas to experience the clinical environment and listen to the views of patients and front line staff.

The CCGs acknowledge the hard work involved in bringing two organisations together and note the positive results in the NHS Staff Survey 2018.

The CCG would like to recognise the Trust's commitment to improving quality as demonstrated by the following achievements:

- Commissioners wish to celebrate the recognition of staff's hard work for nomination and success at national awards including both the HSJ and Nursing Times Awards.
- The CQC inspected community health services for adults and end of life care in April 2018 and awarded the services an overall rating of 'Good'. In their reports the CQC recognised that significant improvements had been made in these services which are a result of the hard work of staff. The Trust has recently been through a comprehensive CQC well led inspection and the CCGs look forward to receiving the outcome report.
- Outcomes and learning from the Trust's quality improvement tools were recognised within two CQC publications in September 2018; "Quality improvement in hospital trusts - Sharing learning from trusts on a journey of QI" and 'Sexual Safety on Mental Health Wards'.
- The Trust is continuing with their collaborative work across the health economy to enhance physical health assessments for people with mental illness to support holistic assessment and reduce health inequalities.
- In 2018, the CCGs commissioned an independent review of CAMHS and Autism services, the CAMHS element of which related to MPFT. A number of recommendations for action and improvement have been agreed and we look forward to continuing to work with the Trust to drive improvements.

Priorities for 2019/20

Commissioners welcome the priorities for 2019/20. In particular the 72 hour follow up for people discharged from inpatient mental health wards which supports the Suicide Prevention agenda.

We recognise that the numbers, calibre, skill mix and continuity of staff are fundamental to providing/sustaining quality care. Commissioners closely monitor workforce in relation to recruitment and retention. We are excited by the opportunity to work with the Trust to enhance community nursing reporting to change the emphasis from workforce to caseload skill mix in line with National publications.
Commissioners are pleased that the Trust continues to be an active partner within the Staffordshire Sustainability and Transformation Partnership where integrated care remains a key priority in improving patient outcomes.

We look forward to working together with the Trust to ensure continued improvement over the coming year.

Marcus Warnes
Accountable Officer

Heather Johnstone
Executive Director of Nursing & Quality

Trust's response to feedback from Staffordshire & Stoke on Trent CCG

We thank the CCG for their feedback. We have taken note of the feedback received and are pleased with the recognition of the Trust's achievements

Feedback from Telford and Wrekin CCG

Telford and Wrekin CCG acknowledges the progress that Midlands Partnership Foundation Trust has made since the official launch on 1st June 2018. Bringing together mental health, learning disability, specialist children's services and wider regional and national specialist services with community physical health services.

The key achievements are outlined in the Quality Account, and TW CCG representatives recognise the work that has been undertaken to continue to deliver Telford and Wrekin CCG's commissioned services.

The CCG congratulates MPFT on its key achievements over the last twelve months which include:

The 2018 NHS Staff Survey results which reflect MPFT's commitment to engaging the workforce. Participating in the NHS staff survey for the first time as Midlands Partnership NHS Foundation Trust, the survey results showed that MPFT scored better than average across five of the key themes and average in the remaining five, which is excellent for a newly integrated trust with staff who have experienced major change.

Verbal reports from CQC inspectors stated how impressed they have been with the level of enthusiasm demonstrated by everyone they met during the CQC inspection of core services in February and March 2019.

MPFT Freedom to Speak up Team was shortlisted in the 'Creating a Supportive Staff Culture' category at the 2018 HSJ Awards.

MPFT's innovative partnership between two Trusts' and a private healthcare provider, which aims to bring patients who are currently in secure care outside of the West Midlands closer to home, was "highly commended" at the 2018 HSJ Awards.

MPFT Tissue Viability Service and Community Nurses were victorious at the 2018 Nursing Times Awards in the Innovation in Chronic Wound Management category. The award recognises the work the service has carried out to improve timely, accurate assessment and diagnosis of lower limb wounds, which has resulted in patients wounds healing quicker. Although not specific to TWCCG commissioned services, evidence of increased knowledge and understanding of tissue viability have been seen during Quality Assurance visits to mental health services.

The Trust's focus on quality improvements has been profiled in the CQC national report "Quality improvement in hospital trusts – sharing learning from trusts on a journey of QI".

MPFT Quality Framework Priorities 2018/19

MPFT five key proprieties for delivering our strategic quality objective:

- People who use MPFT services will be happy about the way they are treated and will have genuine opportunities to make an impact on service improvements
- Teams will be supported to make continuous quality improvements the norm
- MPFT will learn from mistakes and take steps to reduce future errors
- MPFT CQC rating will not fall below an overall rating of 'Good' and the CQC will see evidence of outstanding practice in an increasing number of services
- MPFT will engage in a comprehensive programme of research to enable practice to be built on the best available evidence

The Priorities for 2018/19 have been reviewed and monitored via the CCG Clinical Quality Review Meetings and contracts meetings. The 2019/20 outcomes will also be reviewed and monitored be via these same forums.

Telford and Wrekin CCG state that to the best of their knowledge, the data and information contained within the 2018/19 Quality Account is accurate.

Christine Morris
Executive Nurse, Lead for Quality & Safety

Trust's response to feedback from Telford & Wrekin CCG

We thank the CCG for their feedback. We have taken note of the feedback received and are pleased with the recognition of the Trust's achievements

Healthwatch Shropshire

MPFT Quality Accounts

We welcome the opportunity to respond to the draft Quality Accounts of the Midlands Partnership Foundation Trust. Healthwatch Shropshire (HWS) welcomes MPFT's commitment to include service users and carers in the development of services and the emphasis given to outcomes. It would be useful to see some examples of the impact that this engagement has had.

The trust achieved the highest response rate for the staff survey in their bench mark group of trusts which is to be commended as is their commitment to focus on staff feedback.

Priorities for 2018/19

Priority 1- Reducing restrictive practices within adult low and medium secure services inpatients

- The large increase in restrictive practices is concerning. Some of the reasons given for the increase lack clarity. However if the rise in cases is due to increased reporting following the focus on this area it is welcomed and we look forward to hearing how the improvement measures will impact on the current levels over the coming year.

Priority 2- Effective communication between Trust clinicians and primary care clinicians for patients with severe mental illness

- The Trust is to be congratulated on the improvements shown and we welcome the continued focus especially as Shropshire is still somewhat off the target compared with South Staffordshire. It is really helpful for the figures to be presented with a geographical breakdown so Shropshire residents can see how services are being developed locally.

Priority 3- Healthy food for NHS patients, visitors and staff

- It is noted that although the priority target has been met that the Trust will continue to monitor this area as one of the Local Quality Indicators.

We welcome the three priorities for 2019/20 but would have liked to see some focus on the BeeU service in Shropshire within the Quality Accounts. The feedback we have received around the service during this year has been overwhelmingly negative. This has been shared with the Trust and the Trust response has been published with the report.

We would welcome the opportunity to be involved in future stakeholder consultations around priorities for improvement. We would also be very willing to work with the Trust to improve feedback response in Shropshire.

It is concerning that patient experience of care, as measured by the CQC Community Mental Health Survey, has fallen, although it is noted that the trust remains 'Better' when compared with other Trusts and the rates have fallen for both the highest and lowest rated Trusts.

HWS is pleased to see the progress the trust has made on its Local Quality Indicators and commend the Trust for it's commitment to continue to work on the areas where improvement has either not been achieved or not achieved to the level hoped for.

Trust's response to feedback from Healthwatch Shropshire

We thank Healthwatch Shropshire for their feedback. We have taken note of the feedback received and are pleased with the recognition of the Trust's achievements. We acknowledge that Healthwatch Shropshire would like to have seen more focus on the BeeU service and will consider this in our 2019/20 Quality Accounts.

Staffordshire Health Scrutiny commentary

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

We have focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We have also considered how clearly the Trust's draft Account explains, for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows:

We note that the trust was formed during the course of the year and this may have affected the trusts performance and income projections.

Introduction. A statement, signed by the CEO is present in the account but it is not signed by the Chairman, however we do acknowledge that he has signed the Statement of Directors Responsibilities at the end of the document.

The Trusts vision and a list of the services the new Trust provides are not included.

Priorities. We note that the 2018/19 priorities had been chosen by the previous trusts, South Staffordshire and Shropshire and the former Staffordshire and Stoke on Trent Partnership Trust and those chosen by the current Midlands Partnership Trust are for 2019/20.

