

# Outstanding

## Our journey continues

**NHS**

North Staffordshire  
Combined Healthcare  
NHS Trust



**Keele**  
UNIVERSITY  
TEACHING TRUST

**Annual Report and  
Accounts 2018/19**



# Outstanding

North Staffordshire Combined Healthcare NHS Trust is a leading provider of mental health, social care, learning disability and substance misuse services in the West Midlands.

We are on an ambitious journey to deliver our vision **to be outstanding - in all we do and how we do it.**



In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall “Outstanding” rating – the highest overall rating they can award.

The news meant that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall ‘Outstanding’ rating.

The CQC rated Combined Healthcare as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains

Everyone who works for and with Combined Healthcare work tirelessly to provide the best possible care. They should be really proud of the CQC report which recognises the really excellent compassionate and responsive way we support service users and carers day-in and day-out.

This Annual Report explains what we do and how we work, the major improvements we’ve made this year, the people who’ve delivered them, and our ambitions and partnerships for the future.

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OUR QUALITY ACCOUNT IS AVAILABLE AT [www.combined.nhs.uk](http://www.combined.nhs.uk)



# WHAT WE DO, HOW WE DO IT OUR PERFORMANCE REPORT



# Outstanding - at a glance

Our ambitious journey continues - to be outstanding in all we do and how we do it. Here are some of the highlights of how we're doing.



1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating from the Care Quality Commission



20th consecutive year of achieving financial surplus - making us one of the top financial performers in the region

Best performing mental health Trust in the NHS Staff Survey



Launched the Wellbeing Academy offering a wide range of courses, workshops and activities to support people to discover interests and develop their skills on their mental health recovery journey



Praised by our service users for our commitment to partnership in involving them in deciding our priorities and making our appointments



Highest score in the country for creating a safe environment free from bullying and harassment

Fantastic record of winning awards, nominations and accolades throughout the year from health, care and research publications and organisations



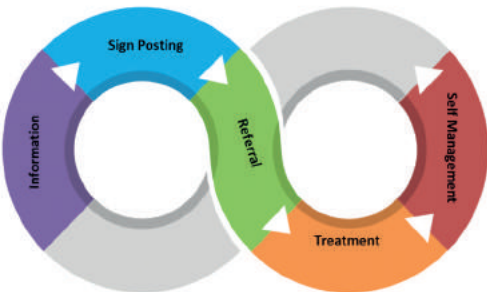
Helping drive a new alliance of health and care providers to lead and transform NHS and council-led care services





Our Dementia diagnosis rates for over-65s are the highest in the West Midlands

CAMHS Digital Exemplar



Empowering young people and their families to revolutionise their care via technology

Crisis Teams' CQC rating transformed from Inadequate to Outstanding in just four years



No child waiting more than 18 weeks for a CAMHS assessment

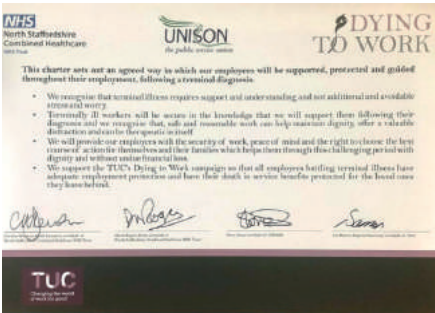


Top employer of choice for Keele University Mental Health and Learning Disability Nursing Graduates



New mental health teams in partnership with schools across Staffordshire and Stoke-on-Trent

Proud to be the first mental health trust in the country to sign up to the TUC Dying to Work Charter



Highest conversion rates to psychiatry training of any medical school







Supporting a being open culture, enabling people to speak up



Biggest ever REACH staff awards, recognising staff achievements and contribution, with over 300 nominations from fellow staff and service users

The Combined Nursing Badge to recognise those Leading Change, Adding Value through nurse leadership and compassionate care



The finest frontline Podcast in the NHS. Covering all aspects of Trust's services, people and service users



Proud to be called a Keele University Teaching Trust - with highest conversion rates to psychiatry training of any medical school in England



Best performing trust in England for access to mental health therapy AND for IAPT recovery rates

The Inclusion Council set up to make us truly inclusive and equal in the way we treat and support our staff and service users



Lowest sickness rates of any mental health trust in the West Midlands

# Chair and Chief Executive's statement

## Welcome to our Annual Report for the year 2018/19. A truly Outstanding Year.

In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award.

The news meant that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

The CQC rated Combined Healthcare as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains.

Everyone who works for and with Combined Healthcare strive tirelessly to provide the best possible care. Everyone should be really proud of the CQC report which recognises the really excellent compassionate and responsive way we support service users and carers day-in and day-out.

To achieve this Outstanding rating is rare and is a real testament to our excellent staff who aspire to deliver true person centred care in partnership with service users and carers.

But we are not complacent and we have made clear that we want our journey of improvement to continue. Our aim is to be Outstanding in ALL we do and HOW we do it. This includes continuing to strengthen integration alongside our partners.

To mark the occasion, the Trust held a Celebration Event at Harplands Hospital, where we unveiled a commemorative permanent display to mark the occasion and recognise the magnificent contributions of our staff and service users to this stunning success.

The latest inspection results came on top of Combined being awarded the accolade of "NHS Provider of the Year" in the Leading Healthcare Awards.

We were also proud to be selected by NHS England as a CAMHS Trailblazer Wave 1 pilot site - receiving almost £2 million a year from April 2019 to invest in children's mental health services across Stoke-on-Trent and North Staffordshire.

This was a year that saw us further develop our leadership role within the Staffordshire and Stoke-on-Trent "Together We're Better" sustainability and transformation partnership (STP) - leading workstreams on System Leadership, Digital and Mental Health.

It was a year when our staff and our teams continued to win national, regional and professional awards and accolades for their talent, delivery and service.

All of this was delivered against the backdrop of our 20th consecutive year of achieving financial surplus - making us one of the top financial performers in the region.





It was a year when we implemented the transformation of our own operations, directorates and teams, to a new structure based upon locality-based working. We believe this puts us in a great place to deliver compassionate, excellent place-based care. We also created a new Primary Care directorate, expanding our operations to incorporate delivery of Personal Medical Services and Primary Care development in partnership with GP practices.

During the year, our multi-million pound, state-of-the-art Psychiatric Intensive Care Unit went live - giving us some of the most modern facilities anywhere in the NHS.

It was a year when we delivered leading results - nationally and regionally - and outcomes, including the best IAPT recovery rates in England, the highest dementia diagnosis rates in the West Midlands, a national leading mental health and wellbeing strategy in partnership with local schools, some of the best results in the country for PLACE scores, and the highest conversion rates to psychiatry training of any medical school in England.

Partnerships are at the heart of what we do and how we do it. We don't just talk about partnership, we make it

happen. This Annual Report contains further details of our deepening partnership working with our local authorities, voluntary sector, the North Staffordshire GP Federation and the North Staffordshire and Stoke-on-Trent Alliance.



**Peter Axon**  
**Chief Executive**

At the heart of Combined Healthcare is its wonderful staff. We are proud to employ the very best health and social care staff. A large part of our year has been spent developing our programmes and structures for attracting, retaining, developing and rewarding those who choose to spend their working life with us. This has included recruiting some first rate new appointments to our Executive Team, including new Directors of Finance, Strategy and Workforce. We also welcomed new additions to our Non-Executive Team on our Trust Board.

The year ended with us saying farewell to Caroline Donovan, after more than a decade of service to Combined Healthcare including five years as our Chief Executive. Caroline touched the lives of so many of our staff and her time will be truly remembered. The achievements and outcomes contained in this Report bear the unmistakable hallmarks of her leadership. As our new Chief Executive, Peter Axon, takes up the reins, we know the foundations for our future success have been laid securely.

We hope you enjoy reading this Annual Report. It really has been a remarkable and historic year for Combined Healthcare.



**David Rogers**  
**Chair**

# Outstanding

Our journey continues...



## Outstanding

Safe	Good ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Good ●

**The best rated mental health  
Trust in the West Midlands  
1 of only 2 specialist mental  
health Trusts in the NHS  
rated as Outstanding**

At time of 2019  
CQC inspection



# About us

North Staffordshire Combined Healthcare NHS Trust was established in 1994 and provides mental health and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. The Trust is one of the main providers of mental health, social care and learning disability services in the West Midlands.

We currently work from both hospital and community-based premises, operating from approximately 30 sites to approximately 464,000 people of all ages and diverse backgrounds in Stoke-on-Trent and across North Staffordshire. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units.

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

We also provide specialist mental health services such as child and adolescent mental health services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support University Hospitals of North Midlands NHS Trust (UHNM).

The Trust has a range of formal and informal mechanisms in place to facilitate effective working with key partners across the local economy. These include participation in partnership boards which bring together health, social care, independent and voluntary sector organisations in the City of Stoke on Trent and the County of Staffordshire.

We work with local doctors and other health and care professionals, including the North Staffordshire GP Federation to help develop and support exciting new initiatives like the North Staffordshire and Stoke-on-Trent Alliance, as part of an overall strategy to transform the quality and delivery of local care. The partners in the Alliance are:

- North Staffordshire GP Federation
- Staffordshire and Stoke-on-Trent Partnership NHS Trust
- North Staffordshire Combined Healthcare NHS Trust
- Stoke-on-Trent Healthwatch
- Stoke-on-Trent City Council
- University Hospitals of North Midlands NHS Trust
- North Staffordshire & Stoke-on-Trent Clinical Commissioning Groups
- Vocare/SDUC
- Elected Voluntary Sector Representatives from Stoke-on-Trent, Newcastle-under-Lyme and Staffordshire Moorlands
- VAST
- Keele University

We help drive improvements across the wider health and care economy, through our leadership roles in the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan - Together We're Better.

We work closely with agencies that support people with mental health problems, such as North Staffs Voice for Mental Health, ADS, Approach, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, North Staffs Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.

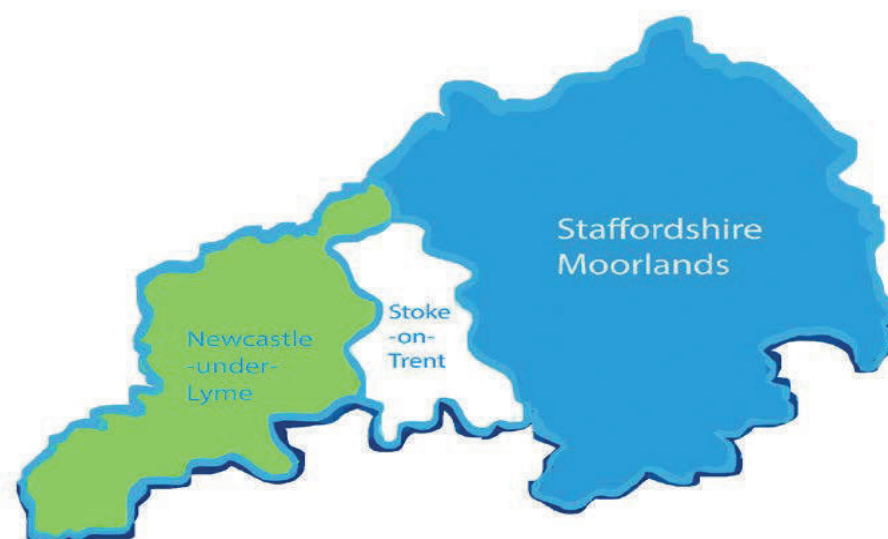
The Trust has an average of 1,306 permanently employed whole time equivalents (WTE) staff.

In 2018/19, for the 20th consecutive year, we achieved a financial surplus - of £3.58m against an income of £89.11m.

In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award.

The news meant that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

We look to involve our service users in everything we do, from providing feedback about the services we provide, to helping shape our priorities, to helping us find the right people to work for and with us. This work is co-ordinated by our Service User and Carer Council.



# Our vision, values, strategy and objectives

The Trust's core purpose is to improve the mental health and wellbeing of our local population, some 464,000 people living across North Staffordshire and Stoke-on-Trent. Our strategic aim, as one of the main providers of care, is to deliver an evidence-based model of care, which is appropriate to our service user needs and focuses on wellbeing and on-going recovery. We strive to be recognised as a centre of excellence in both integrated and specialist care, bringing innovative solutions to the services we deliver and the strategies we develop, embedding a culture of continuous learning across our organisation, and supporting and inspiring others.

This is reflected in our vision, values and objectives. These guide not only how we deliver our services on a day-to-day basis, but also how we support and develop our people and our own organisation, how we manage and develop our partnerships and relationships with our service users, carers and families, as well as our external stakeholders across the local health and care economy.

## Our vision and values

Our vision is **"To be Outstanding"** - in ALL we do and HOW we do it. We are on a continuing journey towards that vision that we call "Towards Outstanding".

Our vision is underpinned by our SPAR quality priorities - to provide services that are **safe**, **personalised**, **accessible** and **recovery-focused**. These guide all we do and are the benchmark against which we judge how we perform.

In delivering those services - as well as in all of our working relationships with service users, carers, families, stakeholders and each other, we are guided by our Proud to CARE values - to be **compassionate**, **approachable**, **responsible** and **excellent**.

## Our strategy

We plan for the next five years (longer-term direction of travel), two years (medium-term priorities) and one year (key activities within any given financial year).

Our five-year strategy informs and is informed by the pan-Staffordshire Sustainability and Transformation Partnership (STP).

We support the STP's objectives of:

- Focused prevention
- Enhanced primary and community care
- Effective and efficient planned care
- Simplified urgent and emergency care
- Reduced cost of services.





## Our seven key objectives

We have developed seven key objectives that set an ambition for what we want to achieve:

1. To enhance service user and carer collaboration
2. To provide the highest quality, safe and effective services
3. Inspire and implement innovation and research
4. Embed an open and learning culture that enables continual improvement
5. Attract, develop and retain the best people
6. Maximise and use our resources effectively
7. Take a lead role in partnership working and integration

## Key challenges and risks

The Trust has three risks with a residual score of 16 (impact 4 x likelihood 4) as follows:

- There is a risk that the recurrent CIP for 2018/19 if not delivered will impact on the Trust's ability to meet financial requirements and sustainability.
- There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.
- As a result of a challenged health economy and the scale and scope of STP plans for development and recovery (e.g. of financial position), there is a potential impact on the capacity of the Trust's Senior Leaders to ensure the continued delivery of financial balance and high quality services, whilst also fulfilling obligations to support system-wide priorities.





# Our journey continues...



# No child waiting more than 18 weeks for a CAMHS assessment





# How we provide care

This Annual Report covers the period 1st April 2018 to 31st March 2019.

From 1st April to 30th September 2018 six clinical directorates ensured the effective running of our services.

Each directorate was led by a Clinical Director who provided clinical leadership and a Head of Directorate responsible for its management.

These six directorates (set out opposite above) were:

- Adult Mental Health Inpatient
- Adult Mental Health Community
- Neuro and Old Age Psychiatry
- Substance Misuse
- Learning Disabilities
- Children and Young People

From 1st October 2018, we mobilised into our new locality structure with Associate Directors and Clinical Directors formally responsible for their new Directorates.

The new five directorates (set out opposite below) are:

- Stoke Community
- North Staffs Community
- Specialist Services
- Acute and Urgent Care
- Primary Care

Over the next few pages, we set out details of each of these new directorates, its leadership, the services it provided and where and who is eligible for each service.

## April 2018 to September 2018

Adult Mental Health Inpatient Directorate	Adult Mental Health Community Directorate	Neuro and Old Age Psychiatry Directorate	Substance Misuse Directorate	Learning Disability Directorate	Children and Young People's Directorate
Clinical Director & Head of Directorate	Clinical Director & Head of Directorate	Clinical Director & Head of Directorate	Clinical Director & Head of Directorate	Clinical Director & Head of Directorate	Clinical Director & Head of Directorate
Acute In-patient (Wards 1, 2, & 3) Place of Safety ECT Suite Florence House Summers View	Access and Home Treatment AMPHs & DOLs ASD Service Carers Team Community Day Services Criminal Justice Mental Health Team Early Intervention Hillcrest Recovery and Resettlement Healthy Minds Stoke-on-Trent Wellbeing Services Staffordshire ICMHT City ICMHT County Resettlement and Review Team	Ward 4 Complex Needs (Ward 6) Mental Health and Vascular Well Being Neuropsychiatry Community and Day Hospital Neuropsychiatry Inpatient Services (Ward 5) Neuropsychology, Physical Health & Older Adults Psychology Old Age Outreach Team Older Persons Ward (Ward 7) Rapid Assessment Interface and Discharge Service (RAID) Staffordshire CMHT Stoke CMHT	Edward Myers Inpatient Unit One Recovery North Staffs One Recovery South-East Staffs One Recovery South-West Staffs Stoke Heath Substance Misuse Team Stoke Community Services	Assessment & Treatment Community LD Team, City Community LD Team, North Staffs Specialist Short Break Services Intensive Support Team (IST) Children LD Services	CAMHS North Stoke CAMHS South Stoke CAMHS North Staffs Darwin Inpatient Unit Specialised Services CAMHS Referral Hub

## From 1st October 2018

Stoke Community	North Staffs Community	Specialist Services	Acute and Urgent Care
Adult CMHT Older People CAMHS IAPT ..... Outreach Team Older People Care Home Liaison / Physio Memory Services Vascular Wellbeing Primary Care Dementia	Adult CMHT Older People CAMHS IAPT ..... Liaison & Diversion Criminal Justice Team IPS / Step On Early Intervention Dual Diagnosis	Dragon Square Assessment and Treatment Community L Dis Community Learning Dis Team Healthcare Facilitation Intensive Support Team Medical Services - LDs Darwin Centre ..... Florence House Summerview Hillcrest Ward 5 Neuro Neuro Community Services Neuro PSD Daycare Neuropsychology Out Of Area / Resettlement Team ..... One Recovery North One Recovery Staffs Medical SMIS Stoke Community Stoke Heath Prison SM Business Team SM Inpatients (EMU) SM Medical	Access Team Home Treatment Team (Adult) IOU (Adult / Subs Misuse) Community (Street) Triage Place of Safety Site Managers High Volume Users ..... Mental Health Liaison Team CAMHS Central Referral Hub Children's Psychology ..... Wards 1,2, 3 PICU Acute Nurse Practitioners Acute Therapies ..... Wards 4, 6, 7 Physiotherapy ECT Team ..... <b>Primary Care</b> Primary/General Medical Services Locally Enhanced Services Primary Care Development PCN Support Education

## Stoke Community

Clinical Director - Dennis Okolo

Associate Director - Jane Munton-Davies

The newly formed Stoke Community Directorate provides a range of services to children, adults and older people across the City of Stoke-on-Trent.

Services include Community Mental Health Teams (CMHT's) as follows:

- Greenfields Adult CMHT - Tunstall
- Sutherland Adult CMHT – Longton
- Tunstall CAMHS
- Blurton CAMHS
- Marrow House older People's CMHT

The Directorate is developing a place based approach to support and has established a number of strong partnerships with primary care, third sector and with Stoke-on-Trent City Council; providing adult social care on their behalf. This enables holistic multi-disciplinary assessment and support that centres around a strengths based philosophy.

Alongside supporting the needs of service users, the Directorate has a dedicated Carer's Team to offer assessment advice and support for carers.

The AMHP and BIA team undertake statutory work on behalf of Stoke on Trent City Council. The team is multi-disciplinary in nature and is based at Hillcrest in Hanley. The team assess people under the Mental Health Act (MHA) who are from the Stoke on Trent Local Authority area and they respond to urgent and planned assessments as directed by Section 13 of the MHA (1983).

Best Interests Assessors provide a service to undertake Deprivation of Liberty Safeguards (DoLS) assessments. Assessments are undertaken on adults who may lack capacity and are admitted to care homes or hospitals. The team also complete Judicial Deprivation Assessments, when a person is residing in a supported living setting.

A range of day opportunities are provided in Adult services including :

- Growthpoint,
- Kniveden Partnership
- Get Into Reading
- Happy Mondays (Women only)
- Jam Factory
- Man days on Fridays (Men only)

The Stoke Community Directorate holds the Strategic lead for Older People's services and facilitates both admission avoidance and early supported discharge through its Outreach, Care Home Liaison and Dementia Primary Care Teams. The Memory Service is based at Marrow House and provides a diagnostic service to older people with dementia.

The Parent and Baby unit is a specialist perinatal mental health service based in the City Centre. They provide support to women age 16 years and above from a confirmed pregnancy up until baby is 12 months of age where the woman is experiencing a moderate to severe mental health condition. They also offer preconception advice for women who have a history of severe and enduring mental illness or who have had a previous puerperal psychosis.

The Healthy Minds Core IAPT service provides evidence based talking therapies (NICE approved) to meet the needs of people in Primary Care who have mild, moderate, severe common mental health problems such as depression, and anxiety. The overall aim of the Service is to provide a timely and responsive psychological service to the people of Stoke on Trent who are experiencing common mental health problems where those conditions can be managed in primary care.





## North Staffs Community

Clinical Director - Darren Carr  
Associate Director - Sam Mortimer

North Staffordshire Community Directorate has been operational since October 2018 following the transformation of our Trust services designed to deliver a locality, place based care model of care delivery.

Our community mental health teams comprise of 2 adult teams and 1 older persons team and 1 child and adolescent team providing care, support and interventions for people and their families affected by complex mental health needs. The teams help people with complex mental health needs to live safe and healthy lives through engagement with services and support in their local communities, promoting recovery, resilience and social inclusion.

The child and adolescent mental health service vision is for all children and young people in North Staffordshire to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident. This is achieved through partnership working with families, professionals and services to promote good mental health through a model of care based on prevention, early detection, help when issues first arise and by delivering a range of evidence based interventions.

Our Directorate also takes the strategic lead for, specialist children and young persons eating disorder Service, a Looked after Children team, Autistic Spectrum Disorder assessment service and a Youth Offending team.

Our Criminal Justice Mental Health Team works with frontline police officers to provide support to courts involving people with a mental health issue. We promote service user engagement with health, social care and third sector services, assisting offending reduction.

Our well-being team – IAPT, provides evidenced-based treatments for people over 16 with mild to moderate common mental health difficulties including anxiety and depression. The service is provided in partnership with North Staffs Mind

Our Early Intervention in Psychosis service offers assessment and support for people who have been identified as developing a first episode of psychosis, aiming to improve the life chances of those affected



## Specialist Services

Clinical Director - Dr Hardeep Uppal

Associate Director - Ben Boyd

The new Directorate is for services that are not commissioned by local CCGs or would not benefit from being anchored within the CCG locality footprint. The overarching purpose of the new Directorate is to grow and diversify services. The Directorate has 3 service areas:

- Neuro-Rehab
- LD and CAMHs Tier 4
- Substance Misuse & Prison Healthcare

### Neuro-Rehab

Florence House is an eight-bed mixed gender rehabilitation unit for those needing support to self-manage. Similarly to Summers View, we measure progress but support is focussed more on accessing community resources. Florence House works in close partnership with a number of supported housing projects enabling people to leave within 12 months and has close links with our employment service, helping people return to work.

Summers View is a 10-bed mixed gender unit offering intense rehabilitation for people who have complex needs. The service offers help for up to two years and is generally designed for people who have needed low secure accommodation or specialised services in the past and are seeking a less supported environment.

The team offers a multi-disciplinary approach, monitoring progress, identifying change and setting goals. Service users have access to occupational therapy and a psychologist who are integrated members of the team. Both services enable people to move to less supportive care, where appropriate, or increased support if their mental health deteriorates.

The Hillcrest service provides a drop in facility in collaboration with Brighter Futures and a night service for those requiring support and advice. The Hillcrest step down beds enable service users to be discharged for an acute hospital bed, supported by health and social care in a safe supported community setting.

Our Neuropsychiatry services are one of only 4 such services in the UK. It provides a highly specialist treatment pathway for people with neurological conditions that not only disable physically but have significant impact on mental health and well-being, such as, Parkinson Disease, Huntingtons Disease, Epilepsy and Brain Injuries. The service offers a complete pathway from community services, out-patients and inpatient care.

Psychology services- within the Directorate we hold numerous contracts with UHNM, MPFT, Probation and CCGs to provide highly specialist psychology services for people outside Mental Health services. These range from Cancer to Bariatrics to Probation to Paediatrics.

### LD and CAMHs Tier 4

We create personalised care programmes for over-18s with a learning disability or challenging needs which require specialist help. The term 'learning disability' can be applied to a diverse range of mental disabilities, some of which are accompanied by physical problems.

Typically, a person with learning disabilities finds it harder to understand information and learn new skills, and may find it difficult to cope independently.

We provide care and support to help each person live in their own home, to be in control of their lives and engaged in their community. Where this is not possible we offer excellent assessment and 24-hour treatment support in the six-bedded Assessment and Treatment Unit, where we design individual packages of care leading to discharge and successful placements close to their homes.





Our community teams bring together community learning disability nurses, psychiatrists, occupational therapists, physiotherapists, speech and language therapists, clinical psychologists and other applied psychological therapists. These teams work in partnership with local authorities and other organisations to provide a range of care services and therapies.

Our Primary Healthcare Facilitation and Acute Liaison Service work closely with our local mainstream and specialist health services to reduce the overall health inequalities experienced by people with learning disabilities.

Our Community Learning Disability Health Team is a multi-professional community-based team supporting people with complex learning disabilities, physical and mental health needs in their local community, reducing the need for specialist placements or hospital admissions.

The Intensive Support Team provides service users, families and carers with access to rapid response, intensive assessment, treatment and support at times of crisis to reduce the need for admission to hospital. The team also supports timely discharge from inpatient services.

The Assessment & Treatment Unit, located on the Harplands Hospital site, provides short-term assessment and treatment of adults with a learning disability and additional acute health needs such as a mental health need, autism and epilepsy. All our services work collaboratively with patients, family members, carers and other agencies to deliver person-centred, recovery-focussed care.

The Specialist Children's Short Break Service at Dragon Square offers residential short breaks, including day care, to children and young people with a severe learning disability. The service is registered with Ofsted as a children's home that can support children with learning disabilities, physical disabilities and sensory impairments. We are also registered with the Care Quality Commission (CQC) to provide accommodation for people requiring nursing or personal care. Covering North Staffordshire including Newcastle-under-Lyme, Staffordshire Moorlands and Stoke-on-Trent, the multidisciplinary Children's Community Learning Disability Health Team provides specialist assessment and treatment interventions to children with a diagnosed learning disability with associated complex health needs.

The Darwin Centre, for children and young people presenting with acute mental health problems that cannot be managed within the community setting and require inpatient specialist mental health services. The inpatient service offers a comprehensive assessment and a range of person-centred psychological therapies and approaches in line with NICE guidance.

Our staff are skilled multi-professional practitioners from many different disciplines – psychiatrists, nurses, psychologists, occupational therapists, mental health practitioners, play and parenting practitioners, art therapists, social workers and trainees. These staff are supported by a dedicated group of administrators.

### Substance Misuse & Prison Healthcare

The Trust provides services in the local community and in hospital for people wishing to recover from misuse of alcohol and/or drugs. Our approach to care includes 'the recovery model', which means we believe that when people are misusing drugs or alcohol significant improvements in physical and mental health are possible, and we want to help people achieve this.

Understanding people's life and experiences, past and present, is an essential part of recovery and well-being. This includes the difficult life experiences that can lead to stress and trauma, such as assault, domestic violence, debt, abuse, and neglect. Understanding your cultural and religious or spiritual beliefs is also very important. Our substance misuse services are there to support you in this process and can help you on the pathway to a full recovery.

During the year, we won a new contract for the delivery of health services at Stoke Heath Prison. The five-year contract – which was commissioned by NHS England – began from April 2019 and includes a potential two-year extension that would take it to 2026.

It sees North Staffordshire Combined Healthcare NHS Trust teaming up with Shropcom and The Forward Trust to form what is being called the Stoke Heath Integrated Care partnership (SHIC), with Shropcom taking the lead. The partnership brings together three exceptionally experienced, passionate and proven healthcare providers with extensive experience, safely and seamlessly transitioning services.

Combined will deliver secondary mental health and clinical substance misuse services.

## Acute & Urgent Care

Clinical Director - Carol Sylvester

Associate Director - Nicky Griffiths

North Staffs Combined Healthcare provides Acute Inpatient beds to the population of Stoke-On-Trent and North Staffordshire at the Harplands Hospital Site.

This consists of a 22 bedded Male ward, a 22 bedded Female Ward, a 14 bedded Mixed sex Ward and a recently opened PICU which we are hoping to increase from 4 – 6 beds in October 2019.

We provide a service for 18 – 75 year olds with a wide range of complex mental health difficulties. Ward staff work closely with our crisis care teams and community care teams to ensure a seamless service is provided to our service users with clear care pathways and processes. We also house the Place of Safety and have close working relationships with our police colleagues for s136 patients as well as local community support services.

The ECT Department comprises of a small team of specialist Doctors, Anaesthetists and Nurses. ECT is a Physical procedure that involves the administration of Anaesthetic and muscle relaxant. ECT is carried out for the treatment of some mental illnesses including Depression.

Ward 4 is a dual care service based within North Staffordshire Combined Healthcare Trust. The ward is currently commissioned for 15 beds accepting patients with complex physical health needs & organic illnesses with the ethos to support patients reach their maximum potential. The service supports timely discharge from Royal Stoke University Hospital (UHNH) and admission/transfer avoidance via the emergency portals.

Ward 6 comprises of 15 beds and is a mixed sex ward for the assessment of older persons primarily with a diagnosis of dementia, along with some associated complex needs. Clinical support on the ward is provided by consultant and other medical staff and a wide range of mental health nurses, health care support workers and multi-agency staff. Assessment of needs and treatment to meet those needs using a person centred approach is carried out by ward staff. Community mental health teams and social care support the ward to ensure discharge is planned to meet the on-going needs of the individuals when discharged.

Ward 7 is a 20 bedded functional unit for elderly patients over the age of 65. The ward is unisex comprising of both male and female bed spaces and is a short-term assessment and treatment unit which facilitates both informal patients and those under the Mental Health Act. Patients admitted to the ward will receive a full assessment of needs which is carried out by a multidisciplinary team in order to ensure an holistic and person centred approach to an individual's recovery. Both the inpatient and community teams work closely and collaboratively in order to ensure safe and timely discharge back in to the community once treatment is complete.

The Physiotherapy department comprises of a small team of specialist Physiotherapists and Technical instructors who provide assessment and treatment to patients within the hospital and community setting. The specialist team offer exercise therapy, Muscular skeletal treatment, Neuro and Elderly care rehab.

The Access Team provides one point of contact for all mental health referrals, for advice, signposting and assessment. The service provides an appropriate timely response for all crisis/urgent type referrals, including requests for assessments under the Mental Health Act, and non-urgent referrals, by telephone or face to face. The Mental Health Access Service, following assessment, may provide the referred person with professional support to address and resolve the presenting needs, and if necessary refer onto other appropriate agencies.





The High Volume Users Team offer guidance to Commissioners and Providers who are responsible for patients who frequently attend A&E to provide improved management of their health and social care needs. They provide a more proactive and co-ordinated MDT approach that includes all agencies working with the patient/service user with agreed appropriate and adequate level of care, and support patients to negate or reduce A&E attendances.

The Adult Home Treatment service aims to provide an alternative to hospital admission for service users experiencing a crisis and are experiencing high levels of distress. The Home Treatment Team act as gatekeepers for adult in-patient bed based services and will be referring patients for hospital admission when all alternative options have been explored or where there are significant risks that cannot be managed within the community. If there has been a need for in-patient admission then the Home Treatment Team will provide support to facilitate early discharge.

The Intoxification Observation Unit (IOU) accepts intoxicated patients from A&E who are not in need of their services but are too intoxicated to be allowed to go home. The IOU also extends to the West Midlands Ambulance Service (WMAS). It allows WMAS to directly refer to the IOU should the person present as intoxicated but not require any treatment in A&E.

The aim of the CAMHS Central Treatment Hub is to provide one point of contact/entry for all CAMHS referrals, for advice, signposting and assessment. The service provides an appropriate timely response for all referrals both routine and urgent by telephone, written or face to face. The CAMHS Hub, following assessment, may provide the referred person with professional support to address and resolve the presenting needs, and if necessary refer onto other appropriate agencies.

Community Triage is provided by a small team of designated, experienced psychiatric nurses, a support worker and a police officer working on a rotation basis. The Community Triage Team operates from 4pm until 2am, seven days a week and is based in Hanley Police Station in Stoke-on-Trent. It is a collaboration between police and health staff, working together each shift. They share expertise and in order to support front line police officers to deal with those presenting in health and social care crisis. The Team offer advice, information sharing and assessment as needed. The Community Triage Team is a police resource aiming to aid police in best supporting those who they come into contact with.

The Mental Health Liaison Team is an essential component of the Acute Care pathway providing assessment and rapid access as appropriate. The Liaison model is open to all who present with urgent mental health needs at emergency portals, and inpatient areas at the Royal Stoke or Community Hospitals. The Liaison team functions as a multi-disciplinary team within the Royal. The model operates as a rapid response liaison team, for people with mental health needs in an acute general or community hospital setting. The team extends beyond patient contact into the education of medical, nursing colleagues and allied professionals. It provides a 7 day single point of access for all inpatients and people who attend the emergency portals at the Royal Stoke and are admitted to the inpatient areas, this also includes the community hospitals. We are commissioned to respond to the ED within 1 hour, emergency portals within 4 hours and referrals from wards within 24 hours.

Combined Healthcare works closely with Midlands Partnership Foundation Trust as part of our STP footprint and we strive towards a Zero Tolerance for Out of Staffordshire admissions.



## Primary Care

Clinical Director - Mark Williams

As part of its strategy, the Trust has moved to a geographic focus for its Directorates so it can adopt integrated locality working as a principle. A further part of this is a Primary Care Integration Strategy which seeks to embed practices in the Trust and is seen as a part solution to the issues of GP sustainability in North Staffordshire. The Trust has agreed this solution with the local GP Federation and it has the support of the LMC and the area team for NHSE.

The concept of Primary Care Integration has been developed to become a core of the strategic thinking of how the Trust can do its part to facilitate integrated locality working. It is evidence of the Trust's commitment to offer a model that supports sustainable General Practice in North Staffordshire. The Trust believes that its 'service led' model, which involves the Trust taking operational responsibility for a range of services to GPs (including the 'full service' model), offers the right level of choice and flexibility to local GPs to allow them to make informed decisions about how to manage their businesses in the future.

For the Trust it is logical to extend its commitment to locality integrated working by extending its capabilities to General Practice. The opportunity to embed mental health services within the Primary Care offer has a historical precedent and fits with national strategy (NHS 5 Year Forward View and GP Forward View) and local strategy (STP and North Staffordshire Alliance Board). It could also benefit the Trust from a clinical perspective and could bring significant improvements to patient services.

A formal 'Primary Care Directorate', which aligns with the structure and reporting lines of the other four Clinical Directorates, has been established, with the first two practices joining the Directorate being from the Moorcroft Medical Centre and Moss Green Surgery.

The Directorate reports into the Trust's governance structure through a newly-established Primary Care Committee. The Primary Care Committee, on behalf of the board, provides advice and assurance on:

- The performance, quality and safety, financial management, workforce management and risk management of Primary Care Services (existing or future services)
- The integration of any future GP practices as part of the overall Primary Care Integration Strategy; and
- The assurance process to the Committee in Common established as the oversight vehicle for GP partners holding GMS contracts for which the Trust is the appointed sub-contractor.



# Outstanding

## Our journey continues...



**Best performing trust in England  
for access to mental health therapy  
AND for IAPT recovery rates**

# How we measure performance

## Our approach

The Trust's performance management arrangements are underpinned by a comprehensive Trust Performance & Quality Monitoring Framework (PQMF) which is a key driver towards providing outstanding services. It provides the means to report, monitor, review and improve organisational performance and quality outcomes from 'board to floor.'

The PQMF includes national metrics set out in NHS Improvement's Single Oversight Framework, contractual reporting requirements for commissioners and internal Trust measures that align with Trust goals and objectives. The PQMF enables granular reporting of weekly and monthly dashboard reports to clinical teams and Trust committees, with an overview maintained by the Trust's Board. Each target is overseen by a nominated Executive Director.

Where performance or quality metrics are not on target, clinical directorates and corporate areas provide rectification plans, including trajectories for improvement and action planning, for performance review by our Board Sub-Committees.

## Assurance

The PQMF is reported on a monthly basis to the Trust Board with each of our 3 sub-committees taking a lead on different aspects of our performance; Finance, Performance and Estates Committee, Quality Committee, People, Culture and Development. These arrangements provide robust assurance across the Trust and to commissioners and regulators.

## Clinical dashboards

Monthly Clinical dashboards have been enhanced to provide better visualisation of the most important performance measures and quality indicators, thereby enabling trends to be more easily identified. Key priorities are reviewed to ensure that the most pressing indicators of performance and quality are in focus. The review of individual clinical teams' compliance with CQC and Mental Health Act standards also continued during the year, with results being used to drive improvements in the quality of the services provided to patients.

## Improving Data Quality

### Data Quality Maturity Index (DQMI)

The DQMI is a quarterly publication intended to raise the profile and significance of data quality in the NHS by providing data submitters with timely and transparent information about their data quality. The original design of the Data Quality Maturity Index (DQMI) looked to use a set of core data items across eight key national datasets to create a composite indicator of data quality at a provider level.

The Trust's DQMI was 97% in the latest published national data (September 2018).

### Local Data Quality Dashboard

The Trust introduced a DQ dashboard in Q1 2018/19 to address the most pressing data quality issues remaining following the roll out of Lorenzo, the Trust's EPR (Electronic Patient Record) in 2017. The dashboard used baseline data from Q4 2017/18 and at the end of Q4 there was an improvement in the aggregated DQ score of 53%.





## Improving Reporting: Development of AID (Activity Information Dashboard) and BI (Business Intelligence) reports

The development of the AID tool and BI reports has provided automated almost real-time activity information, in a versatile and user friendly format, that is accessible directly to staff.

The reports provide managers and clinicians with:

- Understanding and monitoring Directorate, team and individual activity, performance and quality improvement
- A platform to identify and improve data quality
- Support with clinical decision making and service transformation

## Benchmarking

The Trust uses local and national benchmarking information to add intelligence and insight to its performance management processes. Benchmarking enables the performance of the directorates to be analysed, and they are supported in identifying how improvement in quality, productivity and efficiency can be achieved.

The Trust remains a key member of the national NHS Mental Health Benchmarking Reference Group.

## Looking ahead

There are a number of opportunities to support the review and development of the Trust's performance strategy and performance management framework in 2019/20.

## Measuring for Improvement: Implementing a new Performance Management Framework: Improving Quality & Performance Report (IQPR)

A new Performance Management Framework will be implemented in the Trust in 2019/20. The new reporting framework is in response to a strong body of opinion, supported by NHSI that there is a need to move away from current performance reporting in the NHS, typically using only RAG-rated reports. The new format introduces a quality improvement methodology and the use of SPC (Statistical Process Control) charts to demonstrate quality improvement and describe the process changes that have resulted in it.

It will enable the automation of a stable set of high value KPIs to be reported to Board and sub Committees reflecting national requirements and the Trust priorities, supplemented by a report for each Locality/ Directorate.

## Improve data quality to meet national reporting requirements

Enhance processes to improve data quality and data completeness on Lorenzo, our EPR, in particular ensuring that the Trust meets the standards for national reporting through the Mental Health Services Data Set (MHSDS).

## Implement the Business Intelligence (BI) Strategy

The implementation of the BI Strategy will integrate Business Intelligence and Insight into all aspects of decision making and will enable the Trust to become a truly data-driven organisation. It will:

- Improve accuracy, availability and accessibility of organisational reporting
- Move from Information to Insight, using the data to drive actions
- Inform decision making in all areas of the organisation
- Integrate more data from satellite systems, building a more complete picture of service and patient care
- Provide more analysis, and platforms for analysis, including predictive analysis
- Improve Data Quality and change organisational culture to record activity

## Improve demand and capacity planning and management of clinical services

The Trust recognises the mismatch between capacity and demand is one of the main reasons why waiting lists or backlogs develop and waiting times increase. In response the Trust will pilot the implementation of the NHSI Demand and Capacity resources to assist in improving the quality of patient experience, outcomes and efficiency

# How we performed

2018/19 was another positive year for the Trust financially, in spite of a challenging NHS climate both regionally and nationally. The Trust was successful in improving the quality of services and operational delivery whilst ensuring financial sustainability.

We have achieved the following financial highlights in 2018/19:

- 20th consecutive year of financial balance;
- Cash balance of £9.1m at the end of the financial year, which is in excess of plan;
- Achieved External Financing Limit (EFL);
- 25% reduction in agency expenditure compared to 2017/18;
- 14% reduction in consultancy expenditure compared to 2017/18.

The Trust achieved an overall surplus (Control Total) of £3.58m against income of £89.11m, which includes £2.62m of Provider Sustainability Funding (PSF). PSF is earned by Trust's who meet their financial and performance requirements which for us resulted in this additional cash payment which will help us with our capital investments in future years.

The strong financial performance is a testament to the dedication of all of our employees, who work tirelessly to deliver outstanding quality of care to our patients and service users, whilst continuing to drive efficiency, reducing reliance on temporary staffing and successfully operating within budgetary responsibility.

The Finance Team have a strong clinical focus and are enthusiastic to engage with the Trust's services; not only supporting the Trust to deliver on its statutory duties, but continuously striving to innovate and engage with the wider organisation. This was demonstrated this year with the development of the Activity Information Dashboard (AID) which provides managers with a user friendly way to manage activity delivered in teams, as well as highlighting areas to consider efficiency and adding value to the services provided.

We were delighted that our Finance Team was acknowledged by the Healthcare Financial Management Association (HFMA) awards in June 2018 as the Finance Team of the Year. This recognised innovation in treasury management, the development of Valuemakers and the early implementation of a full Patient Level Information Costing System (PLICS) system in Mental Health. The teams achievement has also been recognised in regional and national awards nominations at the HSJ Value Awards, Lord Carter Innovation Award and the National HFMA awards.

During 2018/19 the Finance Team achieved Level 1 accreditation from Future Focused Finance around its processes and management arrangements. There are 3 levels in total, so we are currently working towards progressing to the upper tiers of accreditation.

The Trust has made significant changes in its technological capability, with the upgrade of the financial ledger and the development of a new suite of budget reports, to support budget managers operate within their means.

Through innovation, engagement with staff, hard work and commitment, 2018/19 has been a successful year.



## I'm a Valuemaker!

Quality



We are committed to providing the highest quality services. Our aim is for a continuous learning and improvement culture to ensure the highest standards are at the heart of everything we do.

### Quality Account

Details of how we deliver our quality objectives are contained in our Quality Account, which is a report to the public we produce each year about the quality of services we provide and demonstrates we have processes in place to regularly scrutinise all of our services.

Patients, carers, key partners and the general public use our Quality Account to understand:

- What our organisation is doing well
- Where improvements in the quality of services we provide are required
- What our priorities for improvement are for the coming year
- How we have involved service users, staff and others with an interest in our organisation in determining these priorities for improvement.

Our Quality Account for 2018/19 is available for download at [www.combined.nhs.uk](http://www.combined.nhs.uk). It sets out some of our key achievements in improving the quality of our services.

These include:

- Awarded the accolade “NHS Provider of the Year” by Leading Healthcare 2019
- Awarded Trailblazer status within Children and Young People’s services, fantastic opportunity to identify and support emerging emotional concerns for children and young people
- The highest score in the country in the NHS Staff Survey for “Safe environment –bullying and harassment”
- Development of ADHD pathway in collaboration with primary care colleagues aimed at ensuring continuity and consistency of care across the localities
- Staff survey response rate 4% higher than average for our benchmark group
- HSJ finalist for Diabetes Initiative of the Year for the Healthy Minds Integrated Long Term Condition Service
- HSJ finalist for Emergency, Urgent and Trauma Care Efficiency Initiative of the Year for the All Age Mental Health Liaison Service
- HSJ finalist for Improving Value in the Care of Older Patients Award for the Rapid Falls Improvement project
- Winner of Public Sector Team of the Year by the Partnerships Awards

- The lowest sickness rates of any Mental Health Trust in the West Midlands
- Our dementia diagnosis rates for over-65s are the highest in the West Midlands
- The best performing Trust in England for Improving Access to Psychological Therapies (IAPT) and recovery rates
- The highest conversion rates to psychiatry training of any medical school in England
- Average length of stay for learning disability admissions cut by 60%
- Launched the Inclusion Council to drive our inclusion, diversity and equalities agenda, particularly focusing on taking forward BAME inclusion projects and with a longer term plan for the Inclusion Council to become a Trust committee chaired by the Chief Executive
- Highest ever sign up of Apprenticeships
- Launched the first frontline mental health Podcast in the NHS – “Combinations”.



Partnerships

We continue to be committed to providing high quality care for our service users and carers. We feel this is only achievable by maintaining our partnerships across the communities we serve.

During the year we have continued our journey of improvement towards being outstanding in ALL we do and HOW we do it by moving to more integrated services based on locality working across North Staffordshire and Stoke-on-Trent.

We have been proud to support a the North Staffordshire and Stoke-on-Trent Alliance – bringing together health and care providers including mental health, primary care, community services, acute services, social care and the voluntary sector.

We are also proud to play a leading role in the Together We’re Better Sustainability and Transformation Partnership.

Involving service users’ views and experience in driving quality

Our clinical services deliver models of care and reflect the needs of our service users and their experience of care. We achieve this by having an on-going conversation with our service users and carers through a variety of both formal and informal feedback mechanisms.

For example, our Open Space Event brought together over 70 of our service users and carers to give us their views on how we prioritise the specific approaches we take under our core quality SPAR priorities and how we can expand the ways in which service users and carers can get involved with the Trust, building on the excellent work to date of the Service User and Carer Councils.

CQUIN performance

The CQUIN payment framework is a national framework for agreeing local quality improvement schemes and makes a proportion of our total potential income from CCGs (2.5%) conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch Trusts, encouraging a culture of continuous quality improvement in all providers.

The following table identifies the CQUIN areas:

CQUIN area	Patient safety	Clinical Effectiveness	Patient Experience	Innovation
<b>Staff Health and Well-being:</b> (Initiatives 1a, b & c) Improvement of health and wellbeing of NHS staff, healthy food and drink for NHS staff, visitors and patients, and improving the uptake of flu vaccinations for frontline clinical staff.	✓			✓
<b>Physical health 3a &amp; b:</b> Cardiometabolic assessment and treatment for patients with psychoses / Collaboration with primary care clinicians	✓	✓		✓
<b>Improving Services for People who Present at A&amp;E:</b> Supporting people with a mental health need to reduce A&E attendances	✓	✓		✓
<b>Transitions from CYPMHS to AMHS:</b> Supporting young service users as they move from children's to adult services, or back into primary care	✓	✓	✓	✓
<b>Preventing Ill Health by Risky behaviours:</b> (Initiatives 9a, 9b, 9c, 9d and 9e)Improving the identification of inpatients who smoke or who drink above safe levels and ensuring that they receive appropriate interventions		✓		



Care Quality Commission ‘Outstanding’ rating

Outstanding

- Safe

Effective

Caring

Responsive

Well-led
- Good

Good

Outstanding

Outstanding

Good

In March 2019, we were delighted and proud to announce that the Care Quality Commission had awarded the Trust an overall “Outstanding” rating – the highest overall rating they can award.

The news means that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall ‘Outstanding’ rating.

The Trust overall went from Requires Improvement in 2015 to Outstanding in 2019. The CQC rated Combined Healthcare as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains.

Our Crisis Team went from Inadequate in 2015 to Outstanding in 2019.

Our Rehab Team went from Requires Improvement in 2015 to Outstanding in 2019.

Our Older People Community Team went from Good in 2015 to Outstanding in 2019.

CAMHS Community went from Inadequate in 2015 to Good in 2019.

Three services (Adult Inpatient, CAMHS Wards, Adult Community and Substance Misuse) went from Requires Improvement in 2015 to Good in 2019.

Everyone who works for and with Combined Healthcare work tirelessly to provide the best possible care. Everyone should be really proud of the CQC report which recognises the really excellent compassionate and responsive way we support service users and carers day-in and day-out.

To achieve this Outstanding rating is rare and is a real testament to our excellent staff who aspire to deliver true person centred care in partnership with service users and carers.

But we are not complacent. Our aim is to be Outstanding in ALL we do and HOW we do it.

Combined Healthcare CQC Service Ratings		
	2015	2019
Adult Inpatient	Requires Improvement	Good
CAMHS Community	Inadequate	Good
CAMHS Wards	Requires Improvement	Good
Adult Community	Requires Improvement	Good
Crisis	Inadequate	Outstanding
Community LD	Good	Good
LD Inpatient	Good	Good
Rehab	Requires Improvement	Outstanding
OP Community	Good	Outstanding
OP Inpatient	Good	Requires Improvement
Substance Misuse	Requires Improvement	Good
Overall	Requires Improvement	Outstanding

Ratings for mental health services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018
Child and adolescent mental health wards	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Wards for older people with mental health problems	Good ↑	Requires improvement ↓	Good ↔	Good ↔	Requires improvement ↓	Requires improvement ↓
Wards for people with a learning disability or autism	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good ↔ Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for adults of working age	Good ↑	Good ↔	Good ↔	Good ↔	Good ↔	Good ↔
Mental health crisis services and health-based places of safety	Good ↔	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑
Specialist community mental health services for children and young people	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for older people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community mental health services for people with a learning disability or autism	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Substance misuse services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Overall	Good ↑	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑

To mark the occasion, the Trust held a Celebration Event at Harplands Hospital, where we unveiled a commemorative display to mark the occasion and recognise the magnificent contributions of our staff and service users to this stunning success

Amongst the comments by CQC about Combined Healthcare in its Inspection Report are the following:

- "The Trust had developed a lot of initiatives around the Workforce Race Equality Standards since our last inspection"
- "Staff treated patients with compassion and kindness"
- "They respected patients' privacy and dignity and supported their individual needs"
- "Staff involved patients and those close to them in decisions about their care, treatment and changes to their service"
- "The Trust listened and acted on feedback of patients their families and carers"
- "Risk assessments were completed and updated regularly"
- "Managers had the right skills to undertake their roles"
- "Staff knew how to keep patients safe and reported incidents, including abuse, when necessary"
- "There was good leadership across the Trust from the Board"
- "There has been a significant reduction in the number of restraints used across the wards"
- "There was a good response to any sudden deterioration whereby patients could just walk into any location or call the duty person"
- "Professionals and patients regarded the High Volume User service team as being highly responsive and successful"



- "The access and crisis team's call centre was highly responsive and exceptionally well organised"
- "The trust was actively engaged in leading, influencing and shaping local sustainability and transformation plans"
- "Senior leaders visited all parts of the Trust and fed back to the Board"
- "The Trust included and communicated effectively with patients, staff, the public and local stakeholders"
- "The Trust had been able to successfully recruit staff in a challenging recruitment environment"

### CQC Organisational Rating - Outstanding

"Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs. The Trust listened and acted on the feedback of patients, their families and carers."





## Performance against mental health national and local access and waiting time standards

- 18 Week Referral to Treatment – Service users have the right to access treatment within a maximum of 18 weeks form referral. During 2018/19 the Trust achieved 92.2% against a target of 92%
- Children and Young People with an Eating Disorder – in 2018/19 100.0% of urgent referrals received a first contact in one week and 98.6% of routine referrals received a contact in 4 weeks
- Early Intervention in Psychosis – 85.5% of people experiencing a first episode of psychosis were treated with a NICE approved care package within two weeks (target: 53%)
- Memory Assessment – 100.0% of patients have been assessed within 12 weeks of referral to the Memory Assessment service against a target of 95%



# Our awards

We enjoyed unprecedented success throughout 2018/19, winning a number of top awards and being shortlisted for many others

## 2019 Leading Healthcare



**Healthcare Provider of the Year WINNER**

We won the accolade of Healthcare Provider of the Year in the Leading Healthcare awards. Leading Healthcare is a major news and online content provider for healthcare leaders looking to make an impact to health and care. We were given the award for our fantastic success over the past year in delivering nationally leading transformation and improvement, alongside unparalleled financial performance and value.

## 2019 - Public Finance



**Finance Team of the Year - Health WINNER**

Our Finance Team were awarded the accolade of Finance Team of the Year - Health. The Awards recognise people, products and services that demonstrate excellence and originality within public finance. \*The judges said - “The winner impressed us by the evidence of the impact, the ability to share experience and the way that ethics was embedded in the initiative.”

## 2018 HSJ Value in Healthcare Awards



**Pharmacy and Medicines Optimisation WINNER**

We won the HSJ Value Award’ for for our work on “Medication reduction in a Learning Disability inpatient service The judges felt that this project has worked across organisational boundaries to stop over-prescribing of medicines and significantly improve quality of care for a vulnerable group of patients.

## 2018 HFMA West Midlands Awards



**Finance Team of the Year WINNER**

The regional HFMA Awards recognise excellence amongst finance teams across the whole of the West Midlands. Our performance across the year, including becoming the first West Midlands Trust to be awarded Level 1 accreditation by NHS Future Focussed Finance and our 20th consecutive year of financial balance were part of the reasons why we were recognised as the best finance team in the region



# Our 2018/19 awards continued...



## 2019 Children and Young People’s Mental Health Awards

**Chloe Jackson / Nurse Prescribers and ADHD WINNER**

We won the Partnership Working/Co-Production award for our nurse prescribers and ADHD. Chloe Jackson, one of the young volunteers on our CAMHS Trailblazer project won Champion of the Year for her input into the project.



## 2019 Partnership Awards

**Estates Team WINNER**

Our Estates Team were delighted to win the Public Sector Team of the Year Gold Award for how they worked together and managed to maintain services whilst going through major management of change with the Estates team, dealing with the collapse of Carillion and delivering the Trust’s biggest capital project to the key parameters of time, cost and scope.



## 2018 Public Finance Innovation Awards

**Finance Team FINALIST**

The Finance Team were finalists in three categories:

- Achievement in Financial Reporting and Accountability
  - Finance Training and Development Initiative
  - Innovation in Treasury and Asset Management
- Our Estates Team were delighted to win the Silver Award



## 2019 HSJ Value in Healthcare Awards

**FINALIST**

- We were finalists in no less than three categories in the Health Service Journal Value in Healthcare Awards 2019.
- Diabetes Care Initiative of the Year – Healthy Minds Integrated Long Term Condition Service
  - Emergency, Urgent and Trauma Care Efficiency Initiative of the Year – All Age Mental Health Liaison Service
  - Improving Value in the Care of Older Patients Award – Rapid Falls Improvement

Our 2018/19 awards continued...



2019 Partnership Awards

Finance Team  
FINALIST

Our Estates Team were delighted to win the Silver Award for Best Operational Project for Harplands Hospital. This was a joint award to both the Trust Estates team and Imagile Professional Services for the way that they work so well together for their partnership working on the PFI and particularly for dealing with the collapse of Carillion as a provider of services on that contract.



2019 Children and Young People's Mental Health Awards

FINALIST

We were highly commended for the Inpatient Care award for The Darwin Centre, as well as Liaison and Intensive support service for The Hub.



2019 Health Business Awards

FINALIST

Shortlisted for the by Health Business Awards (HBA) for the Outstanding Achievement in Healthcare Award – as a result of our fantastic CQC results.



Healthcare Financial Management Association

FINALIST

We were proud to have made the final shortlist in two personal categories:

Finance Director of the Year - Suzanne Robinson  
Deputy Finance Director of the Year - Mike Newton



## Our 2018/19 awards continued...



### **2019 Patient Safety Awards**

#### **High Volume User Service FINALIST**

The Patient Safety Awards recognise and reward outstanding practice within the NHS and independent healthcare organisations. The High Volume User Service were in the Mental Health and Learning Disabilities Category, and have been commended for "working to reduce A & E attendance

# Key achievements by directorate

## Stoke Community

The Directorate has successfully re-organised to provide a place based model of care from October 2018. This supports the delivery of Adult, Children's and Older People's services across the City of Stoke on Trent split geographically into North and South Stoke operational patches.

The Directorate recognises the potential challenges around ensuring robust clinical pathways are supported within the new structure and is committed to working collaboratively with clinical leads and teams to ensure that specialist areas of practice are maintained and strengthened.

In recent months the Directorate has worked hard to develop strong and effective relationships with partner organisations. Specifically there has been a refocus upon the section 75 arrangement with the City Council and a commitment to strengthen the role of social work within the Trust.

The Directorate has positive links with numerous third Sector organisations and has recently worked in partnership with the Financial Inclusion Group to deliver an enhanced offer to service users in the City in relation to debt, benefits and housing advice. This is particularly pertinent to the Stoke Locality due to high levels of deprivation, and has culminated in a pilot through which a financial capability advisor (provided by the Citizen's Advice Bureau) will be working into the adult CMHT's over the next 6 months.

The Stoke Community Directorate holds the Trust Lead role in relation to Older People's services and are proud to continue to have excellent diagnosis rates across Northern Staffordshire.

As of February 2019, the rate for people aged over 65 living in Stoke-on-Trent was 85.2%, while in North Staffordshire it was 73.2%. This is against a national average of 66.7%. Much of this was achieved because of the excellent team working within our memory services. These services provide assessment, diagnosis and treatment for people with a number of conditions, including dementia. We also have a team that works closely with GPs to treat people living with dementia closer to home and further team that supports people at high risk of developing the condition.

The Directorate recognises the role that it plays in terms of the broader health system requirements and works closely with The Royal Stoke University Hospital to support the needs of older people through its Outreach Service. This enables rapid access to step down services from the Acute Trust and places a focus upon community rather than bed based support options.

In relation to CAMHS services within the City, a number of exciting developments are underway to improve the experience of young people in the area. Trailblazer funding has been secured to develop services into local schools, reduce waiting times for treatment to 4 weeks and the development of a digital front door.

There is further a commitment to develop IAPT services for younger people and strengthen the pathway and processes to support a smoother transition into adult services.

There are number of generic priority areas in terms of taking the Directorate forward over the coming months. These include strengthening clinical pathways, developing relationships with partner organisations, and improving the integration of physical and mental health.

The overall aim of the Directorate is to ensure that residents of Stoke-on-Trent, regardless of age have an accessible and recovery-focussed service that is responsive to their needs.



## North Staffs Community

The Directorate is proud to be part of a CQC rated Outstanding organisation, this has been achieved due to the passion, commitment and tremendous hard work by all of our staff

The Directorate has successfully taken the lead for the pan Staffordshire expansion of the liaison and diversion service, we are taking the lead on this new development assuring parity of care delivery across Staffordshire

The Directorate is leading on the award of the trailblazer pilot with our children's and young person's services , mobilising teams who will be aligned to designated schools to deliver early interventions to our young people to support emotional well-being at an early stage. This is underpinned by robust partnership working with our CGG local authority and local schools

Our IAPT team continues to over perform in their recovery rates for people presenting with common mental health issues.

We have been successful in receiving funding and support from the national digital programme to develop a digital front door and web based services for our Children and Young People

## Specialist Services

Setting up this brand new Directorate in October 2018 has been a significant achievement in itself. The overarching purpose of the new Directorate is to grow and diversify services within the Trust and it is against this yardstick we judge the new arrangements to have been a success,

**Substance Misuse Services** – the contract for Stoke Community Drug and Alcohol Services was won just as the Directorate was being formed. The new service commenced officially on the 1st January 2019 and we have overseen the new arrangements being put in place as lead provider supported by Addaction, a national 3rd sector provider and BAC O'Connor a local provider.

The Trust also supported this partnership to apply for a national scheme offering Capital investment to improve services. The successful bid will see £400k in funding coming to Stoke to ensure we have excellent facilities for people with Alcohol issues to access local services.

**Stoke Heath Prison Healthcare** – another new contract that was won in the early days of the Directorate forming. The Trust retained the clinical Substance Misuse element of healthcare at the Prison but played a lead role in forming a new Integrated Healthcare team with Shropshire Community Trust leading on primary care, the new service commenced on 1st April 2019. Within this new service the Trust will also provide the specialist Mental Health Services. Significantly the Mental Health services have received a 50% increase in funding as a result of our bid for the contract. So not only will we have a 7 day mental health service but we will be introducing new interventions for Psychological Therapies and Learning Disabilities.

**Learning Disability services** have secured additional funding from commissioners to increase the level of support we provide for people returning to the local area who have been had to be sent outside Staffordshire and Stoke on Trent for their care. New funding has also been agreed to continue with a post in our services that specialises in helping people who have an LD but have also been involved with Criminal Justice Services.

## Darwin Tier 4 CAMHS

The Trust have been working closely with NHS England and a group of other NHS and Independent sector providers to develop a case for using the funding NHS England invest in beds around the country, being invested instead more in local services to prevent the need for hospital admission. We have positioned ourselves to lead on developing the business argument for change within the partnership and will be seeking funding from NHS England to support this work.

## Neuropsychiatry services

The services were helped to conclude an in-depth review of their services that had been commissioned prior to the Directorate formation. The review has indicated the need to strengthen the regional, if not the national, presence of our Neuropsychiatry service, whilst at the same time modernising service elements to better meet local needs and at the same time position ourselves for future developments in this area.

## Psychology services

Within the Directorate we hold numerous contracts with UHNM, MPFT, Probation and CCGs to provide highly specialist psychology services for people outside Mental Health services. These range from Cancer to Bariatrics to Probation to Paediatrics. We have secured all of these contracts again and have been discussing expanding into more areas with our partners.

## Adult Mental Health Rehabilitation and Resettlement services

The service has commenced a review of how it works internally across the community, supported housing and inpatient services. The outcomes are not quite concluded but are pointing these services to develop more toward housing solutions with support rather than housing people in wards.

The repatriation team that sits within the Resettlement element of service continue to deliver around £2m in savings each year to the local health economy through better management and return of people with complex needs who have been sent outside the NHS for specialist care.

## Acute & Urgent Care

### Mental Health Crisis Services and Health Based Place of Safety

We are proud to have achieved an Outstanding Rating for our Mental health crisis services and health-based places of safety following the CQC's most recent visit.

Planning commenced in 2018 to develop our 24 hour, 365 day all age Crisis Care Centre with a planned opening in Autumn 2019.

Through a programme of training and development, the Mental Health Liaison Service implemented an children and young person liaison and assessment service, a model we will build upon in the development of our Access services continuing our close collaboration with the Children and Young Peoples Hub Specialist Team.

The High Volume Users team have been instrumental in successfully reducing the number of visits to the Emergency Departments and we are pleased to receive positive feedback from partnership agencies reflecting the highly responsive service delivered.



## Inpatient Wards for Older People with Mental Health Problems

The Directorate has maintained its focus on reducing restrictive practices with significant reductions in the number of physical restraints used on the wards for older adults with mental health problems. We also highlight the successful Quality Improvement Falls Reduction initiative resulting in greater recognition of fall causation with resultant environmental improvements across our wards. We are pleased to be a shortlisted finalist in the Health Service Journal Value Awards (HSJ) Improving Value in the Care of Older Patients Award category.

We are proud to see the staff on Ward 4 developing positive initiatives around the involvement of families in the care of their relatives with family members now volunteering on the wards to support others and recognised as 'outstanding' practice in the CQC inspection report.

## Inpatient Wards for Working Age Adults

We welcomed the opening of 4 operational beds in our state-of-the-art Psychiatric Intensive Care Unit (PICU) in October 2018 following a successful recruitment campaign. We can report an immediate impact for the local community in the significant reduction of out of area admissions to specialist PICU facilities at the time of greatest need ensuring that care is delivered close to home. We continue our assertive recruitment drive to ensure optimum staffing experience to open the remaining 2 PICU beds in Summer 2019.

We have achieved an overall reduction in bed occupancy and length of stay across the adult inpatient wards embedding the principles and practice of the Acute Care Model working closely with carers, families and community services.

We are pleased to report commencement of a capital funded reduced ligature work programme to improve the safety of our inpatient environments.



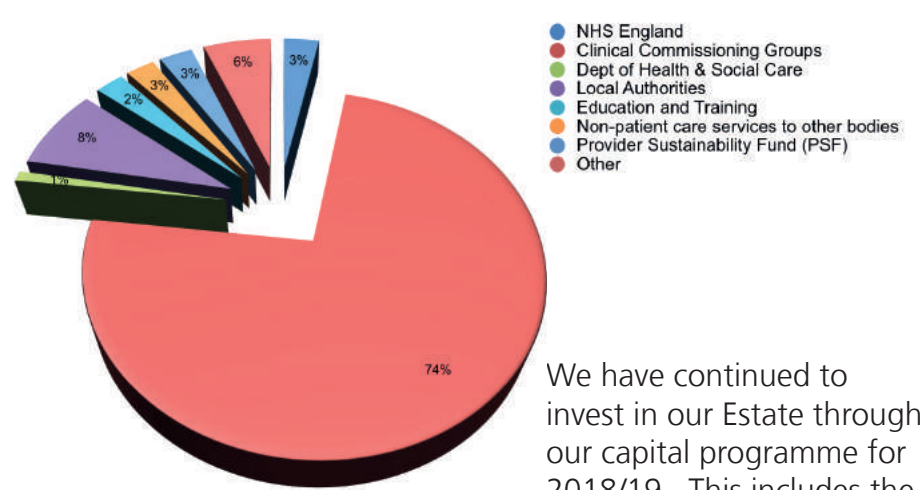
# Financial review

2018/19 was another strong year for the Trust, achieving an overall surplus of £2.8m. Adjusted for reporting performance against NHS control totals, the trust achieved an adjusted control surplus of £3.58m against income of £89.11m. This was the 20th year the Trust has consecutively achieved a surplus position and exceeding the legal requirements to breakeven by delivering a surplus of 4.36%.

The sustained financial position is achieved against the backdrop of a tightening of the public purse and a particularly financial challenged health economy in Staffordshire and Stoke on Trent.

	2018/19 £'000	2017/18 £'000
Income	86,488	82,708
Provider Sustainability Fund	2,624	2,371
Total Income	89,112	85,079
Expenditure	(83,898)	(79,372)
Operating Surplus	5,214	5,707
Net Finance Costs	(1,715)	(1,842)
Stafford S.75 Pension Transfer	(1,227)	
Surplus for Year	2,288	3,865
Impairment	93	(190)
Stafford S.75 Pension Transfer	1,227	
Pension Adjustment	(16)	8
Adjusted Retained Surplus	3,576	3,683

Of the overall surplus, £2.62m (94%) was earned through the allocation of the Provider Sustainability Funding (PSF), which is given to providers who deliver or exceed their Control Total. Whilst this cannot be invested directly into patient care, it can be used to support investment in our Capital Programme, which includes buildings, upgrading our ICT and purchasing equipment in future years.



We have continued to invest in our Estate through our capital programme for 2018/19. This includes the construction of the new

Psychiatric Intensive Care Unit which opened on 1st November 2018. Works also commenced the development of the Mental Health Crisis Care Centre which is due to open in 2019/20, supporting the wider health economy.

We ended the year with a cash balance of £9.13m. This is an increase on the previous year and reflects the in-year surplus. The Trust acknowledges that the coming years will be financially challenging with further efficiency demands required. This is driven by the need to improve quality and accessibility of our services whilst maintaining financial balance. New efficiency programmes are being developed to support this challenge.

Based on current performance and assessment of the external NHS environment, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operation for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing the accounts.

The financial statements and accounts can be found in Section 3.

Use of Resources

The Use of Resources framework is a series of metrics used to assess NHS Trusts’ and Foundation Trusts’ financial performance. The rating represents the efficient use of resources and level of financial risk and contributes to the overall governance rating of the organisation and the level of autonomy with which the business is conducted. Trust’s with level 4 are those with the greatest financial risk requiring mandatory intervention from regulators; compared with level 1 organisations being of the lowest financial risk and therefore given the maximum autonomy.

The Trust achieved a Use of Resources rating of 1 in March 2019, which represents the lowest risk rating possible under this framework.

Use of Resources	2017/18 Actual	2018/19 Plan	2018/19 Actual
Capital Service Cover Rating	1	3	1
Liquidity Ratio Rating	1	1	1
I&E Margin Rating	1	1	1
Variance from Control Total Rating	1	1	1
Agency Expenditure	3	1	1
Overall Risk Rating	1	1	1
Overall RAG Rating			

# Our digital strategy - Digital by Choice

## Our digital strategy - Digital by Choice

We have continued the excellent work on our Digital by Choice strategy. During 2018/19 we continued our journey to be a national leader in the use of digital technology to revolutionise care and drive improvement across the organisation.

We believe being at the forefront of digital transformation within the NHS will support us to deliver our vision to be an outstanding organisation providing safe, personalised, accessible and recovery focussed support and services every time.

It will enable us to deliver excellent care services, support people to recover, aid colleagues across the organisation to work effectively and lead to innovation in our healthcare services. Fundamentally, it will change the way we design and deliver our services.

During the year we've progressed the strategy further, bringing in expertise and working with partners to support the delivery of our digital ambitions. The Digital by Choice strategy is led by David Hewitt as our Chief Information Officer and Dr Suvanthi Subbarayan as Chief Clinical Information Officer.

## Raising our Service Excellence (ROSE)

Following our move to a new single clinical information system for our services enabling clinicians to view patients' medical records when and wherever they need them. We focused on embedding the system across the Trust using this opportunity to modernise the data we collect and improve the feedback we gain from the frontline of clinical services, this will result in improvements for safety, effectiveness and efficiency and deliver a comprehensive view of reporting data from clinical services.

Our aim is to go much further than replicating paper records in an electronic system. We want to use digital technology to transform the way our organisation delivers services and the way service users receive information.

## Data Protection

The Trust has taken a proactive approach to data protection and cyber security updating the board on a regular basis of the work to protect the security of our patient and confidential data. To support this work Karen Armistead has been appointed as the Trusts Data Protection Officer and the Trust has started its Cyber Essentials Plus accreditation Journey.

## Lorenzo Digital Exemplar

Following the establishment of the Trust as a national exemplar through the Lorenzo Digital Exemplar programme we are progressing with our vision to deliver a future where young people and their families are empowered to use technology to revolutionise their care.

This is a transformation from traditional clinician referrals to a self-empowered model where children, families and professionals are able to access advice, materials and support. The transformation will be achieved by creating a flexible Combined Care System that brings together information for clinicians, carers, schools and community services.

## STP Integrated Care Record

Key to the delivery of our ambition of integrating mental health services with physical health and social care is to ensure the digital systems across providers are able to support this. Alongside the upgrade to our internal EPR, we took a lead role in developing a digital road map for Staffordshire.

Working with local health and care partners the Trust are working to implement a Shared Care Record working to provide nationally agreed standards to enable integration with other organisations providing patient-centric and clinician-centric digital user journeys across all health settings.

**Outstanding**  
Our journey continues...

We're delighted to have been rated by the CQC as Outstanding.

And we're not stopping there. We're building an even better future.

**Our aim is to be Outstanding in ALL we do and HOW we do it.**

**Leading the digital revolution as a Digital Exemplar**

**CQC Rating - Outstanding**  
"Staff treated patients with compassion and kindness. They respected patients' privacy and dignity and supported their individual needs. The Trust listened and acted on the feedback of patients, their families and carers"



## Designing and creating a Digital Workforce programme

A Digitally Enabled Workforce Digital technology offers real benefits in delivering more efficient, safe, accessible, personalised, and recovery focused services. The development of the Digital Workforce Programme will ensure that future digital systems support integrated services, user centred approaches and national delivery.

The Trust has initiated a local programme working with local university's and Health Education England and is looking to develop this further over the next 12 months.

We will continue our digital leadership journey through continued support of the NHS Digital Academy programme and looking to attract excellent technical expertise to the Trust to enable us to support and demand increasing digital maturity over the next five years.

### Virtual consultation between patient and clinician

The Trust implemented a virtual consultation pilot with a view to embedding video consultations within appropriate pathways. These will be implemented alongside the face-to-face contacts that remain important to many people and for many conditions. Supporting the aim over the next five years, every patient will be able to access a clinicians digitally, and where appropriate, opt for a 'virtual' outpatient appointment.

## Expand community staff mobilisation

The Trust continued the deployment of mobile infrastructure providing additional equipment and connectivity for community staff to support clinicians accessing and interacting with patient records and care plans wherever they are.

It is key that the Trust provide health and care professionals with the tools they need to efficiently deliver safe and effective patient care and to capture all health and care information digitally at the point of care.

Giving staff working in the community access to mobile digital services including our EPR, provides access to the service users record and care plan. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see and optimise clinical processes to reduce administrative burden.

## Innovation

To continue our digital exemplar, ambition the Trust is looking to review and pilot digital innovations supporting the outstanding care we deliver to our service users including; Speech Recognition, Robotic Process Automation and digital communications.

# Our communications and engagement

During 2018/19, we took major steps forward in our capability, quality and strategic understanding in communications and engagement - harnessing modern social and digital tools, techniques and approaches.

## Communications and engagement digital architecture completed

We completed a 2-year programme to bring in-house, modernise, design, implement and integrate a brand new end-to-end communications and engagement digital architecture and equipment.

This gives us, for the first time, a complete, fully owned and integrated, industry-standard suite of channels and tools:

- **A fully integrated and mobile-responsive web architecture** — enabling us to share and re-use content and enforce consistent brand and styles across all sites, and tailor individually if required
- **A full suite of digital and social media channels** – enabling us to host and disseminate the full suite of text, visual, graphic, audio, presentational and film content
- **A complete set of industry standard content creation and digital publishing software and resources** – enabling us to create a full range of digital and social content comparable with the best in the world and with access to millions of images and design templates to support our work
- **Industry standard stakeholder engagement and analysis tools** – comprising Campaign Monitor, MOOD Data Management and Turning Technology Voting Pads – enabling us to integrate, analyse, segment, priorities, target and actively manage our stakeholder and service user engagement and promotion, public affairs activities, public relations and reputation building
- **Professional quality hardware and equipment** – enabling us to produce professional quality, high-end content and output.

## Comms support for CQC inspection

We provided extensive support Trust-wide for the CQC well-led inspection. Our main efforts revolved around traditional design and marketing activities, including creating and disseminating across all Trust sites a full suite of high quality posters to reinforce our main strategic objectives, our Trust journey “Towards Outstanding”, our values and behaviours together with some of our highest performing services, achievements and awards.

We also designed the Chief Executive’s set piece presentation to CQC Inspectors, produced e-newsletters, guidance and key messages to frontline staff from the governance team, and created a dedicated CQC inspection area on CAT – the Trust Intranet.

## Staff, service user and carer stories

We significantly developed the number, quality and visibility of staff, service user and carer stories at Trust Board and at Quality Committee. These are now produced as video stories, shown initially at the Board and/or Committee and then publicised and disseminated via a new dedicated section on our public website and via our social media channels.

Examples over the year included:

- **New Beginnings** - A story by a service user led support group of experience, recovery, loss and hope
- **Philip and Jill’s Story** - Early onset vascular dementia and the Walking Football Initiative
- **Simon’s Story** – Service user Simon reflects on changes he has witnessed and his admiration for Growthpoint
- **Staff Nurse Story** - A powerful staff story of discrimination, delivered as a poem by a local poet direct from the testimony of a BAME staff member
- **Family Group Ward 4** - A support group set up by staff on Ward 4 to ensure family members of patients also receive support that they need
- **Marcella’s story** - recovery from alcohol addiction, with the help of the Edward Myers Unit and One Recovery

## “Combinations” Podcast

Our staff, service user and carer stories were further enhanced by the launch of our Combined Healthcare Podcast – called ‘Combinations’ and accessible for free at <https://soundcloud.com/nhscombinations> and live, free subscription on iTunes.

The first Episode was launched on 7th February 2019 to coincide with national mental health “Time to Talk Day” and featured our CAMHS team talking about their nationally leading service, investments, new staff, new services, and partnership with schools, CAMHS Trailblazer and a NHS Digital Exemplar. Since then episodes have included:

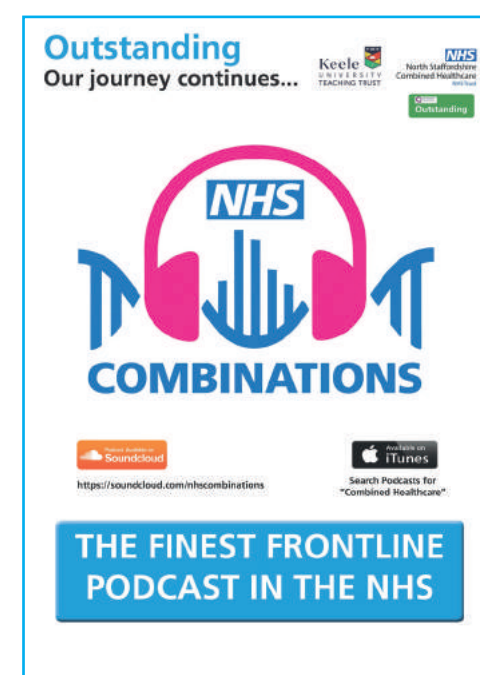
- **Mental Health Nurses Day** - Our mental health nurses talk to us about how they came to be mental health nurses, the care they provide, the rewards it brings and how much they love what they do;
- **The Jam Factory** - highlighting a group collective based at the Observatory in Hanley Stoke-on-Trent welcoming individuals of all different abilities who have experience of mental ill health;
- **National Apprenticeships Week** - featuring apprentices and those supporting and delivering their training and education discussing their successes, what apprenticeships bring to them and where others can go to find out more;
- **Jackie and Mathew’s Story** - Jackie describes the care and support she and her son Mathew - who has autism and severe learning disabilities - have received from our Assessment and Treatment Unit at Harplands Hospital;
- **Parkinson’s Social Club** - Lorraine, Vice Chair of the Parkinson’s Social Club, and Elke Henson, specialist neuro-psychiatry nurse, chat about the disease, how it affects people and the work the club does to support local people with Parkinsons.
- **Self-managed relaxation session** - provided by Staff Counsellor and Support Officer, Sarah Tombs, available for anyone to use as a free resource and as part of our overall mission to promote good mental health and wellbeing for all;
- **Ramadan Mubarak** - a group of Muslim members of our staff discuss the fundamentals of Ramadan, how it fits with the wider pillars of the Islamic Faith and how non-Muslim staff can show their support to their colleagues during this special time for them

## Combined Connected and Forward Look

We are halfway through implementing a strategic and transformatory Communications Plan – “Combined Connected”.

When completed, this will deliver:

- an increased number of organisations with whom we communicate and engage with a particular emphasis on engaging with organisations representing service users in Seldom Heard categories
- Annual Communications Satisfaction Survey and external Focus Groups
- Easy Read and multi-language facilities on our web presences;
- Digital interactive versions of our Annual Report and Quality Account;
- Social Media Capability Analysis and Social Media Optimisation Plan;
- Library of support materials and resources on website, and distributed to local organisations;
- New Listening and Engagement Partnerships with relevant national organisations;
- Implementation of MOOD data management, analysis and reporting tools;
- New Stakeholder Map and Listening Landscape, stakeholder database and CRM facility;
- New Directory of Services.





# Our people

## Building Capacity and Capability.

During the year our Board membership has been refreshed and further enhanced with the appointment of a new Director of Workforce, Organisational Development and Inclusion, Director of Finance, Performance and Estates, Director of Partnerships and Strategy and two Non-Executive Directors. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Chair of the Service User and Carer Council is also a full member of the Board to help influence decisions made and ensure they are service user focussed.

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme we have undertaken a Board skills assessment.

Our continuous cycle of board development acts as an opportunity for ongoing organisational development. A core component of the development programme is to ensure that all board members have a focus of continual improvement in order to deliver the highest quality, safe services for our community, within resources available. During 2018/19, the Trust built on its approach to Board Development, participating in the Advancing Quality Alliance programme (AQuA) and linking this through to leadership and quality improvement across the wider Trust through the Leadership Academy.

## Workforce

We employ 1,306 average whole time equivalents (WTE) substantive staff, with the majority providing professional healthcare directly to our service users. We also have an active staff bank, which supports our substantive workforce. This temporary staffing function allows a greater provision and a flexible model, which is more adaptive to service needs and removes wherever possible the need for agency provision.

We recognise that our workforce are our greatest asset and continue to develop our staff and the culture within which they work, to enhance our service users' experience, improve performance and increase staff engagement and morale. Our People, Culture and Development Committee meets six times a year and has a transformational approach to the workforce agenda.

## We focus on:

### Cultural Development Outstanding Engagement

We have been on a journey of staff engagement for 5 years, starting with the introduction of Listening into Action (LiA) which was a Trust wide approach to engagement, creating fantastic demonstrable results. LiA was really successful at creating change through the engagement and involvement of staff, service users and carers and helping to influence staff engagement culture at an organisational level. This saw the Trust improve its staff survey engagement scores from being one of the lowest scoring Mental Health Trusts.

Additionally in 2018, we supported our engagement model, to run a year-long 'Towards Outstanding Engagement' cohort of 16 teams. This approach is evidence-based, and won multiple awards for its implementation and success in numerous NHS organisations. It provided us with the ability to measure and use diagnostics to gauge trends, hotspots, carry out appreciative enquiry and target engagement activity where it is going to have most impact and it helped to influence and change engagement culture at a team level.

By developing both organisational and team engagement cultures through LiA and the introduction of Towards Outstanding Engagement, we are now priming the organisation for the next stage in our journey, which will see the development and introduction of a Trust approach to service and quality improvement, improving team engagement and anticipate this will result in better performing teams, ultimately improving the quality of care we provide to our service users.

## Leading with Compassion

This is a simple scheme where there is a central point (electronic and paper version) where staff, patients and carers are able to recognise someone who they believe has demonstrated leading with compassion. Every nominated person will receive a Trust designed personalised badge and card. We will gather nominations and theme into the different ways in which compassion was shown. We have created an NHS compassion website [www.nhscompassion.org](http://www.nhscompassion.org) incorporating a video which gives an overview of the scheme and some of the evidence behind why it is important. Staff and patients have nominated staff across all clinical and non-clinical areas resulting in 1199 nominations from across the Trust.

## *Proactive stress management and resilience approach*

Through our Staff Counselling and Support service, we provide a vast range of services, including preventative and responsive mechanisms of support. In supporting increased resilience, the service works to identify stress flash points and provide debrief sessions for staff following incidents. Our Critical Incident Stress Management (CISM) Training supports our staff to recognise adverse reactions to traumatic events and assess the need for defusing skills enable delegates to respond effectively to staff/colleagues experiencing a traumatising incident.

## Leadership and management development

Our People Management Programme is a modular scheme that develops our managers and aspiring managers in multiple aspects of their management competency. This programme has been extended to include new subject areas to support our managers and aspiring managers.

We have continued to work with our leaders through our Leadership Academy with the programme of events focussing on key strategic topics that are aligned to our Board Development Programme.

We have commissioned a cohort of accredited coaches to be a resource for the Trust. This cohort will complete their accredited programme, during 2019 – 20 and will result in a register of internal coaches to support leadership and development activity.

Work commenced with our delivery partners to deliver an In-Place leadership programme to support the move to locality working for all senior leaders in the organisation. The programme has commenced and will be delivered over 2 cohorts culminating in Spring 2020.

## *Recruitment and Retention*

Recruitment and retention continues to be a major focus for the Trust. Along with many NHS Trusts, due to a national workforce shortage, Nursing and Medical recruitment remains an ongoing challenge. A number of strategies have been adopted to support attracting potential candidates including Apprenticeships, Return to Practice schemes, the development of new roles, enhanced media campaigns and one stop shop recruitment campaigns. Our enhanced electronic appointment system -TRAC - continues to reduce the time taken to recruit new staff.

To develop and retain our valuable workforce, we run a person centred Performance Development Review (PDR) right across the Trust, whereby every member of staff has a PDR conversation and plan for the coming year. This commences its cycle in April and cascades through all the directorates, to all staff members; these are regularly reviewed to ensure encouragement and motivation to achieve the set goals and to identify new goals that may arise during the year.

Through this process we identify the development needs of each of our staff aligned to the business needs of our services going forward. The information gained through these conversations identifies our education and development needs, and enables us to be responsive in delivering the education and opportunities we need to enhance our workforce and delivery capabilities.

### *Mentoring / Coaching / 360 Degree Appraisal*

Coaching and Mentoring are key development tools to help create a continually improving learning culture across the organisation. They generate individual, team and organisational high performance by unlocking talents and potential along with motivating individuals to pursue creativity, learning and knowledge. To this end, we have continued to grow our internal coaching pool, welcoming a further five Level 5 qualified coaches onto our register. Our coaches have been instrumental in supporting leadership development across the Trust, with a particular focus on coaching leaders in the transition to the locality structure.

Over the next year our focus will be growing our internal coach register and developing internal matching processes to ensure impactful relationships. We continue to raise awareness in the organisation of the benefits of coaching for individuals and teams. We will also continue to support our managers to adopt a 'coaching' approach in their everyday conversations with staff to empower and promote personal responsibility as standard practice across the organisation.

In March 2019, we launched our 'Reverse Mentoring' Programme, training in this first phase 15 BAME and/or LGBT employees to act as mentor to a nominated mentee from the Trust's senior leadership team. This programme is designed to improve the quality of decisions made by our senior leaders by exposing them to a new perspective gained by a series of meetings with their assigned expert-by-experience mentor.

### *Learning Management*

We launched our new Learning Management System (LMS) in 2017 and upgraded our system in 2018 to enable every staff member to be able to access both what they need for their role and extra learning opportunities. Every staff member has their own account which enables our staff to easily access and complete e learning and to book onto classes. The LMS reminds people when they are due to complete regular education sessions and advertises new opportunities directly to staff and delivers real time reporting to all managers across the Trust. This has proved to be an efficient and responsive system, driving up standards whilst allowing us to launch a raft of education opportunities enhancing our preventative and proactive capabilities. As a consequence we have seen month on month improvements in mandatory education and development opportunities.

To develop and retain our valuable workforce, we also run a person centred Appraisal right across the Trust, whereby every member of staff has an annual appraisal conversation and plan for the coming year. These are regularly reviewed to ensure encouragement and motivation to achieve the set goals and to identify new goals that may arise during the year. Through this process we identify the development needs of each of our staff aligned to the business needs of our services going forward. The information gained through these conversations identifies our education and development needs, and enables us to be responsive in delivering the education and opportunities we need to enhance our workforce and delivery capabilities.

We have trialled a fully electronic approach to Appraisal and will be maximising this offer to staff throughout 2019/2020.

### *Apprenticeships and New Roles*

In 2018/19 we made great strides to increase our apprentice numbers, which we have seen quadruple since 2017, moving us much closer to achieving our public sector apprenticeship target. Our apprentices are drawn from both new recruits into the trust and existing staff utilising apprenticeships to develop new skills and support them into new roles. We have expanded the range of apprenticeships on offer with 16 different types of apprenticeships being undertaken in 2018/19 including those in administration, clinical areas, finance and estates. We now offer apprenticeships from a level 2, which is the equivalent to GCSE's to a level 7 which is the equivalent of a masters degree. Apprenticeships enable the development of new skills, support talent management and are built into our workforce planning and training needs analysis processes to help shape our future workforce.

We have worked with partner organisations to introduce cohorts such as the Nursing Associate and Associate Project Manager. This helps to maximise the learning experience for apprentices and enhance understanding and networking across organisations within the health economy.

The introduction of apprenticeships has meant we have been able to implement new roles and develop career pathways, enabling staff to progress further within their chosen field. We are also exploring the implementation of new apprenticeship routes into registered posts including physiotherapy, occupational therapy, social work and nursing.

In March as part of National Apprentice Week, we held our first ever Apprentice celebration event, bringing apprentices, their managers and training providers together to recognise the benefits of apprenticeships



and the impact their roles are having on career and service development. We also recorded an apprentice podcast which can be accessed at <https://soundcloud.com/nhscombinations/combinations-episode-4> charting the thoughts and experiences of some of those who have been involved with apprenticeships at the Trust.

### *Professional Leadership*

Building on the previous year's work, the Director of Nursing and Quality has led on strengthening the professional portfolio and raising the profile for Nursing, AHPs and Social Work.

Each professional group has a professional network chaired by the Director of Nursing and Quality, which is instrumental in developing the professional strategy and underpinning work programmes.

During 2018/19, professional conferences were held for Nursing and Social Workers, AHPs and both had contributions from national speakers with presentations from Trust staff and areas of best practice.

In addition, our professional leadership was strengthened with the assistance of Heads of AHPs, support by lead AHPs in Directorates and the Head of Nursing supported by Quality Improvement Lead Nurses.

### *Diversity and Inclusion*

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has worked hard through 2017-18 to really develop the culture and consciousness around Diversity and Inclusion (D&I) throughout the organisation, with a view to D&I being recognised as 'usual business', 'how we do things round here,' and part of everyone's role.

The Trust has delivered against its core responsibilities in relation to the Equality Act 2010 and the associated Public Sector Equality Duty (PSED), the Workforce Race Equality Scheme (WRES), the Equality Delivery System (EDS2) and the Accessible Information Standard. Our published Diversity & Inclusion reports are available on our website D&I pages: <https://www.combined.nhs.uk/working-together/diversityand-minclusion/>.

We have also been preparing for the introduction of the Gender Pay Reporting requirements (to be published by 30 March 2018) and the Sexual Orientation Monitoring requirements and Workforce Disability Equality Standard (WDES) in 2018-19. The Trust has been supported by NHS Employers and partner Trusts as a 'D&I Partner' organisation throughout 2018/19.



# Workforce, diversity and inclusion

2018-19 has been another extremely important year for the Trust in terms of advancing equality, diversity and inclusion within our Trust and beyond.

We strive to offer outstanding diversity and inclusion, both for our service users and carers, and our employees and others who work on our behalf. This means having services that recognise, care and are curious about, and are highly responsive to individual needs. This requires great compassion and the ability to learn and improve on a continuous basis. Developing a workforce that is more representative of the diverse population that we serve is an important way of embodying our commitment to inclusion, and of achieving the organisational diversity of thought and creativity needed to develop truly outstanding service for everyone. This relates to a range of characteristics, including (but not limited to) age, disability, gender identity, race, religion and sexual orientation.

A key area of focus for us throughout this 12 month period has been on Black, Asian and Minority Ethnic (BAME) inclusion. In addition, we have also worked to progress inclusion for other equality groups, including gender, LGBT and people with disability. Our work goes on as we continue our journey Towards Outstanding Inclusion across the Trust.

There is now a very well-established evidence base suggesting that organisations that put inclusion at the heart of their activities are more successful in a wide range of outcome measures, including service user and staff satisfaction and financial performance. Some of our key achievements for 2018-19 are listed below:

- April 2018: We developed our approach to Person Centred Working by holding a collaborative event, involving service users, carers, staff and other stakeholders to develop a set of Person Centred principles for the Trust.
- May 2018: We held a pivotal listening session with our BAME Staff listening to individual experiences, ranging from overt racism to more subtle micro-aggressions. This session was the spark to radically review our approach to developing BAME inclusion through the Trust. We were also delighted to support a colleague to receive the Stonewall Trans Role Model of the Year Award 2018.
- June 2018: The Trust was recognised at the HPMA Awards for our Partnership Approach to Diversity and Inclusion, working with our trade union partners.