The Priorities are well detailed and include next steps. Links to the Care Quality Commission registration and recent inspection reports are included.

Statements of Assurance. The number of services reviewed is present and the explanation and detail of how it is intended to measure progress and monitor the delivery of clinical services is welcomed.

Evidence of participation in local and national clinical audits and subsequent outcomes are explained. We are of the opinion that the actions to improve section was useful however, more statistical comparison information would be useful along with the number of patients taking part in the research.

There is no mention in the document of Income and little mention of the CQUIN other than a link to an equally brief web page. More detail in the report would have been useful.

The learning from deaths section is informative but we presume that some of the data is missing and that the data will be available for the final document to enable the section to be more useful.

Review of quality performance. There is information about specific services and specialities. Core Indicators and evidence from complaints, patient and staff surveys, inspection benchmarking is present together with performance against key quality and mandatory Indicators.

The Glossary of Technical Terms and Standard Definitions is present and a useful addition to the document.

In relation to the general format and layout of the document, some of the data presented in table form may have been easier to understand if it had been presented in different formats. It is appreciated that the draft quality account is as it suggests draft, however, there were gaps in the data that made it difficult to scrutinise appropriately.

Trust's response to feedback from Healthwatch Shropshire

We thank Staffordshire Health Scrutiny Committee for their feedback. We have taken note of the feedback received and are pleased with the recognition of the Trust's achievements. We acknowledge the comment made regarding list of services, vision and more detail regarding income. These areas can all be found in the Trust Annual Report of which this document forms a part. CQUIN's do however form a part of this document as our key priorities for improvement are all CQUIN schemes. Learning from deaths data within the document is complete and accurate for the whole financial year.

ANNEX 2

Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2018 to May 2019
  - papers relating to quality reported to the board over the period April 2018 to May 2019
  - feedback from commissioners dated 20/05/2019
  - feedback from governors dated 11/03/2019
  - feedback from local Healthwatch organisations dated 20/05/2019
  - feedback from Overview and Scrutiny Committee dated 20/05/2019
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 29/11/2018
  - the 2017 community mental health national patient survey 22/11/2018
  - the 2017 national staff survey 26/02/2019
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 24/05/2019
  - CQC inspection report dated 12/07/2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report
- The reported indicator performance throughout this report has been calculated based on all mental health performance identified in line with NHS Improvement and NHS England guidance. Completeness of this information is therefore dependent on the complete and accurate entry of data. Information identified within the population will therefore not be included in the indicator calculation. We believe the data included in the indicator calculations to be complete and accurate. Specific completeness considerations for externally assured indicators can be found in the Standard Definitions section of this report on page 53.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.
By order of the Board.

24/05/2019 **Chairman**

24/05/2019 **Chief Executive**

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External Auditor's Opinion

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Midlands Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Midlands Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence(NICE) - approved care package within two weeks of referral; and
- inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 20 May 2019;
- feedback from governors, dated 11 March 2019;
- feedback from local Healthwatch organisations, dated 20 May 2019;
- feedback from Overview and Scrutiny Committee, dated 20 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 community mental health national patient survey, dated 22/11 2018;

- the 2018 national staff survey, dated 22/02/2019;
- Care Quality Commission Inspection, dated 12/07/2016;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 24 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Midlands Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Midlands Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change

over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Midlands Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP.

KPMG LLP
Chartered Accountants
Birmingham

30 May 2019

Glossary of Technical Terms

AHP – healthcare professionals that include Occupational Therapist, Physiotherapist and Speech and Language Therapists

Big Conversation - As an organisation we want to make sure that Service Users and Carers are getting the best possible service from us. As part of this process we are asking our staff wherever possible to engage in a conversation with Service Users and Carers.

Care Programme Approach (CPA) - the process of how mental health services assess users' needs, plan ways to meet them and check that they are being met

Cardio Metabolic - describes a person's chances of damaging their heart and blood vessels when one or more risk factors are present

CQC - Care Quality Commission checks all hospitals in England to ensure they are meeting government standards, and shares their findings with the public

CQUIN - The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals

Daily Lean Leadership - is the system that allows you to deliver customer value through proper support and leadership to those who are closest to the process (customers and process owners)

Diagnostic Overshadowing - a process where health professionals wrongly presume that present physical symptoms are a consequence of their patient's mental illness

DNA – did not attend an appointment

ECG - Electrocardiogram: A recording of the electrical activity of the heart.

First Steps in QI - Available to all staff who, as part of the training, will identify a small improvement project in their team whilst using basic elements of evidence based quality improvement methodology.

FRASE – is a specific falls risk assessment tool

Freedom to Speak up Guardian – helps to protect patient safety and the quality of care, improve the experience of the workforce and promote learning and improvement

IM&T – information management and technology

Listening into Action – **is about re-engaging with employees and unlocking their potential so they can get on and contribute to the success of your organisation, in a way that makes them feel proud.**

Medicines Optimisation Committee – is the Trust medicines committee that ensures safe, effective patient centred use of medications

Mental Capacity Act - is designed to protect and empower people who may lack the **mental capacity** to make their own decisions about their care and treatment. It applies to people aged 16 and over.

Mortality Review – a process for reviewing deaths to help improve the overall quality of patient care

Naloxone -blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. An opioid is sometimes called a **narcotic. Naloxone** is used to treat a narcotic overdose in an emergency situation.

NHS Digital Indicator Portal - The NHS Information Centre is England's central, authoritative source of health and social care information for frontline decision makers. Their aim is to revolutionise the use of information to improve decision making, deliver better care and realise increased productivity

NICE (National Institute for Health and Care Excellence)- provides national guidance and advice to improve health and social care

NRLS – National Reporting and Learning System

Olanzapine - is an antipsychotic medication used to treat schizophrenia and bipolar disorder. It is usually classed with the atypical antipsychotics, the newer generation of antipsychotics.

Pathology - is a medical specialty that is concerned with the diagnosis of disease based on the laboratory analysis of bodily fluids such as blood and urine, as well as tissues, using the tools of chemistry, clinical microbiology, haematology and **molecular pathology.**

Physical Observations – using a set of clinical skills to monitor a patient such as pulse, temperature and blood pressure

Picker Institute – A international charity in the field of person centred care. They have a rich history of supporting those working across health and social care systems measuring patient experience to drive quality improvement in healthcare

POMH (Prescribing Observatory for Mental Health) - helps specialist mental health Trusts improve their prescribing practice by identifying specific topics within mental health prescribing and developing audit-based Quality Improvement Programmes (QIPs). Organisations' are able to benchmark their performance against one another and identify where their prescribing practice meets nationally agreed standards

Rapid Process Improvement Workshop (RPIW)- an improvement process that brings together a team of staff from either various departments or a single department to examine a problem, eliminate wastes, propose solutions, and implement changes

Recovery - the concept of recovery is about service users staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking. Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms

Restrictive Practice – are deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently in order to: Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and end or reduce significantly the danger to the patient or others'. (MHA, CoP 2015).

Rio – an electronic clinical information and patient administration system. There is a clinical record for each individual, including assessment forms, care planning, diagnosis and progress notes; as well as caseload management, inpatient bed management and appointment booking tools

Senates - a group of clinical leaders that provide strategic advice and guideance

SMI – refers to people who have a severe mental illness

Standard Operating Procedure – a document that describes a procedure, usually brief and including a flow chart or the process to be followed

Tissue Viability - is a growing speciality that primarily considers all aspects of skin and soft **tissue** wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration

Virginia Mason Production System –In 2002, Virginia Mason embarked on an ambitious, system-wide program to change the way it delivers health care and in the process improve patient safety and quality. It did so by adopting the basic tenets of the Toyota Production System (TPS), calling it the Virginia Mason Production System, or VMPS. This quality improvement system is one we use in the Trust

136 Suite - is a place of safety for those who have been detained under Section **136** of the Mental Health Act by the police following concerns that they are suffering from a mental disorder.

Standard Definitions

Below are the standard definitions of those indicators detailed in Section 2 and 3 of this report (Core & Mandated Indicators):

Core Indicators:

CPA 7 Day Follow up *(page 37)*
The technical definition is as described in the "Department of Health Mental Health Community Teams Activity Return (MHPRVCOM) Data Definitions August 2012 – Mental Health Performance Framework: Guidance UNIFY2 Collection"

The definition is as follows:

Detailed Definition:
The number of patients who were followed up either by face to face contact or by a phone discussion within 7 days of discharge from psychiatric in-patient care.