- July 2018: We reviewed our Trust approach to Equality Impact Assessment (EIA) and made it mandatory for Trust managers and leaders to undertake an advanced session on Diversity and Inclusion and the Public Sector Equality Duty (including EIA). We also launched our Freedom to Speak Up Champions approach, including making links with the Trust's Diversity and Inclusion Group to encourage speaking up by people in marginalised groups. We also took our 'Feel Good Friday' events on the road, with a session at the Hope Centre focussing on supporting the diverse needs of our service users, including raising awareness about the Accessible Information Standard and how to access foreign language and BSL interpretation services and foreign language translations.
- August 2018: We created our 'Staff Nurse Story' video – a powerful poem produced and acted by a local poet and actor about the experience of a BAME Staff Nurse in the Trust. The video exposed difficult truths about how isolated our BAME staff can feel as a result of the way they are treated by service users, the public and their own colleagues. This video became part of a movement for change and was shown in teams across the organisation, followed by discussion about the issues presented and how we could improve people's experiences.




- September 2018: We were delighted to host our second Staffordshire Symphony for Hidden Voices Inclusion Conference, opening the event up this time across the Staffordshire and Stoke-on-Trent Strategic Transformation Partnership (STP). We had a day packed full of personal stories (national and local) of inclusion and exclusion from across a range of equality groups, and were 'wowed' by 3 live poetic performances, including a performance of a poem about the Windrush generation, 'You called and we came' by Prof Laura Serrant, and a live performance of our Staff Nurse Story. We also held a follow-up session to our BAME listening event in May at which we created a new Inclusion Council and 5 new key BAME inclusion workforce projects. These projects were each assigned a BAME colleague to inform and support the change process, as well as a project lead and an executive sponsor. We also launched our Staffordshire and Stoke on Trent STP BAME Leadership Programme with the first of 3 cohorts of Staffordshire 'Staffordshire Stepping Up' being delivered locally to BAME employees from across the STP.
- October 2018: We appointed two BAME Inclusion Facilitators, one day per week, from existing BAME staff within the Trust. This new role was established for a fixed term of 12 months to support the embedding of BAME inclusion across the Trust. We also 'Showed Racism the Red Card' on 19 October with staff across the Trust wearing red to show their support for this campaign.
- November 2018: Our new Inclusion Council met for the first time (and then monthly) to take forward our BAME inclusion projects and with a longer term plan to become the Trust committee with a focus on all matters inclusion-related. As a mark of commitment to the importance of developing inclusion as part of 'how we do things' in the Trust, this committee is chaired by our Chief Executive. The Trust was also proud to host our first Suicide Prevention Conference on behalf of our STP partners.
- December 2018: Our second cohort of the Staffordshire Stepping Up BAME Leadership programme completed to similarly enthusiastic feedback to the first cohort.
- January 2019: The Trust held an Open Space event which invited service users, carers and staff to attend the launch our Wellbeing Academy with local partners, as well as to provide feedback to help us improve service quality and experience, and to help shape the Trust's Quality Priorities for the year ahead. We also ran an Inclusive Recruitment workshop for our recruiting managers to raise awareness about unconscious bias in recruitment and to help them adopt practices that deliver more inclusive recruitment outcomes.
- February 2019: Our third cohort (and largest to date) of the Staffordshire Stepping Up Programme commenced with 36 participants from across our STP partners and beyond.
- March 2019: We launched our 'Reverse Mentoring' Programme, training in this first phase 15 BAME and/or LGBT employees to act as mentor to a nominated mentee from the Trust's senior leadership team. This programme is designed to improve the quality of decisions made by our senior leaders by exposing them to a new perspective gained by a series of meetings with their assigned expert-by-experience mentor. We also ran a second Inclusive Recruitment workshop which will help us to review and develop our recruitment processes to be more inclusive in 2019-20.
- We are proud to have been recognised nationally on a number of occasions for our work in developing greater inclusion across our Trust and wider Staffordshire NHS in 2018-19. However, we recognise that we still have much to do to address the significant inequalities that remain in health services for many people accessing and working in them. This will remain a key priority for us through 2019-20.





# Outstanding

## Our journey continues...

A woman with curly brown hair is smiling and touching her ear with her right hand. She is wearing a blue lanyard with a badge around her neck. The background is white.

**Supporting a being open  
culture, enabling people  
to speak up**

# Our partnerships

Partnerships are of vital importance to Combined Healthcare and we could not achieve what we do without the active contribution from a wide range of partner organisations. Of course, our most important partnership is with our service users - they have always been and will remain at the heart of our philosophy of care.

Throughout 2018/19 we have continued to be active members of Together We're Better, the pan-Staffordshires STP. This commitment manifests itself through the Executive and Senior Management time we make available to either lead and/or support STP workstreams. During the year we have led three; Mental Health, Digital and OD & system leadership.

We also continued to work together with other organisations either in sharing facilities or in delivering services. These include:

- Addiction Dependency Solutions (ADS) and Brighter Futures for our substance misuse services across Staffordshire
- Staffordshire Police for our criminal justice mental health services
- Brighter Futures for our rehabilitation and resettlement services
- Changes and North Staffs Mind for our Healthy Minds Stoke-on-Trent psychological service
- Changes YP for our children and young people's improving access to psychological therapies (IAPT) services
- Staffordshire County Council and Stoke-on-Trent City Council
- The city council for the Meir Care Hub
- University Hospitals of North Midlands NHS Trust for our Rapid Assessment
- BAC O'Connor
- ADDaction

It is important to us that our services are co-designed and co-produced with the direct involvement of those who have a lived experience of mental health services and we remain committed to working with our Service User and Carer Council and Youth Council.

Partnership working is also about investing in strategic relationships with other agencies from across all sectors, public, private, academic and voluntary.

The Trust has positive relationships with NHS regulators and commissioners through NHS Improvement and the Clinical Commissioning Groups who monitor delivery of national performance standards and/or commissioned services.

To pursue our joint ambitions in respect of teaching, training and research & development we are a Keele University Teaching Hospital and have close ties with other academic institutions such as Staffordshire University, Health Education West Midlands and the Academic Health Science Network.

In 2018/19 the Trust integrated with a provider of primary care services at Moorlands Medical Centre and this acted to consolidate a growing relationship built on the important need for a collaborative and open relationship with our primary care colleagues.

As we look ahead to 2019/20 the Trust will be seeking to grow and develop its partnerships across a wide range of sectors as part of its desire to improve the quality of service delivery for its population and increase opportunities for system development.

community provider (MCP).



# Our service users and carers

## Our Service User and Carer Council

The Council continues to meet on a monthly basis, with an active and forward looking agenda. These meetings alternate between business meeting and an educational workshop. The educational workshops are continuing with the aim of supporting the building of the knowledge and skills of the Council and increasing representation from other service users, carers and volunteers. These have been positively received with the Council identifying the educational topics, therefore meeting the development needs of the members. Furthermore the Council are developing an induction programme for all volunteers including encouragement to join the Council.

We continue to seek wider involvement to support the Council, on increasing service user and carer involvement across a range of trust business and activities. This has included building relationships with members from other faiths and communities and we also have a BAME strategy to increase inclusivity and representation across diverse communities.

## Volunteer Peer Mentors

The Volunteer Peer Mentor role has been developed during 2018/19 and ten peer mentors have been recruited and have commenced their bespoke training programme. Once completed peer mentors will commence their placements. The programme will run twice a year to capture new recruits.

## Supporting Carers

In preparation for the implementation of the Triangle of Care each team or ward has identified 2 carer's links. These links have attended training and are in the process of developing team specific carer's pathways across their service in order to ensure parity for carers.

## Compliments

Each year our staff receive compliments and praise from people they have cared for. We are pleased to report that compliments increased Friends and Family Test Feedback have increased from 244 in 2016/17 to 2063 in 2017/18 and 2,434 in 2018/19.

## Complaints

Overall the Trust receives a very low number of formal complaints compared to NHS benchmarking data. The Trust received 43 complaints for 2018/19 (43 2017/18), with continued focus on early resolution and addressing of concerns via PALS and front-line teams where possible.

This year we have continued to strengthen our complaints procedure to enhance the experience of those using the service alongside ensuring timely and quality investigation and responses. We have also introduced centralised monitoring of actions arising from complaints.

## Patient Advice and Liaison Service (PALS)

We recognise the importance of our PALS service in being a key source of information and feedback for the Trust and an early warning system for emerging issues and concerns.

During 2018/19 there have been 312 contacts recorded directly with the PALS team, compared with the previous year, when a total of 344 contacts were received. Themes identified on analysis relate to concerns about support and communication with patients. Signposting to other services is also a significant part of the role of the Patient Experience Team. To ensure that concerns raised are addressed and actioned by the right person in a timely way, the Associate Director and Service Manager initially respond to outline the action taken and to the satisfaction of the individual concerned.





## Friends and Family Test

The Friends and Family Test (FFT) is an important national feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

We are pleased to report a continued significant increase in FFT returns across the Trust with a high level of satisfaction; the 2018/19 FFT report reflected that 89% of people using our services would recommend us as a place to receive care.

## Safeguarding

The protection of our most vulnerable children and adults is a fundamental responsibility of all public agencies. The Trust is committed to ensuring that people who come into contact with our services are safeguarded from abuse in line with local and national policy. In support of this, the Safeguarding Team works with staff to support best practice and decision making around safeguarding issues. This support is delivered through a variety of mediums including training, supervision and individual case guidance. The Trust also has a suite of policies covering all areas of safeguarding.

Safeguarding has been strengthened in the past 12 months by:

- Increased participation in safeguarding supervision and individual and team level across the Trust.
- The development of an adult safeguarding level 3 training package in order to enhance staff knowledge and skills in line with the latest Adult Safeguarding Intercollegiate Guidelines
- (2018).
- The development of a sexual safety and responding to sexual violence policy, with enhanced training provision around sexual violence delivered by a specialist service.
- Additional specialist domestic abuse training commissioned in order to continue to deliver enhanced awareness of domestic abuse to frontline staff.
- Membership of both the Staffordshire and Stoke on Trent Channel Panels for local authorities and the Stoke-on-Trent Prevent Board (part of the governments counter-terrorism strategy).

## Learning Lessons

This is the 8th year that the Patient Safety Team has delivered Learning Lessons sessions and bulletins. These both provide all Trust staff with the opportunity to learn lessons from both incidents and complaints. The Learning Lessons sessions have continued to be offered on a monthly basis and are well attended by clinical and non-clinical staff. The Learning Lessons brand is now well recognised both internal and external to the Trust and has assisted in supporting the just culture agenda.

## Infection Prevention and Control

We continued to implement the Infection Prevention and Control work programme, approved by the Board, including the Sepsis Action Plan. There were no reported HCAs in 2018-19.



# Outstanding

Our journey continues...



**We will stamp out  
racism together**

# Research and development

During 2018/19 the Research and Development (R&D) team, along with our research-active clinicians, continued to contribute to national and international high-quality portfolio and commercial research. We continued to work with the Clinical Research Network West Midlands (CRN WM) supporting the High Level Objectives (HLO's) and met our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

## 2018/19 Achievements

- All 5 R&D objectives identified in the Trust's Board Assurance Framework (BAF) were fully achieved
- Dragons Den, co-led with the Service User and Carer Council, was re-launched with a focus on innovation and value makers
- Good practice innovations that the Trust has been shortlisted for or won have been converted into published articles
- We progressed work to increase the number of Honorary Lecturer roles for Doctors, Allied Health Professionals, Nursing and Social Work
- With input from Service Users, a 'Consent to Contact' approach was developed to aid informing service users about opportunities for participating in research.

## Research Delivery

During 2018/19 research active clinicians and the R&D team worked together to recruit patients, carers and staff into 21 National Institute for Health Research (NIHR) and Commercial studies on our research portfolio, with a further educational student projects undertaken within the Trust.

The emphasis of engagement with key stakeholders saw an 83% increase in the number of participants recruited into research studies, rising from 113 in 2017/19 to 207 participants in 2018/19, the highest number of recruits in the last five years. The West Midlands Clinical Research Network has commended the Trusts efforts in helping patients participate in research.

## Research Management and Governance

**Research Policy:** During 2018/19, the R&D Department continued to embed the new UK Policy Framework for Health and Social Care Research and the new EDGE research management system. The Trust were commended by the West Midlands Clinical Research Network for the high quality of their work and data submitted to the new system.

**Safety Reporting:** Adverse Event (AE), Serious Adverse Event (SAE), Serious Adverse Reaction (SAR) and Serious Unexpected Serious Adverse Reaction (SUSAR) are reportable to Sponsors and Regulators of research (CTIMP and Non-CTIMP studies). The Trust as a Host site for research are contracted to comply with Sponsor and Regulatory requirements. During 2018/19 there were no reported adverse events for hosted research.

**Training:** Legally, all Investigators involved in clinical trials are required to hold a valid Good Clinical Practice (GCP) training certificate, and refreshers should be undertaken every 24 months. During 2018/19 there were 10 active Investigators and 100% compliance with valid certification.





**Innovation and Evaluation:** Significant progress has been made to support Innovation across the Trust, with a number of developments and initiatives, with some due to take place in 2019/20:

- **BeAble App Development:** In 2018/19 the Vascular Wellbeing Team and BitJam Ltd, supported by the R&D Team, began Stage 1 prototype development for the BeAble App. The BeAble concept comprises an “App on prescription”, providing service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self-management. There has been positive feedback from both clinicians and service users. Stage two and three of BeAble App developments are being explored in 2019/20
- **Innovation Nation October 2018:** Innovation Nation was the Trust’s first research and innovation conference and showcasing research, evaluation and innovation projects and practice. Supporting the Trust objective to “Encourage, implement and inspire research and innovation at all levels”, this well attended by staff and key stakeholders and was considered to be a lively and forward-thinking event. Given its success, plans for a further conference for Autumn 2019 are currently underway.

# Our estate and facilities

The Trust Estates Team provided services during 2018-19 to the Trust, a range of GP surgeries and 2 local hospices. The Engineering Maintenance Team also supported the on call rota for a neighbouring NHS Trust covering the Stoke on Trent and North Staffordshire region.

Key elements of the services delivered for the Trust in 2018/19 were the continued implementation of the estate development plan. This included:

- The completion of the project at Harplands Hospital to develop a 6 bedded Psychiatric Intensive Care Unit (PICU) including all associated assessment, treatment, nursing and social areas and outdoor therapeutic gardens. The project also included:
- The provision of a seclusion suite attached to the PICU
- The relocation of the Place of Safety onto Ward 2
- Reconfiguration of bathing/ shower facilities and social areas on Ward 1 to accommodate the space required to develop the PICU and to benefit from a shared kitchen facility for both wards
- Additional external space for Ward 1

The PICU became operational in October 2018 and is already having a positive benefit to the local community.

Other significant schemes included:

- Design completion and tendering and for the Mental Health Crisis Care Centre based in the Hazelhurst Unit. Works to commence April 2019
- Commencement of the environmental ligature reduction programme starting with the door replacement programme on Ward 3 at Harplands Hospital.
- Replacement of the energy centres at The Darwin Centre, Greenfields and The Bennet Centre.
- Associated upgrades to the building management system to maximise energy benefits and efficiency from the energy centres
- Replacement of the lift at Lyme Brook to increase accessibility and increase DDA compliance.
- Creation of a lobby on Ward 5 at Harplands to improve patient experience
- Upgrade of security equipment at the Dragons Square.
- Refurbishment of the children's garden at Dragons Square to meet OFSTED standards
- Upgrade to the door access at A&T Telford

The Backlog Maintenance Programme costs for 2018/19, identified to bring estate assets that were below Condition B in terms of their physical condition and/ or compliance with mandatory fire safety requirements and statutory safety legislation up to Condition B was £120,000. .

## Patient Led Assessment Care Environment 2018 (PLACE)

The Patient Led Assessment Care Environment (PLACE) for NSCHT was completed in line with the target dates set by NHS Digital in the following areas:

- Harplands Hospital
- Darwin Centre
- Florence House
- A&T Summer View
- Dragon Square

PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:

- Putting patients first
- Active feedback from the public, patients and staff
- Adhering to basics of quality care
- Ensuring services are provided in a clean and safe environment that is fit for purpose



PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public:

- Cleanliness
- Food and Hydration
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia: how well the needs of patients are met
- Disability: how well the needs of patients with a disability are met

All assessments were completed in accordance with the PLACE guidelines and with a team of at least 50% representation from Health Watch, Sikh Community, Service User Care Council (SUCC) or Patient representative on each team. This year we had a total 14 of 14 patient assessors engaged in the PLACE assessments.

Two training sessions were delivered for our Patient representatives prior to the assessments taking place.

The management representation included Facilities, Estates, Clinical Leads and Infection Prevention and Control (IPC).

We were fortunate to use the same independent validator on all of our assessments; this proved to be invaluable and clearly demonstrates our commitment to ensure consistency across our organisation. It was noted the improvements that we had made since last year and commented on how we strive and take pride, in the delivery of our services to maintain/improve our PLACE standards..

### Trust's overall score for 2018

- Cleanliness - 99.47%
- Food and Hydration - 96.26%
- Organisation Food - 93.08%
- Ward Food - 99.47%
- Privacy, Dignity and Well-Being - 97.07 %
- Condition, Appearance and Maintenance. - 98.90 %
- Dementia - 91.99%
- Disability - 98.28%

### Cleanliness

The cleanliness scores which included hand hygiene and equipment cleanliness are excellent. Dragon Square, A&T Unit, Darwin Centre, Florence House and Summers View each scored 100%.

### Food and Hydration

The Food and Hydration scores are excellent. There are three areas assessed in this domain.

- Food (which includes hydration)
- Organisation Food
- Ward Food

The A&T Unit, Darwin Centre, Florence House and Summers View each scored 100% in the ward food assessment.

### Privacy and Dignity

The Privacy, Dignity and Wellbeing scores ranged between 93.10 % at Dragon Square and 100% at A&T Unit. The lack of observation panels with integrated blinds in all patient bedrooms at Dragon Square and Darwin impacts on the scores achieved in this domain.

### Condition, Appearance and Maintenance

The Condition, Appearance and Maintenance scores were excellent and demonstrate our commitment to maintain the areas with scores ranging between 97.80% and 100%. Florence scored 100%. This is a real credit to the Estates Team, PFI partners and our Hospital Cleanliness Technician.

### Disability

As an organisation we achieved a score of 98.28%. The scores ranged between 92.31% at Dragon Square and 100% been achieved at the A&T Unit, Darwin Centre, Florence House and Summers View





Many favourable comments were received throughout the PLACE Assessments by our Patient Representatives and Independent Reviewer:-

Florence House – A well maintained bright, clean and modern building. The building is very accessible and the staff are very engaged and friendly. Particularly like the facility for gardening/vegetable beds in the external court yard.

B4/5 Dragon Square – A clean and well maintained unit with very friendly and caring staff.

Summers View – A modern building that is a clean and well maintained where the staff produce the food to an excellent standard. There is a very calm atmosphere in the unit. The staff are well trained in their job roles and this reflects well on the service users who seem happy and well looked after.

Darwin – The unit has improved year on year. The unit is very clean and staff work hard to make the unit homely as at the same time insuring it's a safe place to be. The pictures are lovely and particularly like the picture on the external fence in the front garden. Would like to see clients engaged in the proposed plans for the rear garden area.

Harplands Hospital– A well maintained building which is clean, bright and well light. Good decorative condition internally. Well maintained grounds externally. Patients are treated with dignity and respect; they could see that the Trust is continually developing this site for and with patients. Visited the Tony Scott garden and this is a wonderful area for patients but would benefit from having a shaded area.

We achieved very pleasing PLACE scores in all of our areas and received very positive feedback from our patient assessors who have actively been engaged in the process. We achieved scores well above the National average scores and the National average scores per Mental Health/Learning Disability sites in all domains. This

PLACE 2018	Cleanliness  %	Food and Hydration			Privacy, Dignity and Well Being  %	Condition, Appearance and Maintenance  %	Dementia  %	Disability  %
		Food and Hydration  %	Organisation Food  %	Ward Food  %				
Harplands Hospital	99.30	96.36	93.39	98.04	97.19	98.79	91.99	97.95
Dragon Square	100	N/A	N/A	N/A	93.10	97.80	N/A	92.31
A&T Unit	100	94.43	89.22	100	100	98.75	N/A	100
Darwin Centre	100	96.98	93.79	100	96.77	99.46	N/A	100
Florence House	100	95.26	91.22	100	97.22	100	N/A	100
Summers View	100	95.71	91.40	100	96.30	99.46	N/A	100
NSCHT Organisation Average score	99.47	96.26	93.08	98.47	97.07	98.90	91.99	98.28
National Average Score	98.47	90.17	89.97	90.52	84.16	94.33	78.89	84.19
National Average score per MH/LD site	98.40	90.60	88.80	92.20	91.00	95.40	88.30	87.70

A & T Unit – The unit improves year on year. New furniture recently purchased was noted including the new areas created for social spaces in the unit. The decoration is much brighter which seems to have led to a much calmer environment for clients. The unit is a credit to all staff involved.

year's scores are a credit to the all staff and clearly demonstrate the hard work and high standards that are being delivered and maintained within the organisation.

# Outstanding

## Our journey continues...



**Highest conversion rates  
to psychiatry training of  
any medical school  
in England**



# Sustainability and climate

The Estates Department monitors overall use of utility consumption and provides professional advice to support the Trust’s goal of actively reducing its carbon footprint.

The Trust will continue to engage with partners across Staffordshire via the Local Estates Forum work stream of the county-wide Sustainability and Transformation Partnership (STP) in developing areas of best practice, in reducing the carbon footprint and seeking group procurement opportunities.

Through the capital programme, investment has been made in recent years to support this goal – high efficiency boilers, VSD, low energy lighting etc. as well as through the successful pursuit of operational system requirements at Harplands Hospital.

The Trust continues on its trajectory to achieve the 80% carbon reduction by 2050. This is largely due the procurement of green electricity through our central government procurement framework and a focus on the reduction of energy usage. Improvements to the Building Management System will help to identify and deliver energy savings across the Trust estate.

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.

For the first time, world leaders are recognising the promotion of mental health and well-being, and the prevention and treatment of substance abuse, as health priorities within the global development agenda. The inclusion of mental health and substance abuse in the Sustainable Development Agenda, which was adopted at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries where millions of people will receive much needed help.



**Peter Axon**  
Chief Executive





## HOW WE ARE LED AND GOVERNED - OUR ACCOUNTABILITY REPORT

# Our Board

Our Board of Directors is the Trust's corporate decision-making body, which considers the key strategic and managerial issues facing the organisation. It met eight times during the year and consists of the Chair, executive directors including the Chief Executive, and non-executive directors. David Rogers is Chair of the Trust.

Gan Mahdea was appointed betw October 2017 as a new non-executive director, replacing Bridget Johnson. We substantively recruited Alex Brett in December 2017 as a new Executive Director of Organisational Development, Workforce and Communications, replacing Paul Draycott. We also substantively recruited Jonathan O'Brien in March 2018 as Executive Director of Operations, following two interim appointments.

## Our Non-Executive Directors

### David Rogers – Chair



David commenced his role as Chair on 1 April 2016 after joining the Trust as a non-executive director in 2014. He worked as an accountant for 18 years and has spent the past 25 years working as a non-executive chairman for a number of companies, assisting in the development of their strategic policies. Over the last decade, he has been increasingly involved in the public sector, formulating and chairing the Stoke and Staffordshire Strategic Partnership, which was charged with bringing together the full range of public service providers and the private and voluntary sectors across the sub-region and generating aspirational strategic longer-term plans.

### Tony Gadsby – Vice Chair



Tony is an experienced director from a manufacturing environment. He worked for JCB for 20 years in senior and executive managerial roles. As Director of JCB Cabs Systems, he led the restructuring and expansion of the business during a period of unprecedented change and growth. Prior to retiring in 2008, he was Managing Director of JCB's Groundcare division. Before joining JCB, Tony had a long career with Aveling-Barford, another large manufacturer of construction equipment.

### Patrick Sullivan – Non-Executive Director



Patrick was, until May 2012, the Director of Nursing at Lancashire Care NHS Foundation Trust, one of the largest non-acute Trusts in the country. He is a former Mental Health Act Reviewer for the Care Quality Commission and sits on mental health review tribunals as a specialist lay member.

### Joan Walley – Non-Executive Director



Joan was MP for Stoke-on-Trent North for 28 years, stepping down in 2015. During her term in office, she was Shadow Transport and Shadow Environment Minister and Chair of the Environmental Audit Select Committee for five years. She serves as Chair of the Aldersgate Group, an alliance of leaders from business, politics and civil society that drives action for a sustainable economy, as well as Chair of Burslem Regeneration Trust.

### Gan Mahadea – Non-Executive Director (to 31st March 2019)



Gan was born in Mauritius and moved to the UK in 1997 to study at the University of Manchester before moving to London where he qualified as a Chartered Accountant. In 2013, he formed General & Medical Accountants Limited. He also supports a number of community initiatives and local charities, including the Macari Centre, which provides assistance to people experiencing homelessness.



Lorien Barber - Non-Executive Director (to 30th November 2018)

For seven years Lorien Barber served as Director of North Staffs Users Group, the mental health campaign group and voice of service users locally. During that time, she was also elected as Co-Chair of the local Mental Health Partnership Board.

She worked as Strategic Liaison Manager, connecting local health, social care and the voluntary sector at VAST, a charity providing services and support to voluntary and community groups, charities and social enterprises in Stoke-on-Trent and Staffordshire. She was appointed as Partnership Manager at Macmillan to improve cancer support across Staffordshire and the Black Country.



Janet Dawson – Non-Executive Director (from 1 March 2019)

Janet joined the Board on 1 March 2019 as a Non-Executive Director and will chair the People, Culture and Development Committee. She is an Independent Governor of Manchester Metropolitan University and a member of their Remuneration Committee.

She has held senior leadership roles in Human Resources, Reward and Pensions management for much of her executive career and has a particular interest in driving forward the equality, diversity and inclusion agendas in organisations with which she is involved.



Russell Andrews – Non-Executive Director (from 1 March 2019)

In a career spanning over 40 years Russell has been a nuclear engineer, teacher, school leader and has held senior positions in local and central government. He has also sat on a range of boards covering higher education, health and the third sector. Russell is interested in policy and programmes to support social

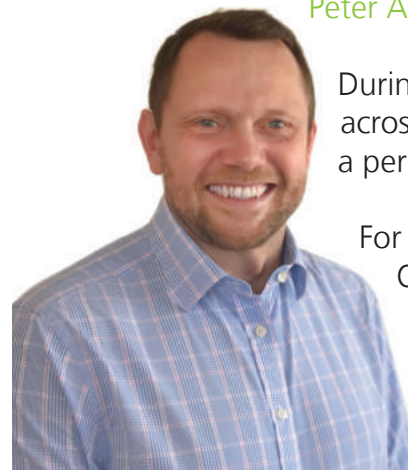
mobility, particularly for people with learning difficulties and learning disabilities.

## Our Executive Directors



Caroline Donovan – Chief Executive (to 31st March 2019)

Caroline was appointed Chief Executive of the Trust in September 2014. She had held the position in an acting capacity since February 2014 and had previously been Executive Director of Leadership and Workforce. Prior to joining the Trust in 2009, Caroline served as Associate Director of Workforce for NHS West Midlands. She has been a registered general nurse for over 30 years and has CIPD membership



Peter Axon – Chief Executive (from 1 April 2019)

During his 22 year career, Peter has worked across a number of NHS organisations and, for a period, the private sector.

For the past ten years, he was Chief Finance Officer and more recently Deputy Chief Executive at a Community NHS Foundation Trust, where he oversaw a number of large scale programmes.

These included the completion of a new £50m Dental Hospital in Birmingham, the development of new operating models across Birmingham and the Black Country and refresh of the Foundation Trusts long term strategy.

During this period in Birmingham, he also spent a year as a Board director, including CEO, of a Black Country Mental Health and Learning Disability provider.





Dr Buki Adeyemo – Medical Director

Buki was appointed to the role of Medical Director in January 2012. She is a qualified consultant in old age psychiatry and has worked in the NHS since 1998. She leads the dementia innovation programme for Health Education West Midlands and is passionate about streamlined care for older people and the leadership roles clinicians can have in making this happen.



Suzanne Robinson – Director of Finance, Performance and Digital (to 27th January 2018)

Suzanne joined the Trust from The Christie NHS Foundation Trust having worked at a senior level at a number of large acute providers as well as commissioning organisations in the North West of England with over 16 years experience in the NHS. She has a passion for finance skills development and improving the visibility and understanding of finance leading her teams to succeed in a number of national finance awards



Maria Nelligan – Director of Nursing and Quality

Maria is an experienced registered nurse and leader. She has held a number of operational and clinical roles including professional lead and services manager until her appointment to Deputy/Associate Director of Nursing and Therapies in 2004 in Cheshire and Wirral Partnership NHS Trust. In October 2015, Maria joined the Trust as Director of Nursing and Quality, taking a lead role in taking forward continuous improvement and contributing to the Trusts CQC improvement journey. Maria is a member of the National Mental Health Nurse Directors Forum steering group, where she is Secretary. As well as nursing, she is the professional lead in the Trust for AHPs and Social Workers.

Lorraine Hooper – Director of Finance, Performance and Estates (from 11th February 2019)



Lorraine was previously Deputy Chief Financial Officer at Sherwood Forest Hospitals. Originally from Bristol, Lorraine started in the NHS in 2004 and has held a number of roles, including supporting services in Acute hospitals in Birmingham and Head of Financial Management and Planning at University Hospitals of Leicester.



Jonathan O'Brien – Director of Operations

Jonathan joined us from Mid Cheshire Hospitals NHS Foundation Trust, where he was Director of Operations since 2015. He has held responsibility for operational delivery, performance management and transformation programmes. He has worked in senior operational roles within the NHS for 14 years, since joining the NHS in 2004. He has held operational management posts across acute hospital Trusts in Greater Manchester and Cheshire, where he has managed large medical and surgical Directorates and Divisions. With a strong academic background to complement his professional experience, he holds a Master of Business Administration (MBA) from Manchester Business School, an MSc in Healthcare Leadership and Management from the University of Birmingham and a BSc in Business Studies from Lancaster University Management School.



Linda Holland – Director of Organisational Development and Inclusion (from 19th November 2018)

Linda Holland joined us as Interim Director of Workforce and Organisational Development in November 2018, having come from a Director role at Mid Cheshire Hospitals NHS Foundation Trust.



Alex Brett – Director of Organisational Development, Workforce and Communications (to 30th September 2018)

Alex joined us from Shrewsbury and Telford Hospital NHS Trust, where she was Deputy Workforce Director. She has also worked in a senior capacity in South Staffordshire and Shropshire Healthcare NHS Foundation Trust, NHS Stoke-on-Trent Primary Care Trust, North Stoke Primary Care Trust and

Keele University.

Much of the work Alex has led has involved managing and leading teams to become catalysts for innovation and change in organisations, as facilitators and enablers. She is used to working across partnerships and has worked significantly with NHS and care organisations, including GP practices, across North Staffordshire in a number of different roles. She is a qualified Coach and Team Coach and was the Health Education West Midlands Coach and Mentor of the Year 2016.

Chris Bird – Director of Strategy and Partnerships (from 14th February 2019)



Chris spent 15 years as an accountant in Local Authorities, specialising in Social Care, before joining the NHS in 2008. He has a wealth of senior experience in commissioning, contracting, performance, assurance and improvement. He led a whole system review of NHS Continuing Healthcare, an area of spend that accounts for £127m across Staffordshire and Stoke and has a direct impact on the care that patients access.

He also led development of agreement of an Aligned Incentives Contract with Royal Wolverhampton Trust and finance/procurement support to the STP Digital Programme leading procurement of the Integrated Care Record.



Andrew Hughes – Joint Director of Strategy and Development (to 31st December 2018)

Andrew was appointed as Joint Director of Strategy and Development in March 2017. He has led healthcare projects since the late 1990s with a combined value of over £1bn. As a director at Birmingham Children's Hospital NHS Foundation Trust, he held responsibility for strategic planning, capital projects, fundraising, partnerships, communications and media management. His previous roles include council member at Birmingham Chamber Group and special advisor to UNICEF UK.

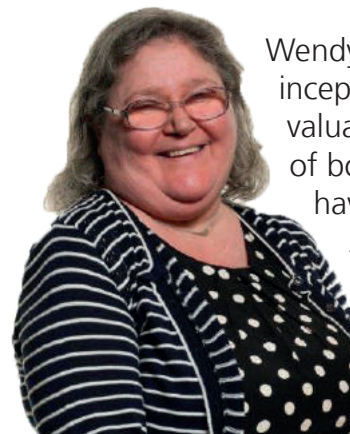
## Additional members of the Board

Dr Keith Tattum – GP Associate Director



In his role as GP Associate with the Trust, Dr Tattum provides a valuable general practice and primary care perspective to influence Board decision making. He has served in this role since 2011 and qualified as a GP in 1980. Alongside his role with the Trust, Dr Tattum is a long-standing GP at Baddeley Green Surgery in Stoke-on-Trent.

Wendy Dutton – Chair of Service User and Care Council



Wendy has been a member of the SUCC from its inception and its Chair since 2016. She brings valuable insight into care from the perspectives of both a giver and receiver of care services, having been a general nurse in the NHS for 30 years as well as a service user herself. She is passionate about improving services through education and debate.



Jenny Harvey – Chair of Staff Side

Jenny joined the NHS in 1988. She has previously worked as a Ward Domestic and a Health Care Support Worker in learning disabilities services.

Jenny has been a trade union representative for more than 25 years, first in the Confederation of Health Service Employees (COHSE) and subsequently UNISON. Jenny has been Chair of the Trust Staff Side trades unions for over a decade, including the role of representative

to the Trust Board. Jenny is currently a West Midlands delegate to UNISON's Health Executive Committee, which leads on NHS negotiations and consultations at a national level.

## In attendance at the Board

Laurie Wrench – Associate Director of Governance



Laurie joined the Trust in 2007 as Head of Clinical Audit and Research, having previously worked for the University Hospitals of North Midlands NHS Trust as Clinical Audit Manager. In September 2015, Laurie was appointed to the new role of Associate Director of Governance, covering a wide portfolio including the role of Board Secretary.

Joe McCrea - Associate Director of Communications



Joe joined the Trust in December 2016, having previously been Director of Communications at East Leicestershire and Rutland CCG. He brings a wealth of experience gleaned from over 20 years in NHS and health communications at a senior level from both a policy and a service perspective, including the Department of Health, Cabinet Office and 10 Downing Street, as well as a wide range of NHS bodies, including acute and community NHS trusts, NHS Confederation, NHS Leadership Academy and East Leicestershire and Rutland GP Federation.



## Register of acceptance of the Code of Conduct and Code of Accountability in the NHS

In November 2007, the Trust Board requested that a formal register of acceptance of the Code of Conduct and Code of Accountability in the NHS be established.

All directors have provided a signed declaration of their acceptance of the Code of Conduct and Code of Accountability in the NHS to the Associate Director of Governance.

The Code of Conduct and Code of Accountability in the NHS can be viewed at: <http://www.ntda.nhs.uk/wp-content/uploads/2013/04/code-of-conduct-and-accountability-for-nhs-boards.pdf>.

## Declaration of directors' private interests (as of March 2019)

We maintain a register of directors' declared private interests, which is available on our website - [www.combined.nhs.uk](http://www.combined.nhs.uk)

## Information governance disclosures

All NHS organisations are expected to secure person identifiable data related to both patients and staff and to safeguard data holding systems and data flows. There have been no significant control issues related to data loss or confidentiality breach during the year ending 31 March 2019 and up to the date of approval of the annual report and accounts.

## Disclosure of information to auditors

The directors who held office at the date of approval of this report confirm that, so far as they are each aware, there is no relevant audit information of which the Board's auditors are unaware and each director has taken all the steps that he/ she ought reasonably to have taken as a director to make himself/ herself aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

## Events after the reporting period

There were no events after the reporting period, commitments or contingencies other than those already disclosed in the annual accounts for the period ending 31 March 2019.



# Our committees

We have a strong governance structure that matches those established by many Foundation Trusts and brings together the key components of behaviour and process.

We have eight Board committees, each of which is chaired by a non-executive director and has clear terms of reference and duties which are reviewed annually to ensure its effectiveness:

- Audit Committee
- Finance, Performance and Digital Committee
- Quality Committee
- Remuneration and Terms of Service Committee
- Business Development Committee
- People, Culture and Development Committee
- Charitable Funds Management and Scrutiny Committee
- Primary Care Committee

## Audit Committee

The committee monitors and reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across clinical and non-clinical activities.

## Finance, Performance and Digital Committee

The Finance, Performance and Digital Committee monitors the performance and achievement of our financial performance, operational performance and implementation of the Trust's digital strategy.

## Quality Committee

The Quality Committee provides assurance to the Board on the quality and safety of healthcare provided by the Trust by developing and reviewing the organisation's Quality plans. It reports and provides assurance to the Board through the monitoring of the organisation's SPAR quality objectives of Safe, Personalised, Accessible and Recovery-focused care. The committee has responsibility for the oversight of operational and clinical risks that members of the committee consider pose a threat to the delivery, quality and safety of services.

## Remuneration and Terms of Service Committee

This is a non-executive director only committee that determines the terms and conditions of employment for executive directors and very senior managers.

## Business Development Committee

Providing assurance to the Trust Board, the committee is responsible for aligning strategic intentions with business decisions of the Trust through tenders, capital projects, business cases and other matters related to the business development of the organisation. The Committee has oversight of the Trust's 5-year Plan and 1 and 2 Year Operating Plans.

## People, Culture and Development Committee

The committee is focused on our cultural development, our staff and their development through a mix of workforce metrics and sponsorship of innovation and staff engagement.

## Charitable Funds Management and Scrutiny Committee

The committee ensures that charitable funds are managed in line with agreed policies on investment, fundraising and disbursement.

## Primary Care Committee

The Committee on behalf of the Trust provides advice and assurance on the performance, quality, safety, financial management and workforce of Primary Care Services. Additionally, the committee advises on the integration of any future GP practices as part of the Primary Care Integration Strategy.



**Peter Axon**  
**Chief Executive**

# Statement of the Chief Executive's responsibilities

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum, issued by the Chief Executive of NHS Improvement.

These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that, as far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

I confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.



**Peter Axon**  
**Chief Executive**



# Statement of the Directors' responsibilities

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year.

In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State.

They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the accounts.

The Directors 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 Trust's performance, business model and strategy.

By order of the Board.



**Peter Axon**  
**Chief Executive**

# GOVERNANCE STATEMENT

## 1. Scope of Responsibility

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

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

The performance of the Trust is monitored by NHS Improvement (NHSI) up to 31 March 2019. The Trust's performance is assessed by the submission of data and by meetings between the NHSI and Trust staff.

The Trust has a range of formal and informal mechanisms in place to facilitate effective working with key partners across the local economy. These include participation in partnership boards which bring together health, social care, independent and voluntary sector organisations in the City of Stoke on Trent and the County of Staffordshire.

The Trust has an Integrated Business Plan 2015/16 – 2019/20. During 2018/19, the Trust Board led a process to review and reaffirm the Trust's Vision, Quality Priorities, Values and Strategic Objectives. This in turn informed a refresh of our Operational Plan, which we will deliver during 2019/20, and which has received positive feedback from NHSI. The process to refresh the Plan has been delivered from within each of the four Clinical Directorates.

The plan has been written during a year of real progress and achievement for the Trust. In March after an extensive process - our fourth detailed inspection in four years - the CQC rated Combined Healthcare NHS Trust as an 'Outstanding' organisation - one of only two specialist Mental Health Trusts to receive this rating nationally. However, we do not remain complacent: 'Outstanding – our journey continues' will ensure we continue to improve.

Now, our 'Towards Outstanding' improvement programme is centred on taking us on the next stage of our journey. This will encompass and bring together everything that we do – our services, our people, our leadership, our listening and engagement, our involvement of service users and carers, our staff development and training. By bringing everything together in one unified programme of improvement, we are confident we will reach our aim. During 2018/19 some key achievements include:

- We are delighted and proud to announce that the Care Quality Commission have awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award. The news means that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating. The CQC rated Combined Healthcare as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains.
- Awarded the accolade "NHS Provider of the Year" by Leading Healthcare
- Selected as an NHS National CAMHS Trailblazer
- The highest score in the country in the NHS Staff Survey for "Safe environment – bullying and harassment"
- Staff survey response rate 4% higher than average for our benchmark group
- HSJ finalist for Diabetes Initiative of the Year for the Healthy Minds Integrated Long Term Condition Service
- HSJ finalist for Emergency, Urgent and Trauma Care Efficiency Initiative of the Year for the All Age Mental Health Liaison Service
- HSJ finalist for Improving Value in the Care of Older Patients Award for the Rapid Falls Improvement project
- Winner of Public Sector Team of the Year by the Partnerships Awards
- The lowest sickness rates of any mental health Trust in the West Midlands
- Our dementia diagnosis rates for over-65s are the highest in the West Midlands
- 0 consecutive years of financial balance
- The best performing Trust in England for IAPT recovery rates
- The highest conversion rates to psychiatry training of any medical school in England
- Average length of stay for new learning disability admissions cut by 60%
- Launched the Inclusion Council to drive our inclusion, diversity and equalities agenda
- Highest ever sign up of Apprenticeships
- Launched the first frontline mental health Podcast in the NHS – "Combinations"

2. The purpose of the system of Internal Control

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

3. The Trust’s Governance (Risk and Control) Framework

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

- There are annual cycles of business for the Board and its committees, fully aligned which ensures that the Trust is closely monitoring performance against national priorities
- Attendance is monitored and there is regular attendance at Board and committee meetings
- There is continued, enhanced performance management reporting including performance rectification plans when targets go off track
- There is an effective Board Assurance Framework, which is the system used by the Board to ensure that all strategic risks are effectively managed and that the effectiveness of those controls has been assured. The Board Assurance Framework is independently audited on an annual basis and this year received an opinion of ‘significant assurance with minor improvement opportunities’.
- All committees of the Board are chaired by a Non-Executive Director and committee terms of reference are reviewed and agreed annually to ensure that they remain fit for purpose and there are no gaps in business or unnecessary duplication.
- A full committee effectiveness review was undertaken including a Chair and member self-assessment, attendance review, timeliness of papers and Terms of Reference.

Trust Board 2018/19 Attendance	18th April 18	24th May 18	21st June 18	26th July 18	meeting	26th Sept 18	25th Oct 18	22nd Nov 18	meeting	24th Jan 19	28-Feb-19	28-Mar-19
<b>Non-Executives</b>												
David Rogers, Chair	✓	✓	✓	✓		✓	✓	x		✓	✓	✓
Patrick Sullivan, Non-Executive	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Tony Gadsby, Non-Executive	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Kieth Tatum, GP Associate	✓	✓	✓	x		✓	x	✓		✓	✓	✓
Joan Walley, Non-Executive	✓	x	✓	✓		✓	✓	✓		✓	✓	x
Lorien Barber, Non-Executive	✓	✓	x	✓		x	✓	✓				
Gan Mahadea, Non-Executive	✓	✓	x	✓		✓	✓	✓		✓	✓	✓
Janet Dawson, Non-Executive Director												✓
Russel Andrews, Non-Executive Director												x
<b>Executive Members</b>												
Caroline Donovan, Chief Executive Officer	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Dr Bukl Adeyemo, Executive Medical Director	✓	✓	✓	✓		✓	x	x		✓	✓	✓
Maria Nettigan, Executive Director of Nursing and Quality	✓	✓	✓	x		✓	✓	✓		✓	✓	✓
Jonathan O'Brien, Director of Operations	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Linda Holland, Director of Workforce, OD and Inclusion								x		✓	✓	✓
Chris Bird, Director of Partnerships and Strategy											✓	✓
Lorraine Hooper, Executive Director of Finance, Performance and Estates											✓	✓
Alex Brett, Director of Workforce and Leadership	✓	✓	✓	✓		✓						
Andrew Hughes, Joint Director of Strategy	x	✓	✓	✓		✓	✓	✓				
Suzanne Robinson, Executive Director of Finance & Performance	✓	✓	✓	✓		✓	✓	✓		x		
<b>In Attendance</b>												
Jerry Harvey, Union Representative	x	✓	x	✓		x	✓	✓		✓	✓	x
Joe McCrea, Associate Director of Communications	✓	✓	✓	x		✓	✓	✓		✓	✓	x
Wendy Dutton, Chair of Service User Carer Council	✓	✓	x	x		x	x	x		x	x	x
Laurie Wrench, Associate Director of Governance	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Sue Tams, Vice Chair Service User Carer Council				✓		x	x	x		✓	✓	✓
Lisa Wilkinson (notes), Corporate Governance Manager	✓		✓	✓		✓	✓	✓		✓	✓	✓
Julie Anne Murray, Deputy Director of Nursing				✓								x
Dennis Okolo, Associate Medical Director						✓		✓				
Darren Carr, Associate Medical Director							✓					
Mike Newton, Deputy Director of Finance, Performance and Digital										✓		

- Review of the timing and meetings of the Board and Committee meetings with a new cycle of business and programme of meetings in place for 2019/20.
- A robust Board Development Programme; aligned to strategic objectives and delivered in partnership with AQUA, NHSE and NHSI
- Confirmation of compliance with conditions FT4 and G6 under the NHS Provider Licence

Trust Board Cycle of Business

The Board has revised and agreed its structure to support the delivery of business.