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within 7 days of discharge. All avenues need to be exploited to ensure patients are followed up within 7 days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team.

Exemption:

- Patients who die within 7 days of discharge may be excluded.
- Where legal precedence has forced the removal of a patient from the country.
- Patients transferred to NHS psychiatric inpatient ward.
- CAMHS (child and adolescent mental health services) are not included.

The seven-day period should be measured in days, not hours, and should start on the day after the discharge.

Admission to Acute Wards via Crisis Resolution Home Treatment *(page 39)*
The technical definition is as described in the "Department of Health Mental Health Community Teams Activity Return (MHPRVCOM) Data Definitions August 2012 – Mental Health Performance Framework: Guidance UNIFY2 Collection"

The definition is as follows:

Detailed Definition:

The number of admissions to the trust's acute wards that were gate-kept by crisis resolution home treatment teams

A crisis resolution home treatment (CRHT) team provides intensive support for people in mental health crises in their own home. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. Teams are required to meet all of the fidelity criteria including gatekeeping all admissions to psychiatry inpatients wards and facilitate early discharge of service users.

An admission has been gate kept by a crisis resolution team if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission.

Total Exemption to CR/HT Gatekeeping:

- Patients recalled on Community Treatment Order.
- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the trust for psychiatry treatment.
- Patients on leave under Section 17 of the Mental Health Act.
- Planned admissions for psychiatric care from specialist units such as eating disorder units are excluded.

Partial exemption:

- Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local area. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams.

Patient Safety Incidents *(page 42)*
The definition is as described by the National Patient Safety Agency and can be found at:
http://www.npsa.nhs.uk/corporate/news/npsa-releases-organisation-patient-safety-incident-reporting-data-england/

The definition is as follows:

Detailed Definition:

No harm:
Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.

Impact not prevented **–** any patient safety incident that ran to completion but no harm occurred to people receiving NHS-funded care.

Low: Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care.

Moderate: Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.

Severe: Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.

Death: Any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

Criteria for the local indicator:

Multi-disciplinary care plans for all service users open to learning disability services (page 49)

The definition is as described in the 2018 clinical audit report

The definition is as follows:

Detailed Definition

> *"The Trust must ensure staff consistently and regularly review and update care plans. They must ensure all care planning documentation is personalised and addresses the needs identified in the assessment."*
>
> In relation to those **care plans**, to establish:

- What percentage of people on our caseloads have a care plan in place.
- What percentage of these care plans are populated appropriately (i.e. are in line with assessment data, personalised etc.)
- What percentage of care plans are up to date/within agreed review date.

Mandated Indicators:

Ⓐ**Inappropriate out of-area placements for adult mental health services** *(page 51)*
The technical definition is as described in the Department of Health & Social Care Guidance published 30th September 2016 found at https://www.gov.uk/government/publications/oaps-in-mental-health-services-for-adults-in-acute-inpatient-care/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care

The definition is as follows:

Detailed Definition:

An 'out of area placement' for acute mental health in-patient care happens when:

A person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services.

By this, we mean an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning.

Patients should be treated in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

Sending providers are to determine if a placement is classed as an OAP. The definition necessarily allows providers to apply knowledge of local catchment arrangements and the patient's circumstances in taking a decision if a placement is an OAP. OAPs can occur within one NHS provider, in other NHS providers, or independent sector providers (ISPs).

Placement may occasionally be considered appropriate. Possible reasons have been outlined below.

Total number of bed days patients have spent inappropriately out of area. In Detailed requirements for quality reports it is specified that the indicator should be stated as a monthly average.

Ⓐ**Early Intervention in Psychosis** *(page 51)*
The technical definition is described in NHS England Guidance for reporting against access and waiting times standards: Children and Young People with an Eating Disorder & Early Intervention Psychosis

The definition is as follows:

Detailed Definition:

Clock Starts
The waiting time clock for the EIP and CYP ED standards **starts** when:
i) A referral request is received for an assessment for a child or young person with a suspected ED or person with suspected first episode psychosis (FEP), or is recognised as such upon receipt.
ii) The primary reason for referral should be CYP with suspected ED or suspected FEP. The clock start date is defined as the date referral received – this must be recorded accurately so the referral can be tracked.
iii) Where pathways start with an interface service, such as clinical triage, assessment centre, single point of access, the clock start date is the date the interface service receives the referral – not the date the referral is passed onto the relevant clinical team.
iv) Where a service accepts direct referrals (no interface service), the clock will start from the date the referral is received by that service.
v) Where a primary reason for referral is not recorded as suspected FEP or ED, but this is identified during triage/single point of access, the clock start date is the date of initial referral. If this is not suspected during triage but at a subsequent assessment then the date the clock starts is when suspicion is first raised.
vi) If a person is already in contact with mental health services (including acute hospital liaison) the clock starts when suspicion of FEP or ED is first raised (not backdated to their initial contact with the mental health service). Protocols should be in place so that staff can make timely referrals to the relevant specialist service for assessment and treatment.

Referral sources
Referrals may come from any source and the clock will start regardless of the agency making the request. Referrals may therefore be internal to provider organisations (e.g. a children and young people's mental health service, a CMHT, inpatient ward or forensic mental health service) or external (e.g. a GP, carer, school or self-referral). The clock also starts regardless of any comorbidities, such as learning disabilities, substance misuse, personality disorder or autism
It is therefore important that staff within provider organisations are trained and aware so they can make timely referrals to the relevant specialist service for assessment and treatment. Referrals could be in person, telephone, email, letter, or online.

Vetting referrals
Timely, clinically-led vetting of referrals will ensure referrals are appropriate and can assist in identifying if an alternative pathway may be more suitable. Vetting of urgent referrals should be prioritised and ideally be completed on the day of referral or the morning of the following day. Vetting can be carried out by an appropriately trained team of staff which should help minimise delays. Staff should follow clear protocols and be subject to continuous monitoring and audit. The vetting process should not delay clock start.

Recording clock start in the MHSDS
Clock start is recorded in the MHS101 Table and all the required fields should be completed in line with the data standard. The following will identify referrals to be assessed for the Mental Health AWT standards and the date of the clock start

MHSDS Table	MHSDS data Item name	National code	Notes
MHS101 – Service or Team Referral	Primary reason for referral	01: (Suspected) First Episode Psychosis	Identifies EIP referrals
MHS101 Service or Team Referral'	Referral request received date	Date received	Clock start date

Externally assured indicator completeness considerations

Below are the specific completeness considerations for those indicators that are externally assured by the Trust External Auditors:

Early Intervention in Psychosis: "The reported indicator performance has been calculated based on all patients being accurately recorded as having been referred to Early Intervention Services. Completeness of this information is therefore dependent on the complete and accurate entry of data at source. Patients who have not been identified within the population will therefore not be included in the indicator calculation. To the best of our knowledge the data used for the indicator calculation is complete."

Out of Area Placements: "The reported indicator performance has been calculated based on accurate recording of all mental health patients identified as requiring an acute inpatient admission and being correctly recorded as occupying an out of area bed. Completeness of this information is therefore dependent on the complete and accurate entry of data. Beds or patients not identified within the population will therefore not be included in the indictor calculation. To the best of our knowledge the data used for the indicator calculation is complete."

NHS
Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Annual Accounts 2018-19

Midlands Partnership NHS Foundation Trust

Annual Accounts for the period ended 31st March 2019

FOREWARD TO THE ANNUAL ACCOUNTS

MIDLANDS PARTNERSHIP NHS FOUNDATION TRUST

These annual accounts are for the year ended 31st March 2019 and have been prepared by Midlands Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which Monitor has, with the approval of the Treasury, directed.

Jayne Deaville

Date: 24th May 2019

Deputy Chief Executive

Statement of Comprehensive Income

	Note	2018/ 2019 £000	2017/ 2018 £000
Operating income from patient care activities	2.1	359,811	182,351
Other operating income	3	22,228	24,215
Operating expenses	4	(396,902)	(196,291)
Operating (Deficit)/Surplus		**(14,863)**	**10,275**
Finance Income	8	461	153
Finance Expense	8.1	(3,750)	(990)
PDC Dividend Charge		(23)	(875)
Net finance costs		**(3,312)**	**(1,712)**
Other gains/(losses)		196	(51)
Losses from transfers by absorbtion		12,734	0
Deficit from Continuing Operations		**(5,245)**	**8,512**
Other comprehensive income			
Will not be reclassified to income and expenditure			
Revaluations		(11,239)	(314)
Remeasurements of net defined benfit pension scheme liability/asset		(217)	200
Other reserve movements		40	0
Total comprehensive (expense)/income for the period		**(16,661)**	**8,398**
Adjusted financial performance for the year			
Retained deficit for the year		(5,245)	8,512
Add back all I&E impairments(reversals)		16,478	0
Adjust losses on transfers by absorption		(12,734)	0
Remove capital donations/grans I&E impact		4	32
Adjusted financial perfomance surplus/(deficit)		**(1,497)**	**8,544**
Adjusted financial performance excluding PSF		**(3,454)**	**4,087**

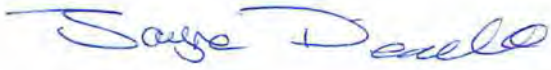
The notes on pages 7 to 40 form part of this account.

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non Current Assets			
Intangible assets	9	684	92
Property, plant and equipment	10	121,773	69,442
Trade and other receivables	14	766	1,095
Other assets	32	902	1,123
Total non-current assets		**124,125**	**71,752**
Current Assets			
Inventories	13	486	257
Trade and other receivables	14.1	43,675	26,110
Non-current assets held for sale/assets in disposal groups	15	788	0
Cash and cash equivalents	16	83,654	64,193
Total current assets		**128,603**	**90,560**
Current liabilities			
Trade and other payables	18.1	(55,095)	(28,009)
Borrowings	20	(2,467)	(1,332)
Provisions	21	(18,050)	(7,255)
Other liabilities	19	(5,753)	(8,978)
Total current liabilities		**(81,365)**	**(45,574)**
Total assets less current liabilities		**171,363**	**116,738**
Non-current liabilities			
Borrowings	20	(93,378)	(22,674)
Provisions	21	(545)	(228)
Total non-current liabities		**(93,923)**	**(22,902)**
Total assets employed		**77,440**	**93,836**
Finance by			
Public dividend capital		77,203	75,956
Revaluation reserve		21,000	9,329
Other reserves		218	435
Income and expenditure reserve		(20,981)	8,116
Total taxpayers' equity		**77,440**	**93,836**

The notes on pages 7 to 40 form part of these accounts.

The financial statements on pages 2 to 6 were approved by the board on 24th May 2019 and signed on its behalf by:



Jayne Deaville

Deputy Chief Executive

Statement of Changes in Equity for the period ended 31st March 2019

	Public Dividend Capital £000	Revaluation reserve £000	Pension reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers'equity at 1 April 2018	75,956	9,329	435	8,116	**93,836**
Deficit for the year	0	0	0	(5,245)	**(5,245)**
Transfers by absorption	982	22,910	0	(23,892)	**0**
Revaluations - property plant and equipment	0	(11,239)	0	0	**(11,239)**
Remeasurements of defined net benefit pension scheme liability/asset	0	0	(217)	0	**(217)**
Public dividend capital received	265	0	0	0	**265**
Other reserve movements	0	0	0	40	**40**
Taxpayers'equity at 31 March 2019	**77,203**	**21,000**	**218**	**(20,981)**	**77,440**
Taxpayers'equity at 1 April 2017	75,956	12,496	235	(3,249)	**85,438**
Deficit for the year	0	0	0	8,512	**8,512**
Revaluations - property plant and equipment	0	(314)	0	0	**(314)**
Transfer to retained earning on disposal of assets	0	(2,853)	0	2,853	**0**
Remeasurements of defined net benefit pension scheme liability/asset	0	0	200	0	**200**
Taxpayers'equity at 31 March 2018	**75,956**	**9,329**	**435**	**8,116**	**93,836**

Information on reserves

Public dividend capital

Public dividend capital is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash flows

	Note	31 March 2019 £000	31 March 2018 £000
Cash flows from operating activities			
Operating surplus/deficit		(14,863)	10,275
Non-cash income and expense:			
Depreciation and amortisation	4	5,202	2,333
Impairements and reversals	4	16,478	0
On SoFP pension liability - employer contributions paid less net charge to the SoCI		4	32
(Increase)/decrease in receivables	14.1	(1,438)	(6,300)
(Increase)/decrease in inventories	13	205	(36)
(Increase)/decrease in trade and other payables	18.1	885	2,984
(Increase)/decrease in other liabilities		(3,351)	3,087
(Increase)/decrease in provisions	21	7,629	896
Other movements in operating cash flows		163	(31)
Net cash generated from/(used in) operating activities		**10,914**	**13,240**
Cash flows from investing activities			
Interest received	8	461	153
Purchase of intangible assets		0	0
Purchase of prperty, plant and equipment	10	(1,055)	(1,487)
Proceeds from sales of property, plant and equipment and investment property		1,220	3,360
Net cash generated from/(used in) investing activities		**626**	**2,026**
Cash flows from financing activities			
Public dividend capital received		265	0
Movement in loans from the Department of Health and Social Care	20	(1,332)	(1,332)
Capital element of PFI		(726)	0
Interest on loans		(2,133)	(960)
Other interest		(3)	0
Interest element on PFI		(1,613)	0
PDC dividiend (paid)/refunded		(863)	(582)
Net cash generated from/(used in) financing activities		**(6,405)**	**(2,874)**
Increase in cash and cash equivalents		**5,135**	**12,392**
Cash and cash equivalents at 1 April		64,193	51,801
Cash and cash equivalents transferred by absorption		14,326	0
Cash and cash equivalents at 31 March	16	**83,654**	**64,193**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

The Trust has prepared these financial statements on a going concern basis in line with the relevant Treasury guidance and the Department of Health and Social Care Group Accounting Manual (GAM). Going concern is a key concept in the preparation of the financial statements for the Trust. The accounting concept refers to the basis of measurement of an organisation's assets and liabilities in its accounts (that is, the basis on which those assets and liabilities are recorded and included in the accounts).

The Trust acquired Staffordshire and Stoke on Trent Partnership Trust on 1 June 2018 and its services have continued to be provided, using the same assets. This complies with the requirements of the Treasury's Financial Reporting Manual (FReM) of IAS 1 – Presentation of Financial Statements; whereby the anticipated continuation of service provision is normally sufficient evidence that accounting as a going concern is appropriate.

Note 1.2 Interests in other entities

The Trust does not have interest in other entities.

Note 1.3 Revenue

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care and adult social care services. The Trust also received income from the sale of goods, the majority of which is from canteen sales.

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

For NHS contracts the credit terms are fifteen days from issue of an invoice and in general these are paid within that time scale. Where payment is not made explanations are sought as to why the credit terms have not been met and these factors are reflected under IFRS 15.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.3.2 Revenue grants and other contributions to expenditure
Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.3 Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.3.4 Operating Segments
The Trust operates under the one segments of Healthcare and therefore does not disclose any other segments within its financial statements.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materiality from Departments of HM Government in England. Operational Healthcare refers to the core activities of the Trust that fall under the remit of the Chief Operating Decision Maker (CDOM), which has been determined to be the Board of Directors. These activities are primarily the provision of NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity for these contracts is agreed with the commissioners for the year.

The Operational Healthcare segment comprises of five clinical directorates (Children and Families, North Staffordshire, South Staffordshire, Shropshire and Specialist). These directorate have been aggregated into a single operating segment because they have similar economic characteristics, the nature of the services they provide are the same (NHS care), they have similar customers (the general public from surrounding geographical areas), and have the same regulators (NHSi, the Care Quality Commission and the Department of Health). The overlapping activities and interrelation between the directorates also suggests that aggregation is appropriate. The directorate management teams report to the CODM, and it is the CODM that ultimately makes the decisions about the allocation of budges, capital funding and other financial decisions.

The Corporate and Facilities departments are those that provide support services to the clinical directorates. These departments earn some income but as it is ancillary to the main purpose of the departments and relatively small in comparison to the income of the Trust, they are not deemed to be a segment of their own. Their results are included within the Operational Healthcare segment as their function is to support the provision of healthcare.

Note 1.4 Expenditure on employee benefits
Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

NHS Pension Costs
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Local Government Pension Scheme
Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

A small number of employees who do not qualify to enter either of the NHS Pension Scheme or Local Government Superannuation Scheme are members of the National Employment Savings Trust (NEST), NEST is a defined contribution pension scheme.