3.1 The Audit Committee

The Audit Committee monitors and reviews the establishment and maintenance of an effective system of integrated governance and internal control across both clinical and non-clinical activities, which support the achievement of the organisation’s objectives. Membership of this committee comprises all Non-Executive Directors of the Trust Board with the Director of Finance, Performance and Estates, Associate Director of Governance, internal and external auditors in attendance to support the meeting. This committee met five times in accordance with its terms of reference and all meetings were quorate.

3.2 The Finance Performance and Digital Committee

The Finance, Performance & Digital Committee are responsible for oversight and scrutiny of the Trust’s financial performance, operational performance and implementation of the Trust digital strategy, taking action where necessary and making recommendations to the Trust Board. Oversight of the Digital function was added to the responsibilities in September 2017.



The Finance, Performance & Digital Committee also performs a risk management function in relation to any financial, digital or operational performance risks which may impact on the Trusts ability to deliver its strategic objectives.

The Finance, Performance & Digital Committee met monthly and all meetings were quorate. Membership of the meeting is made up of Non-Executive Directors, Executive Directors, Deputy Director of Finance, Associate Director of Performance, Associate Director of Governance, Chief Information Officer and other operational managers required to attend to present or clarify any aspects of business activity or financial management.

The committee oversees and monitors performance at a strategic level, in particular monitoring performance against local as well as the national priorities set out in the Single Oversight Framework and the NHS Standard Contract covering for example indicators concerning referral to treatment within waiting times, access and quality metrics.

### **3.3 The Quality Committee**

The Committee met seven times in accordance with its Terms of Reference and all meetings were quorate. Membership of the Committee is made up of Non-Executive Directors, one of which acts as Chair, Executive Directors, Clinical Directors, Associate Director of Governance and Associate Director of Medical & Clinical Effectiveness are in attendance to ensure opportunity is given for discussion in respect to Directorate performance. Examples include, incidents, complaints, risks alongside sharing learning outcomes.

The Committee has responsibility for the oversight of service user and carer engagement, patient safety, clinical effectiveness and overview of clinical risk. The Committee receives a report on quality impact assessment and related cost improvement schemes to ensure that none of the proposed schemes negatively impact on the quality of services provided. The Committee also receives reports on “never events”, “serious incidents”, external reviews, details of announced and unannounced visits from the Care Quality Commission and explanations of any follow up action.

During the year members considered the Committee’s effectiveness which included a review of its sub groups and reducing the number of reports submitted. The structure of the meeting was also refreshed in addition to the membership to align with the new Directorate structure. Reports are aligned to the Trust’s quality objectives giving assurance sought by the Committee.

There will be a further effectiveness review during 2019/20 in accordance with the committee’s terms of reference and further adjustments made as required.

### **3.4 People and Cultural Development Committee**

The principal aim of the committee is to provide advice and assurance to the Board on cultural development, workforce performance, and the achievement of the workforce strategies, including staff engagement enabling strategies and management of the associated risks. An internal review of the effectiveness of the committee is in progress to ensure that this established committee is meeting its terms of reference and that it continues to obtain the requisite assurances it requires. It is expected that this will lead to some developments and continue to be reviewed on an ongoing basis as part of the committee’s cycle of business.

The committee meets bi-monthly and all meetings were quorate. There is a close working relationship with the Quality Committee and during the year the cycles of business for each committee were reviewed to ensure that there was no unnecessary duplication or gaps in business across these two committees. The membership comprises Non-Executive Directors and Executive Directors with Associate/ Deputy Directors from Workforce, OD, Communications, other Associate Directorates (as and when required), as well as staff side representatives in attendance.

### **3.5 The Business Development Committee**

The Business Development Committee, on behalf of the board, aligns the strategic intentions with business decisions for the organisation. The committee leads on responding to the external health and social care environment, and provides recommendations to the board on risks and opportunities. The committee ensures that lessons are learnt from both successful and unsuccessful bids for new contracts and that this learning is reflected into future bids to maximise the chances of success.

The committee has oversight of the Trust’s 5 year plan and the 1 and 2 year operating plans developed by the directorates to describe service developments, finance and delivery models.

The committee provides assurance to Trust Board that its capital investments are in line with the Trust 5 year plan and undertakes due diligence on investment proposals. Progress on key capital investment schemes is reviewed for assurance that they are being delivered to the agreed time, scope and cost parameters of each project.

The committee ensures the effective integration of services with health, social and 3rd sector partners, ensuring the organisation develops and maintains partnerships to deliver the integrated business plan. Key to this are the progress updates received for the North Staffordshire and Stoke on Trent Alliance and primary care integration activity received by the committee.

The committee reviews risks associated with high risk investments and provides the Trust Board with assurance of due diligence and risk management. It also reviews the Trust risk register and ensures it reflects the agreed risk profile of the Trust ensuring that risk identified and managed effectively.

The Committee meets bi-monthly and is chaired by a Non-Executive Director with membership comprising one other Non-Executive, Director of Partnerships and Strategy, Director of Finance, Performance and Estates, Director of Operations and Medical Director.

### **3.6 Primary Care Committee**

The Primary Care Committee, on behalf of the board, provides advice and assurance on:

1. The performance, quality and safety, financial management, workforce management and risk management of Primary Care Services (existing or future services);
2. The integration of any future GP practices as part of the overall Primary Care Integration Strategy; and
3. The assurance process to the Committee in Common established as the oversight vehicle for GP partners holding GMS contracts for which the Trust is the appointed sub-contractor.

The Committee on behalf of the Trust aligns the strategic intentions with business decisions of the organisation and provides sufficient flexibility in terms of governance oversight for Primary Care Services, an entirely new business area for the Trust.

- The Committee ensures the effective management of Primary Care Services.
- The Committee ensures the future integration of other GP practices into the Trust as part of the strategic intention to expand Primary Care Services and ensures, in so far as is possible, that the Trust is not exposed to any unknown risk as a result of any future integration.
- Staff capacity and capability is sufficient to ensure delivery of Primary Care Services covering skills, development and resource allocation.
- Overall benefits to patients and staff are achievable as a result of the successful provision of primary Care Services.
- The Committee ensures that the Trust is meeting its obligations under the existing sub-contract to provide General Medical Services (and any future such sub-contracts that might arise as a result of future integration of GP practices) and that it is meeting its obligations to report to the Committee-in-Common.

The Committee meets monthly and is chaired by a Non-Executive Director with membership comprising one other Non-Executive, Director of Partnerships and Strategy, Director of Finance, Performance and Estates and Executive Director of Nursing and Quality.

### **3.7 The Charitable Funds Management and Scrutiny Committee**

The Trust has administered Charitable Funds since its creation on 1 April 1994. This committee ensures that the charitable funds are managed in line with agreed policies on investment, disbursement and fund raising. The Trust Board of North Staffordshire Combined Healthcare NHS Trust serves as the agent of the Corporate Trustee in the administration of funds held by the Trust and those of Midland Partnership Foundation Trust (MPFT). This committee met twice during the year and membership is made up of Non-Executive Directors as well as the Director of Finance, Performance and Estates and nominated representative from MPFT.

### **3.8 Remuneration and Terms of Service Committee**

This committee is responsible for determining the remuneration and condition of service of Executive Directors ensuring that these people properly support objectives of the Trust, represent value for money and comply with statutory and NHS/DH requirements. Meetings as well as virtual meetings have been arranged as required during the course of the year. The Chairman acts as the Chair of this committee which is attended by Non-Executive Directors and supported by the Associate Director of Governance. The Chief Executive and Director Workforce, Organisational Development and Inclusion are in attendance. During 2018/19, the committee's cycle of business and Terms of Reference were reviewed and updated.

### **3.9 Senior Leadership Team (Risk)**

The group, chaired by the Chief Executive comprises the Executive team, Clinical Directors and Associate Director of Governance as members which allows the opportunity to consider any emerging risks and existing risks from the directorate operational risk registers and the Trust corporate risk register. Through a review of the directorate and trust-wide risk registers, the Trust is able to identify cross cutting themes and offer support and challenge as to the mitigations in place making recommendations on risks to be re-scored (escalated or de-escalated).

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

### 3.10 Effectiveness Review

During the year our Board membership has been refreshed and further enhanced with the appointment of a new Director of Workforce, Organisational Development and Inclusion, and two Non-Executive Directors. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Chair of the Service User and Carer Council is also a full member of the Board to help influence decisions made and ensure they are service user focussed.

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme we have undertaken a Board skills assessment.

The Board continues to receive timely updates on the key issues arising from each committee meeting from the relevant Chair, such as incidents, complaints, learning from the national inquiries etc. This is also supported by a written summary of the key items discussed by the committee and decisions made. Board members also have access to all papers and minutes of those meetings, as required. To ensure robust governance all Non-Executive Directors are members of the Audit committee.

Our continuous cycle of board development acts as an opportunity for ongoing organisational development. A core component of the development programme is to ensure that all board members have a focus of continual improvement in order to deliver the highest quality, safe services for our community, within resources available. During 2018/19, the Trust strengthened its approach to Board Development, participating in the Advancing Quality Alliance programme (AQuA) and linking this through to leadership and quality development across the wider Trust through the Leadership Academy.

### 3.11 Quality Account 2018/19

Providers of NHS healthcare are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to publish Quality Accounts for each financial year.

By 30 June 2019 the Trust will have developed and published its Quality Account for 2018/19. In order for the Board to assure itself that the Quality Account is managed in an effective and timely way and that the Quality Account is accurate, a further project plan was discussed at the Quality Committee and is currently being implemented. Delegated authority on the delivery of the Quality Account was approved by the Board. This plan sets out the review and planning framework, including engagement and review by key stakeholders in developing the document, incorporating feedback (including our three steps to engagement) and their final validation.

### 3.12 Board Assurance Framework

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

The Assurance Framework operates as follows:

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

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

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

Trust Internal Auditors, KPMG, undertook a review of the 2018/19 BAF and concluded that the Trust had strong governance arrangements in place and awarded an opinion of significant assurance with minor improvement opportunities.



The Risk Management Strategy and the Risk Management Policy are reviewed and refreshed every 3 years and are discussed by the appropriate committees and endorsed by the Board. Together they create a framework for the consideration of risk at all levels within the organisation (both clinical and non-clinical) and mandate the maintenance of a register of all risks. The risk register is a dynamic tool with risks held on the Ulysses Risk Management system which is updated by the risk owner at regular set intervals determined by the nature and residual score of the risk or as circumstances change. It is subdivided into two parts; Trust risks and operational risks. The Risk Register sets out how these different types of risks are identified measured and monitored.

The Trust has four levels within the risk management framework –

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

The aims of the Risk Management Strategy and Risk Management Policy are to:

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

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

The current Risk Management Policy approved by the Trust Board is in place to 2019/20.

The Trust continues to promote staff awareness of and the processes for risk management within the Trust through the delivery of presentations and training sessions, including support for team level risk registers. The addition of team level risk management enables a successful and meaningful escalation and de-escalation process for risk management with the potential for risks to be identified and mitigated at the earliest opportunity. This has also been expanded to include corporate teams.

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

The Trust has three risks with a residual score of 16 (impact 4 x likelihood 4) as follows:

- There is a risk that the recurrent CIP for 2018/19 if not delivered will impact on the Trust's ability to meet financial requirements and sustainability.
- There is a risk that there is insufficient staff to deliver appropriate care to patients because of staffing vacancies and increased referrals. This has a consequence of potential failure to achieve performance targets, inability to deliver service user expectations and increased pressure upon existing staff.
- As a result of a challenged health economy and the scale and scope of STP plans for development and recovery (e.g. of financial position), there is a potential impact on the capacity of the Trust's Senior Leaders to ensure the continued delivery of financial balance and high quality services, whilst also fulfilling obligations to support system-wide priorities.

As a result of a challenged health economy and the scale and scope of STP plans for development and recovery (e.g. of financial position), there is a potential impact on the capacity of the Trust's Senior Leaders to ensure the continued delivery of financial balance and high quality services, whilst also fulfilling obligations to support system-wide priorities.

Trust Internal Auditors, KPMG, undertook a review of the Risk Management Framework for 2018/19 and made an assessment of Significant Assurance with minor improvement opportunities for the design and operation of the system of control.

### **3.12.1 Board Assurance Framework**

The Board Assurance Framework risks were discussed and agreed by the Board in May 2018 for the 2018/19 financial year. The Trust has 7 key objectives within the Board Assurance Framework. In addition, each objective is mapped against the Trust's Quality Objectives of Safe, Personalised, Accessible and Recovery Focused (SPAR).

### **3.12.2 Utilise Effective Technology**

During 2018/19 the Trust continued its journey to be a national leader in the use of digital technology to revolutionise care and drive improvement across the organisation.

The Trust has been successful in becoming a Lorenzo Digital Exemplar delivering a digital transformation programme with the Children and Young People's Directorate. We are currently working with Lorenzo suppliers DXC and NHS Digital to implement a solution delivering a future where young people and their families are empowered to use technology to revolutionise their care." creating a flexible Combined Care System that brings together information for clinicians, carers, schools and community services.

We are continuing to evolve and optimise our Electronic Patient Record (Lorenzo) adding additional developments and functionality to deliver improvements for safety, effectiveness and efficiency and provide comprehensive review of reporting data from clinical services.

The Trust will continue developing its digital strategy in line with the Staffordshire Transformation Programme digital roadmap in a way that improves care for our patients and improves the effectiveness of the organisation and wider health and care system

### **3.13 Review of economy, efficiency and effectiveness of the use of resources**

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

The Trust internal auditors KPMG provide the Internal Audit (IA) service across a number of financial and quality based audits. The Trust agrees the IA Plan which is signed off by Executives and the Audit Committee. The Trust also utilises the flexibility to propose audits which it considers would be important from a risk or improvement of control perspective

The Trust Board scheme of delegation requires a competitive quotation process for any purchases over £5,000. The Audit Committee reviews on a quarterly basis, any exceptional circumstances, where the need for competitive tender has been waived. The Trust procurement

function tenders significant contracts when they are due for renewal and supports the trust to access the most appropriate frameworks, obtaining value for money on key contracts.

The Finance, Performance and Digital Committee receives a monthly finance report which monitors performance against the financial plan, capital plan and Cost Improvement Plan. The committee monitors deviations to plan, providing assurance to Trust Board. Separate detailed reports are also provided for assurance around Agency expenditure and Cost Improvement delivery.

For the NHS Metric "Use of Resource" score, the Trust achieved a Level 1. Level 1 is the maximum a Trust can get and means maximum autonomy over its affairs, with minimal support mandated by regulators.

### **3.14 Compliance with the NHS Provider Licence**

The Trust declared compliance with condition FT4 of the NHS Provider Licence and provided actions identified to mitigate risks as follows:

#### **3.14.1 Governance**

Risk is mitigated through the following mechanisms:

- Statement of Internal Audit Assurance within the Annual Governance Statement (AGS)
- Regular review of the Board Assurance Framework (BAF)
- Regular review of Committee and Board Effectiveness
- Register of Declarations of Interest (Budgetary Authorisers, Consultants and Trust Board)
- Freedom of Information responses
- Risk Management processes and reporting
- Board Development
- Fit and Proper Persons
- CQC rating of 'good' for well led
- Internal, external and counter fraud work programme
- Affiliation with AQUA
- Adherence to Standards of Business Conduct

### **3.14.2 Responsibilities of Directors and Committees and Reporting Lines and Accountabilities**

Risk is mitigated through:

- A review of Board and Committee effectiveness undertaken including Committee Terms of Reference, frequency of meetings, membership of sub committees, ongoing Board development, sub group reporting arrangements
- Committee structure review including sub-committees

### **3.14.3 Submission of timely and accurate information**

Risk is mitigated through:

- Financial balance
- Finance and Performance committee reporting to Board
- CQC rating of 'Outstanding'
- Robust Performance Management Framework and rectification plans
- Purchase order processes
- Investment policy
- Delegated authority limits1, 2 and 5 year business plan
- 2 year CIP plans

### **3.14.4 Degree and rigour of oversight the board has over Trust performance**

Risk is mitigated through:

- Executive Director leadership for quality by Director of Nursing and Quality and Medical Director
- Board developments topics in quality
- Board to team unannounced quality assurance visits
- Announced quality assurance visits with CCG, service users / carers and Healthwatch
- Involvement of service user and carer council
- Quality Impact Assessment on Cost Improvement Plans
- Quality Account
- Quality Committee reports to Board
- Scrutiny of the Performance Management Framework at committee and Board
- Rectification plans for metrics where target not achieved, including actions and trajectory for improvement
- Quality priorities – Safe, Personalised, Accessible and Recovery Focussed (SPAR)
- Strategic objectives relate to quality measured through the BAF
- CQC overall rating of outstanding (March 2019)

### **4.Risk Assessment**

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

At each meeting the Committee responsible for their areas of risk receives a risk report as a standing agenda item and then an overall report to the Trust Board.

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

Our operational risks are identified at team, directorate and corporate level. The identification process takes many forms and involves both a pro-active approach and one which reviews issues retrospectively. A great deal of emphasis is placed on predicting where incidents could occur and taking steps to stop them before they do. Our risk register is populated as a minimum by operational risks which fall into the categories of moderate, significant or high risks and risk action plans are in place for all risks in these categories. The Senior Leadership Team ensures that risk treatment plans are in place to respond to all operational risks on the risk register. As at 31 March 2019, the Trust's strategic risks as described in the BAF are:

- The Trust fails to listen and act upon service user and carer involvement resulting in an inability to deliver responsive services.
- The Trust fails to improve patient safety, eliminate avoidable harm and deliver high quality services, resulting in less than optimal care, reputational harm, increased scrutiny and regulatory restrictions
- The Trust fails to exploit its potential in research and innovation, losing credibility and reputation and under achieving in delivering evidence based care.
- The Trust fails to support its workforce to continually learn and develop resulting in poor staff experience.
- The Trust fails to attract and retain talented people resulting in reduced quality and increased cost of services.
- The Trust fails to optimise its resources resulting in an inability to be a sustainable service.
- he Trust fails to engage its partners resulting in fragmented care pathways.



5. The risk and control framework

As indicated by internal audit, KPMG, there is a clear and well defined approach to the identification of risks. The identification process takes many forms and involves both a pro-active approach and one which reviews issues retrospectively.

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

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

Each of the Executive Director’s objectives are aligned to the strategic objectives with each strategic risk acting as the control measure.

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

**The Audit Committee** - Each of the 7 objectives were allocated to a Board Committee, at which Board Assurance Framework updates were provided. An overall summary is sent to the Audit Committee who has oversight of all 7 strategic objectives

The Audit Committee continue to receive assurances which have been delegated to it by the Board and reports from internal audit, external audit and others on the systems of internal control.

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

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

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes. For the 12 months ended 31 March 2019, the Head of Internal Audit opinion for North Staffordshire Combined Healthcare NHS Trust is as follows:

Overall opinion

Our overall opinion for the period 1 April 2018 to 31 March 2019 is that **significant assurance with minor improvement opportunities** can be given on the overall adequacy and effectiveness of the Trust’s framework of governance, risk management and control.

6.

6. Developing Workforce Standards

The monthly reporting of safer staffing levels is a requirement of NHS England and the National Quality Board in order to inform the Board and the public of staffing levels within in-patient units. The Trust’s monthly Safer Staffing Report receives oversight from the Executive Team, Quality Committee and Trust Board.

In addition to the monthly reporting requirements the Executive Director of Nursing & Quality is required to review ward staffing on a 6 monthly basis and report the outcome of the review to the Trust Board of Directors. A mid-year review was reported to Board in November 2018. Recommendations relating to Safer Staffing Reviews are progressed and monitored through the Safer Staffing Group.

## 7. Care Quality Commission (CQC)

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

In March 2019 the CQC published their findings from their unannounced and well led inspections which took place within the Trust throughout January 2019. We are completely delighted to have received an overall rating of Outstanding from the CQC. The Trust is now one of two specialist Mental Health Trusts to be classed as Outstanding nationally.

Our Crisis services have made a significant improvement with an overall rating of Outstanding.

The Trust are pleased to have 3 of our 11 core services rated with an overall outstanding rating and proud that the CQC have attributed the Outstanding rating to the Caring and Responsive nature of our staff and services.

It is particularly reassuring to note the Adult Community Services and Wards for Older People have improved their rating for Safe services from Requires Improvement to Good.

Deputy Chief Inspector for hospitals, and lead for mental health, Paul Lelliott said: "The board and staff at North Staffordshire Combined Healthcare NHS Trust can be proud of many of the services that it manages, the improvements it has made and its new Outstanding rating. He went on to report; "We found a number of areas of outstanding practice at the Trust that were making a real difference to people's lives.

"Staff treated patients with compassion and kindness, respected their privacy and dignity, and supported their individual needs. There was good leadership across the Trust and managers had the right skills to undertake their roles, while the board had good understanding of performance.

"On our return we found the requirement notices we set out in our previous report had been met and medicines safety had improved on the wards for older adults and the community teams. Staff in the community teams now inspected emergency equipment as a matter of routine.

"Overall the Trust is to be congratulated for all its work to provide an outstanding service to its patients"

"Patients and those close to them were involved in decisions about their care, treatment and changes to the service and staff knew how to keep patients safe. They reported incidents, including abuse, and learned from incidents.

The Trust has already taken action to make improvements in two areas which the CQC have highlighted for improvement. The Trust now routinely reports all applications made for Authorisation of Deprivation of Liberty Safeguards and their outcomes to the CQC. And action has also been taken to ensure that each care plan developed with a patient is comprehensive and personalised.

The journey of ongoing improvement is to continue and is aligned with the quality strategy to deliver Safe, Personalised, Accessible and Recovery focused services based on integrated locality working across North Staffordshire and Stoke-on-Trent. The Trust intend to be Outstanding in all that we do and how we do it.

## 8. Integrated Locality Working

In 2018/19, the Trust has continued its role as System Leader, in partnership with the North Staffordshire GP Federation, for development of the North Staffordshire and Stoke-on-Trent Alliance Board ("Northern Alliance"). The Trust has been central to creation of a mindset within the Staffordshire and Stoke-on-Trent Sustainability Partnership that reflects the need for locally relevant clinical change and working between partners that still responds to the principal priorities of the STP. This has included advocacy for the now accepted concept of three Alliances within the County based on the Northern Alliance model.

During 2018/19, the Trust reconfigured operational Clinical Directorates from six to four. Two of the new Directorates have a geography based 'locality' focus (North Staffordshire and Stoke-on-Trent), whilst one focuses on Acute & Urgent Care and the remaining Directorate our Specialist Services. The move towards locality based Directorates and those based on supporting system priorities, builds on progress made in 2017/18. In 2019/20, we plan to focus on locality working at the level of ten care communities within the Stoke-on-Trent and North Staffordshire Directorates, working closely with system partners.

Ultimately the success of the Northern Alliance and focus on locality working, will be measured by its ability to relieve pressure on secondary care services, support delivery of sustainable primary care services, and reduce overall cost to the Health and Social Care economy.

## 9. Primary Care Services

The Trust successfully integrated Moorcroft Medical Centre (a former partnership that operates across two sites in Stoke-on-Trent) in 2018 and is now operating a new care model that aims to meet the Triple Aim requirements of improving service, experience and reducing cost envelope. The Trust is using the same model pioneered by Royal Wolverhampton Hospitals NHS Trust (called 'Vertical Integration by Wolverhampton') and put simply it involves the GMS contract remaining in the hands of GPs but the staff transferring to the Trust and a sub-contract for the provision of services being signed. This is referred to as 'full service' but the Trust also offers individual services (e.g. estates support, CQC preparedness, administrative support etc.) to GPs via a service level agreement and the Trust expects to have at least one such agreement in place for 2019.

The Trust intends to work closely with its partners in the North Staffordshire Alliance to offer its model (both full-service and individual services) to any practice that is seeking a sustainability solution in the region. This will be done via a portal on the Alliance website.

## 10. Statements and Declarations

### 10.1 Pension

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

### 10.2 Diversity and Inclusion

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

The Trust has further raised its game through 2018-19 with regard to developing a culture of Diversity and Inclusion (D&I) throughout the organisation, with a view to D&I being recognised as 'usual business', 'how we do things round here,' and a key part of everyone's role.

In September 2018, we held our second Inclusion Conference entitled 'A Staffordshire Symphony for Hidden Voices', which also served to launch our new Staffordshire-wide BAME Leadership Programme, 'Stepping Up'. From September 2018 to March 2019, we have delivered this programme to almost 100 BAME employees from across Staffordshire NHS and partner organisations, including 10 from this Trust. These individuals have all had access to personal coaching to support them in their continuing career development journey.

Another key change, transforming our approach to greater inclusion, has been the launch of our Inclusion Council in September 2018. The Inclusion Council was formed by our Chief Executive in response to a listening exercise with our BAME employees. The Council established 5 BAME workforce projects to tackle racism and inequity head-on. These projects are:

1. Developing Inclusive HR Processes (particularly focussing on recruitment in the initial phase of the project)
2. Support the Development of our BAME Staff
3. Reporting, Learning from and Improving from Incidents
4. Creating a Culture of Inclusion
5. Communication for Inclusion

A project group was formed for each of these projects consisting of an Executive lead, a project lead and a BAME employee. The BAME employee was given half a day per week dedicated time to work on their project for 6 months. The Inclusion Council, meeting monthly and chaired by the CEO, performs the role of monitoring project progress. When we have gained sufficient traction on our BAME inclusion projects, the Inclusion Council will widen its role to be the committee for all matters inclusion related.

The Trust has delivered against its core responsibilities in relation to the Equality Act 2010 and the associated Public Sector Equality Duty (PSED), the Workforce Race Equality Scheme (WRES), the Equality Delivery System (EDS2), the Accessible Information Standard and the Gender Pay Reporting Gap. We have also been preparing to participate in the new Workforce Disability Equality Standard (WDES) and the the Sexual Orientation Monitoring requirements from April 2019. Our published Diversity & Inclusion reports are available on our website D&I pages: <https://www.combined.nhs.uk/working-together/diversity-and-inclusion/>.



### 10.3 Data Quality

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

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

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

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

### 10.4 Information Governance Disclosures

All NHS organisations are expected to secure person identifiable data related to both patients and staff and to safeguard data holding systems and data flows. There has been no control issues related to data loss or confidentiality breach during the year ending 31 March 2019 reported to the Information Commissioners Office.

Managing and controlling risks related to information is a key element on the risk and control framework. The new Data Security and Protection Toolkit, a tool by which the Trust assesses its compliance with current legislation, Government directives and other national guidance, is a key part of the organisation's Assurance Framework.

The Trust made progress with its overarching action plan to improve performance in the areas of Information Governance management and Information Security assurance, and as noted earlier is planning to achieve compliance at year end.

### 10.5 HM Treasury/ Cabinet Office Corporate Governance Code

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

### 10.6 Carbon Reduction Delivery Plan

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

## 11. Review of Effectiveness

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

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

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

Additionally, the Trust achieved an adjusted retailed surplus (control total) of £3.58m against an income of £89.11m which includes £2.62m Sustainability and Transformation Funding (STF), earned by any Trust that operates within its agreed financial control total. The Board and its Committees consider and take action on the effectiveness of the system of internal control. Each level of management, including the Board and its sub committees regularly reviews the risks and controls for which it is responsible and takes action on the recommendation of assurance providers. These reviews are monitored and reported to the next level of management. Strategic objectives have been identified and the totality of assurance activity relating to the Trust's strategic risks has been reviewed within the assurance framework. Key controls are identified. The Board has mapped its assurance needs and identified sources for providing them. Independent assurance, from a wide variety of sources, is provided on the process of risk identification, measurement and management.

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

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

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

### **Conclusion:**

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



**Peter Axon**  
**Chief Executive**



# Outstanding

## Our journey continues...





# REMUNERATION AND STAFF REPORT

This report provides information about the remuneration of the Trust's directors and those who influence the decisions of the Trust as a whole.

The Chief Executive has confirmed that for North Staffordshire Combined Healthcare NHS Trust this report will include the Executive Directors (interim and substantive) and the Director of Operations (collectively referred to as very senior managers) and the Non-Executive Directors, including the Chair.

The Remuneration and Terms of Service Committee has responsibility to determine the remuneration of a wider group of staff. However, as their duties do not meet the definition provided above, details about their remuneration, and that of other employees, are not included in this report.

## Duties and membership of the Remuneration and Terms of Service Committee

The Trust Board has established a committee of the Board known as the Remuneration and Terms of Service Committee. The current terms of reference of the Remuneration and Terms of Service Committee were revised and approved by the Trust Board in March 2019. The Terms of Reference will be reviewed annually and the next review must take place before 31 March 2020.

The purpose of the committee is to determine appropriate remuneration and terms of service for the Chief Executive, Executive Directors and other senior management employed on Trust terms and conditions, including:

- all aspects of salary (including any performance related elements/ bonuses)
- additional non-pay benefits, including pensions and cars
- contracts of employment
- arrangements for termination of employment and other contractual terms
- severance packages (severance packages must be calculated using standard guidelines any proposal to make payments outside of the current guidelines must be subject to the approval of the Treasury).

The membership of the committee is the Chair of the Trust Board and all the non-executive directors who are Board members.

The Trust Chair chairs the committee. In the absence of the Chair, one of the other non-executive directors is elected by those present to Chair the meeting.

The committee meets at least twice per year although meetings are called more frequently when vacancies arise. Meetings can be called at the discretion of the Chair. Only the Chair and relevant members are entitled to be present at a meeting of the committee, but others may attend by invitation of the committee.

The committee is supported by the Trust Secretary. The Chief Executive and Director of Leadership and Workforce attend meetings as required and advise on:

- trends in pay and benefits
- alignment of reward policies and Trust objectives
- the relevance of surveys and changes in reward practice
- the application and impact of external regulation on appointment, compensation, benefit and termination practice

Those in attendance are required to withdraw from meetings for the consideration of business in which they are personally interested



Remuneration of senior managers – salaries (2018/19)

Name and Title	2018-19				
	Salary	Performance Pay	Taxable Expense Payment	All pension-related benefits	Total
	(bands of £5000)	(bands of £5000)	(Rounded to the nearest £100)	(bands of £2500)	(bands of £5000)
	£000's	£000's	£00's	£000's	£000's
C. Donovan - Chief Executive Officer (until 31-Mar-19)	150 to 155	0	0	100 to 102.5	250 to 255
O Adeyemo - Medical Director	110 to 115	0	0	0	110 to 115
J O'Brien- Director of Operations	105 to 110	0	0	112.5 to 115	215 to 220
S Robinson - Director of Finance, Performance & Digital (until 27-Jan-19)	90 to 95	0	0	57.5 to 60	150 to 155
L Hooper - Director of Finance, Performance & Estates (from 11-Feb-19)	15 to 20	0	0	0 to 2.5	15 to 20
A Brett - Director of Workforce (until 30-Sep-18)	45 to 50	0	0	7.5 to 10	50 to 55
L Holland - Director of Workforce (from 19-Nov-18)	35 to 40	0	0	0	35 to 40
M Nelligan - Director of Nursing	110 to 115	0	0	142.5 to 145	255 to 260
A Hughes - Director of Strategy (until 31-Dec-18)	75 to 80	0	0	0	75 to 80
C Bird - Director of Strategy* (from 14-Feb-19)	10 to 15	0	0	0	10 to 15
D Rogers - Non Executive Director	30 to 35	0	0	0	30 to 35
A. Gadsby - Non Executive Director	5 to 10	0	0	0	5 to 10
P Sullivan - Non Executive Director	5 to 10	0	0	0	5 to 10
G Mahadean - Non Executive Director (until 31-Mar-19)	5 to 10	0	0	0	5 to 10
R Andrews - Non Executive Director (from 01-Mar-19)	0 to 5	0	0	0	0 to 5
J Dawson - Non Executive Director (from 01-Mar-19)	0 to 5	0	0	0	0 to 5

\* C Bird was recharged to the Trust from 14th February 2019 from South East Staffordshire & Seisdon Peninsula CCG on a part time basis until he was substantively employed by the Trust on 25th March 2019. The salary reflects both the recharge and the substantive employment; however the pension related benefits only reflect his employment with the Trust.

Remuneration of senior managers – salaries (2017/18)

Name and Title	2017-18				
	Salary	Performance Pay	Taxable Expense Payment	All pension-related benefits	Total
	(bands of £5000)	(bands of £5000)	(Rounded to the nearest £100)	(bands of £2500)	(bands of £5000)
	£000's	£000's	£00's	£000's	£000's
C. Donovan - Chief Executive Officer	135 to 140	0	0	0	135 to 140
O Adeyemo - Medical Director	130 to 135	0	0	0	130 to 135
A Rogers - Director of Operations (01-Apr-17 to 12-May-17)	10 to 15	0	0	0 to 2.5	10 to 15
N Fazal-Short - Acting Director of Operations (30-May-17 to 31-Dec-17)	65 to 70	0	0	0	65 to 70
C Sylvester - Acting Director of Operations (01-Jan-18 to 25-Mar-18)	5 to 10	0	0	0	5 to 10
J O'Brien- Director of Operations (from 26-Mar-18)	0 to 5	0	0	0 to 2.5	0 to 5
S Robinson - Director of Finance, Performance & Digital	105 to 110	0	0	0	105 to 110
P Draycott - Director of Workforce (01-Apr-17 to 31-Dec-17)	65 to 70	0	0	0	65 to 70
A Brett - Director of Workforce (from 11-Dec-17)	25 to 30	0	0	0	25 to 30
M Nelligan - Director of Nursing	105 to 110	0	0	42.5 to 45	145 to 150
A Hughes - Director of Strategy	100 to 105	0	0	0	100 to 105
D Rogers - Non Executive Director	30 to 35	0	0	0	30 to 35
A. Gadsby - Non Executive Director	5 to 10	0	0	0	5 to 10
P Sullivan - Non Executive Director	5 to 10	0	0	0	5 to 10
J Walley - Non Executive Director	5 to 10	0	0	0	5 to 10
L Barber - Non Executive Director	5 to 10	0	0	0	5 to 10
B Johnson - Non Executive Director (until 31-Jul-17)	0 to 5	0	0	0	0 to 5
G Mahadean - Non Executive Director (from 01-Oct-17)	0 to 5	0	0	0	0 to 5



Remuneration of senior managers - pensions benefits

2018/19

Name and Title	Total accrued pension at age 60 as at 31 March 2019  (bands of £5000) £000's	Real Increase in pension at age 60  (bands of £2500) £000's	Lump sum at age 60 related to accrued pension at 31 March 2019  (bands of £5000) £000's	Real increase in Lump sum at age 60  (bands of £2500) £000's	Cash Equivalent Transfer Value at 31 March 2019  £000's	Cash Equivalent Transfer Value at 1 April 2018  £000's	Real Increase in cash Equivalent Transfer Value  £000's	Employer's contribution to stakeholder pension
C. Donovan - Chief Executive Officer (until 31-Mar-19)	55 to 60	5 to 7.5	165 to 170	15 to 17.5	1,214	961	225	N/A
O Adeyemo - Medical Director	25 to 30	0 to 2.5	75 to 80	0 to 2.5	504	432	59	N/A
J O'Brien- Director of Operations	10 to 15	5 to 7.5	40 to 45	15 to 17.5	206	102	101	N/A
S Robinson - Director of Finance, Performance & Digital (until 27-Jan-19)	20 to 25	2.5 to 5	65 to 70	7.5 to 10	367	255	87	N/A
L Hooper - Director of Finance, Performance & Estates (from 11-Feb-19)	10 to 15	0 to 2.5	35 to 40	0 to 2.5	176	135	5	N/A
A Brett - Director of Workforce (until 30-Sep-18)	15 to 20	0 to 2.5	55 to 60	0 to 2.5	383	307	33	N/A
L Holland - Director of Workforce (from 19-Nov-18)	0 to 5	0	5 to 10	0	42	24	6	N/A
M Nelligan - Director of Nursing	45 to 50	5 to 7.5	145 to 150	20 to 22.5	1,116	845	246	N/A
A Hughes - Director of Strategy (until 31-Dec-18)								
C Bird - Director of Strategy* (from 14-Feb-19)	25 to 30	0	0	0	322	275	1	N/A

\* C Bird was recharged to the Trust from 14th February 2019 from South East Staffordshire & Seisdon Peninsula CCG on a part time basis until he was substantively employed by the Trust on 25th March 2019. The salary reflects both the recharge and the substantive employment; however the pension related benefits only reflect his employment with the Trust.

2017/18

Name and Title	Total accrued pension at age 60 as at 31 March 2018  (bands of £5000) £000's	Real Increase in pension at age 60  (bands of £2500) £000's	Lump sum at age 60 related to accrued pension at 31 March 2018  (bands of £5000) £000's	Real increase in Lump sum at age 60  (bands of £2500) £000's	Cash Equivalent Transfer Value at 31 March 2018  £000's	Cash Equivalent Transfer Value at 1 April 2017  £000's	Real Increase in cash Equivalent Transfer Value  £000's	Employer's contribution to stakeholder pension
C Donovan - Chief Executive Officer	45 to 50	0	145 to 150	0	961	937	14	N/A
O Adeyemo - Medical Director	20 to 25	0	70 to 75	0	432	402	26	N/A
A Rogers - Director of Operations (01-Apr-17 to 12-May-17)	10 to 15	0 to 2.5			132	114	2	N/A
N Fazal-Short - Acting Director of Operations (30-May-17 to 31-Dec-17)	20 to 25	0 to 2.5	70 to 75	0 to 2.5	468	435	0	N/A
C Sylvester - Acting Director of Operations (01-Jan-18 to 25-Mar-18)								
J O'Brien - Director of Operations (from 26-Mar-18)	05 to 10	0 to 2.5	20 to 25	0 to 2.5	102	95	258600	N/A
S Robinson - Director of Finance, Performance & Digital	15 to 20	0 to 2.5	50 to 55	0 to 2.5	255	241	11	N/A
P Draycott - Director of Workforce (01-Apr-17 to 31-Dec-17)								
A Brett - Director of Workforce (from 11-Dec-17)	15 to 20	0 to 2.5	50 to 55	0 to 2.5	307	286	0	N/A
M Nelligan - Director of Nursing	40 to 45	0 to 2.5	120 to 125	5 to 7.5	845	745	93	N/A
A Hughes - Director of Strategy								

Pay multiple disclosure

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 organisations workforce.

Year	2018/19	2017/18
Band of highest paid directors' total remuneration (£'000)	150-155	135-140
Median total (£)	28,651	28,469

The banded remuneration of the highest-paid director in North Staffordshire Combined Healthcare NHS Trust in the financial year 2018/19 was £152,025 (2017/18 £137,884). This was 5.36 times (2017/18 4.84times) the median remuneration of the workforce, which was £28,651 (2017/18 £28,469).

In 2018/19 three (2017/18 seven) employees received remuneration in excess of the highest paid director. Ranging from £163,245 to £178,324 (2017/18 remuneration ranged £142,819 to £172,302).

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



Off-payroll engagements

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

	Number
Number of existing engagements as of 31 March 2019	7
Of which, the number that have existed:	
- for less than one year at the time of reporting	1
- for between one and two years at the time of reporting	2
- for between 2 and 3 years at the time of reporting	1
- for between 3 and 4 years at the time of reporting	1
- for 4 or more years at the time of reporting	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 longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	2
Of which, the number of:	
- assessed as caught by IR35	0
- assessed as not caught by IR35	2
Engaged directly (via PSC contracted to department) and are on the department payroll	0
Engagements reassessed for consistency / assurance purposes during the year	3
Engagements that saw a change to IR35 status following the consistency review	0

Off Payroll Arrangements in respect of Board Members or Very Senior Officers:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	10

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

# Staff report

We employed an average of 1,306 permanently employed WTE and 195 other staff during 2018/19.

Our staff costs amounted to £61.8m, which represents 69% of the Trust’s closing income for the year (£89.2m).

Staff costs				
	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	47,693	987	48,680	45,704
Social security costs	4,733	-	4,733	4,559
Apprenticeship levy	223	-	223	213
Employer's contributions to NHS pensions	6,048	-	6,048	5,847
Pension cost - other	34	-	34	84
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	49	-	49	59
Temporary staff	-	1,987	1,987	2,645
<b>Total gross staff costs</b>	<b>58,780</b>	<b>2,974</b>	<b>61,754</b>	<b>59,111</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>58,780</b>	<b>2,974</b>	<b>61,754</b>	<b>59,111</b>
<b>Of which</b>				
Costs capitalised as part of assets	-	-	-	117

Average number of employees (WTE basis)				
	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	53	23	76	71
Ambulance staff	-	-	-	-
Administration and estates	190	13	204	208
Healthcare assistants and other support staff	418	107	525	500
Nursing, midwifery and health visiting staff	434	44	478	468
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	210	1	211	211
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	1	6	7	5
<b>Total average numbers</b>	<b>1,306</b>	<b>195</b>	<b>1,501</b>	<b>1,463</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	-	-	-	3

## Staff Turnover

Our turnover figure slightly increased within 2018/19 to a FTE rate of 14.4%. The Turnover rate is reviewed and monitored at both a Trust and Directorate level. A number of strategies have been developed in order to support retention within the Trust, including supporting retire and return and flexible working options.

## Sickness absence

Sickness absence decreased during 2018/19 to a rolling average of 4.12% – (as reported in accordance with Department of Health guidance) this is a decrease over the 2017/18 average of 0.4%.

Staff Sickness Absence	2018/19	2017/18
Total days lost	12,706	13,050
Total staff years	1,292	1,274
Average working days lost (per WTE)	10	10

The workforce team operates systems to monitor sickness trends and patterns, supporting targeted actions for management of sickness in a timely manner. The main aim of this process is to support staff and offer early intervention so that staff can maintain and also improve their wellbeing.

Our People, Culture and Development Committee meets six times a year and has a transformational approach to the workforce agenda.

Our Occupational Health provider, Team Prevent, provides support to staff, effective signposting and early intervention and generates quality management information in order to manage absence robustly.

Our Staff Counselling and Support Service continues to provide excellent support both individually to staff and also collectively via peer support and relevant training sessions. In 2018/19, the service continued with the roll out of the critical incident and stress management training, which looks in detail at the physiological and psychosocial impact of stress, in particular the ramifications of sudden and critical incidents. The service continues to support the workforce with a prospectus of support that is available.

Fostering a positive culture that supports the health and wellbeing of our workforce is of great importance. Significant progress has been made this year by focusing on a variety of Health and Wellbeing initiatives for our staff including the continuation of a Health and Wellbeing Steering Group, which has led to the development of a number of health and wellbeing initiatives, including: healthy eating options and education, our winter Flu Fighter campaign, our “Feel Good Friday” and “Wellbeing Wednesday” initiatives, the introduction of a Physio fast-track service, providing weekly Pilates sessions which all staff are able to access, and a review of staff room facilities at the Harplands site - the Trusts largest site.

There has been a continued investment of resource in the area of staff health and wellbeing, most notably through the Feel Good Friday and Wellbeing Wednesday programme. This has continued to be a great success and encompassed a wide variety of Health and Wellbeing topics including Staff Counselling services, Occupational Health surveillance checks, Staff Side advice and HR workshops. This initiative has been extremely well received, with many staff taking positive actions to improve their health and wellbeing. Such initiatives demonstrate our continued commitment to supporting a healthy workforce.

Exit packages

Reporting of compensation schemes - exit packages 2018/19

During 2018/19 there was 1 compulsory redundancy and 7 contractual payments in lieu of notice.

Exit Packages 2018/19			
Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	5	5
£10,000 - £25,000	-	2	2
£25,001 - 50,000	-	-	-
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	7	8
Total cost (£)	£70,000	£49,000	£119,000

Reporting of compensation schemes - exit packages 2017/18

During 2017/18 there was 1 compulsory redundancy and 5 contractual payments in lieu of notice.

Exit Packages 2017/18			
Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	4	4
£10,000 - £25,000	1	-	1
£25,001 - 50,000	-	1	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	1	5	6
Total cost (£)	£10,000	£59,000	£69,000

Exit packages: other (non-compulsory) departure payments				
	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	7	49	5	59
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	7	49	5	59
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Staff policies

We are committed to giving full and fair consideration to disabled people wishing to work for the Trust. The Trust subscribes to the Disability Confident Scheme (formerly Two Ticks standard) and displays the symbol on adverts to show applications from disabled people are encouraged. Consequently, any applicant that considers themselves to have a disability and meets the minimum requirements of the person specification is guaranteed an interview.

All applicants for posts are asked if they require any reasonable adjustments in order to facilitate their participation in the shortlisting process.

The Trust also has a policy covering Diversity and Inclusion in Employment, which specifically details anti-discriminatory practice in recruitment.

The Trust has an Occupational Health Service that provides specialised advice to managers regarding the reasonable adjustments required by any employee referred to them.



We have robust health and safety measures in place, including workstation risk assessments and stress risk assessments that aim to highlight and quantify any risk to employees and bring measures into place to mitigate the risk as much as possible. All Trust policies and service changes are subject to an Equality Impact Assessment in order to assess whether any proposed measures have a detrimental impact on employees with any protected characteristics, including disability. Where detrimental effect is identified, measures are taken to address and mitigate these differences.

The Trust actively works to support staff with disabilities to access reasonable adjustments, such as changes to working patterns or use of specialist equipment. The trust is supporting the implementation of the NHS Workforce Disability Equality Standard (WDES) in addition managing a number of projects designed to deliver positive change around workforce race equality. We have plans to further progress diversity and inclusion through a range of networks in 2019/20, including BAME, LGBT, and Neuro Diversity staff networks.

The annual Staff Survey asks employees questions about their experiences as employees, and specifically asks if they have experienced discrimination and, if so, on what grounds. This allows the employer to monitor the effectiveness of its anti-discriminatory practices.

As with new applicants, all promotion opportunities within the Trust are advertised through NHS Jobs and applicants are subject to the same standards as new recruits (e.g. Two Ticks). Trust training is open to all staff and everyone attending is given the opportunity to raise any reasonable adjustments that they need.

In 2018/19, the Trust had expenditure on consultancy of £459,000 (2017/18 - £531,000).



**Peter Axon**  
**Chief Executive**

# Independent Auditor's Report to the Directors of North Staffordshire Combined Healthcare NHS Trust

## Opinion

We have audited the financial statements of North Staffordshire Combined Healthcare NHS Trust for the year ended 31 March 2019 under the Local Audit and Accountability Act 2014. The financial statements comprise the 's Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 26. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2018/19 HM Treasury's Financial Reporting Manual (the 2018/19 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2018/19 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of North Staffordshire Combined Healthcare NHS Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below.

We are independent of the trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The other information comprises the information included in the annual report set out on pages 2-94, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

## Opinion on other matters prescribed by the Health Services Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

## Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in these respects

## Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, set out on page 73, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. In preparing the financial statements, the Accountable Officer is responsible for 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 the Accountable Officer either intends to cease operations, or have no realistic alternative but to do so

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

## Auditor's responsibility for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

## Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General 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. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.



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 its use of resources are operating effectively.

### Certificate

We certify that we have completed the audit of the accounts of North Staffordshire Combined Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

### Use of our report

This report is made solely to the Board of Directors of North Staffordshire Combined Healthcare NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun (Key Audit Partner)  
Ernst & Young LLP (Local Auditor)  
Manchester  
24 May 2019

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# Part Three - Financial Statements and Accounts - 1 April 2018 - 31 March 2019



Statement of Comprehensive Income

		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	4	78,104	72,812
Other operating income	5	11,008	12,267
Operating expenses	7, 9	(83,898)	(79,372)
Operating surplus / (deficit) from continuing operations		5,214	5,707
Finance income	12	88	15
Finance expenses	13	(1,234)	(1,296)
PDC dividends payable		(553)	(561)
Net finance costs		(1,699)	(1,842)
Other gains / (losses)	14	-	-
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption		(1,227)	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		2,288	3,865
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		2,288	3,865
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(100)	-
Revaluations	18	374	704
Share of comprehensive income from associates and joint ventures		-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	37	427	200
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI		-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI		-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		2,989	4,769
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		2,288	3,865
Add back impairments / (reversals)	8	93	(190)
Adjust (gains) / losses on transfer absorption		1,227	
Remove non-cash element of on-SoFP pension costs	37	(32)	8
Adjusted financial performance surplus / (deficit)		3,576	3,683

The Trust's adjusted financial performance position is derived from its Retained surplus/(Deficit), but adjusted for the following:-

a) During the 2018/19 financial year the Trust has revalued Harplands site and indexed the remaining properties. This has resulted net of impairment which is included within the Retained Surplus for the year. An impairment charge or reversal of impairment is not considered part of the organisation's operating position and is adjusted within the financial performance for the year, against control total reported to NHSI.

b) On 30th September 2018, the Staffordshire County Council s.75 agreement was transferred. The Side Agreement with the Local Authority confirms there will be no crystallisation payment due from the Trust. The net impact of derecognising the asset is £1,227k, which is shown as a loss arising from transfers by absorption, as required by GAM 2019.

c) During 2018/19 a non-cash pension benefit has arisen following re-measurement of the Trust's LGPS defined benefit pension scheme. This is required each year under IAS 19 and the benefit / charge reflects the interest and service cost in variance in employer pension contributions.




Statement of Financial Position

		31 March 2019 £000	31 March 2018 £000
Note			
<b>Non-current assets</b>			
	Intangible assets	16255	277
	Property, plant and equipment	1731,875	31,026
	Investment property	19-	-
	Investments in associates and joint ventures	20-	-
	Other investments / financial assets	21-	-
	Receivables	24-	608
	Other assets	25321	1,089
	<b>Total non-current assets</b>	<b>32,451</b>	<b>33,000</b>
<b>Current assets</b>			
	Inventories	2389	79
	Receivables	248,790	7,347
	Other investments / financial assets	21-	-
	Other assets	25-	-
	Non-current assets held for sale / assets in disposal groups	26-	-
	Cash and cash equivalents	279,132	6,633
	<b>Total current assets</b>	<b>18,011</b>	<b>14,059</b>
<b>Current liabilities</b>			
	Trade and other payables	28(7,999)	(6,855)
	Borrowings	31(635)	(633)
	Other financial liabilities	29-	-
	Provisions	33(386)	(621)
	Other liabilities	30(296)	(311)
	Liabilities in disposal groups	27-	-
	<b>Total current liabilities</b>	<b>(9,316)</b>	<b>(8,420)</b>
	<b>Total assets less current liabilities</b>	<b>41,146</b>	<b>38,639</b>
<b>Non-current liabilities</b>			
	Trade and other payables	28-	-
	Borrowings	31(10,921)	(11,557)
	Other financial liabilities	29-	-
	Provisions	33(555)	(458)
	Other liabilities	30-	-
	<b>Total non-current liabilities</b>	<b>(11,476)</b>	<b>(12,015)</b>
	<b>Total assets employed</b>	<b>29,670</b>	<b>26,624</b>
<b>Financed by</b>			
	Public dividend capital	7,787	7,648
	Revaluation reserve	10,122	9,944
	Financial assets reserve	-	-
	Other reserves	-	-
	Merger reserve	-	-
	Income and expenditure reserve	11,761	9,032
	<b>Total taxpayers' equity</b>	<b>29,670</b>	<b>26,624</b>

The notes on pages 8 to 61 form part of these accounts.

Name  
Position  
Date



Peter Axon  
Chief Executive Officer  
24 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Financial assets reserve*	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	<b>7,648</b>	<b>9,944</b>	-	-	<b>9,032</b>	<b>26,624</b>
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	(82)	<b>(82)</b>
<b>At start of period for new FTs</b>	-	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-	2,288	<b>2,288</b>
Transfers by absorption: transfers between reserves	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-
Other transfers between reserves	-	(96)	-	-	96	-
Impairments	-	(100)	-	-	-	<b>(100)</b>
Revaluations	-	374	-	-	-	<b>374</b>
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	427	<b>427</b>
Public dividend capital received	139	-	-	-	-	<b>139</b>
Public dividend capital repaid	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-
Other reserve movements*	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2019</b>	<b>7,787</b>	<b>10,122</b>	-	-	<b>11,761</b>	<b>29,670</b>

\* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'.

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	<b>7,648</b>	<b>9,323</b>	-	-	<b>4,884</b>	<b>21,855</b>
Prior period adjustment	-	-	-	-	-	-
<b>Taxpayers' equity at 1 April 2017 - restated</b>	<b>7,648</b>	<b>9,323</b>	-	-	<b>4,884</b>	<b>21,855</b>
Surplus/(deficit) for the year	-	-	-	-	3,865	<b>3,865</b>
Transfers by absorption: transfers between reserves	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-
Other transfers between reserves	-	(83)	-	-	83	-
Impairments	-	-	-	-	-	-
Revaluations	-	704	-	-	-	<b>704</b>
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-
 Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	200	<b>200</b>
Public dividend capital received	-	-	-	-	-	-
Public dividend capital repaid	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2018</b>	<b>7,648</b>	<b>9,944</b>	-	-	<b>9,032</b>	<b>26,624</b>



**Information on reserves**

**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. 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 and Social Care 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 and the net asset position of the defined benefit Local Government Pension Scheme (LGPS).

## Statement of Cash Flows

		2018/19	2017/18
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		5,214	5,707
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	7	971	842
Net impairments	8	93	(190)
Income recognised in respect of capital donations	5	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		(32)	8
(Increase) / decrease in receivables and other assets		(1,598)	(2,149)
(Increase) / decrease in inventories		(10)	9
Increase / (decrease) in payables and other liabilities		862	(269)
Increase / (decrease) in provisions		(133)	277
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
<b>Net cash generated from / (used in) operating activities</b>		<b>5,367</b>	<b>4,235</b>
<b>Cash flows from investing activities</b>			
Interest received		88	15
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(43)	(117)
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(1,308)	(2,945)
Sales of property, plant, equipment and investment property		713	818
Receipt of cash donations to purchase capital assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows of discontinued operations		-	-
Cash movement from acquisitions / disposals of subsidiaries		-	-
<b>Net cash generated from / (used in) investing activities</b>		<b>(550)</b>	<b>(2,229)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		139	-
Public dividend capital repaid		-	-
Movement on loans from the Department of Health and Social Care		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		(633)	(457)
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		(1,239)	(1,301)
PDC dividend (paid) / refunded		(585)	(579)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
<b>Net cash generated from / (used in) financing activities</b>		<b>(2,318)</b>	<b>(2,337)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>2,499</b>	<b>(331)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>6,633</b>	<b>6,964</b>
Prior period adjustments		-	-
<b>Cash and cash equivalents at 1 April - restated</b>		<b>6,633</b>	<b>6,964</b>
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
<b>Cash and cash equivalents at 31 March</b>	27	<b>9,132</b>	<b>6,633</b>

**Notes to the Accounts**

**Note 1 Accounting policies and other information**

**Note 1.1 Basis of preparation**

The Department of Health and Social Care 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 1.2 Going concern**

Based on current performance and assessment of the external NHS environment, the Trust Board have a reasonable expectation that the Trust has adequate resources to continue in operation for the foreseeable future. For this reason, these accounts have been prepared on a going concern basis.

**Note 1.3 Consolidation**

**NHS Charitable Fund**

The Trust is the Corporate Trustee to North Staffordshire Combined Healthcare NHS Charitable Fund since its creation on 1st April 1994. The funds were registered with the Charity Commission under the requirements contained in the 1993 Charity Act. The funds were registered as an “Umbrella Charity” as they related to services provided by both the Trust and Midlands Partnership NHS Foundation Trust (formally Staffordshire & Stoke on Trent Partnership NHS Trust).

As at 31st March 2019 the unaudited charitable fund balances totalled £544,000. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2018/19 accounts.



**Note 1.4.1 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.

The majority of the Trust's revenue is paid on a block contract basis, and therefore the performance criterion is to provide the service for the financial year but the payment of revenue associated with the contract is not contingent around delivery of specific levels of activity or outcomes. The performance obligations are satisfied during the 12 month contract period and therefore no impact to the trust relating to timing of payment.

***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.

***Revenue from research contracts***

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of 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 1.4.2 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 1.4.3 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 1.5 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.

In 2018/19 the Trust accrued £182,000 in relation to untaken annual leave to be carried forward into the 2019/20 financial year. The annual leave accrual for 2017/18 was £63,000.

**Pension Costs**

**NHS Pension Scheme**

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](http://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.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

**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 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. Remeasurements 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’.

**Note 1.6 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 1.7 Property, plant and equipment**

### **Note 1.7.1 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;
- 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, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### **Note 1.7.2 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 (i.e. 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.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. 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'.

**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 1.7.3 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 1.7.4 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 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) 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 service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

**PFI Asset**

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing.

**PFI liability**

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

**Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

**Assets contributed by the Trust to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.



**Other assets contributed by the Trust to the operator**

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator’s capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

As part of an overall scheme to re-provide inpatient, outpatient & community mental health services for the population of North Staffordshire, the Trust entered into a contract with Town Hospitals (North Staffordshire Combined) Limited (THL) commencing August 2001 for the design, build, financing and operation of a new Acute Psychiatric Unit. The Trust has entered into a 60 year contract with THL with a primary contract period of 29 years. THL also provides housekeeping, portering, catering and estates maintenance. In the primary period the Trust pays a monthly charge for the serviced accommodation for the duration of the contract subject to deductions for performance and availability failures. The Trust has certain options in respect of the continued provision of the facility and services in the secondary period; these will be considered in the light of prevailing circumstances at that time.

As a part of the conversion to IFRS the Trust recognised this PFI property as a part of its property, plant and equipment on the Trust Balance Sheet with effect from the PFI commencement date of August 2001 and recalculated the appropriate accounting transactions with effect from that date.

These transactions included the initial recognition of a financial asset and financial liability at fair value in accordance with IAS 17 at a value of £17.65m. The asset value has been subsequently kept up to date by applying indexation, revaluations and depreciation in line with IAS 16 principles. The value of the financial liability reduces as the Trust repays liability over the contract period (29 years).

**Note 1.7.6 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 are shown in the table below:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	1	74
Dwellings	-	-
Plant & machinery	2	19
Transport equipment	1	6
Information technology	1	7
Furniture & fittings	7	10

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 1.8 Intangible assets**

**Note 1.8.1 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, e.g., 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, e.g. 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, e.g. application software, is capitalised as an intangible asset.

**Note 1.8.2 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 or 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 1.8.3 Useful economic life 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 are shown in the table below:

	Min life	Max life
	Years	Years
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	3	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

## **Note 1.9 Inventories**

Inventories are valued at the lower of cost and net realisable value.

## **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.

#### ***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 as a financing income or expense.

#### ***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).

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.

The Trust's contract receivables all have a lifetime of less than 12 months and therefore, where a credit loss is expected the receivable has been impaired in full.

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 1.11.3 Derecognition**

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 1.12 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 1.12.1 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 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 31.1 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 1.14 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 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, 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 1.15 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 and Social Care (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 1.16 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 1.17 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 1.18 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 1.19 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 1.20 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

As at 31st March 2019, the unaudited Charitable Fund balance totalled £544k. As a consequence the Trust considers these balances to be immaterial and not requiring full disclosure within the 2018/19 accounts.

### **Note 1.20.1 Sources of estimation uncertainty**

The following are assumptions 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:

The Trust has recognised that its PFI scheme relating to the Harplands Hospital is a service concession that must be accounted for under IFRIC 12. The Trust is required to recognise the asset, and the liability to pay for it, on the Trust's Statement of Financial Position. The Trust is required to determine, at the inception of the arrangement, the initial fair value of the asset based on the capital cost detailed within the operator's financial model, after giving consideration to the costs the Trust would capitalise if it were procuring the asset directly.

The initial financial liability is recognised at the same amount as the fair value of the asset.

The Trust is required to split the unitary charge payment it makes to the operator into its key component parts: payments for services, payment for the asset (comprising of the repayment of the liability, finance costs and contingent rental) and lifecycle replacement.

The Trust previously undertook a full valuation of its property assets in 2016/17. The Trust revalued the Harplands site as at 1st November 2018 following a significant capital investment and addition of the Psychiatric Intensive Care Unit. The Trusts remaining properties were indexed using the BICS all in TPI (Tender Price Indicator) rate of 2.2% for indexation of Buildings applicable for the period to 31st March 2019.

## **Note 1.21 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

## **Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted**

The governments implementation date for IFRS16 for the public sector will be 1st April 2019. For NHS reporting there is a one-year deferral in the adoption of and transition to IFRS 16. The deferral was confirmed in the 2019/20 FReM (Financial Reporting Manual) pulished in December 2018.

The Trust does expect that the implementation of this standard will have a material impact on the Statement of Financial Performance with regards to operating leases. Assets which are currently leased and are material will be recognised under property, plant and equipment on the Statement of Financial Position.

**Note 1.23 Transfers by Absorption**

Where a DHSC group body is the recipient in the transfer of a function, it recognises the assets and liabilities received as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition (i.e. the recipient and exporter of the assets and liabilities recognise the same values). The corresponding net credit / debit reflecting the gain / loss is recognised within income / expenses, but outside of operating activities.

The pre-transfer income, expenses, assets and liabilities of the group body are not adjusted to include any pre-transfer activity of the function.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation amounts from the transferring entity's accounts are preserved when the assets are recognised in the body's accounts. Where any assets received had an attributable revaluation reserve balance in the transferring entity's accounts, this is preserved in the group body's accounts by it transferring the relevant amount from its income and expenditure reserve to its revaluation reserve.

Transfers are recorded based on the book values of assets and liabilities transferring. Adjustments to values as a result of harmonising accounting policies are made immediately after this initial transfer, and are adjusted directly in taxpayers' equity

Where, the DHSC group body is the body relinquishing the function, the opposite accounting entries apply. It de-recognises the assets and liabilities as at the date of transfer and recognises the corresponding net debit / credit as a loss / gain in expenses / income but not within operating activities. Any revaluation reserve balances attributable to the assets transferred are removed from the revaluation reserve and transferred to the income and expenditure reserve.

The pre-transfer activities of the function remain in the original body's accounts. The only adjustments made are in respect of the assets and liabilities actually transferring, as described above.

**Note 2 Pooled Budgets**

North Staffordshire Combined Healthcare NHS Trust has a pooled budget arrangement with City of Stoke on Trent Council and with Staffordshire County Council. The Trust is the host for both pooled budgets.

On 30th September 2018 the pooled budget arrangement with Staffordshire County Council ceased.

**2018/19 Memorandum Account - City of Stoke on Trent Council Pooled Budget**

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust	City of Stoke on Trent Council Contribution
	£'000	£'000	£'000
Expenditure			
Pay	5,705	3,751	1,954
Non-Pay	2,376	380	1,996
Income	8,081 (329)	4,131 (15)	3,950 (314)
Total Delegated Budgets	7,752	4,116	3,636
Overhead Contribution			
Contribution to the Pool	7,752	4,116	3,636

**2018/19 Memorandum Account - Staffordshire County Council Pooled Budget**

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust	Staffordshire County Council Contribution
	£'000	£'000	£'000
Expenditure			
Pay	1,580	1,100	480
Non-Pay	167	118	49
Income	1,747 (7)	1,218 (5)	529 (2)
Total Delegated Budgets	1,740	1,213	527
Overhead Contribution			
Contribution to the Pool	1,740	1,213	527

**2017/18 Memorandum Account - City of Stoke on Trent Council Pooled Budget**

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust	City of Stoke on Trent Council Contribution
	£'000	£'000	£'000
Expenditure			
Pay	5,574	3,604	1,970
Non-Pay	2,229	301	1,928
Income	7,803 (321)	3,905 (7)	3,898 (314)
Total Delegated Budgets	7,482	3,898	3,584
Overhead Contribution	-	-	-
Contribution to the Pool	7,482	3,898	3,584

**2017/18 Memorandum Account - Staffordshire County Council Pooled Budget**

Delegated Budgets	Total	North Staffs Combined Healthcare NHS Trust	Staffordshire County Council Contribution
	£'000	£'000	£'000
Expenditure			
Pay	3,140	2,162	978
Non-Pay	378	247	131
Income	3,518 (66)	2,409 (11)	1,109 (55)
Total Delegated Budgets	3,452	2,398	1,054
Overhead Contribution	-	-	-
Contribution to the Pool	3,452	2,398	1,054



**Note 3 Operating Segments**

The Trust Board as 'Chief Operating Decision Maker' has determined that the Trust operates in one material segment, which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

Income from activities (medical treatment of patients) is analysed by customer type in note 4.2 to the financial statements on page 25. Other operating income is analysed in note 5 to the financial statements on page 26 and materially consists of revenues from healthcare research and development, medical education and the provision of services to other NHS bodies. Total Income by individual customers within the whole of HM Government, and where considered material, is disclosed in the related parties transaction note 44 to the financial statements on page 58.

	2018/19 £000	2017/18 £000
Income	89,112	85,079
Surplus/(Deficit)		
Segment surplus/(Deficit)	-	-
Common Costs	(83,898)	(79,372)
Surplus/(Deficit) before interest	5,214	5,707
Net Assets:		
Segment net assets	29,670	26,624

**Note 4 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

<b>Note 4.1 Income from patient care activities (by nature)</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Cost and volume contract income	2,797	3,387
Block contract income	64,241	60,071
Clinical partnerships providing mandatory services (including S75 agreements)	4,527	5,004
Clinical income for the secondary commissioning of mandatory services	3,699	2,621
Other clinical income from mandatory services	1,461	1,467
Private patient income	15	2
Agenda for Change pay award central funding	840	-
Other clinical income (additional nursing)*	524	260
<b>Total income from activities</b>	<b>78,104</b>	<b>72,812</b>

\* Other clinical income for 2017/18 was included in the block contract income in the 2017/18 accounts.

**Note 4.2 Income from patient care activities (by source)**

<b>Income from patient care activities received from:</b>	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
NHS England	2,804	3,395
Clinical commissioning groups	65,770	61,018
Department of Health and Social Care	840	-
Other NHS providers	-	3
NHS other	1	-
Local authorities	7,165	6,885
Non-NHS: private patients	15	2
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	1,509	1,509
<b>Total income from activities</b>	<b>78,104</b>	<b>72,812</b>
<b>Of which:</b>		
Related to continuing operations	78,104	72,812
Related to discontinued operations	-	-

**Note 4.3 Overseas visitors (relating to patients charged directly by the provider)**

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-
<b>Total income from Overseas visitors**</b>	<b>-</b>	<b>-</b>

\*\* Total income from Overseas visitors received in 2018/19 is £Nil (2017/18 £314).

**Note 5 Other operating income**

	2018/19 £000	2017/18 £000
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	99	136
Education and training (excluding notional apprenticeship levy income)	2,168	2,053
Non-patient care services to other bodies	2,260	4,502
Provider sustainability / sustainability and transformation fund income (PSF / STF)	2,624	2,371
Income in respect of employee benefits accounted on a gross basis	334	464
Other contract income*	3,470	2,736
<b>Other non-contract operating income</b>		
Education and training - notional income from apprenticeship fund**	53	5
<b>Total other operating income</b>	<b>11,008</b>	<b>12,267</b>
<b>Of which:</b>		
Related to continuing operations	11,008	12,267
Related to discontinued operations	-	-

\* Other contract income includes £1.4m (2017/18: £1.2m) in respect of the Improving Access to Psychological Therapies services, £0.7m (2017/18: £0.0m) for GMS contract for Moorcroft, £0.3m (2017/18: £0.4m) external project funding, £0.1m (2017/18: £0.1m) relates to social care residents, £0.1m (2017/18: £0.1m) to lease car contributions and £0.9m (2017/18: £0.5m) relating to other funding.

\*\* The notional income from apprenticeship funding reflects the Trust's usage of the apprenticeship levy on training and education. This was not separated out in 2017/18, but the comparitor has been restated above.

**Note 6 Additional information on revenue from contracts with customers recognised in the period**

	<b>2018/19</b>
	<b>£000</b>
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	58
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

**Note 6.1 Transaction price allocated to remaining performance obligations**

	<b>31 March</b>
	<b>2019</b>
	<b>£000</b>
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	-
after one year, not later than five years	-
after five years	-
<b>Total revenue allocated to remainig performance obligations</b>	<b>-</b>

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.



**Note 7 Operating expenses**

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	1,377	1,675
Purchase of healthcare from non-NHS and non-DHSC bodies	1,331	621
Staff and executive directors costs	61,646	58,844
Remuneration of non-executive directors	64	66
Supplies and services - clinical (excluding drugs costs)	275	175
Supplies and services - general	188	180
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,500	1,983
Consultancy costs	459	531
Establishment	797	793
Premises	1,939	1,611
Information Technology	974	808
Transport (including patient travel)	1,485	1,211
Depreciation on property, plant and equipment	894	781
Amortisation on intangible assets	77	61
Net impairments	93	(190)
Movement in credit loss allowance: contract receivables / contract assets	247	87
Increase/(decrease) in other provisions	6	409
Change in provisions discount rate(s)	(9)	2
Audit fees payable to the external auditor		
audit services - statutory audit	50	50
other auditor remuneration (external auditor only)	12	12
Internal audit costs	87	87
Clinical negligence	269	384
Legal fees	75	52
Education and training	484	282
Rentals under operating leases	905	882
Early retirements	59	91
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,311	4,242
Car parking & security	22	17
Hospitality	32	9
Losses, ex gratia & special payments	49	59
Non-healthcare services received	572	422
Residential Payments	2,102	2,000
Subscriptions	177	364
Other*	349	771
<b>Total</b>	<b>83,898</b>	<b>79,372</b>
<b>Of which:</b>		
Related to continuing operations	83,898	79,372
Related to discontinued operations	-	-

\* Other expenditure includes £0.2m (2017/18: £0.3m) relating to partial exemption VAT costs and £0.1m (2017/18: £0.2m) other expenditure.

**Note 7.1 Other auditor remuneration**

	2018/19	2017/18
	£000	£000
<b>Other auditor remuneration paid to the external auditor:</b>		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	12	12
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
<b>Total</b>	<b>12</b>	<b>12</b>

**Note 7.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £1m (2017/18: £2m).

**Note 8 Impairment of assets**

	2018/19	2017/18
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	93	(190)
Other	-	-
<b>Total net impairments charged to operating surplus / (deficit)</b>	<b>93</b>	<b>(190)</b>
Impairments charged to the revaluation reserve	100	-
<b>Total net impairments</b>	<b>193</b>	<b>(190)</b>

In 2018/19 the Trust revalued the Harplands site resulting in an impairment of £239k of which £100k was charged to the revaluation reserve and £139k was charged to SoCI. The remain properties were indexed resulting in an indexation valuation of £170k of which £123k was recognised against the revaluation reserve and £46k charged to SoCI as an impairment reversal. The total impact on the SoCI in 2018/19 is £93k (£139k - £46k).

In 2017/18 the buildings were indexed resulting in an indexation valuation of £894k of which £704k was recognised against the revaluation reserve and £190k charged to SoCI as an impairment reversal.

**Note 9 Employee benefits**

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	48,680	45,704
Social security costs	4,733	4,559
Apprenticeship levy	223	213
Employer's contributions to NHS pensions	6,048	5,847
Pension cost - other	34	84
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	49	59
Temporary staff (including agency)	1,987	2,645
<b>Total gross staff costs</b>	<b>61,754</b>	<b>59,111</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>61,754</b>	<b>59,111</b>
<b>Of which</b>		
Costs capitalised as part of assets	-	117

**Note 9.1 Retirements due to ill-health**

During 2018/19 there was 1 early retirement from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £59k (£91k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

**Note 10 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](http://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 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.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

**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 31st March 2018, updated to 31st 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.



**Note 11 Operating leases**

**Note 11.1 North Staffordshire Combined Healthcare NHS Trust as a lessor**

The Trust is not a lessor.

**Note 11.2 North Staffordshire Combined Healthcare NHS Trust as a lessee**

This note discloses costs and commitments incurred in operating lease arrangements where North Staffordshire Combined Healthcare NHS Trust is the lessee.

The Trust leases relate to contracts for lease vehicles, photocopiers and a number of leased premises.

Renewals of leased premises contracts are subject to Board approval and photocopier renewals are made in line with the Trust's purchasing and procurement arrangements. There are no renewal options in respect of lease vehicles.

The Trust does not have a purchase option within any current lease arrangements.

	2018/19 £000	2017/18 £000
<b>Operating lease expense</b>		
Minimum lease payments	905	882
Contingent rents	-	-
Less sublease payments received	-	-
<b>Total</b>	<b>905</b>	<b>882</b>
	<b>31 March 2019 £000</b>	<b>31 March 2018 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	804	754
- later than one year and not later than five years;	1,178	1,432
- later than five years.	-	-
<b>Total</b>	<b>1,982</b>	<b>2,186</b>
Future minimum sublease payments to be received	-	-

**Note 12 Finance income**

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	56	15
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	32	-
<b>Total finance income</b>	<b>88</b>	<b>15</b>

**Note 13 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	1,239	1,293
Contingent finance costs on PFI and LIFT scheme obligations	-	-
<b>Total interest expense</b>	<b>1,239</b>	<b>1,293</b>
Unwinding of discount on provisions	(5)	(5)
Other finance costs	-	8
<b>Total finance costs</b>	<b>1,234</b>	<b>1,296</b>

**Note 13.1 The late payment of commercial debts (interest) Act 1998 / Public**

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

**Note 14 Other gains / (losses)**

The Trust had no other gains or losses in year.

**Note 15 Discontinued operations**

The Trust had no discontinued operations in year.

Note 16 Intangible assets

Note 16.1 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Patents £000	Goodwill £000	Websites £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	724	-	-	-	-	-	724
Transfers by absorption	-	-	-	-	-	-	-
Additions	55	-	-	-	-	-	55
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-
Valuation / gross cost at 31 March 2019	779	-	-	-	-	-	779
Amortisation at 1 April 2018 - brought forward	447	-	-	-	-	-	447
Amortisation at start of period for new FTs	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	77	-	-	-	-	-	77
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-
Amortisation at 31 March 2019	524	-	-	-	-	-	524
Net book value at 31 March 2019	255	-	-	-	-	-	255
Net book value at 1 April 2018	277	-	-	-	-	-	277

**Note 16.2 Intangible assets - 2017/18**

	Software licences £000	Licences & trademarks £000	Patents £000	Goodwill £000	Websites £000	Other (purchased) £000	Total £000
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>607</b>	-	-	-	-	-	<b>607</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2017 - restated</b>	<b>607</b>	-	-	-	-	-	<b>607</b>
<b>Valuation / gross cost at start of period for new FTs</b>	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-
Additions	117	-	-	-	-	-	<b>117</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-
<b>Valuation / gross cost at 31 March 2018</b>	<b>724</b>	-	-	-	-	-	<b>724</b>
<b>Amortisation at 1 April 2017 - as previously stated</b>	<b>386</b>	-	-	-	-	-	<b>386</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Amortisation at 1 April 2017 - restated</b>	<b>386</b>	-	-	-	-	-	<b>386</b>
<b>Amortisation at start of period for new FTs</b>	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	61	-	-	-	-	-	<b>61</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-
<b>Amortisation at 31 March 2018</b>	<b>447</b>	-	-	-	-	-	<b>447</b>
<b>Net book value at 31 March 2018</b>	<b>277</b>	-	-	-	-	-	<b>277</b>
<b>Net book value at 1 April 2017</b>	<b>221</b>	-	-	-	-	-	<b>221</b>



**Note 17 Property, plant and equipment**

**Note 17.1 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
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>5,604</b>	<b>23,205</b>	<b>1,980</b>	<b>552</b>	<b>180</b>	<b>2,792</b>	<b>232</b>	<b>34,545</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	752	300	98	-	313	99	<b>1,562</b>
Impairments	-	(224)	-	-	-	-	-	<b>(224)</b>
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	(94)	-	-	-	-	-	<b>(94)</b>
Reclassifications	-	1,981	(1,981)	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	(36)	(30)	-	-	<b>(66)</b>
Transfer to FT upon authorisation	-	-	-	-	-	-	-	-
<b>Valuation/gross cost at 31 March 2019</b>	<b>5,604</b>	<b>25,620</b>	<b>299</b>	<b>614</b>	<b>150</b>	<b>3,105</b>	<b>331</b>	<b>35,723</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	-	<b>914</b>	-	<b>405</b>	<b>138</b>	<b>2,017</b>	<b>45</b>	<b>3,519</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	513	-	19	10	329	23	<b>894</b>
Impairments	-	15	-	-	-	-	-	<b>15</b>
Reversals of impairments	-	(46)	-	-	-	-	-	<b>(46)</b>
Revaluations	-	(468)	-	-	-	-	-	<b>(468)</b>
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	(36)	(30)	-	-	<b>(66)</b>
Transfer to FT upon authorisation	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2019</b>	-	<b>928</b>	-	<b>388</b>	<b>118</b>	<b>2,346</b>	<b>68</b>	<b>3,848</b>
<b>Net book value at 31 March 2019</b>	<b>5,604</b>	<b>24,692</b>	<b>299</b>	<b>226</b>	<b>32</b>	<b>759</b>	<b>263</b>	<b>31,875</b>
<b>Net book value at 1 April 2018</b>	<b>5,604</b>	<b>22,291</b>	<b>1,980</b>	<b>147</b>	<b>42</b>	<b>775</b>	<b>187</b>	<b>31,026</b>

**Note 17.2 Property, plant and equipment - 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
<b>Valuation / gross cost at 1 April 2017 - as previously stated</b>	<b>5,604</b>	<b>22,350</b>	-	<b>431</b>	<b>156</b>	<b>2,297</b>	<b>127</b>	<b>30,965</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	322	1,809	121	24	495	105	<b>2,876</b>
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	704	-	-	-	-	-	<b>704</b>
Reclassifications	-	(171)	171	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-	-
<b>Valuation/gross cost at 31 March 2018</b>	<b>5,604</b>	<b>23,205</b>	<b>1,980</b>	<b>552</b>	<b>180</b>	<b>2,792</b>	<b>232</b>	<b>34,545</b>
<b>Accumulated depreciation at 1 April 2017 - as previously stated</b>	-	<b>630</b>	-	<b>396</b>	<b>128</b>	<b>1,739</b>	<b>35</b>	<b>2,928</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	474	-	9	10	278	10	<b>781</b>
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	(190)	-	-	-	-	-	<b>(190)</b>
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2018</b>	-	<b>914</b>	-	<b>405</b>	<b>138</b>	<b>2,017</b>	<b>45</b>	<b>591</b>
<b>Net book value at 31 March 2018</b>	<b>5,604</b>	<b>22,291</b>	<b>1,980</b>	<b>147</b>	<b>42</b>	<b>775</b>	<b>187</b>	<b>31,026</b>
<b>Net book value at 1 April 2017</b>	<b>5,604</b>	<b>21,720</b>	-	<b>35</b>	<b>28</b>	<b>558</b>	<b>92</b>	<b>28,037</b>

**Note 17.3 Property, plant and equipment financing - 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
<b>Net book value at 31 March 2019</b>								
Owned - purchased	5,604	8,255	-	226	32	759	263	<b>15,139</b>
Finance leased	-	-	-	-	-	-	-	-
concession arrangements	-	16,437	299	-	-	-	-	<b>16,736</b>
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	-	-	-	-
<b>NBV total at 31 March 2019</b>	<b>5,604</b>	<b>24,692</b>	<b>299</b>	<b>226</b>	<b>32</b>	<b>759</b>	<b>263</b>	<b>31,875</b>

**Note 17.4 Property, plant and equipment financing - 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
<b>Net book value at 31 March 2018</b>								
Owned - purchased	5,604	8,087	-	147	42	775	187	<b>14,842</b>
Finance leased	-	-	-	-	-	-	-	-
concession arrangements	-	14,204	1,980	-	-	-	-	<b>16,184</b>
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	-	-	-	-
<b>NBV total at 31 March 2018</b>	<b>5,604</b>	<b>22,291</b>	<b>1,980</b>	<b>147</b>	<b>42</b>	<b>775</b>	<b>187</b>	<b>31,026</b>

**Note 18 Revaluations of property, plant and equipment**

HM Treasury determined that NHS Trust's must value it's assets to depreciated replacement cost value on a Modern Equivalent Asset basis by 1 April 2010 at the latest. The Trust completed this valuation within the 2009/10 financial year.

In order to ensure that the Trust's Land and Building assets are carried at fair value as at the Balance Sheet date the Trust ensures an independent valuation is undertaken at least every 5 years supplemented by the application of indexation annually.

A full independent valuation, undertaken on the Trust's behalf by Cushman & Wakefield and compliant with RICS Valuation - Professional Standards 2014, was completed during financial year 2016/17 with a valuation date of 30 June 2016. A property was subsequently purchased which was valued at 31 March 2017.

The current value in existing use of the Trusts properties have primarily been derived using the depreciated replacement cost approach because the specialised nature of the asset means that there are no market transactions of this type of asset except as part of the business or entity. The approach assumes that the asset would be replaced with a modern equivalent, not a building of identical design, with the same service potential as the existing asset.

Following the revaluation of land and buildings at 30 June 2016, the Trust has revalued the Harplands site as at 1st November 2018 following a significant capital investment and addition of the Psychiatric Intensive Care Unit. The Trust's remaining properties were indexed using the BICS all in TPI (Tender Price Indicator) rate of 2.2% for indexation of Buildings applicable for the period to 31st March 2019. The land remains at the same value and has not been indexed based on the understanding of local market conditions. Land and buildings are held at fair value at the Statement of Financial Position date.

**Note 19 Investment Property**

The Trust does not have any investment property.

**Note 20 Investments in associates and joint ventures**

The Trust does not have any investment in associates or joint ventures.

**Note 21 Other investments / financial assets (current and non-current)**

The Trust does not have any other investments / financial assets.

**Note 22 Disclosure of interests in other entities**

The trust does not have an interest in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

**Note 23 Inventories**

	31 March	31 March
	2019	2018
	£000	£000
Drugs	55	62
Work In progress	-	-
Consumables	32	15
Energy (Fuel)	2	2
Other	-	-
<b>Total inventories</b>	<b>89</b>	<b>79</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,328k (2017/18: £1,339k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).



**Note 24 Receivables**

**Note 24.1 Trade receivables and other receivables**

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Contract receivables*	7,456	
Trade receivables*		3,137
Accrued income*		2,863
Capital receivables	608	713
Allowance for impaired contract receivables	(438)	
Allowance for other impaired receivables	-	(109)
Deposits and advances	-	-
Prepayments (non-PFI)	922	550
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	49	17
VAT receivable	191	174
Corporation and other taxes receivable	-	-
Other receivables	2	2
<b>Total current trade and other receivables</b>	<b>8,790</b>	<b>7,347</b>
<b>Non-current</b>		
Contract receivables*	-	
Trade receivables*		-
Capital receivables	-	608
Accrued income*		-
Allowance for impaired contract receivables / assets	-	
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
<b>Total non-current trade and other receivables</b>	<b>-</b>	<b>608</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	4,695	3,771
Non-current	-	-

\*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15. This is also reflected in the impairment of receivables identified as 'Allowance for impaired contract receivables' in 2018/19.

**Note 24.2 Allowances for credit losses - 2018/19**

	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 Apr 2018 - brought forward</b>		<b>109</b>
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	191	(109)
<b>Allowances at start of period for new FTs</b>	-	-
Transfers by absorption	-	-
New allowances arising	259	-
Changes in existing allowances	-	-
Reversals of allowances	(12)	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of cotractual cash flows	-	-
Foreign exchange and other changes	-	-
Transfer to FT upon authorisation	-	-
<b>Allowances as at 31 Mar 2019</b>	<b>438</b>	<b>-</b>

**Note 24.3 Allowances for credit losses - 2017/18**

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>	<b>33</b>
Prior period adjustments	-
<b>Allowances as at 1 Apr 2017 - restated</b>	<b>33</b>
<b>At start of period for new FTs</b>	
Transfers by absorption	
Increase in provision	87
Amounts utilised	(11)
Unused amounts reversed	
Transfer to FT upon authorisation	
<b>Allowances as at 31 Mar 2018</b>	<b>109</b>

**Note 25 Other assets**

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
EU emissions trading scheme allowance	-	-
Other assets	-	-
<b>Total other current assets</b>	-	-
<b>Non-current</b>		
Net defined benefit pension scheme asset*	321	1,089
Other assets	-	-
<b>Total other non-current assets</b>	321	1,089

**Note 26 Non-current assets held for sale and assets in disposal groups**

The Trust does not have non-current assets held for sale or assets in disposal groups

\* The s.75 Staffordshire County Council transferred from the Trust on 30th September 2018.

**Note 27 Cash and cash equivalents movements**

Cash and cash equivalents comprise 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.

	2018/19	2017/18
	£000	£000
<b>At 1 April</b>	<b>6,633</b>	<b>6,964</b>
Prior period adjustments	-	-
<b>At 1 April (restated)</b>	<b>6,633</b>	<b>6,964</b>
Net change in year	2,499	(331)
<b>At 31 March</b>	<b>9,132</b>	<b>6,633</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	9	9
Cash with the Government Banking Service	9,123	6,624
Deposits with the National Loan Fund	-	-
Other current investments	-	-
<b>Total cash and cash equivalents as in SoFP</b>	<b>9,132</b>	<b>6,633</b>
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
<b>Total cash and cash equivalents as in SoCF</b>	<b>9,132</b>	<b>6,633</b>

**Note 27.1 Third party assets held by the trust**

The trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2019	2018
	£000	£000
Bank balances	68	109
Monies on deposit	-	-
<b>Total third party assets</b>	<b>68</b>	<b>109</b>



**Note 28 Payables**

**Note 28.1 Trade and other payables**

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Trade payables	1,674	2,441
Capital payables	500	233
Accruals	3,742	2,228
Receipts in advance (including payments on account)	-	-
Social security costs	714	664
VAT payables	-	-
Other taxes payable	534	494
PDC dividend payable	-	-
Other payables	835	795
<b>Total current trade and other payables</b>	<b>7,999</b>	<b>6,855</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	1,149	1,495
Non-current	-	-

**Note 28.2 Early retirements in NHS payables above**

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2019 £000	31 March 2019 Number	31 March 2018 £000	31 March 2018 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

**Note 29 Other financial liabilities**

	31 March 2019 £000	31 March 2018 £000
The Trust has no other financial liabilities		

**Note 30 Other liabilities**

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Deferred income: contract liabilities	296	311
Deferred grants	-	-
PFI deferred income / credits	-	-
Lease incentives	-	-
Other deferred income	-	-
<b>Total other current liabilities</b>	<b>296</b>	<b>311</b>

**Note 31 Borrowings**

	31 March 2019 £000	31 March 2018 £000
<b>Current</b>		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from the Department of Health and Scoial Care	-	-
Other loans	-	-
Obligations under finance leases	-	-
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	635	633
<b>Total current borrowings</b>	<b>635</b>	<b>633</b>
<b>Non-current</b>		
Loans from the Department of Health and Scoial Care	-	-
Other loans	-	-
Obligations under finance leases	-	-
PFI lifecycle replacement received in advance	-	-
Obligations under PFI, LIFT or other service concession contracts	10,921	11,557
<b>Total non-current borrowings</b>	<b>10,921</b>	<b>11,557</b>

**Note 31.1 Reconciliation of liabilities arising from financing activities**

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2018</b>	-	-	-	12,190	12,190
<b>At start of period for new FTs</b>	-	-	-	-	-
<b>Cash movements:</b>					
Financing cash flows - payments and receipts of principal	-	-	-	(633)	(633)
Financing cash flows - payments of interest	-	-	-	(1,240)	(1,240)
<b>Non-cash movements:</b>					
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	0	0
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Application of effective interest rate	-	-	-	1,239	1,239
Change in effective interest rate	-	-	-	-	-
Changes in fair value	-	-	-	-	-
Other changes	-	-	-	-	-
Transfer to FT upon authorisation	-	-	-	-	-
<b>Carrying value at 31 March 2019</b>	-	-	-	11,556	11,556

**Note 32 Finance leases**

The Trust has no finance lease obligations as a lessee or a lessor.

**Note 33 Provisions for liabilities and charges analysis**

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Re- structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2018</b>	-	260	13	-	-	518	288	1,079
<b>At start of period for new FTs</b>	-	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	(3)	-	-	-	-	(6)	(9)
Arising during the year	-	17	26	-	-	294	61	398
Utilised during the year	-	(27)	(1)	-	-	(95)	(8)	(131)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	(12)	-	-	(379)	-	(391)
Unwinding of discount	-	-	-	-	-	-	(5)	(5)
Transfer to FT upon authorisation	-	-	-	-	-	-	-	-
<b>At 31 March 2019</b>	-	247	26	-	-	338	330	941
<b>Expected timing of cash flows:</b>								
- not later than one year;	-	27	26	-	-	216	117	386
- later than one year and not later than five years;	-	71	-	-	-	122	208	401
- later than five years.	-	149	-	-	-	-	5	154
<b>Total</b>	-	247	26	-	-	338	330	941

Other provisions (£0.3m) relate to the projected liabilities and charges arising in 2018/19 and beyond, in respect of provisions related to Trust properties.

\* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.



**Note 33.1 Clinical negligence liabilities**

At 31 March 2019, £54k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Staffordshire Combined Healthcare NHS Trust (31 March 2018: £327k).

**Note 34 Contingent assets and liabilities**

	31 March 2019 £000	31 March 2018 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(27)	(20)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
<b>Gross value of contingent liabilities</b>	<b>(27)</b>	<b>(20)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(27)</b>	<b>(20)</b>
<b>Net value of contingent assets</b>	<b>-</b>	<b>-</b>

**Note 35 Contractual capital commitments**

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	734	158
Intangible assets	-	-
<b>Total</b>	<b>734</b>	<b>158</b>

Capital commitments of £734k are all in relation to the construction of the Mental Health Crisis Care Centre which is expected to conclude in October 2019.

**Note 36 Other financial commitments**

The trust has no other financial commitments.

**Note 37 Defined benefit pension schemes**

**Local Government Pension Scheme (LGPS)**

Some Trust employees performing social care functions are members of the Local Government Pension Scheme (LGPS) which is administered by the Staffordshire County Pension Fund. The scheme provides members with defined benefits relating to pay and service and the costs of the employers contributions is equal to the contributions paid to the funded pension scheme for these employees.

The Funds comprising the LGPS are multi-employer schemes and each employers' share of the assets and liabilities can be identified. Hence, for accounting purposes, the scheme is deemed to be a defined benefit scheme. The Trust recognises the fair share of assets and present value of liabilities in the Statement of Financial Position (SOFP) as at the reporting date.

The scheme has a full actuarial valuation at intervals not exceeding three years with the last review being 31 March 2016. IAS 19 requires that the present value of defined benefit obligations (and, if applicable) the fair value of the scheme assets to be determined with sufficient regularity to ensure that the amounts recognised in financial statements do not differ materially from those determined at the reporting period date. In the intervening years between the full actuarial valuation the value of the scheme obligations and expenses are measured by a series of key demographic and other actuarial assumptions as agreed by the Trust and an actuary acting on behalf of all member bodies.