Note 1.5 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment
Note 1.6.1 Recognition
Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.6.2 Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their

service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note X.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.6.3 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
    - management are committed to a plan to sell the asset
    - an active programme has begun to find a buyer and complete the sale
    - the asset is being actively marketed at a reasonable price
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.6.4 Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.
The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.6.5 Private Finance Initiative (PFI) transactions
PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Note 1.7 Intangible assets
Note 1.7.1 Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.7.2 Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.9 Investment properties
The Trust does not hold any investment properties.

Note 1.10 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities
Note 1.11.1 Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Loans from the Department of Health and Social Care are recognised at historic cost. Otherwise, financial liabilities classified as subsequently measured at fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also

includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by the type of class it falls within NHS contracts are formally dealt with via the regular contract monitoring meetings and all other are dealt with on a case by case basis.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.12.3 De-recognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.13.1 The Trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property, plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13.2 The Trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note £14,019k (£940k 2017-2018) but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 22 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 22, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax
Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax
The Trust has determined that it is has no corporation tax liability.

Note 1.19 Foreign exchange
The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

The Trust holds no foreign currency assets or liabilities.

Note 1.20 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.21 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover

had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Transfers of functions from Staffordshire and Stoke on Trent Partnership NHS Trust
For functions that the Trust has transferred from another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net gain corresponding to the net assets and liabilities transferred is recognised within expenses and income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Note 1.24 Critical judgements in applying accounting policies
Apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies have been the following judgements:

Provisions – critical accounting judgement
Management will use their judgement to decide when to make provisions for probable legal obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the financial statements are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made.

The carrying amounts of the Trust's provisions are details in note 21 to the financial statements.

Note 1.24.1 Sources of estimation uncertainty
Apart from those involving estimations there has been a further assumption about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Modern equivalent asset valuation of property – key sources of estimation uncertanty
As detailed in accounting policy note 1.6 Property, plant and equipment – valuation and note 10.6 Valuation of Property, Avison Young provided the Trust with a valuation of the land and building assets (estimated fair value and remaining useful life). The result of this valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, is disclosed in note 10 to the financial statements. Future revaluations of the Trust's property may result in further material changes to the carrying values of non-current assets.

Note 1.25 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted
The following presents a list of recently issued IFRS Standards and amendments that have not yet been adopted with the FReM, and are therefore not applicable to DHSC group accounts in 2018-19.

IFRS14 Regulatory Deferral Accounts
Not EU-endorsed*
Applies to first time adopters of IFRS after January 2016. Therefore not applicable to DHSC group bodies.

IFRS16 Leases
Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS17 Insurance Contracts
Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC23 Uncertainty over Income Tax Treatments
Application required for accounting periods beginning on or after 1 January 2019.

*The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted in many EU countries.

Note 2 Operating income from patient care activities

Note 2.1 Income from patient care activities (by nature)

	31 March 2019 £000	31 March 2018 £000
Mental health services		
Cost and volume contract income	37,970	36,344
Block contract income	103,454	105,756
Clinical partnerships providing mandatory services	29,994	27,913
Clinical income for the secondary commissioning of mandatory services	10,712	10,921
Other clinical income from mandatory services	1,875	1,417
Community Services		
Income from CCGs and NHS England	126,363	0
Income from other sources (eg local authorities)	44,670	0
All Trusts		
AfC pay award central funding	4,773	0
Total Income from activities	**359,811**	**182,351**

Note 2.2 Income from patient care activities (by source)

Income from patient care activities received from:	31 March 2019 £000	31 March 2018 £000
NHS England	39,907	22,964
Clinical commissioning groups	230,670	120,841
NHS Foundation Trusts	1,309	253
NHS Trusts	2,987	252
Local authorities	71,343	26,465
Department of Health and Social Care	4,773	0
Injury cost recovery scheme	302	0
Non NHS other	8,520	11,576
Total Income from activities	**359,811**	**182,351**

Note 3 Other operating income

	31 March 2019 £000	31 March 2018 £000
Research and development	946	425
Education and training	7,093	5,509
Non-patient care services to other bodies	9,100	12,872
Provider sustainability fund/Sustainability and transformation fund income (PSF/STF)	1,957	4,457
Other	2,746	935
Education and training - notional income from apprenticeship fund	386	17
Total other operating income	**22,228**	**24,215**

Note 4 Operating expenses

	31 March 2019 £000	31 March 2018 £000
Purchase of healthcare from NHS and DHSC bodies	7,660	2,498
Purchase of healthcare from non-NHS and non-DHSC bodies	6,279	7,110
Staff and executive directors	273,322	143,350
Non-executive directors	217	184
Supplies and services - clinical (excluding drug costs)	11,491	2,791
Supplies and services - general	4,721	3,937
Drug costs	16,683	7,821
Consultancy	638	220
Establishment	13,248	9,119
Premises - business rates collected by local authorities	2,007	1,153
Premises - other	7,777	5,334
Transport - business travel only	5,563	2,415
Transport - other (including patient travel)	1,399	493
Depreciation	3,600	2,306
Amortisation	1,602	27
Impairments net of reversals	16,478	0
Movement in credit loss allowance: contract receivables	1,009	0
Movement in credit loss allowance: other receivables	632	(341)
Change in provisions discount rate	(131)	36
Audit services - statutory audit	78	53
Other Auditor remuneration	10	0
Internal audit	177	103
Clinical negligence	447	237
Legal Fees	976	551
Insurance	389	169
Education and training	1,558	1,053
Education and training - notional expenditure funded from apprenticeship fund	386	17
Operating lease expenditure net	10,919	4,122
Redundancy costs	2,550	766
Charges to operating expediture for on SoFP IFRIC 12 Schemes (PFI) on IFRS basis	3,528	0
Hospitality	62	27
Losses and special payments	0	4
Other	1,627	736
Total operating expenditure	**396,902**	**196,291**

Other Auditors Remuneration represents Quality Report assurance required to be performed by the auditor (£10k including VAT).

Note 4.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1.0m

Note 5 Impairment of assets

	31 March 2019 £000	31 March 2018 £000
Other - MEA Revaluation	15,347	0
Changes in market price	1,131	0
Total net impairments charged to operating surplus/(deficit)	**16,478**	**0**
Impairments charged to the revaluation reserve	0	0
Total net impairments	**16,478**	**0**

Note 6 Employee benefits

	31 March 2019 £000	31 March 2018 £000
Salaries and wages	209,982	111,380
Social security costs	21,930	10,888
Apprenticeship levy	1,034	540
Pension cost - employer contributions to NHS pension scheme	28,271	13,841
Pension cost - other	98	113
Temporary staff - agency/contract staff	12,007	6,588
Total staff costs	**273,322**	**143,350**

Note 6.1 Retirements due to ill-health

During 2018/2019 there were 8 early retirements from the trust agreed on the grounds of ill health (2 in year ended 31st March 2018). The estimated additional pension liability of these ill-health retirements is £277k (£84k in 2017-2018).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority – Pensions Division.

Note 7 Operating leases

Note 7.1 Midlands Partnership NHS Foundation Trust as lessee

The Trust has a number of lease arrangements for the occupation of properties with NHS Property services Ltd and Community Health Partnerships. The contracts are for operating leases in respect of premises for the current financial year only. Additionally the Trust occupies a number of properties that it has lease arrangements for ranging over a number of years.

	31 March 2019 £000	31 March 2018 £000
Operating Lease expense		
Minimum lease payments	11,889	4,250
Sub lease receipts	(970)	(128)
Total	**10,919**	**4,122**
Future minimum lease payments due		
not later than one year	11,889	4,250
later than one year and not later than five years	10,160	4,882
later than five years	16,269	6,138
Total	**38,318**	**15,270**

Note 8 Finance income

Finance income represents interest received on assets and investments in the period.

	31 March 2019 £000	31 March 2018 £000
Interest on bank accounts	461	153

Note 8.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	31 March 2019 £000	31 March 2018 £000
Interest on loans from the Department of Health and Social Care		
Capital Loans	943	958
Revenue support/working capital loans	235	0
Revolving working capital facilities	956	0
Interest on late payment of commercial debt	3	0
Finance costs on PFI and other service concession arrangements		
Main finance costs of PFI obligations	925	0
Contingent finance costs of PFI obligations	688	0
Other finance costs	0	32
Total inerest expense	**3,750**	**990**

Note 8.2 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015

	31 March 2019 £000	31 March 2018 £000
Amounts actually paid and included within other interest afising from claims made under this legislation	3	0

Note 8.3 Gains or Losses on sale of Assets

	31 March 2019 £000	31 March 2018 £000
Gains on disposal of property, plant and equipment	197	114
Losses on disposal of property, plant and equipment	(1)	(165)
	196	**(51)**

Note 9 Intangible assets

Intangible assets have not been revalued as historic cost is deemed to be reasonable proxy for fair value.