In 2013/14 a change to Accounting Standards (IAS 19) determines that the Interest Cost on the defined pension obligation and the expected return on plan assets are combined into a net figure. The expected return has been replaced by a figure that would be applicable if the expected return assumption was equal to a discount rate.

The discount rate is determined by reference to market yields at the end of the reporting period on high quality corporate bonds. In 2018/19 it has been constructed based on the constituents of the iBoxx AA corporate bond index.

Other assumptions used in calculating the liabilities and assets are as follows:

- The price inflation will be derived from the yields available on fixed interest and index linked government bonds.
- Pension increase assumptions are linked to the Consumer Price Index.
- Post retirement mortality assumptions are in line with the Club Vita analysis carried out for the 31 March 2013 formal valuation. These are a set of vita curves tailored to fit the membership profile of the fund. Improvements have been applied in line with the CMI 2013 model assuming the rate of longevity improvements has reached a peak and will converge to a long term rate of 1.25% pa.
- Salary growth is assumed to increase by 2.8% up to the period ending 31 March 2019.
- Commutation assumptions are that LGPS members exchange 50% of their pension for additional cash at retirement up to HMRC limits for pre April 2008 service and 75% for service post April 2008.
- Other demographic assumptions such as withdrawal from the scheme and ill-health early retirements are derived from the latest assumptions used within the most recent formal funding valuation.

The Trust recognises the net surplus/deficit scheme on the Statement of Financial Position (SOFP). The carrying value of this net surplus/deficit is the fair value of the schemes assets allocated to the Trust less the present value of the schemes liabilities plus or minus the scheme remeasurement gains or losses.

**Financial Assumptions**

The financial assumptions used by the scheme actuary in calculating the liabilities and assets are as follows:

	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14
	% P.A.	% P.A.	% P.A.	% P.A.	% P.A.	% P.A.
Pension Increase Rate	2.50%	2.40%	2.40%	2.20%	2.40%	2.80%
Salary Increase Rate	2.90%	2.80%	2.80%	4.20%	4.30%	4.60%
Discount Rate	2.40%	2.70%	2.60%	3.50%	3.20%	4.30%

Mortality Assumptions

Life expectancy is based on the Fund's Vita Curves with improvements in line with the CMI 2013 model assuming the current rate of improvements has peaked and will converge to a long term rate of 1.25% p.a. The resultant average future life expectancies at age 65 are:

	Male	Female
Current Pensioners	22.1 years	24.4 years
Future Pensions	24.1 years	26.4 years

Historic mortality

The following life expectancies are based on the Fund's Vita Curves:

Period Ended	Prospective Pensioners	Pensioners
31-Mar-18	CMI 2013 model assuming the current rate of improvement has reached a peak and will converge to a long term rate of 1.25% p.a.	CMI 2013 model assuming the current rate of improvement has reached a peak and will converge to a long term rate of 1.25% p.a.

Analysis of fair value of plan assets

Asset Category	Period Ended 31 March 2019			Percent- age of Total Assets %
	Quoted prices in active markets £000	Quoted prices not in active markets £000	Total £000	
<b>Equity Securities:</b>				
Consumer	323		323	5%
Manufacturing	254		254	4%
Energy & Utilities	105		105	1%
Financial Institutions	256		256	4%
Health & Care	233		233	3%
Information Technology	198		198	3%
Other	7		7	0%
<b>Corporate Bonds</b>	551		551	8%
<b>Private Equities</b>		253	253	4%
<b>Real Estate - UK Properties</b>		652	652	9%
<b>Investment Funds &amp; Unit Trusts:</b>				
Equities	3,145		3,145	44%
Bonds	544		544	8%
Hedge Funds		130	130	2%
Other		281	281	4%
<b>Cash &amp; Cash Equivalents</b>	224		224	3%
<b>Totals</b>	<b>5,840</b>	<b>1,317</b>	<b>7,157</b>	<b>100%</b>

Asset Category	Period Ended 31 March 2018			Percent- age of Total Assets %
	Quoted prices in active markets £000	Quoted prices not in active markets £000	Total £000	
<b><i>Equity Securities:</i></b>				
Consumer	542		542	4%
Manufacturing	522		522	4%
Energy & Utilities	153		153	1%
Financial Institutions	507		507	4%
Health & Care	370		370	3%
Information Technology	354		354	3%
Other	14		14	0%
<b><i>Corporate Bonds</i></b>	948		948	8%
<b><i>Private Equities</i></b>		365	365	3%
<b><i>Real Estate - UK Properties</i></b>		967	967	8%
<b><i>Investment Funds &amp; Unit Trusts:</i></b>				
Equities	5,906		5,906	47%
Bonds	735		735	6%
Hedge Funds		219	219	2%
Other		323	323	3%
<b><i>Cash &amp; Cash Equivalents</i></b>	573		573	5%
<b>Totals</b>	<b>10,624</b>	<b>1,874</b>	<b>12,497</b>	<b>100%</b>

**Sensitivity to assumptions made**  
The sensitivities regarding the principal assumptions used to measure the scheme liabilities are as follows:

Change in assumptions at 31 March 2019	Approximate % increase to defined benefit obligation	Approximate monetary value £000's
0.5% decrease in Real Discount Rate	11%	724
0.5% increase in the Salary Increase Rate	0%	8
0.5% increase in the Pension Increase Rate	10%	710



**Note 37.1 Changes in the defined benefit obligation and fair value of plan assets during the year**

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
<b>Present value of the defined benefit obligation at 1 April</b>	<b>(11,408)</b>	<b>(11,427)</b>
Prior period adjustment	-	-
<b>Present value of the defined benefit obligation at 1 April - restated</b>	<b>(11,408)</b>	<b>(11,427)</b>
<b>Present value of the defined benefit obligation at start of period for new FTs</b>	<b>-</b>	<b>-</b>
Transfers by absorption	5,129	-
Current service cost	(46)	(107)
Interest cost	(236)	(296)
Contribution by plan participants	(8)	(17)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	(416)	236
Benefits paid	149	203
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
<b>Present value of the defined benefit obligation at 31 March</b>	<b>(6,836)</b>	<b>(11,408)</b>
<b>Plan assets at fair value at 1 April</b>	<b>12,497</b>	<b>12,324</b>
Prior period adjustment	-	-
<b>Plan assets at fair value at 1 April -restated</b>	<b>12,497</b>	<b>12,324</b>
<b>Plan assets at fair value at start of period for new FTs</b>	<b>-</b>	<b>-</b>
Transfers by normal absorption	(6,356)	-
Interest income	257	319
Remeasurement of the net defined benefit (liability) / asset		
- Return on plan assets	-	-
- Actuarial gain / (losses)	843	(36)
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	57	76
Contributions by the plan participants	8	17
Benefits paid	(149)	(203)
Business combinations	-	-
Settlements	-	-
Transfer to FT upon authorisation	-	-
<b>Plan assets at fair value at 31 March</b>	<b>7,157</b>	<b>12,497</b>
<b>Plan surplus/(deficit) at 31 March</b>	<b>321</b>	<b>1,089</b>

**Note 37.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet**

	<b>31 March</b>	<b>31 March</b>
	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Present value of the defined benefit obligation	(6,836)	(11,408)
Plan assets at fair value	7,157	12,497
<b>Net defined benefit (obligation) / asset recognised in the SoFP</b>	<b>321</b>	<b>1,089</b>
Fair value of any reimbursement right	-	-
<b>Net (liability) / asset recognised in the SoFP</b>	<b>321</b>	<b>1,089</b>

**Note 37.3 Amounts recognised in the SoCI**

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
Current service cost	(46)	(107)
Interest expense / income	21	23
Past service cost	-	-
Losses on curtailment and settlement	-	-
<b>Total net (charge) / gain recognised in SOCI</b>	<b>(25)</b>	<b>(84)</b>

\* Please note 33 members TUPE'd out as at 30th September 2018 due to the cessation of the s.75 contract with Staffordshire County Council.

**Note 38 On-SoFP PFI, LIFT or other service concession arrangements**

The Trust has one on-Statement of Financial Position PFI obligation, Harplands Hospital.

**Note 38.1 Imputed finance lease obligations**

North Staffordshire Combined Healthcare NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI and LIFT schemes:

	31 March 2019 £000	31 March 2018 £000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>19,883</b>	<b>21,755</b>
<b>Of which liabilities are due</b>		
- not later than one year;	1,806	1,872
- later than one year and not later than five years;	7,111	6,994
- later than five years.	10,966	12,890
Finance charges allocated to future periods	(8,327)	(9,566)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>11,556</b>	<b>12,190</b>
- not later than one year;	635	633
- later than one year and not later than five years;	3,097	2,694
- later than five years.	7,824	8,863

**Note 38.2 Total on-SoFP PFI, LIFT and other service concession arrangement**

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
<b>Total future payments committed in respect of the PFI, LIFT or other service concession arrangements</b>	<b>74,213</b>	<b>59,894</b>
<b>Of which liabilities are due:</b>		
- not later than one year;	6,165	4,318
- later than one year and not later than five years;	25,025	18,057
- later than five years.	43,023	37,519

**Note 38.3 Analysis of amounts payable to service concession operator**

This note provides an analysis of the unitary payments made to the service concession operator:

	2018/19 £000	2017/18 £000
<b>Unitary payment payable to service concession operator</b>	<b>6,183</b>	<b>5,992</b>
<b>Consisting of:</b>		
- Interest charge	1,239	1,293
- Repayment of finance lease liability	633	457
- Service element and other charges to operating expenditure	4,311	4,242
- Capital lifecycle maintenance	-	-
- Revenue lifecycle maintenance	-	-
- Contingent rent	-	-
- Addition to lifecycle prepayment	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-
<b>Total amount paid to service concession operator</b>	<b>6,183</b>	<b>5,992</b>

**Note 39 Off-SoFP PFI, LIFT and other service concession arrangements**

The Trust does not have any off-Statement of Financial Position PFI obligations.

**Note 40 Financial instruments**

**Note 40.1 Financial risk management**

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 financed, 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. Trust treasury activity is subject to review by the Trust's internal auditors.

**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.

**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 may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

**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. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

**Liquidity risk**

The Trust's operating costs are incurred under contracts with primary care organisations, which are financed 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 40.2 Carrying values of financial assets**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>				
Trade and other receivables excluding non financial assets	7,625	-	-	<b>7,625</b>
Other investments / financial assets	-	-	-	-
Cash and cash equivalents at bank and in hand	9,132	-	-	<b>9,132</b>
<b>Total at 31 March 2019</b>	<b>16,757</b>	<b>-</b>	<b>-</b>	<b>16,757</b>

	Loans and receiv- ables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available- for-sale £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2018 under IAS 39</b>					
Trade and other receivables excluding non financial assets	7,213	-	-	-	<b>7,213</b>
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	6,633	-	-	-	<b>6,633</b>
<b>Total at 31 March 2018</b>	<b>13,846</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,846</b>

**Note 40.3 Carrying value of financial liabilities**

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	11,556	-	<b>11,556</b>
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	6,749	-	<b>6,749</b>
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2019</b>	<b>18,305</b>	<b>-</b>	<b>18,305</b>

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2018 under IAS 39</b>			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	12,190	-	<b>12,190</b>
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	5,697	-	<b>5,697</b>
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2018</b>	<b>17,887</b>	<b>-</b>	<b>17,887</b>



Note 40.4 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	7,384	6,330
In more than one year but not more than two years	628	633
In more than two years but not more than five years	2,469	2,061
In more than five years	7,824	8,863
<b>Total</b>	<b>18,305</b>	<b>17,887</b>

Note 41 Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	3	-	-	-
Fruitless payments	1	-	1	0
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
<b>Total losses</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>0</b>
<b>Special payments</b>				
arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	1	-	10	21
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
<b>Total special payments</b>	<b>1</b>	<b>-</b>	<b>10</b>	<b>21</b>
<b>Total losses and special payments</b>	<b>5</b>	<b>-</b>	<b>11</b>	<b>21</b>
Compensation payments received				-

Note 42 Gifts

The Trust has no gifts over £300k that require disclosure.

**Note 43 New Standards**

**Note 43.1 Initial application of IFRS 9**

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 £0k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £82k decrease 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 43.2 Initial application of IFRS 15**

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).

**Note 44 Related parties**

During the year none of the Department of Health Ministers, Trust Board members, members of the key management staff or parties related to any of them, has undertaken any material transactions with North Staffordshire Combined Healthcare NHS Trust.

The Department of Health is regarded as a related party. During the year North Staffordshire Combined Healthcare NHS 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 Department.

	<b>Payments to Related Party £'000</b>	<b>Receipts from Related Party £'000</b>	<b>Amounts owed to Related Party £'000</b>	<b>Amounts due from Related Party £'000</b>
NHS Stoke on Trent CCG	-	38,216	-	325
NHS North Staffordshire CCG	-	25,776	-	119
NHS England - West Midlands Specialised Commissioning Hub	-	2,328	225	-
Health Education England	40	2,208	304	753
Midlands Partnership NHS Foundation Trust	1,185	1,960	96	574
NHS England - Core	-	1,135	-	646
NHS Stafford and Surrounds CCG	-	1,074	104	353
Department of Health and Social Care	3	840	-	-
University Hospitals of North Midlands NHS Trust	2,076	680	468	60
NHS England - North Midlands Local Office	1	540	22	56
NHS South Cheshire CCG	-	212	-	56
NHS Telford and Wrekin CCG	-	142	-	9
NHS Shropshire CCG	-	112	-	35
The Royal Wolverhampton NHS Trust	-	95	4	-
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	-	75	-	-
NHS North Derbyshire CCG	-	70	-	1
NHS Eastern Cheshire CCG	-	60	13	-
NHS Hardwick CCG	-	50	-	-
NHS Vale Royal CCG	-	46	-	8
Staffordshire and Stoke on Trent Partnership NHS Trust (Demised 1 June 2018,now MPFT)	48	45	-	-
NHS Cannock Chase CCG	-	41	-	13
NHS Birmingham and Solihull CCG	-	41	-	7
University Hospitals of Derby and Burton NHS Foundation Trust	103	33	43	17
Care Quality Commission	57	6	-	-
Community Health Partnerships	12	4	9	4
NHS Resolution	322	-	4	-
NHS Midlands & Lancashire Commissioning Support Unit	296	-	-	-
West Midlands Ambulance Service University NHS Foundation Trust	113	-	-	-
Salford Royal NHS Foundation Trust	64	-	24	-

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with City of Stoke on Trent Council and Staffordshire County Council.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
City of Stoke on Trent Council	774	6,462	697	1,167
Staffordshire County Council	14	1,318	3	137

The Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Trust Board. Specifically the Trust is the corporate trustee of the North Staffordshire Combined Healthcare NHS Trust charity (registration number 1057104) and exercises control over the transactions of that charity.

However, in the context of the Trust the transactions of the Charity are deemed to be immaterial and therefore have not been consolidated within these Accounts. The Summary Financial Statements of the Funds Held on Trust are included in the Charity's Annual Report which is published under separate cover.

**Note 45 Prior period adjustments**

The trust has not made any prior period adjustments

**Note 46 Events after the reporting date**

The Trust has no non-adjusting events after the end of the reporting period to disclose.



**Note 47 Better Payment Practice code**

	<b>2018/19 Number</b>	<b>2018/19 £000</b>	<b>2017/18 Number</b>	<b>2017/18 £000</b>
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	10,935	35,113	10,933	33,211
Total non-NHS trade invoices paid within target	9,914	33,819	9,527	31,653
Percentage of non-NHS trade invoices paid within target	<b>90.7%</b>	<b>96.3%</b>	<b>87.1%</b>	<b>95.3%</b>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	625	6,449	659	7,164
Total NHS trade invoices paid within target	581	6,100	575	6,258
Percentage of NHS trade invoices paid within target	<b>93.0%</b>	<b>94.6%</b>	<b>87.3%</b>	<b>87.4%</b>
<b>Total</b>				
Total NHS trade invoices paid in the year	11,560	41,562	11,592	40,375
Total NHS trade invoices paid within target	10,495	39,919	10,102	37,911
Percentage of NHS trade invoices paid within target	<b>90.8%</b>	<b>96.0%</b>	<b>87.1%</b>	<b>93.9%</b>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 48 External financing**

The trust is given an external financing limit against which it is permitted to underspend:

	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Cash flow financing	(2,993)	(126)
Finance leases taken out in year		
Other capital receipts		
<b>External financing requirement</b>	<b>(2,993)</b>	<b>(126)</b>
External financing limit (EFL)	(1,255)	422
<b>Under / (over) spend against EFL</b>	<b>1,738</b>	<b>548</b>

**Note 49 Capital Resource Limit**

	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Gross capital expenditure	1,617	2,993
Less: Disposals	-	-
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
<b>Charge against Capital Resource Limit</b>	<b>1,617</b>	<b>2,993</b>
Capital Resource Limit	2,142	3,130
<b>Under / (over) spend against CRL</b>	<b>525</b>	<b>137</b>

**Note 50 Breakeven duty financial performance**

	<b>2018/19 £000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	3,576
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	32
IFRIC 12 breakeven adjustment	296
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b>3,904</b>

Note 51 Breakeven duty rolling assessment

	1997/98										
	to										
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		449	698	891	1,671	31	768	1,297	2,051	4,060	3,904
Breakeven duty cumulative position	1,300	1,749	2,447	3,338	5,009	5,040	5,808	7,105	9,156	13,216	17,120
Operating income		90,599	86,321	83,063	79,487	87,471	75,502	78,588	81,883	85,079	89,112
Cumulative breakeven position as a percentage of operating income	0.00%	1.93%	2.83%	4.02%	6.30%	5.76%	7.69%	9.04%	11.18%	15.53%	19.21%
In-year breakeven position as a percentage of operating income	0.00%	0.50%	0.81%	1.07%	2.10%	0.04%	1.02%	1.65%	2.50%	4.77%	4.38%

Breakeven period exceeds 0.5% of operating income

- 2010/11 to 2015/16 - The Trust achieved a surplus due to non-recurrent benefits and the IFRIC 12 adjustment. The Trust will continue to maintain a surplus over future years.
- 2016/17 - The introduction of the control total required the Trust to deliver a £900k surplus (including IFRIC 12 adjustments). The Trust over performance against this target by £47k due to non recurrent benefits. By delivering the control total the Trust received £1,104k in Sustainability and Transformation Funding. The Trust intends to continue to achieve the control total in future years.
- 2017/18 - The Trust was required to deliver a control total of £900k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £404k due to non-recurrent benefits. By delivering the control total the Trust received £2,371k in Sustainability and Transformation Funding. The Trust intends to continue to achieve the control total in future years.
- 2018/19 - The Trust was required to deliver a control total of £720k surplus (excluding IFRIC 12 adjustments). The Trust over performed against this target by £ 232k due to non-recurrent benefits. By delivering the control total the Trust received a total of £2,624k in Provider Sustainability Funding. The Trust intends to continue to achieve the control total in future years.

The Trust is committed to providing communication and foreign language support for service users and carers who may need it for any reason. This Annual Report and Accounts can be made available in different languages and formats, including Easy Read. If you would like to receive this document in a different format, please contact the Communications Team on 0300 123 1535 ext 2676 (Freephone 0800 0328 728) or write to the FREEPOST address below:-

Freepost RTCT-YEHA-UTUU  
Communications and Membership Team  
North Staffordshire Combined Healthcare NHS Trust  
Lawton House  
Bellringer Road  
Stoke-on-Trent  
ST4 8HH

# Outstanding

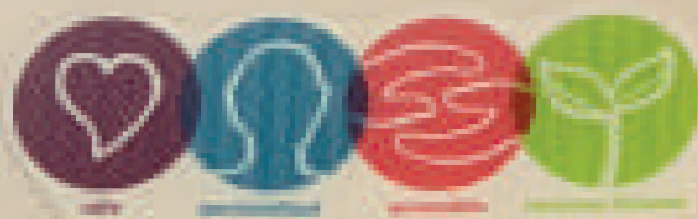
## Our quality journey continues

**NHS**

North Staffordshire  
Combined Healthcare  
NHS Trust

**Keele**  
UNIVERSITY  
TEACHING TRUST

**outstanding**  
OUR JOURNEY CONTINUES



**spar**

**Quality Account**  
**2018/19**



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# What is the Quality Account

## PART 1

### 1.1 What is the Quality Account?

Quality Accounts, which are also known as quality reports, are produced annually to provide information and assurance for service users, families, carers, the public and commissioners that the Trust regularly scrutinizes and reports on quality and shows improvements in the services we deliver. Quality Accounts look back on performance from the previous year explaining what the Trust has done well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement as a result of consultation with patients and the public. We hope that you find our Quality Account, which covers the financial year 2018/19 – 1st April 2018 to 31st March 2019 helpful in informing you about our work to date and our priorities to improve services over the coming year. We also look forward to your feedback, which will assist us in improving the content and format of future Quality Accounts. This can be given through the Trust's website [www.combined.nhs.uk](http://www.combined.nhs.uk).



Feedback on this Quality Account can be given through the Trust's website [www.combined.nhs.uk](http://www.combined.nhs.uk) or by email to [qualityaccount@combined.nhs.uk](mailto:qualityaccount@combined.nhs.uk).

## 1.2 Our Commitment to Quality – Overview from our Chairman and Chief Executive

We are pleased to introduce this year's Quality Account, to look back with pride on another year of officially 'Outstanding' success and achievement, to look forward with excitement to the developments we are leading within the Trust, and to celebrate our crucial partnerships with health and social care colleagues across Staffordshire and Stoke-on-Trent.

In March 2019, we were delighted and extremely proud to announce that the Care Quality Commission had awarded the Trust an overall "Outstanding" rating – the highest overall rating they can award. The news means that Combined Healthcare is 1 of only 2 specialist mental health Trusts in England with an overall 'Outstanding' rating.

The CQC rated the Trust as Outstanding in Caring and Responsive domains. It was rated Good in Safe, Effective and Well-led domains.

Everyone who is employed by or in partnership with Combined Healthcare works tirelessly to provide the best possible care. Everyone should be really proud of the CQC report which recognizes the really excellent compassionate and responsive way we support service users and carers day-in and day-out.

To achieve this Outstanding rating is rare and is a real testament to our excellent staff who aspire to deliver true person-centered care in partnership with service users and carers. Our ambition is to continue to strengthen integration alongside our partners.

Amongst the comments by CQC about the Trust in its Inspection Report are the following:

- "Staff treated patients with compassion and kindness"
- "They respected patients' privacy and dignity and supported their individual needs"
- "Staff involved patients and those close to them in decisions about their care, treatment and changes to their service"
- "The Trust listened and acted on the feedback from patients their families and carers"
- "Risk assessments were completed and updated regularly"
- "Staff knew how to keep patients safe and reported incidents"
- "There was a good response to any sudden deterioration whereby patients could just walk into any location or call the duty person"
- "The Trust was actively engaged in leading, influencing and shaping local sustainability and transformation plans"
- "The Trust included and communicated effectively with patients, staff, the public and local stakeholders"

## Our key achievements:

This report sets out some of our key achievements in improving the quality of our services. These include:

- ✓ The best performing Trust in England for Improving Access to Psychological Therapies (IAPT) and recovery rates
  - ✓ Our dementia diagnosis rates for over-65s are the highest in the West Midlands
  - ✓ Awarded Trailblazer status within Children and Young People's services, fantastic opportunity to identify and support emerging emotional concerns for children and young people
  - ✓ Average length of stay for learning disability admissions cut by 60%
  - ✓ 20 consecutive years of financial balance against a programme of quality improvement
  - ✓ As a University of Keele Teaching Hospital we have worked in partnership to strengthen the future workforce by supporting the highest conversion rates to psychiatry training of any medical school in England
  - ✓ By supporting staff health and well-being we have ensured safe staffing and have the lowest sickness rates of any Mental Health Trust in the West Midlands.
- ✓ HSJ finalist for Improving Value in the Care of Older Patients Award for the Rapid Falls Improvement project
  - ✓ Shortlisted for Public Sector Team of the Year by the Partnerships Awards
  - ✓ To promote a diverse and inclusive culture for service users and staff we have launched the Inclusion Council to drive our inclusion, diversity and equalities agenda, particularly focusing on taking forward BAME inclusion projects.

Improvement achievements have been acknowledged through a number of awards throughout the past 12 months, these include:

- ✓ Awarded the accolade "NHS Provider of the Year" by Leading Healthcare 2019
- ✓ HSJ finalist for Diabetes Initiative of the Year for the Healthy Minds Integrated Long Term Condition Service
- ✓ HSJ finalist for Emergency, Urgent and Trauma Care Efficiency Initiative of the Year for the All Age Mental Health Liaison Service



## Our key priorities

During 2018 we set out our plans to continue our journey of improvement towards outstanding by moving to more integrated services, based on locality, working across North Staffordshire and Stoke on Trent. We play a key part in the North Staffordshire and Stoke on Trent Alliance – bringing together health and care providers including mental health, primary care, community services, acute services, social care and the voluntary sector.

We are proud to play a leading role in the Together We're Better Sustainability and Transformation Partnership.

Our clinical services will deliver evidence based models of care that meet the needs of our service users and improve their experience of care. We will achieve this by continually engaging with our service users and carers through a variety of forums, both formal and informal.

Importantly, our Open Space Event in January 2019 brought together over 90 of our service users and carers to influence and shape how we prioritize the specific approaches we take under our core quality SPAR priorities.

In partnership with the Service User and Carer Council we also explored how we can increase opportunities for service users and carers to get involved with the Trust, building on the excellent work undertaken so far.

Finally, we are pleased that the Board of Directors has reviewed this 2018/19 Quality Account and confirm that this is an accurate and fair reflection of our performance. We hope that this Quality Account provides you with a clear picture of how important quality improvement, safety and service user and carer experience is to us at North Staffordshire Combined Healthcare NHS Trust. We hope you enjoy reading our Quality Account 2018/2019



**Peter Axon,**  
**Chief Executive**

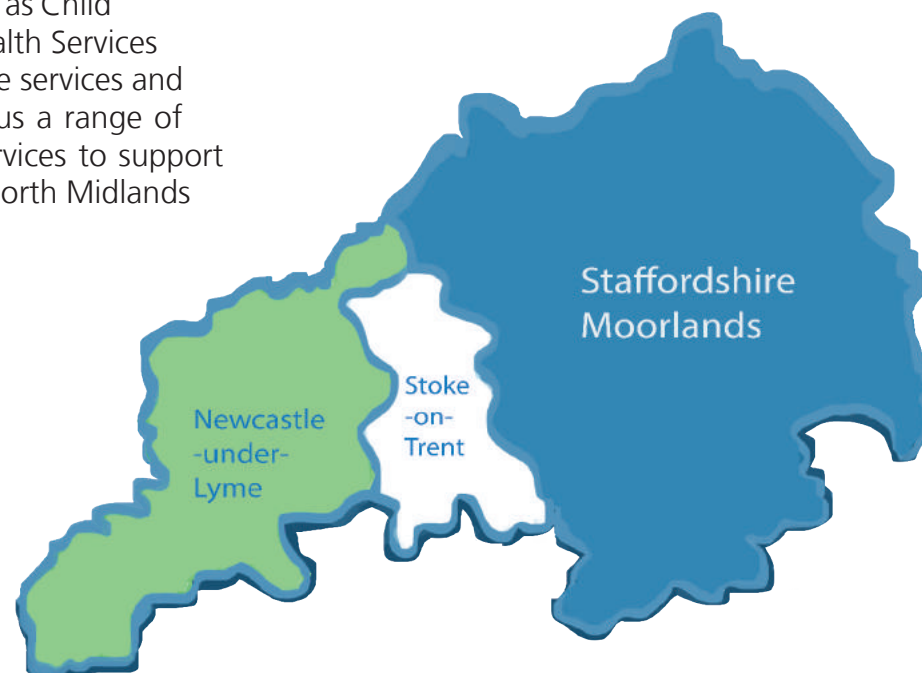


**David Rogers,**  
**Chairman**

# Welcome to our Trust

## 1.3 Introduction to North Staffordshire Combined Healthcare NHS Trust

- North Staffordshire Combined Health Care NHS Trust was established in 1994 and provides mental health and learning disability care to people predominantly living in the city of Stoke-on-Trent and in North Staffordshire. We employ approximately 1,306 staff who work from both hospital and community based premises, operating from over 30 sites. Our main site is Harplands Hospital, which opened in 2001 and provides the setting for most of our inpatient units.
- Our team of staff is committed in providing high standards of quality and safe services. We service a population of approximately 464,000 people from a variety of diverse communities across Northern Staffordshire. We provide services to people of all ages with a wide range of mental health and learning disability needs.
- Sometimes our service users need to spend time in hospital, but more often, we are able to provide care in outpatients, community resource settings and in people's own homes. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), substance misuse services and psychological therapies, plus a range of clinical and non-clinical services to support the University Hospital of North Midlands NHS Trust (UHNM).
- For 2018/19, our main commissioners remained the two Clinical Commissioning Groups (CCGs); North Staffordshire (33%) and Stoke-on-Trent CCG (49%). We also work very closely with the local authorities in these areas in addition to our other NHS partners.
- We have close partnerships with agencies that support people with mental health and learning disability problems, such as Approach, ASIST, Brighter Futures, Changes, EngAGE, North Staffordshire Huntington's Disease Association, Mind, North Staffs Carers Association, Reach and the Beth Johnson Association.
- The Trust Board, comprising the Chairman and five Non-Executive Directors, the Chief Executive and six Executive Directors, leads our organization. A General Practitioner, Staff Side Representative and the chair of our Service User and Carer Council supplement the Board.
- Further information regarding our purpose, vision and values is contained in the Trust's Annual Report, which provides an overarching summary of the Trust's services and can be found on our website at [www.combined.nhs.uk](http://www.combined.nhs.uk).



1.4 Services Covered by this Quality Account

This Quality Account covers four Mental Health and Learning Disability Directorates and one Primary Care Directorate provided by the Trust. During the year we transitioned to our new locality structure which was developed in partnership with staff. We will continue our journey of further integration of services based on locality working across North Staffordshire and Stoke on Trent.

During the period from 1 April 2018 to 31 March 2019, the Trust provided or sub-contracted eight relevant health services; the Trust sub-contracts out to two non-NHS bodies in respect of improving access to psychological therapies (IAPT). The services we provide are shown below under our operational structure.

Outstanding  
Our journey continues...

Our Operational Structure



## 1.5 Our Vision and Quality Priorities

Our overarching vision and quality priorities have not altered in 2018/19. Our core purpose is to improve the mental health and wellbeing of our local communities. Our strategy is to deliver an evidence-based model of care, which is appropriate to our service user needs and focuses on wellbeing and ongoing recovery. We aim to be recognized as a centre of excellence, bringing innovative solutions to the services we deliver and embedding a culture of continuous learning across our organisation. This is reflected in our vision, values and objectives, as well as our focus on quality and safety.

### Our Vision:

**“To be outstanding in all we do and how we do it”**

### Our Quality Priorities:

Our Quality Priorities were developed with service users, carers and staff and form the framework for our annual improvement programme. The four key quality priorities are ‘SPAR’:

- Our services will be consistently **Safe**
- Our care will be **Personalised** to the individual needs of our service users
- Our processes and structures will guarantee **Access** for service users and their carers
- Our focus will be on the **Recovery** needs of those with mental illness

Our vision and quality priorities are underpinned by our values and delivered through our 7 strategic objectives.



### Our Values:

Our values were developed by our staff, service users, carers and partners and are well-embedded across the Trust. They are:

Proud to CARE – **Compassionate**, **Approachable**, **Responsible** and **Excellent**.



### Our strategic objectives:

1. Enhance service user and carer involvement
2. Provide the highest quality services
3. Create a learning culture to continually improve
4. Encourage, inspire and implement research and innovation at all levels
5. Attract and inspire the best people to work here
6. Maximise and use our resources intelligently and efficiently
7. Continually improve our partnership working



## 1.6 Quality of Services 2018/ 19 Key Achievements

Our Quality Strategy is underpinned by our Quality Priorities and produced in collaboration with service users, carers and staff to ensure that it reflects the needs of the local population across North Staffordshire and Stoke on Trent. Improvements during 2018/19 are summarised below:

Under Quality Priority 1 'Safe' we have:

### ✓ Worked towards our Zero Suicide ambition by

- Participating in the county wide Stoke-on-Trent and Staffordshire Suicide Prevention Group, working with partners to reduce death by suicide
- Hosting a multi-agency Suicide Prevention Conference in November 2018
- Continuing to invest in the environment to reduce ligature risks.

### ✓ Focused on improving physical health by

- Strengthening physical health monitoring for service users through embedding the National Early Warning Score (NEWS) for inpatient services and the Lester Tool for community services
- Continuing on our journey Towards Smoke-free
- Increasing compliance with Infection Prevention and Control (IPC) audits from 85% to 90%.
- Achieving 76% uptake of Flu vaccination for patient facing staff.

### ✓ Provided a safe environment by

- Improving our rating for safe services from requires improvement to good across Adult Community Services and Wards for Older People
- Further refining the Falls Reduction Quality Improvement Project to reduce falls on older people's wards.
- Implementing a standardized approach to safety and quality improvement through the Community Safety Matrix.
- Maintaining safer staffing in line with the National Quality Board (NQB).
- Achieving 99.47% compliance with the Patient Led Assessment Environment (PLACE) which audits environments and cleanliness, remaining in the top performing quartile of Trusts nationally.
- Improving medicines management following the introduction of an electronic system for the daily monitoring of fridge temperatures.
- Improving compliance with Mental Health Law following the introduction of the Inpatient Safety Matrix and provision of additional bespoke training for staff. Developed and implemented best practice cyber security.

### ✓ Acknowledged the importance of clinical leadership in maintaining safe wards by

- Developing SPAR wards accreditation framework to enhance the quality of care on in-patient wards.

#### Under Quality Priority 2 'Personalised' we have:

- ✓ Strengthened person centredness by
  - Co-producing a Person Centredness Framework with service users, carers and staff.
  - Continuing to implement the Restraint Reduction Strategy, focusing on service user experience and person centred care.
  - Expanding the NHS Improvement Therapeutic Observation and AQUA Trauma Informed Care Quality Improvement projects across all acute wards.
- ✓ Encouraged involvement by
  - Collaborating with the Service User and Carer Council (SUCC) and using service user feedback (eg friends and family test) themes to influence the Trust's Quality Improvement agenda.
  - Increasing the number of service users being offered the opportunity to participate in research studies through adoption of a consent to research initiative.
  - Hosting an Open Space Event in January 2019, in partnership with the Service User and Carer Council to enable service users and carers to influence and agree our quality priorities for 2019/20.



#### Under Quality Priority 3 'Accessible' we have:

- ✓ Improved access to services by
  - Commencing development of electronic self-referral functionality for patient and carers to the CAMHS hub.
  - Strengthening our Diversity and Inclusion strategy as acknowledged by the CQC.
  - Opening a Psychiatric Intensive Care Unit (PICU) to reduce the need for service users to be cared for 'out of area'.
  - Working with health and social care commissioners to reduce delays in transfers of care.
- ✓ Worked towards improving access to records by
  - Progressing the PatientAide protocol which will enable service users to control access to their own
  - Electronic patient record (year 1 of 3)

#### Under Quality Priority 4 'Recovery Focused' we have:

- ✓ Promoted recovery by
  - Launching a virtual and physical wellbeing academy providing people with education and learning experiences as a means of supporting personal and social recovery.
  - Appointing 10 volunteer peer mentors and 5 peer support workers; supporting their knowledge and skills development through a bespoke 10 week education programme.

## 1.6.1 Key achievement in detail by Directorate

### Stoke Community

The Directorate has successfully re-organised to provide a place based model of care from October 2018. This supports the delivery of Adult, Children's and Older People's services across the City of Stoke on Trent split geographically into North and South Stoke operational patches.

The Directorate recognises the potential challenges around ensuring robust clinical pathways are supported within the new structure and is committed to working collaboratively with clinical leads and teams to ensure that specialist areas of practice are maintained and strengthened.

In recent months the Directorate has worked hard to develop strong and effective relationships with partner organisations. Specifically there has been a refocus upon the section 75 arrangements with the City Council and a commitment to strengthen the role of social work within the Trust.

The Directorate has positive links with numerous third Sector organisations and has recently worked in partnership with the Financial Inclusion Group to deliver an enhanced offer to service users in the City in relation to debt, benefits and housing advice. This is particularly pertinent to the Stoke Locality due to high levels of deprivation and has culminated in a pilot through which a financial capability advisor (provided by the Citizen's Advice Bureau) will be working with the adult CMHT's over the next 6 months.

The Stoke Community Directorate holds the Trust lead role in relation to Older People's services and is proud to continue to have excellent diagnosis rates across North Staffordshire.

As of February 2019, the rate for people aged over 65 living in Stoke on Trent was 85.2% while in North Staffordshire it was 73.2%. This is against a national average of 66.7%. Much of this was achieved because of the excellent team working within their memory services. These services provide assessment, diagnosis and treatment for people with a number of conditions, including dementia. They also have a team that works closely with GPs to treat people living with dementia closer to home and a further team that supports people at high risk of developing the condition.

The Directorate recognises the role that it plays in terms of the broader health system requirements and works closely with The Royal Stoke University Hospital to support the needs of older people through its Outreach Service. This enables rapid access to step down services from the Acute Trust and places a focus upon community rather than bed based support options.

In relation to CAMHS services within the City, a number of exciting developments are underway to improve the experience of young people in the area. Trailblazer funding has been secured to develop services into local schools, reduce waiting times for treatment to 4 weeks and the development of a digital front door.

There is a further commitment to develop Improving Access to Psychological Therapies (IAPT) services for younger people and strengthen the pathway and processes to support a smoother transition into adult services.

There are a number of generic priority areas for taking the Directorate forward over the coming months. These include strengthening clinical pathways, developing relationships within partner organisations, and improving the integration of physical and mental health.

The overall aim of the Directorate is to ensure that residents of Stoke on Trent, regardless of age, have an accessible and recovery focused service that is responsive to their needs.

### North Staffs Community

Similarly, the overall aim of the North Staffs Community Directorate is to ensure that the residents of North Staffordshire, regardless of age, have an accessible and recovery focused service that is responsive to their needs. The Directorate is proud to be part of a CQC rated Outstanding organisation, this has been achieved due to the passion, commitment and tremendous hard work by all of their staff.

The Directorate has successfully taken the lead for the pan Staffordshire expansion of the liaison and diversion service, assuring parity of care delivery across Staffordshire. They are also leading on the award of the trailblazer pilot with their Children's and Young Person's services, mobilizing teams and aligning them to designated schools to delivery early interventions to young people to support emotional well-being at an early age. This is underpinned by robust partnership working with the clinical commissioning group, local authority and local schools.

The IAPT team continues to over perform in the recovery rates for people presenting with common mental health issues. The Directorate has also been successful in receiving funding and support from the national digital programme to develop a digital front door and web based services for Children and Young People.

### Specialist Services

Setting up this brand new Directorate in October 2018 has been a significant achievement in itself. Their overarching purpose is to grow and diversify services within the Trust and it is against this yardstick they have judged the new arrangements to have been a success.

The contract for Stoke Community and Drug Alcohol Services was won just as the Directorate was being formed. The new service commenced officially on the 1 January 2019 and they have overseen the arrangements being put in place as lead provider supported by Addaction, a national 3<sup>rd</sup> sector provider and BAC O'Connor a local provider. The Trust also supported this partnership to apply for a national scheme offering Capital investment to improve services. The successful bid will see £400k in funding coming to Stoke on Trent to ensure there are excellent facilities for people with Alcohol issues to access local services.

Stoke Heath Prison Healthcare is another new contract that was won in the early days of the Directorate forming. The Trust retained the Clinical Substance Misuse element of healthcare at the Prison but played a lead role in forming a new integrated Healthcare team with Shropshire Community Trust leading on primary care, the new service commenced on the 1 April 2019.

Within this new service the Trust will also provide the Specialist Mental Health Services. Significantly the Mental Health Services have received a 50% increase in funding as a result of the bid for the contract. Consequently, they will have a 7 day mental health service and will be introducing new interventions for Psychological Therapies and Learning Disabilities.

Learning Disability Services have secured additional funding from commissioners to increase the level of support provided for people returning to the local area who have been sent outside Staffordshire and Stoke on Trent for their care. New funding has also been agreed to continue with a post in the service that specialises in helping people who have a LD but have also been involved with Criminal Justice Services.

Darwin Tier 4 CAMHS has been working closely with NHS England and a group of other NHS and Independent sector providers to develop a case for using the funding NHS England invest in beds around the country, being invested instead more in local services to prevent the need for hospital admission. They have positioned themselves to lead on developing the business argument for change within the partnership and will be seeking funding from NHS England to support this work. Neuropsychiatry Services were helped to conclude an in-depth review of their service that had been commissioned prior to the Directorate formation. The review has indicated the need to strengthen regional, if not the national, presence of their Neuropsychiatry Service, whilst at the same time modernising service element to better meet local needs and at the same time position themselves for future developments in this area.

Psychology Services hold numerous contracts with UHNM, Midlands Partnership Foundation Trust, Probation and Clinical Commissioning Groups to provide highly specialist psychology services for people outside Mental Health Services. These range from Cancer to Bariatrics, Probation and Paediatrics. They have secured all of these contracts again and have been discussing expanding into more areas with their Partners.

Adult Mental Health Rehabilitation and Resettlement Service have commenced a review of how it works internally across the community, supported housing and inpatient services. The outcomes are not yet concluded but are pointing these services to develop more forward housing solutions with support rather than housing people in wards. The repatriation team that sits within the Resettlement element of service continue to deliver around £2m in savings each year to the local health economy through better management and return of people with complex needs who have been sent outside the NHS for specialist care.

### Acute and Urgent Care

Mental Health Crisis Service and Health Based Place of Safety are proud to have achieved an Outstanding rating for their Mental Health Crisis Service and health based places of safety following the CQC most recent visit. Planning commenced in 2018 to develop a 24 hour, 365 day all age Crisis Care Centre with a planned opening during Autumn 2019.

Through a programme of training and development, the Mental Health Liaison Service implemented a Children and Young Person Liaison and Assessment Service, a model that the Directorate will build on in the development of the Trust's Access Services continuing their close collaboration with the Children and Young People's Hub Specialist Team.



The High Volume Users team has been instrumental in successfully reducing the number of visits to Emergency Departments and are pleased to receive positive feedback from partnership agencies reflecting the highly responsive service delivered.

Inpatient Wards for Older People with Mental Health Problems has maintained its focus on reducing restrictive practices with significant reductions in the number of physical restraints used on the wards for older adults with mental health problems. They also highlight the successful Quality Improvement Falls Reduction initiative resulting in greater recognition of falls causation with resultant environmental improvements across their wards. They are pleased to be a shortlisted finalist in the Health Service Journal Value Award (HSJ) Improving Value in the Care of the Older Patients Award category. The service is proud to see the staff on Ward 4 developing positive initiatives around the involvement of families in the care of their relatives with family members now volunteering on the wards to support others and recognised as “outstanding” practice in the CQC inspection report.

Inpatient Wards for Working Age Adults welcome the opening of 4 operational beds in the state-of-the-art Psychiatric Intensive Care Unit (PICU) in October 2018 following a successful recruitment campaign. They report an immediate impact for the local community in the significant reduction of out of area admissions to specialist PICU facilities at the time of greatest need ensuring that the care is delivered close to home. They continue their assertive recruitment drive to ensure optimum staffing experience to open the remaining 2 PICU beds during the Summer 2019.

The Directorate has achieved an overall reduction in bed occupancy and length of stay across the adult inpatient wards embedding the principles and practice of the Acute Care Model working closely with carers, families and community services. They are also pleased to report commencement of a capital funded reduced ligature work programme to improve the safety of inpatient environments.



# 1.7 What the Care Quality Commission said about the Trust

In March 2019 the CQC published their findings from their unannounced and well led inspections which took place within the Trust throughout January 2019. We are delighted to have received a rating of Outstanding from the CQC.

- The Trust is fully compliant with the registration requirements of the Care Quality Commission.
- The Trust is now one of two specialist Mental Health Trusts to be classed as Outstanding in England.
- Our Crisis services have made a significant improvement with an overall rating of Outstanding.
- We are pleased to have 3 of our 11 core services rated with an overall outstanding rating and proud that the CQC have attributed the Outstanding rating to the Caring and Responsive nature of our staff and services.
- It is particularly reassuring to note the Adult Community Services and Wards for Older People have improved their rating for Safe services from Requires Improvement to Good.  
Deputy Chief Inspector for hospitals, and lead for mental health, Paul Lelliott said:  
“The Board and staff at North Staffordshire Combined Healthcare NHS Trust can be proud of many of the services that it manages, the improvements it has made and its new Outstanding rating”.

Paul Lelliott went on to report:

“We found a number of areas of outstanding practice at the Trust that were making a real difference to people’s lives. Staff treated patients with compassion and kindness, respected their privacy and dignity, and supported their individual needs.

There was good leadership across the Trust and managers had the right skills to undertake their roles, while the Board had good understanding of performance.

On our return we found the requirement notices we set out in our previous report had been met and medicines safety had improved on the wards for older adults and the community teams. Community teams now inspect emergency equipment as a matter of routine.

Patients and those close to them were involved in decisions about their care, treatment and changes to the service and staff knew how to keep patients safe. They reported incidents, including abuse, and learned from incidents”.

## Summary Rating Table:

### Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding ☆
Responsive?	Outstanding ☆
Well led?	Good

“Overall the Trust is to be congratulated for all its work to provide an outstanding service to its patients”

Detailed Rating Table:

Ratings for mental health services

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018
Child and adolescent mental health wards	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Wards for older people with mental health problems	Good ↑	Requires improvement ↓	Good ↔	Good ↔	Requires improvement ↓	Requires improvement ↓
Wards for people with a learning disability or autism	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good ↔ Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for adults of working age	Good ↑	Good ↔	Good ↔	Good ↔	Good ↔	Good ↔
Mental health crisis services and health-based places of safety	Good ↔	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑
Specialist community mental health services for children and young people	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community-based mental health services for older people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community mental health services for people with a learning disability or autism	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Substance misuse services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Overall	Good ↑	Good ↔	Outstanding ↑	Outstanding ↑	Good ↔	Outstanding ↑

<b>Combined Healthcare CQC Service Ratings</b>		
	<b>2015</b>	<b>2019</b>
Adult Inpatient	Requires Improvement	Good
CAMHS Community	Inadequate	
CAMHS Wards	Requires Improvement	
Adult Community	Requires Improvement	
Crisis	Inadequate	Outstanding
Community LD	Good	Good
LD Inpatient	Good	Good
Rehab	Requires Improvement	Outstanding
OP Community	Good	Outstanding
OP Inpatient	Good	Requires Improvement
Substance Misuse	Requires Improvement	Good
<b>Overall</b>	Requires Improvement	Outstanding



## 1.8 Building Capacity and Capability

During the year, our Board membership has been refreshed and further enhanced with the appointment of a new Director of Workforce, OD, Inclusion and Communications, Director of Operations, Director of Finance, Director of Partnerships & Strategy and two Non-Executive Directors. A GP Associate Board member continues to give strength and support to the Board from a primary care perspective. The Chair of the Service User and Carer Council continues to be a full member of the Board influencing decisions made and ensuring they are service user focused.

The Board has a wide range of experience and skills to provide effective leadership. As part of our Board Development Programme we have undertaken a Board skills assessment. Our continuous cycle of board development acts as an opportunity for ongoing organisational development and quality improvement. A core component of the development programme is to ensure that all board members have a focus of continual improvement in order to deliver the highest quality, safe services for our community, within resources available. During 2018/19, the Trust built on its approach to Board Development; participating in the Advancing Quality Alliance programme (AquaA) and linking this through to leadership and quality improvement across the wider Trust through the Leadership Academy.



## 1.9 Our Workforce

We employ 1,306 (WTE) substantive staff, with the majority providing professional healthcare directly to our service users. We also have an active staff bank which supports our substantive workforce. We have continued to strengthen our Temporary Staffing function to allow greater provision and flexibility which is more adaptive to service needs and removes wherever possible the need for agency provision. This has resulted in our use of agency staff to fulfill 'core' operations as remaining one of the lowest rates of any NHS Trust in the country.

We recognise that our outstanding workforce are our greatest asset and continue to develop our staff and the culture within which they work, to enhance our service user's experience, improve performance and increase staff engagement and morale.

**Outstanding Engagement:** We have been on a journey of staff engagement for 5 years, starting with the introduction of Listening into Action (LiA) which was a Trust wide approach to engagement, creating fantastic demonstrable results. LiA was really successful at creating change through the engagement and involvement of staff, service users and carers and helping to influence staff engagement culture at an organisational level. This saw the Trust improve its staff survey engagement scores from being one of the lowest scoring Mental Health Trusts.

By developing both organisational and team engagement cultures through LiA and the introduction of Towards Outstanding Engagement, we are now priming the organisation for the next stage in our journey, which will see the development and introduction of a Trust approach to service improvement, improving team engagement and resulting in better performing teams, ultimately improving the quality of care we provide to our service users.

**Health and Wellbeing:** Fostering a positive culture that supports the health and wellbeing of our workforce is of great importance. Significant progress has been made this year by focusing on a variety of Health and Wellbeing initiatives for our staff including the initiation of a Health and Wellbeing Steering Group which has led a number of initiatives including healthy eating education, our winter flu fighter campaign, the continuation of a Physio fast track service and Pilates sessions which all staff are invited to attend. Our Wellbeing Wednesday and Feel Good Friday initiative has continued to be a great success. We have also offered additional support sessions for staff including Mindfulness and Bereavement & Loss. Our Wellbeing Academy is accessible by our service users and staff.

In December 2018 the Trust held its second Critical Incident Stress Management (CISM) Annual Conference which was sponsored by the RCN and provided an excellent opportunity to share good practice and to network with other colleagues from other organisations.

Schwartz Rounds commenced in April 2018 and are a confidential monthly meeting where staff from different professions and backgrounds come together to discuss the non-clinical aspects of their work. Centred on a particular case or theme, each round meeting starts with a panel of presenters talking briefly about their own experiences.

**Leading with Compassion:** This scheme enables staff, patients and carers to recognise someone who they believe has demonstrated leading with compassion. We have created an NHS compassion website [www.nhscompassion.org](http://www.nhscompassion.org) incorporating a video which gives an overview of the scheme and some of the evidence behind why it is important. Staff and patients have nominated staff across all clinical and non-clinical areas resulting in 1199 nominations from across the Trust.

**Diversity & Inclusion:** 2018-19 has been another extremely important year for the Trust in terms of advancing equality, diversity and inclusion within the organisation and beyond. A key area of focus for us throughout this 12 month period had been on BAME inclusion; however we have also worked to progress inclusion for other equality groups, including LGBT and people with disability. Our work goes on as we continue our journey towards Outstanding Inclusion across the Trust. There is now a very well-established evidence based suggestion that organisations that put inclusion at the heart of their activities are more successful in a wide range of outcome measures, including service user and staff satisfaction and financial performance.



**Leadership and Management Development:** We have continued to work with our leaders through our Leadership Academy with the programme of events focussing on key strategic topics that are aligned to our Board Development Programme.

We have commissioned a cohort of accredited coaches to be a resource for the Trust. This cohort will complete during 2019–20 and will result in a register of internal coaches to support leadership and development activity. Work commenced with AQuA (Advancing Quality Alliance) to deliver an In-Place leadership programme to support the move to locality working for all senior leaders in the organisation. The programme will be delivered over 2 cohorts of approximately 25 delegates in each, attending 6 taught sessions and 6 Action Learning sets over a 14 month period. A co-design event was held in February 2019 to introduce and launch the programme.

**Recruitment and Retention:** Recruitment and retention continues to be a major priority for the Trust. Along with many NHS Trusts due to a national workforce shortage, Nursing and Medical recruitment remains an ongoing challenge. A number of strategies have been adopted to support attracting potential candidates including Apprenticeships, Return to Practice schemes, the development of new roles, enhanced social media campaigns and collaborative recruitment campaigns

**Learning Management:** We launched our new Learning Management System (LMS) in 2017 and upgraded our system in 2018 to enable every staff member to be able to access both what they need for their role and extra learning opportunities. Every staff member has their own account which enables our staff to easily access and complete e learning and to book onto classes. As a consequence we have seen month on month improvements in mandatory education and staff accessing e-learning development opportunities.

**Apprenticeships and New Roles:** Implementation of apprentice qualifications has helped to develop new roles and pathways to enable staff to progress within their career. Examples include the development of Assistant Practitioner and Nursing Associate roles. We are also exploring the implementation of new apprenticeship routes into registered posts including physiotherapy, occupational therapy, social work and nursing. Wherever possible we work with partner organisations to maximise the learning experience for apprentices and enhance understanding and networking across the health economy.

**Staff Awards:** We acknowledge and reward staff through our annual Recognising Excellence and Achievement in Combined Healthcare (REACH) Awards and 'spotlight' the efforts of an individual and a team at our public Trust Board meetings and an annual event in July.

**Listening to Staff, including Freedom to Speak Up:** Our CEO's blog is read widely and strengthens openness and honesty as part of our drive for authentic leadership. We have well-established means of listening and responding to staff, including the appointment of our Freedom to Speak up Guardian, and the Dear Caroline initiative (Dear Peter from April 2019) which provides all staff with access to our Chief Executive to anonymously raise any issues, concerns, service suggestions and compliments.

To coincide with the 2018 Freedom to Speak up month, we launched our Freedom to Speak up Champions Initiative. Working with the Freedom to Speak up Guardian, the additional Champions have promoted a positive culture to ensure staff feel comfortable and supported to speak up about things that may concern them and in the strictest confidence. By having Champions across the Trust's localities and diverse staff and professional groups, the aim is to give staff a wide choice of who they may be most comfortable in speaking up to.

During 2019 the plan is to spread the Freedom to Speak up message further. The aim is to ensure Champions become more visible across the Trust and that there is a variety of outlets for raising concerns over quality of care, patient safety or bullying and harassment within the Trust. Freedom to Speak up will be included on every Team and Directorate agenda to ensure that all staff have the opportunity to raise their concerns directly with their line managers.

**Staff Survey:** The National NHS Staff Survey provides us with an annual opportunity both to monitor changes in what it feels like to work for the Trust over time. Our Trust is benchmarked against 23 Mental Health and Learning Disability Trusts in England.

Research shows that Trusts with stronger staff recommendation scores are also found to have stronger outcomes in terms of quality of patient care and experience.

**The results from the 2018 NHS Staff Survey benchmarked the Trust as the Best Performing Mental Health and LD Trust.**

Our response rate was 58% - a 6% increase on last year and (a huge) 4% higher than the average rate in our benchmark group of 23 other mental health and LD Trusts in England.

This year the NHS staff survey has been presented differently and aggregated into 10 themes: One of the 10 is "Safer environment – bullying and harassment".

We scored the highest nationally for all Mental Health Trusts.

We scored **above average** for another 6 out of the 10 themes

- Equality, Diversity and Inclusion
- Health and Wellbeing
- Safety Culture
- Morale
- Quality of Care
- Immediate Managers

And **average** for 3 themes:

- Quality of Appraisals
- Staff engagement
- Safe environment from violence
- Teams have action plans to respond to themes and trends arising from the survey

# Theme results





## PART 2

### Priorities for improvement (looking forward) and statements of assurance from the Board

#### 2.1 Engaging partners and stakeholders

Looking forward, we continue to be committed to providing high quality care for our service users and carers. We feel this is only achievable by maintaining our partnership with service users and carers across the communities we serve. Our clinical services will deliver evidence-based models of care and will reflect the needs of service users and their lived experience. We will achieve this by having an on-going conversation with our service users and carers and by strengthening our approach to co-production.

Following the January 2019 CQC inspection we have continued to review areas for improvement through the on-going development of comprehensive action plans and will work in partnership with the CQC, service users, carers and other key stakeholders to implement and sustain improvements. As such we have included partners in the development and publication of this Quality Account.

#### 2.2 Quality planning, governance and quality improvement

Our Quality Strategy is underpinned by our Quality Improvement Programme recognising that strong clinical leadership and engagement is essential in successfully delivering the strategy and achieving the desired changes in our quality and safety culture. Our Workforce Strategy supports this through initiatives such as staff engagement, clinical supervision, staffing and recruitment thus ensuring staff are supported and engaged to deliver high quality care.

We have strengthened our approach to Quality Improvement (QI) and during 2018 were a pilot site for the new NHS Improvement board development programme for quality improvement. Furthermore training and project support in relation to QI have been delivered at a variety of levels within the trust and this will continue during 2019-20. As part of the restructure of our directorates we have strengthened QI by introducing Quality Improvement Leads in each Directorate who will lead QI projects.

We can demonstrate evidence that the assessment of risk helps to drive and shape our approach to quality governance by using reporting and trend analysis through identification of risks from Team to Boards.

Underpinning our approach to QI is the Board Assurance Framework (BAF). This identifies key strategic objectives against the strategic risks, the control measures in place and the required assurances. The BAF aligns the strategic objectives and risks to our SPAR quality priorities for which each has an Executive Lead and is overseen by a nominated sub-committee of the Board.

Our approach to Quality has been supported through the monthly Senior Leadership Team meeting (comprising the Executive Team and Clinical Directors) with a QI focus to the agenda. The monthly performance agenda based on quality, workforce, clinical effectiveness and finance with associated Key Performance Indicators ensures a focused approach to continuous improvement.

Quality improvement is monitored through a number of methods overseen by the Quality Committee including:

- Delivery against our CQC Improvement Plans
- Performance Review and Quality Dashboard
- Listening into Action: Improving staff engagement and improving services
- The BAF containing a description of our quality goals
- Learning Lessons: Learning, sharing and taking action to provide safe and effective services through monthly publications and interactive learning events
- CQUIN initiatives: Identifying clear priorities on which to base the annual initiatives, national priorities
- A programme of quality assurance / improvement visits including:
  - External announced visits led by the CCG and Healthwatch
  - Internal unannounced assurance visits led by the Executive, representative from service user and carer council and Non-Executive Directors.
- Monthly Director question and answer sessions
- The Commissioner led, Clinical Quality Review Meeting (CQRM)
- This Annual Trust Quality Account
- CQC Well-Led inspections

We have further developed our capacity and capability to implement quality improvement and change through a review of services to ensure that we have the right resources in the right place at the right time to meet the needs of service users and carers. We did this by;

- Changing our directorate structure from specialities to localities to ensure that people receive services that are seamless and close to home
- Reviewing safer staffing across 24 hour services in line with National Quality Board standards
- Implementing the SafeCare module within e-Rostering to enable real time visibility of Trust wide in-patient staffing requirements
- Enabling a range of teams to undertake QI projects through training and project support from NHSI and AQuA.

We will continue to develop and refine methods to demonstrate and evidence the impact of the investment in QI by use of national benchmarking data including:

- National NHS Benchmarking Data Annual Report Measures
- National Reporting and Learning System (NRLS) six monthly organisational report
- Friends and Family Test data
- NHS Choices
- Patient Led Care Assessments (PLACE)
- Mortality Surveillance
- National Safer Staffing requirements.

Learning from the Gosport Review (June, 2018) we have taken steps to review levels of assurance against the key areas of concern highlighted, in order to ensure that such events would be highly unlikely to occur within this organisation.

The following assurance processes are embedded:

- Incident reporting is robust with weekly incident monitoring and reporting via teams, through to directorates and executive committees.
- Complaints reporting and procedures; reporting through Trust reporting structures
- Freedom to speak up and Dear Caroline; reporting through Trust reporting structures
- Serious incident monitoring and Mortality review groups; reporting through Trust reporting structures
- Medicine Organisational Governance (MOG); reporting through Trust reporting structures.'

A fully developed action plan was approved and is being monitored through our Senior Leadership Team in March 2011



## 2.3 Summary of Quality Improvement Programme 2019/20

Our Quality Priorities for 2019/20 were agreed with service users and carers at the Open Space event in January 2019 and agreed by the Board as set out in the Board Assurance Framework and agreed with commissioners.

Under Quality Priority 1 'Safe' we will:

- ❖ Continue to work towards our Zero Suicide ambition by
  - Further developing the system wide approach to suicide prevention
  - Continuing to invest in the environment to reduce ligature risks
- ❖ Further develop clinical leadership to maintain safe wards by
  - Implementing the SPAR wards accreditation framework to enhance the quality of care on in-patient wards
  - Delivering a QI program to increase compliance with Mental Capacity Act and Mental Health Act
- ❖ Improve physical health by
  - Introducing NEWS2 as the latest evidence based early warning systems to support the sepsis programme
  - Proactively implementing the annual Flu Vaccination programme
- ❖ Strengthen our approach to supporting people with Dual Diagnosis by
  - Raising the profile of the dual diagnosis policy and strategy through all directorates
  - Establishing joint case review systems between substance misuse and mental health providers
  - Developing an e-learning package to increase access to training.

Under Quality Priority 2 'Personalised' we will:

- ❖ Strengthen person centredness by
  - Embedding the Person Centredness Framework, including a range of person centred approaches and tools in collaboration with service users, carers and staff in particular continuing to improve care planning
  - Further embedding Trauma Informed Care across acute wards
  - Further reducing restrictive practice, in collaboration with service users and carers, through the Reducing Restrictive Practice Group
- ❖ Encourage involvement by
  - Identifying quality priorities for 2020/21 in partnership with the SUCC and other stakeholders
  - Continuing to work in partnership with the Service User and Carer Council (SUCC) and use Service User feedback (eg. friends and family test) themes to influence the Trust's Quality Improvement agenda.

### Under Quality Priority 3 'Accessible' we will:

- ❖ Improve access to services by
  - Achieving
    - 100% compliance for referral to assessment (1st contact) in 18 weeks in general and 4 weeks in CAMHS
    - 92% compliance for referral to treatment (2nd contact) in 18 weeks
    - 100% compliance with 3 hour assessment target for service users entering the Place of Safety
  - Developing a strategy for people with Autism
  - Developing a pathway for people with complex needs particularly Emotionally Unstable Personality Disorder
  - Continuing to work with health and social care commissioners to minimise use of out-of-area beds and reduce delays in transfers of care
  - No out of area admission to inpatient units
- ❖ Progress digital solutions to improve accessibility by
  - Continuing to work in collaboration with Primary Care and the University Hospital of North Midlands (UHNM) to become more accessible to patients through the use of video consultation
  - Developing the protocol to give the patient control to access their own electronic patient record (year 2 of 3) and continue our work with staff around education and on-going development of the electronic patient record system (Lorenzo)
  - Further developing the use of technology through the digital exemplar to improve access to CAMHS services and be more responsive.

### Under Quality Priority 4 'Recovery Focused' we will:

- ❖ Promote recovery by
  - Continuing to embed the Wellbeing Academy to provide people with education and learning experiences as a means of supporting personal and social recovery
  - Embedding and further developing peer mentoring, volunteering and employment opportunities for people with lived experience
  - Undertaking transformation of community pathways to promote person centredness, recovery and underpin integration with primary care
  - Scoping impact of loneliness and PTSD on service users to inform service delivery.





## 2.4 Statement of Assurance from the Board

How progress will be measured and monitored:

This section is provided to offer assurance that the Trust is performing well as assessed internally via the Trusts own processes; externally (therefore providing independent assurance); through processes to measure clinical outcomes; through audit and research and development; and through participation in national projects and initiatives.

Quality was monitored by the NHS Staffordshire and Lancashire commissioning support unit (CSU) on behalf of North Staffordshire and Stoke-on-Trent CCGs.

There is a contract in place to ensure clarity regarding the services commissioned for local people, the expectations of the service provider and expectations for the quality of services.

### Compliance with the Health and Social Care Act 2008 and the essential standards of quality and safety:

North Staffordshire Combined Healthcare NHS Trust has self-assessed against the outcomes defined by the regulations and declared compliance with all of the outcomes. The Trust registered with the Care Quality Commission in 2010, without conditions, to provide a range of regulated activities.

### Measuring clinical performance:

Clinical audit, clinical excellence and research and development all contribute to measuring effectiveness (including both clinical outcomes and patient-reported outcomes) safety and patient experience through quantitative information. This includes reporting data regarding the impact of services on patients. The clinical audit programme is developed to reflect the needs and the national priorities. Further information is contained below.

### Quality governance assurance framework:

Our NHSI oversight segmentation is band 2 - the highest segmentation being band 1 which gives trusts maximum authority.

### Litigation cases for 2018/19:

The numbers have remained fairly static for non-clinical claims received for 2018/19, there was no expenditure on non-clinical claims during the year. The Trust has been able to successfully defend claims where we have been able to provide evidence that policies and procedures have been followed. We continue to work closely with NHS Resolution to use the intelligence learnt from these cases thereby ensuring quality improvements.

National quality improvement projects (service accreditation programmes): Managed by the Royal College of Psychiatrists' centre of quality improvement

The Trusts one ECT clinic is accredited. Three wards (1, 2 and 3 at the Harplands hospital) for working age adults are accredited. Our Memory Clinic services are accredited. Our learning disability wards, the young people's wards and older person's wards have commenced the accreditation process.

### Learning lessons:

This is the 8<sup>th</sup> year that the Patient Safety Team has delivered Learning Lessons sessions and bulletins. These both provide all Trust staff with the opportunity to learn lessons from both incidents and complaints. The Learning Lessons sessions have continued to be offered on a monthly basis and are well attended by clinical and non-clinical staff. The Learning Lessons brand is now well recognised both internal and external to the Trust and has assisted in supporting the just culture agenda.

## 2.5 Review of services

This section is provided to offer assurance that we have included all of the services mandated for inclusion.

During the period from 1<sup>st</sup> April 2018 to the 31<sup>st</sup> of March 2019 the sNorth Staffordshire Combined Healthcare NHS Trust provided eight NHS services. The Trust has reviewed all the data available on the quality of care in all of the NHS services provided by the trust. The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of the NHS services by the North Staffordshire Combined Healthcare NHS Trusts for 2018/19. The Trust's main services, as referred to above, are listed in the introductory section of this Quality Account- see 'services covered by this Quality Account'.

## 2.6 Participation in Clinical Audit

During 2018/19, eight national clinical audits, one national confidential inquiry and one national review programme covered relevant health services that the trust provides.

During that period the trust participated in all (100%) of the national clinical audits, both (100%) of the national confidential inquiries / national review programmes which it was eligible to participate in, as follows:

- Prescribing Observatory for Mental Health (POMH) (4 topics)
- Learning Disabilities Mortality Review
- National Clinical Audit of Anxiety and Depression (NCAAD)
- NCAAD: Spotlight on Psychological Therapies
- National Audit of Care at the End of Life (NACEL)
- National Clinical Audit of Psychosis: EIP Spotlight Audit
- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

The national clinical audits and national confidential inquiries that the 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 inquiry.

'Clinical audit is a quality improvement process that seeks to improve patient care and outcomes against specific criteria and the implementation of change. Where indicated, changes are implemented at an individual team, or service level and further monitoring is used to confirm improvement in healthcare delivery. As such, clinical audit is an essential part of the quality assessment framework and a key element of clinical governance.'



Title	Number of cases required to be submitted	Number of cases submitted	Percentage of cases submitted
Assessment of the side effects of depot antipsychotics (POMH Topic 6d)	No minimum number specified	91	NA
Monitoring of patients prescribed lithium (POMH Topic 7f)	No minimum number specified	70	NA
Rapid tranquilisation (POMH Topic 16b)	No minimum number specified	5 (all those meeting inclusion criteria)	NA
Prescribing clozapine (POMH Topic 17a)	No minimum number specified	35	NA
National Clinical Audit of Anxiety and Depression	100	100	100%
NCAAD: Focus on psychological therapies	146	146	100%
National Audit of Care at the End of Life	NA - Organisational data only	NA - Organisational data only	NA
National Clinical Audit of Psychosis: EIP Spotlight Audit	All those meeting eligibility criteria (100% return)	82	100%
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	All those meeting eligibility criteria (100% return)	N/A No eligible cases in 2018/19	N/A
Learning Disability Mortality Review	All those meeting eligibility criteria (100% return)	10	100%

The reports of four national clinical audits were reviewed in 2018/19. Actions are monitored by the Trust’s Clinical Effectiveness Group:

National Clinical Audit of Psychosis

Good Practice	Key Actions
<ul style="list-style-type: none"><li>• A high proportion of service users were offered / provided an intervention for smoking, where appropriate.</li><li>• 100% of service users were offered / provided an intervention for hazardous use of alcohol, where appropriate.</li><li>• 99% of service users with an F20/F25 diagnosis had a current care plan</li></ul>	<ul style="list-style-type: none"><li>• To consider the usefulness and feasibility of implementing QRISK across the Trust</li><li>• To cascade flowcharts detailing physical health interventions to staff.</li><li>• To consider the possibility of providing information leaflets relating to antipsychotic drugs online via the Trust website.<ul style="list-style-type: none"><li>• To undertake a snapshot survey of consultants to determine whether they routinely offer information to patients regarding their medicines and involve them in decision making, and where they record this.</li></ul></li></ul>

POMH 16b: Rapid tranquilisation

Good Practice	Key Actions
<ul style="list-style-type: none"><li>• There was evidence of debrief taking place in 4/5 cases.</li><li>• Debrief had taken place within 24 hours in all applicable cases.</li></ul>	<ul style="list-style-type: none"><li>• Ward staff to be advised that the individual completing the incident form should email the ward team advising that the care plan needs to be reviewed following the ward round.</li><li>• Staff to be advised that incident reports relating to rapid tranquilisation where haloperidol has been used should indicate whether the patient is haloperidol naïve and, if so, whether an ECG has been undertaken recently.</li><li>• Data relating to haloperidol prescribing and ECGs will be included in the monthly rapid tranquilisation report, together with data relating to offer of oral medication.</li><li>• Other trusts will be approached via POMH-UK to determine how they are implementing and recording BARS and discussions will take place internally to agree whether local implementation is appropriate and feasible.</li></ul>



POMH 18a: Use of clozapine

Good Practice	Key Actions
<ul style="list-style-type: none"><li>Pre-Treatment screening included physical examination, with assessment of the cardiovascular system.</li></ul>	<ul style="list-style-type: none"><li>Clinicians will be encouraged to undertake additional monitoring with the support of the Home Treatment team if the service user is not an inpatient at the time of initial prescription.</li><li>When off-label prescriptions are identified by the pharmacy team they will highlight this to the prescribing consultant in order for them to complete an off-label prescribing form in accordance with Trust policy.</li><li>Clinicians will be reminded of the importance of ensuring that secondary psychosis can be excluded before prescribing clozapine and that this is recorded appropriately in the electronic patient record.</li></ul>

National Audit of Care at the End of Life

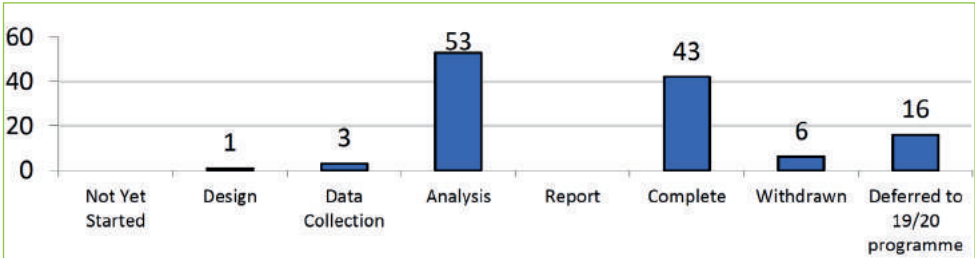
Good Practice	Key Actions
<ul style="list-style-type: none"><li>All recommended policies and guidance relating to care at the end of life were in place.</li><li>The trust had access to a Specialist Palliative Care Team outside of the hospital.</li><li>Compliments were received by the trust in relation to end of life care in a high proportion of cases.</li></ul>	<ul style="list-style-type: none"><li>The results of the audit will be summarised and communicated to all relevant staff and highlighted via the Senior Leadership Team.</li></ul>

Local clinical audit programme 2018/19

All projects on the clinical audit programme were facilitated by the Clinical Audit Team. The programme is split into four priority levels in line with national requirements/ standards, including National Institute for Health and Clinical Excellence (NICE) guidance, POMH and other national audits, and standards produced by the Royal Colleges. The following reflects the total number of projects identified split by the four priority areas:



Of the 100 active projects undertaken by the Clinical Audit Department during 2018/19, 43 (43%) were completed. The graph below outlines project status for the 122 projects registered on the clinical audit programme for 2018/19:



For all clinical audits on the formal programme of work, an action plan to improve the quality of healthcare is developed in conjunction with the project steering group. The process includes reviewing the findings and devising appropriate actions to reduce any shortfalls identified. The action plans are agreed with the audit lead and then submitted to the Clinical Effectiveness Group (chaired by the Medical Director) for ratification. Once this process is complete, the reports are published and disseminated appropriately. Individual action plans are then entered onto the action plan-monitoring database and regular updates requested from the action 'owners' to ensure progress is being made.

The reports of 100% of completed local clinical audits were reviewed during 2018/19 with actions to further improve the quality of healthcare provided in areas of:

- Care planning
- Risk assessments
- Mental capacity act assessments
- Transitions from children's to adult's mental health services
- Tobacco and alcohol screening and interventions
- Physical health assessments and interventions
- Medicines storage and processes

Once actions have been implemented, a re-audit is undertaken to determine if the actions made have resulted in improvements to the quality of healthcare. Further details are available at:

<https://combined.nhs.uk/about-us/quality>



## 2.7 Participation in Research

During 2018/19 the Research and Development (R&D) team, along with our research-active clinicians, continued to contribute to national and international high-quality portfolio and commercial research. We continued to work with the Clinical Research Network West Midlands (CRN WM) supporting the High Level Objectives (HLO's) and met our obligation to report on research initiation and delivery activity to the Department of Health, via the National Institute for Health Research (NIHR).

### 2018/19 Achievements:

- ✓ All 5 R&D objectives identified in the Trust's Board Assurance Framework (BAF) were fully achieved
- ✓ Dragons Den, co-led with the Service User and Carer Council, was re-launched with a focus on innovation and value makers
- ✓ Good practice innovations that the Trust has been shortlisted for or won have been converted into published articles
- ✓ We progressed work to increase the number of Honorary Lecturer roles for Doctors, Allied Health Professionals, Nursing and Social Work
- ✓ With input from Service Users, a 'Consent to Contact' approach was developed to aid informing service users about opportunities for participating in research.

### Research Delivery

During 2018/19 research active clinicians and the R&D team worked together to recruit patients, carers and staff into 21 National Institute for Health Research (NIHR) and Commercial studies on our research portfolio, with a further educational student projects undertaken within the Trust.

The emphasis of engagement with key stakeholders saw an 83% increase in the number of participants recruited into research studies, rising from 113 in 2017/18 to 207 participants in 2018/19, the highest number of recruits in the last five years. The West Midlands Clinical Research Network has commended the Trusts efforts in helping patients participate in research.(see graph)

### Research Management and Governance:

**Research Policy:** During 2018/19, the R&D Department continued to embed the new UK Policy Framework for Health and Social Care Research and the new EDGE research management system. The Trust was commended by the West Midlands Clinical Research Network for the high quality of its work and data submitted to the new system.

**Safety Reporting:** Adverse Event (AE), Serious Adverse Event (SAE), Serious Adverse Reaction (SAR) and Serious Unexpected Serious Adverse Reaction (SUSAR) are reportable to Sponsors and Regulators of research (CTIMP and Non-CTIMP studies). The Trust as a Host site for research is contracted to comply with Sponsor and Regulatory requirements. During 2018/19 there were no reported adverse events for hosted research.



**Training:** Legally, all Investigators involved in clinical trials are required to hold a valid Good Clinical Practice (GCP) training certificate, and refreshers should be undertaken every 24 months. During 2018/19 there were 10 active Investigators and 100% compliance with valid certification.

**Innovation and Evaluation:** Significant progress has been made to support Innovation across the Trust, with a number of developments and initiatives, with some due to take place in 2019/20:

➤ BeAble App Development

In 2018/19 the Vascular Wellbeing Team and BitJam Ltd, supported by the R&D Team, began Stage 1 prototype development for the BeAble App. The BeAble concept comprises an “App on prescription”, providing service users with the option of engaging collaboratively with their care, through the medium of digital technology, focussing specifically on supportive self-management. There has been positive feedback from both clinicians and service users. Stage two and three of BeAble App developments are being explored in 2019/20.

➤ Innovation Nation October 2018

Innovation Nation was the Trust's first research and innovation conference and showcasing research, evaluation and innovation projects and practice. Supporting the Trust objective to "Encourage, implement and inspire research and innovation at all levels", this was well attended by staff and key stakeholders and was considered to be a lively and forward-thinking event. Given its success, plans for a further conference for Autumn 2019 are currently underway.





## 2.8 Statement from the Care Quality Commission

### Registration:

North Staffordshire Combined Healthcare NHS Trust is required to register with the Care Quality Commission (registration number CRT1-6179202103). The Trust is registered to carry out the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Diagnostic and screening procedures
- Family planning
- Maternity and Midwifery services
- Surgical procedures

At the following locations:

- Lawton House (Trust Headquarters)
- Harplands Hospital
- Darwin Centre
- Dragon Square Community Unit
- Summers View
- Florence House
- Moorcroft Medical Centre
- Moss Green Surgery

Further information regarding the registration and compliance process can be found in the papers to the Trust board and on the Care Quality Commission's (CQC) website at: [www.cqc.org.uk](http://www.cqc.org.uk)

### CQC inspection:

Following the inspection in December 2018 and January 2019, and as noted earlier in this report, the CQC rated the Trust as 'Outstanding'.

There have been no enforcement actions required by the Trust during 2018/19.

### CQC Special Reviews and Investigations:

The CQC has not required the Trust to participate in any special reviews or investigations during 2018/19.

## 2.9 Statement on Data Quality

### NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number, was:

- 99.9 % for admitted patient care; and
- 100 % for outpatient care.

N.B. The Trust does not provide accident and emergency care.

The percentage of records in the published data, which included the patient's valid General Medical Practice Code, was:

- 100% for admitted patient care; and
- 100% for outpatient care.

N.B. The Trust does not provide accident and emergency care.

### Data Security and Protection Toolkit

The Trust's measured its performance using the online self-assessment tool declaring compliance with the National Data Guardian's 10 data security standards.

### External Clinical Coding Audit

North Staffordshire Combined Healthcare NHS Trust was subject to the annual external clinical coding audit during 2018/19 by NHS Digital approved auditors. The audit results reported in the latest published audit for that period for clinical coding (diagnosis and treatment) are:

- 92% Primary diagnosis correctly recorded (98% in 2017/18)
- 94.8% for Secondary diagnosis correctly recorded (91.3% in 2017/18)

The services reviewed in the sample were adult and older adult mental health. The Trust was commended for its high standard of coding accuracy and a high level of commitment demonstrated from the Clinical Coding Team to ensure a clinical coding provision.

### Relevance of Data Quality

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

Good data quality is essential to ensuring that, at all times, reliable information is available throughout the Trust to support clinical and/or managerial decisions. Poor data quality can create clinical risk, compromise effective decision making and impact on the Trust's ability to monitor standards of care and secure income for its services. Safe and efficient patient care relies on high quality data. By taking responsibility for their clinical data, clinicians can improve its quality and help drive up standards of care.

### Data Quality Metrics

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

### Action to Improve Data Quality

There is an imperative to create a culture and understanding in staff of the value of capturing high quality data in real time to improve patient care. All members of staff are required to continually record accurate data to ensure high quality care to all patients and stakeholders.

Other actions include:

- On the job training and induction programmes to ensure that data are entered correctly onto systems and system champions to support clinicians
- Regular audits to check the quality of data items to ensure that data are recorded accurately, completely and kept as up to-date as possible.

Following a review of the "Model Hospital" dashboards, the Trust identified that data quality could be improved in the accuracy and regularity of patient demographics data, in particular their accommodation and employment status. Updated guidance has been issued to clinical staff and reports are reviewed each month to help improve performance.

### Data Quality Forum - Data issue management

The Trust has a clear management structure that clarifies the responsibilities and accountabilities for those individuals who enter data. This ensures that there is accountability for low levels of data quality and accuracy.

The Data Quality Forum comprises of representatives from corporate services and clinical directorates (data champions who take a leadership role in resolving data integrity issues). The Forum is responsible for data issue management and the process of reducing and removing the barriers that limit the effective use of data within the Trust. This includes identifying data quality issues, approving definitions, establishing quantification of issues, prioritising data quality problems, tracking progress, and ultimately resolving data quality issues.

The Forum also ensures a high standard of data quality within the clinical systems across the Trust and changes that need to be made to systems or processes to deliver improvements in data quality. The Forum also ensures that all clinical and non-clinical staff are aware of their responsibilities surrounding excellent standards of data quality through continuous communication and promotion of standards.



PART3  
Review of quality performance for 2018/19  
(looking back) and statement from key partners

This section is in two parts:  
Section 3.1: Reviews performance and progress against the key priorities defined in last year’s Quality Account.  
Section 3.2: Adds to the information provided in section 3.1 and provides a summary of our performance against core quality indicators/metrics as mandated by NHS England. Each quality indicator/metric is linked to one or more of the following three headings: patient safety, clinical effectiveness and patient experience.

3.1.1 CQUIN  
The CQUIN payment framework is a national framework for agreeing local quality improvement schemes and makes a proportion of our total potential income from CCGs (2.5%) conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch trusts, encouraging a culture of continuous quality improvement in all providers.

The following table identifies the CQUIN quality improvement areas for 2018/19. Further details of the agreed goals and for the following 12-month period can be found at <https://combined.nhs.uk/about-us/quality>

CQUIN	Patient Safety	Clinical Effectiveness	Patient Experience	Innovation
Staff Health and Wellbeing	✓			✓
Physical Health	✓	✓		✓
Improving Services for people who present at A&E	✓	✓		✓
Transitions from CYPMHS to AMS	✓	✓	✓	✓
Preventing Ill Health by Risky Behaviours		✓		

Staff Health and Wellbeing: Improvement of Health and Wellbeing

SPAR priority  
Safe

Why was this selected as a priority? This was a national CQUIN priority as determined by NHSEngland.

Our goal: We aimed to improve the culture of health and wellbeing across the Trust, as demonstrated through the annual Staff Survey.

How did we monitor and report on progress? An action plan was developed by the working group to monitor progress in implementing initiatives across the Trust. The results of the annual Staff Survey, which is coordinated, analysed and reported on nationally, were reviewed to determine level of compliance in accordance with national requirements.

What did we achieve? As a result of this CQUIN the Trust has consolidated and improved its health and wellbeing offer to staff and the Working Group will continue to take this work forward beyond the life of the CQUIN.

## Staff Health and Wellbeing: Healthy food for NHS staff, visitors and patients

SPAR priority  
Safe

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** The Trust was tasked with ensuring that where food and drink is sold on Trust premises, healthy food options are available, that foods high in fat, salt and sugar are not advertised or promoted on Trust premises or offered for sale at checkouts, and that percentage targets are met around the proportion of sugar sweetened beverages and food high in fat sugar and salt offered for sale.

**How did we monitor and report on progress?** An action plan was developed by the working group to monitor progress in implementing initiatives across the Trust. Local commissioners were provided with a quarterly report detailing progress. The Trust signed up to the national Sugar Sweetened Beverages (SSB) national data collection exercise and submitted data in relation to this on a quarterly basis.

**What did we achieve?** As a result of this CQUIN the Trust has ensured that healthy food and drink options continue to be offered wherever sold on Trust premises, including to staff working out of hours.

## Staff Health and Wellbeing: Improving the uptake of flu vaccinations by frontline clinical staff

SPAR priority  
Safe

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** We aimed to ensure that frontline clinical staff were encouraged and supported to receive the flu vaccination.

**How did we monitor and report on progress?** An improvement plan was developed by the working group to monitor progress in implementing processes across the Trust. Once the flu vaccination season was underway, regular updates were provided via Team Prevent.

**What did we achieve?** In 2018-19, 76% of frontline clinical staff across the Trust were vaccinated against flu, contributing to patient safety.

## Physical Health: Cardiometabolic assessment and treatment for people with psychoses

SPAR priority  
Safe

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** The Trust was tasked with implementing appropriate processes for assessing, documenting and acting on six cardiometabolic risk factors in 90% of a sample of inpatients, 90% of Early Intervention Team service users and 75% of a sample of community service users, who fell into the following categories (based on ICD10 codes)

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Drug induced psychosis

**How did we monitor and report on progress?** An improvement plan was developed by the working group to monitor progress by implementing processes across the Trust.

Data relating to inpatients and community service users was submitted for central analysis by the Royal College of Psychiatrists. Data relating to EI service users was submitted as part of the National Clinical Audit of Psychosis EI Spotlight Audit for central analysis.

**What did we achieve?** As a result of this CQUIN, the Trust has continued to build on progress made in previous years in assessing the physical health of our service users and ensuring that they are offered the right interventions.



## Physical Health: Collaboration with Primary Care Clinicians

### SPAR priorities

Safe, Personalised

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** In accordance with the CQUIN, we aimed to ensure that key information relating to service user's mental and physical well-being was communicated from the Trust to the service user's GP in a timely fashion. We also aimed to work with GP colleagues to reduce discrepancies between their patient registers and those held by the Trust, and to develop a protocol to outline physical health monitoring responsibilities across primary health care and secondary mental health services.

**How did we monitor and report on progress?** An improvement plan was developed by the working group to monitor progress. Quarterly reports detailing progress were shared with Commissioners, which included the results of a case note audit.

**What did we achieve?** As a result of this CQUIN the Trust has strengthened links with CCG and primary care colleagues and has worked to align Trust and primary care databases. Digital processes and information flows have also been reviewed over the course of the year.

## Improving Services for People with Mental Health Needs who present to A&E

### SPAR priorities

Accessible; Personalised

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** We aimed to work with our colleagues at the University Hospital of North Staffordshire to reduce attendances at A&E by people identified as frequently attending A&E who would benefit from mental health and psychological interventions.

**How did we monitor and report on progress?** A Working Group was set up which was attended by representatives from NSCHT, UHNM and other interested parties on a two-weekly basis. Progress against the CQUIN requirements was monitored by this group, to which the Commissioner Quality Lead for this CQUIN was also invited.

**What did we achieve?** Working together, NSCHT and UHNM have been able to demonstrate a reduction in attendances by the patients supported by this CQUIN of over 30%. This is a fantastic achievement and significantly exceeded the CQUIN requirement for a 20% reduction.

## Transitions out of Children and Young People's Mental Health Services

SPAR priorities  
Accessible; Personalised

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** We aimed to improve the transition process for people moving out of our children's services into adult services and to ensure that those people who were discharged back to primary care at the age of 18 were adequately supported during the discharge process.

**How did we monitor and report on progress?** Audits of case notes were undertaken which reviewed all service users who transitioned or were discharged at transition age. Surveys were produced to determine how prepared service users felt at the point of discharge / transition and whether they felt their goals had been achieved following transition.

**What did we achieve?** As a result of this CQUIN the Trust has improved its processes in relation to transitions from children's services. This should mean that service users are better supported when moving from children's to adult services, or when stepping down into primary care at transition age.

## Preventing Ill Health by Risky Behaviour: Alcohol and tobacco

SPAR priorities  
Personalised

**Why was this selected as a priority?** This was a national CQUIN priority as determined by NHS England.

**Our goal:** We aimed to ensure that people who access our services are asked about their smoking status and alcohol intake and that where necessary they are provided with relevant advice and interventions.

**How did we monitor and report on progress?** A case note audit was undertaken on a quarterly basis to determine what proportion of inpatients had been assessed for smoking status and alcohol intake, and of those who indicated that they smoked or consumed alcohol to an unsafe level, how many had been given appropriate interventions.

**What did we achieve?** As a result of this CQUIN the Trust has continued to provide training to nursing staff so that they are aware of their responsibilities in relation to smoking cessation and alcohol interventions. Processes have been streamlined to ensure that patients are offered the support they need with smoking and alcohol consumption. This is both supported by and supportive of the Trust's move towards Smoke Free environments, which was launched on 3 April 2018. A variation of this CQUIN is being taken forward into 2019/20, which will further support a continued focus on this important topic.



### 3.1.2 Key Quality Priorities Achievements 2018/19

#### Priority: Zero Suicide Ambition

Outcome: The Trust hosted a multi-agency Suicide Prevention Conference in November 2018. This provided an opportunity for partners to sign a Suicide Charter setting out their determination to work together with an ambitious aim for nothing less than zero suicide in Staffordshire and Stoke on Trent from 2019 onwards.

Additionally we have:

- Continued to facilitate the 'living well with risk group' to embed the strategy and ensure involvement of people with lived experience.
- Received patient stories of hope in different media formats to share the recovery messages at both our Quality Committee and Board.
- Where possible we have involved family/carers to ensure that their views are incorporated into risk management plans, highlighting any protective factors that these relationships provide.
- Developed an overarching database to develop closing the look on all lessons learnt from SI investigations
- Developed and embedded panel review methodology to improve learning from serious incidents

Continued to invest in the environment to reduce ligature risks as per our 2016/19 plan.

#### Priority: Improved Physical Health Monitoring

Outcome: Continued on our Towards smoke free journey to improve the Physical Health of service users and staff. Improve Physical Health monitoring through embedding the National Early Warning Score (NEWS) for inpatient services and the Lester Tool for community services.

Additionally we have achieved the following:

- The Trust is now a smoke free organisation.
- As part of our PDSA cycle, e-cigs have been distributed and this has been closely monitored and evaluated. A vending machine was installed in October 2018 for patients and staff to use at a cost which has received positive feedback.
- A continued improvement with Flu vaccination achieving 76% uptake for patient facing staff.
- Threshold agreed with UHNM for patients transferring to Royal Stoke which has seen a reduction in transfers ensuring patients are treated in the most appropriate environment that meets their needs.
- Compliance with physical health monitoring and recording post rapid tranquilisation is monitored through monthly review of incidents and subsequent completion of physical health monitoring.

### Priority: Enhance Service User and Carer Involvement

Outcome: The Service User and Carer Council (SUCC) have engaged with the development of the Person Centredness Framework and we have representation from service user and carer's across a range of Trust business and activity; including interviewing new recruits, co-facilitating a wide range of events, attending various committees including People, Culture and Development, Quality, Finance, Performance and Digital and Business Development.

Additionally we:

- Held an open Space Event in January 2019 to enable service user and carers to influence and agree our quality priorities for 2019/20 in partnership with the Service User and Carer Council who will collaborate on improvement initiatives.
- Relaunched our innovation strategy co-led with the Service User and Carer Council. have used Service User feedback on Friends and Family Test (FFT) themes to help influence our quality improvement agenda.
- Launched a virtual and physical wellbeing academy to complement traditional rehabilitation approaches by providing people with education and learning experiences as a means of supporting personal and social recovery.
- Commenced introduction of a Restraint Reduction Strategy focussing on service user experience and person centred care.