The useful economic life of software asset is determined by the duration of the licensing agreement but is typically in the range of 3 to 10 years. The life of development expenditure assets is in the range of 3 to 10 years as assessed by the Trust.

Note 9.1 Intangible assets 2018-19	Software licences £000	Development Expenditure £000	Total £000
Valuation/gross cost at 1 April 2018	141	0	141
Transfers by absorbtion	176	3,251	3,427
Classifications	76	(57)	19
Valuation/gross cost at 31 March 2019	**393**	**3,194**	**3,587**
Accumulated amortisation at 1 April 2018	49	0	49
Transfers by absorbtion	32	1,220	1,252
Provided during the year	65	1,537	1,602
Accumulated amortisation at 31 March 2019	**146**	**2,757**	**2,903**
Net book value at 31 March 2019	247	437	684
Net book value at 1 April 2018	92	0	92

Note 9.2 Intangible assets 2017-18	Software licences £000	Development Expenditure £000	Total £000
Valuation/gross cost at 1 April 2017	141	0	141
Valuation/gross cost at 31 March 2018	**141**	**0**	**141**
Accumulated amortisation at 1 April 2017	22	0	22
Provided during the year	27	0	27
Accumulated amortisation at 31 March 2018	**49**	**0**	**49**
Net book value at 31 March 2018	92	0	92
Net book value at 1 April 2017	119	0	119

Note 9.3 Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Intangible assets - internally generated		
Information technology	-	-
Development expenditure	1	7
Websites	-	-
Intangible assets – purchased		
Software	1	5
Licences & trademarks	-	-
Patents	-	-
Other	-	-
Goodwill	-	-

Note 10 Property, Plant and equipment

Note 10.1 Property, plant and equipment 2018-19	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018	13,154	56,361	341	241	195	3,737	355	**74,384**
Transfers by absorbtion	12,538	70,233	285	3,176	0	2,040	174	**88,446**
Additions	0	0	1,246	0	0	0	0	**1,246**
Impairments charged to operating expenses	(2,586)	(18,483)	0	0	0	0	0	-21,069
Revaluations	(1,231)	(9,983)	0	0	0	0	0	-11,214
Reclassifications	0	532	(574)	3	0	20	0	-19
Transfers to/from assets held for sale and assets in disposal groups	(600)	(334)	0	0	0	0	0	-934
Disposals/derecognition	0	0	0	(62)	(143)	0	0	-205
Valuation/gross cost at 31 March 2019	**21,275**	**98,326**	**1,298**	**3,358**	**52**	**5,797**	**529**	**130,635**
Accumulated depreciation at 1 April 2018	0	1,891	0	234	195	2,379	243	**4,942**
Transfers by absorbtion	0	374	0	2,643	0	1,900	174	**5,091**
Provided during the year	0	2,802	0	197	0	587	14	**3,600**
Impairments charged to operating expenses	0	(4,591)	0	0	0	0	0	-4,591
Revaluations	0	25	0	0	0	0	0	**25**
Reclassifications	0	0	0	0	0	0	0	**0**
Disposals/derecognition	0	0	0	(62)	(143)	0	0	-205
Accumulated depreciation at 31 March 2019	**0**	**501**	**0**	**3,012**	**52**	**4,866**	**431**	**8,862**
Net book value at 31 March 2019	**21,275**	**97,825**	**1,298**	**346**	**0**	**931**	**98**	**121,773**
Net book value at 1 April 2018	**13,154**	**54,470**	**341**	**7**	**0**	**1,358**	**112**	**69,442**

Note 10.2 Property, plant and eqiupment 2017-18	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017	13,832	55,381	1,398	257	196	4,287	372	75,723
Additions	0	0	1,347	0	0	0	0	1,347
Revaluations	0	(314)	0	0	0	0	0	(314)
Reclassifications	0	2,047	(2,404)	0	0	357	0	0
Transfers to/from assets held for sale and assets in disposal groups	(28)	(753)	0	0	0	0	0	(781)
Disposals/derecognition	(650)	0	0	(16)	(1)	(907)	(17)	(1,591)
Valuation/gross cost at 31 March 2018	**13,154**	**56,361**	**341**	**241**	**195**	**3,737**	**355**	**74,384**
Accumulated depreciation at 1 April 2017	0	57	0	245	196	2,853	246	3,597
Provided during the year	0	1,855	0	4	0	433	14	2,306
Transfers to/from assets held for sale and assets in disposal groups	0	(21)	0	0	0	0	0	(21)
Disposals/derecognition	0	0	0	(15)	(1)	(907)	(17)	(940)
Valuation/gross cost at 31 March 2018	**0**	**1,891**	**0**	**234**		**2,379**	**243**	**4,942**
Net book value at 31 March 2018	**13,154**	**54,470**	**341**	**7**	**0**	**1,358**	**112**	**69,442**
Net book value at 1 April 2017	**13,832**	**55,324**	**1,398**	**12**	**0**	**1,434**	**126**	**72,126**

Note 10.3 Property Plant and equipment – financing – 2018-2019

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000	Total £000
Net book value at 31st March 2019								
Owned - purchased	21,275	94,297	1,298	346	0	931	98	**118,245**
On-SoFP PFI contracts and other service concession arrangements	0	3,528	0	0	0	0	0	**3,528**
Owned - donated	0	0	0	0	0	0	0	**0**
Net book value at 31st March 2019	**21,275**	**97,825**	**1,298**	**346**	**0**	**931**	**98**	**121,773**

Note 10.4 Property Plant and equipment – financing – 2017-2018

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport Equipment £000	Information Technology £000	Furniture & fittings £000	Total £000
Net book value at 31st March 2018								
Owned - purchased	13,154	54,470	341	7	0	1,358	112	**69,442**
On-SoFP PFI contracts and other service concession arrangements	0	0	0	0	0	0	0	**0**
Owned - donated	0	0	0	0	0	0	0	**0**
Net book value at 31st March 2018	**13,154**	**54,470**	**341**	**7**	**0**	**1,358**	**112**	**69,442**

Note 10.5 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	21	85
Dwellings	-	-
Plant & machinery	4	24
Transport equipment	-	-
Information technology	1	8
Furniture & fittings	4	24

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 10.6 Valuation of Property

The estate was revalued on the 31 March 2019 undertaken by Mark Shelley, RICS Registered Valuer, CIS HypZert (MLV), Avison Young. Former SSOTP properties have been revalued under Alternative site MEA rules following previous valuation of SSSFT properties on this basis. In year SSSFT properties were indexed based on the BICS All In TPI movement between March 2018 and March 2019 which resulted in a 3% increase to buildings.

Note 11 Donations of property, plant and equipment

The Trust has not received any donated property, plant or equipment during 2018/2019.

Note 12 Disclosure of interests in other entities

The Trust has no interest in other entities.

Note 13 Inventories

	2018/2019 £000	2017/2018 £000
Opening Balance	257	221
Transfers by absorption	434	0
Additions	1,972	2,253
Invetories consumed	(2,177)	(2,217)
	486	257
Which is made up of:		
Drugs	296	93
Consumables	190	164
Energy	0	0
Total inventories	486	257

Inventories recognised in expenses for the year were £2,177k (2017-2018 £2,217k).

Note 14 Trade receivables and other receivables

Initial application of IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The application of IFRS 15, has had a trivial impact on the Trust's financial statements.

Note 14.1 Current trade receivables and other receivables

	2018/2019	2017/2018
	£000	£000
Contract receivables (IFRS 15): invoiced	32,774	0
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	11,268	0
Trade receivables	0	18,824
Accrued income	0	6,391
Allowance for impaired contract receivables/assets	(3,592)	0
Allowance for impaired other receivables	(632)	(685)
Prepayments	1,953	1,308
PDC Dividend receivable	1,077	25
VAT Receivable	827	247
Total current receivables	**43,675**	**26,110**

Note 14.2 Non-Current trade receivables and other receivables

	2018/2019	2017/2018
	£000	£000
Prepayments	766	1,095
Total current receivables	**766**	**1,095**

The great majority of trade is with Clinical Commissioning Groups and Local Authorities, as commissioners for Patient Care Services and Adult Social Care Services. As Clinical Commissioning Groups and Local Authorities are funded by Government to buy services, no credit scoring of them is considered necessary.

Note 14.3 Allowances for credit losses (doubtful debts)

	Contract Receivables 2018-2019 £000	All other Receivables 2018-2019 £000	Total 2018-2019 £000
Allowance for credit losses at 1 April 2018	0	685	685
Impact of IFRS 9 (and IFRS 15) implementation on 1 April 2018 balance	685	(685)	0
Transfer by absorption	2,070	0	2,070
New allowances arising	3,417	632	4,049
Changes in the calculation of existing allowances	(1,395)	0	-1,395
Reversals of allowances (where receiveable is collected in-year)	(1,013)	0	-1,013
Utilisation of allowances (where receivable is written off)	(172)	0	-172
Total current receivables	**3,592**	**632**	**4,224**
Loss/(gain recognised in expenditure	**1,009**	**632**	**1,641**

Note 15 Non-current assets held for sale in disposal groups

	2018/2019 £000	2017/2018 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	0	2,000
Transfer by absorption	854	0
Plus assets classified as available for sale in the year	1,000	760
Less assets sold in year	(1,000)	(2,760)
Less assets no longer classified as held, for reasons other than disposal by sale	(66)	0
NBV of non-current assets for sale and assets in disposal groups at 31 March	**788**	**0**

Note 16 Cash and cash equivalents movements

Cash and cash equivalents comprise of cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/2019 £000	2017/2018 £000
Cash and cash equivalents at 1 April	64,193	51,801
Transfer by absorption	14,326	0
Net change in year	5,135	12,392
Cash and cash equivalents at 31 March	**83,654**	**64,193**
Broken down into:		
Cash at commercial banks and in hand	167	397
Cash with the Government Banking Service	83,487	63,796
Total cash and cash equivalents in SoFP and SoCF	**83,654**	**64,193**

Note 17 Third party assets held by the trust.

The Trust has £523k (£294k 2017-2018) cash or cash equivalents which relate to monies held by the trust on behalf of patients or other parties.

Note 18 Trade and other payables

Note 18.1 Trade and other payables – current

	2018/2019 £000	2017/2018 £000
Trade payables	25,356	9,888
Capital payables	202	9
Accruals	23,901	13,097
Social security costs	5,636	3,066
PDC Dividend payable	0	0
Accrued interest on DHSC loans	0	40
Other payables	0	1,909
Total current trade payables	**55,095**	**28,009**

Note 18.2 Early retirements in NHS payables

There were no early retirements during the year to 31 March 2019 or in the previous financial year (2017-2018).

Note 19 Other liabilities

	2018/2019 £000	2017/2018 £000
Deferred income	5,753	8,978

Note 20 Borrowings

The new loans and PFI in 2018-2019 relate to the acquisition of Staffordshire and Stoke on Trent Partnership NHS Trust and were taken on by Midlands Partnership NHS Foundation Trust.

	2018/2019 £000	2017/2018 £000
Current		
Loans from the Department of Health and Social Care		
Capital loans	1,370	1,332
Revenue support/working capital loans	192	0
Obligations under PFI	905	0
Total current borrowings	**2,467**	**1,332**
Non Current		
Loans from the Department of Health and Social Care		
Capital loans	21,342	22,674
Revenue support/working capital loans	13,300	0
Revolving working capital facilities	26,800	0
Obligations under PFI	31,936	0
Total non-current borrowings	**93,378**	**22,674**

Note 21 Provisions for liabilities and charges analysis

Pensions Injury benefits relate to ill health retirement pensions over the next twenty years.

Legal claims relate to claims lodged with NHS Resolution for public and employer liabilities against the Trust. An estimated figure is provided with a probability of likelihood of pay out.

Equal pay (including agenda for change) includes consultant contracts where the likelihood or timing of take up is undetermined at the year end.

Other relates to provisions for dilapidations of a number of leased properties which fall due on leaving the premises and contractual issues to be resolved.

	Pensions - Injury Benefits £000	Legal Claims £000	Equal pay (including agenda for change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	243	3,107	1,217	871	2,045	**7,483**
Transfers by absorption	556	66	0	1,973	888	**3,483**
Change in discount rate	(131)	0	0	0	0	-131
Arising during the year	0	11,964	253	331	1,276	**13,824**
Utilised during the year - accruals	(91)	(28)	(47)	(1,887)	(75)	-2,128
Reversed unused	0	(1,849)	(1,188)	(360)	(539)	-3,936
At 31 March 2019	**577**	**13,260**	**235**	**928**	**3,595**	**18,595**
Expected timing of cash flows						
not later than one year	32	13,260	235	928	3,595	**18,050**
later than one year and not later than five years	130	0	0	0	0	**130**
later than five years	415	0	0	0	0	**415**
	577	**13,260**	**235**	**928**	**3,595**	**18,595**

Note 21.1 Clinical negligence liabilities

At 31 March 2019 there was £14,019k provision in respect of clinical negligence liabilities of Midlands Partnership NHS Foundation Trust (£940k 31March 2018)

Note 22 Contingent assets and liabilities

	2018/2019 £000	2017/2018 £000
Value of contingent liabilities		
NHS Resoloution legal claims	(8,764)	(1,846)
Net value of contingent assets	**100**	**141**

Note 23 Contractual capital commitments

	2018/2019 £000	2017/2018 £000
Property, plant and equipment	1,449	751

Note 24 On-SoFP PFI, LIFT or other service concession

The Trust has a PFI commitment relating to the Haywood Hospital, a community hospital, that was redeveloped as part of an overall scheme "fit for the future" secondary care developments in North Staffordshire.

The contract commenced 2007 (taken by the Trust in 2013) for a period of 37 years ending in 2044. A monthly unitary payment for the use of the facility, and the provision of housekeeping, portering, catering and estates maintenance services, will be paid up to that point.

The unitary payment is subject to annual increases in line with RPI. Services are subject to market testing every 7 years. The arrangement requires the operator to deliver services to the Trust in accordance with the service delivery specification.

Non delivery of quality of performance can lead to a reduction in the service charge being paid by the Trust. The Trust retains step in rights should the contractor fail to meet minimum standards as set out within the contract. Under IFRIC 12 the asset is treated as an asset of the Trust. The substance of the contract is that the Trust has a financial lease and payments comprise of two elements – imputed finance lease charges and service charges. Details of the imputed finance lease charges are included in the table below.

Note 24.1 Imputed finance lease obligations

Midlands Partnership NHS Foundation Trust has the following obligations in respect of the finance lease element of on-Statement Financial Position PFI.

The Trust took on the PFI liability as part of the acquisition of Staffordshire and Stoke on Trent Partnership NHS Trust.

	2018/2019 £000	2017/2018 £000
Gross PFI service concession lease liabilities	49,042	0
of which liabilities are due:		
not later than one year	1,986	0
later than one year and not later than five years	7,861	0
later than five years	39,195	0
Finance charges allocated to future periods	(16,201)	0
Net PFI service concession lease obligation	**32,841**	**0**
not later than one year	905	0
later than one year and not later than five years	3,838	0
later than five years	28,098	0

Note 24.2 Total on-SoFP PFI concession arrangement commitments

When calculating the future unitary charge the Trust has applied an inflation increase in line with the prevailing Retail Price Index (RPI) and discounted those commitments in line with Treasury lending rate for NHS Trusts.

	2018/2019 £000	2017/2018 £000
Total future payments committed in respect of PFI service concession arrangements	253,951	0
of which liabilities are due:		
not later than one year	7,117	0
later than one year and not later than five years	30,292	0
later than five years	216,542	0

Note 24.3 Analysis of amounts payable to service concession

	2018/2019 £000	2017/2018 £000
Unitary payment payable to service concession opeator	5,867	0
Consisting of:		
Interest charge	925	0
Repayment of finance lease liability	726	0
Service element and other charges to operating expenditure excluding revenue lifecycle	3,470	0
Revenue lifecycle maintenance	58	0
Contingent rent	688	0
Total amount paid to service concession operator	**5,867**	**0**

Note 25 Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Commissioners and the way those Commissioners are finance, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by the Trust's internal auditors on an annual basis.

Initial application of IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £191k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model did not result in a significant movement in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £0k.