### Priority: Improvement in Medicines Management

Outcome: Implemented an electronic system for the daily monitoring of fridge temperatures, production of generic labels to reduce the risk of labeling issues, and improved compliance in medicine management training.

Additionally:

- In March 2019, the CQC noted in their inspection findings that medicines safety had improved on the wards for older peoples and community teams.
- Refreshed pharmacy strategy.
- Work commenced to ensure delivery of integrated working within the community teams
- Pharmacists working collaboratively with clinical leads.
- On-going monitoring of rapid tranquilisation.

### Priority: Review of Models of Care and Pathways

Outcome: Continued to work with health and social care commissioners to ensure that service users are located in the most appropriate environment and reduce delays in transfers of care

Additionally:

- PICU operational from October 2018 with plans for further extension.
- Progression of the project management of major capital schemes including crisis care centre business case and crisis pathway services.
- Approval of the Lorenzo Digital Exemplar business case by the Trust Board.





Priority; Diversity and Inclusion is strengthened

Outcome: Launched the inclusion council to drive our inclusion, diversity and equalities agenda

Additionally:

- 2018-19 has been another extremely important year for the Trust in terms of advancing equality, diversity and inclusion within the organisation and beyond.
- A key area of focus for us throughout this 12 month period had been on BAME inclusion; However, we have also worked to progress inclusion for other equality groups, including LGBT and people with disability.
- Continued to implement the diversity and inclusion plan and Workforce Race Equality Standard (WRES), with further awareness sessions delivered with staff, Board and Leadership Academy involvement.
- Third cohort (and largest to date) of the Stepping up Programme commenced in February 2019 with participants from across our STP partners and beyond.
- Open space event in 2019 attended by service users, carers, partners and staff to provide feedback and help improve service quality and experience.

Acknowledged by the CQC that the Trust has developed a lot of initiatives around the Workforce Race Equality Standards since their last inspection.



### 3.1.3 Other Quality Achievements

#### Quality Improvement

During 2018/19 an increasing number of staff completed Quality Improvement (QI) training and implemented projects within their teams including Patient Safety, Restraint Reduction and Access & Waiting times. Successful projects include the Ward 4 Falls Improvement Initiative shortlisted for the Health Service Journal Value Awards.

**Additionally, four senior staff were supported to complete the Advanced Improvement Practitioner Programme which provided them with increased QI knowledge and skills, which is being used to support the plan for clinical teams to be equipped with quality improvement methodology knowledge and skills to take forward QI projects.**

#### Safeguarding

The protection of our most vulnerable children and adults is a fundamental responsibility of all public agencies. The Trust is committed to ensuring that people who come into contact with our services are safeguarded from abuse in line with local and national policy. In support of this, the Safeguarding Team works with staff to support best practice and decision making around safeguarding issues. This support is delivered through a variety of mediums including training, supervision and individual case guidance. The Trust also has a suite of policies covering all areas of safeguarding. Safeguarding has been strengthened in the past 12 months by:

- Increased participation in safeguarding supervision and individual and team level across the Trust.
- The development of an adult safeguarding level 3 training package in order to enhance staff knowledge and skills in line with the latest Adult Safeguarding Intercollegiate Guidelines (2018).
- The development of a sexual safety and responding to sexual violence policy, with enhanced training provision around sexual violence delivered by a specialist service.
- Specialist domestic abuse training commissioned in order to continue to deliver enhanced awareness of domestic abuse to frontline staff.

Membership of both the Staffordshire and Stoke on Trent Channel Panels for local authorities and the Stoke-on-Trent Prevent Board (part of the governments counter-terrorism strategy).

#### Infection Prevention Control (IPC)

We have continued our extensive efforts to prevent all avoidable infections and minimise the risk of resistant organisms across our Health & Social Care footprint. Additionally we have:

- Continued to implement the IPC work programme approved by Board, including the sepsis action plan.
- Had zero healthcare acquired infections in 2018/19

#### Service User and Carer Feedback

We view all feedback as valuable information about how trust services and facilities are received and perceived. We continue to develop a culture that sees feedback and the learning from complaints as opportunities to improve and develop services. Therefore to improve our services we proactively gather feedback from Service Users and Carers through a number of routes including:

- **Patient Advice and Liaison Service (PALS)** - we recognise the importance of our PALS service in being a key source of information and feedback for the Trust and an early warning system for emerging issues and concerns.
- **Compliments** - Each year our staff receive compliments and praise from people they have cared for. We are pleased to report that compliments and Friends and Family Test Feedback have increased from 244 in 2016/17 to 2063 in 2017/18 and 2,434 in 2018/19.
- **Complaints** - Overall the Trust receives a very low number of complaints compared to NHS benchmarking data. The Trust received 43 complaints for 2018/19 (33 in 2017/18), with continued focus on early resolution and addressing of concerns via PALS and front-line teams where possible. This year we have continued to strengthen our complaints procedure to enhance the experience of those using the service alongside ensuring timely and quality investigation and responses. We have also introduced centralised monitoring of actions arising from complaints.
- **Friends and Family Test (FFT)** - FFT is an important national feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We are pleased to report a continued significant increase in FFT returns across the Trust with a high level of satisfaction; the FFT responses during 2018/19 evidence that 89% of people using our services would recommend us as a place to receive care.

Service User and Carer Council

The Chair of the Council is a member of the Board. The Council continues to meet on a monthly basis, with an active and forward looking agenda. These meetings alternate between business meeting and an educational workshop. The educational workshops are continuing with the aim of supporting the building of the knowledge and skills of the Council and increasing representation from other service users, carers and volunteers. These have been positively received with the Council identifying the educational topics, therefore meeting the development needs of the members. Furthermore the Council are developing an induction programme for all volunteers including encouragement to join the Council. We continue to seek wider involvement to support the Council, on increasing service user and carer involvement across a range of trust business and activities. This has included building relationships with members from other faiths and communities and we also have a BAME strategy to increase inclusivity and representation across diverse communities.

Peer Mentors

- The Volunteer Peer Mentor role has been developed during 2018/19 and ten peer mentors have been recruited and have commenced their bespoke training programme. Once completed peer mentors will commence their placements. The programme will run twice a year to capture new recruits.

Supporting Carers

- In preparation for the implementation of the Triangle of Care each team or ward has identified 2 carer’s links. These links have attended training and are in the process of developing team specific carer’s pathways across their service in order to ensure parity for carers.

We are pleased to have received many expressions of interest from service users and carers with a willingness to be a part of the engagement agenda of the Trust.

Patient Led Assessment Care Environment (PLACE)

The PLACE programme, led by the Head of Facilities, continues to deliver excellent outcomes. Each PLACE inspection team included 50% patient representation and there was an independent validator on each assessment. The Trust’s overall score for cleanliness was 99.47% which continues to be a fantastic achievement. Our programme of work will continue during 2019/2020.

PLACE 2018	Cleanliness  %	Food and Hydration			Privacy, Dignity and Well Being  %	Condition, Appearance and Maintenance  %	Dementia  %	Disability  %
		Food and Hydration  %	Organisation Food  %	Ward Food  %				
Harlands Hospital	99.30	96.36	93.39	98.04	97.19	98.79	91.99	97.95
Dragon Square	100	N/A	N/A	N/A	93.10	97.80	N/A	92.31
A&T Unit	100	94.43	89.22	100	100	98.75	N/A	100
Darwin Centre	100	96.98	93.79	100	96.77	99.46	N/A	100
Florence House	100	95.26	91.22	100	97.22	100	N/A	100
Summers View	100	95.71	91.40	100	96.30	99.46	N/A	100
NSCHT Organisation Average score	99.47	96.26	93.08	98.47	97.07	98.90	91.99	98.28
National Average Score	98.47	90.17	89.97	90.52	84.16	94.33	78.89	84.19
National Average score per MH/LD site	98.40	90.60	88.80	92.20	91.00	95.40	88.30	87.70

### 3.2.Reporting against Core Indicators

The following section describes how we have performed against core indicators required by NHS England and indicators of interest to key stakeholders. The indicators are grouped in tables as per the three quality dimensions of patient safety, clinical effectiveness and patient experience.

Each section describes the area being reviewed, the metric used to measure performance and the overall Trust performance.

#### 3.2.1 Patient Safety Incidents

The Trust is required to report patient safety incidents to the national incident database known as the National Learning and Reporting System (NRLS). This is the only data collection agency nationally and the data submitted is analysed by subject experts to provide trusts with organisational reports, based on data submission. The National Reporting and Learning System’s definition for reportable Patient Safety incidents is as follows:

A Patient Safety Incident (PSI) is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care”.

All patient safety incidents are reported on the Trust incident reporting system, they then go through a verification process before being uploaded to NRLS. This results in data altering over time, therefore the table below represents the position at year end, in relation to the number of patient safety incidents within Ulysses and the harm impact in comparison to previous years.

Area of Performance		Incidents (clinical and non-clinical)		
Impact		2016/17	2017/18	2018/19
General Incidents		4,553	4,330	5,164
Moderate		75	80	75
Major		3	9	6
Catastrophic		76	65	91
Total		4,707	4,484	5,336
*Major and Catastrophic/Death incidents as a % of total (i.e. those resulting in harm or death)		1.7%	1.7%	1.8%

\*impact on service provision/environment/person

NB 2016/17 and 2017/18 data has been restated from previous Quality Accounts to reflect that the calculation is based on major and death / catastrophic incidents only.

The table above illustrates an increase in the number of incidents reported across the Trust for 2018/19. The rationale for this increase has been explored and is in relation to a number of factors. These include a small number of people with complex needs being responsible for a large number of incidents, better awareness and reporting of incidents in the community and increasing services (eg opening of additional wards). In the last 3 years there has been increased staff understanding of the need for incidents to be reported and an indication of a learning and improving culture. All incidents are subject to weekly review and analysis, in order to ensure that issues / trends are quickly identified and actions implemented enabling improved delivery of care services.



The table below relates to the number of patient safety incidents that were reported to the NRLS prior to year-end. This differs slightly from the figures above as these are only patient safety incidents and are not uploaded onto NRLS until the verification process is complete.

Area of performance	Incidents reported to the National Patient Safety Agency (NPSA)
Performance:	There were 2,527 NRLS incidents reported during 2018/19, a slight increase in the number of incidents reported from the previous year. The reasons for this increase are included above. Of these, the number of incidents resulting in severe harm or death of service users (41) as a percentage of the total (2527) was 1.6%. In comparison 2017/18 was 1.4% (30 incidents out of 2096 incidents).

Our culture of incident reporting has continued to improve during 2018/19 as demonstrated through benchmarked data from the NRLS. The latest data illustrates our higher reporting rate per 1000 beds than the national reporting median for mental health trusts. During the reporting timeframe (April 2018-September 2018) 96% of incidents reported to NRLS were either no harm or low harm incidents (72% and 24% respectively).

Never events:

A never event is a serious, largely preventable, patient safety incident that should not occur if the available preventable measures have been implemented. An example would be an inpatient suicide using curtain or shower rails. The table below details the Trust performance in 2018/19.



Area of performance	‘Never events’
Performance:	One near miss – The Trust reported one near miss never event which did not result in harm. The required actions were in place to prevent the incident occurring i.e. the failure of a shower curtain rail to fall when pressure applied and therefore the Trust took action to alert the wider NHS of the potential for patient harm.

Serious incidents:

The Serious Incident framework (NHS England, 2015) definition for reportable incidents is as follows:

“Acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services”.

In 2018/19 we have:

- ✓ Maintained a strong performance in respect of the timely investigation and quality of completed investigations and the approaches taken to learning from serious incident investigation.
- ✓ Monitored and identified learning and trends, reporting and sharing learning from these through Trust governance structures from ‘Team to Board’
- ✓ Share learning in an open, transparent and compassionate manner with families and carers through our Being Open and Statutory Duty of Candour Policy Framework.
- ✓ Continued to raise staff awareness and embedded statutory requirements relating to patient safety through a series of initiatives which form part of the on-going programme of patient safety education
- ✓ Complied with statutory duties and monitored this through Trust governance structures.
- ✓ Shared data and reports externally through the Clinical Quality Review Meeting chaired by Commissioners.
- ✓ Been audited by the Trust auditors to assess the Trust process in terms of the management of unexpected deaths. This determined that the Board should take ‘substantial assurance’ that the process was robust, thorough and met the key standards in line with ‘National Guidance on Learning from Deaths’ (2017).

Area of performance	Serious incidents (SIs) (clinical and non-clinical)
Performance	During 2018/19 there have been 105 serious incidents reported by the Trust

Learning from incidents and strengthening our quality governance arrangements:

The Trust has taken forward the following safety improvement initiatives to improve its incident reporting and management framework: Continued membership of the Advancing Quality Alliance (AQuA) to strengthen the Trust's approach to Quality Improvement (QI).

- ✓ Our commitment to quality improvement has led to an increasing number of staff completed QI training and projects implemented within their teams including Patient Safety, Restraint Reduction and Access.
- ✓ Senior staff have been supported to complete the Advanced Improvement Practitioner Programme which provided them with increased QI knowledge and skills, which will be used to support clinical teams in learning quality improvement methodology and to take forward more QI projects.
- ✓ Advancement of the Learning Lessons framework. Bi-monthly bulletin and a monthly Learning Lessons workshop where staff listen to the learning outcomes of investigations and share their stories.
- ✓ Partnership working with our key stakeholders to promote good mental health and the reduction of stigma by participating in national events such as 'Brew Monday' with the Samaritans and the Parkinson's 'Get it on Time' campaign.
- ✓ All incidents continue to be subject to weekly review and analysis, in order to ensure that issues and trends are quickly identified and improvement actions implemented.
- ✓ Inclusion of Duty of Candour awareness within the Trusts' mandatory training curriculum.

Training sessions have been facilitated for senior managers to support their quality and safety roles within clinical directorates.



3.2.2 Readmission Rates

This has been a key area of work and focus particularly around embedding person centred framework including a range of person centred approaches and tools in collaboration with service users and carers. The table below details the rate of unplanned readmissions for patients (adults and older adults) within 30 days. The target for this metric is 7.5%

Area of performance	Patients re-admitted within 30 days of discharge
Performance:	For 2018/19 the readmission rate was 5.4% for the year against the 7.5% target. For 2017/18 this was 5.2%

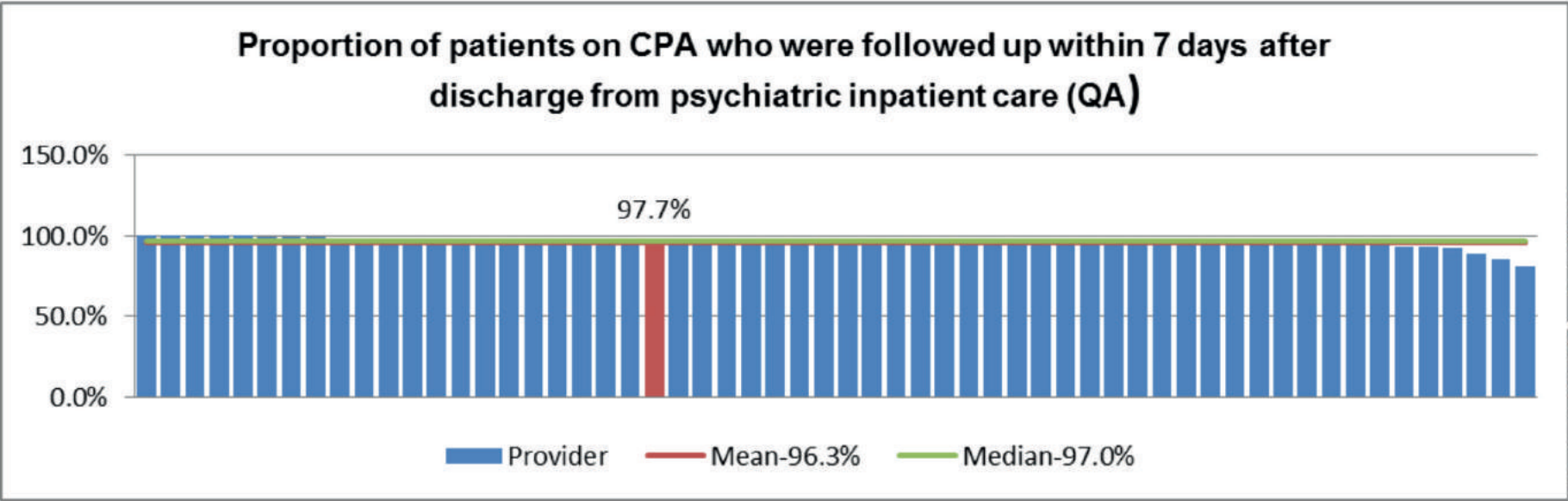
3.2.3 Patients on Care Programme Approach (CPA) followed up 7 days after discharge from in-patient care

This is a key focus for the Trust and from February 2019 commenced a pilot to ensure 48 hour follow up from all adult acute wards. The standard operating procedure has been to ensure that the standard is achieved in all settings in 2019/20. Reports are provided for every patient who was not followed up within 48 hours and/or 7 days to provide further scrutiny and remedial action. The table below details the results of follow up of CPA patients within seven days of discharge against a target of 95%

Area of performance	7 day follow up of Care Programme Approach (CPA) patients
Performance:	<p>There is strong national evidence that the period following discharge has shown to be a high risk period for service users at risk of suicide and self-harm. To mitigate these risks and provide appropriate support to service users, the Trust aims to ensure that every adult is followed up within 7 days of discharge. Our average level of performance for the year was 97.7%.</p> <p>This is a key focus for the Trust and from February 2019 commenced a pilot to ensure 48 hour follow up from all adult acute wards. The standard operating procedure has been to ensure that the standard is achieved in all settings in 2019/20. Reports are provided for every patient who was not followed up within 48 hours and/ or 7 days to provide assurance that there were no clinical issues arising from the delays.</p>

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	100.0%	96.9%	94.1%	93.1%	86.7%	97.4%	92.9%	97.4%	90.9%	95.7%	93.9%	96.1%
2018/19	100.0%	97.9%	98.7%	96.3%	96.4%	98.0%	97.1%	100.0%	96.2%	97.3%	97.1%	97.0%





Source: NHS England

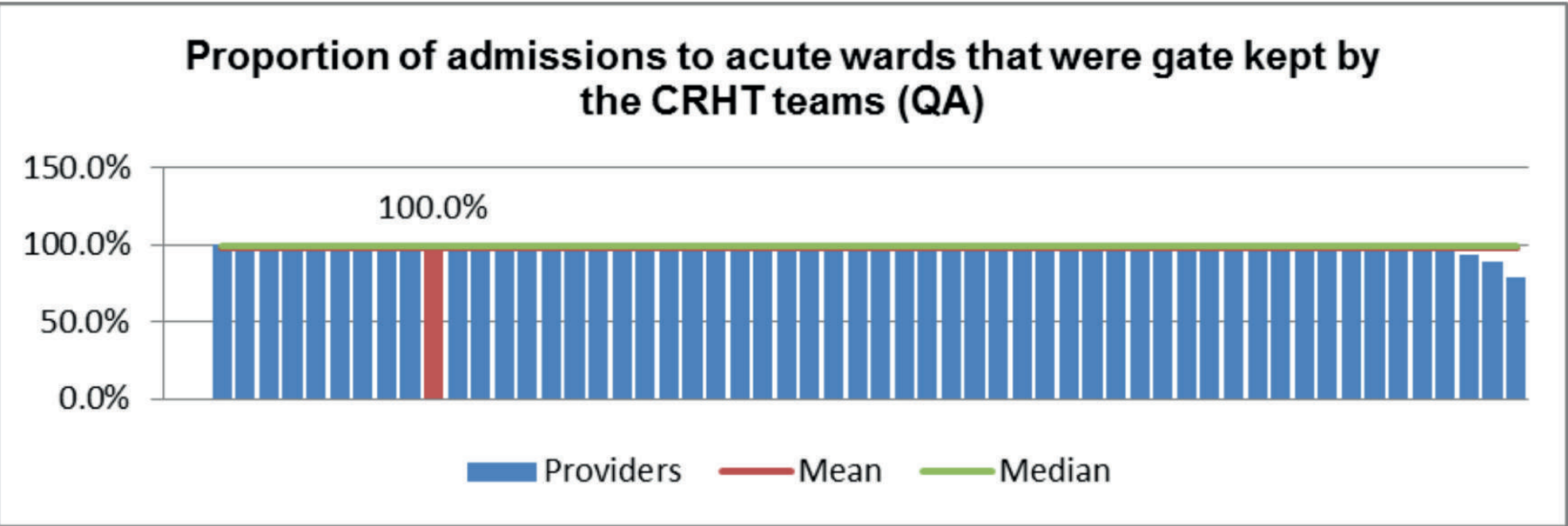


### 3.2.4 Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper

The table below details the acute admissions gate kept by Crisis Resolution teams against a national target of 95%

Area of performance	Crisis resolution gate kept admissions – acute
Performance:	100% of patients admitted to acute inpatient wards were gate kept by the CRHTs at the end of 2018/19.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100%	100%	96.6%	100%	100%	98.9%	92.3%	97.7%	100%	100%	100%	100%
2017/18	100%	98.5%	95.9%	97.2%	97.8%	98.6%	97.5%	100%	100%	100%	100%	100%
2018/19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100%



### 3.2.5 Patient Experience of Community Mental Health Services – The Annual Mental Health Community Survey 2018

The CQC uses a survey to find out the experiences of people who receive care and treatment. This data has been taken from the national survey data published by the CQC November 2018.

The CQC asks people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC will give an NHS Trust a score out of 10 for each question (the higher the score the better). Each NHS Trust will also receive a rating of ‘about the same’, ‘better’ or ‘worse’.

Responses were received from 225 people who use our Trust services. No questions received a worse score, in all questions the Trust performed either better or about the same in comparison to other Trusts that took part in the survey.

A summary of performance is provided against key metrics is provided below:

Community Teams have action plans in place to help further improve performance over the year. In particular, the Trust has strengthened the approach to care planning, designed to evidence holistic assessment, recovery focused care planning and service user participation. A Community Safety Matrix (CSM) Audit tool has been launched to monitor quality of face to face interactions with service users. Assurance is gained and actions agreed for improvement on a monthly basis.

Area of Performance	Trust Score	How we compare
Health and Social Care		
- Giving enough time to discuss needs and treatment	7.0/10	About the same
- Understanding how mental health needs affect other areas of patient’s life	6.8/10	About the same
Organising Care		
- Knowing how to contact this person if concerned about their care	9.9/10	Better
Medicine review		
- For those receiving medicines for 12 months or more, checks on how patients are getting on with their medicines.	7.7/10	About the same
Reviewing care		
- Feeling that decisions were made together by them and the person seen	7.1/10	About the same
Overall views		
Respect and Dignity		
- For feeling that they were treated with respect and dignity by NHS mental health services	8.2/10	About the same

## PART 4 Annexe

### 4.1 Engagement and Statements from Key Partners

#### Engaging our partners and stakeholders

North Staffordshire Combined Healthcare NHS Trust remains committed to working collaboratively with a range of partners and as such has engaged partners in the development and publication of this Quality Account.

We would like to take this opportunity to thank everyone who has worked with us and provided assurance that your views and comments have helped to shape this Quality Account.

#### Development Stage

We have sought the views of key partners, service user representative groups, local authorities and staff about what they liked and disliked about our previous Quality Account and what should be changed. All feedback received was responded to and reviewed as part of the engagement and design process for this Quality Account.

#### Agreeing priorities

We asked our Service User and Carer Council what priorities they would like to see reported in this Quality Account. In addition we have held a number of engagement meetings including dedicated 'drop in' sessions, attended events and communications from our partners to agree our key quality priorities

#### Sharing the draft Quality Account

In line with a Department of Health Guidance, we also produced a draft Quality Account and shared this with key partners as follows: Local commissioners, Local Health watch organisations, Local Authority Overview and Scrutiny Committees.

We invite each partner to provide a statement for inclusion in the Trusts Quality Account. These statements are shown in the section below.



#### Comments from key partners

#### Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs)

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, attend relevant Trust internal meetings 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 were pleased to note the improvements made on the 2018/19 quality priorities; achievements include:

- The CCGs wish to congratulate the Trust on achieving an overall 'Outstanding' CQC rating (CQC inspection during December 2018 and January 2019) and recognise the considerable amount of work undertaken by staff at all levels to achieve this.
- In November 2018 the Trust hosted a multi-agency Suicide Prevention Conference where partners signed a Suicide Charter setting out their commitment to reducing suicides.
- The Trust actively involve family/carers to ensure that their views are incorporated into any future development and listen to feedback from the Service User and Carer Council (SUCC).
- Throughout 2018/19 the CCGs, in partnership with the Trust and Staffordshire and Stoke-on-Trent Health watch have undertaken a programme of announced quality visits which have provided 'real time' assurance on the quality of services provided by the Trust. The CCGs would like to thank staff for their continued support and open approach to these visits. The 2019/20 quality visits programme has been agreed with the Trust.
- The CCGs welcomed the opening of the new purpose built Psychiatric Intensive Care Unit in October 2018.
- It is pleasing that the Trust is continuing to participate in the **Advancing Quality Alliance programme** (AQuA) as part of their everyday business.
- The appointment of a Restraint Reduction Lead to progress the implementation of the Trusts Restraint Reduction Strategy is a positive move towards reducing the number of restraints used.
- The Trust has continued to participate in the delivery of the five national CQUIN schemes throughout the year and have provided reports detailing the successes and the substantial improvements made for service users as a result of these schemes.



2018/19 has not been without its challenges and we look forward to further improvements in respect of:

- Recruitment and retention continues to be a major priority for the Trust due to a national workforce shortage, Nursing and Medical recruitment remains an ongoing challenge.
- The CCGs actively support the collaboration between the Trust and other stakeholders to reduce death by suicide as part of the Zero Suicide ambition and as part of the Suicide Awareness Strategy for Staffordshire and Stoke on Trent.
- The CCGs recognises the ongoing work to embed the new Organisational structure and will continue to monitor through quality assurance processes.

The CCGs are pleased to see the Trusts ongoing commitment to provide the highest quality mental health services through their four on-going priorities, known as SPAR.

Commissioners are pleased that the Trust continues to be an active partner within the Staffordshire Sustainability and Transformation Partnership. Overall the CCGs recognise that significant improvements in quality and safety have been seen at the Trust during a challenging period locally but also in the wider NHS. We look forward to working together with the Trust to ensure continued improvement over the coming year.

The CCGs wish to state that to the best of their knowledge, the data and information contained within the quality account is accurate

Heather Johnstone Director of Nursing and Quality Staffordshire CCGs	Marcus Warnes Accountable Officer Staffordshire CCGs
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Healthwatch Stoke-On-Trent

Healthwatch Stoke-on-Trent congratulates the Trust on being awarded an overall Outstanding rating and achieving Outstanding in Caring and Responsive domains as well as being rated Good in Safe, Effective and Well led domains from their recent CQC inspection.

Healthwatch Stoke-on-Trent Mental Health Group also congratulates the Trust in the progress they have made in a number of services over the last 12 months and the new developments they have implemented in particular the no smoking policy implemented across the Trust and the development of the PICU Unit in difficult times for the NHS.

The Trust came to present their Draft Quality Account at our Mental Health Group meeting on 15th May 2019 and asked our opinions on the content and readability of the document and we are pleased that they have incorporated these into the second draft.

We do still have some concerns around care planning and although the Trust made progress over the last 12 months there is still more work to be done and we requested that this is identified clearly in the Quality Accounts. We are pleased to see that this has been done in their summary of Quality improvement programme 2019/20 under Quality priority 2 ‘personalised’.

The Trust has been very supportive in the work of our Mental Health Group over the last 12 months providing information we have needed to do our work.

We look forward to its continued support in the work the Mental Health Group will be doing in the coming 12 months around Adult Community Mental Health Services.

Healthwatch Staffordshire

The report is very well laid out, easy to read and understand which is helpful in terms of the public being able to read and understand it. It reflects well the work that has taken place to enable the organisation to achieve an ‘outstanding’ CQC rating and the pride in the work that has been done shines through in the report. Clearly a great deal of progress has been made in the past 12 months but it is encouraging to note that the trust has robust plans to improve even further.it is good to see that the trust continues to strive for improvement in the quality of the service based on locality working and particularly the level of commitment to partnership working with other local providers including the 3<sup>rd</sup> sector to offer a holistic service to the population of North Staffordshire.

The report demonstrates staff are involved in the development of the new locality structure and are also central to the improvement plans put in place by the trust and that both staff and service users are active in the co-production of various improvement plans.

The report provides a clear framework for the organisation to work towards achieving improvement in all aspects of the service. There is a lot of mention in the report about co-production with service users carers and staff and this engagement is woven throughout the report.

It is mentioned in the report that the repatriation team has delivered £2million in savings by the better management and repatriation of people with complex needs back into the county, it would be useful to know how many residents were returned to county in the past 12 months and how many new placements have been made outside of county due to lack of appropriate services within county

It would also have been interesting to have details on numbers relating to 'The high volume users team' which has been instrumental in reducing the number of visits to ED's. The detail would really highlight the improvements made

It is really pleasing to see that the trust has received an outstanding rating from CQC and the improvement over a 4 year period is very heartening to see. The commitment to continuous improvement is heartening and knowing the trust is not planning to become complacent and not see room for further improvement.

The Health and Wellbeing service offered to staff indicates a trust that values its staff and this in turn is clearly having a positive impact upon the delivery of the service and most certainly is reflected in your staff survey figures which clearly indicate the impact of the services in place for staff. It would be interesting to know what the staff turnover rates are and whether these initiatives have resulted in a lower than average national staff turnover?

Accepting that there is an increase in reporting of incidents/near events. It would have been good to know what the catastrophic incidents were and what learning came from these. Increased reporting is good but what is being done to reduce the number of incidents?

You also mention the work done on reducing suicide rates but I could not gauge whether you had met your target for reducing suicides to zero as this was not clear but if met is certainly something to 'shout about.'

Overall this is a clear and concise report of what the trust has done to achieve such a good improvement all round and a clear plan for continuous improvement over the next 12 months. I look forward to reading of the further improvements that will ensure the trust retains its 'outstanding' rating for the foreseeable future.

#### Stoke-on-Trent City Council Adults and Neighbourhoods Overview and Scrutiny Committee

The Adult and Neighbourhoods Overview and Scrutiny Committee have asked the Trust to record the following in the Quality Account. Unfortunately due to the timing of the 2019 Local Elections and the election of new Councillors and committee it has not been possible on this occasion to comment on the Trust's Quality Account.

#### Staffordshire Council Health Scrutiny Committee

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 or issues of concern.

There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

We 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 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:

**Introduction**, the Vision and key achievements are well articulated, and the explanation of the Quality Account process is present. A list of services provided by the Trust is included. The statement from the Board is signed by both the Chair and CEO.

**Priorities**, we note how and why they were chosen. The means intended to monitor, measure and report to board level is described. The CQC report is well presented. However, the priorities for 2019/20 don't seem to address issues raised in the CQC report. We would have liked to see a clear link between the two.

**Statements of Assurance**, Evidence of participation in local and national clinical audits and subsequent outcomes are explained. The importance research is acknowledged and there is detail of research undertaken reasons and subsequent results. We are of the opinion that more statistical information would be useful.

Registration with the CQC is present in the report.



**Review of quality performance**, CQUIN income, it is noted that the 2.5% of potential income was conditional to on achieving quality improvement and innovation goals agreed with the Commissioners through the CQUIN Framework. The achievements on 2018/19 priorities are noted but some statistical information would make the information more useful. We are not clear that what has been achieved is what the Trust was contracted to achieve through the CQUIN.

We are pleased to note that each of the quality/metric indicators is linked or more of the three headings of Patient Safety, Clinical Effectiveness and Patient experience. An explanation of how, by whom and the rational for choice of the indicators is present. Some comparison to national indicators and definitions of some terms used, for example under patient safety incidents - “catastrophic” would have been helpful.

Information is present in relation to specific services and what the patients and public have to say about them.

Indicators and evidence in respect complaints, staff and patient surveys, inspection and benchmarking together with detail of performance against national priorities is available to the reader.

We again commend the Trust for the commitment to provide communication and support for service users and carers whose first language is not English and to those who need other formats. A glossary of terms is also present.



## 4.2 Amendments made to initial draft Quality Account following feedback from Stakeholders

The statements above include a small number of additional suggestions for changes to the format/content of the Quality Account. The section below describes whether the suggestions have been responded to in the final draft:

### **You said:**

We note how and why priorities were chosen. The CQC report is well presented however, the priorities for 2019/20 do not seem to address issues raised in the CQC report. We would like to see a clear link between the two.

### **Our response:**

Our Open Space Event in January 2019 brought together service users and carers to help shape our 2019/20 priorities. The CQC published their Inspection report on the 28 March 2019. We have linked the two, the focus of which is to continue our journey to a more improvement led organisation. The Quality Account sets out how we will do this by engaging our partners and stakeholders alongside strengthening our quality planning and governance arrangements.

### **You said:**

CQUIN income, we are not clear what has been achieved is what the Trust was contracted to achieve through CQUIN.

### **Our response:**

In previous years we have included a table detailing the % of CQUIN achieved. CQUIN is being presented differently this year in part because of the total number of metrics measured and how payment is calculated throughout the course of the year. Once CQUIN performance against agreed goals has been finalised a table will be uploaded on to the Trust's website at <https://combined.nhs.uk/about-us/quality>

### **You said:**

The importance of research is acknowledged and there is detail of research undertaken, reasons and subsequent results. We are of the opinion that more statistical information would be useful.

### **Our response:**

Our report highlights that the Trust has achieved its highest number of recruits in the last 5 years, including statistical details of training provided. We have taken the opportunity to strengthen the data further.

### **You said:**

We are pleased that each of the quality / metric indicators is linked to the three headings of Patient Safety, Clinical Effectiveness and Patient Experience. Some comparison to national indicators and definitions of some terms used would have been helpful.

### **Our response:**

The report highlights that we have a higher reporting rate than the national reporting median for mental health trusts. While the terminology used in the Quality Account is the terminology used by the National Reporting and Learning System (NRLS), we have taken the opportunity to further explain some of the terminology used.

### **You said:**

We do still have some concerns about care planning and although the Trust have made progress over the last 12 months there is still more work to be done and we requested that this is identified clearly in the Quality Accounts. We are pleased to see that this has been done their summary of Quality Improvement Programme 2019/20 under Quality priority 2 'personalised'.

### **Our Response:**

Our Quality Improvement Programme 2019/20 highlights that we will continue to improve care planning by embedding the Person Centredness Framework.



**You said:**

It would be useful to know more detail about the repatriation team regarding how many patients were returned to county and how many new placements made outside of the county in the last 12 months. It would also be interesting to have details on the High Volume User's Team' which has been instrumental in reducing visits to Emergency Departments.

**Our Response:**

The data with commissioners is that 13 patients have been repatriated during 2018/19. The data regarding the small number of outside placements will be formally reported when confirmed with commissioners. We are receiving positive feedback from the Emergency Departments regarding our High Volume User's Team. We are collaborating with UHNM to develop our data sharing processes which will enable us to articulate this information in more detail.

**You Said:**

It would be interesting to know what the staff turnover rates are and whether these initiatives have resulted in a lower than average national staff turnover

**Our Response:**

National turnover rates for MH & LD Trusts for 2018 is 12.56%, the Trust's rate for 2017/18 is 12.60%. National figures for 2019 have not yet been released. We are aiming for improvement following initiatives such as the Health and Wellbeing Service.

**You Said:**

Good to know more detail regarding catastrophic incidents and learning including what is being done to reduce the number of incidents.

**Our response:**

While the terminology used in the Quality Account is the terminology used by the National Reporting and Learning System (NRLS), we have taken the opportunity to further explain some of the terminology used. Under the section serious incidents safety learning initiatives are highlighted including learning from incidents.

**You Said:**

Has the Trust met its target for reducing suicides to zero?

**Our response:**

The Quality Account set outs how we are working with partners across Staffordshire and Stoke on Trent with regards to suicide prevention. Under key achievements we highlighted that we hosted a multi-agency Suicide Prevention Conference in November 2018. This provided the opportunity for the partners across the area to sign a Suicide Charter setting out a commitment to work together with an ambitious aim for less than zero suicide from 2019 onwards. Under the Section Quality Improvement Programme 2019/20 we have set out our commitment to continue working towards the zero suicide ambition by further developing the system wide approach to suicide prevention.

## 4.4 Trust Statement

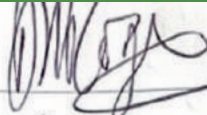
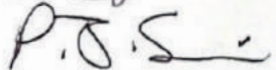
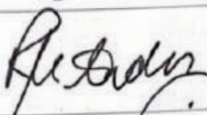
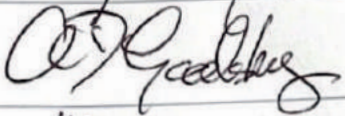
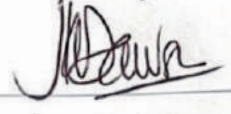
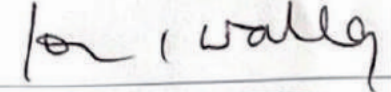
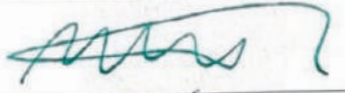
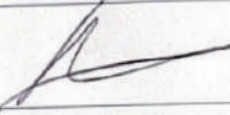
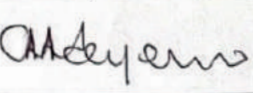

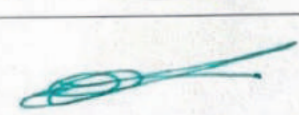

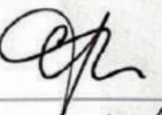
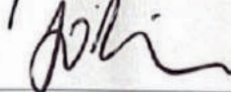
We are pleased to publish this quality account for the financial year 2018/19, 1 April 2018 to 31 March 2019.

It re-confirms our commitment to continually drive improvements in services and to remain transparent and accountable to the general public, patients, commissioners, key stake holders and those that regulate our services.

To ensure our Quality Account covers the priority areas important to local people we have consulted with our key stakeholders in the voluntary and statutory sectors, with local authorities and with our staff. Their valuable comments have been listened to and, where appropriate, have been incorporated into this document to help strengthen involvement in our services going forwards.

In line with the recommendation of the Francis inquiry, this Quality Account is signed by all Trust Board members to provide assurance that this is a true and accurate account of the quality of services provided by North Staffordshire Combined Healthcare NHS trust.

We can confirm that we have seen the Quality Account, that we are happy with the accuracy of the data reported, are aware of the quality of the NHS services provided and understand where the trust needs to improve the services it delivers.

Name and position	Signature	Date
David Rogers, Chairman		27/06/19
Patrick Sullivan, Non-Executive Director		25/6/19
Russell Andrews, Non-Executive Director		27/06/19
Tony Gadsby, Non-Executive Director		27/06/19
Janet Dawson, Non-Executive Director		27/6/19
Joan Walley, Non-Executive Director		27/6/19
Dr Keith Tattum, GP Associate		27/6/19
Peter Axon, Chief Executive		27/6/19
Dr Buki Adeyemo, Executive Medical Director		27/6/19
Lorraine Hooper, Executive Director of Finance, Performance and Estates		27/6/19
Linda Holland, Executive Director of Workforce, OD and Inclusion		27.06.19
Maria Nelligan, Executive Director of Nursing and Quality		27/6/19
Christopher Bird, Executive Director of Partnerships and Strategy		27-06-19
Jonathan O'Brien, Executive Director of Operations		27/6/19

#### 4.4.1 Statement of Director's Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The department of health has issued guidance on the form and content of the annual Quality Account (which incorporates the legal requirements in the health act 2009 and the National Health Service (Quality Account) regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfying themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and this subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm that, to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Account



David Rogers

Chair



Peter Axon

Chief Executive



## 4.3 Auditor Statement of Assurance

### **INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT**

This report is produced in accordance with the terms of our engagement letter dated 5 June 2019 for the purpose of reporting to the Directors of North Staffordshire Combined Healthcare NHS Trust (the 'Trust') in connection with the Quality Account for the year ended 31 March 2019 ("the Quality Account").

This report is made solely to the Trust's Directors, as a body, in accordance with our engagement letter dated 5 June 2019. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019 to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our examination, for this report, or for the opinions we have formed.

Our work has been undertaken so that we might report to the Directors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

#### **Scope and subject matter**

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following indicators:

- Percentage of admissions to acute wards gate kept by the Crisis Resolution Home Treatment Team (CRHT); and
- Percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

#### **Respective responsibilities of Directors and Ernst & Young LLP**

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and Social Care guidance.



The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

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 Account is not prepared in all material respects in accordance with section 8 of the Health Act 2009 and the criteria set out in the National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011, the National Health Service (Quality Account) Amendment Regulations 2012 and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations");
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS website in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with the other information sources detailed in the 'NHS Quality Accounts Auditor Guidance 2014-15'. These are:

- Board minutes for the period April 2018 to June 2019;
- papers relating to quality reported to the Board over the period April 2018 to June 2019;
- feedback from Staffordshire and Stoke on Trent CCGs dated 06/06/2019;
- feedback from Healthwatch Staffordshire dated 31/05/2019;
- feedback from Healthwatch Stoke on Trent dated 01/06/2019;
- feedback from the Stoke Adults and Neighbourhoods Overview and Scrutiny Committee dated 07/05/2019;
- feedback from the Staffordshire Council Health Scrutiny Committee dated 17/05/2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated March 2019;
- the latest national patient survey dated 22/11/2018;
- the latest national staff survey dated 26/02/2019;
- the Head of Internal Audit's annual opinion over the trust's control environment dated May 2019;
- the annual governance statement dated 24/05/2019; and
- the Care Quality Commission's Inspection report dated 28/03/2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these 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.

#### **Assurance work performed**

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included, but were not limited to:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Account. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

#### **Inherent 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 impact 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 thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and Social Care. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by North Staffordshire Combined Healthcare NHS Trust.

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 Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



Ernst & Young *LLP*  
2 St Peter's Square, Manchester  
27 June 2019

**Notes:**

1. The maintenance and integrity of the North Staffordshire Combined Healthcare NHS Trust web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

## 4.5 Glossary

AIMS-	Accreditation for inpatient rehabilitation units.
ASD-	Autistic spectrum disorder
ADHD-	Attention deficit hyperactivity disorder
ASIST-	Advocacy services in Staffordshire
CAMHS-	Child & Adolescent mental health services
CCG-	Clinical commissioning group (made up of local GPs, these groups replaced primary care Trusts (PCTs) as commissioners of NHS services from 2013/14)
CLRN-	Comprehensive local research network
CPA-	Care programme approach
CPD-	Continuing professional development
CPN-	Community Psychiatric nurse
CQC-	Care quality commission
CQUIN –	Commissioning for Quality and Innovation
DOH-	Department of health
ECT-	Electroconvulsive therapy
EngAGE-	Stoke-on-Trent forum for people over 50 to give their views
Health watch-	Local independent consumer champions, represents the views of the public.
HRG4-	Health resource group (standard groupings of clinically similar treatments)
IAPT-	Improving access to psychological therapies team
IM&T-	information management and technology
IT-	information technology
KPI-	key performance indicator
Metric-	method of calculating performance
Mind-	Mental health charity network
MRSA-	Methicillin-resistant staphylococcus Aureus
NDTI-	National Development team for inclusion
NEWS –	National Early Warning Score
NHSLA -	NHS Litigation Authority
NICE -	National Institute for health and clinical excellence
NIHR -	National institute for health research
NPSA -	National patient safety agency
NSCHT-	North Staffordshire Combined Health Care NHS Trust
PALS-	Patient advice and liaison service
PBR-	Payments by results
PIP-	Productivity improvement pathway programme.
POMH-	Prescribing Observatory for mental health
QIPPP-	Quality, innovation, productivity, partnership and prevention.
LPS -	Liaison Psychiatry Service
R&D-	Research and development
REACH -	Local advocacy project supporting people with learning disabilities

RETHINK-	Mental health membership charity
SPA -	Single point of access (to mental health services)
STOMP -	Stopping Over Medication of People
STP –	Staffordshire Transformation Programme
SUS-	Secondary user's service
TDA -	Trust development Authority
UHNM -	University Hospital of North Midlands NHS Trust
The trust is committed to providing communication support for service users and carers whose first language is not English. This includes British sign language (BSL). This document can be made available in different languages and formats, including Easy Read, on request.	

If you would like to receive this document in a different format, please call 0300 123 1535 ext. 4651 (Freephone 08000328 728) or write to our FREE POST address:

Freepost RTCT-YEHA-UTUU

Communications & Membership Team North Staffordshire Combined Health Care NHS,  
Trust Trentham Business Centre, Bellringer Road, and Trentham Lakes South, Stoke-on-Trent, ST4 8HH.

Or email on:

[qualityaccount@combined.nhs.uk](mailto:qualityaccount@combined.nhs.uk)

Visit our website: [www.combined.nhs.uk](http://www.combined.nhs.uk)



The Trust is committed to providing communication and foreign language support for service users and carers who may need it for any reason. This Annual Report and Accounts can be made available in different languages and formats, including Easy Read. If you would like to receive this document in a different format, please contact the Communications Team on 0300 123 1535 ext 2676 (Freephone 0800 0328 728) or write to the FREEPOST address below:-

Freepost RTCT-YEHA-UTUU  
Communications and Membership Team  
North Staffordshire Combined Healthcare NHS Trust  
Lawton House  
Bellringer Road  
Stoke-on-Trent  
ST4 8HH