Note 25.1 Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 25.2 Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1-25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust has borrowed from government for revenue finance subject to approval by NHS Improvement interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken and it is fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Note 25.3 Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Note 25.4 Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are finance from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 25.5 Carrying values of financial assets and liabilities

Note 25.1 Carrying value and fair value of financial assets	2018/2019 At Amortised Cost £000
Receivables with DHSC group bodies	16,397
Receivables with other bodies	23,421
Cash and cash equivalents	83,654
	123,472

Note 25.2 Carrying value and fair value of financial liabilities	2018/2019 At Amortised Cost £000
DHSC loans	63,004
Obligations under PFI, LIFT and other service concession contracts	32,841
Trade and other payables with DHSC group bodies	4,980
Trade and other payables (excluding non financial liabilities - with other bodies	43,621
	144,446

Note 26 Losses and special payments

	2018/ 2019 No	2018/ 2019 £000	2017/ 2018 No	2017/ 2018 £000
Losses:				
Bad debts and claims abandoned in relation to:				
other	237	172	25	30
Damage to buildings, property etc due to other	3	0	0	0
Special Payments:				
loss of personal effects	28	6	10	2
personal injury with advice	0	0	2	0
other employment payments - redundancies	26	1,818	12	473
other	7	2	12	2
	301	**1,998**	**61**	**507**

Note 27 Related parties

During the year to 31 March 2019 none of the Department of Health and Social Care ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Midlands Partnership NHS Foundation Trust.

The Department of Health and Social Care is regarded as a related party. During the year to 31 March 2019 Midlands Partnership NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent:

	Income £000	Expend £000
NHS England	41,880	91
NHS Cannock Chase CCG	23,102	0
NHS East Staffordshire CCG	12,668	0
NHS North Staffordshire CCG	37,470	103
NHS Shropshire CCG	30,868	0
NHS South East Staffordshire and Seisdon CCG	32,194	5
NHS Stafford and Surrounds CCG	24,033	75
NHS Stoke on Trent CCG	43,855	1,944
NHS Telford and Wrekin CCG	18,891	0
NHS Thurrock CCG	2,270	0
NHS Wirral CCG	3,718	0
Health Education England	7,358	13
North Staffordshire Combined Healthcare NHS Trust	1,280	1,960
Shropshire Community Health NHS Trust	1,211	334
The Royal Wolverhampton NHS Trust	935	816
University Hospitals of North Midlands NHS Trust	4,008	10,423
Birmingham Community Healthcare NHS Foundation Trust	1,874	14
University Hospitals of Derby and Burton NHS Foundation Trust	980	765
NHS Property Services Limited	25	2,274
Community Health Partnerships	96	2,979

In addition, the Trust has had a number of material transactions with the Local Authorities and other government departments:

	Income £000	Expend £000
Buckinghamshire County Council	2,919	0
Cambridgeshire County Council	2,502	2
Hampshire County Council	9,077	1
Leicestershire County Council	3,300	0
Leicster City Council	4,305	0
Shropshire County Council	1,083	47
Staffordshire County Council	35,850	2,227
Stoke On Trent Council	6,930	423
Telford and Wrekin Council	3,151	25
Thurrock County Council	1,062	0
HM Revenue and Customs	0	22,964
NHS Pensions service	0	28,271
Ministry of Defence	1,882	0

Note 28 Transfers by absorption

On 1 June 2018 Midlands Partnership NHS Foundation Trust was formed following the merger between South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP). All assets and liabilities of SSOTP were transferred via a Grant of Application issued by NHS Improvement. There was no consideration paid in respect of the merger.

The assets and liabilities of SSOTP were transferred to the Statement of Financial Position of Midlands Partnership NHS Foundation Trust on 1 June 2018 at their book value on that date. The loss on transfer of absorption as disclosed in the Statement of Comprehensive Income in the reporting year, is the same as the book value of SSOTP's assets and liabilities acquired on 1 June 2018. The book value of these assets at 1 June 2018 are:

28.1 Transfers by absorption	**Transfer from SSOTP £000**
Net book value of property plant and equipment transferring	83,355
Net book value of intangibles transferring	2,175
Total receivables transferring	14,958
Total inventories transferring	434
Total assets held for sale and assets in disposal groups transferring	854
Cash and cash equivalents	14,326
Total trade and other payables transferring	(26,050)
Total other liablilities transferring	(126)
Total borrowings transferring	(73,709)
Total provisions transferring	(3,483)
Net gain/ (loss) on absorption transfers	**12,734**

Note 29 Prior period adjustments
The Trust has made no prior period adjustments.

Note 30 Events after the reporting date
There were no events after the reporting date to be notified.

Note 31 Local government superannuation scheme
The Trust participates in the Local Government Pension scheme for all employees, administered locally by Staffordshire County Council. This is a funded, defined benefit, final salary scheme, meaning that the Authority and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. The Trust pays contributions to the Staffordshire County Council Pension Fund, which provides its members with defined benefits related to pay and service. The contribution rate is determined by the County Fund's Actuary based on triennial actuarial valuation. The valuation on which 2018-2019 contributions were based was carried out on a full valuation carried out on the 31 March 2016. A roll forward valuation is performed by the actuary in the years between full valuations. This valuation will determine contribution rates payable with effect from 1 April 2017 up to 31 March 2020.

In addition to the recognised gains and losses included in the Statement of Comprehensive Income, actuarial loss of £217k (2017-2018 £200k gain). The cumulative amount of actuarial losses recognised in the Statement of Comprehensive income is £218k (£435k loss 2017-2018).

Note 31.1Assets and Liabilities in Relation to Retirement Benefits
Reconciliation of present value of the Scheme Liabilities

	2018-2019	2017-2018
	£000	£000
Balance as at 1 April	(11,066)	(11,003)
Current service cost	(116)	(137)
Interest cost	(298)	(286)
Contribution by plan participants	(20)	(24)
Actuarial (gains)/losses	(1,003)	236
Benefits paid	161	148
Balance as at 31 March	**(12,342)**	**(11,066)**

Reconciliation of fair value of Employer Assets

	2018-2019	2017-2018
	£000	£000
Balance as at 1 April	12,189	11,958
Interest income	328	310
Actuarial gains/(losses)	786	(36)
Contibutions by employer	82	81
Contributions by plan participants	20	24
Benefits paid	(161)	(148)
Balance as at 31 March	**13,244**	**12,189**

The expected return on scheme assets is determined by considering the expected returns available on the assets underlying the current investment policy. Expected yields on fixed interest investments are based on gross redemption yields as at the statement of Financial Position date. Expected returns on equity investments reflect long-term real rates of return experienced in the respective markets.

The actual return on scheme assets in the year was 9.2% (2.3% 2017-2018).

Note 31.2 Scheme history

	31 March 2019	31 March 2018	31 March 2017	31 March 2016	31 March 2015	31 March 2014
	£000	£000	£000	£000	£000	£000
Present value of scheme liabilities	(12,342)	(11,066)	(11,003)	(9,879)	(10,849)	(8,636)
Fair value of scheme assets	13,244	12,189	11,958	10,593	10,374	8,831
Asset/(liability)	**902**	**1,123**	**955**	**714**	**(475)**	**195**

Note 31.3 Amounts recognised in the SoCI

	31 March 2019	31 March 2018
	£000	£000
Current service cost	(116)	(137)
Interest cost	30	24
	(86)	**(113)**

Note 31.4 Reconciliation of opening and closing SoFP balances

	2018-2019 £000	2018-2019 £000
Surplus/(deficit in the scheme at 1 April	1,123	955
Expenses recognised in the SoCI	(86)	(113)
Contributions paid by employer	82	81
Actuarial (gains)/losses in the current year	(217)	200
	902	**1,123**

Note 31.5 Basis for estimating assets and liabilities

Liabilities have been assessed on an actuarial basis using the projected unit method, an estimate of the pensions that will be payable in the future years dependent on assumptions about mortality rates, salary levels, etc. The County Council fund liabilities have been assessed by the actuaries Hymans Robertson.

The principal assumptions used by the actuary have been:

Mortality assumptions

	2018-2019		2017-2018	
	Men Years	Women Years	Men Years	Women Years
Longevity at 65 for current pensioners	22.1	24.4	22.1	24.4
Longevity at 65 for future pensioners	24.1	26.4	24.1	26.4

Note 31.5 Constitution of the fair value of scheme assets

The local government pension scheme's assets consist of the following categories, by proportion to the total assets held:

	%	£000	%	£000
Equities	72%	9,596	74%	9,045
Bonds	15%	2,026	13%	1,642
Property	9%	1,207	8%	943
Cash	3%	415	5%	559
	100%	**13,244**	**100%**	**12,189**

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